



# Understanding Human Trafficking in Iowa

Final Report

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# Executive Summary

ICF, with funding from the Iowa Attorney General's Office Crime Victim Assistance Division, conducted an exploratory study to examine the current understanding of human trafficking in Iowa, determine the extent to which trafficking is being identified and addressed by local professionals, and highlight how survivors are aided in their recovery. A mixed-method design was used, which included:

- ❖ **STAKEHOLDER SURVEYS** among three professional groups which may encounter and serve human trafficking victims: direct service providers, medical professionals, and law enforcement. The surveys sought to gain insights on the prevalence of sex and labor trafficking in Iowa; challenges identifying and responding to cases of human trafficking; and the types of services available that are specific to survivors of human trafficking.
- ❖ **LAW ENFORCEMENT CASE REVIEW** included exploration of closed criminal cases with four law enforcement agencies in Iowa to better understand the characteristics of human trafficking cases and identify cases with indicators of potential human trafficking to begin to uncover the extent and type of trafficking in Iowa.
- ❖ **SURVIVOR INTERVIEWS** with human trafficking victims across the state. The purpose of the survivor data collection was to better understand human trafficking through the survivor's lens and to document self-identification and knowledge of human trafficking, assess any barriers and challenges to accessing or receiving services, and obtain recommendations on how to improve the response to survivors based on lived experiences. Data was collected through in-person and telephone interviews with adult survivors, parents of youth survivors, and service providers.

The results from each of these data collection efforts were summarized and key themes were highlighted to show the state of human trafficking in Iowa and make recommendations for improvements.

- A **lack of training** was identified by each professional group as one of the **top three barriers** to assisting human trafficking victims.
- **Identification is paramount!** Each professional group indicated that they were **least comfortable identifying** human trafficking victims. Service providers and allied professional indicated specifically that **identification was their greatest training need.**
- When working with human trafficking victims, respondents consistently – across each professional group – indicated they only had **“a little knowledge”** on the topic.
- All three professional groups **believed U.S. minors and females are the most susceptible to human trafficking in Iowa.**

## Service Providers are the most likely to identify human trafficking.

- ✓ **Sixty-eight percent** of service providers reported that their organization **interacted with human trafficking victims** in the past three years, compared to 23% of law enforcement.
- ✓ Service providers were nearly **2x as likely to “strongly agree” that it is important for them to know about human trafficking in their profession,** when compared to law enforcement.
- ✓ Service providers reported **higher knowledge levels of both sex and labor trafficking** compared to law enforcement, and **believe human trafficking is happening more frequently in Iowa** than either law enforcement or medical professionals.

## Is sex trafficking more common or is labor trafficking just harder to identify?

- ✓ Service providers and law enforcement reported **3x as many sex trafficking cases as labor trafficking cases.**
- ✓ **Adult sex trafficking** was the most commonly suspected type of human trafficking, followed by domestic minor sex trafficking and labor trafficking.
- ✓ However, service providers and law enforcement both indicated that they were **least comfortable identifying victims of labor trafficking.**

## What do **service providers and allied professionals** need to better serve human trafficking victims?

Service providers commonly shared in their feedback a **desire to learn more about identification and prevention** of human trafficking. Several comments reflect that although the proper referral mechanisms may be in place, the number of served victims is limited by a lack of training on how to adequately and efficiently identify human trafficking victims. A lack of training on identification, coupled with a victim's resistance to self-identify, creates a situation where many human trafficking victims may be missed by service providers who come into contact with victims. To address this, service providers should receive increased training related specifically to identification and prevention of human trafficking.

## What do **medical professionals** need to better serve human trafficking victims?

Medical professionals equally identified both 1) a lack of training and information about human trafficking victims and 2) a reluctance of victims to self-identify as two major barriers to serving human trafficking victims. This professional group also indicated a general lack of knowledge both in how to properly refer human trafficking victims and what indicators might suggest an individual was being trafficked. Thus, medical professionals would be better enabled to help human trafficking victims if they had **additional training not only on the identification of human trafficking, but also more general information on human trafficking and what services are available to help these victims.**

## What do **law enforcement professionals** need to better serve human trafficking victims?

Law enforcement, similar to both service providers and medical professionals, indicated that a lack of training was a top barrier to servicing human trafficking victims. However, law enforcement was 2x as likely as service providers, and 5x as likely as medical professionals, to indicate that a **lack of funding and resources was a major barrier.** Feedback repeatedly suggests that specialized investigators lack sufficient time to dedicate to human trafficking cases, and the patrol officers, which are those most likely to encounter human trafficking victims, lack sufficient training to properly identify the victims. Given that law enforcement indicated having little knowledge of human trafficking, coupled with the low frequency of identification, training focused specifically on investigative techniques of human trafficking is recommended. Additional resources are needed to provide dedicated support for proactive investigations and help to reduce the number of cases that go unreported to law enforcement.

## Should more resources be allocated to prevent, identify, and serve human trafficking victims in Iowa?

Human trafficking was not commonly reported to law enforcement in Iowa, however, identification of human trafficking victims was the number one source of discomfort reported and the number of victims served varied greatly from official reporting to police. In 2015, professionals indicated serving nearly 100 or more *confirmed* sex trafficking cases and more than 50 *confirmed* labor trafficking cases. An additional 100 or more human trafficking cases were *suspected* by respondents. Thus, **human trafficking is certainly occurring in Iowa – and the extent to which it is occurring is likely underrepresented by these numbers.** Respondents from all three groups – service providers, medical professionals, and law enforcement – indicated that identification of human trafficking victims was among their greatest barriers. In order to improve identification and enable human trafficking victims to receive services, resources need to be focused on expanding training on the identification of human trafficking.

Additionally, the most commonly reported limitation to identification was a lack of appropriate staffing levels and resources. Respondents from each professional group commented on the intensive nature of human trafficking cases, which creates significant problems for organizations that are already understaffed. Dedicated personnel to investigate human trafficking are necessary for a more proactive response in the combat against trafficking.

### How are survivors identified?

- ✓ Most commonly, adult survivors were identified by law enforcement through **routine stops** or **sting operations**, which include internet-based intel.
- ✓ Youth survivors were most often connected to law enforcement through their involvement in the **child welfare system**.

### When are victims likely to disclose and what are their immediate needs?

- ✓ Many survivors disclose information identifying themselves as human trafficking victims once they seek victim services or are identified as a victim. This is dependent on **trust** and **comfort** with the person they are disclosing to. Despite this, a majority of victims said they **did not receive any services** until **months or years** following their victimization.
- ✓ Survivors need **medical care**, **access to housing**, and **mental health services** immediately following their victimization.

- ✓ Survivors reported needing **more human trafficking-specific services** available to them. While they may have access to general victim and mental health services, survivors feel these services do not directly address the needs of their human trafficking victimization.

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*The **immediacy** of the services they received was just as important to survivors as receiving the services.*

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## What types of services are survivors receiving?

Survivors received a range of services. The types of services varied between adult and child survivors. Generally, **adult survivors received more services** than child victims of trafficking, with **counseling services cited as the most common type of service received**. Other frequently utilized services and support included advocacy support, healthcare, housing, and basic needs (e.g., food and clothing).

## How satisfied were survivors with these services?

Victims shared **both positive and negative experiences** with the services they received from various professionals they encounter during their journey of recovery.

- ✓ Most survivors have a **general distrust toward law enforcement** which is attributed to the limited involvement of police in the recovery of victims and law enforcement's **victim blaming** attitude.

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*Survivors have a **FEAR OF RETRIBUTION** from law enforcement.*

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- ✓ **Counseling services was reported as the most helpful service** by a majority of the survivors interviewed because they felt **comfortable sharing** their experiences.
- ✓ **Service providers**, such as counselors, advocates, or shelter staff, are most helpful when they are **sensitive to a victim's needs and understanding of their situation**.
- ✓ Some survivors, especially youth survivors, reported that service providers were least helpful when they **lacked trauma-informed techniques**, resulting in **victim blaming** or providing services in way that was not sensitive to the needs of the human trafficking survivor.

- ✓ Many survivors had positive experiences with medical professionals they encountered. **Medical providers, such as SANEs, were especially helpful**, creating a comforting environment where survivors **feel safe in sharing their experiences**.

## SURVIVOR RECOMMENDATIONS

Survivors provided a number of recommendations for improving services across the state of Iowa, including:

<b>Training</b>	<ul style="list-style-type: none"> <li>✓ Training for law enforcement, shelter staff, and medical professionals on indicators of trafficking</li> <li>✓ Increased knowledge and capacity of professionals that include trauma-informed approaches and a victim-centered response</li> </ul>
<b>Awareness of Services</b>	<ul style="list-style-type: none"> <li>✓ Education on human trafficking within schools, families, and the community to increase self-identify and a community-based approach to identifying and supporting potential victims</li> <li>✓ Advertisements for services, helplines, and self-identification across billboards, commercials, hotels, and gas stations</li> <li>✓ Increased use of social media and frequently used sites to connect victims with services, such as Facebook, Backpage, Instagram, Snapchat</li> </ul>
<b>Additional Services</b>	<ul style="list-style-type: none"> <li>✓ Mental health services that are trauma-informed and victim-centered</li> <li>✓ Youth-specific victim services and training for foster parents on human trafficking</li> <li>✓ Access to basic needs such as food, shelter, and clothing and financial assistance</li> <li>✓ Human trafficking-specific housing and shelter options</li> </ul>

Overall, the study revealed a lack of awareness among most practitioners regarding the elements of human trafficking and a purely reactive response by law enforcement and other professionals. The extent of trafficking in Iowa greatly exceeds what has been documented through official reports and victims struggle with finding services even after being rescued. Recommendations for the field included several types of training, a more victim-centered response to survivors, empowerment of victims, and increasing the capacity of professionals to combat human trafficking.

# Chapter 1. Introduction

On behalf of the Iowa Attorney General's Office, Crime Victim Assistance Division (CVAD), ICF conducted an exploratory study to examine the extent of human trafficking in Iowa based on cases that have been identified and to gain a better understanding of the knowledge and experience of stakeholders in coordinating services for survivors. ICF collected information through a mixed-methods design, which included web-based surveys with stakeholders, interviews with survivors of human trafficking, and five law enforcement case studies. This report summarizes the findings from 697 stakeholder survey responses, 16 interviews with human trafficking survivors and their families, and reviewing 279 law enforcement case files across 4 agencies. The stakeholder survey, specifically, focused on the number and type of human trafficking cases, beliefs and attitudes concerning human trafficking in Iowa, identification and response practices across the state, coordination of services and perceived barriers to service provision, and recommendations for improvement. The law enforcement case review provides a snapshot of recent cases in several law enforcement departments, looks for indicators of human trafficking, and identifies patterns in those cases to provide an overview of what is currently known about human trafficking in Iowa.

Findings from this study provide insight on the current understanding on the issue of human trafficking, challenges with identification and response, and ways to increase knowledge and awareness about the issue in Iowa to ultimately empower and better serve survivors. Results will be summarized for each stakeholder survey, comparatively across the three stakeholder groups, across all survivor interviews, and collectively from all cases reviewed, which is reported at both the incident and persons-level.

# Chapter 2. Methodology

## Survey of Stakeholders

The perspectives of key stakeholders were gathered through a web-based survey designed to elicit information on: (1) the prevalence of sex and labor trafficking in Iowa; (2) challenges identifying and responding to cases of human trafficking; (3) services available that are specific to survivors of human trafficking; and (4) the experiences of survivors who may or may not be utilizing these services. Different versions of the survey were directed toward particular stakeholder groups in Iowa, each of which were identified by ICF and CVAD as the main responders to trafficking. The *Survey of Service Providers and Allied Professionals* was administered to service organizations, state coalitions, multi-disciplinary teams, and other professionals in Iowa who's primary mission is to serve crime victims in varying capacities (e.g., direct service provision, policy, referrals, victim assistance funding) as well as individuals and agencies that offer unique services and conduct outreach to the community to provide support to survivors of crime. The *Survey of Law Enforcement* included individuals of varying ranks within local, state, and federal law enforcement agencies across the state. The *Survey of Medical Professionals* targeted medical providers in hospitals, clinics, and other medical offices (e.g., nurse practitioners, SART/SANE, emergency department staff, and primary care providers).

## Identifying Survey Participants

ICF compiled an initial sampling frame of service providers and allied professionals, law enforcement, and medical professionals by first referencing a list of respondents generated in a previous study of service providers in Iowa. As part of the verification process, researchers removed duplicate entries, consolidated multiple programs and points of contact from single organizations, corrected outdated or invalid contact information, and obtained missing contact

information. This process resulted in a final sample of 928 service providers and allied professionals, 426 law enforcement professionals, and 85 medical professionals with known contact information and several listservs that remained anonymous to the research team to ensure confidentiality of their membership. Initial outreach resulted in 314 undeliverable emails and these contact were further investigated to verify the contact information or identify a new point of contact for the organization.

## Survey Development

To develop the survey instrument, researchers relied on 17 previously validated tools that were designed to capture similar concepts in the field of responding to and serving victims of human trafficking. In addition to respondent background information, the instruments included seven key areas of interest:

- Knowledge of human trafficking
- Beliefs about human trafficking
- Comfort interacting with victims of human trafficking
- Referrals of cases of human trafficking to and from other organizations
- Identification of human trafficking victims
- Prevalence of human trafficking within their organization or agency
- Barriers to serving, identifying, and responding to victims of human trafficking

A web-based version of the three surveys were deployed in August 2016. Paper versions were also made available upon request. The surveys differed in length based on profession, and took approximately 15 to 20 minutes to complete. The medical professional survey was purposefully a shorter survey in order to encourage participation from these providers since ICF had fewer contacts for medical professionals. The surveys were approximately the same length for both law enforcement professionals and for service providers and allied professionals. The research team initially fielded the survey for four weeks, sending weekly reminder emails to providers through ICF's survey marketing tool, and with reminder emails occurring more frequently the week the surveys were due to close. An extension was granted for two weeks and targeted emails were conducted to increase the response rate. The medical professional online tool remained open for an additional two weeks past the deadline to allow for responses to be gathered during the follow-up period and to increase responsiveness from regions with lower response rates.

## Data Validation and Analyses

A total of 792 surveys were received from service providers, law enforcement, and medical professionals across all six regions in the state of Iowa. These data were processed and checked for invalid responses to identify surveys with high frequencies of missing data (i.e., respondents opted into the survey but did not complete any survey items) and duplicate responses. From this process, 95 surveys were removed and the remaining surveys were deemed valid and included in the analyses (N=697). An additional 86 surveys contained incomplete sections of the survey and therefore the findings referenced below have a varying number of responses.

The surveys were analyzed using descriptive statistics to provide basic information on (1) knowledge, comfort, and beliefs of professionals serving victims of human trafficking, (2) referrals of cases of human trafficking between organizations, (3) how victims of human trafficking are being identified, (4) the prevalence of human trafficking in Iowa, and (5) barriers for providing services and responding to victims of human trafficking.

## Law Enforcement Case Review

The second component of this research included exploration of closed criminal cases with four law enforcement agencies in Iowa to better understand the characteristics of human trafficking cases and identify cases with indicators of potential human trafficking to begin to uncover the true prevalence of trafficking in Iowa. ICF selected four law enforcement agencies to serve as study sites in Northwest, Central, and Southeast Iowa to provide a geographically diverse picture, mixed response by law enforcement, and varying levels of knowledge on human trafficking.

### Identifying Law Enforcement Agencies and Case Selection

ICF conducted screening interviews with several law enforcement agencies across Iowa, representing local, county, and state departments, to collect information the agency's experience with human trafficking cases and their willingness to participate in the study. Initial points of contact were received from a number of sources, including the law enforcement representatives participating in CVAD's human trafficking working group, and then connections snowballed from there until information was obtained from all six regions. Purposive sampling was used to then narrow the list of law enforcement agencies based on the agency's jurisdiction size, volume of identified human trafficking cases, and the type of law enforcement response, if any, to human trafficking (e.g., involvement in a task force, specialized unit, and single detective). In these initial conversations, ICF also discussed the case management systems available and how to access data that may be applicable to the review to ensure that the study would have full access to the information needed. Ultimately, four agencies were included in the study: one local agency in Northwest Iowa, one county level agency in Central Iowa, one state level agency in Central Iowa, and one local level agency in Southeast Iowa. To protect the confidentiality of the study sites and the cases reviewed, the names of the agencies were redacted and all information was collected using a unique identifier for each site.

Once each site was selected, the point of contact was provided with additional details regarding the study, how to prepare for the onsite case review, and any documentation to formally gain access to the files was executed. Study sites were asked to provide all closed human trafficking records, any records with suspected human trafficking, and cases related to sexual abuse, prostitution, kidnapping, child endangerment, pandering, extortion, forced labor, and other related offenses based on the jurisdiction. Cases that did not include human trafficking charges spanned one to three years prior to the study (i.e., dated back to 2013) depending on the availability of the records in each jurisdiction. During the on-site review, the case pool was further refined for agencies with more than 50 records to identify and retain cases that had indicators of human trafficking, represented the various types of cases, and had complete record information to enable analysis.

## Instrument Development and Data Collection

The case review protocol was designed to capture case-level information to include the parties involved in the investigation, description of the incident, and the characteristics of the suspect(s) and victim(s). To develop the case review instrument, ICF relied on tools available through prior research on human trafficking<sup>1</sup> and previously developed scales used to determine case-level alignment with the *Victims of Trafficking and Violence Protection Act (TVPA)*.<sup>2</sup> The instrument had three primary components:

- Characteristics of the case (e.g., responding agency, officers involved, origin of the case, arrest/charge information, location of incident, evidence collected, and charges)
- Demographic information on the suspect(s), victim(s), and other involved persons (e.g., race, gender, citizenship, location within Iowa, and criminal history)
- Indicators of human trafficking (e.g., physical evidence, witness interviews, victim statements, and investigative notes)

The case review was conducted in-person between October 2016 and January 2017. Two-person teams of trained coders went onsite and reviewed the selected cases over a series of one to three days, based on the size of the jurisdiction. The time required to review each case depended on the nature and breadth of the case. Some cases were easily identified by researchers as not applicable (i.e., a female officer conducting a prostitution sting arrests a sex buyer only and no further investigation). Longer case files (e.g., those exceeding 100 pages) took considerable time to carefully read and code all relevant information. The case review protocol allowed for systematic documentation of all case information into an electronic database, which included, for example, evidence that supported the following indicators:

- Knowingly recruited, enticed, harbored, transported, provided, obtained, or maintained a person for purposes of a commercial sex act;
- Knowingly benefited (financially, receipt of something of value) from participating in referenced act or service;
- Threatened or actual physical/non-physical harm which compels the victim to perform labor or services to avoid harm;
- Threatened use of the law to exert pressure to perform labor or services;
- Intimidating, dominating, or controlling the person;
- Diminishing resistance and debilitating the person; and
- Force, fraud, or coercion to cause the person to engage in referenced act or services.

This information, in addition to the age of the victim and prior criminal history of the suspect, allowed researchers to determine what proof was presented in the case file to support human trafficking charges and where detectives found insufficient evidence. All cases were reviewed

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<sup>1</sup> Farrell, A., McDevitt, J., Pfeffer, R., Fahy, S., Owens, C., Dank, M., and Adams, W. (2012). *Identifying Challenges to Improve the Investigation and Prosecution of State and Local Human Trafficking Cases*. U.S. Department of Justice, National Institute of Justice: Washington, DC.

<sup>2</sup> Trafficking Victims Protection Act, 8 U.S.C. § 1101 *et seq.* (2000). Trafficking Victims Protection Reauthorization Act, 22 U.S.C. §7104 *et seq.* (2003). Trafficking Victims Protection Reauthorization Act, 22 U.S.C §7103 *et seq.* (2005). Trafficking Victims Protection Reauthorization Act, 22 U.S.C §7101 *et seq.* (2008).

using the same protocol to help compare and identify incidents with indications of human trafficking that were and were not investigated as trafficking.

While onsite, researchers also conducted semi-structured interviews with law enforcement to gather feedback about the agency's experience with human trafficking, such as additional case-specific information, clarity based on review of the records, and context to the cases regarding the mission of the department, identification of trafficking, challenges with cases, and perceptions about human trafficking in their jurisdiction.

## Data Validation and Analyses

A total of 279 cases were reviewed by ICF. Eighty-four percent of the cases (234 cases) were determined to be unrelated to human trafficking (based on insufficient evidence or unrelated content in case files). The remaining 16% of cases (45 cases) were more intensively reviewed and analyzed. Two research staff reviewed each case in order to ensure inter-rater reliability and consistency with the outcomes of the review. The cases were analyzed using descriptive statistics to provide basic information on (1) characteristics of the case, (2) demographics about the suspects, victims, and other involved persons, and (3) indicators of human trafficking. Additional contextual information from the interviews was used to explain the themes that emerged in the data. Findings from the case review only represent the jurisdictions that were selected and were used to advance our understanding of human trafficking in Iowa and complements the stakeholder survey and victim perspective by showing what is being identified by law enforcement.

## Survivor Interviews

The purpose of the survivor data collection was to better understand human trafficking through the survivor's lens and to document self-identification and knowledge of human trafficking, determine the extent of trafficking in Iowa, assess any barriers and challenges to accessing or receiving services, and obtain recommendations on how to improve the response to survivors based on lived experiences. Data was collected through in-person and telephone interviews with adult survivors, parents of youth survivors, and service providers.

## Recruitment and Outreach

In order to capture the perspectives of human trafficking survivors in both urban and rural areas and obtain some geographic diversity in the sample, researchers conducted outreach with service providers and allied professionals across the state to help identify survivors to participate in the study. A multi-staged approach was used to first recruit those individuals and organizations with known contact with survivors and then network with other entities across the state, leveraging the relationships built through the other two components of the study and prior research in Iowa. The initial sampling frame of providers in the state was adopted from CVAD's needs assessment in 2016<sup>3</sup> and extended to include additional types of agencies that have

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<sup>3</sup> Lowry, S., Feeley, L., Cramer, J., Murray, C., Reddy, V., Gibbes, L., and Henninger, A. (January 2017). State of Iowa Victim Needs Assessment. ICF. Submitted to the Iowa Attorney General's Office.

known contact with human trafficking victims based on prior research, totaling 264 individual points of contact and spanning approximately 203 organizations.

ICF collaborated with a wide range of agencies that may have served human trafficking victims, including domestic violence or sexual assault organizations, human trafficking-specific programs and service providers, shelters, healthcare departments, and community-based organizations. ICF also reached out to immigration lawyers, other legal aid organizations, colleges and universities, public schools, law enforcement, mental health service providers, victim witness coordinators, and statewide coalitions. In addition to the outreach through the database of contacts, ICF also sought assistance from survey respondents. At the conclusion of the stakeholder survey, the contact sheet asked each participant for consent to re-contact for assistance with the victim component. Anyone interested in supporting the recruitment efforts were then re-contacted. This method was the most successful for victim recruitment and the majority of participating survivors came from only two service providers with higher numbers of confirmed human trafficking victims. Stakeholders were contacted 2 to 5 times via phone and/or email over the data collection period to allow sufficient time for each provider to gain initial consent from victims and prepare the survivor for a research study as well as to account for the transient nature of this particular victim group and accommodating the changing client base for providers from which to draw participants.

The process for obtaining consent to contact<sup>4</sup> varied. Stakeholders were asked to contact any known survivor or suspected victim of human trafficking that they believed might be willing and interested in participating in an interview. ICF researchers emphasized to stakeholders that they should only reach out to survivors who were in a place of recovery that would enable them to participate without further trauma and those that would be comfortable with speaking about services they received due to their victimization. Service providers contacted potential participants, shared basic information about the project, and asked if the survivor would like to participate. If anyone was interested in participating, service providers gave more detailed information about the interview and contact information for ICF to schedule the interview. In some cases, service providers also provided ICF with the survivor's consent to contact and the preferred method for following up with the interested individuals (e.g., via email or phone).

The eligibility criteria for participation in the study revolved around readiness to participate, age of the survivor, and the location of the victimization and/or potential receipt of services. Race and gender were not considered for eligibility (i.e., the study was inclusive of all races and genders). However, only those survivors above the age of 13 were interviewed. ICF required that any survivor between the ages of 13 and 18 provide agreement for an in-person interview *only*. Youth assent was then administered in-person and services were made available immediately following participation in the study.<sup>5</sup> However, adult survivors and service providers were able to participate in either an in-person or telephone interview.

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<sup>4</sup> *Consent to contact* is a human subjects protection used to obtain permission from the potential research participant to be contacted by the research team. In this study, service providers and allied professionals obtained *consent* from their clients to release the agreed upon contact information to the ICF team and be *contacted* for inclusion in the research. Consent was not transferrable to other studies or research components.

<sup>5</sup> The Institutional Review Board (IRB) waived the requirements for obtaining parental or guardian consent based on 45 CFR 46.116(d). The risk associated with obtaining parental or guardian consent for abused and/or neglected

There were two key challenges to recruiting participants. While ICF conducted outreach to the many stakeholders across the country, most were not aware of the definition of human trafficking nor did they have a prior understanding that it was taking place in Iowa and that some of their clients were potential victims. ICF guided stakeholders through the indicators of human trafficking and the various types in order to help them better identify clients that would be eligible for the study, however, the majority of stakeholders still did not perceive they knew of any human trafficking survivors. The second challenge with recruitment was the transitory nature of trafficking survivors' lives and their evolving recovery. Some of the stakeholders who were able to identify survivors that were willing to participate but then shared that their survivor had since runaway or were no longer part of their organization. This resulted in many missed interviews or inability to connect the survivor to ICF. In a few cases, stakeholders shared that the survivor was no longer in a place to participate in an interview based on day-to-day changes in their recovery. Outreach occurred for seven months, beginning in August 2016.

## Instrument Development

In collaboration with CVAD, ICF created two semi-structured interview protocols, one for youth survivors and one for adult survivors, which were designed to elicit survivor perspectives on where/if human trafficking was occurring in Iowa, the current state of knowledge about human trafficking and how/if the survivor was identified as a victim, types of services available for human trafficking victims, and recommendations for improving identification and response to human trafficking. These protocols and the procedures were trauma-informed and based on tools developed through other similar research at ICF.<sup>6</sup>

## Data Collection and Analysis

A total of 16 interviews were conducted: 8 adult survivors, 7 parents/guardians on behalf of child victims, and 1 service provider. One interview was conducted in Spanish. The service provider interview focused on identification and the experience of the survivor outside of the reporting organization to ensure the perspective was reflective of the survivor and not biased by the agency providing the victim's response. Interviews were conducted both in-person and by telephone based on the comfort of the respondent. Following the interview, each adult survivor and parent/guardian was given an opportunity to make referrals to the study and recruit individuals that were part of their survivor network.<sup>7</sup>

ICF audio recorded and transcribed all interviews. In order to ensure the confidentiality of participants, identifiable information was removed. The transcripts were then reviewed, coded, and analyzed to extract key themes and emerging topics based on the responses to each question. The results of this analysis are summarized and discussed later in this report.

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children was determined to be unreasonable and would violate the protections of the human subjects. Child advocates were required to provide a substitute mechanism for permission.

<sup>6</sup> Lowry, et al., 2016.

<sup>7</sup> Nearly all survivors were unable to make connections to other victims for various reasons, such as s/he had not been connected with other survivors, a family member was the perpetrator and the survivor was not aware of who else may have been victimized, or the victim was relocated for safety and protection.

# Chapter 3. Survey Findings for Service Providers and Allied Professionals

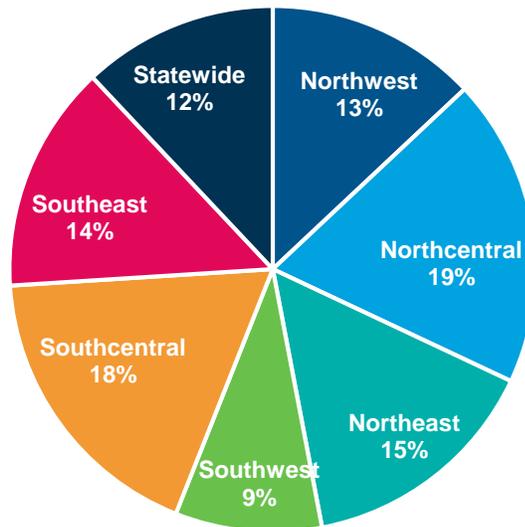
This chapter begins with an overview of survey respondents' background, followed by a description of the organizations and their experience interacting with human trafficking victims; knowledge and beliefs of service providers about human trafficking; level of comfort interacting with human trafficking victims; incoming and outgoing referrals involving human trafficking; identification of human trafficking; prevalence of identified human trafficking; and, finally, barriers to providing services to human trafficking victims.

## Background on Respondents

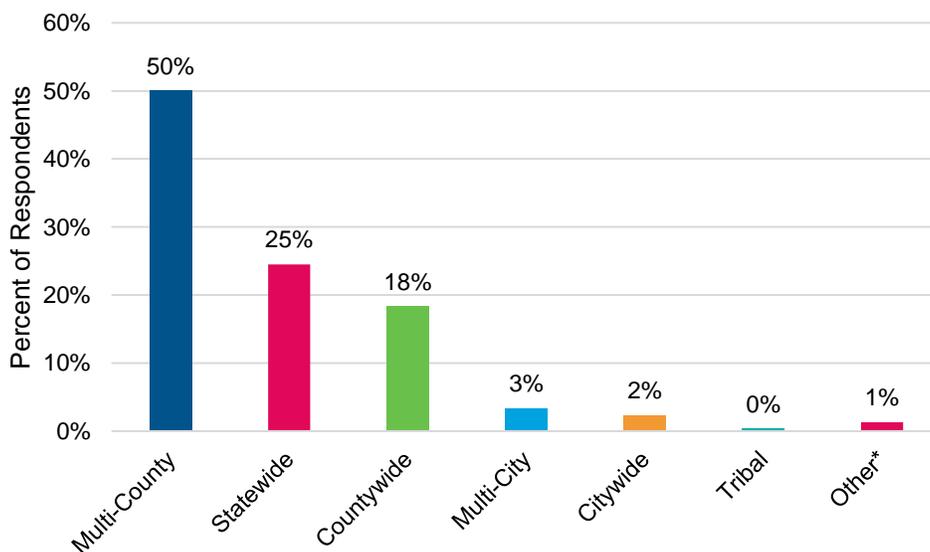
The following section provides information on respondents' background, including (1) the region their organization is located, (2) the services provided by the organization, (3) catchment area served by the organization, (4) the monthly caseload of the organization, (5) services the organization provides to human trafficking victims, (6) their personal interactions or organization-level interactions with victims of human trafficking, and (7) their years of experience in the victim services field.

As shown in Exhibit 3.1, 12% of respondents worked in organizations that were statewide and covered all six regions. There was nearly equal representation in each of the individual regions (i.e., ranging from 9 to 19 percent), with the smallest number of providers in the Southwest region of Iowa. Respondents were also asked about the catchment area that their organizations served. See Exhibit 3.2 for a chart of the catchment areas served. Half of respondents (50%) reported working across multiple counties, whereas nearly a quarter (24.5%) of respondents indicated working statewide.

**Exhibit 3.1: Service area for your organization. (n=344)**



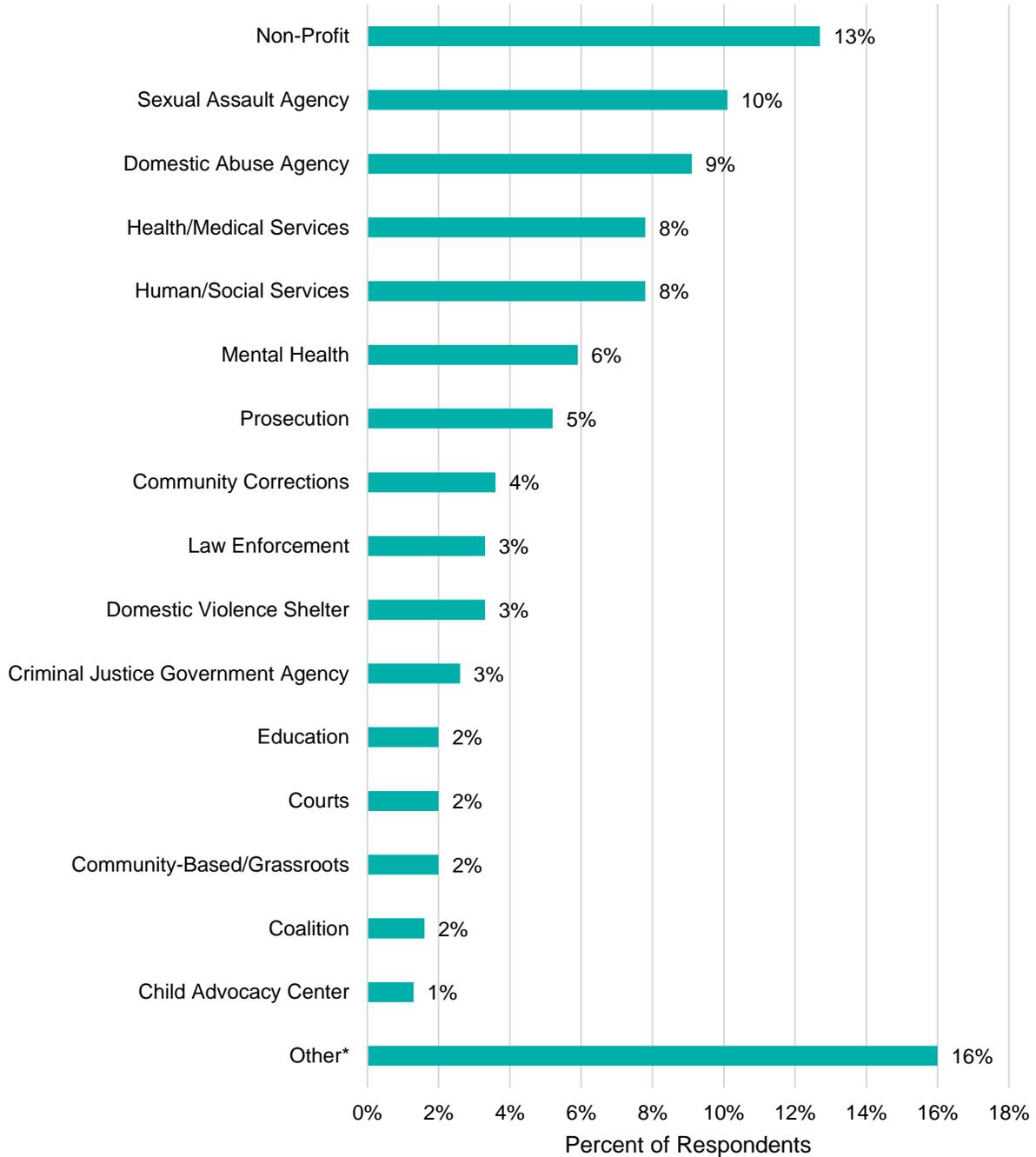
**Exhibit 3.2: Catchment area served by your organization. (n=306)**



\*A sample of "Other" responses included: "I supervise the Comprehensive DA, which is multicounty but our agency also operates a Statewide program as well" and "multi county and tribal."

ICF surveyed multiple types of service provider organizations. The responses were somewhat evenly distributed, with the largest portion of respondents coming from non-profit organizations (13%), followed by sexual assault agencies (10%), domestic abuse agencies (9%), human/social services (8%) and health/medical services (8%).

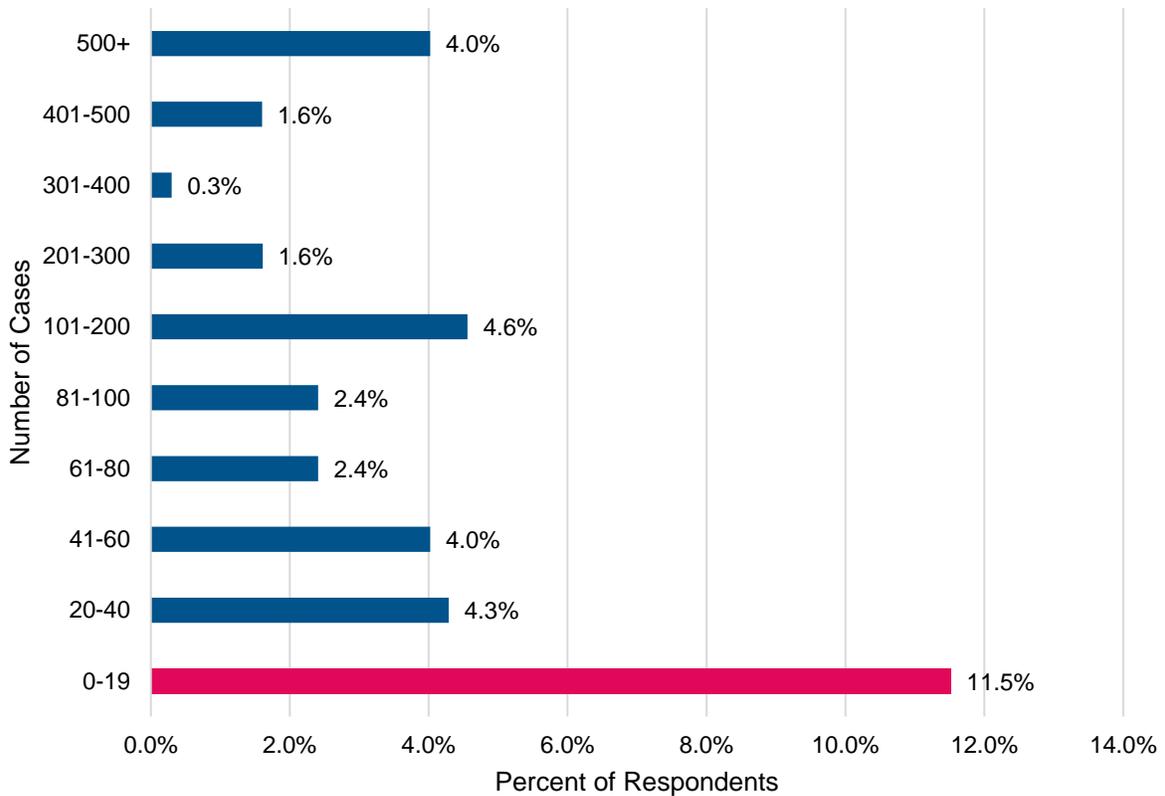
**Exhibit 3.3: Which of the following best describes the type of organization or program in which you work? (n=307)**



\*A sample of "Other" responses included: "Behavioral Health Center," "Domestic Violence Program/Sexual Assault Program and Shelter," "public health," and "Youth development."

Respondents were asked to share about their organization's monthly caseload with regard to all clients, not only human trafficking cases, shown in Exhibit 3.4. Most often, respondents reported having 0-19 cases each month (12%), followed by 101-200 cases (5%). A small number of respondents reported having over 500 cases (4%).

**Exhibit 3.44: What is your agency/organization's average monthly case load (clients per month)? (n=132)**



In order to learn more about the organizations that interacted with human trafficking victims, we asked respondents whether their organization had dedicated staff for serving human trafficking victims. Only 32% of respondents said their organization had dedicated staff for serving human trafficking victims. Fifty-five percent of respondents said their organization did not have dedicated staff, and 14% said they did not know if their organization had dedicated staff. We then followed-up by asking respondents which services were utilized by human trafficking victims. The three most common services respondents reported human trafficking victims used were: victim advocacy services (20.1%), information and referral systems (19.6%), and mental health services or counseling (19.0%). Other common responses included: housing and shelter (16.9%), health care and medical services (15.8%), and crisis intervention or 24-hour hotlines (14.5%). See Exhibit 3.5 for a summary of reported services used by human trafficking victims.

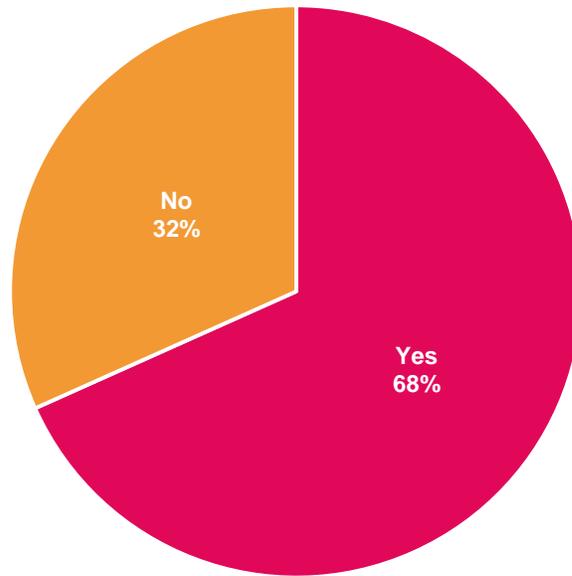
**Exhibit 3.5: What types of services were utilized by human trafficking victims identified/served by your organization? (n=75)**

Service	Percentage
Victim advocacy	20%
Information and referral system	20%
Mental health services/counseling	19%
Housing/shelter	17%
Health care/medical services	16%
Crisis intervention/24-hour hotline	15%
Food	12%
Transportation	12%
Clothing	11%
Life skills	10%
Protection/safety services	10%
Victim compensation	8%
Education	6%
Drug/alcohol treatment	6%
Mentoring services	6%
Family/guardian support services	5%
Employment	5%
Job training	4%
Child care	4%
Dental services	3%
Other*	4%

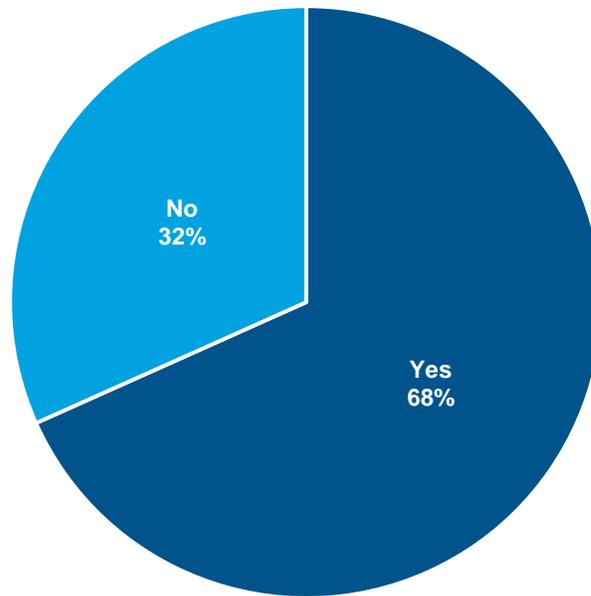
\*A sample of "Other" responses included: "it would be unknown if a victim was served but we do provide referrals to all of the above if a need is identified or expressed by the client," "peer counseling and support," and "yoga while in jail."

Sixty-eight percent of respondents indicated that they were direct service providers for victims of human trafficking victims, while 68% also indicated that their organization had served human trafficking victims within the past three years (see Exhibits 3.6 and 3.7).

**Exhibit 3.6: In your current position, are you a direct service provider for victims of human trafficking? (n=308)**

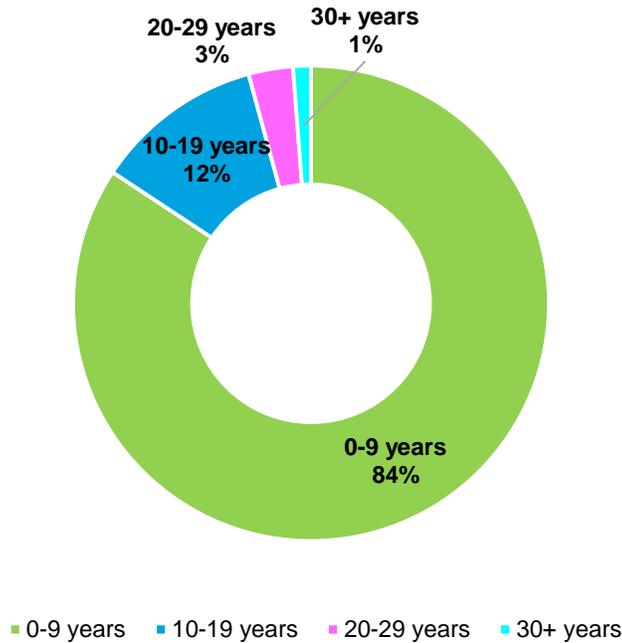


**Exhibit 3.7: Over the past three years, has your organization served any victims of human trafficking? (n=300)**



The final piece of background information gathered from participants was their level of experience working on human trafficking cases. The majority of respondents (68%) indicated having served human trafficking victims, but most had fewer than 10 years of experience (84%).

**Exhibit 3.8: How many years of experience do you have with cases involving victims of human trafficking? (n=167)**

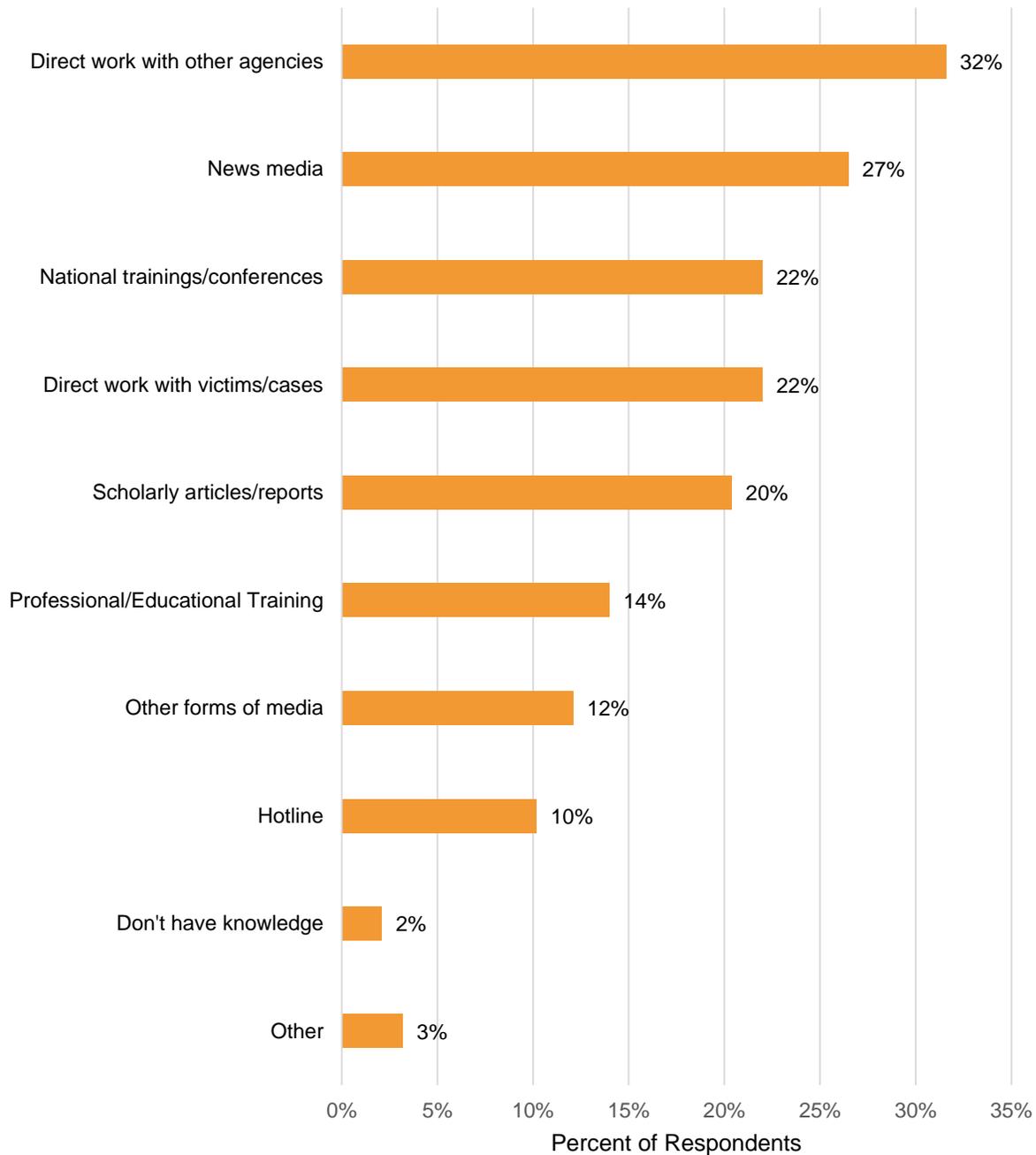


## Knowledge

The following section provides information on respondents' knowledge of human trafficking, including (1) their primary sources of knowledge about human trafficking, (2) the trainings they would like to receive to increase their knowledge of human trafficking, (3) their current knowledge of sex trafficking, and (4) their current knowledge of labor trafficking.

Exhibit 3.9 details the primary sources of knowledge for service providers on human trafficking. Providers most commonly reported learning about human trafficking by working with other agencies (32%) and through news media (27%). Twenty-two percent of respondents reported gaining knowledge through attending national trainings and conferences, and also through direct work with victims or cases of human trafficking.

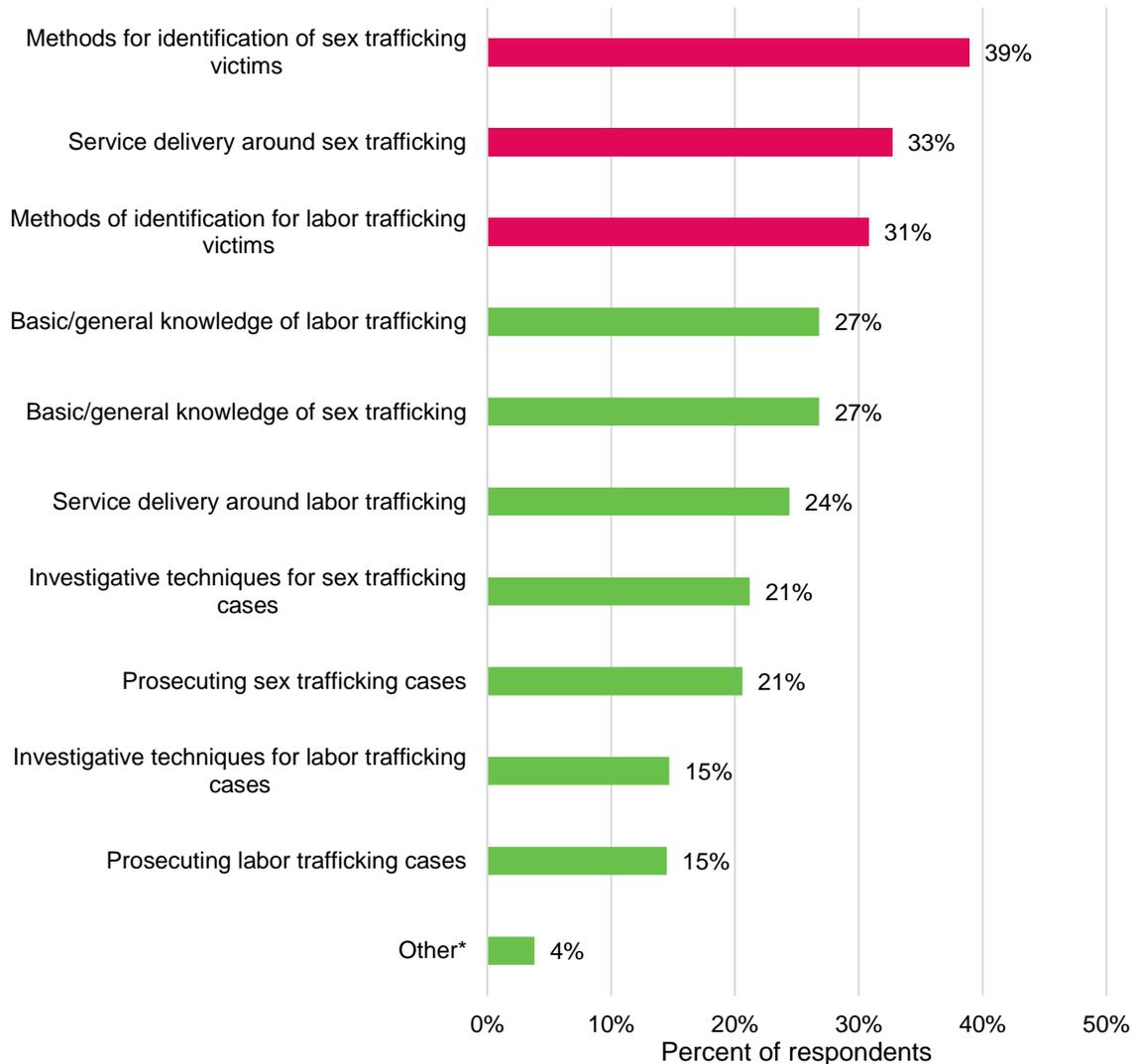
**Exhibit 3.9: What are your primary sources of knowledge for human trafficking? (n=217)**



\*A sample of "Other" responses included: "conducting prostitution operations and interviewing subjects," "substance abuse agencies," and "Training from state director of task force on human trafficking."

After describing their current sources of knowledge about human trafficking, survey respondents were asked what additional topics in which they still needed the most training in order to provide better services to victims of human trafficking. Respondents most commonly reported needing more training in methods for identifying sex trafficking victims (39%), service delivery around sex trafficking victims (33%), and methods of identifying labor trafficking (31%).

**Exhibit 3.10: What types of training would you like to receive more of? (n=208)**



\*A sample of "Other" responses included: "aftercare/trauma informed/strengths based/state of change/EMDR therapy/etc.," "Criminalization of sex work and intersection with human trafficking and impact on trauma," "referring trafficking victims to safe & supportive resources," and "ways courts can encourage prosecutors to take this issue seriously."

Respondents were asked to rank their levels of knowledge regarding specific topics in the field of sex trafficking, and respondents' answers clustered around the "a little knowledge" or "knowledgeable" options. In Exhibit 3.11, darker green shades represent higher proportions of responses, whereas lighter green shades represent lower proportions. Topics where respondents reported higher levels of knowledge were: how sex trafficking impacts individuals, factors that put individuals at risk of sex trafficking, strategies used to recruit individuals into sex trafficking, and terminology related to sex trafficking (each with over 30% of respondents knowledgeable on the topic). Areas where respondents reported having the least knowledge were: process for identifying sex trafficked individuals, ways to engage with sex trafficked individuals, and referral process for sex trafficked individuals.

**Exhibit 3.11: What is your level of knowledge about the items below? (n=197)**

	No Knowledge	A Little Knowledge	Knowledgeable	Significant /Advanced Knowledge	Complete Knowledge /Expert
<i>How sex trafficking impacts individuals</i>	5%	28%	35%	30%	2%
<i>Factors that put individuals at risk of sex trafficking</i>	5%	30%	39%	24%	2%
<i>Strategies used to recruit individuals into sex trafficking</i>	7%	38%	35%	19%	2%
<i>Terminology related to sex trafficking</i>	8%	38%	34%	19%	2%
<i>Prevalence of sex trafficking among minors</i>	12%	42%	28%	16%	1%
<i>Prevalence of sex trafficking among adults</i>	16%	43%	28%	13%	1%
<i>Ways to engage with sex trafficked individuals</i>	25%	40%	21%	12%	1%
<i>Services available to treat sex trafficked individuals</i>	21%	41%	25%	13%	1%
<i>Ways to identify sex trafficked individuals</i>	21%	39%	26%	13%	2%
<i>Process for identifying sex trafficked individuals</i>	25%	43%	23%	9%	1%
<i>Referral process for sex trafficked individuals</i>	26%	41%	25%	8%	1%
<i>The federal and state statutes of sex trafficking</i>	22%	49%	24%	5%	1%

Respondents were also asked similar questions about their knowledge of labor trafficking. Respondents felt they had the most knowledge (over 20% responded that they were “knowledgeable” on the topic) about: factors that put individuals at risk of labor trafficking, how labor trafficking impacts individuals, terminology related to labor trafficking, and strategies used to recruit individuals into labor trafficking. Some of the areas where respondents reported the least level of knowledge (over 30% reported “no knowledge”) were: the federal and state statutes of labor trafficking, process for identifying labor trafficked individuals, and services to treat labor trafficked individuals.

**Exhibit 3.12: What is your level of knowledge about the items below? (n=193)**

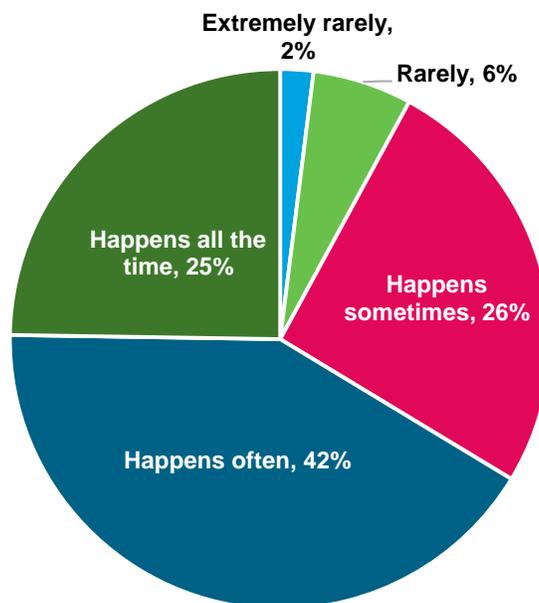
	No Knowledge	A Little Knowledge	Knowledgeable	Significant /Advanced Knowledge	Complete Knowledge /Expert
<i>Factors that put individuals at risk of labor trafficking</i>	13%	53%	26%	7%	1%
<i>How labor trafficking impacts individuals</i>	17%	49%	27%	7%	1%
<i>Terminology related to labor trafficking</i>	18%	52%	22%	7%	1%
<i>Strategies used to recruit individuals into labor trafficking</i>	19%	51%	21%	8%	1%
<i>Prevalence of labor trafficking</i>	27%	49%	18%	5%	1%
<i>Ways to identify labor trafficked individuals</i>	29%	48%	18%	5%	1%
<i>Referral process for labor trafficked individuals</i>	29%	49%	18%	4%	1%
<i>Process for identifying labor trafficked individuals</i>	31%	47%	16%	6%	0%
<i>Services available to treat labor trafficked individuals</i>	31%	46%	19%	4%	0%
<i>The federal and state statutes of labor trafficking</i>	34%	49%	14%	2%	1%

## Beliefs

The following section provides information on respondents' beliefs about human trafficking, including (1) who they believe is being trafficked, (2) the respondent's general beliefs about trafficking, (3) the respondent's beliefs about sex and labor trafficking, and (4) how similar the respondent believes sex or labor trafficking is to other forms of victimization.

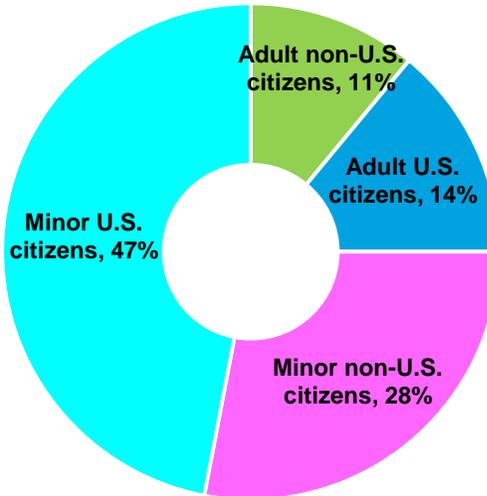
Respondents were first asked how frequently they believe human trafficking occurs in the state of Iowa. Most respondents (42%) believed human trafficking occurs often, and almost every other respondent noted that it happens sometimes or happens all the time. Only eight percent thought human trafficking occurred rarely or extremely rarely in the state of Iowa.

**Exhibit 3.13: How often would you say that human trafficking occurs, not just in your jurisdiction, but throughout the state of Iowa? (n=207)**



Subsequently, respondents had an opportunity to report which demographics they thought were most commonly victimized by human trafficking in Iowa. Forty-seven percent of respondents reported that minor U.S. citizens were the most common group of people victimized by human trafficking in the state of Iowa, followed by minor non-U.S. citizens (28%), adult U.S. citizens (14%), and then adult non-U.S. citizens (11%).

**Exhibit 3.14: Please select the following demographic group you believe are most often victims of human trafficking in Iowa. (n=207)**



Respondents were also given an opportunity to share their general beliefs about human trafficking in Iowa by indicating agreement or disagreement with statements about human trafficking. Respondents most commonly agreed that it is important for them to know about human trafficking for their professions (68%), human trafficking in Iowa is increasing every year (42%), and human trafficking is occurring more regularly in urban areas (31%). The statement respondents most frequently disagreed with (7% strongly disagreed and 31% disagreed) was “the rate of human trafficking in Iowa has not changed, but has received more media and/or government attention.”

**Exhibit 3.15: To what extent do you agree with the following statements? (n=206)**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<i>It is important for me to know about human trafficking for my profession</i>	1%	0%	4%	25%	68%
<i>Human trafficking in Iowa is increasing every year</i>	1%	1%	19%	35%	42%
<i>Human trafficking in Iowa occurs in rural areas (counties less than 50,000 in population)</i>	1%	3%	15%	48%	31%
<i>Human trafficking is more prevalent in urban areas</i>	1%	12%	45%	28%	12%
<i>The rate of human trafficking in Iowa has not changed, but has received more media and/or government attention</i>	7%	31%	29%	19%	12%

Respondents were asked questions, on a scale of 1-10 (1 meaning they strongly disagree, and 10 meaning they strongly agree) regarding their general beliefs about sex trafficking. Across service providers, responses averaged less than 4 on all the scale questions, indicating general disagreement with the statements posed, shown in Exhibit 3.16.

**Exhibit 3.16: Average rating of the sex trafficking statements below on a scale of completely false to completely true. (n=206)**



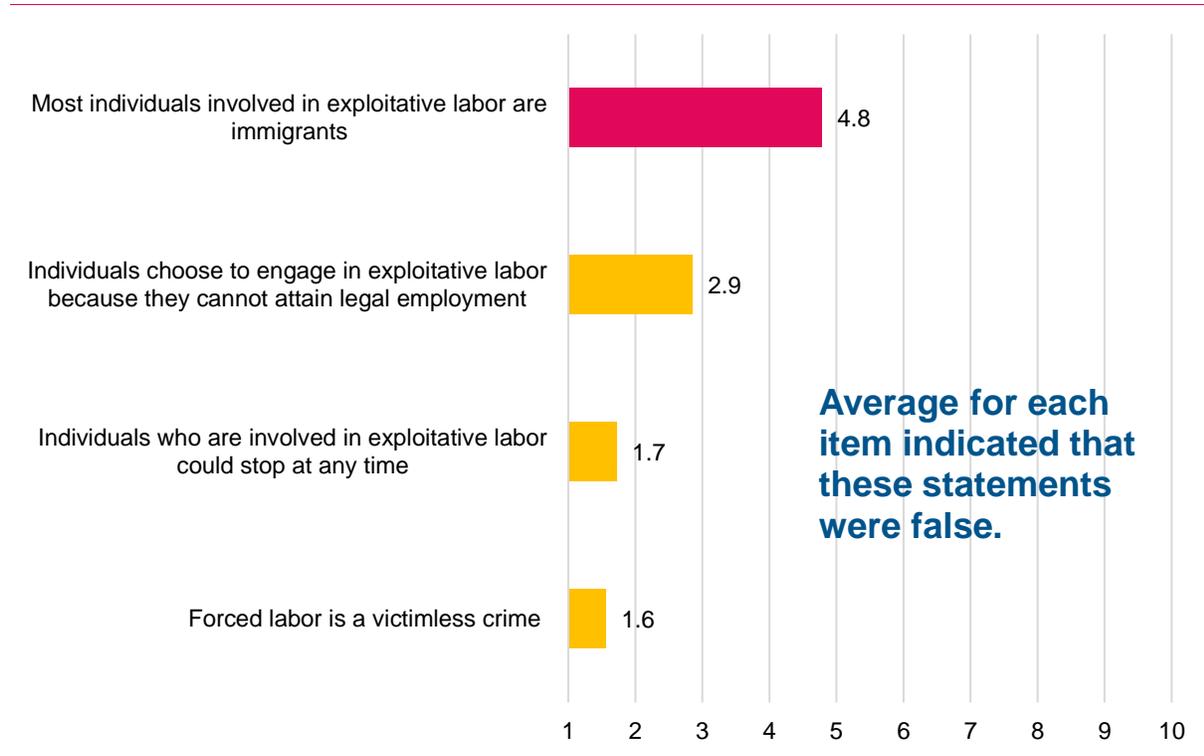
Service providers and allied professionals were then asked seven questions to help gauge how similarly they view sex trafficking and sexual assault. On a five-point scale of “not at all similar” to “very similar” (1=not at all similar, 5=very similar), respondents reported on how similar they believed sex trafficking victims were to sexual assault victims. The top three areas reported with the most similarity were: level of fear, level of trust, and types of services. A summary of results are presented in Exhibit 3.17.

**Exhibit 3.17: How similar do you believe the problems/needs of sex trafficking victims listed below are to victims of sexual assault or domestic abuse? (n=194)**

	Not At All Similar	Not Very Similar	Neutral	Somewhat Similar	Very Similar	Don't Know
<i>Level of fear</i>	3%	7%	11%	28%	50%	1%
<i>Types of services</i>	2%	6%	12%	41%	37%	2%
<i>Level of trust</i>	5%	9%	12%	24%	48%	1%
<i>Presence of support networks (e.g., level of isolation)</i>	6%	23%	13%	23%	31%	4%
<i>Length of service</i>	3%	21%	17%	25%	26%	9%
<i>Ability to access services</i>	10%	26%	13%	19%	28%	4%
<i>Language barriers</i>	10%	26%	13%	19%	28%	4%

Similar to the above questions asked regarding respondents' beliefs about sex trafficking, they also responded to questions regarding their beliefs on labor trafficking. Respondents were asked four questions on a scale from one to ten (1=completely false, 10=completely true). While the average responses to all the statements were below 5, the highest scoring item on this scale was over one full point higher than the highest scoring item on the beliefs about sex trafficking scale. The highest scoring item on this scale was in response to the statement "most individuals involved in exploitative labor are immigrants" with a score of 4.8.

**Exhibit 3.18: Average rating of the labor trafficking statements below on a scale of completely false to completely true. (n=190)**



Service providers and allied professionals were then asked questions about the level of similarity in service delivery to victims of labor trafficking as sex trafficking. Over 30% of service providers reported believing the following items were very similar between sex trafficking victims and labor trafficking victims: level of trust (38%), level of fear (37%), and language barriers (35%).

**Exhibit 3.19: How similar do you believe the problems/needs of labor trafficking victims listed below are to victims of sex trafficking? (n=187)**

	Not At All Similar	Not Very Similar	Neutral	Somewhat Similar	Very Similar	Don't Know
<i>Level of trust</i>	1%	5%	14%	37%	38%	5%
<i>Level of fear</i>	1%	6%	16%	35%	37%	5%
<i>Language barriers</i>	4%	8%	18%	27%	35%	8%
<i>Ability to access services</i>	4%	11%	18%	31%	28%	9%
<i>Types of services</i>	3%	15%	17%	44%	15%	6%
<i>Presence of support networks (e.g., level of isolation)</i>	3%	16%	22%	32%	21%	7%
<i>Length of service</i>	3%	17%	25%	27%	18%	11%

## Comfort

In addition to collecting information on the knowledge of beliefs of service providers and allied professionals regarding human trafficking, ICF aimed to gain an understanding of their comfort level serving survivors of human trafficking. The following section provides information on respondents' comfort serving survivors of human trafficking, including (1) comfort serving sex trafficking survivors, and (2) comfort serving labor trafficking survivors.

Respondents were asked seven questions on a ten-point scale (1=not at all comfortable, 10=completely comfortable) regarding their comfort serving survivors of human trafficking. Responses from the comfort scale questions are detailed in Exhibits 20-21. With regard to serving survivors of sex trafficking, respondents were most comfortable referring survivors of sex trafficking to local resources and services (6.8), and least comfortable identifying adult sex trafficking victims (5.1). With regard to serving survivors of labor trafficking, respondents were most comfortable (5.5) directly asking an individual if they are trading labor in exchange for assistance meeting critical needs, and least comfortable (4.5) identifying survivors of labor trafficking.

For both labor and sex trafficking, the lowest responses to the comfort scales were regarding identification of survivors of trafficking (see Exhibits 3.20 and 3.21). Additionally, the top three scoring items were the same across the two scales: (1) referring survivors to local resources, (2) directly asking if they are exchanging sex/labor for assistance meeting critical needs, and (3) responding appropriately when a survivor is identified. Furthermore, respondents reported lower scores on the labor trafficking scale than on the sex trafficking scale, demonstrating slightly lower comfort levels serving and identifying survivors of labor trafficking.

**Exhibit 3.20: How comfortable do you feel about your ability to do the following for sex trafficking victims? (n=187)**



**Exhibit 3.21: How comfortable do you feel about your ability to do the following for labor trafficking victims? (n=195)**

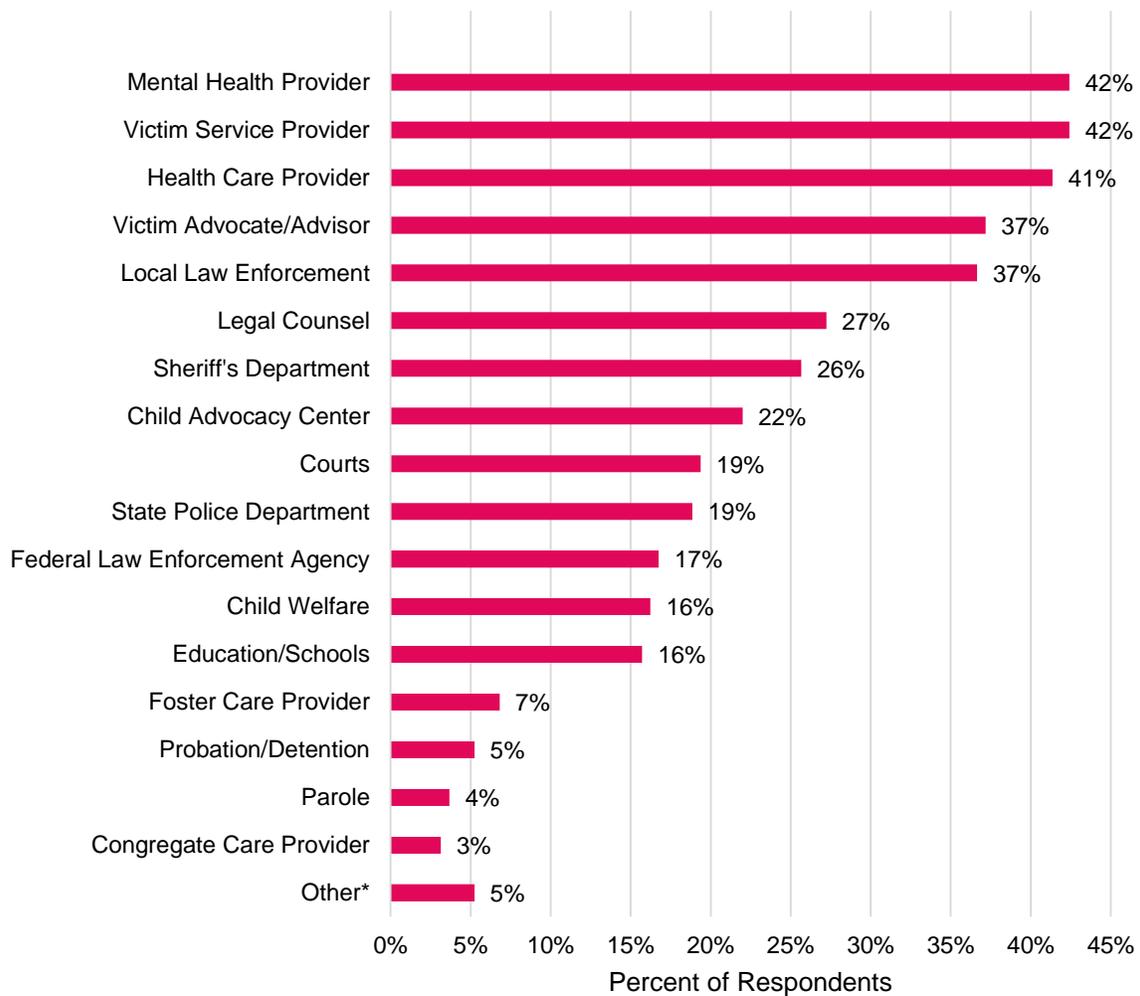


## Human Trafficking Referrals

The following section provides information on human trafficking case referrals between organizations, including (1) referrals respondents are making *to* other organizations on human trafficking cases, and (2) referrals respondents are receiving *from* other organizations on human trafficking cases.

Service providers and allied professionals were asked about their outgoing referrals to other organizations regarding cases of human trafficking. Frequencies were gathered on the number of times respondents reported referring a case of human trafficking to another organization, and are shown below in Exhibit 3.22. Human trafficking victims were most commonly referred to mental health providers (n=81) and victim service providers (n=81). Additionally, sixty-one respondents reported they made no referrals for human trafficking cases.

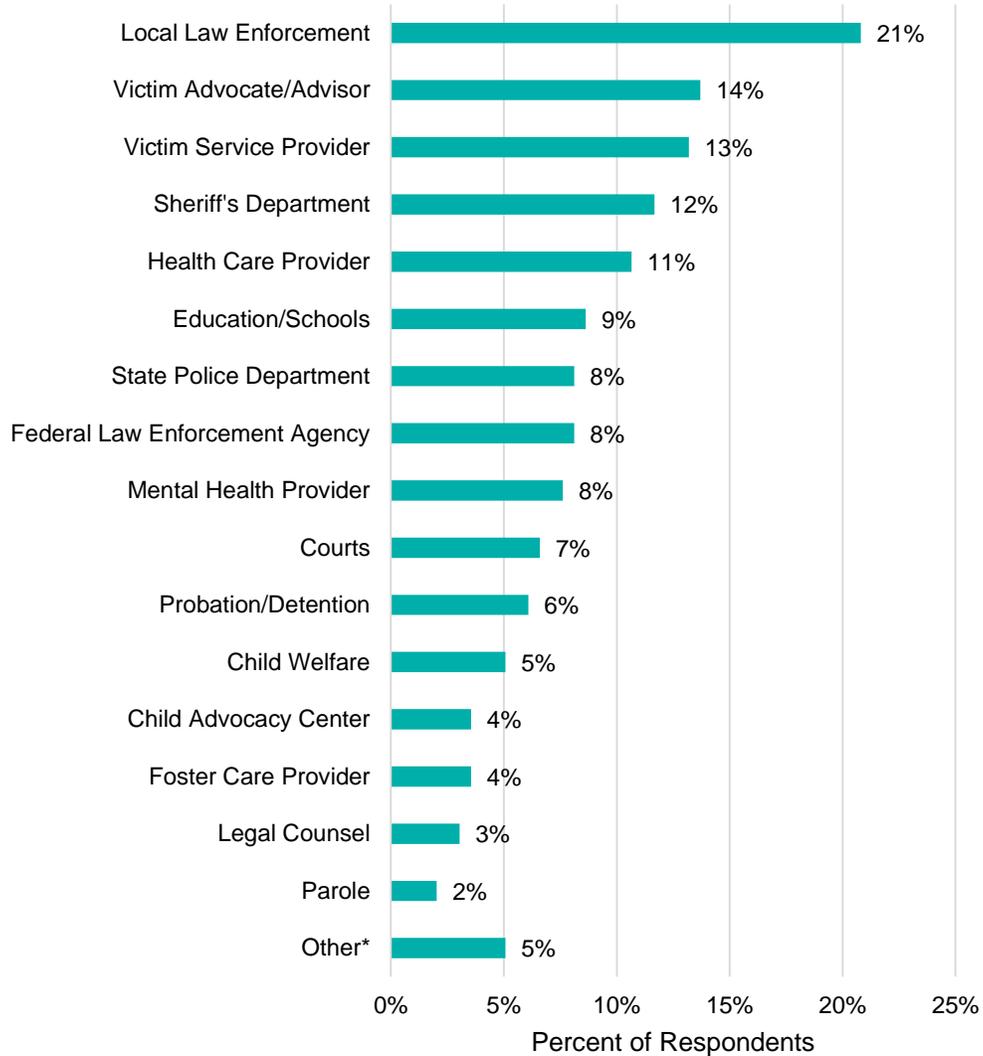
**Exhibit 3.22: Do you refer human trafficking victims to any of the following organizations or practitioners? (n=191)**



\*A sample of "Other" responses included: "Substance abuse treatment," "we refer to any needed service, just never knew if it was a victim of trafficking," and "We would, those we have seen were not interested in other services at this time."

Service providers and allied professionals were also asked about their incoming referrals *from* other organizations regarding cases of human trafficking, shown in Exhibit 3.23. Over half of respondents (n=109) reported that they did not receive any referrals from other organizations for human trafficking cases. For organizations that did receive referrals, the most frequently reported source of those referrals was local law enforcement (n=41).

**Exhibit 3.23: Have you received referrals for human trafficking victims from any of the following organizations or practitioners? (n=197)**

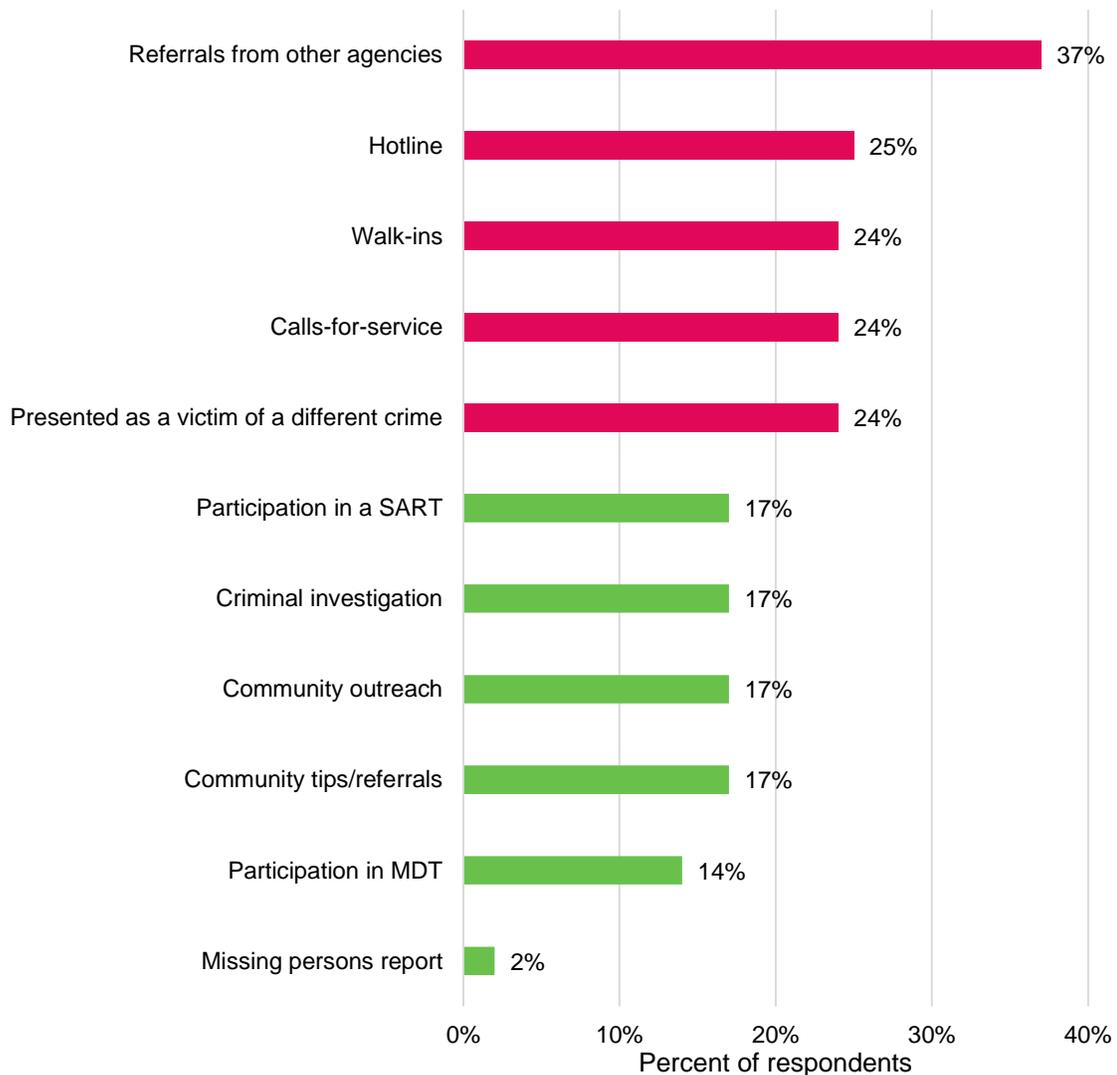


\*A sample of "Other" responses included: "homeless service provider," "private rescue organizations, churches, homeless shelter," and "The one I have served was found through assessment referred from a JCO."

## Identification of Human Trafficking

The following section provides information on how respondents are currently identifying victims of human trafficking. In order from most common form of identification to least: referrals from other agencies (37%), hotline (25%), walk-ins (24%), calls-for-service (24%), presented as a victim of a different crime (24%), participation in a sexual response assault team (SART) (17%), during the course of a criminal investigation (17%), community outreach (17%), community tips/referrals (17%), participation in a multi-disciplinary team (MDT) (14%), and from missing persons reports (2%).

**Exhibit 3.24: How does your organization first come into contact with human trafficking victims? (n=186)**

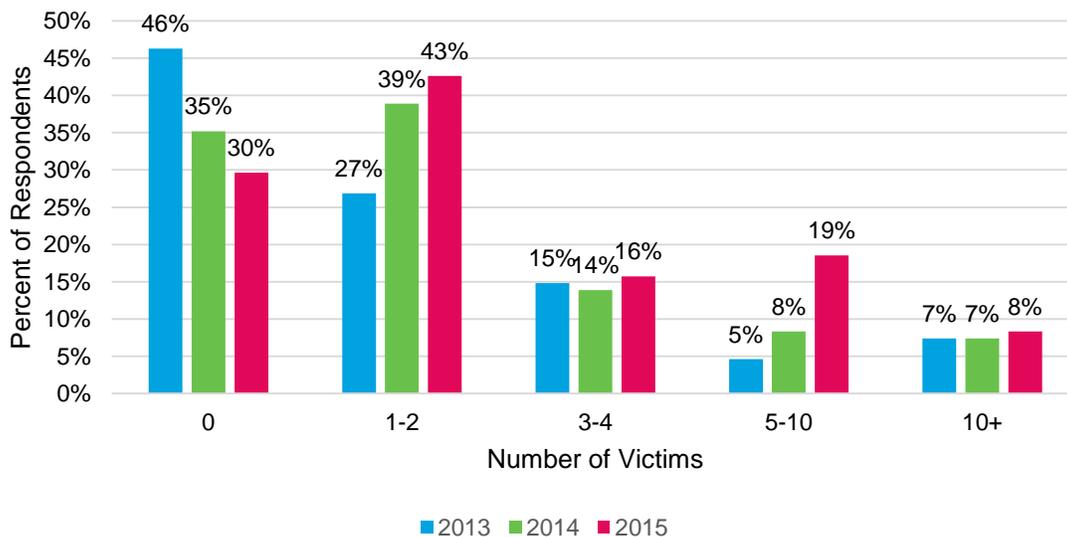


## Prevalence of Human Trafficking

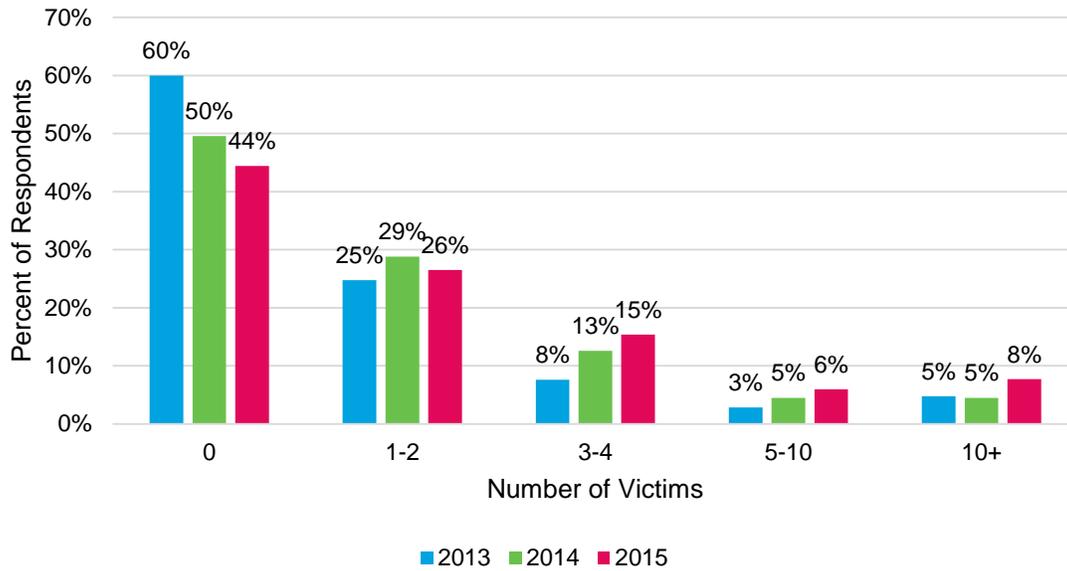
While the prevalence of human trafficking is difficult to measure, ICF did ask service providers and allied professionals about their human trafficking caseload over the past three years to provide some insights into preliminary efforts of understanding the prevalence of human trafficking in the state. The following section provides preliminary prevalence information on human trafficking in Iowa, including (1) number of suspected cases of human trafficking, and (2) number of confirmed cases of human trafficking, (3) demographics of victims served by respondents, and (4) the type(s) of human trafficking victims have experienced that have been served by the respondents.

Respondents were asked to report the number of suspected cases of the following types of human trafficking they believe they interacted with in the years 2013-2015: adult sex trafficking, domestic minor sex trafficking (DMST), and labor trafficking. The number of responses (with options including: 0, 1-2, 3-4, 5-10, 10+) are shown in Exhibits 3.25 to 3.27, with the most common responses being that the respondent served no suspected human trafficking victims or one to two survivors over the course of each year. However, over the years, the responses were fairly consistent but showed some fluctuation toward increasing prevalence over the three years presented. In 2015, more people were serving higher number of victims than in 2013.

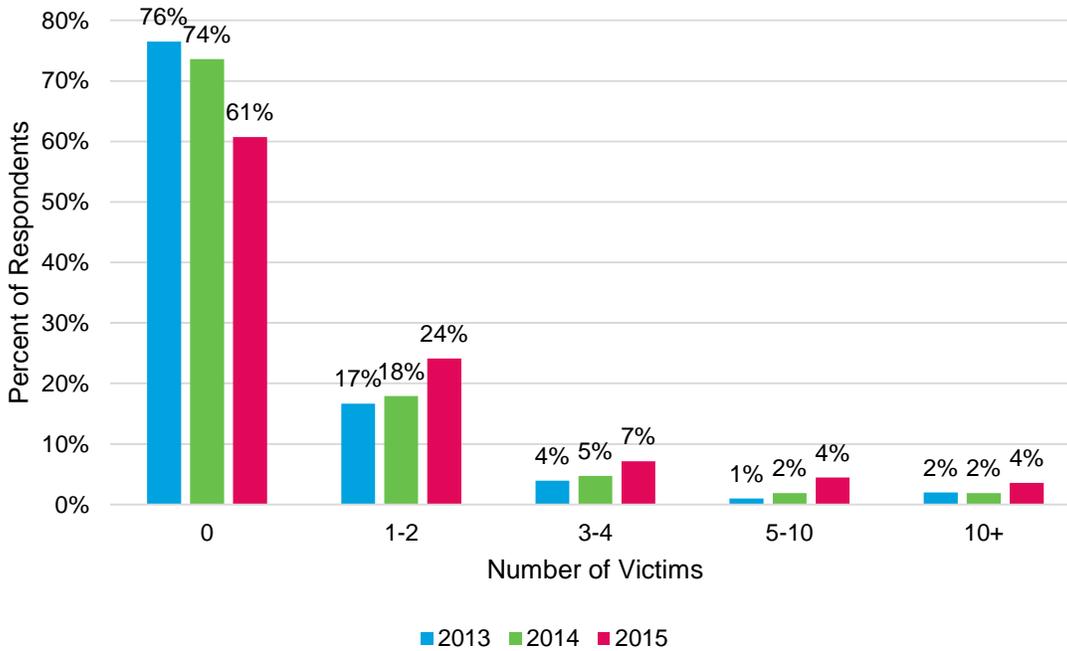
**Exhibit 3.25: Approximately how many adult victims of sex trafficking were served by you in the following years? (n=124)**



**Exhibit 3.26: Approximately how many victims of domestic minor sex trafficking (DMST) were served by you in the following years? (n=117)**

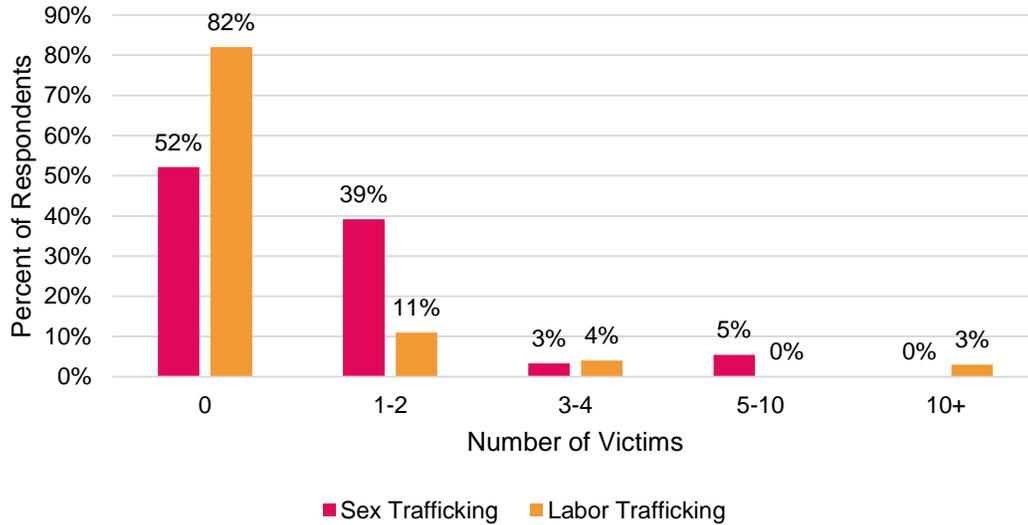


**Exhibit 3.27: Approximately how many victims of labor trafficking were served by you in the following years? (n=112)**



Respondents were also asked to report the number of victims that were confirmed to be sex trafficking and/or labor trafficking in 2015. A summary is shown in Exhibit 3.28.<sup>8</sup> In comparison, the volume of *suspected* victims is far greater than the number of survivors that have been *confirmed* to be human trafficking victim.

**Exhibit 3.28: Of those human trafficking victims handled by you in 2015, how many were confirmed as sex/labor trafficking? (n=100)**



Respondents were asked to provide details on the demographics of all victims their organization served (not *only* human trafficking victims). A majority (78%) of respondents reported that 75-100% of the human trafficking victims served by their organization were female, and a majority (91%) of respondents report serving males 0-25% of the time. Forty percent of respondents reported that most of the victims they served (75-100% of clientele) were adults between the ages of 18-39. Victims under the age of 18, and victims over the age of 40, most commonly accounted for less than a quarter of the respondent’s client base.

<sup>8</sup> Twenty-one percent of respondents reported not knowing how many confirmed cases of sex trafficking their organization had in 2015, and 16% of respondents reported not knowing how many cases of labor trafficking their organization had in 2015.

To gather more preliminary information on the prevalence of human trafficking, respondents were asked to report on the types of human trafficking that occurred for the victims they served. Respondents mostly stated they never treated anyone who encountered the forms of human trafficking listed in Exhibit 3.29. The most often served forms of trafficking were: forced prostitution, pornography, use in criminal activity, and sex tourism/entertainment.

**Exhibit 3.29: Please rate how often you work with the following types of human trafficking victims: (n=105)**

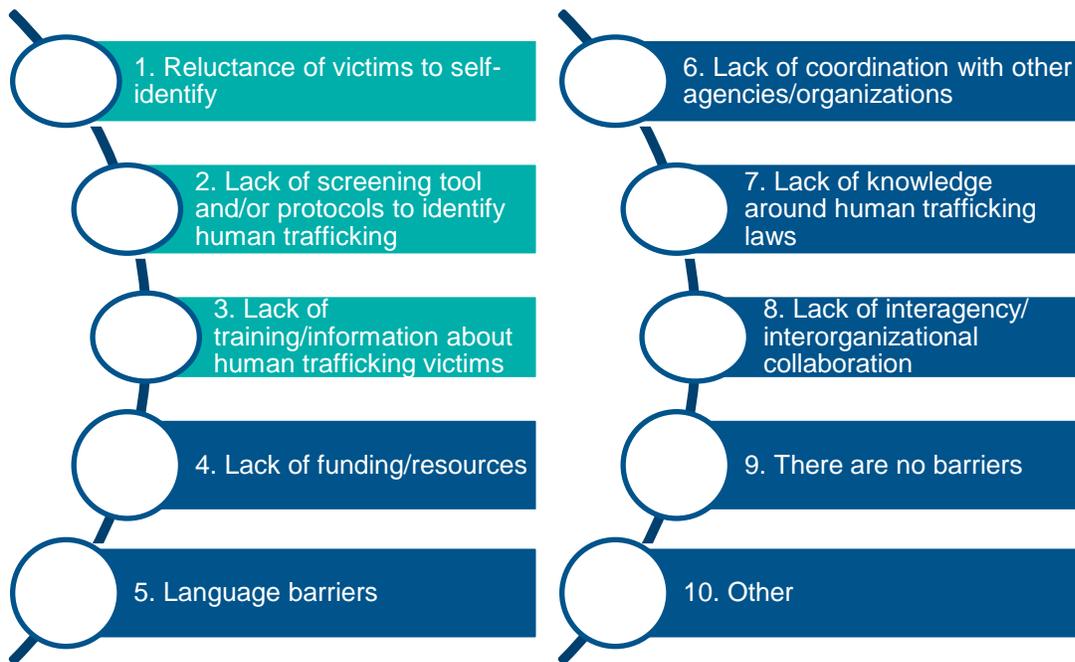
	Never	Rarely	Sometimes	Often	Always
<i>Forced prostitution (e.g., brothel, street, massage parlor)</i>	10%	31%	39%	13%	7%
<i>Pornography</i>	34%	15%	36%	15%	1%
<i>Use in criminal activity</i>	30%	29%	28%	11%	3%
<i>Sex tourism/entertainment</i>	40%	21%	26%	12%	1%
<i>Forced marriage</i>	58%	24%	15%	4%	0%
<i>Domestic worker (e.g., au pair, maid)</i>	61%	21%	13%	3%	2%
<i>Restaurant worker</i>	60%	22%	14%	3%	1%
<i>Forced begging and/or peddling</i>	60%	21%	16%	2%	1%
<i>Bonded labor/debt repayment</i>	57%	27%	14%	1%	1%
<i>Food processing (e.g., slaughter houses)</i>	67%	10%	16%	5%	1%
<i>Agricultural labor</i>	71%	15%	9%	4%	0%
<i>Field labor</i>	70%	18%	12%	0%	0%
<i>Sweatshop</i>	80%	17%	3%	0%	0%
<i>False adoption</i>	85%	10%	4%	1%	0%
<i>Other*</i>	76%	12%	7%	2%	2%

\*A sample of "Other" responses included: "gang related trafficking" and "victim used for obtaining drugs."

## Barriers

The final section of this survey asked respondents to select what they believed were the top three barriers to victims of human trafficking receiving services from a list of ten possible options. The top three responses were: “reluctance of victims to self-identify” (32%), “lack of screening tool and/or protocols to identify human trafficking” (26%), and “lack of training/information about human trafficking victims” (25%). The least common three barriers were: “lack of knowledge around human trafficking laws” (10.7%), “lack of interagency/interorganizational collaboration” (7.2%), and “there are no barriers” (4.0%).

**Exhibit 3.30: Which of the following are the 3 most prominent barriers to the identification of human trafficking victims for you or your agency? (n=215)**



# Chapter 4. Survey Findings for Law Enforcement

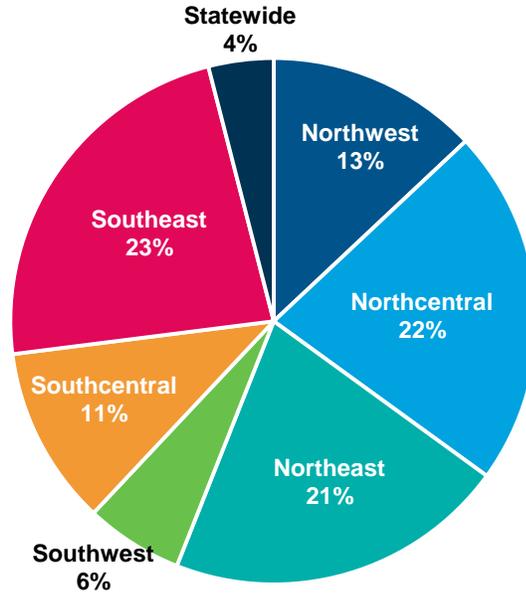
This chapter begins with an overview of survey respondents' background, followed by a description of their agencies and their experience interacting with human trafficking victims; knowledge and beliefs of law enforcement about human trafficking; level of comfort interacting with human trafficking victims; incoming and outgoing referrals regarding human trafficking; how law enforcement identify human trafficking; prevalence of human trafficking among law enforcement cases; and, finally, barriers to providing services to human trafficking victims.

## Background on Respondents

The following section provides information on respondents' background, including (1) the region their agency is located, (2) jurisdiction of their agency, (3) services their agency provides to human trafficking victims, and (4) their agency's experience serving victims of human trafficking.

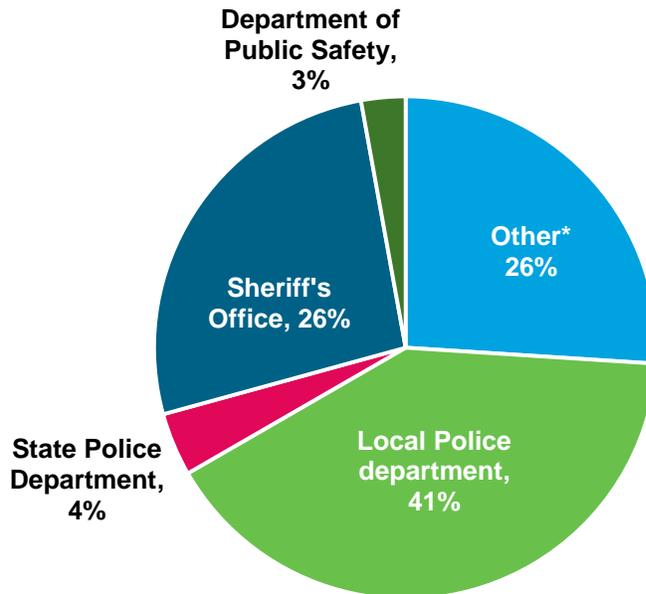
As shown in Exhibit 4.1, four percent of respondents worked in agencies that were statewide and covered all six regions. There was fairly equal representation in each of the individual regions (i.e., ranging from 6 to 23 percent), with the smallest number of providers in the Southwest region of Iowa.

Exhibit 4.1: Jurisdiction for your agency. (n=261)



Respondents were also asked to describe their agency type (see Exhibit 4.2 for the types of agencies). The largest proportion of respondents came from local police departments (41%), followed by sheriff’s offices (26%), state police departments (4%) and departments of public safety (3%)

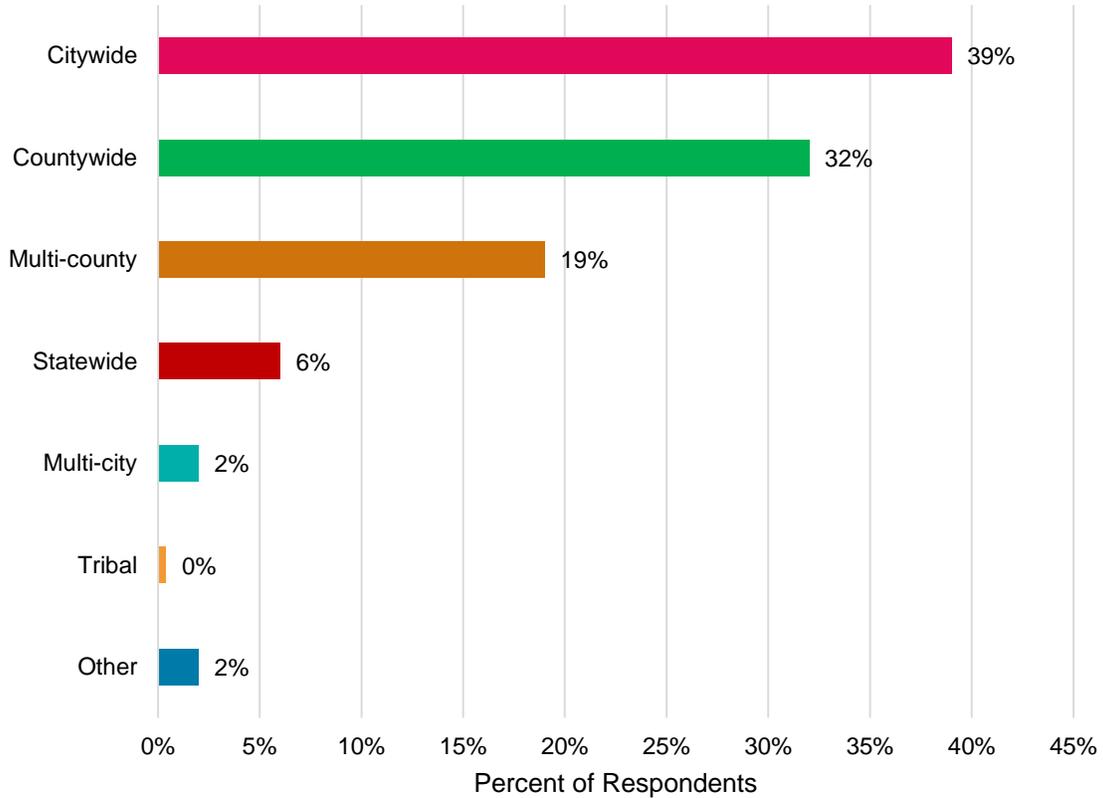
Exhibit 4.2: Which of the following best describes the type of law enforcement entity in which you work? (n=246)



\*A sample of “Other” responses included: “community corrections,” “attorney’s offices,” “department of corrections,” “multi-jurisdictional offices,” “probation,” and “parole.”

In looking at agency jurisdictions, just under 40% of respondents indicated they work for citywide-serving organizations, followed by 32% serving countywide, and less than 20% serving multi-county areas. Significantly less reported serving statewide, multi-city, or tribal jurisdictions.

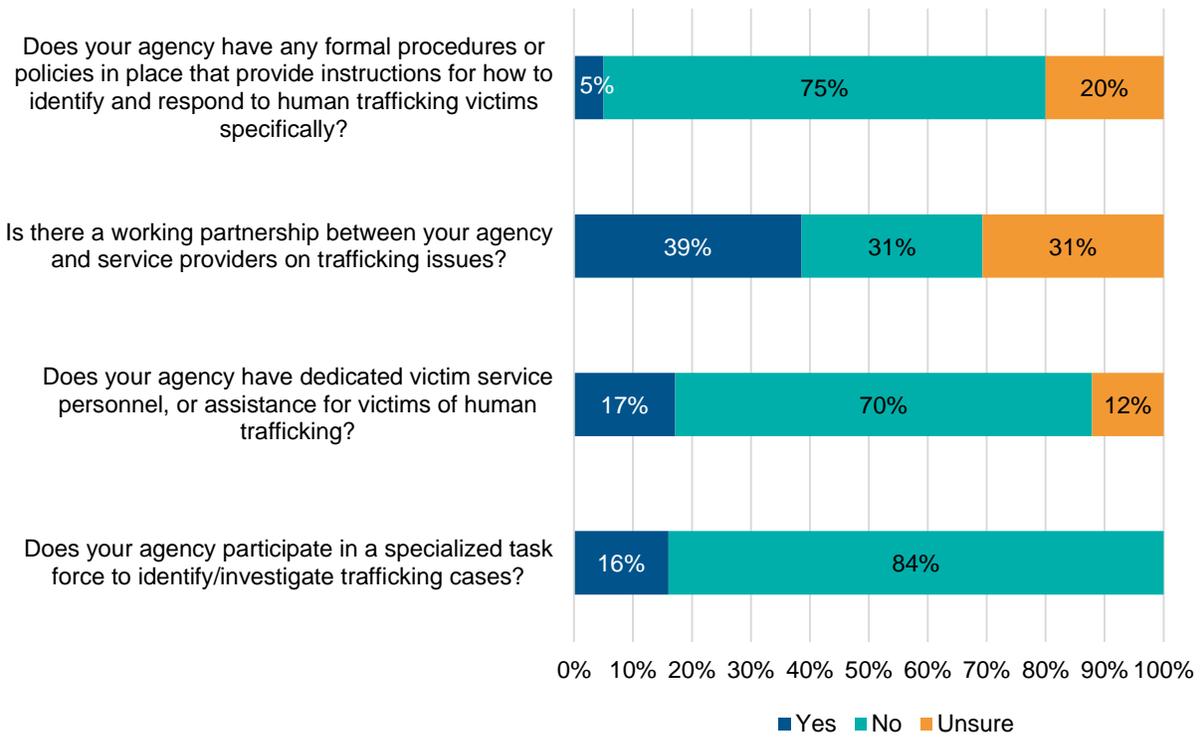
**Exhibit 4.3: Area served by your agency. (n=249)**



\*A sample of "Other" responses included: "3<sup>rd</sup> Judicial District," "College campus," "Iowa State University," and "University community."

When asked about formalized procedures, working partnerships, and specialized personnel, respondents indicated a fairly noticeable lack of readiness to address human trafficking<sup>9</sup>. Eighty-four percent of respondents<sup>10</sup> indicated that their agency did not participate in a specialized task force to identify or investigate human trafficking cases. Similarly, three quarters (75%) of the respondents stated that their agency has no formal procedures or policies in place that provide instructions for how to identify and respond to human trafficking victims. Furthermore, 70% of respondents indicated that their agency is without dedicated victim service personnel. Lastly, nearly 39% of respondents reported that their agencies have a working relationship with service providers on trafficking issues (see Exhibit 4.4).

**Exhibit 4.4: Agency’s Experience with Addressing Human Trafficking (n=219)**



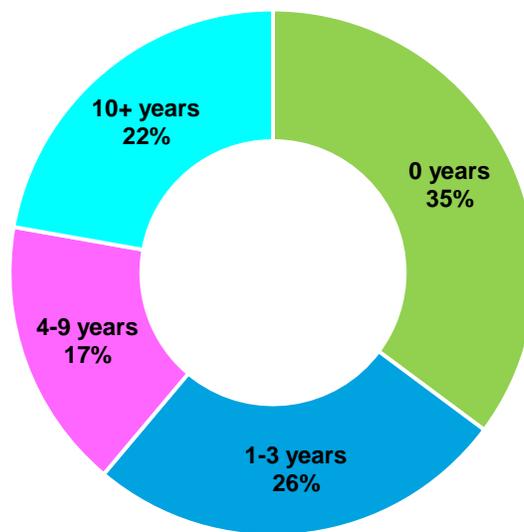
<sup>9</sup> These questions were only asked to respondents who had reported in the previous question that their agency had served human trafficking victims in the past three years (24% of survey respondents).

<sup>10</sup> Respondents were not given an “unsure” option for this question.

Respondents had an opportunity to report their levels of interaction with other agencies regarding human trafficking. Thirty-five percent of both federal and non-federal law enforcement members reported not having a working relationship with each other surrounding human trafficking issues. Partnerships involving non-federal law enforcement appear to be more common, with 28% of non-federal law enforcement respondents indicating that their office does have this type of partnership compared with only 16% of federal law enforcement respondents. However, there was a great deal of uncertainty regarding existing collaborations, with 48% of federal law enforcement respondents, and 38% of non-federal law enforcement respondents, indicating that they were “unsure” of collaborative relationships.

Exhibit 4.5 details the levels of experience with sex or labor trafficking. Specifically, over a third of respondents (35%) have no experience with sex or labor trafficking cases. Following that, 26% have between one and three years of experience with these cases, 17% have between four and nine years of experience, and 22% have ten or more years of experience.

**Exhibit 4.5: How many years of experience do you have working cases involving victims of sex or labor trafficking? (n=249)**

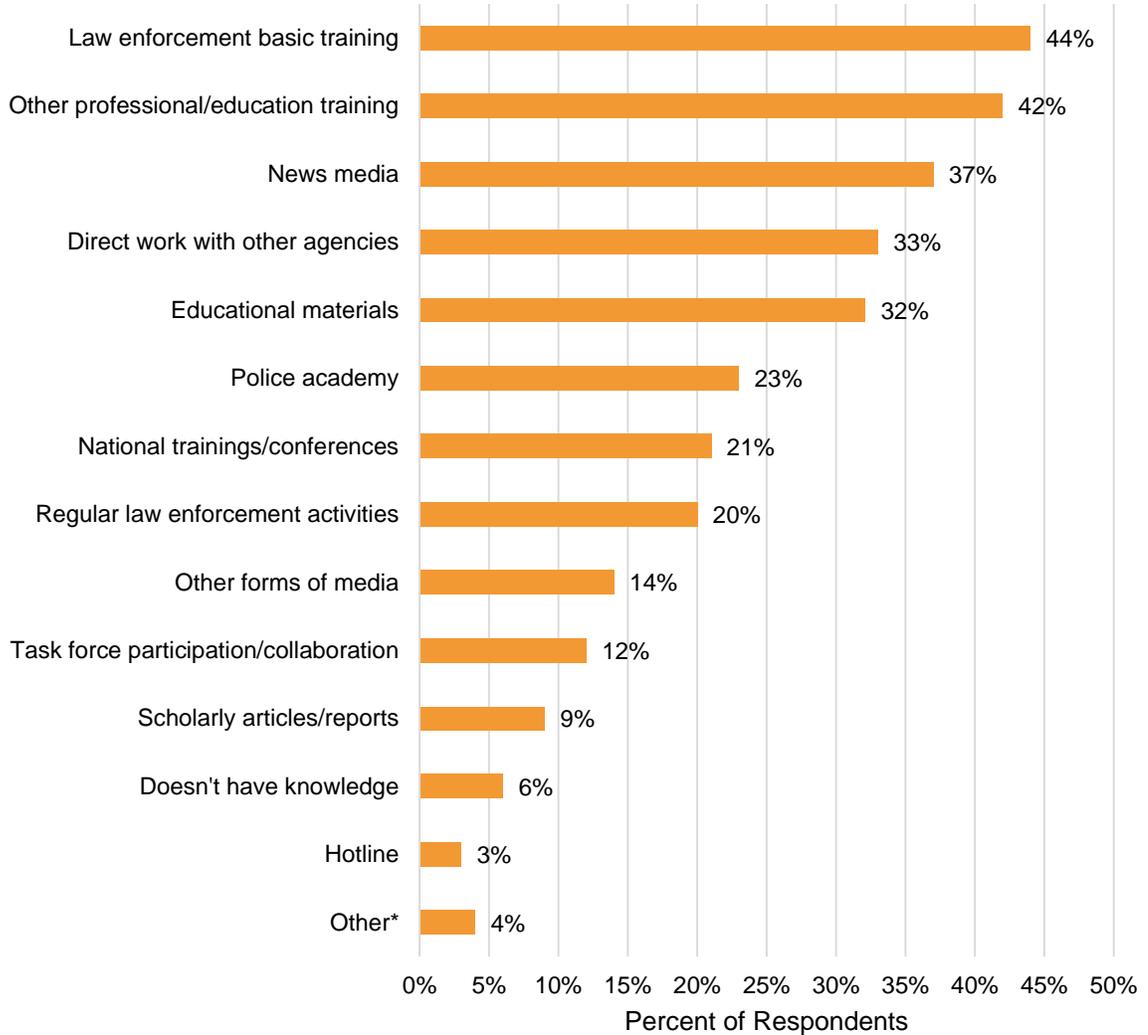


## Knowledge

The following section provides information on respondents’ knowledge of human trafficking, including (1) their primary sources of knowledge about human trafficking, (2) the trainings they would like to receive to increase their knowledge of human trafficking, (3) their current knowledge of sex trafficking, and (4) their current knowledge of labor trafficking.

Exhibit 4.6 details the primary sources of knowledge for service providers on human trafficking. Providers most commonly (44%) selected law enforcement basic training as their base of knowledge. Other commonly reported sources of knowledge were: other professional/education training (42%), news media (37%), and direct work with other agencies (32%).

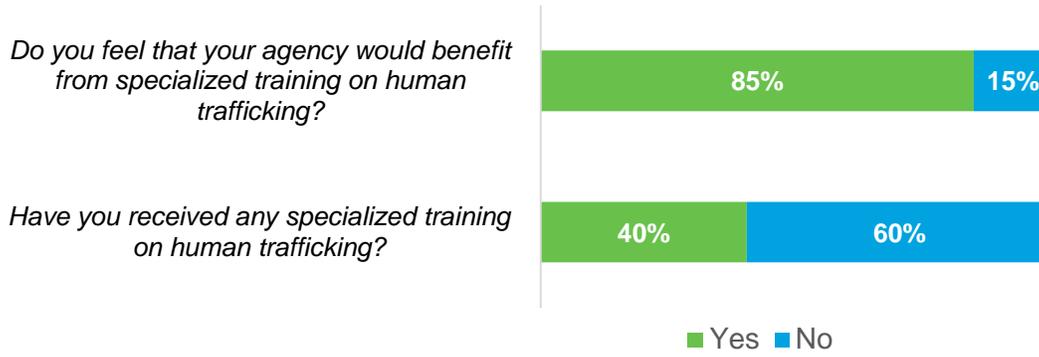
**Exhibit 4.6: What are your primary sources of knowledge for human trafficking? (n=230)**



\*A sample of "Other" responses included: "CART team," "Have one deputy assigned to Interpol/Washington who was assigned to Human Trafficking and Child Protection," "Involvement in building a MDT for CSEC," and "Statewide training in August, 2016."

Respondents also identified a general gap between the need for human trafficking-focused training and the actual receipt of training. Although 85% of respondents indicated that they feel their agency would benefit from specialized training on human trafficking, only about 40% responded that they have actually received this type of training (Exhibit 4.7).

**Exhibit 4.7: Human Trafficking Trainings for Agencies (n=216)**



When asked to rate their level of knowledge regarding specific topics in the field of human trafficking, respondents' answers clustered around the "a little knowledge" option. With higher proportions shown in darker shades of green and lower proportions in lighter shades, the majority of responses can be seen heavily centered around "a little knowledge." Topics where respondents generally reported higher levels of knowledge were: factors that put individuals at risk of sex trafficking, how sex trafficking impacts individuals, terminology related to sex trafficking, and strategies used to recruit individuals into sex trafficking. Areas where respondents seemed to have the least knowledge were, process for identifying sex trafficked individuals, ways to engage with sex trafficked individuals, referral process for sex trafficked individuals, and services available to treat sex trafficked individuals.

**Exhibit 4.8: What is your level of knowledge about the items below? (n=211)**

	No Knowledge	A Little Knowledge	Knowledgeable	Significant /Advanced Knowledge	Complete Knowledge /Expert
<i>Factors that put individuals at risk of sex trafficking</i>	10%	44%	31%	14%	1%
<i>How sex trafficking impacts individuals</i>	11%	43%	36%	9%	1%
<i>Terminology related to sex trafficking (e.g., child commercial sexual exploitation, prostitution, pimp)</i>	10%	45%	33%	10%	1%
<i>Strategies used to recruit individuals into sex trafficking</i>	15%	43%	30%	12%	0%
<i>Prevalence of sex trafficking among minors</i>	18%	49%	26%	7%	0%
<i>Prevalence of sex trafficking among adults</i>	19%	55%	21%	5%	0%
<i>Ways to identify sex trafficked individuals</i>	25%	45%	21%	8%	0%
<i>The federal and state statutes of sex trafficking</i>	18%	60%	18%	3%	1%
<i>Services available to treat sex trafficked individuals</i>	33%	45%	16%	5%	1%
<i>Process for identifying sex trafficked individuals</i>	36%	43%	17%	4%	1%
<i>Referral process for sex trafficked individuals</i>	36%	41%	17%	6%	0%
<i>Ways to engage with sex trafficked individuals</i>	37%	43%	17%	3%	0%

Similar to levels of knowledge on sex trafficking, knowledge on labor trafficking also clustered heavily around the “a little knowledge” level (seen in red), with between 44% and 49% of respondents selecting this level for each statement. The statements with the overall highest levels of knowledge are similar to those of sex trafficking: factors that put individuals at risk of labor trafficking, terminology related to labor trafficking, how labor trafficking affects individuals, and strategies used to recruit individuals into labor trafficking. Respondents reported the least knowledge (over 40% reported having no knowledge) surrounding the following three topics: ways to identify labor trafficked individuals, process for identifying labor trafficked individuals, referral process for labor trafficked individuals, and services available to treat labor trafficked individuals.

**Exhibit 4.9: What is your level of knowledge about the items below? (n=197)**

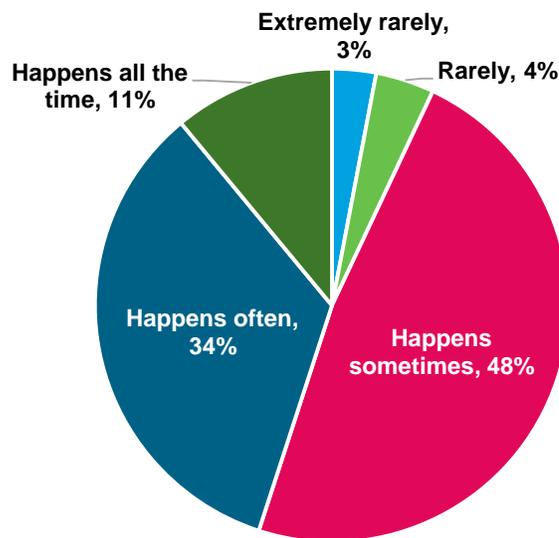
	No Knowledge	A Little Knowledge	Knowledgeable	Significant /Advanced Knowledge	Complete Knowledge /Expert
<i>Factors that put individuals at risk of labor trafficking</i>	26%	48%	22%	3%	1%
<i>Terminology related to labor trafficking (e.g. involuntary servitude, debt bondage, forced labor)</i>	31%	46%	22%	2%	0%
<i>How labor trafficking impacts individuals</i>	31%	48%	17%	4%	0%
<i>Strategies used to recruit individuals into labor trafficking</i>	32%	48%	17%	3%	0%
<i>The federal and state definitions or labor trafficking</i>	35%	48%	15%	3%	0%
<i>Prevalence of labor trafficking</i>	38%	48%	12%	3%	0%
<i>Referral process for labor trafficked individuals</i>	43%	45%	9%	3%	1%
<i>Ways to identify labor trafficked individuals</i>	40%	46%	11%	3%	0%
<i>Process for identifying labor trafficked individuals</i>	44%	44%	10%	3%	0%
<i>Services available to treat labor trafficked individuals</i>	42%	45%	10%	3%	0%

## Beliefs

The following section provides information on respondents' beliefs about human trafficking, including (1) who they believe is being trafficked, (2) the respondent's general beliefs about trafficking, (3) the respondent's beliefs about sex and labor trafficking, and (4) how similar the respondent believes sex or labor trafficking is to other forms of victimization.

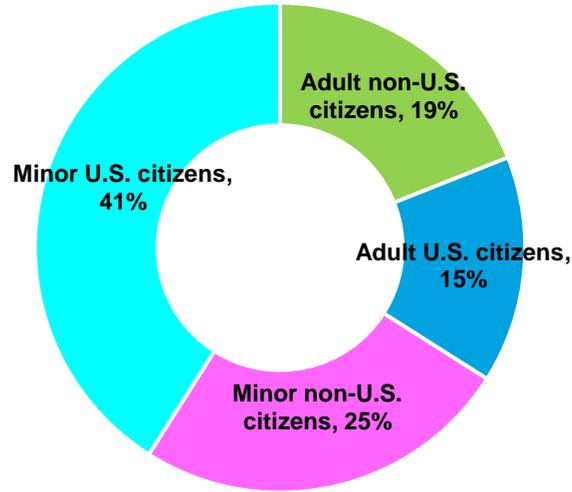
Respondents were asked how frequently they believe human trafficking occurs in the state of Iowa. Most respondents believed human trafficking "happens sometimes" (52%) or "happens often" (33%) (See Exhibit 4.10).

**Exhibit 4.10: How often would you say that human trafficking occurs, not just in your jurisdiction, but throughout the state of Iowa? (n=212)**



Subsequently, respondents had an opportunity to report what the demographics were of people they believed to be most commonly victims of human trafficking in Iowa. The majority of respondents (67%) selected minors (“minor U.S. citizens” at 41%, followed by “minor non-U.S. citizens” at 25%), whereas only one third selected adults (“adult non-U.S. citizens” at 19%, and “adult U.S. citizens” at 15%).

**Exhibit 4.11: Please select the following demographic group you believe are most often victims of human trafficking in Iowa? (n=211)**



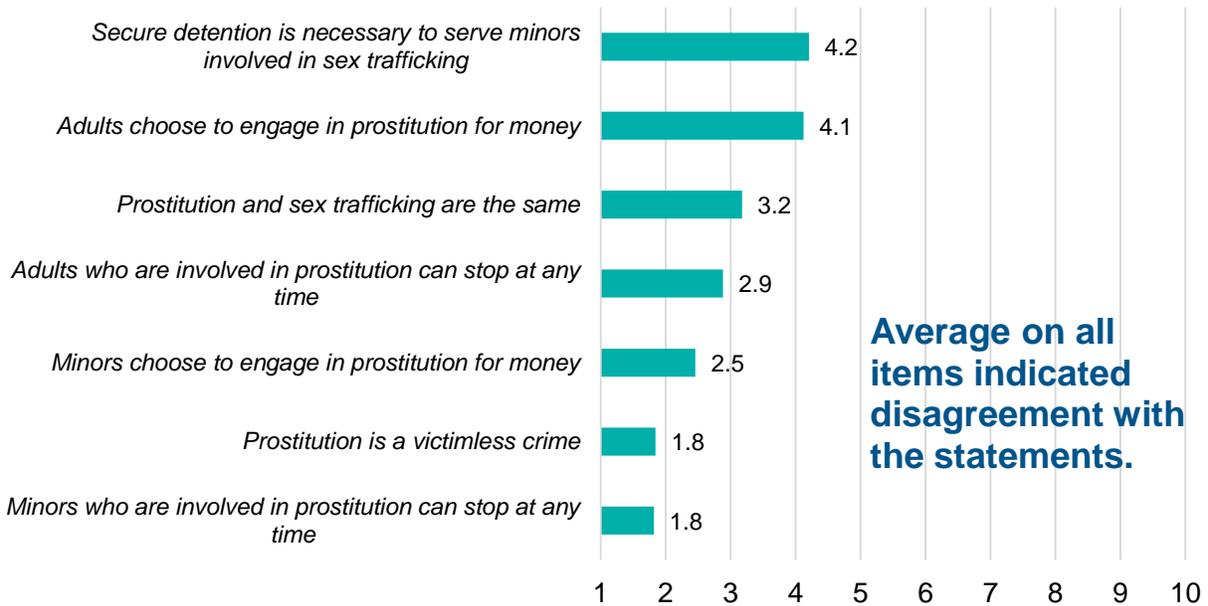
Respondents were also given an opportunity to state their general beliefs about human trafficking in Iowa by responding to questions on a five-point scale of strongly disagree to strongly agree (1=strong disagree, 5=strongly agree). Respondents most commonly agreed that it is important for them to know about human trafficking for their professions (54%), human trafficking occurs more frequently in rural areas (54%), and human trafficking in Iowa is increasing every year (44%). The yellow cells signify lower proportions, and the darker green cells represent higher proportions.

**Exhibit 4.12: To what extent do you agree with the following statements? (n=221)**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<i>It is important for me to know about human trafficking for my profession</i>	2%	2%	8%	54%	35%
<i>Human Trafficking in Iowa is increasing every year</i>	2%	4%	30%	44%	20%
<i>Human Trafficking in Iowa occurs in rural areas (counties less than 50,000 in population)</i>	1%	7%	25%	54%	13%
<i>Human Trafficking in Iowa is more prevalent in urban areas</i>	1%	7%	44%	37%	10%
<i>The rate of human trafficking in Iowa has not changed, but has received more media and/or government attention</i>	4%	29%	44%	21%	3%

Respondents were asked to rate the level of truth surrounding various statements about sex trafficking (1=completely false, 10=completely true). The average scores were overall very low, with no statement scoring above a 5 (=depends on the situation). The highest scores, indicating mixed perceptions by the respondents about the truthfulness of the statements, were: secure detention is necessary to serve minors involved in trafficking (4.2/10), and adults choose to engage in prostitution for money (4.1/10). All other statements scored a 3.2 or less, indicating at most a “somewhat false” opinion about all of the statements.

**Exhibit 4.13: Average rating of the sex trafficking statements below on a scale of completely false to completely true. (n=209)**



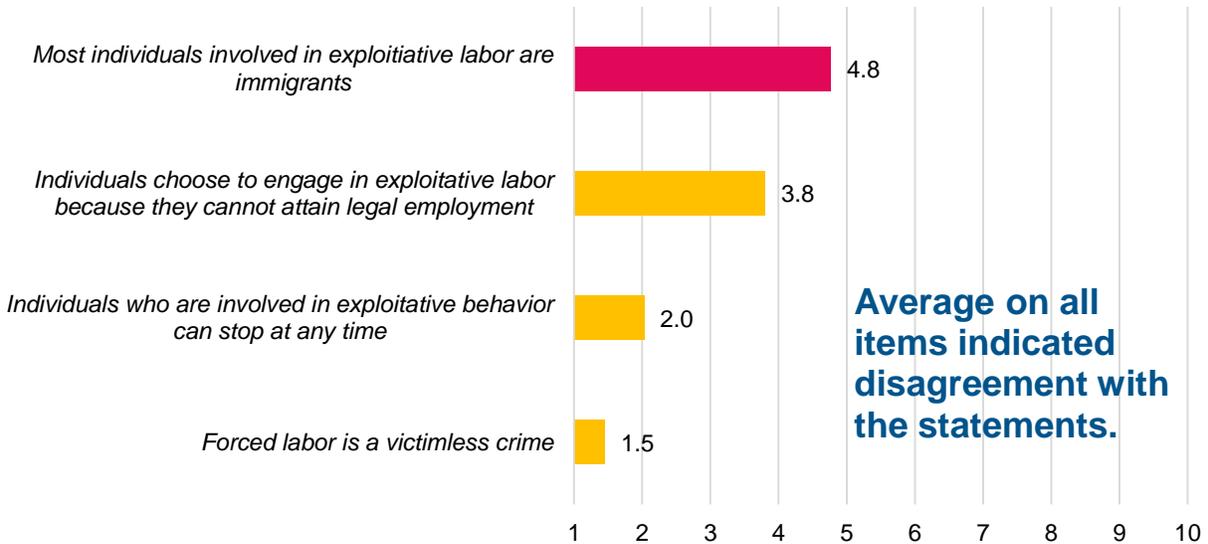
Law enforcement professionals were then asked seven questions to help gauge how similar they believe sex trafficking is to sexual assault. On a five-point scale of “not at all similar” to “very similar” (1=not at all similar, 5=very similar), respondents reported on how similar they believed sex trafficking victims were to sexual assault victims. Levels of fear and levels of trust were reported as being most similar between human trafficking and sexual assault victims, with 47% and 46% responding “very similar,” respectively. With the darker red boxes representing the options most frequently chosen, a skew toward similarity is present in every statement. Language barriers, however, have a broader range of responses, with 32% of respondents feeling neutral about the similarities and 30% of respondents responding that the two are “very similar.”

**Exhibit 4.14: How similar do you believe the problems/needs of sex trafficking victims listed below are to victims of sexual assault or domestic abuse? (n=202)**

	Not At All Similar	Not Very Similar	Neutral	Somewhat Similar	Very Similar	Don't Know
<i>Level of fear</i>	2%	11%	12%	25%	47%	3%
<i>Level of trust</i>	5%	10%	14%	24%	46%	3%
<i>Types of services</i>	2%	8%	16%	39%	31%	4%
<i>Presence of support networks (e.g., level of isolation)</i>	6%	20%	18%	24%	28%	5%
<i>Length of service</i>	5%	13%	24%	21%	29%	9%
<i>Ability to access services</i>	7%	21%	19%	18%	30%	6%
<i>Language barriers</i>	2%	12%	25%	12%	24%	4%

Similar to the previous questions regarding respondents' beliefs about sex trafficking, respondents were also asked questions regarding their beliefs on labor trafficking. Respondents were asked four questions on a scale from completely false to completely true (1=completely false, 10=completely true). The statement which garnered the highest score was, "Most individuals involved in exploitive labor are immigrants," although the score was only 4.8 out of 10, indicating that it "depends on the situation." In contrast, most respondents found the statement, "forced labor is a victimless crime," to be almost completely false.

**Exhibit 4.15: Average rating of the labor trafficking statements below on a scale of completely false to completely true. (n=197)**



Respondents were also asked to rate the level of similarities between the needs of labor trafficking victims and sex trafficking victims. This time, the results fall slightly more centered around “somewhat similar” than “very similar,” with between 25-37% choosing “somewhat similar” for each category.

**Exhibit 4.16: How similar do you believe the problems/needs of labor trafficking victims listed below are to victims of sex trafficking? (n=193)**

	Not At All Similar	Not Very Similar	Neutral	Somewhat Similar	Very Similar	Don't Know
<i>Level of trust</i>	1%	10%	23%	35%	27%	4%
<i>Level of fear</i>	2%	11%	21%	37%	25%	4%
<i>Language barriers</i>	2%	11%	28%	25%	26%	7%
<i>Ability to access services</i>	3%	15%	26%	28%	18%	10%
<i>Types of services</i>	6%	19%	23%	37%	9%	6%
<i>Presence of support networks (e.g. level of isolation)</i>	7%	16%	30%	26%	13%	7%
<i>Length of service</i>	5%	17%	30%	27%	11%	10%

## Comfort

In addition to collecting information on the knowledge and beliefs of law enforcement regarding human trafficking, ICF aimed to gain information regarding their comfort level serving survivors of human trafficking. The following section provides information on respondents’ comfort serving survivors of human trafficking, including (1) comfort serving sex trafficking survivors, and (2) comfort serving labor trafficking survivors.

Respondents were asked seven questions on a ten-point scale (1=not at all comfortable, 10=completely comfortable) regarding their comfort serving survivors of human trafficking. Responses from the comfort scale questions are detailed in Exhibits 4.17 and 4.18. In regard to serving survivors of sex trafficking, respondents were most comfortable (6.7) with referring survivors of sex trafficking to local resources and services, and least comfortable with identifying victims of domestic minor sex trafficking (5.0). In regard to serving survivors of labor trafficking, respondents were most comfortable (6.3) with directly asking an individual if they are trading labor in exchange for assistance meeting critical needs, and least comfortable (4.5) with identifying individuals at risk of being labor trafficked.

**Exhibit 4.17: How comfortable do you feel about your ability to do the following for sex trafficking victims? (n=205)**



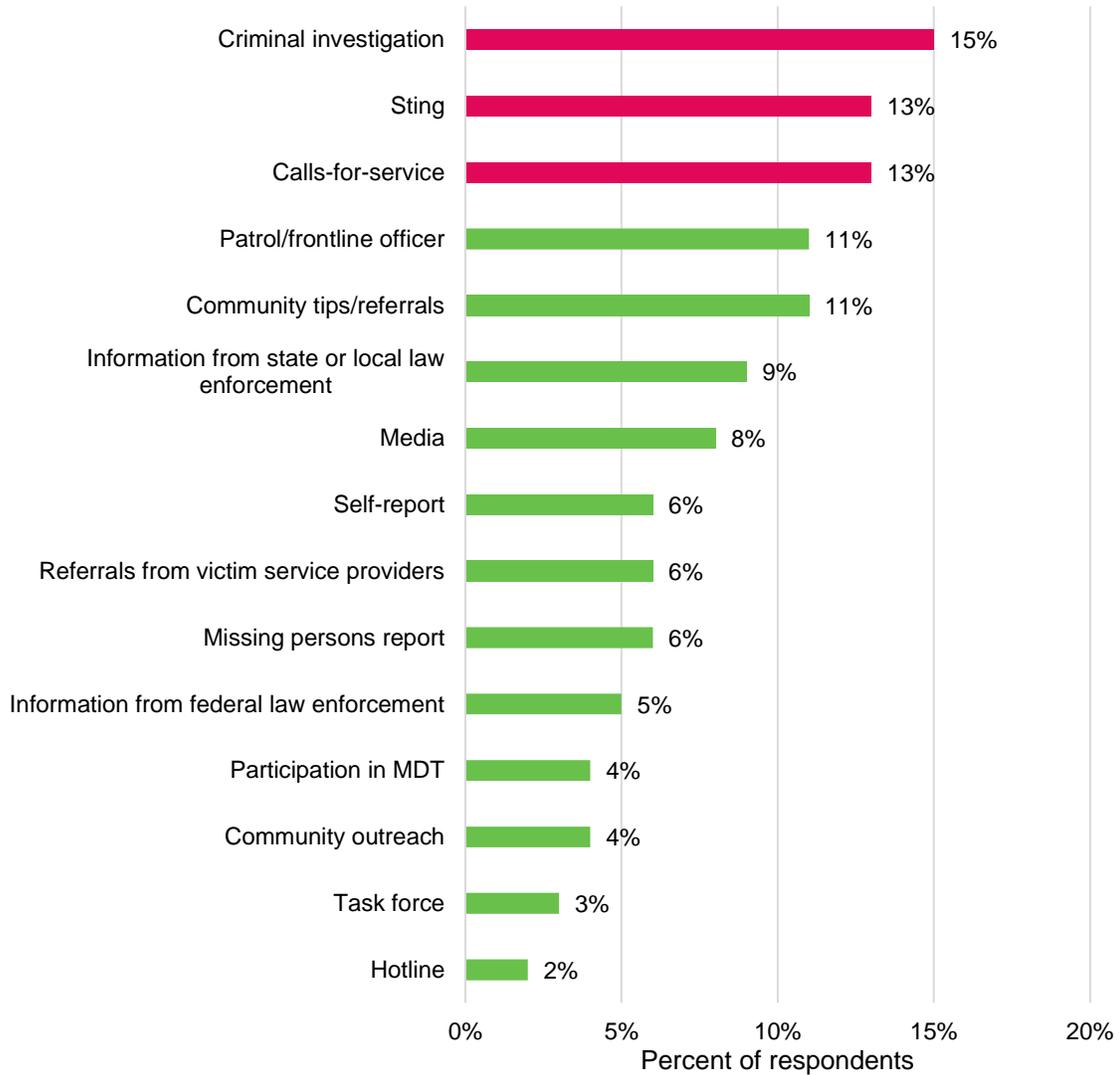
**Exhibit 4.18: How comfortable do you feel about your ability to do the following for labor trafficking victims? (n=194)**



## Identification of Human Trafficking

The following section provides information on how respondents are currently identifying victims of human trafficking. Human trafficking victims are identified through a number of means, including: during the course of a criminal investigation (15%), calls-for-service (13%), stings (13%), community tips (11%), and patrol/frontline officer (11%) (See Exhibit 4.19).

**Exhibit 4.19: How does your agency first come into contact with human trafficking victims? (n=59)**

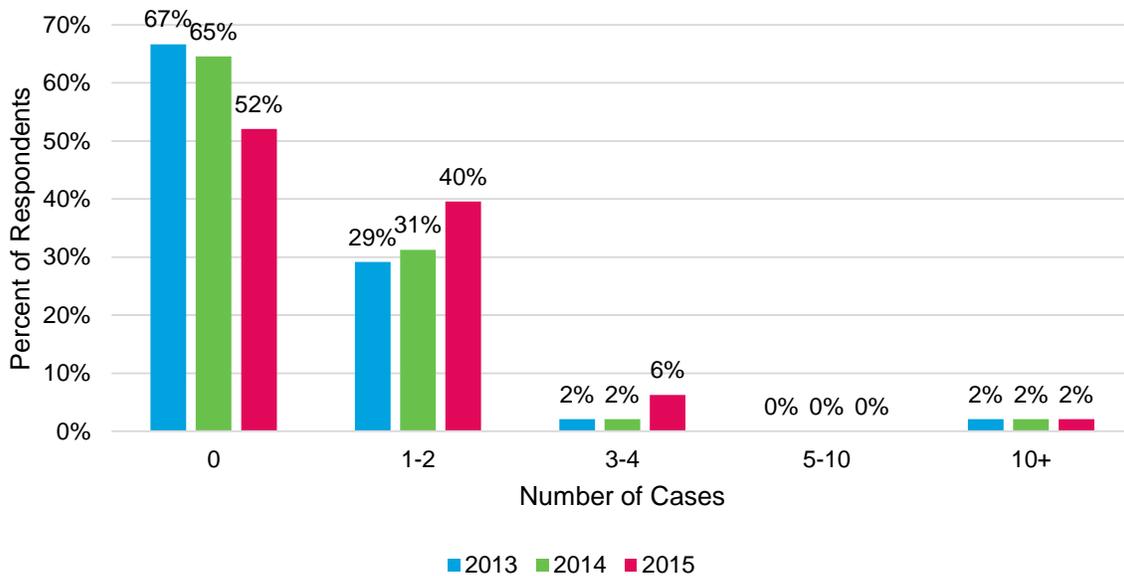


## Prevalence of Human Trafficking

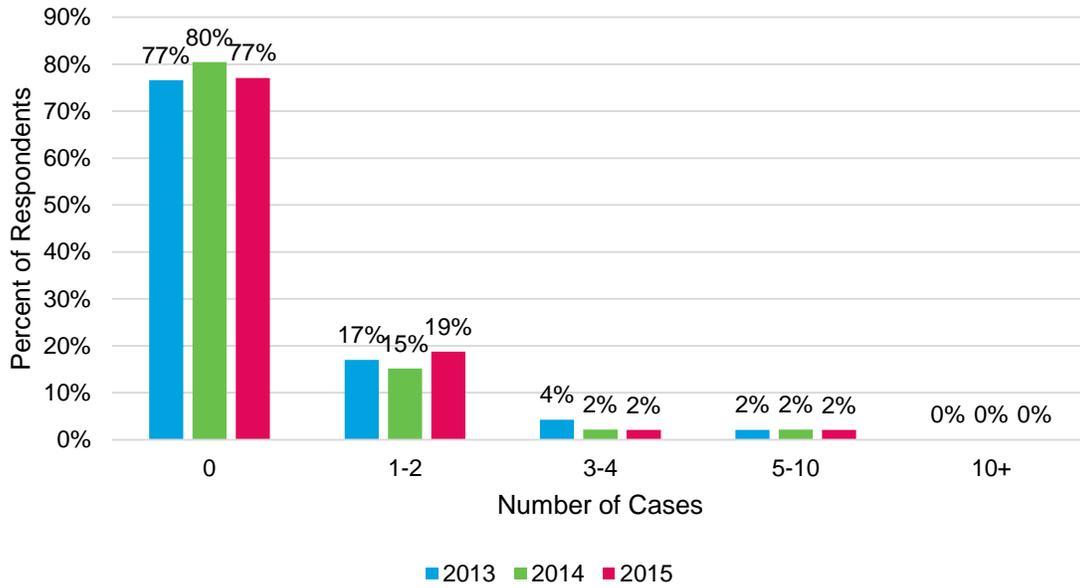
While the prevalence of human trafficking can be difficult to measure, ICF did ask law enforcement about their human trafficking caseload over the past three years to provide some insights in understanding the prevalence of human trafficking in the Iowa. The following section provides preliminary prevalence information on human trafficking in Iowa, including (1) number of suspected cases of human trafficking, and (2) number of confirmed cases of human trafficking, (3) demographics of victims served by respondents, and (4) the type(s) of human trafficking victims that have been served by the respondents.

Respondents were asked to report the number of suspected cases of the following types of human trafficking they believe they interacted with in the years 2013-2015: adult sex trafficking, domestic minor sex trafficking (DMST), prostitution, and labor trafficking. The reported caseloads are shown in Exhibits 4.20 to 4.23, with the most common response being that the respondent served had 0 cases, or that the respondent had 1-2 cases related to human trafficking each year. Over the years, the responses were fairly consistent showing little fluctuation in the preliminary prevalence data for the three years in question.

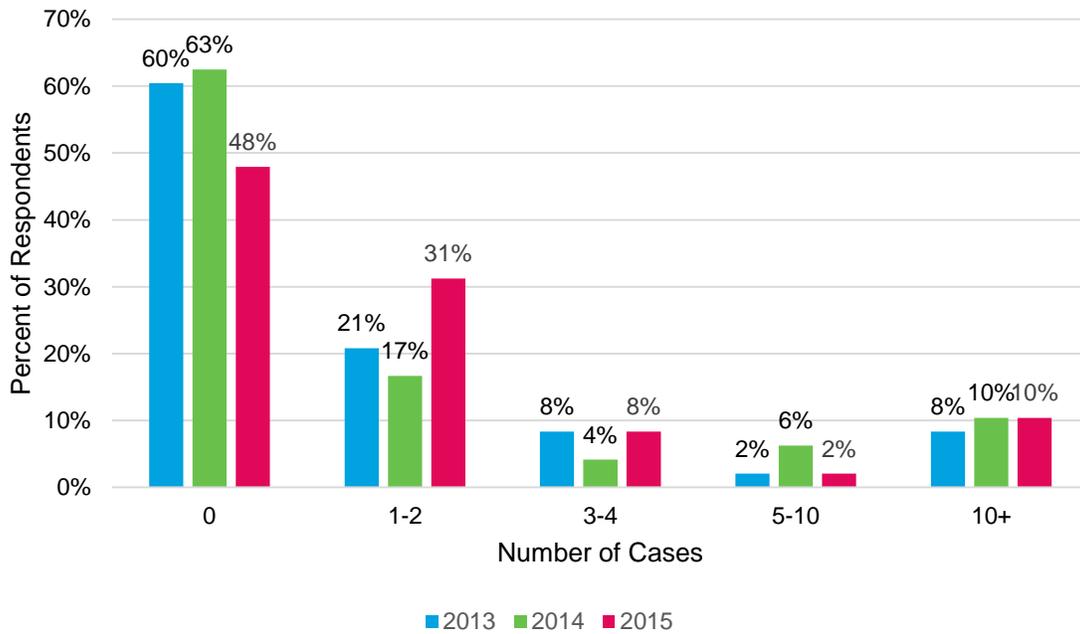
**Exhibit 4.20: Approximately how many adult sex trafficking cases were you involved with in the following years? (n=48)**



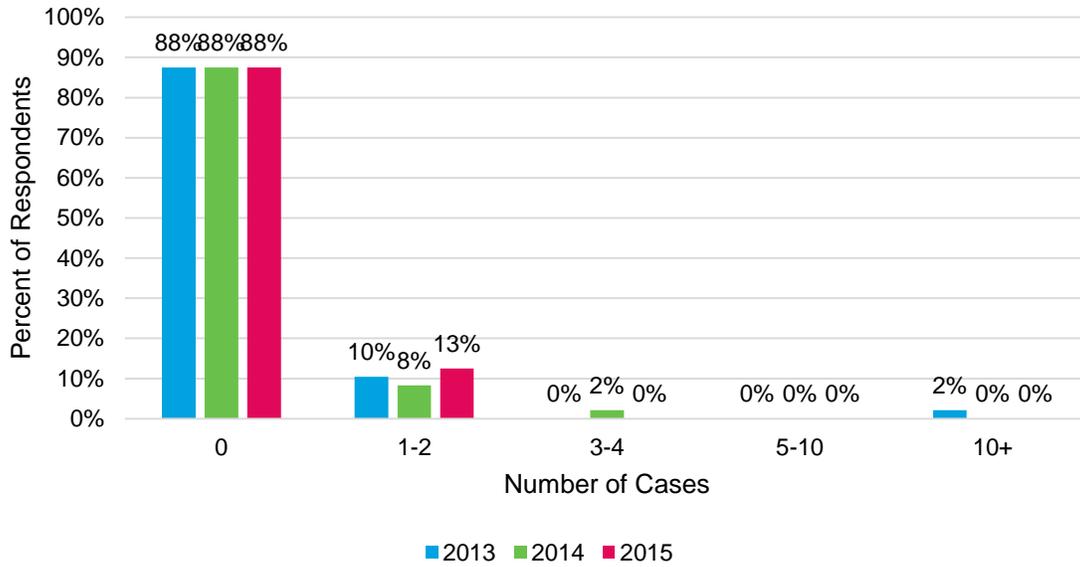
**Exhibit 4.21: Approximately how many domestic minor sex trafficking cases were you involved with in the following years? (n=48)**



**Exhibit 4.22: Approximately how many prostitution cases were you involved with in the following years? (n=48)**

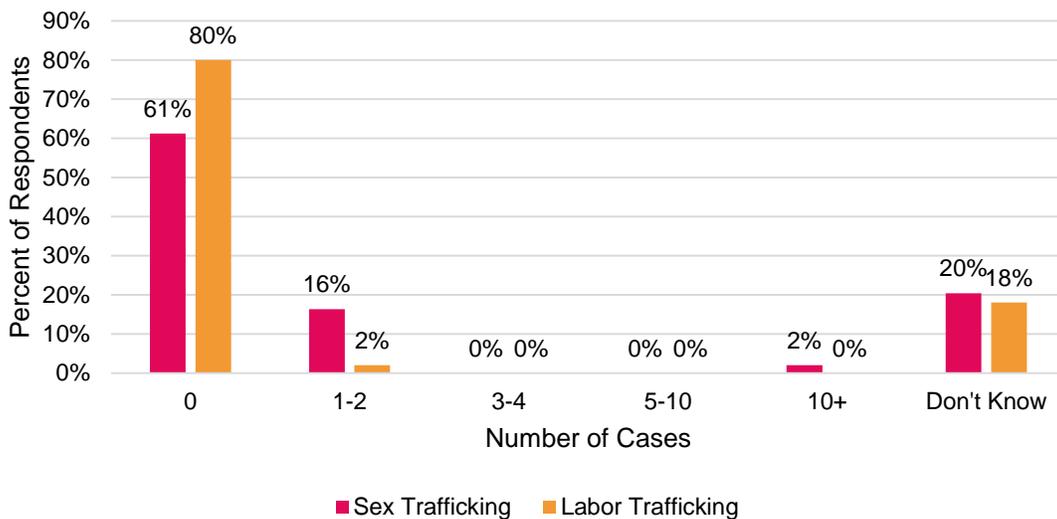


**Exhibit 4.23: Approximately how many labor trafficking cases were you involved with in the following years? (n=48)**



Respondents were also asked to report the number of *confirmed* cases of sex trafficking and labor trafficking in 2015, as opposed to those which were only *suspected* human trafficking (see Exhibit 4.24<sup>11</sup>). In comparison, the number of confirmed and suspected human trafficking cases varied greatly with only a small number of suspected cases that were ultimately confirmed as human trafficking (9 respondents for sex trafficking and 1 respondent for labor trafficking).

**Exhibit 4.24: Of those cases of human trafficking handled by you in 2015, how many were confirmed as sex/labor trafficking? (n=50)**



<sup>11</sup> Twenty percent of respondents reported not knowing how many confirmed cases of sex trafficking their organization had in 2015, while eighteen percent of respondents reported not knowing how many cases of labor trafficking their organization had in 2015.

Respondents provided details on the demographics of the victims their agency served. A majority (74%) of respondents reported that 75-100% of the human trafficking victims served by their organization were female, whereas males most often (94%) made up less than a quarter of the victims. Thirty-eight percent of respondents reported that most (75-100%) of victims that they served were adults between the ages of 18-39. Respondents reported that very few (0-25%) of the victims they served were under the age of 18 or over the age of 40.

Furthermore, to gather more preliminary information on the prevalence of human trafficking, respondents were asked to report on the types of human trafficking that had occurred for the victims they served. Most often, respondents indicated that they had never encountered the types of human trafficking listed in Exhibit 4.25. The most commonly selected types of human trafficking were: forced prostitution (such as in a brothel or massage parlor), sex tourism/entertainment, and use in criminal activity.

**Exhibit 4.25: How often do you work with the following types of human trafficking victims? (n=43)**

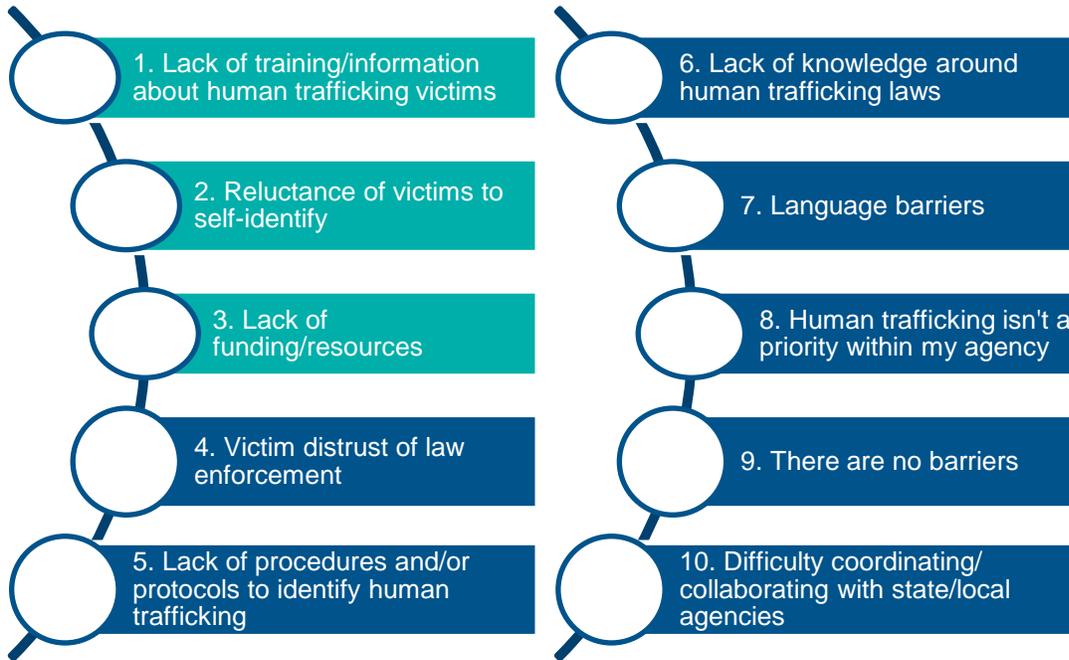
	Never	Rarely	Sometimes	Often	Always
<i>Forced prostitution (e.g., brothel, street, massage parlor)</i>	28%	25%	33%	10%	5%
<i>Sex tourism/entertainment</i>	63%	16%	13%	3%	5%
<i>Use in criminal activity</i>	55%	29%	11%	0%	5%
<i>Pornography</i>	55%	26%	16%	3%	0%
<i>Forced begging and/or peddling</i>	76%	13%	8%	3%	0%
<i>Food processing (e.g., slaughter houses)</i>	84%	11%	3%	0%	3%
<i>Forced marriage</i>	81%	14%	5%	0%	0%
<i>Restaurant worker</i>	84%	13%	3%	0%	0%
<i>Bonded labor/Debt repayment</i>	87%	11%	3%	0%	0%
<i>Field labor</i>	87%	13%	0%	0%	0%
<i>Domestic worker (e.g., au pair, maid)</i>	92%	5%	3%	0%	0%
<i>Agricultural labor</i>	89%	11%	0%	0%	0%
<i>False adoption</i>	97%	3%	0%	0%	0%
<i>Sweatshop</i>	100%	0%	0%	0%	0%
<i>Other*</i>	86%	11%	0%	0%	4%

\*A sample of "Other" responses included: "Asian massage," "Massage or reflexology," and "runaways."

## Barriers

The final section of the survey of law enforcement professionals asked respondents to select what they believed were the top three prominent barriers to victims of human trafficking receiving services from a list of ten possible options. The top three responses were: “lack of training/information about human trafficking victims” (n=115), “reluctance of victims to self-identify” (n=103), and “lack of funding/resources” (n=101). The least common three barriers were: “human trafficking isn’t a priority within my agency” (n=31), “there are no barriers” (n=15), and “difficulty coordinating/collaborating with state/local agencies” (n=6).

**Exhibit 4.26: Which of the following are the 3 most prominent barriers to the identification of human trafficking victims for you or your agency? (n=222)**



# Chapter 5. Survey Findings for Medical Professionals

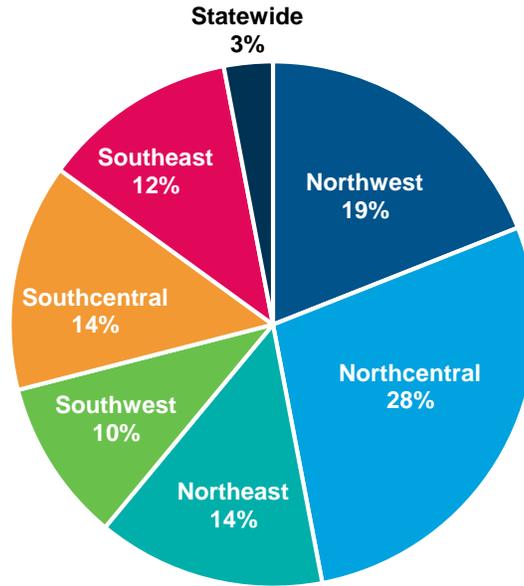
This chapter begins with an overview of survey respondents' background, descriptions of their organizations, and experience interacting with human trafficking victims; knowledge and beliefs of medical professionals about human trafficking; level of comfort interacting with human trafficking victims; incoming and outgoing referrals regarding human trafficking; identification of human trafficking; prevalence of human trafficking; and, finally, barriers to providing services to human trafficking victims.

## Background on Respondents

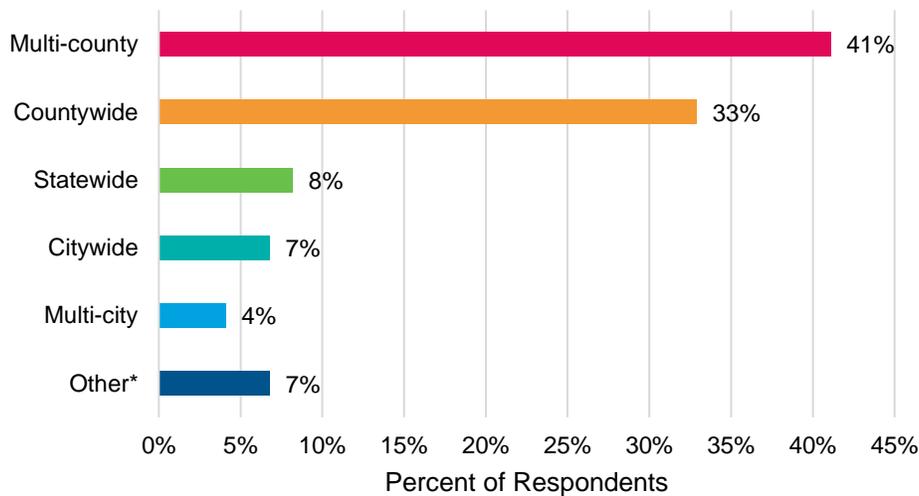
The following section provides information on respondents' background, including (1) the region their organization is located, (2) catchment area served by their organization, (3) the type of organization, (4) a summary of titles and positions of survey respondents, (5) the reasons why human trafficking victims sought medical services, and (7) a summary of formalized procedures for serving human trafficking victims.

As shown in Exhibit 5.1, respondents were fairly evenly represented across regions, with the most respondents from North Central Iowa (28%) and the fewest from Southwest Iowa (10%). Additionally, as shown in Exhibit 69, more than 40% of respondents indicated that their organization serves multiple counties. This is followed by countywide service organizations at almost 33%. Statewide, citywide, and multi-city organizations each account for less than 10% of respondents.

**Exhibit 5.1: Service area for your organization. (n=86)**



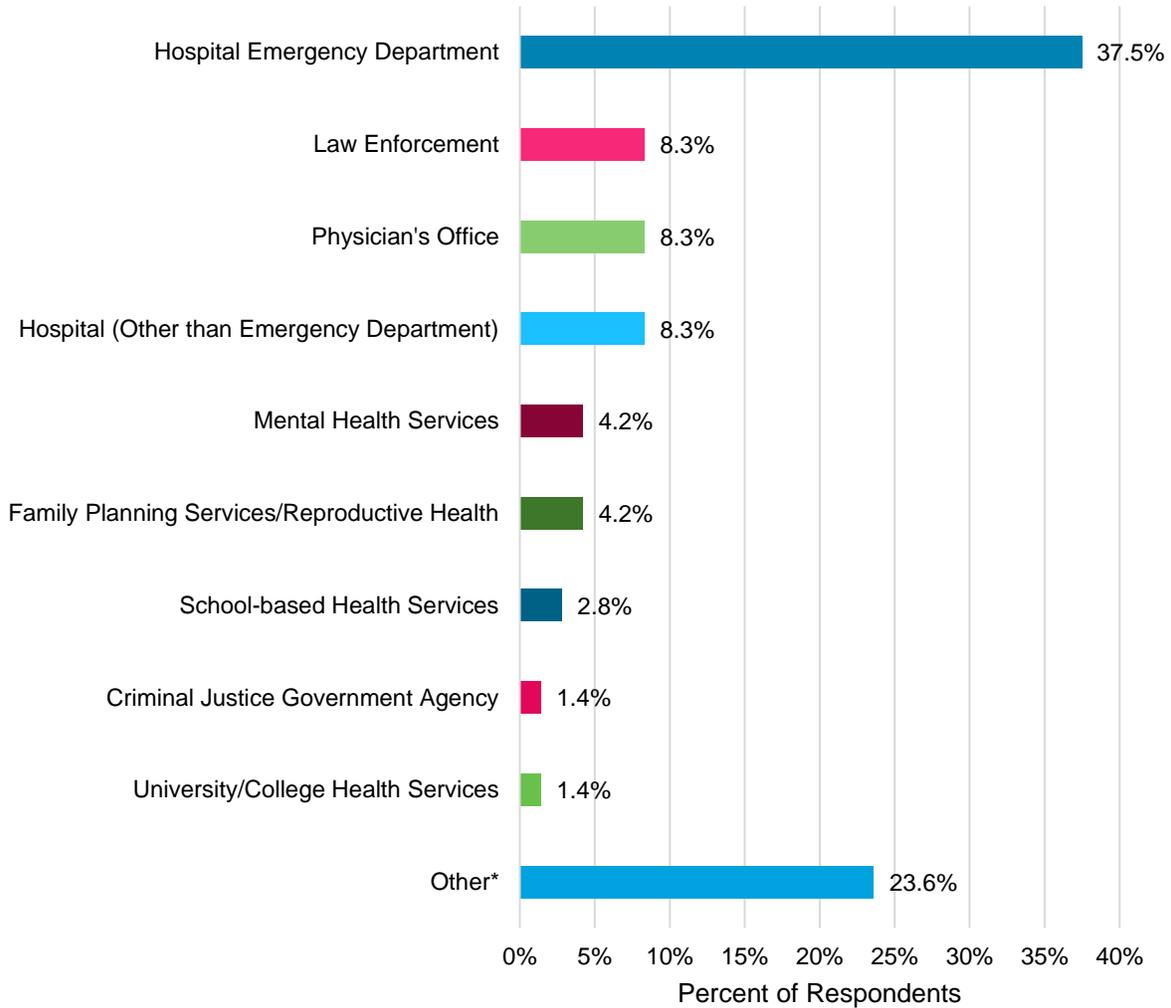
**Exhibit 5.2: Catchment area served by your organization. (n=73)**



\*A sample of "Other" responses included: "Based on area, some patients from Minnesota," "Primary care pediatric clinic," and "regional."

As shown in Exhibit 5.3, over a third of respondents (38%) identified themselves as working at a hospital emergency department, while about eight percent of respondents worked in law enforcement, physicians' offices, and hospitals (other than emergency departments), respectively. Mental health services, family planning services and reproductive health, school-based health services, criminal justice government agency, and university or college health services each accounted for less than five percent of responses.

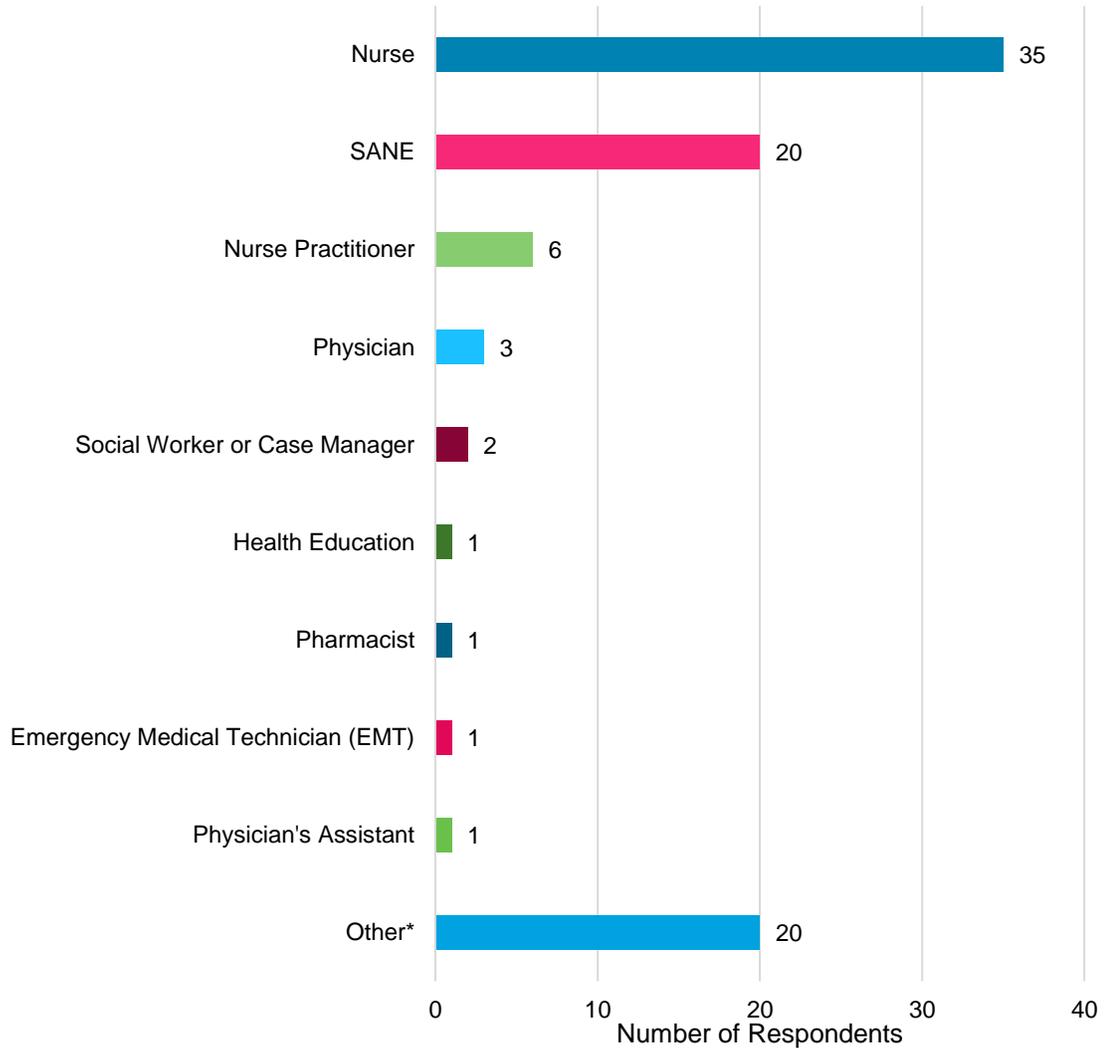
**Exhibit 5.3: Which of the following best describes the type of organization/field in which you work? (n=72)**



\*A sample of "Other" responses included: "community resources," "clinics," "crisis response," "culturally specific services," "EMTs," "public health," "SART/SANE," and "state government."

When respondents were asked their job position, the most common response was Nurse (n=35), followed by SANE (Sexual Assault Nurse Examiner) (n=20). Less frequently reported positions included: nurse practitioners (n=6), physicians (n=3), and social workers or case managers (n=2) (see Exhibit 5.4).

**Exhibit 5.4: What is your title and/or position? (n=75)**



\*A sample of "Other" responses included: "child advocate," "clinic director," "community health," "corrections," "county attorney," "director," "law enforcement," "medical assistant," "nursing administration," "office manager," "state employee," and "victim witness coordinator."

To gain a better understanding of the experience of medical professionals who have interacted with human trafficking victims, the respondents were asked to report the most common reasons why their services were sought from human trafficking victims. The most common reasons that victims sought medical attention, shown in Exhibit 5.5, included sexually transmitted infections, anxiety and panic attacks, and vaginal or rectum pain or trauma.

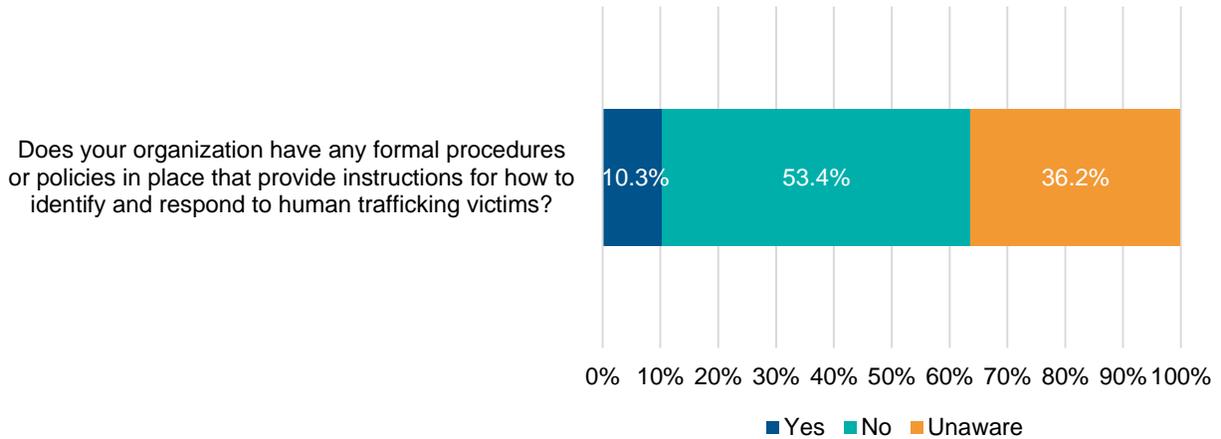
**Exhibit 5.5: For what reason did the suspected or confirmed human trafficking victims seek medical attention? (n=26)**

	Frequency
Sexually transmitted infections	10
Anxiety/panic attacks	7
Vaginal and/or rectum pain or trauma	7
Depression	5
Pelvic pain	5
Substance use disorders	5
Confusions	3
Gastrointestinal problems	3
Headaches	3
Suicidal ideation	3
Gynecological care during or after pregnancy	2
Lacerations	2
Musculoskeletal problems	2
Posttraumatic stress disorder (PTSD)	2
Unwanted pregnancy	2
Urinary tract infection	2
Other*	13

\*A sample of “Other” responses included: “Birth control,” “Controlled by ‘support’ person who brought them to the clinic,” “possible kidnapping,” and “sexual assault exams.” Additional categories that each elicited one response included: chronic pain, cigarette burns, complications from unsafe abortion, dermatology infections, fractures, injuries/illness from exposure to harmful chemicals/unsafe working conditions, malnutrition/dehydration, ophthalmology issues, oral health, pulmonology issues, sleep disorder and/or sleep deprivations, somatization, and unhealthy weight loss.

When asked if their organization had any formal procedures in place that provided instructions for how to identify and respond to victims of human trafficking, more than half of respondents said “no,” with only about 10% responding, “yes,” and another 36% being unsure (see Exhibit 5.6).

**Exhibit 5.6: Formalized Procedures in Response to Human Trafficking (n=58)**



## Knowledge

The following section provides information on respondents’ knowledge of human trafficking. Several statements were posed to respondents to which they indicated their level of knowledge (1=no knowledge, 5=complete knowledge/expert). The three statements to which respondents indicated the most knowledge were: factors that put individuals at risk of human trafficking, strategies used to recruit individuals into human trafficking, and how human trafficking impacts individuals.

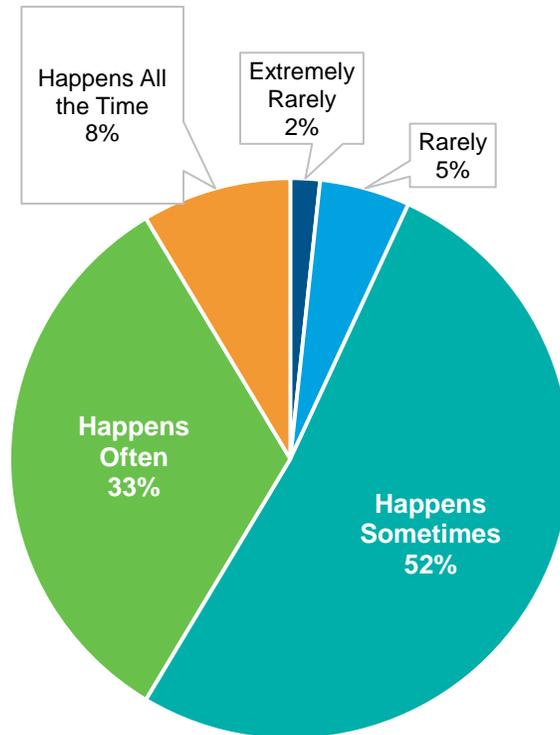
**Exhibit 5.7: What is your level of knowledge about the items below? (n=58)**

	No Knowledge	A Little Knowledge	Knowledgeable	Significant /Advanced Knowledge	Complete Knowledge /Expert
<i>Factors that put individuals at risk of human trafficking</i>	9%	47%	38%	7%	0%
<i>How human trafficking impacts individuals</i>	9%	48%	36%	5%	2%
<i>Strategies used to recruit individuals into human trafficking</i>	19%	43%	33%	3%	2%
<i>Prevalence of human trafficking among minors</i>	24%	52%	21%	2%	2%
<i>Ways to identify human trafficked individuals</i>	25%	49%	19%	7%	0%
<i>Services available to treat human trafficked individuals</i>	33%	40%	23%	4%	0%
<i>Ways to engage with human trafficked individuals</i>	33%	43%	19%	5%	0%
<i>Prevalence of human trafficking among adults</i>	28%	52%	17%	3%	0%
<i>Process for identifying human trafficked individuals</i>	33%	45%	19%	3%	0%
<i>Referral process for human trafficked individuals</i>	36%	41%	19%	3%	0%
<i>The federal and state statutes of human trafficking</i>	26%	64%	10%	0%	0%

## Beliefs

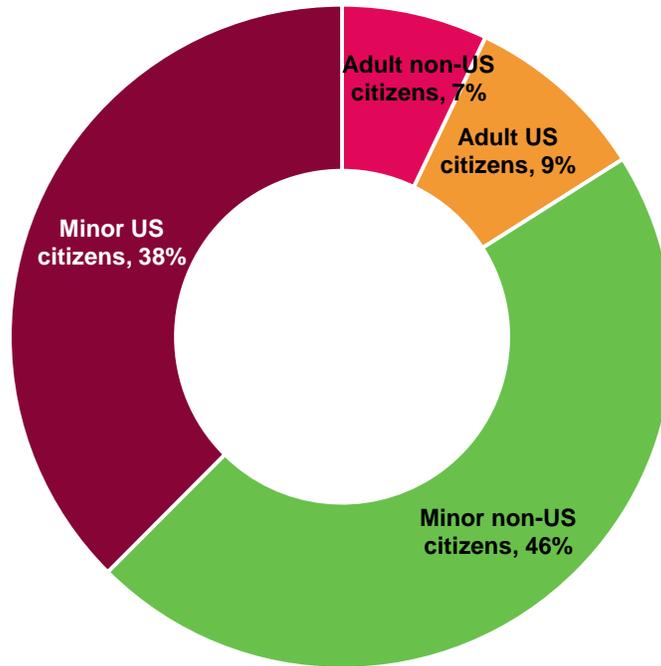
The following section provides information on how frequently respondents believe human trafficking occurs in the state of Iowa. Most respondents (52%) indicated that human trafficking “happens sometimes,” followed by respondents believing human trafficking “happens often” (33%). Even with widespread consensus that human trafficking at least “happens sometimes,” seven percent of respondents indicated human trafficking happened “rarely” or “extremely rarely” (see Exhibit 5.8).

**Exhibit 5.8: How often would you say that human trafficking occurs, not just in your primary service area, but throughout the state of Iowa? (n=58)**



Respondents were also asked to report what demographic of people they believed were most often victims of human trafficking in Iowa. Nearly half (46%) of respondents said that they believed minor non-U.S. citizens are the demographic most often victims of human trafficking. Minor U.S. citizens followed with 38%, while only 16% of respondents thought that adults, regardless of citizenship, were most commonly victims of human trafficking.

**Exhibit 5.9: Please select the following demographic group you believe are most often victims of human trafficking in Iowa? (n=58)**



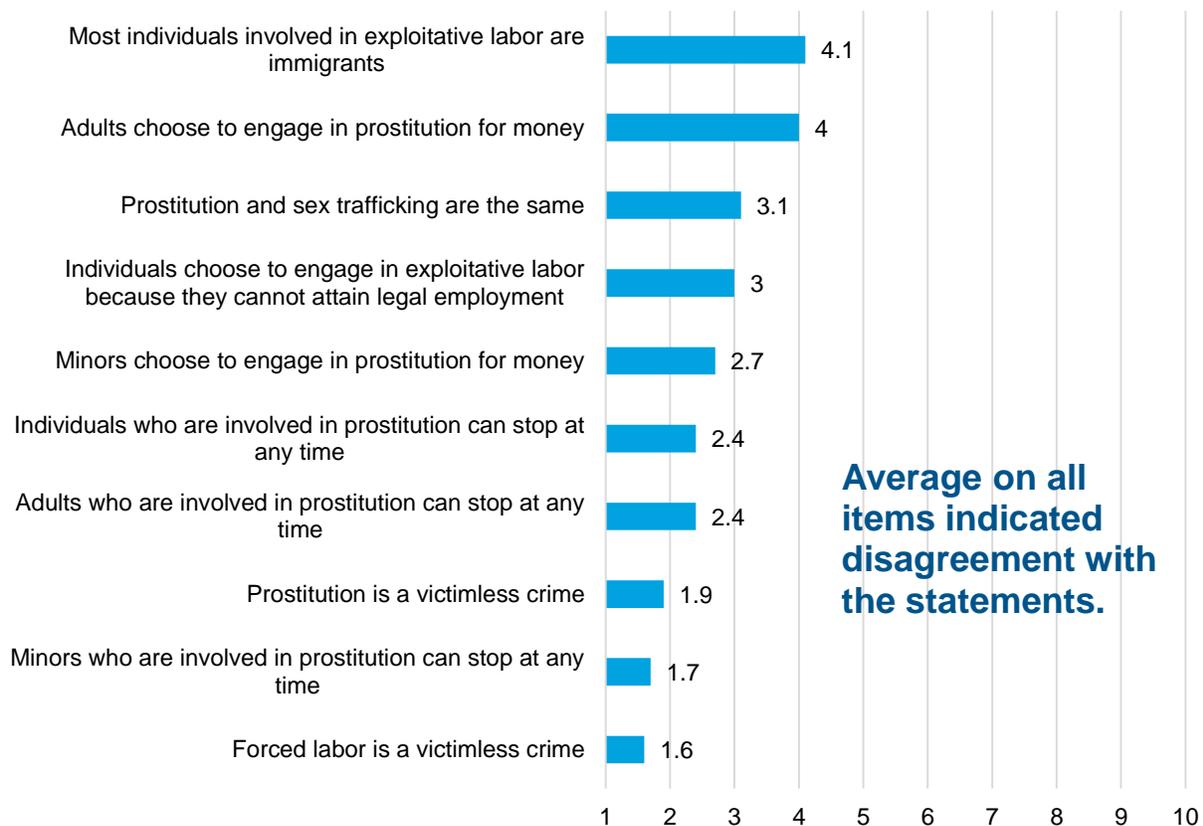
Respondents were asked their level of agreement (1=strongly disagree, 5=strongly agree) to several statements about the frequency of human trafficking in Iowa. With green cells indicating a greater number of responses, and yellow indicating fewer responses, respondents most commonly agreed that human trafficking in Iowa is increasing every year. Other statements to which respondents generally agreed were: it is important for them to know about human trafficking for their profession, and human trafficking in Iowa occurs in rural areas (see Exhibit 5.10).

**Exhibit 5.10: To what extent do you agree with the following statements? (n=60)**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<i>Human Trafficking in Iowa is increasing every year</i>	2%	0%	18%	47%	33%
<i>It is important for me to know about human trafficking for my profession</i>	3%	0%	7%	25%	52%
<i>Human Trafficking in Iowa occurs in rural areas (counties less than 50,000 in population)</i>	3%	2%	25%	57%	13%
<i>I know who to call if I encounter a potential human trafficking victim</i>	17%	17%	5%	43%	18%
<i>The rate of human trafficking in Iowa has not changed, but has received more media and/or government attention</i>	10%	25%	48%	10%	7%

Respondents were posed with statements about human trafficking and asked to rate the extent to which the statement was completely false (=1) or completely true (=10). None of the responses averaged above 5, indicating conflicting beliefs, but rather skewed toward indication that the responses were false. The statements which elicited the greatest mix of responses included: most individuals involved in exploitative labor are immigrants (average=4.1) and adults choose to engage in prostitution for money (average=4.0). The statements that were viewed the most consistently false were: minors who are involved in prostitution can stop at any time (average=1.7) and forced labor is a victimless crime (average=1.6) (see Exhibit 5.11).

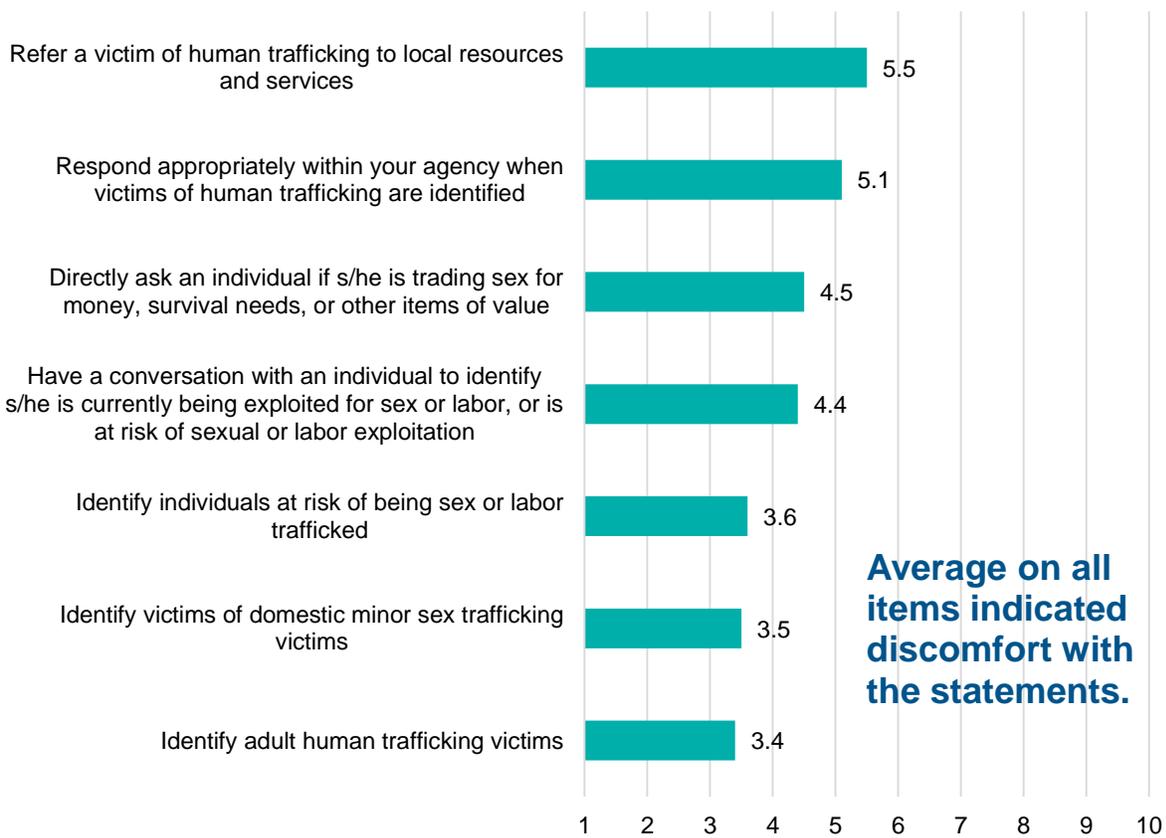
**Exhibit 5.11: Average rating of the statements below on a scale of completely false to completely true. (n=55)**



## Comfort

In addition to collecting information on the knowledge and beliefs of medical professionals regarding human trafficking, ICF aimed to also gain an understanding of their comfort level serving survivors of human trafficking. Respondents were given a series of statements and asked to rate their corresponding levels of comfort from not at all comfortable (1) to completely comfortable (10). Respondents were most comfortable referring a victim of human trafficking to local resources or services (5.5), followed by responding appropriately within your agency when victims of labor trafficking are identified (5.1). Respondents were the least comfortable with identifying adult human trafficking victims (3.4) and identifying victims of domestic minor sex trafficking (3.5) (see Exhibit 5.12). Overall, respondents were not comfortable with the items below.

**Exhibit 5.12: How comfortable do you feel about your ability to do the following? (n=55)**

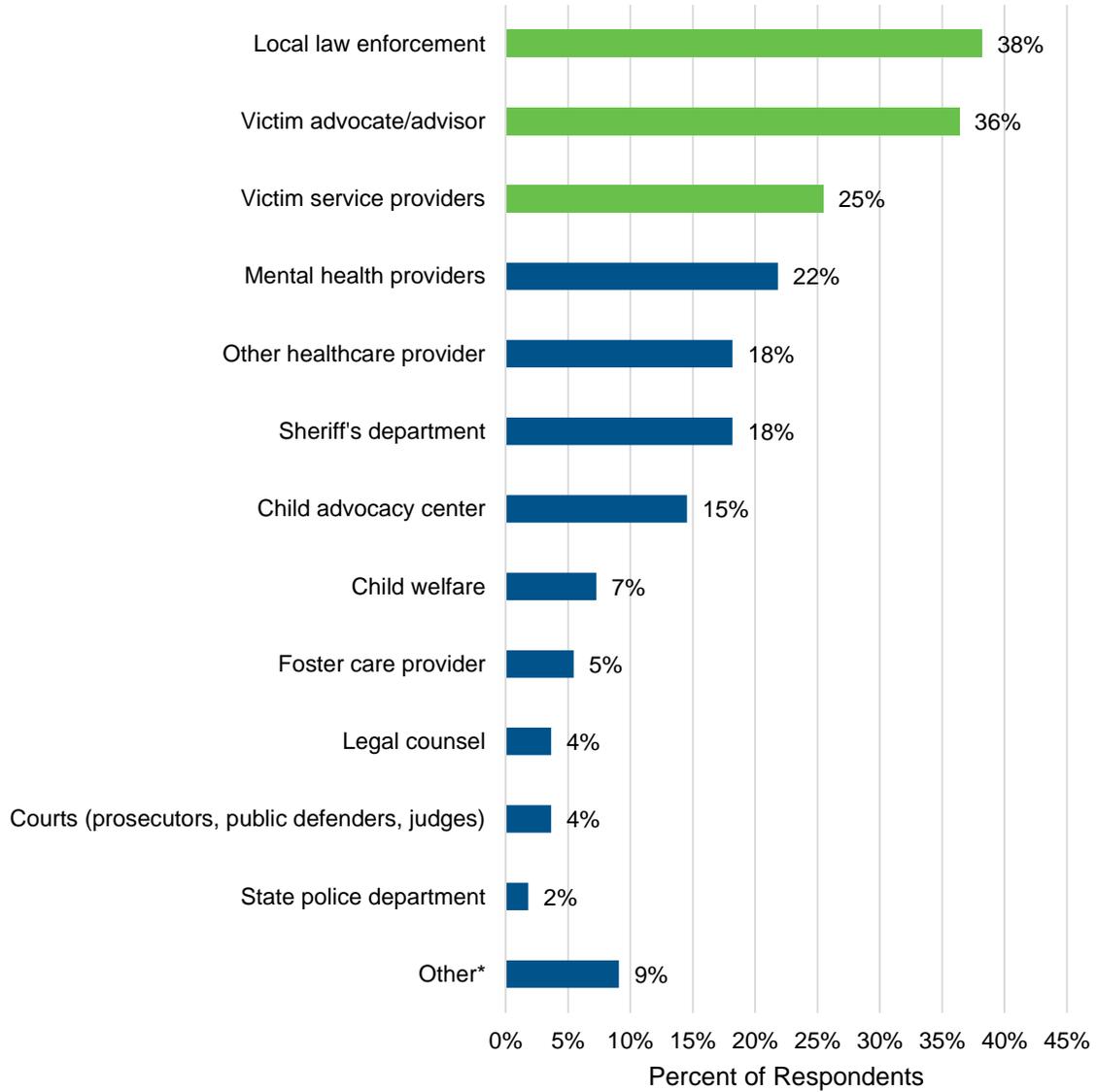


## Human Trafficking Referrals

The following section provides information on human trafficking case referrals between organizations, including (1) referrals respondents are making *to* organizations on human trafficking cases, and (2) referrals respondents are receiving *from* organizations on human trafficking cases.

Medical professionals were first asked about their outgoing referrals for human trafficking cases, with the frequency of referrals by type of organization shown in Exhibit 5.13. Human trafficking victims were most commonly referred to local law enforcement (38%) and victim advocates and advisors (36%).

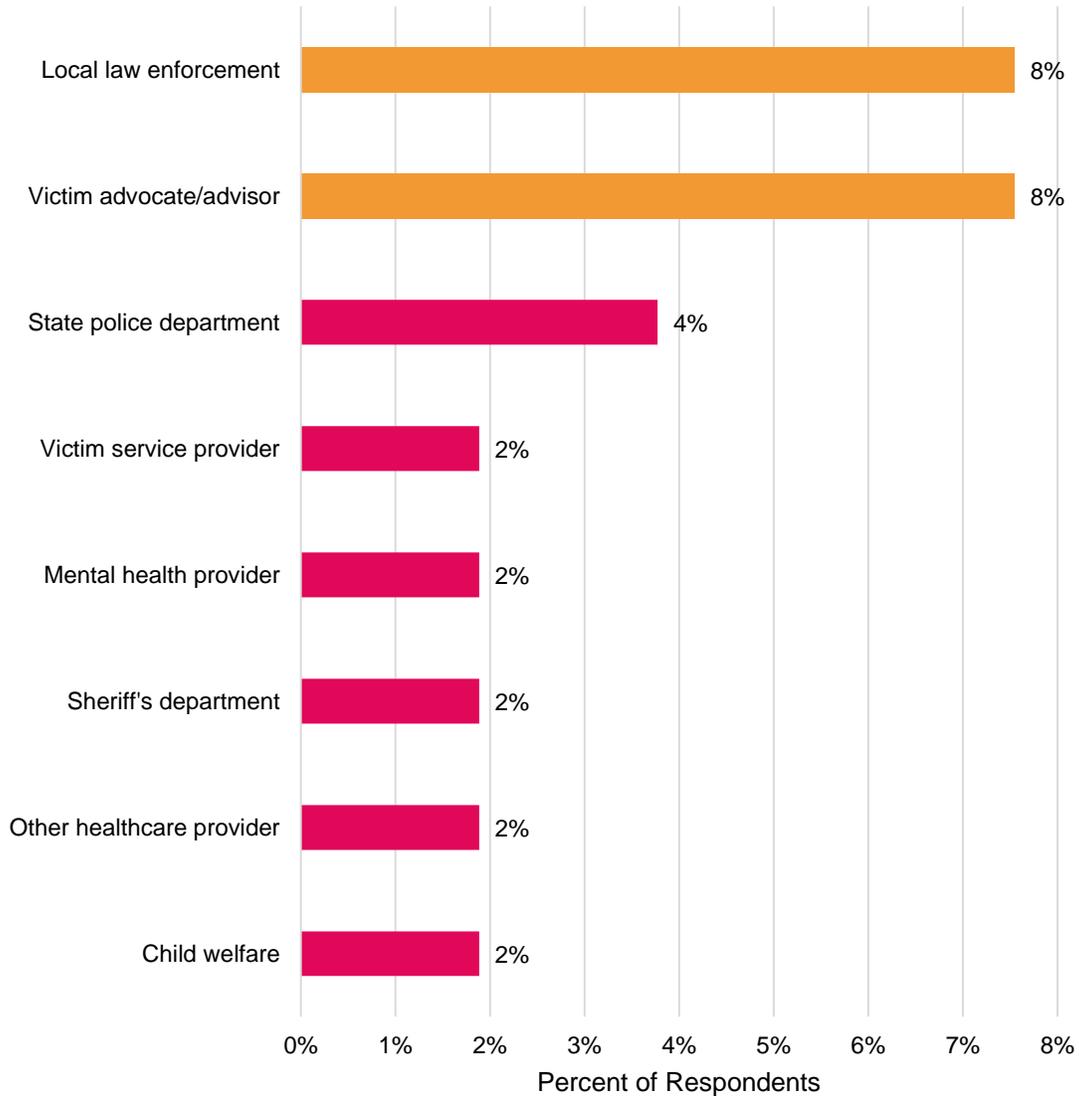
**Exhibit 5.13: Does your organization refer human trafficking victims to any of the following organizations or practitioners? (n=55)**



\*A sample of "Other" responses included: "Crisis intervention," "Law enforcement and county attorneys, if appropriate," and "We would refer if any were identified."

When asked where respondents *received* referrals from, responses indicated a general lack of incoming referrals for human trafficking victims. Seventy-six percent of respondents indicated they had received “no referrals for human trafficking.” Local law enforcement and victim advocates/advisors were the most common places referred to, yet only 8% of respondents indicated these agencies made referrals to medical providers (see Exhibit 5.14).

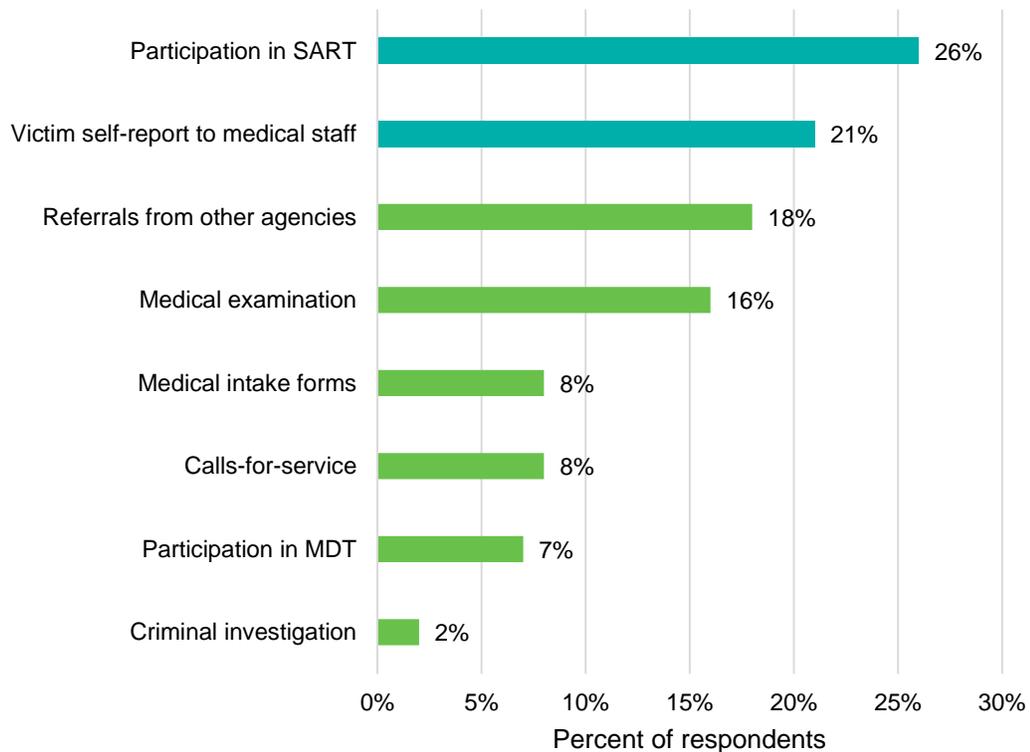
**Exhibit 5.14: Have you received referrals for human trafficking from any of the following organizations or practitioners? (n=53)**



## Identification of Human Trafficking

When asked how respondents identify human trafficking victims, medical professionals most often indicated participation in sexual assault response teams (SART) (26%) or victim self-reporting (21%). Generally speaking, however, most respondents indicated that no victims of human trafficking have been identified (58%). Other identification methods included: referrals from other agencies (18%), during the course of the medical exam (16%), calls-for-service (8%), medical intake forms (8%), participation in multi-disciplinary teams (7%), and during the course of a criminal investigations (2%).

**Exhibit 5.16: How are human trafficking victims identified by medical personnel at your organization? (n=62)**

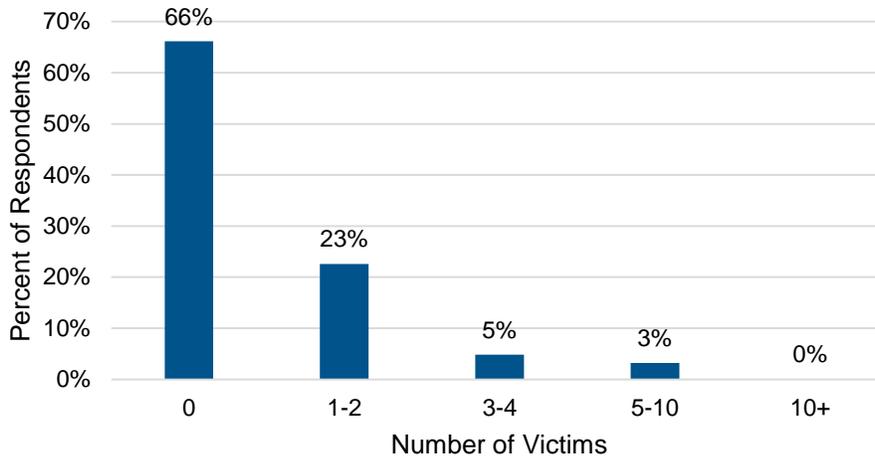


## Prevalence of Human Trafficking

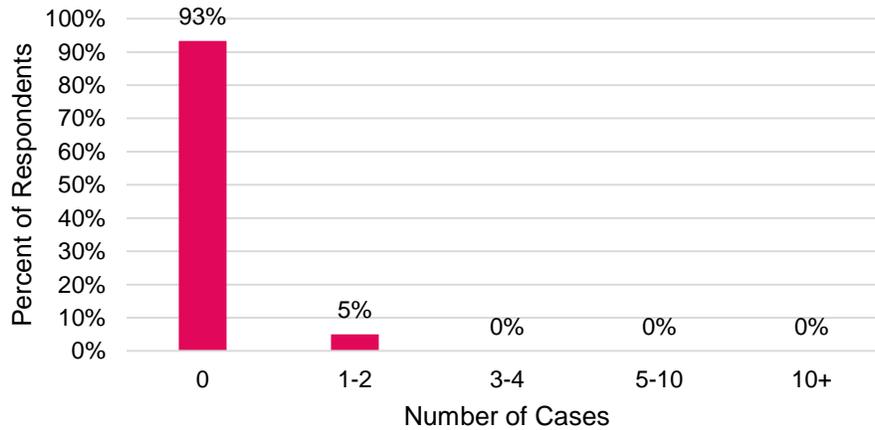
While the prevalence of human trafficking can be difficult to measure, ICF did ask medical professionals about their human trafficking caseload over the past year to provide some insights in understanding the prevalence of human trafficking in the Iowa. The following section provides preliminary prevalence information on human trafficking in Iowa, including (1) number of suspected cases of human trafficking, and (2) number of confirmed cases of human trafficking.

Respondents were asked to report the number of suspected and confirmed cases of human trafficking over the past year. The most common response was that the respondent did not serve any suspected or confirmed human trafficking victims, or that they served one to two victims (refer to Exhibit 5.17). Additionally, when comparing the number of suspected and confirmed cases rarely were respondents able to *confirm* a case of human trafficking (refer to Exhibit 5.18).

**Exhibit 5.17: How many victims of human trafficking do you think you have come in contact with in the past year? (n=62)**



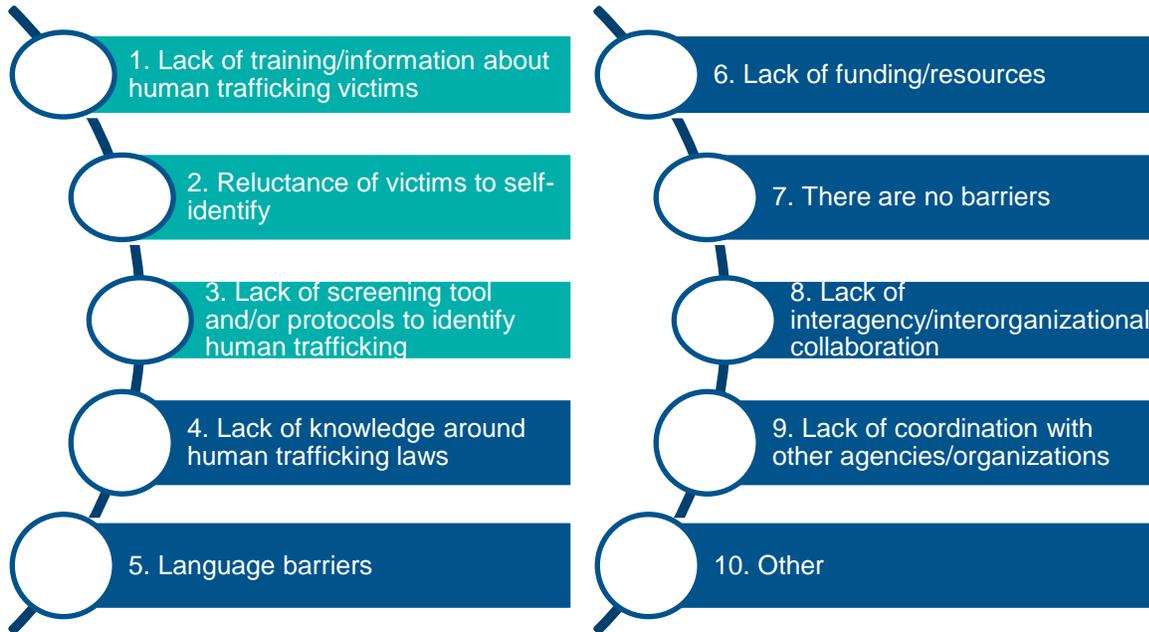
**Exhibit 5.18: How many of those cases were confirmed as human trafficking? (n=60)**



## Barriers

The final section of this survey asked respondents to select what they believed were the top three barriers to victims of human trafficking receiving services from a list of ten possible options. The top three responses were: lack of training/information about human trafficking victims (52%), reluctance of victims to self-identify (52%), and lack of screening tool and/or protocols to identify human trafficking (44%). Other responses included: lack of knowledge around human trafficking laws (21%), language barriers (20%), lack of funding/resources (8%), no barriers (3%), lack of interagency/interorganizational collaboration (3%), and lack of coordination with other agencies/organizations (0%) (See Exhibit 5.19).

**Exhibit 5.19: Which of the following were the 3 most prominent barriers to the identification of human trafficking victims for you or your organization? (n=63)**



# Chapter 6. Cross-Survey Analysis

This chapter begins with an overview of the background of all respondents who took the surveys, followed by a description of the organizations and their experience interacting with human trafficking victims; a cross-survey analysis of the knowledge and beliefs of respondents about human trafficking; a cross-survey analysis of the level of comfort interacting with human trafficking victims; incoming and outgoing referrals regarding human trafficking; how respondents identify human trafficking; prevalence of human trafficking across respondents; and, finally, barriers to providing services to human trafficking victims.

## Background on Respondents

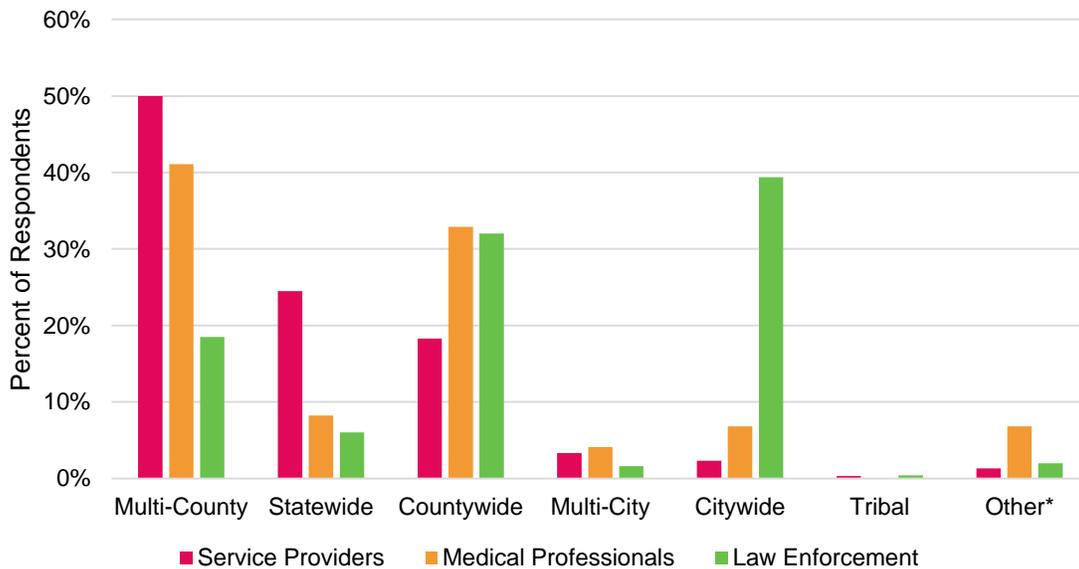
The following section provides information on respondents' background, including (1) the region their organization is located, (2) catchment area served by their organization, (3) organization-level interactions with victims of human trafficking, and (4) their years of experience in the victim services field.

As shown in Exhibit 6.1, there was nearly equal representation in each of the individual regions, with the smallest number of providers consistently across the three surveys in the southwest region of Iowa. See Exhibit 6.2 for a chart of the catchment areas served. Medical professionals (41%) and service providers (50%) primarily serve victims in multiple counties, whereas law enforcement primarily serve victims at a citywide level (39%).

**Exhibit 6.1: Service area for your organization. (n=691)**

	<b>Service Providers</b>	<b>Law Enforcement</b>	<b>Medical Professionals</b>
<i>Northwest Iowa</i>	13%	13%	19%
<i>North Central Iowa</i>	19%	22%	28%
<i>Northeast Iowa</i>	15%	21%	14%
<i>Southwest Iowa</i>	9%	6%	10%
<i>South Central Iowa</i>	18%	11%	14%
<i>Southeast Iowa</i>	14%	23%	12%
<i>Statewide</i>	12%	4%	3%

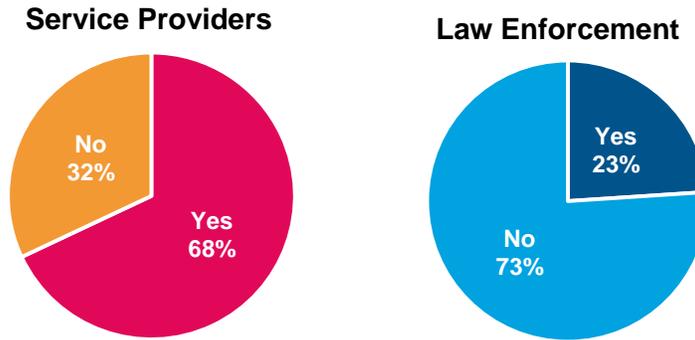
**Exhibit 6.2: Catchment area served by your organization. (n=630)**



\*A sample of "Other" responses included: "I supervise the Comprehensive DA, which is multicounty but our agency also operates a Statewide program as well," "3<sup>rd</sup> Judicial District," "Primary care pediatric clinic," and "regional."

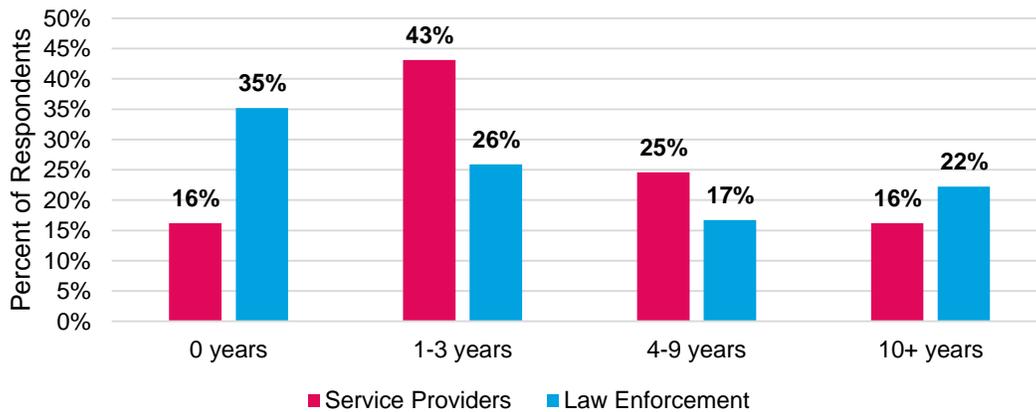
Service providers and law enforcement were asked about their organization’s interaction with human trafficking victims over the past three years. While 68% of service providers stated their organization had served human trafficking victims in the past three years, only 23% of law enforcement reported serving victims of human trafficking in the past three years, suggesting a disconnect between what service providers are seeing and the cases which law enforcement are working.

**Exhibit 6.3: Over the past three years, has your organization served any victims of human trafficking? (n=540)**



The final piece of background information gathered from participants was how much experience they had working on human trafficking cases. Service providers and allied professionals most commonly reported having one to three years of experience working with human trafficking victims (43%), whereas law enforcement most commonly reported having no experience working on cases on human trafficking (35%).

**Exhibit 6.4: How many years of experience do you have with cases involving victims of human trafficking? (n=221)**



## Knowledge

The following section provides information on respondents’ knowledge of human trafficking, including (1) their current knowledge of sex trafficking, and (2) their current knowledge of labor trafficking. Respondents were asked to rank their levels of knowledge of specific topics in the field of sex trafficking. In Exhibit 6.5, darker green shades represent higher proportions of responses, whereas lighter green shades represent lower proportions. Law enforcement

generally reported “a little knowledge” the most frequently, while service providers generally reported “knowledgeable” the most frequently, demonstrating a slight self-reported knowledge gap between the two stakeholder groups.

**Exhibit 6.5: What is your level of knowledge about the sex trafficking items below? (n=408)**

		No Knowledge	A Little Knowledge	Knowledgeable	Significant/Advanced Knowledge	Complete Knowledge/Expert
<i>How sex trafficking impacts individuals</i>	Service Providers	5%	28%	35%	30%	2%
	Law Enforcement	11%	43%	36%	9%	1%
<i>Factors that put individuals at risk of sex trafficking</i>	Service Providers	5%	30%	39%	24%	2%
	Law Enforcement	10%	44%	31%	14%	1%
<i>Terminology related to sex trafficking</i>	Service Providers	8%	38%	34%	19%	2%
	Law Enforcement	10%	45%	33%	10%	1%
<i>Strategies used to recruit individuals into sex trafficking</i>	Service Providers	7%	38%	35%	19%	2%
	Law Enforcement	15%	43%	30%	12%	0%
<i>Prevalence of sex trafficking among minors</i>	Service Providers	12%	42%	28%	16%	1%
	Law Enforcement	18%	49%	26%	7%	0%
<i>Prevalence of sex trafficking among adults</i>	Service Providers	16%	43%	28%	13%	1%
	Law Enforcement	19%	55%	21%	5%	0%
<i>Ways to identify sex trafficked individuals</i>	Service Providers	21%	39%	26%	13%	2%
	Law Enforcement	25%	45%	21%	8%	0%
<i>Services available to treat sex trafficked individuals</i>	Service Providers	21%	41%	25%	13%	1%
	Law Enforcement	33%	45%	16%	5%	1%
<i>The federal and state statutes of sex trafficking</i>	Service Providers	22%	49%	24%	5%	1%
	Law Enforcement	18%	60%	18%	3%	1%
<i>Process for identifying sex trafficked individuals</i>	Service Providers	25%	43%	23%	9%	1%
	Law Enforcement	36%	43%	17%	4%	1%
<i>Referral process for sex trafficked individuals</i>	Service Providers	26%	41%	25%	8%	1%
	Law Enforcement	36%	41%	17%	6%	0%
<i>Ways to engage with sex trafficked individuals</i>	Service Providers	25%	40%	21%	12%	1%
	Law Enforcement	37%	43%	17%	3%	0%

Service providers and law enforcement were also asked similar questions about their knowledge of labor trafficking. The largest difference between law enforcement and service providers in feeling knowledgeable about human trafficking was in response to the statement “how labor trafficking impacts individuals” with service providers reporting more knowledge about this topic than law enforcement (see Exhibit 6.6).

**Exhibit 6.6: What is your level of knowledge about the labor trafficking items below? (n=197)**

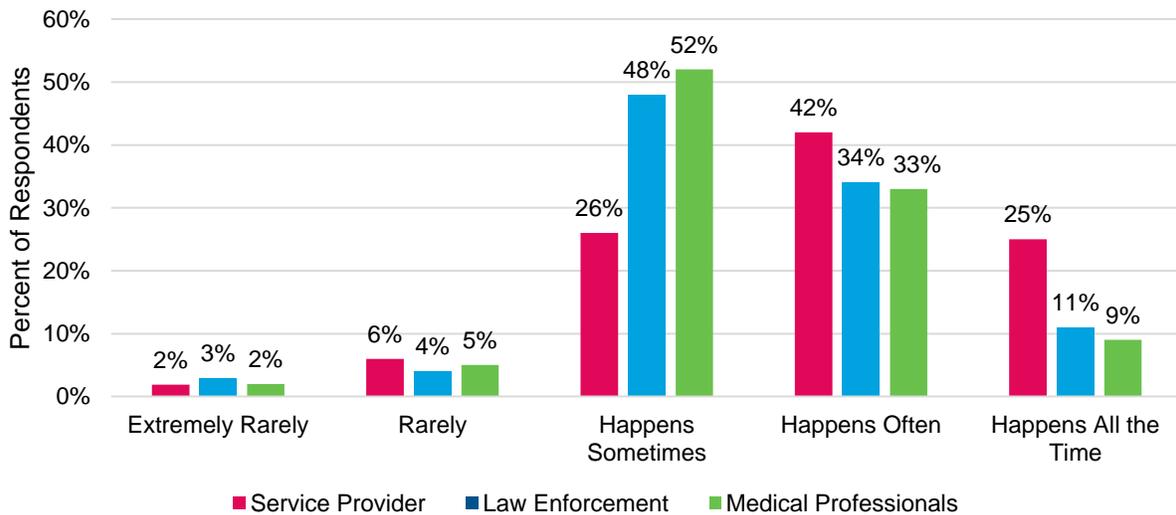
		No Knowledge	A Little Knowledge	Knowledgeable	Significant/Advanced Knowledge	Complete Knowledge/Expert
<i>Factors that put individuals at risk of labor trafficking</i>	Service Providers	13%	53%	26%	7%	1%
	Law Enforcement	26%	48%	22%	3%	1%
<i>How labor trafficking impacts individuals</i>	Service Providers	17%	49%	27%	7%	1%
	Law Enforcement	31%	48%	17%	4%	0%
<i>Terminology related to labor trafficking</i>	Service Providers	18%	52%	22%	7%	1%
	Law Enforcement	31%	46%	22%	2%	0%
<i>Strategies used to recruit individuals into labor trafficking</i>	Service Providers	19%	51%	21%	8%	1%
	Law Enforcement	32%	48%	17%	3%	0%
<i>Prevalence of labor trafficking</i>	Service Providers	27%	49%	18%	5%	1%
	Law Enforcement	38%	48%	12%	3%	0%
<i>Ways to identify labor trafficked individuals</i>	Service Providers	29%	48%	18%	5%	1%
	Law Enforcement	40%	46%	11%	3%	0%
<i>Referral process for labor trafficked individuals</i>	Service Providers	29%	49%	18%	4%	1%
	Law Enforcement	43%	45%	9%	3%	1%
<i>The federal and state definitions or labor trafficking</i>	Service Providers	34%	49%	14%	2%	1%
	Law Enforcement	35%	48%	15%	3%	0%
<i>Process for identifying labor trafficked individuals</i>	Service Providers	31%	47%	16%	6%	0%
	Law Enforcement	44%	44%	10%	3%	0%
<i>Services available to treat labor trafficked individuals</i>	Service Providers	31%	46%	19%	4%	0%
	Law Enforcement	42%	45%	10%	3%	0%

## Beliefs

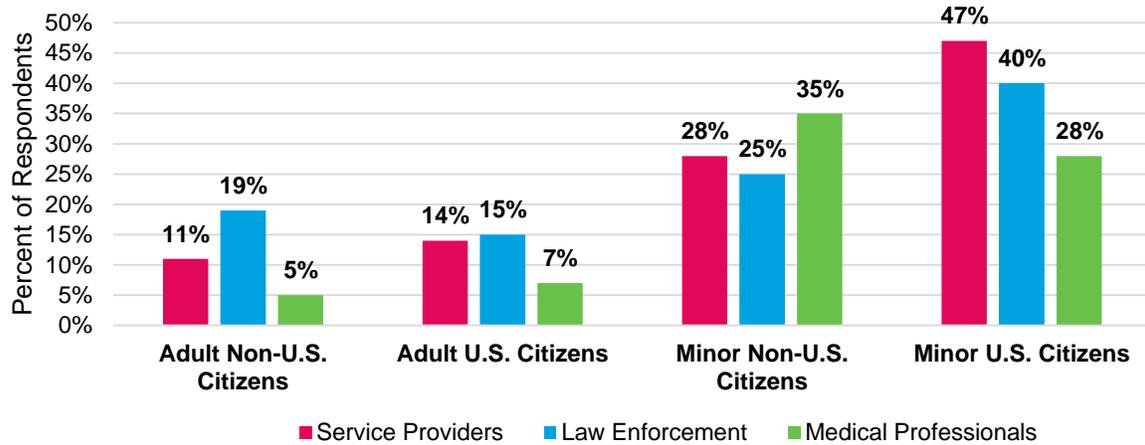
The following section provides information on respondents’ beliefs about human trafficking, including: (1) who they believe is being trafficked and how frequently human trafficking occurs, (2) the respondents’ general beliefs about trafficking, (3) the respondents’ beliefs about sex and labor trafficking, and (4) how similar the respondent believes sex trafficking is to sexual assault, and how similar they believe labor trafficking is to sex trafficking.

As illustrated in Exhibit 93, respondents were asked how frequently they believe human trafficking occurs in the state of Iowa. While law enforcement (48%) and medical professionals (52%) most often reported that human trafficking “happens sometimes,” service providers most frequently reported that human trafficking “happens often” in Iowa (42%). Additionally, as demonstrated in Exhibit 6.7, when asked which population respondents believed were trafficked most often, service providers (47%) and law enforcement (40%) selected minor U.S. citizens, whereas medical professionals believed minor non-U.S. citizens were trafficked most frequently (35%).

**Exhibit 6.7: How often would you say that human trafficking occurs, not just in your jurisdiction, but throughout the state of Iowa? (n=477)**



**Exhibit 6.8: Demographic group you believe are most often victims of human trafficking in Iowa. (n=476)**



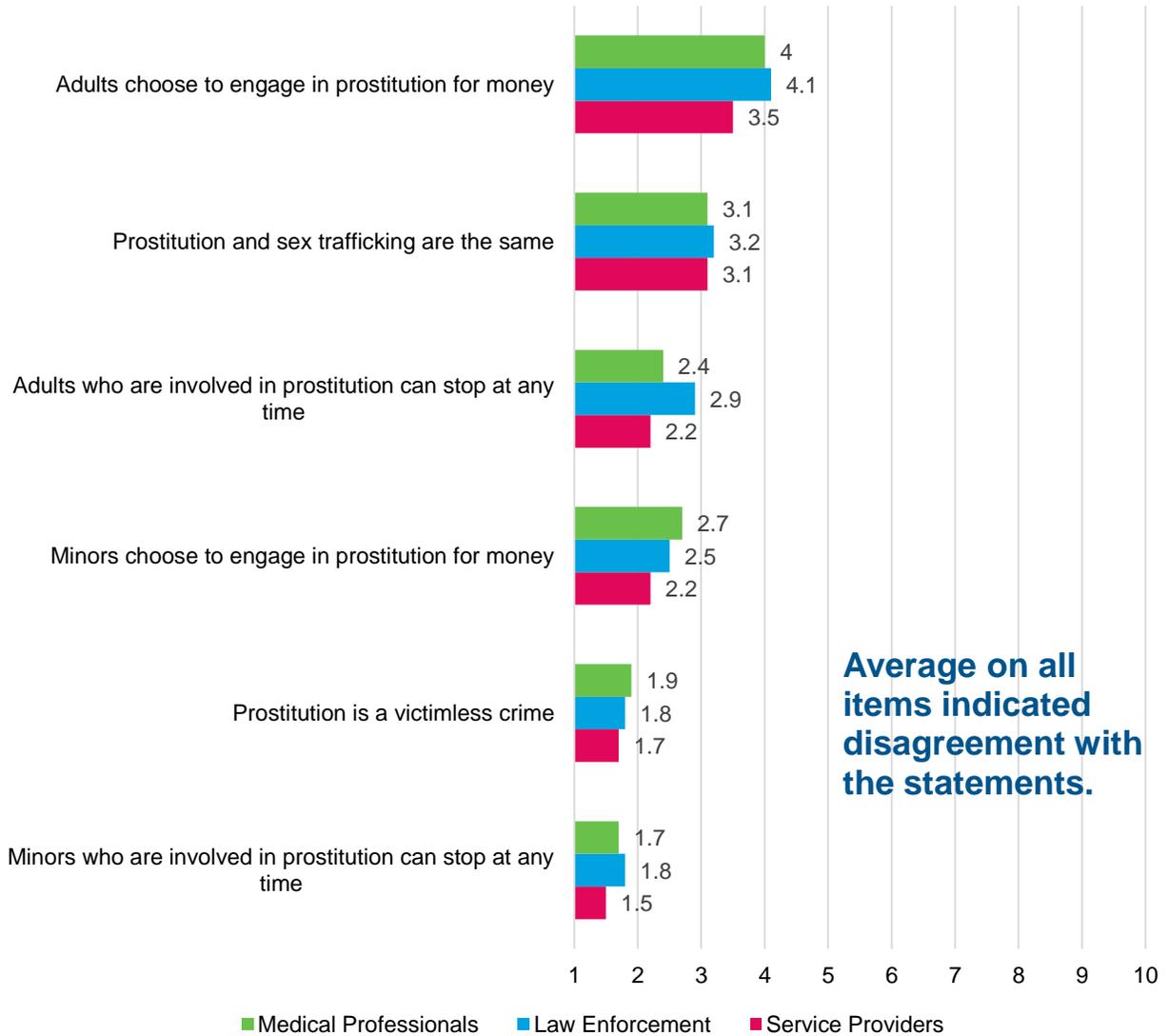
Law enforcement and service providers were given the opportunity to indicate their agreement on a five-point scale (1=strongly disagree, 5=strongly agree) with several statements about human trafficking. In Exhibit 6.9, yellow cells signify smaller proportions of responses, while green cells signify larger proportions of responses. While both service providers and law enforcement tended to agree with the statements, service providers tended to more strongly agree than did law enforcement.

**Exhibit 6.9: To what extent do you agree with the following statements? (n=427)**

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<i>It is important for me to know about human trafficking for my profession</i>	Service Providers	1%	0%	4%	25%	68%
	Law Enforcement	2%	2%	8%	54%	35%
<i>Human trafficking in Iowa is increasing every year</i>	Service Providers	1%	1%	19%	35%	42%
	Law Enforcement	2%	4%	30%	44%	20%
<i>Human trafficking in Iowa occurs in rural areas (counties less than 50,000 in population)</i>	Service Providers	1%	3%	15%	48%	31%
	Law Enforcement	1%	7%	25%	54%	13%
<i>Human trafficking is more prevalent in urban areas</i>	Service Providers	1%	12%	45%	28%	12%
	Law Enforcement	1%	7%	44%	37%	10%
<i>The rate of human trafficking in Iowa has not changed, but has received more media and/or government attention</i>	Service Providers	7%	31%	29%	19%	12%
	Law Enforcement	4%	29%	44%	21%	3%

Respondents were posed with several statements about sex trafficking and asked to indicate the extent to which the state was true or false (1=completely false, 10=completely true). The overall responses were generally very low, with no statement receiving an average response greater than 4.1 out of 10, suggesting respondents generally viewed the statements as false. As shown in Exhibit 6.10, responses across the stakeholder groups were typically very similar.

**Exhibit 6.10: Average rating for the statements about sex trafficking on a scale of completely false to completely true. (n=470)**



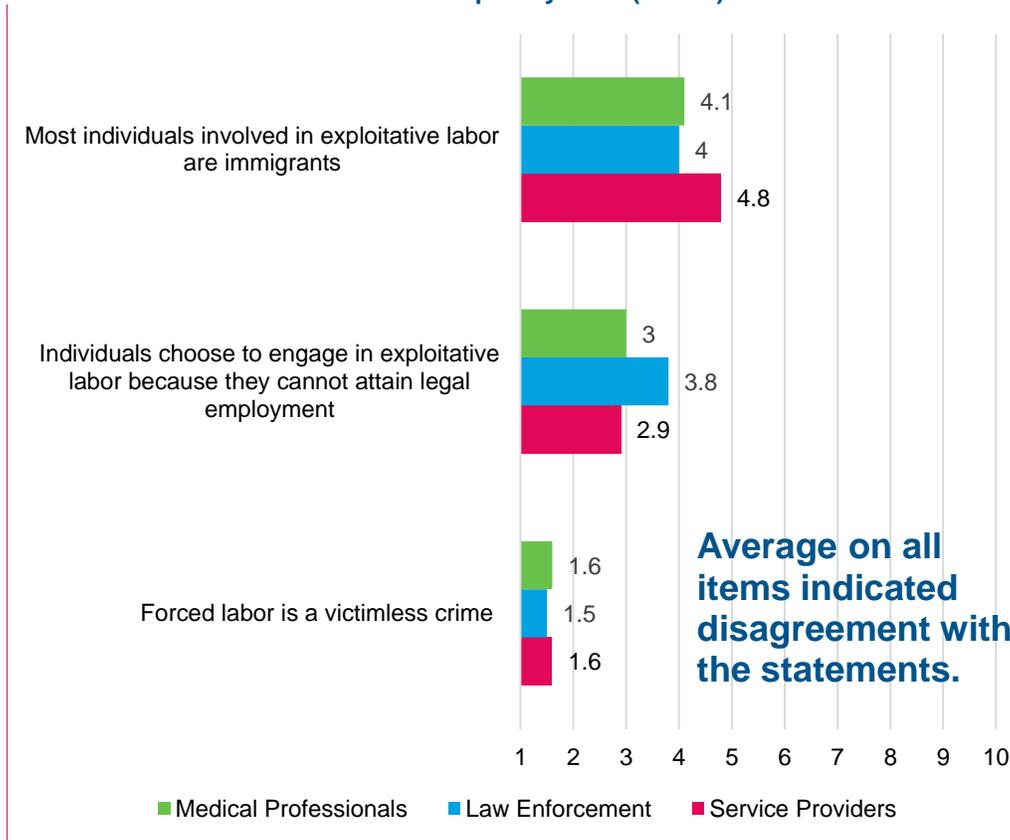
Service providers and law enforcement were then asked seven questions to help gauge how similarly they viewed human trafficking and sexual assault. Respondents were given a five-point scale, ranging from “not similar at all” (=1) to “very similar” (=5). Generally, respondents indicated that human trafficking and sexual assault were very similar. Furthermore, both service providers and law enforcement responded in similar ways to the statements posed.

**Exhibit 6.11: How similar do you believe the problems/needs of sex trafficking victims listed below are to victims of sexual assault or domestic abuse? (n=396)**

		Not At All Similar	Not Very Similar	Neutral	Somewhat Similar	Very Similar	Don't Know
<i>Level of fear</i>	Service Providers	3%	7%	11%	28%	50%	1%
	Law Enforcement	2%	11%	12%	25%	47%	3%
<i>Level of trust</i>	Service Providers	5%	9%	12%	24%	48%	1%
	Law Enforcement	5%	10%	14%	24%	46%	3%
<i>Types of services</i>	Service Providers	2%	6%	12%	41%	37%	2%
	Law Enforcement	2%	8%	16%	39%	31%	4%
<i>Presence of support networks (e.g., level of isolation)</i>	Service Providers	6%	23%	13%	23%	31%	4%
	Law Enforcement	6%	20%	18%	24%	28%	5%
<i>Length of service</i>	Service Providers	3%	21%	17%	25%	26%	9%
	Law Enforcement	5%	13%	24%	21%	29%	9%
<i>Ability to access services</i>	Service Providers	10%	26%	13%	19%	28%	4%
	Law Enforcement	7%	21%	19%	18%	30%	6%

Similar to the previous questions asking the extent to which statements were true or false regarding sex trafficking, respondents were also asked to indicate how true or false statements were about *labor* trafficking. The questions were on a scale of “completely false” (=1) to “completely true” (=10). Again, responses generally were very similar across stakeholder groups, and views skewed toward indicating that the statements were false (see exhibit 6.12).

**Exhibit 6.12: Average rating of the statements about labor trafficking on a scale of completely false to completely true. (n=442)**



Respondents were also asked to rate the level of similarity between the needs of labor trafficking victims and sex trafficking victims. The darker green cells indicate a higher proportion of responses, while the lighter green cells indicate a lower proportion of response. Level of trust and level of fear were viewed most similarly on average by service providers and law enforcement.

**Exhibit 6.13: How similar do you believe the problems/needs of labor trafficking victims listed below are to victims of sex trafficking? (n=380)**

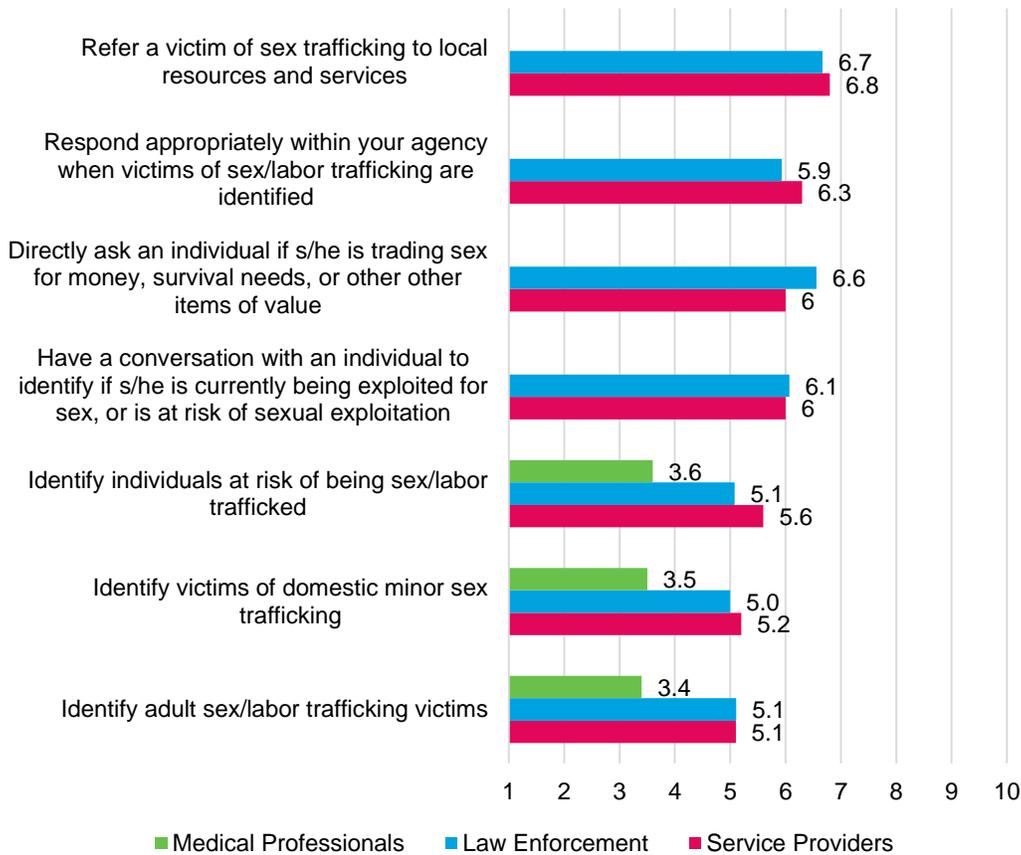
		Not At All Similar	Not Very Similar	Neutral	Somewhat Similar	Very Similar	Don't Know
<i>Level of trust</i>	Service Providers	1%	5%	14%	37%	38%	5%
	Law Enforcement	1%	10%	23%	35%	27%	4%
<i>Level of fear</i>	Service Providers	1%	6%	16%	35%	37%	5%
	Law Enforcement	2%	11%	21%	37%	25%	4%
<i>Language Barriers</i>	Service Providers	4%	8%	18%	27%	35%	8%
	Law Enforcement	2%	11%	28%	25%	26%	7%
<i>Ability to access services</i>	Service Providers	4%	11%	18%	31%	28%	9%
	Law Enforcement	3%	15%	26%	28%	18%	10%
<i>Types of services</i>	Service Providers	3%	15%	17%	44%	15%	6%
	Law Enforcement	6%	19%	23%	37%	9%	6%
<i>Presence of support networks (e.g., level of isolation)</i>	Service Providers	3%	16%	22%	32%	21%	7%
	Law Enforcement	7%	16%	30%	26%	13%	7%
<i>Length of service</i>	Service Providers	3%	17%	25%	27%	18%	11%
	Law Enforcement	5%	17%	30%	27%	11%	10%

## Comfort

In addition to collecting information on the knowledge and beliefs of service providers, law enforcement, and medical professionals regarding human trafficking, ICF aimed to gain information regarding their comfort level serving human trafficking survivors. The following section provides information on respondents' comfort serving survivors of human trafficking, including (1) comfort serving sex trafficking survivors, and (2) comfort serving labor trafficking survivors.

Respondents were asked seven questions on a ten-point scale (1=not at all comfortable, 10=completely comfortable) regarding their comfort level serving human trafficking survivors, with responses shown in Exhibits 6.14 and 6.15.<sup>12</sup> In regard to serving survivors of sex trafficking, respondents were most comfortable with referring victims of sex trafficking to local resources and services. While law enforcement and service providers responded with similar comfort levels, medical professionals scored significantly lower on the three items to which they responded, demonstrating lower comfort levels for medical professionals in serving sex trafficking survivors.

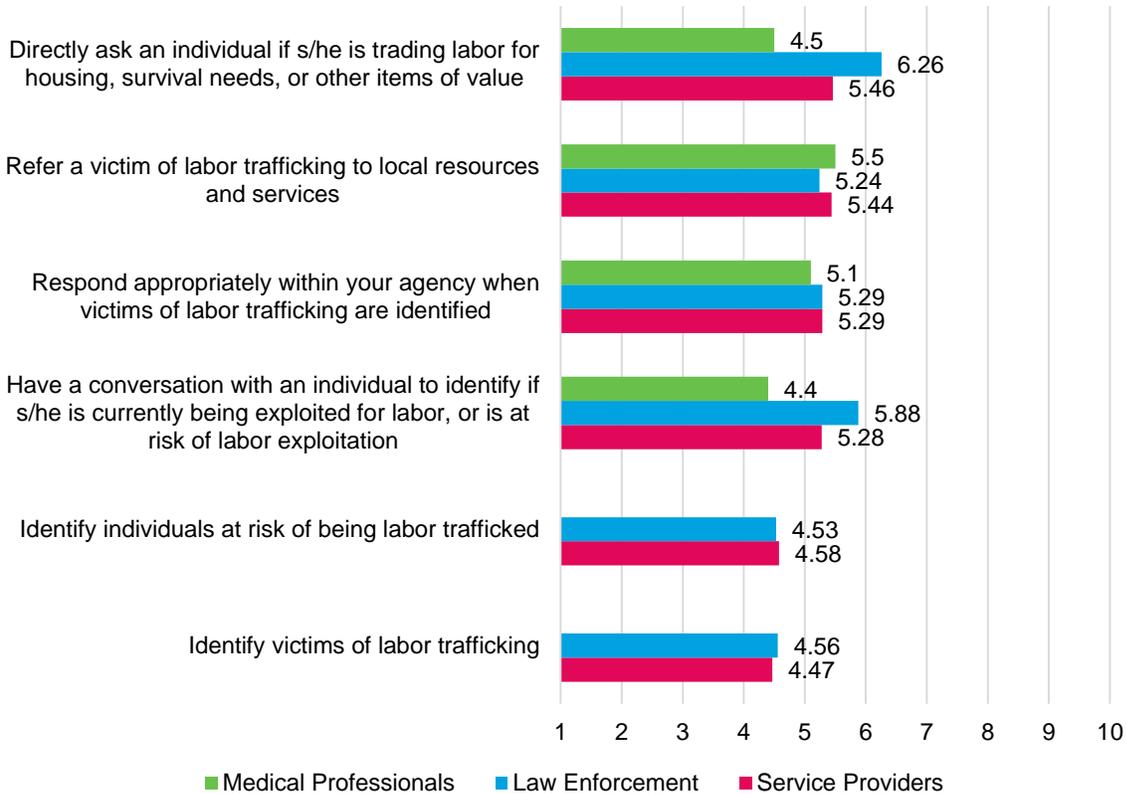
**Exhibit 6.14: How comfortable do you feel about your ability to do the following for sex trafficking victims? (n=447)**



<sup>12</sup> Medical providers were only asked three of the seven questions shown in Exhibit 6.14 and four of seven questions shown in Exhibit 6.15. On the medical provider survey, sex and labor trafficking questions were asked as human trafficking together.

Respondents were also asked to respond to similar scale questions for labor trafficking. In general, medical professionals reported higher levels of comfort serving labor trafficked individuals (response averages ranging from 4.4 to 5.5), and law enforcement and service providers reported lower levels of comfort.

**Exhibit 6.15: How comfortable do you feel about your ability to do the following for labor trafficking victims? (n=444)**

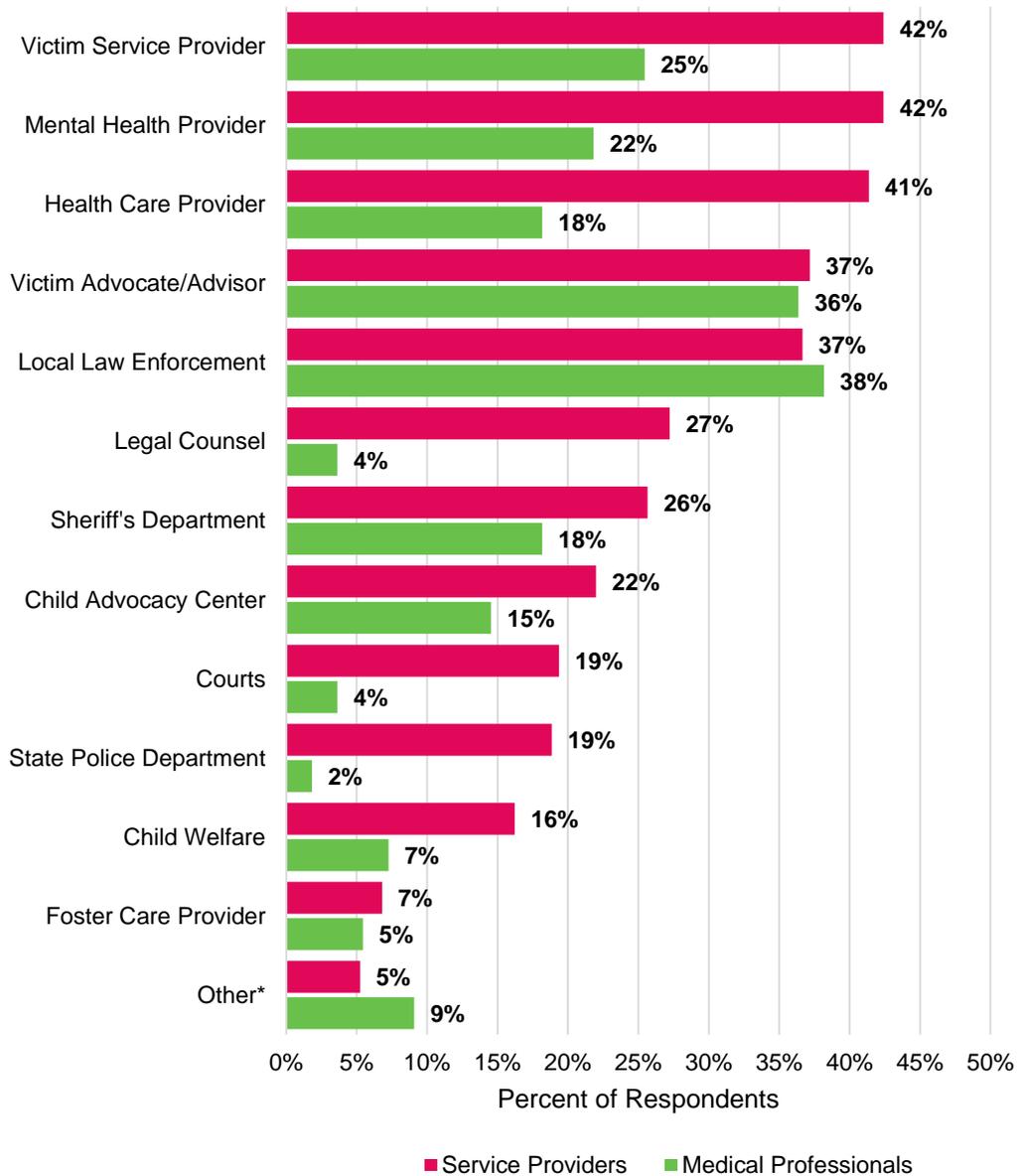


## Human Trafficking Referrals

The following section provides information on human trafficking case referrals between organizations, including (1) referrals respondents are making *to* organizations for human trafficking cases, and (2) referrals respondents are receiving *from* organizations for human trafficking cases.

Service providers and medical professionals were asked about their outgoing referrals to organizations regarding human trafficking cases. A combined 19% of respondents did not make any outgoing referrals for human trafficking cases (16% of service providers and 29% of medical professionals). Respondents that did make outgoing referrals often sent cases to local law enforcement, victim advocates and advisors, and victim service providers. Nearly half of the service providers refer to mental health providers and health care providers (42% and 41%, respectively), as well as other victim service providers (42%) (see Exhibit 6.16).

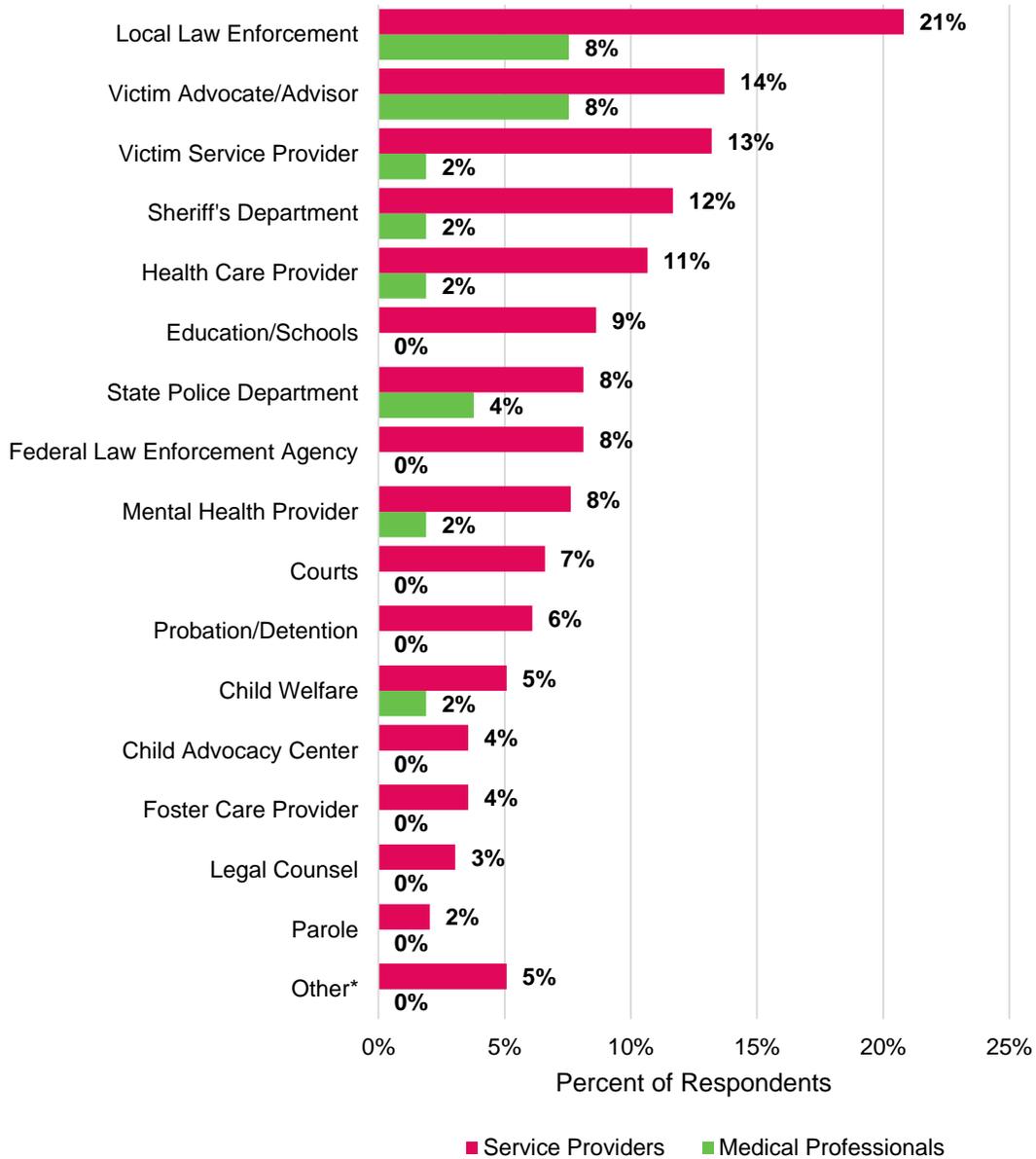
**Exhibit 6.16: Do you refer human trafficking victims to any of the following organizations or practitioners?**



\*A sample of "Other" responses include: "Substance abuse treatment" and "Crisis intervention." Percentages represent the number of responses based on the type of respondent rather than the overall response (55 medical professionals and 191 service providers).

Similarly, service providers and medical professionals were asked about which organizations they received referrals *from* for human trafficking cases. While the number of referrals *received* is much less than the number of referrals *sent* amongst service providers and medical professionals surveyed, the same types of organizations again are frequently used, including local law enforcement, victim advocates and advisors, and victim service providers (see Exhibit 6.17).

**Exhibit 6.17: Have you received referrals for human trafficking victims from any of the following organizations or practitioners?**



\*A sample of "Other" responses include: "homeless service provider," and "private rescue organizations, churches, homeless shelter." Percentages represent the number of responses based on the type of respondent rather than the overall response (53 medical professionals and 197 service providers).

## Identification of Human Trafficking

The following section provides information on how respondents are currently identifying victims of human trafficking. All three respondent groups had different primary ways of identifying human trafficking victims, but four methods were identified by all three groups as methods of identification, including: referrals from victim service providers or other agencies, calls-for-service, during the course of a criminal investigation, and participation in MDTs.

**Exhibit 6.18: How does your organization/agency first come into contact with human trafficking victims? (n=307)**

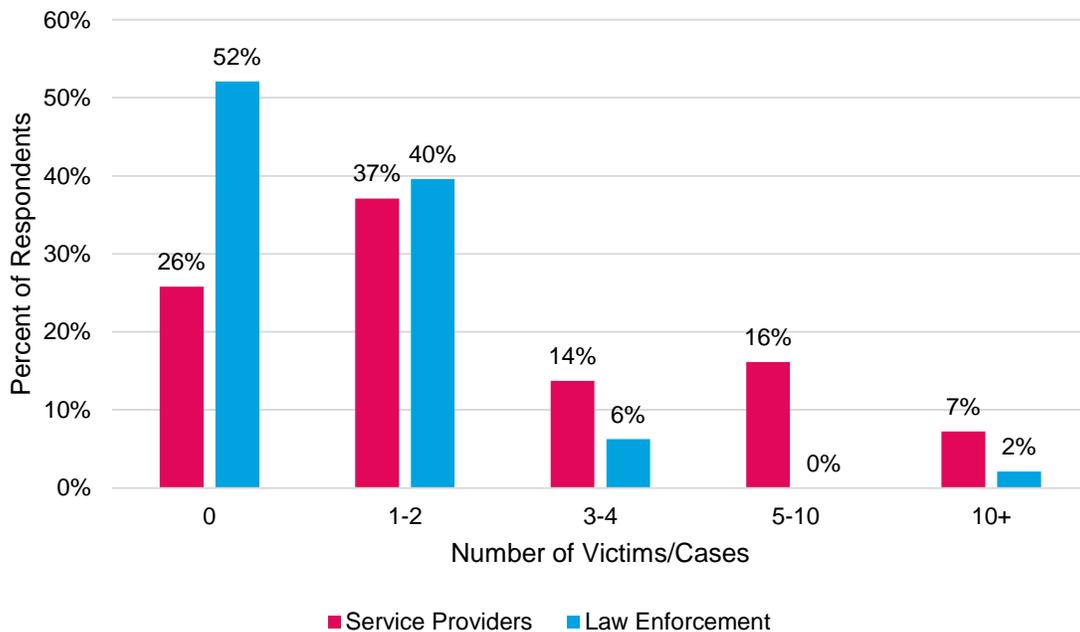
	Service Providers	Law Enforcement	Medical Professionals
<i>Referrals from victim service providers or other agencies</i>	37%	6%	15%
<i>Calls-for-service</i>	24%	13%	7%
<i>During the course of a criminal investigation</i>	17%	15%	1%
<i>Participation in MDTs</i>	14%	4%	5%
<i>Hotline</i>	24%	2%	-
<i>Community outreach</i>	17%	4%	-
<i>Community tips/referrals</i>	16%	11%	-
<i>Participation in a sexual assault response team (SART)</i>	17%	-	21%
<i>Self-report</i>	-	6%	17%
<i>Walk-ins</i>	24%	-	-
<i>Presented as a victim of a different crime</i>	24%	-	-
<i>Participation in a multi-disciplinary team (MDT)</i>	14%	-	-
<i>Missing persons reports</i>	2%	-	-
<i>Stings</i>	-	13%	-
<i>Patrol/frontline officer</i>	-	11%	-
<i>Information from state or local law enforcement</i>	-	9%	-
<i>Media</i>	-	8%	-
<i>Missing persons reports</i>	-	6%	-
<i>Information from federal law enforcement</i>	-	5%	-
<i>Task force</i>	-	3%	-
<i>During the course of a medical exam</i>	-	-	13%
<i>Medical intake forms</i>	-	-	7%

## Prevalence of Human Trafficking

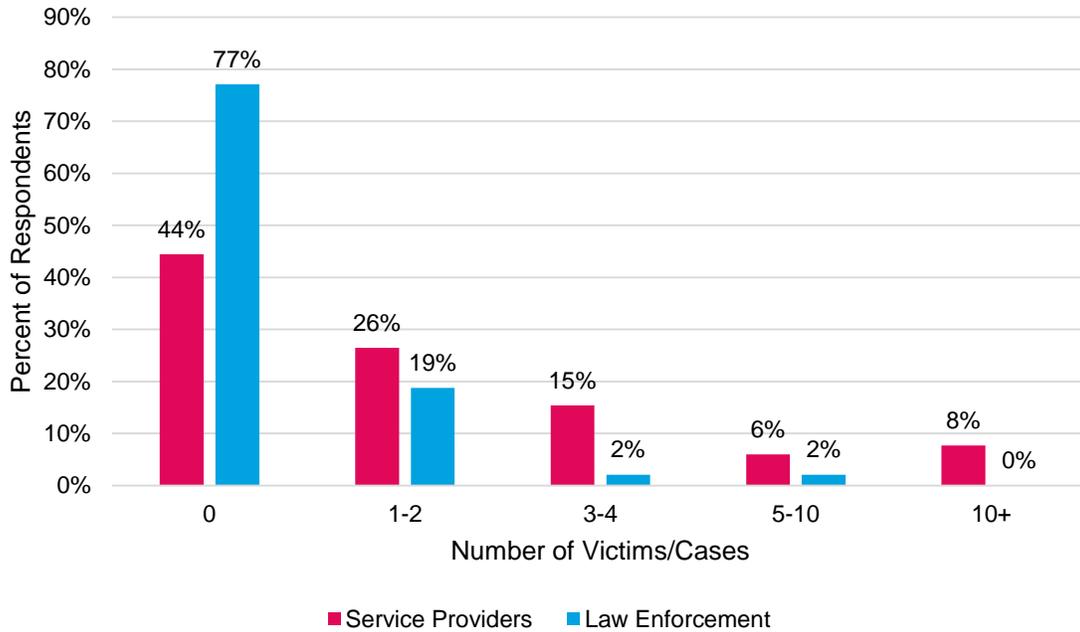
While the prevalence of human trafficking is difficult to measure, ICF did ask service providers and allied professionals, law enforcement officials, and medical professionals about their human trafficking caseload to provide some insights into preliminary efforts in understanding the prevalence of human trafficking in the state. The following section provides preliminary prevalence information on human trafficking in Iowa, including (1) number of suspected cases of human trafficking, (2) number of confirmed cases of human trafficking, (3) demographics of victims served by respondents, and (4) the type(s) of human trafficking victims that have been served by the respondents.

Service providers and law enforcement were asked to report the number of suspected cases of the following types of human trafficking they believe they interacted with in the years 2013-2015: adult sex trafficking, domestic minor sex trafficking (DMST), and labor trafficking. Responses are shown in Exhibits 6.19-6.27, with the most common responses being that the respondent served no suspected human trafficking victims. However, service providers generally reported higher numbers in the 1-2 and 3-4 cases categories in comparison to law enforcement, indicating a higher human trafficking caseload for service providers.

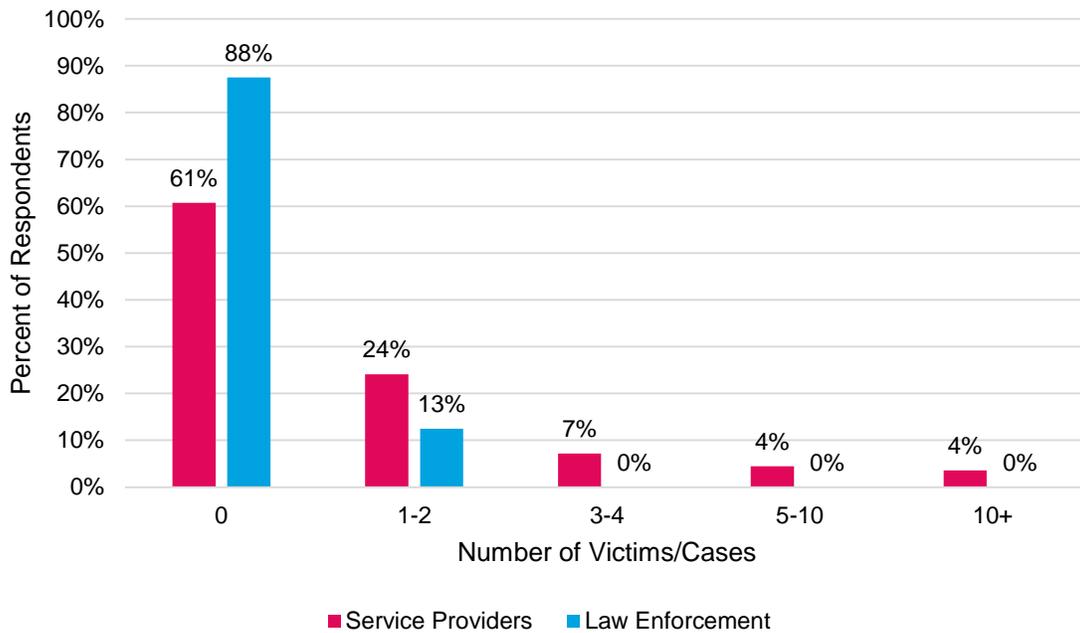
**Exhibit 6.19: Approximately how many adult victims of sex trafficking were served by you in 2015?**



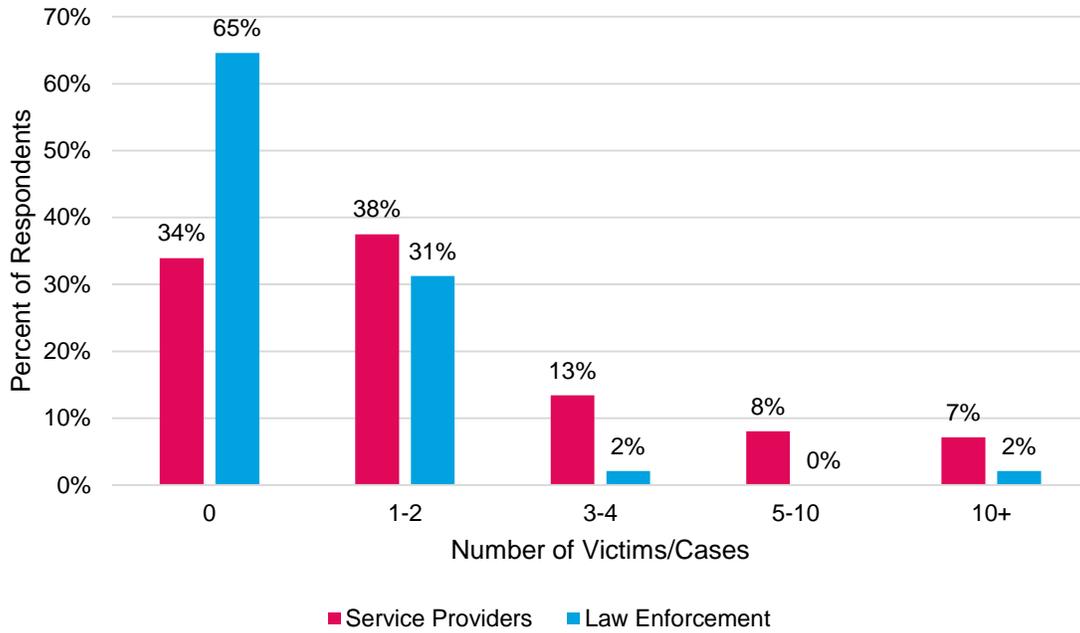
**Exhibit 6.20: Approximately how many victims of domestic minor sex trafficking (DMST) were served by you in 2015?**



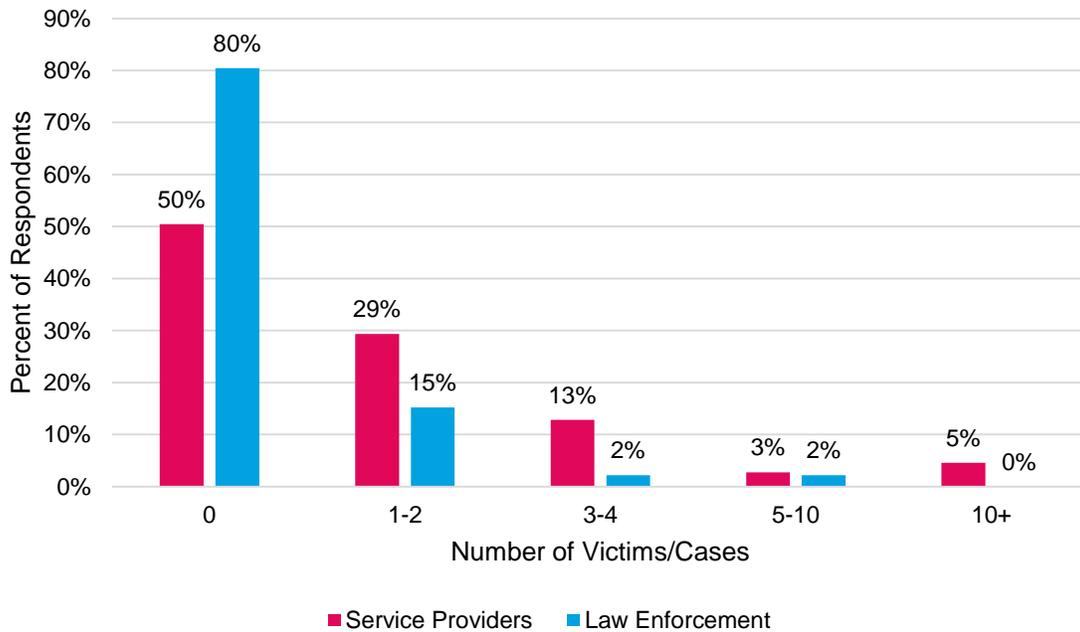
**Exhibit 6.21: Approximately how many victims of labor trafficking were served by you in 2015?**



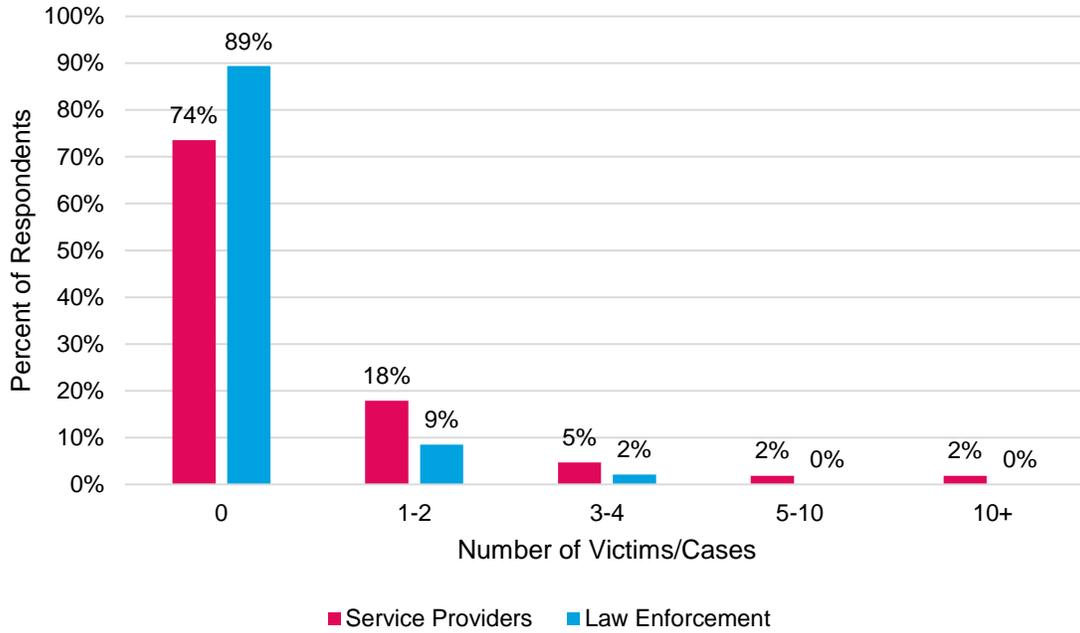
**Exhibit 6.22: Approximately how many adult victims of sex trafficking were served by you in 2014?**



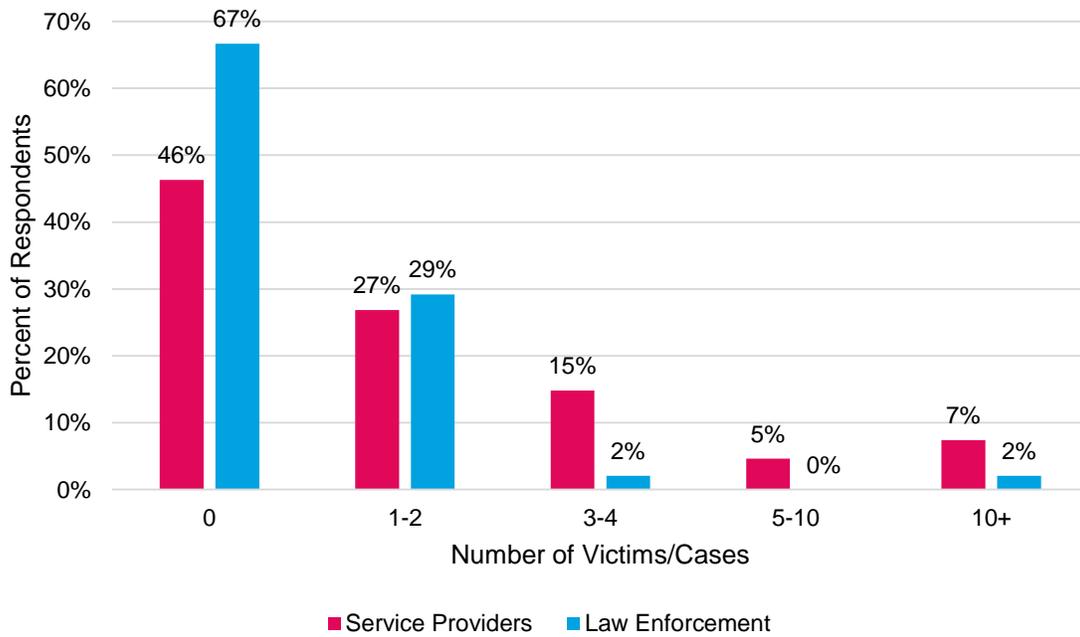
**Exhibit 6.23: Approximately how many victims of domestic minor sex trafficking (DMST) were served by you in 2014?**



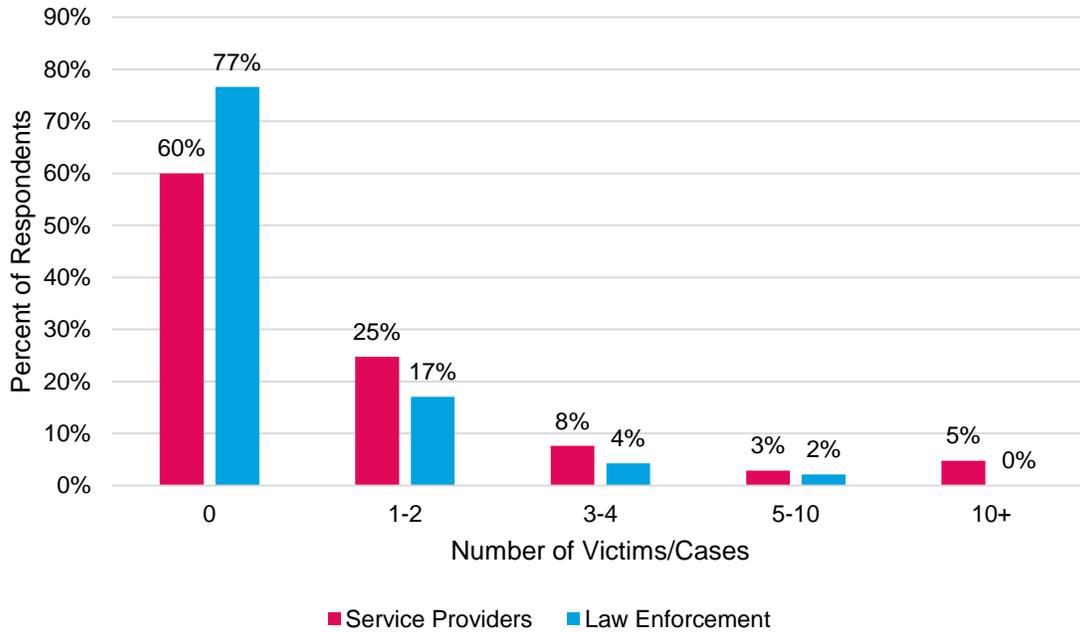
**Exhibit 6.24: Approximately how many victims of labor trafficking were served by you in 2014?**



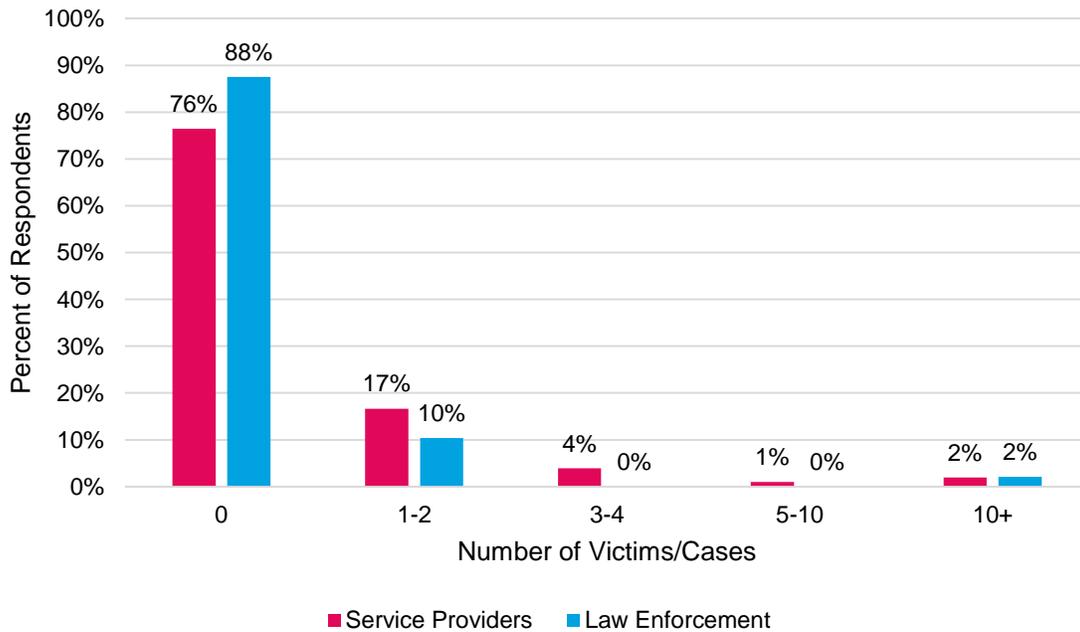
**Exhibit 6.25: Approximately how many adult victims of sex trafficking were served by you in 2013?**



**Exhibit 6.26: Approximately how many victims of domestic minor sex trafficking (DMST) were served by you in 2013?**

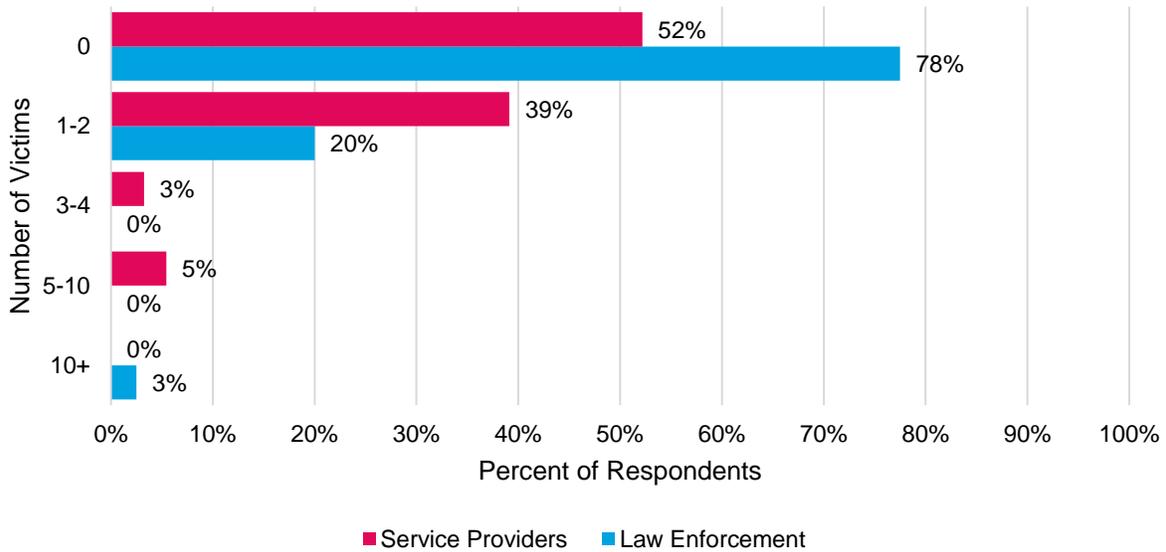


**Exhibit 6.27: Approximately how many victims of labor trafficking were served by you in 2013?**

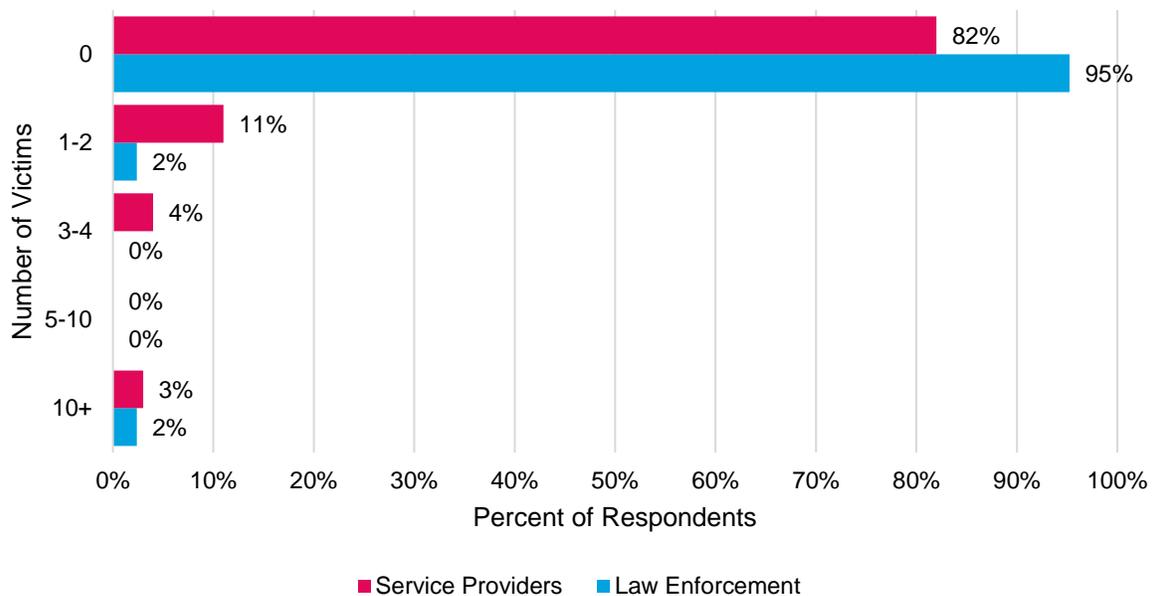


Respondents were also asked to report the number of *confirmed* cases of sex trafficking and labor trafficking in 2015 from their organization. A summary of the responses are in Exhibits 6.28 and 6.29. Considering both sex and labor trafficking, most respondents indicated they had 0 confirmed cases. Sex trafficking cases were more likely to be confirmed by respondents than were labor trafficking cases.

**Exhibit 6.28: Of those human trafficking victims handled by you in 2015, how many were confirmed as sex trafficking?**



**Exhibit 6.29: Of those human trafficking victims handled by you in 2015, how many were confirmed as labor trafficking?**



Service providers and law enforcement were also asked to provide details on the demographics of the victims their organization served. A majority of respondents (78% of service providers and 74% of law enforcement) reported that three-quarters or more of the human trafficking victims served by their organization were female, while the majority of respondents (91% of service providers and 94% of law enforcement) reported that male victims accounted for less than a quarter of those served.

Service providers and law enforcement both reported providing services most frequently to adults between the ages of 18-39 (i.e., 40% of service providers and 38% of law enforcement indicated that the majority of their clientele were within this age category), followed by youth under the age of 18, and least frequently to adults 40 and older.

To gather more preliminary information on the prevalence of human trafficking, respondents were also asked to report on the types of human trafficking experienced by the victims they served. Most often, respondents indicated they “never” treated anyone who encountered the forms of human trafficking listed in Exhibit 6.30. The types of human trafficking most often encountered by service providers and law enforcement were: pornography, forced prostitution, sex tourism/entertainment and use in criminal activity.

Exhibit 6.30: Please rate how often you work with the following types of human trafficking victims:

		Never	Rarely	Sometimes	Often	Always
<i>Forced prostitution (e.g., brothel, street, massage parlor)</i>	Service Providers	10%	31%	39%	13%	7%
	Law Enforcement	28%	25%	33%	10%	5%
<i>Pornography</i>	Service Providers	34%	15%	36%	15%	1%
	Law Enforcement	55%	26%	16%	3%	0%
<i>Use in criminal activity</i>	Service Providers	30%	29%	28%	11%	3%
	Law Enforcement	55%	29%	11%	0%	5%
<i>Sex tourism/entertainment</i>	Service Providers	40%	21%	26%	12%	1%
	Law Enforcement	63%	16%	13%	3%	5%
<i>Forced begging and/or peddling</i>	Service Providers	60%	21%	16%	2%	1%
	Law Enforcement	76%	13%	8%	3%	0%
<i>Forced marriage</i>	Service Providers	58%	24%	15%	4%	0%
	Law Enforcement	81%	14%	5%	0%	0%
<i>Food processing (e.g., slaughter houses)</i>	Service Providers	67%	10%	16%	5%	1%
	Law Enforcement	84%	11%	3%	0%	3%
<i>Restaurant worker</i>	Service Providers	60%	22%	14%	3%	1%
	Law Enforcement	84%	13%	3%	0%	0%
<i>Bonded labor/debt repayment</i>	Service Providers	57%	27%	14%	1%	1%
	Law Enforcement	87%	11%	3%	0%	0%
<i>Domestic worker (e.g., au pair, maid)</i>	Service Providers	61%	21%	13%	3%	2%
	Law Enforcement	92%	5%	3%	0%	0%
<i>Agricultural labor</i>	Service Providers	71%	15%	9%	4%	0%
	Law Enforcement	89%	11%	0%	0%	0%
<i>Field labor</i>	Service Providers	70%	18%	12%	0%	0%
	Law Enforcement	87%	13%	0%	0%	0%
<i>False adoption</i>	Service Providers	85%	10%	4%	1%	0%
	Law Enforcement	97%	3%	0%	0%	0%
<i>Sweatshop</i>	Service Providers	80%	17%	3%	0%	0%
	Law Enforcement	100%	0%	0%	0%	0%
<i>Other*</i>	Service Providers	76%	12%	7%	2%	2%
	Law Enforcement	86%	11%	0%	0%	4%

\*A sample of "Other" responses included: "Asian massage," "runaways," "gang related trafficking," and "victim used for obtaining drugs."

## Barriers

The final section of the cross-survey analyses looks at barriers human trafficking victims encounter in receiving services. Given a list of 10 possible barriers, the top response for services providers was the reluctance of victims to self-identify (32%), the top response for law enforcement was a lack of training and information about human trafficking (46%), and the top responses for medical professionals were both reluctance of victims to self-identify (52%), and a lack of training and information about human trafficking (52%).

**Exhibit 6.31: Barriers to Serving Human Trafficking Victims**

	Service Providers	Law Enforcement	Medical Professionals
<i>Lack of training/information about human trafficking victims</i>	25%	46%	52%
<i>Reluctance of victims to self-identify</i>	32%	15%	52%
<i>Lack of screening tool and/or protocols to identify human trafficking</i>	26%	21%	44%
<i>Lack of funding/resources</i>	18%	41%	8%
<i>Lack of knowledge around human trafficking laws</i>	11%	19%	21%
<i>Language barriers</i>	13%	15%	20%
<i>There are no barriers</i>	4%	6%	3%
<i>Other*</i>	2%	4%	1%

# Chapter 7. Findings from the Law Enforcement Case Review

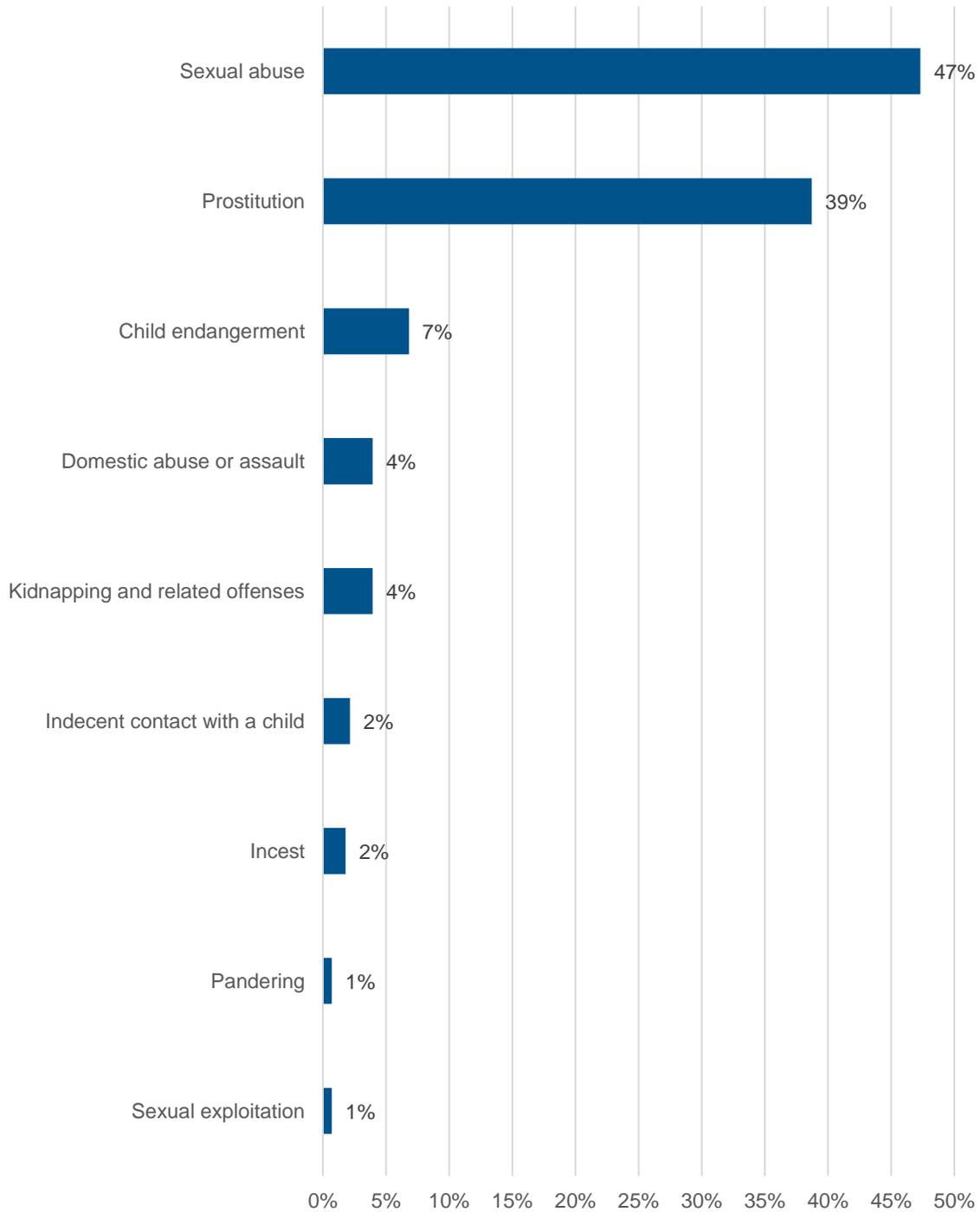
This chapter details the findings from the law enforcement case review, providing an overview of case background information, incident location and contact method, existence of human trafficking indicators, assessment of the presence of human trafficking, and victim demographics.

## Case Information

The following section provides information on the case backgrounds, including (1) the offense type, (2) the number of officers on the case, (3) the title and rank of the officers involved in the investigation, and (4) the unit of the officers assigned the case.

As shown in Exhibit 7.1, nearly 50% of cases reviewed were sexual abuse cases (n=121), followed by prostitution cases (n=27), and child endangerment cases (n=22). From the cases reviewed, cases most commonly involved two reporting officers (see Exhibit 7.2).

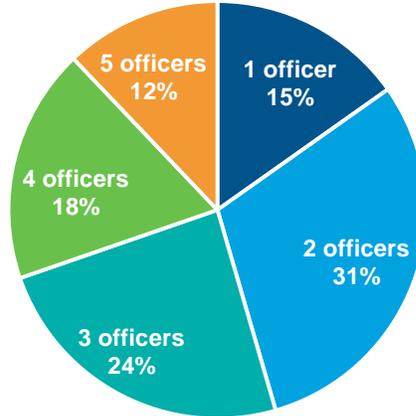
Exhibit 7.1: Cases Reviewed by Criminal Charge (n=279)



Note: Percentages sum to greater than 100% due to some cases including multiple criminal charges.

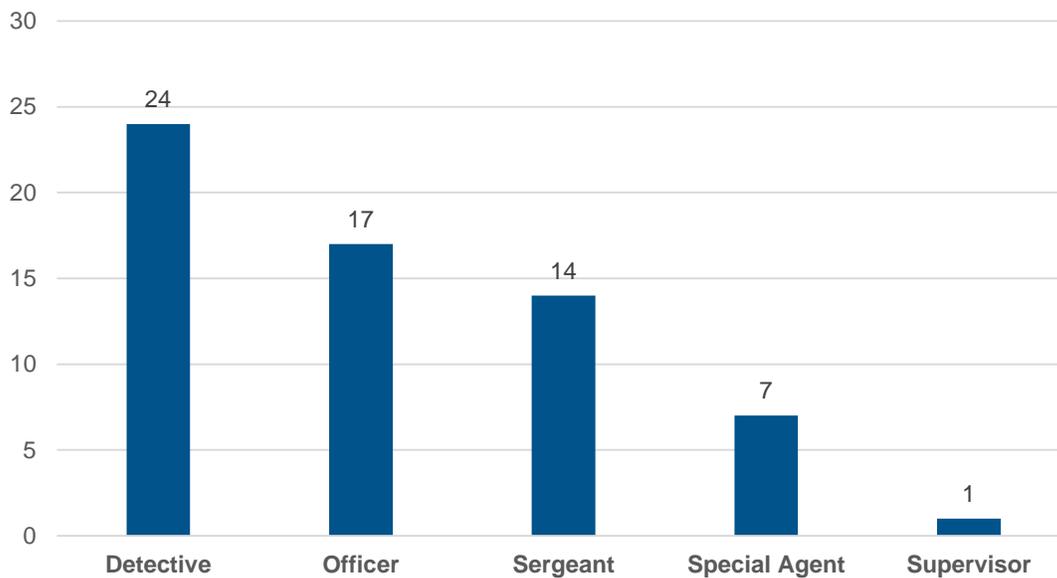
Charges that were coded once include: Consumption or intoxication in public places; criminal mischief; dissemination and exhibition of obscene materials to minors; interference with official acts; lascivious acts with a child; operating without valid driver's license or when disqualified; sexual exploitation by a counselor, therapist, or school employee; theft; trespass; violation of no-contact order or protective order.

**Exhibit 7.2: Number of Reporting Officers (n=33)**



In Exhibit 7.3, the titles of the reporting officers are listed to help understand the relative level of staffing utilized when investigating potential human trafficking cases. Reporting officers were most often detectives (n=24), officers (n=17), or sergeants (n=17), however some cases also included special agents (n=7) and supervisors (n=1).

**Exhibit 7.3: Reporting Officer Title (n=33)**



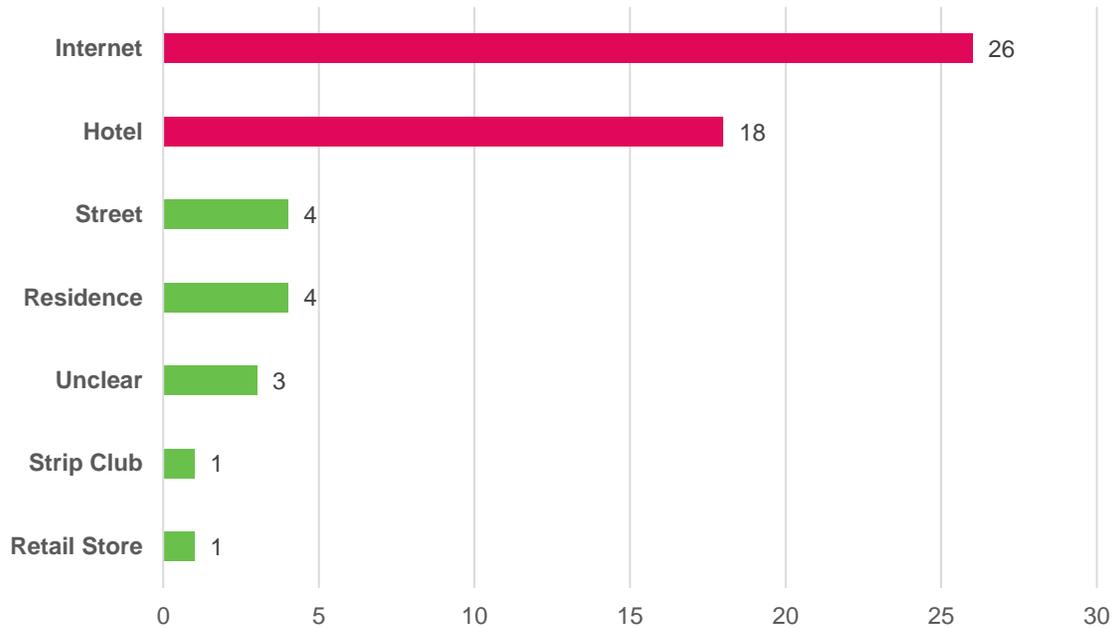
Note: Categories sum to greater than total number of cases due to multiple reporting officers per case.

The reviewed cases were also coded for the presence of specialized investigative units. Of the four departments involved in the intensive case review, two utilized a specialized unit to investigate some cases. Moreover, there were four cases (of the 45 intensively reviewed cases) that involved multiple law enforcement agencies.

## Incident Location and Contact Method

The following section provides background information on where the case originated and how law enforcement became aware of the incident. Detailed in Exhibit 7.4, the location where the incidents originated were tracked to identify similarities with cases of human trafficking. The reviewed cases most commonly originated online (i.e., Backpage, Craigslist) and in hotel rooms.

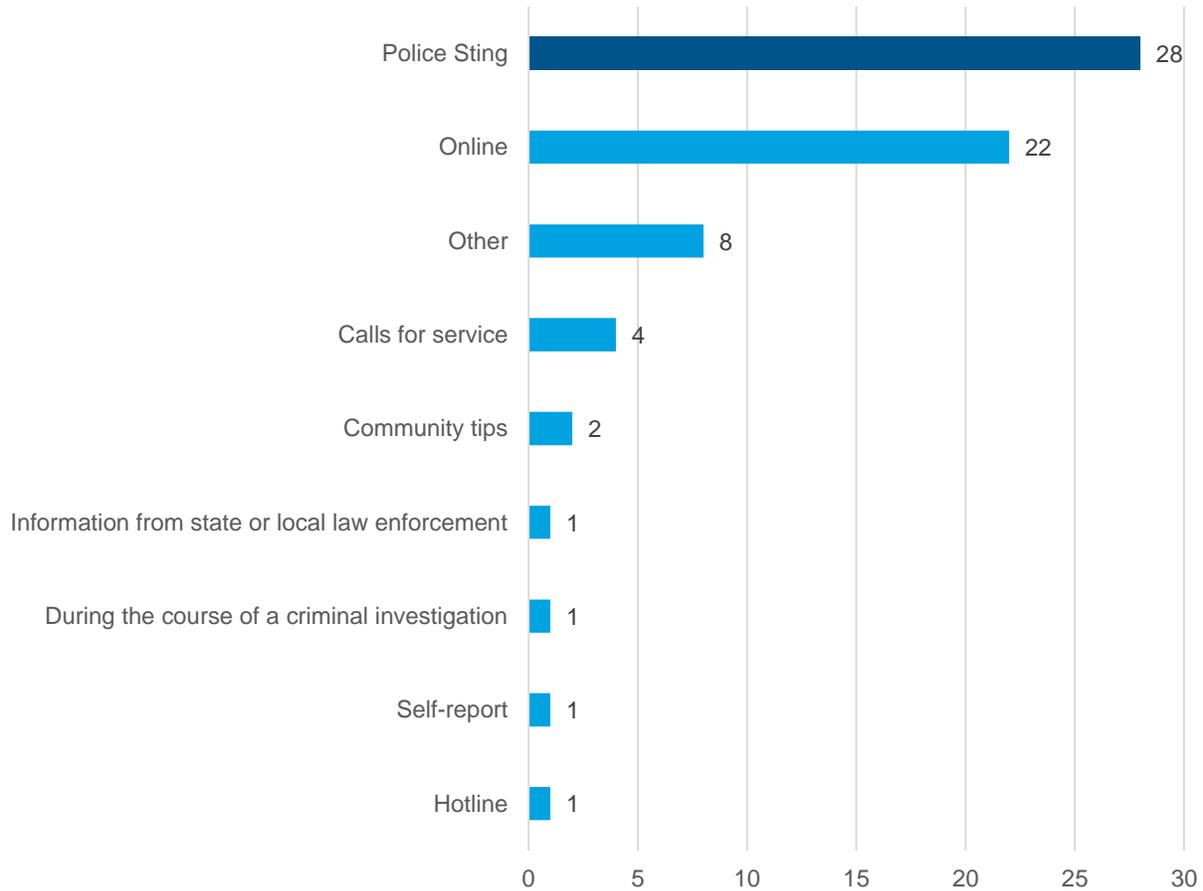
**Exhibit 7.4: Case Origin (n=45)**



Note: Categories sum to greater than total number of cases due to some cases including multiple sources of origin.

How incidents came to law enforcement’s attention was also recorded, and is shown in Exhibit 7.5. Most often, law enforcement used proactive investigations to conduct stings both at hotels and through online exchanges. These methods were overlapping with most cases involving multiple methods of contact and nearly half of police stings involved online searching.

**Exhibit 7.5: Methods of Contact with Law Enforcement (n=39)**



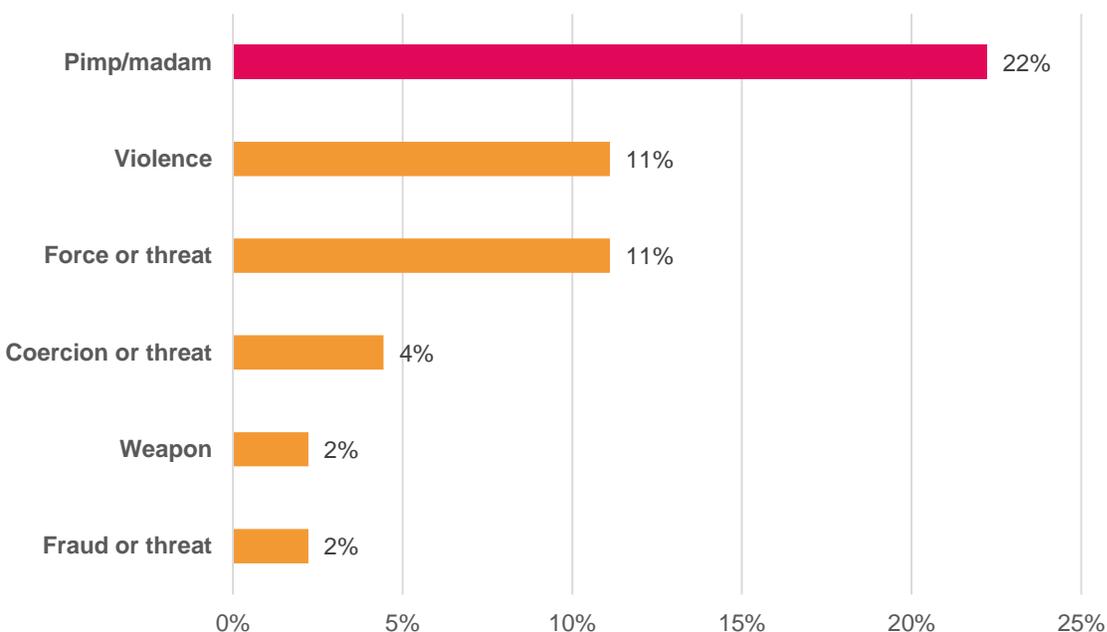
Other responses included: “Attorney General’s Office received information from a service provider who saw a Facebook post from [victim] about being locked in his house”, “referral from another agency (Sheriff’s Office)”, and “tip from fellow officer within agency”.

## Indicators of Human Trafficking

In addition to collecting information on the background, origin, and method of contact for each case, ICF sought to understand if the examined cases contained evidence of human trafficking, such as force, fraud, or coercion, based on the description of the incident, the supporting statements (e.g., victim interviews, witness testimony), and other case information included in the record.<sup>13</sup> The following section provides the frequency that indicators of human trafficking were present in the reviewed cases, the types of victims, and any services that may have been offered to victims.

Exhibit 7.6 presents the frequency of each indicator for human trafficking across the 45 cases which were intensively coded. The indicator most often found was the presence of a pimp or madam (22%). Threats of violence (11%) and the presence or threat of force (11%) were also common in the reviewed cases.

**Exhibit 7.6: Indicators of Human Trafficking (n=45)**



Cases were further reviewed for specific behavioral indicators of trafficking, including the use of violence to coerce a victim and disorienting victims or depriving victims of basic needs (see Exhibit 7.7). The most common indicator across the cases was “knowingly benefiting financially” (60%) followed by “knowingly recruiting victims” (17%). Most cases contained very little information that would allow for this level of analysis to be conducted, with the legal elements either completely absent from the report or the evidence presented was unclear in regard to how or if it was used in the case.

<sup>13</sup> Refer to the methodology for additional information of how these indicators were derived and the legal references to the TVPA for drawing conclusions here.

**Exhibit 7.7: Behavioral Indicators of Human Trafficking (n=42)**

Indicator	Present	Not Present	Unclear
<i>Knowingly benefited financially or by receiving something of value, from participating in above venture</i>	25	14	3
<i>Knowingly recruited, enticed, harbored, transported, provided, obtained, or maintained a person for purposes of a commercial sex act (presence of a pimp)</i>	7	31	4
<i>Dominating, intimidating and controlling (abuse, atmosphere of violence, displaying weapons, rules, and punishments)</i>	4	34	4
<i>Threatened or actual physical or non-physical harm which compels victim to perform or continue to perform labor or services to avoid harm</i>	3	32	7
<i>Knew (or recklessly disregarded) that the victim was under the age of 18</i>	2	39	0
<i>Demeaning or demoralizing the victim (verbal abuse, humiliation)</i>	1	35	6
<i>Diminishing resistance and debilitating (substandard living conditions, deny food, medical care, weaken with drugs or alcohol)</i>	1	38	3
<i>Deceiving about consequences (overstate risks of leaving, overstate rewards of staying, feigning powers/ties to authorities or hit men/gangs)</i>	1	38	3
<i>Knew (or recklessly disregarded) that force, fraud, or coercion would be used to cause the person to engage in commercial sex acts</i>	1	37	3
<i>Past involvement of suspect or victim in suspected human trafficking incidents</i>	1	34	6
<i>Use or threatened use of law to exert pressure on another person to perform labor services</i>	0	36	5
<i>Disorienting and depriving victim of alternatives (restricted communication, manipulation of debts, monitoring/ surveillance)</i>	0	27	5

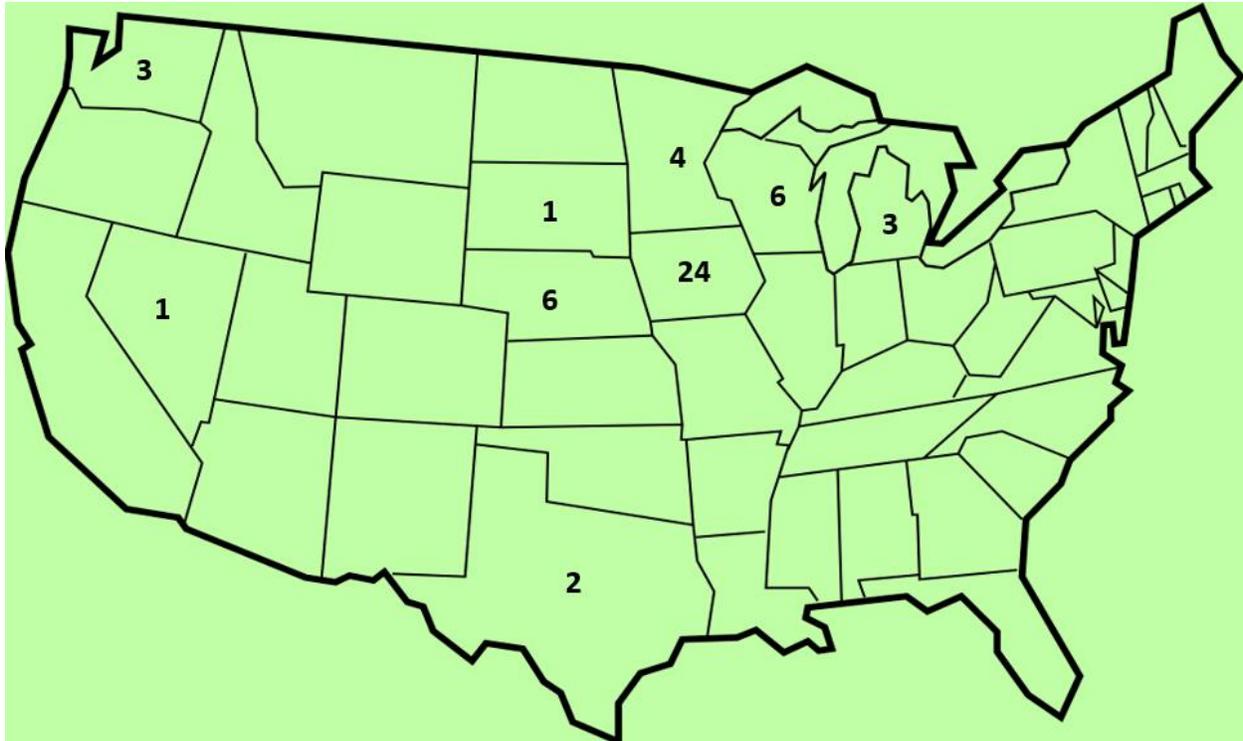
Other factors that were considered included whether the trafficker was a family member or how family was involved in the case, age of the parties involved, and how/if human trafficking, specifically, was considered. Seven cases (17%) mentioned family, and for those that did, the reasons varied from helping law enforcement (e.g., a sister reporting that her younger sister needed help) to the family being the perpetrator. Four cases were explicitly investigated as human trafficking: three of the cases were instances of forced prostitution and one was sex tourism. The vast majority (91%) of cases involved only adult victims and in many of these cases the adults were described as the suspect, with prostitution stings making up a significant portion of cases. Six percent of cases included both adult and minor victims, while three percent included only minor victims. Victims were recruited through various means, including drug exchanges, kidnapping, or knowing the perpetrator (e.g., family or friend).

## Victim and Suspect Demographics

The following section provides information on the demographics of victims, suspects, and other persons involved in the reviewed cases.

In the sample of cases, 42 individuals were coded as victims (47%), 28 were coded as suspects (32%), and 19 were coded as other persons involved in the case (21%). When available, ICF also recorded where individuals involved in the cases were from: unsurprisingly, most individuals were from Iowa, but six also came from both Nebraska and Wisconsin, and four came from Minnesota. Exhibit 10 includes a map of where individuals originated.

**Exhibit 10: Where Individuals Originated (n=50)**



Out of all cases reviewed, only one offender was indicated to be a non-citizen. Additionally, very few individuals from the cases reviewed were from other countries. Out of the 89 victims, suspects, and other involved persons that were coded, only 4 came from other countries (which included Ethiopia and China). In addition to coding the country of origin and citizenship status, race and sex of each individual involved in the case was also recorded. As seen in Exhibit 11, the most common race was black (n=35), followed by white (n=21). The most common sex was female (n=50) (Exhibit 12).

Exhibit 11: Race of Suspects and Victims

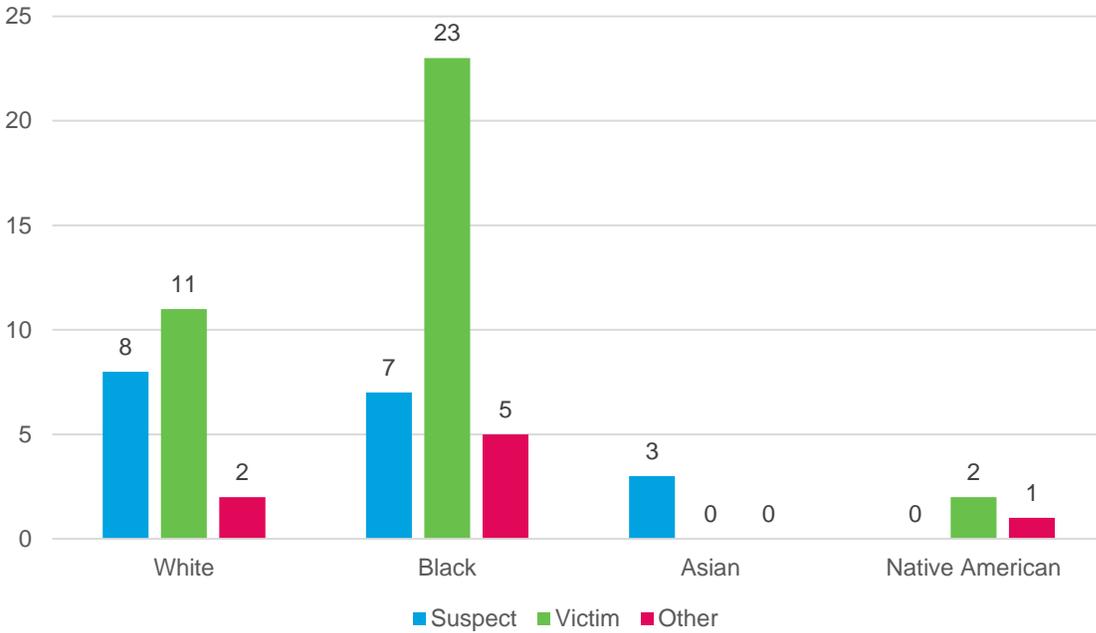
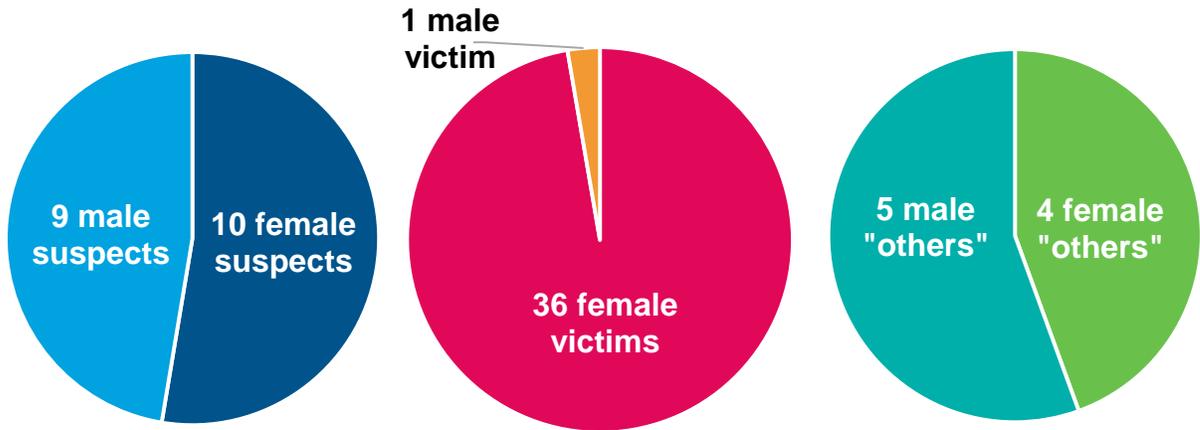


Exhibit 12: Sex of Suspects and Victims



The average age of persons involved in the cases was 29 years old. Victims, on average, were 27 years of age, with 3 victims under the age of 18. Suspects were marginally older, with an average age of 31. These findings align with results from survey with law enforcement, in which respondents indicated victims of human trafficking were most often between the ages of 18 and 36. None of the reviewed cases explicitly indicated a pattern of previous abuse where the suspects were thought to have been previously victimized or forced into prostitution. However, some of the *suspects* had a prior record that indicated arrests for prostitution, so we were unable to rule out that possibility based on the evidence. The *suspect* and *victim* determination was based on how the evidence was presented in the case and the determination of the law enforcement agency.

## Coding of Cases

The following section provides information on the conclusions drawn from the case files, including whether research staff had sufficient reason to believe the case involved human trafficking based on the indicators previously described, and if so, what type of human trafficking.

ICF reviewed 279 cases from four law enforcement agencies in Iowa. Of the 279 cases, 84% were readily deemed unrelated to human trafficking based on the evidence presented (e.g., a female officer conducting a prostitution sting arrests a sex buyer). As previously described, the remaining 16% of selected cases were more intensively reviewed to identify any potential indicators of human trafficking. Of those 45 cases, 58% contained *no indicators* of human trafficking, 36% contained *potential indicators* of human trafficking, and 7% contained *clear indicators* of human trafficking.

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*Of the 279 cases reviews, 1 percent contained clear indicators of human trafficking and an additional 6 percent contained potential indicators of trafficking.*

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All indicators found pertained only to sex trafficking – **no indicators** of labor trafficking were described in the case included in the study. Through conversations with law enforcement at participating departments, it was often shared that labor trafficking was suspected of occurring, often with reference to the agricultural or food services sector. However, lack of probable cause rendered law enforcement unable or unsure how to proceed with identifying or investigating labor trafficking.

A selection of case review notes illustrates the issues and lack of clarity which was often encountered in assessing indicators of human trafficking as well as the types of supporting evidence:

- Information in the police report indicates that the [victim] may have a pimp, however it is unclear if the victim was being trafficked without further evidence of pimp involvement.
- Pimp was arrested and potential victims were identified, however, the victims would not cooperate with law enforcement or could not be located later in the investigation.
- Law enforcement is investigating a male who they think is the [victim's] pimp, however there is not enough information to support this or determine if human trafficking is present.
- The victim's sister was using the victim to perform commercial sex acts and benefitting from this financially.
- [Victim] was forced by her pimp to commit commercial sexual acts. The pimp forced or coerced her by threatening to prevent her from seeing her son, and the pimp said that the victim would lose her shelter if she did not commit these acts; the victim was also verbally and physically abused.
- [Victim] was on the radar of [1<sup>st</sup> Police Department] because of an intel report forwarded by the [2<sup>nd</sup> Police Department] which previously had contact with the [victim], where the [victim] stated she was running from a pimp who had five other women being held in a house. That interaction occurred one month prior to events that led to this current case.

This case involved a Backpage ad, and officers setting up a sting related to that ad. Thus, it is possible she is still connected to that pimp or being trafficked, however, there are no indications related specifically to this case that would suggest human trafficking.

## Observation and Discussion with Law Enforcement

While onsite, ICF took the opportunity to speak with law enforcement to gain a better understanding of their experience with human trafficking cases and their perspectives on human trafficking in Iowa. The following themes emerged from those conversations:

- Suspected victims of human trafficking often have **no identification** and are unwilling to share their identity with law enforcement. While sometimes fingerprints allow identification, oftentimes the victims remain unidentified. This creates issues with assisting victims and tracking instances of human trafficking. Law enforcement expressed a desire for victims to be more cooperative with police and self-report or disclose details and the individuals involved to help with the investigation.
- A repeated theme in conversations was that officers may have a **suspicion** of human trafficking at a massage parlor or restaurant, however without probable cause, they are unable or unsure how to proceed. Sometimes local law enforcement will reach out to the Federal Bureau of Investigations, as they view the issue as larger than their sole jurisdiction. For instance, in one department, massage parlors had recently started in town, and law enforcement suspected human trafficking, however, the department was unclear on how to proceed.
- Law enforcement often expressed that they were **reactive to the problem** of human trafficking and were less able to be *proactive*. Caseloads meant that law enforcement were not able to get ahead of human trafficking and instead were responding to calls for service, or tackling what was perceived as larger problems, such as drugs. However, one department did express an interest in pulling together resources to more proactively use the internet (e.g., Backpage, Craigslist) to investigate potential human trafficking.
- **Training** for human trafficking varied greatly by department, with some indicating this was the first year human trafficking training was available, while others indicated several human trafficking training opportunities each year. One department indicated that only certain investigators received human trafficking training, not all officers. However, not all officers agreed on the efficacy of such trainings. One individual mentioned human trafficking training was available, but that they are “just learning about techniques.” Another individual suggested that the best training would simply be on-the-job experience. The more experienced officers spoke about the specialized tactics for recognizing the indicators of sex trafficking and the need for this expertise to be disseminated more widely.
- A **lack of resources** was a common theme and offered as a key reason why departments do not proactively or extensively investigate human trafficking. Local departments suggested state or federal authorities should be responsible for pursuing human trafficking cases, as the local departments were often “overwhelmed and underfunded” and these cases were cited as needing specialized knowledge and lengthier investigations. The primary resource requested in this regard was additional investigators for these specific cases. A second resource requested was more

information on counseling and housing for victims; a need illustrated by the fact that in the 45 intensively reviewed cases, **only one referral** to victim services was notated.

Collaboration between departments on human trafficking cases was reported as a challenge, particularly with regard to cases involving minors. This concern included both collaboration with other Iowa agencies, but also with departments in neighboring states. The law enforcement networks that were described showed that collaboration was happening and effective for other types of cases and with particular agencies. However, there were very few agencies equipped to respond to human trafficking and the disconnect between what is believed to be the prevalence and what has been identified and represented in the case review shows a marked gap in addressing human trafficking in Iowa. Nearly all participants felt that human trafficking was being missed by law enforcement and training/specialization to work with victims in these cases would be beneficial.

# Chapter 8. Findings from Human Trafficking Survivors

This chapter provides a description of the background of survivors, how they came into contact with law enforcement, the types of victim services received, any gaps or challenges getting their needs met, and recommendations for increasing identification and knowledge across the state. The voices below are those of the respondents and summarize their perspective and experiences.

## Background of Survivors

A total of 16 survivors<sup>14</sup> were interviewed, with the majority selecting telephone interviews. Fifteen participants were female, and one participant was male. At the time of the interview, five survivors were 40-49 years old, one was 30-39 years old, six were 20-29 years old, and four were under the age of 20. Over half the survivors interviewed had been victimized as minors, and the victimization began in childhood (i.e., before the age of 6) for four of those survivors.

Ten survivors identified as Caucasian, one as Black, one as Hispanic, two as Hispanic/Caucasian, one as Asian, and one as First Nations/Inuit. Survivors resided in both rural and urban areas in Iowa, representing five of the six regions in the state, which included Davenport,

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<sup>14</sup> A total of 16 interviews were conducted: 8 adult survivors, 7 parents/guardians on behalf of child victims, and 1 service provider.

Dubuque, Sioux City, Ames, and Des Moines.<sup>15</sup> Most of the survivors were born and raised in Iowa.

Over the course of the interview many survivors provided a bit of context to their prior trafficking situation regarding the general location, how long ago it had occurred, and the type of human trafficking that they experienced.<sup>16</sup> Some survivors were in their trafficking situation as recently as a few months ago while others reported that their victimization happened several years ago, ranging between two and ten or more years prior to their interview. A majority of victims shared that they were trafficked within Iowa. For some participants, the human trafficking took place within 15 miles of their home, while others reported being transported throughout Iowa. The survivors that had been taken across state lines, reported that the neighboring states, such as Minnesota or Illinois, were a frequent location for sex trafficking, as well as Tennessee and Arkansas. Larger, pimp-based networks were connected to the longer distances traveled and transportation to other states to meet with clientele, however, the number of participants interviewed with this specific experience was small. Labor trafficking victims and within-family traffickers were more so Iowa-based.

The main type of trafficking experienced by participants was described as *forced prostitution*<sup>17</sup> for all but one survivor. Some victims had also been subjected to pornography and entertainment-based situations (e.g., stripping), one to labor trafficking (i.e., agricultural labor) which included a servile marriage, and one to sex and labor trafficking, which was not further defined by the participant.

Most survivors had never heard the term ‘human trafficking’ nor had they been educated on what it entailed prior to their victimization. Of the survivors who had been victimized as children, none had heard of human trafficking and most were victimized since the passage of the TVPA. One

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*“I always thought it was a boy or girl being kidnapped and taken from another country...even after I got home and I was rescued...it took me a long time to realize that I really was a victim of sex trafficking.”*

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survivor stated, “I didn’t hear of it until they told me what had happened to me.” A common response to the definitional questions revolved around developing very basic knowledge once the victim was rescued. At the time of the interview, quite a few participants acknowledged hearing the term ‘human trafficking’ previously but admitted that they did not fully understand all that it encompassed beyond his/her own victimization. A quarter of the survivors believed that trafficking only occurred outside the U.S. prior to their victimization.

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<sup>15</sup> Detailed location information is not discussed for all survivors in order to protect the privacy of the participants and for safety reasons.

<sup>16</sup> During the informed consent process and throughout the interview, survivors were reminded that the focus of the interview was on victim services and their experience coming into contact with law enforcement and direct services. Most participants disclosed general information about their victimization as a means to “tell their story so others can be rescued.” Resources were offered to participants and most left the interview voicing that they felt empowered.

<sup>17</sup> *Forced prostitution* included, for example, brothels, street-based sex trafficking, and massage parlors.

## Identification by Law Enforcement

How victims escaped trafficking was closely tied to the age of the survivor. In all cases involving youth victims, the method for rescuing the child involved the child welfare system and the mandatory care provided while in custody. Therapy and foster placement were the two most common places where identification took place. Child endangerment, truancy, and ‘prostitution-related’ charges were cited as the reasons for law enforcement involvement, however, the youth very rarely interacted with the police and in only two cases were forensic interviews mentioned. Parents and guardians of survivors felt that child welfare workers, law enforcement, and juvenile court officers were identifying these children as victims and removing them from their situation, but were failing to recognize them specifically as human trafficking victims. Survivors’ cases were more likely to be labeled as ‘child sexual abuse’ or ‘child endangerment’ rather than ‘human trafficking,’ which influenced case proceedings and the types of services offered.

In contrast, adult survivors were often first identified through sting operations and routine stops by law enforcement but their involvement was often mischaracterized and not suspected to be human trafficking. Five of the interviewed survivors had exposure to the police while being trafficked but in most cases, it was after repeated contact before they were viewed as a victim. Specifically, two survivors provided examples of when law enforcement officials were

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*“They think that it’s just prostitution that’s going on, and it’s not prostitution.”*

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questioning the trafficker or stopping the victim him/herself but were failing to correctly identify that the other parties present were human trafficking victims. Survivors also described the sex buyers as being from all walks of

life. Johns came from both the lower and middle class in the examples that were provided and a variety of professions to include law enforcement, which was described by some survivors as the reason for not reaching out to police, specifically, for help. Two survivors reported having law enforcement officials themselves as sex buyers.

Each participant was asked for recommendations on how to find this hidden population and most struggled to come up with an alternative because adult survivors felt that law enforcement knew how to make contact with human trafficking victims but it was more a matter of recognizing whether the person was trapped in their given situation. As one adult survivor reported, “I think they actually are looking right at them and they see them...it’s just that we actually say that we’re fine, and then they go away and they do nothing.” Perceived resistance in being identified as a victim dissuaded officials from assisting child victims as well. One parent of a child survivor explained that, “You have to pretend you want to be with them and have to fight to be with them, which means for some officers, they leave you behind. She didn’t want to be left behind but she didn’t want to be punished if these people weren’t going to rescue her.” Only one survivor had knowledge of a case against the trafficker(s), and one other survivor knew that a case was being built through an ongoing investigation, but there were no charges at the time.

## Immediate Needs Following Victimization

Survivors were asked about their immediate needs following their victimization. Safe housing and access to healthcare (i.e., both medical care and mental health services) were the two most pressing needs and the services survivors found to be most helpful. One survivor explained that the priority was to find a “known place to go” to seek safety and services, as her traffickers had taken her to a city she was unfamiliar with. The survivor explained that traffickers relocating their victims to unfamiliar cities was common practice so that victims were less likely to find or be able to make contact with someone for help. In addition to healthcare and housing, survivors reported needing trauma therapy, coping skills, and assistance with basic care. One survivor also noted the need for more specialized services for traumatic brain injury.

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*“No one referred to them as victims, human trafficking survivors, no one knew the word human trafficking.”*

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Safety, and how best to obtain it, was an immediate concern for all survivors who sought help with their situations post victimization. A quarter of the survivors reported an immediate need for housing and shelter to enable them to physically relocate away from traffickers. Alternative housing, shelter, or safety plans provided security as long as traffickers were unable to make contact with their victims. However, barriers also existed when these services were *available*. For example, shelters were often cited as not having enough trauma-related services or human trafficking-specific services. One survivor in particular shared that after being rescued and placed in safe housing, recruitment was occurring in that safe haven which went unrecognized by program staff. This fear and lack of safety was commonly shared by survivors in both urban and rural areas. Many survivors also had long waiting periods for health care and filing insurance claims proved complicated and unhelpful to survivors.

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*Survivors needed **medical care, housing, and mental health services** IMMEDIATELY FOLLOWING THEIR VICTIMIZATION.*

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Alongside protection, survivors had basic needs for food, clothing, and general financial assistance because escaping/being rescued from their traffickers meant leaving his/her current location and personal network with very few resources to be their own even for a short period of time. One survivor reported “being starved” by her trafficker and subsequently needing food and clothing immediately upon escape.

Many survivors sought counseling services immediately to both help to address the trauma inflicted upon them and to navigate their life moving forward. One survivor reported needing counseling services because she “had trauma issues and mental issues.” Another survivor’s parent described changes she had noticed in her daughter’s behaviors and as a result, she felt that her daughter needed “crisis counseling and professional help and guidance” because knowing how respond to the trauma was far more than she could provide as a parent.

### Disclosure of Victimization

Almost all survivors disclosed information identifying themselves as human trafficking victims once they sought victim services or were identified as victims. However, there was a significant gap between the first occurrence of trafficking and when the victim was made aware that s/he was a human trafficking victim. Most survivors were unaware that what they were experiencing was human trafficking and many service providers did not understand the abuse to be trafficking either. Survivors disclosed information based on the immediacy of their need for services and their comfort level with the advocates, law enforcement

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*“He told her he’d kill her and she believed him.”*

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officials, or friends/family members they were speaking with. Many adult survivors did hesitate in speaking with law enforcement due to mistrust of police. Some survivors said they were not comfortable disclosing to hospital staff either. One survivor reported that her doctors did not believe her when she stated that she was unsafe and being harmed. Other survivors said they did not disclose in medical settings because oftentimes their trafficker was with them in an exam room or nearby. Two survivors also reported they did not feel comfortable disclosing their experience at drug rehabilitation facilities.

Fear of retribution from traffickers was the primary reason victims were unable escape their situations. Traffickers often closely monitored their victims and made threats; one survivor recalls living with her trafficker and, following her escape, being pursued by her trafficker as she moved from state to state, which included sophisticated tracking through social media. Similarly, the parent of a sex trafficking victim who was a minor shared that it was hidden from her, as a parent, because “it’s the violence inflicted on them – she lied to me and she found ways to hide it because she was scared.” It was oftentimes a sibling that the victim confided in first, but neither the victim nor the sibling understood human trafficking. Many of the victims, specifically child victims, were being trafficked by their families.

Drug dependence and financial hardship were other reasons why victims felt they could not escape traffickers. One survivor was addicted to drugs and felt that drug dependency made it hard to leave her situation. She reported, “Drugs got me back to it...I needed to get away from my pimp and drugs.” One survivor similarly reported that “the hardest part about leaving was the money. Not having that kind of money I was making every day. Not being able to buy new shoes, clothes, is hard. It’s the lifestyle you get so accustomed to.”

## Service Provision

### Awareness and Access to Services

Survivors were asked how they first became aware of services or received access to services immediately following their victimization. Some survivors had never received victim services and were generally aware that mental health services existed, but did not access them due to fear, lack of identified need, or financial reasons. More than half of survivors had received some type of service. Many participants were first connected by a family member. These relatives conducted online research, used other family and friends as a resource, or used their existing knowledge of available services to connect the survivor with services. Youth survivors were

commonly connected to services through their involvement with the child welfare system (i.e., therapy or counseling); however, child victims often did not discuss their victimization with mental health professionals until they had identified as a human trafficking survivor. For other survivors, they gained access to services at the time of rescue. Survivors reported that law enforcement immediately referred these victims to services. Police officers usually referred these victims to particular services, such as shelters or counseling, without comprehensive knowledge of what was available to them.

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**FAMILY MEMBERS, CHILD WELFARE WORKERS, and LAW ENFORCEMENT**  
*first connected survivors to services.*

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Participants were asked how soon after their victimization they received services. A majority of them shared they did not receive any services immediately following their victimization. For many survivors, it took months or even years to be connected with victim services. Victims reported various reasons for not receiving services right away. Some shared there were internal struggles with accessing care. Some stated they were unaware of the available services. Most, however, shared it was lack of awareness or misunderstanding about their victimization that prevented them from receiving services. While many adult survivors did eventually receive some type of service following their victimization, youth survivors often did not receive services until years later. Only system-involved youth were immediately connected to services, including child welfare and criminal justice system-involved youth. As one parent of a youth survivor explained, their child was offered “absolutely nothing” after being rescued by the police. It took years for the child to start receiving services.

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*“I had escaped and somebody put me into a hotel, but they found me at the hotel...the hotel staff knew I was in trouble, so the police told me to get to a domestic violence shelter for safety.”*

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**Services Received**

Survivors, parents, and service providers alike shared that there is a lack of human trafficking-specific services in Iowa. While many survivors did eventually receive various services after their victimization, in most instances, these services were more generalized victim-based or mental health services. For instance, most of the survivors had received some type of counseling or therapy, but oftentimes human trafficking was not the main reason cited for going to therapy, why they were referred to therapy, or even discussed during the sessions. Only a few victims received human trafficking-specific services. One adult survivor, for example, was

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*“Again, no one used the word trafficking. No one even associated it with him.”*

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part of a human trafficking program. Two victims, one adult and one minor, received an advocate with direct human trafficking experience.

Participants reported various reasons human trafficking services were not provided to them or their children. For example, a parent explained that their child did not receive human trafficking-specific therapy because the child was initially considered to be a victim of sexual abuse rather than trafficking. Other survivors explained that

human trafficking “just isn’t talked about” or “no one knows about it,” so services are not specific to that type of victimization. Others explained it’s just viewed as prostitution both with minor and adult victims and this inhibits people from connecting survivors with the proper care.

### Types of services

Participants shared a number of services they or their child received to help them with the recovery process. The most frequently reported services included: therapy and counseling, an advocate, medical care, and housing assistance. Within shelters, victims received various services including: food, clothing, assistance with healthcare and financial paperwork, and support with court appearances. The few human trafficking-specific services were identified by advocates and human trafficking programs and involved crisis intervention, drug and trauma-based therapy, and long-term housing.

The types of services varied based on the type of survivor. In general, adult survivors received a greater number of services compared to youth victims. The majority of the youth only received therapy. The length of services also varied: it ranged from a few months of services to years of ongoing care and assistance. Shelters were utilized for a short period of time whereas human trafficking programs were lengthier with one lasting at least a year. Some survivors received ongoing care from advocates or therapists, spanning multiple years following their victimization.

### Services Denied

The majority of participants said they were not denied any services. However, one adult survivor shared they were denied access to mental health facilities. The survivor explained that they were being turned down because of a misconception that they were a “sexual predator” rather than a victim of human trafficking. This survivor also attempted to gain access to in-home services or group therapy and was denied because they were labeled as “too high-risk.”

Another adult survivor shared they could not gain access to a free bus path through their health insurance provider. This survivor explained that being a part of the Safe at

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*“But that automatically disqualified me, being honest about my past.”*

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Home program in Iowa, which allows survivors of crimes to have access to a “safe address” in order to protect their identify and safety, resulted in denial of services that required an address other than a PO Box. The survivor expressed the severity of this limitation and felt that the health insurance provider was not sensitive to the needs of victims and violated her right to privacy and protection.

### Gaps and Barriers

Survivors were asked what services were missing during their recovery and to explain any barriers that prevented them from seeking assistance. Responses varied, with the most frequently reported gaps including medical or healthcare, housing, and mental health assistance.

As previously described, survivors reported a need for shelter or housing immediately following their victimization, but they also expressed that simply having knowledge of *where* safe places were and knowing where to go for safety would have been useful.

Victims also desired more immediate access to services or insurance coverage following their victimization. One survivor shared the critical importance of receiving health and mental health services as soon as they sought help. But, the complexities of completing paperwork echoed throughout the interviews, inhibited some victims. In many cases, the stress and confusion ultimately prevented victims from receiving care.

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*“I just think health coverage immediately is a top priority because...majority of us are starved and have so many health issues. And to have to wait to get coverage? We can’t wait any longer to see a doctor...”*

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One adult victim suggested ways to improve one of the human trafficking programs. More specifically, the victim explained that the program should better assist in the transition

from being part of a program to living more independently. The survivor explained, “I was coddled and safe and knew what was going on. Then going back to the real world, I felt alone.”

## Experience with Services

Victims shared both positive and negative experiences with the services they received. Generally, survivors had positive experiences with certain individuals who they felt were genuinely empathetic to their situation, asked the right questions, and were able to address safety needs while leaving survivors with a sense of control in their situations.

### Law Enforcement

There were a mix of experiences with law enforcement. Multiple survivors shared that law enforcement was helpful immediately following their victimization or at the time of rescue. One survivor explained that the police referred the survivor to services right away and found this to be helpful. Another survivor shared that it was especially comforting that law enforcement called in female service providers immediately upon rescue to assist in speaking with the survivor. This survivor appreciated that female advocates were contacted and felt that this showed that law enforcement recognized and understood her needs. The survivor also spoke about their patience while she was in crisis and described the officers as angels. One parent also identified law enforcement as being helpful in immediately addressing her child’s situation. This survivor spoke about one law enforcement officer, in particular, who had a presence at their school. More specifically, the officer assigned to the victim’s school had built a relationship with the students such that his familiarity provided a sense of comfort for the survivor and led to the survivor sharing her story more easily. In this case, the officer allowed an advocate to be present during the interview which the child to ensure the conversation was victim-centered and to assist with the sensitivity of discussing the victimization.

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*“I have a fear of judgement and fear of law enforcement. I’m not saying all are dirty, but I’m sure some of them have had escorts. I have to stay away from all that.”*

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On the other hand, many survivors had a negative experience with law enforcement, particularly around their safety once they have been identified or escaped their trafficker. For example, one

adult survivor spoke about the lack of protection offered by police during ongoing investigation into the traffickers. The survivor did not feel as if her own case was valued and important because law enforcement continued to try and build a bigger case, leaving the victim in an unsafe environment. Law enforcement was often described as misunderstanding the situation or lacking sensitivity to the needs of victims.

The most common response from participants was their general distrust of police. Multiple survivors, namely adult survivors, shared they did not feel comfortable interacting with law enforcement or sharing any information about their situation with law enforcement. This discomfort was not directed at a particular department or type of law enforcement in most cases. Some survivors had experienced law enforcement officials as participates in trafficking and found it difficult to know which officer to trust given the tight connections among police. In these cases, the victims felt that all law enforcement professionals “talk to each other,” so they could not look to police for support. Police were also generally described as being judgmental of their situations and placing blame on the victim.

### Service Providers

Participants frequently reported positive experiences with direct services and particular providers, including therapists, advocates, and domestic violence shelter staff. A majority of participants identified therapy as being the most helpful, followed by health insurance, an

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*“I can talk about it today because I had someone who accepted me. If no one accepted me, I never would have told anyone what happened.”*

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advocate, and housing. In addition, a few survivors expressed that a combination of services was the best approach. For example, therapy in conjunction with medical assistance, or other mental health services, addressed their specific needs more holistically and were described as adequately meeting their needs.

A few of the survivors interviewed received an advocate as part of their services. These victims reported overwhelmingly positive experiences with their advocates because they were understanding of their needs, comforting and accepting, and assisted with various needs the survivor had. One adult survivor spoke to the advocate’s understanding and willingness to assist with any needs. The advocate was always available and served as a consistent and important resource and support. One parent shared that their child benefited immensely from receiving an advocate. The advocate was “empowering” and helped the survivor share his/her story and seek additional help.

Survivors were asked who they are most comfortable speaking to about their experiences. Oftentimes this was a therapist, counselor, or advocate. For some survivors, this was staff at a particular organization- staff who they connected with early on when they first started receiving the services. Others said they felt most comfortable with their parent or family member. A majority of victims shared they were comfortable speaking with their therapist, expressing that their therapist was understanding of their situation and sensitive to their needs. This allowed many of the survivors who were interviewed to open up. Some

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*“Each time they confirmed it wasn’t her fault, she would grow in confidence.”*

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survivors reported it took time to talk about their experiences and explained that they eventually did become comfortable enough with sharing their story.

When asked if survivors felt they had a say in the services they received, most said they did. Nearly all services were provided in way that made them feel comfortable. One parent shared that it was especially beneficial that their child had a say in what services were received. Being able to decide the level of parent involvement in services and having a say in which services was important to the survivor. Only two survivors felt they did not have a say in the services they received. One explained they felt like a “guinea pig” while being a part of a human trafficking program. One adult survivor said being in the domestic violence shelter was very unhelpful. They described it as being in a “controlled environment” that at times was traumatizing and revictimizing.

*“It was like being revictimized all over again.”*

Only a few survivors shared negative experiences, which were directed at the technique of the therapist and the perception of counseling. A parent of a youth survivor talked about the victim blaming their child experienced in therapy. The therapist focused on teaching the victim techniques to protect themselves and the child interpreted this as s/he needing to take responsible for the victimization. The parent expressed disapproval of these techniques and shared how this led to the survivor feeling guilt and shame about their experience. Another survivor shared a similar experience where the sessions were not victim-centered or understanding of their experiences. In this situation, the therapist constantly questioned the survivor about his/her story, resulting in the survivor second guessing what had happened to him/her. The survivor expressed anger over the technique the therapist was using and explained this led the victim to being defensive and “a wall going up.” The survivor further

*“When he used inappropriate words, a place like that ground him, took his points away, and privileges away. But he didn’t have the verbiage to say, ‘I was being raped’.”*

explained that s/he would have been more open and willing to share if the therapist would not have used this particular technique.

Some youth survivors found counseling to be the least helpful service. This was either due to the survivor’s direct experience with the counselor or therapist, as described above, or their perception about counseling. One parent explained their child felt counseling was trying

to “fix” people and the child did not feel that was needed. Another parent shared that the child was placed in a mental institution and being identified as “crazy” was extremely unhelpful.

### Other Professionals

Participants shared various experiences with other professionals they encountered during or after their victimization. One of the most positive experiences shared was with forensic interviewers. The parent of this survivor explained that the forensic interviews and the whole process was very positive because the survivor felt accepted. Also, having the interview videotaped was incredibly helpful and meant the survivor did not have to tell their story multiple times. This parent said it was such a positive experience, the survivor would “go through it again because [she was] treated respectfully.”

Survivors had positive experiences with medical professionals *who provided them with services*. One parent reported that their child had an especially beneficial experience with a Sexual Assault Nurse Examiner (SANE). This nurse questioned her child in a way that made her feel and understand that “it was not [her] fault.” The parent said the nurse was compassionate and understanding and helped the survivor feel comfortable enough to disclose her experience with being trafficked. This experience led the survivor to decide she was ready to go to the police and disclose her experience. One child received services from a medical professional years after the victimization. This medical provider was understanding and helpful and alleviated concerns this survivor had- concerns directly related to her trafficking experience.

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*“Because in the interviewing process, it’s one set of questions, there is no guilt and blame, it’s videotaped so that you don’t have to go through an answer it 6,000 times. It’s a one shot deal, great questions, and accepting interviewers. These girls would all tell you they’d go through it again because they were treated respectfully. “*

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Two survivors had potential cases<sup>18</sup> against the traffickers, but in both situations the status of the case was unknown. Neither of the survivors had been informed of the investigation and both were disconnected from the prosecutor even after repeated attempts at seeking information. Prosecutors did not offer services to either survivor in these two cases.

One unhelpful experience shared by multiple survivors was with the juvenile court officer. During or immediately following the trafficking experience, the officers did not identify the child as a human trafficking victim. They offered no survivor-focused services and only placed these survivors in residential programs. One parent was told by the officer that their child had experienced “just a little prostitution.” There was no awareness or understanding of human trafficking in this case. Another survivor said she did not feel comfortable talking to her officer about her experiences. She explained, “He was a male figure and a lot of the people I was in contact with, they were all males. So it was hard to talk to a male.”

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*“But the compassion of the nurses and advocates helped her, helped to empower her.”*

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<sup>18</sup> Further information about these cases was not discussed given the unknown status of the criminal case.

## Chapter 9. Study Limitations

Although this marks an important first step in understanding human trafficking in Iowa, it is critical to note some key limitations. A primary limitation to this assessment is its exploratory nature. The instruments used in this study are limited to self-reports, which rely on respondents' perceptions and memories. In addition, service providers and allied professionals, law enforcement officials, and medical professionals volunteered in this study, which can result in self-selection bias and a group of like-minded people. Furthermore, the use of non-probability sampling methods (i.e., snowball sampling and service provider outreach for the victim focus groups and phone interviews) in recruiting participants limits the ability to assess representativeness and generalize findings. For the above reasons, a valid response rate could not be generated. The case review component specifically only included four agencies which provided a targeted sample of cases from agencies that have been more responsive to trafficking in the state and to capture some diversity in the areas impacted. These findings and conclusions should be interpreted and used as a tool to guide areas of additional exploration and improvement.

# Chapter 10. Discussion and Recommendations

Findings from this study help provide a better understanding of the knowledge, comfort, and beliefs of professionals serving victims of human trafficking; how victims of human trafficking are being identified; what referrals are being made between organizations on human trafficking cases; frequency of human trafficking cases in Iowa; perceptions of survivors; and barriers and challenges to service delivery. These findings also provide the extent to which cases with evidence of human trafficking were pursued and challenges with investigating trafficking, gaps between identification by service providers and law enforcement, and insights into the awareness of human trafficking indicators by first responders to help determine potential areas in which additional training may be most beneficial. In addition, these findings also highlight important recommendations on how CVAD can help to improve the field's response to human trafficking victims throughout Iowa.

## Recommendations from Service Providers and Allied Professionals

Service providers and allied professionals gave feedback and recommendations to four open-ended questions: (1) What limitations, if any, exist in cases of human trafficking as a result of staffing issues (e.g., insufficient staff)? (2) Do you have any suggestions for improving the identification of, and response to, sex and/or labor trafficking victims? (3) Do you have any suggestions for improving the services your organization provides to sex and/or labor trafficking victims? (4) Do you have any additional comments/suggestions? Three major themes were

borne from the responses, including: (1) a need for more training in identification of human trafficking, (2) a need for more resources to address human trafficking due to already existing limitations in staff, and (3) more collaboration across organizations and communities to address human trafficking. A sample of responses to the questions are provided below:

### Limitations Due to Staffing Issues

- *“Assuring that all staff in an organization are equipped to identify and help support the victim to obtain safety/get safety in their current situation.”*
- *“Assuring that service staff have the time to address immediate safety needs of victims while still staying on schedule.”*
- *“Insufficient staff and insufficient funding to direct specific attention to human trafficking; insufficient training about available services beyond arrest or immigration remedies.”*
- *“It may be a case where our agency doesn't identify many victims, but then would need to know best referral source in the communities we serve for when services are needed.”*
- *“It's an unknown problem community-wide for all communities as it's not something thought of until it happens.”*
- *“Limitations include the ability to keep victims safe, ability to obtain evidence, ability to prosecute, ability to gain trust with victims who have lost all ability to make decisions about their own lives.”*
- *“Manpower is a big problem. Investigating these types of crimes is labor intensive.”*
- *“Not having the type of bilingual services needed in one particular case. The victim spoke Moroccan Arabic and it took some time (days) to find an interpreter. At the hospital, we did our best to help with gestures, and acting out questions.”*
- *“Our agency doesn't have staff who are trained to work specifically with victims of trafficking. We find them through involvement with our other programs, and then try to provide services as best as we can.”*
- *“People are limited by their fear in identifying victims and then saying/doing something about it because they do not know what or how to do this. (Limited by knowledge essentially).”*
- *“Public Health is understaffed and even further underfunded. Judging by this survey I see another requirement to add this to our list of to do's with no financial support.”*
- *“Staff needs to be more knowledgeable on how to recognize human trafficking victims. We need to know the process on referrals and what resources are available.”*
- *“The staff that exists is already overwhelmed with expectations outside of dealing with situations of human trafficking.”*
- *“There are few victim advocacy/service agencies in Iowa with a staff member specifically tasked to handle human trafficking cases.”*
- *“Time to do the assessment and referral.”*
- *“Trafficking cases take time and time away from office. Agencies that provide assistance might be limited geographically.”*
- *“We don't get cases often, but when we do we may be short [of] adequately trained staff, and [do not have] mental healthcare providers on site.”*

*“Staffing in our area is very thin. We would be limited with the staff we have to provide much except identification and referral.”*

- *“We have two Victim/Witness Coordinators and only one of them works on the Sexual Assault cases. She would probably be the same person to work these types of cases. That’s a lot for one person. It takes a lot out of her.”*
- *“With lack of funding and staff it is more difficult to put in the time to identify a trafficking victim and to make sure they get the support they need.”*

## Improving the Response to Human Trafficking Victims

- *“A protocol written up for agencies to mark identifiers that way each agency is on the same page for what they are looking for.”*
- *“Broader dissemination of knowledge, techniques.”*
- *“Build a coalition so that service providers can work together to build cohesion of their services.”*
- *“Linguistic and culturally appropriate education of immigrant community.”*
- *“More awareness to the public, increasing knowledge will result in more identifications.”*
- *“More financial resources to employ advocates in the field to work on community engagement and outreach to potential victims. These financial resources must not be tied to the number of victims able to be served, but tied to the amount of outreach able to be accomplished.”*
- *“More training for direct service providers on how to recognize victims of trafficking, more education for youth on healthy relationships and how to avoid situations that may make them vulnerable, more education of human service providers on the programs and services available.”*
- *“More training-how to identify, how to intervene, how to get them to safety.”*
- *“Need to learn how to identify and gain the trust of individuals who have been trafficked. Most of the time they aren't willing to identify themselves, and they aren't willing to call a hotline to get assistance.”*
- *“Offering regional multi-disciplinary training sessions through the attorney general’s office would be a great way to start - including first responders, services and victim advocates personnel, law enforcement, health care providers, etc. Perhaps making a brief online training course available.”*
- *“Putting the word out there more so more organizations can learn, understand and help.”*
- *“Quite a bit of training has been offered, make it more routine due to turnover”*
- *“Reach out to state organizations or local organizations to offer free trainings to staff.”*
- *“The state needs services that can be accessed without an arrest and voluntary services which do not require detention of the victim or the victim's cooperation in prosecution.”*
- *“There should be more coordination between law enforcement/prosecution and victim service agencies.”*
- *“Use of multi-disciplinary teams to meet regularly on the trafficking concerns in their area to continue to increase knowledge base of all professionals.”*
- *“We need information on what comes after Human Trafficking 101.”*

*“I think this is a city or countywide type problem. I feel if they can work together and not have several entities trying to work the same types of crimes where they can combine services would be best.”*

## Improving Their Organization's Services for Human Trafficking Victims

- *“Better outreach and coordination with law enforcement and service providers to have a holistic approach to identifying and providing services to victims.”*
- *“Developing specific training modules for health care providers to identify and properly respond to victims.”*
- *“Education for staff on how to identify victims, how to work with victims and the resources available.”*
- *“Educational materials for staff/volunteers.”*
- *“I think it would be wise to educate all staff about human trafficking and then train a few clinicians to specifically work with victims of trafficking.”*
- *“I'd like to see more prevention/identification taught to kids/teens/families and teach them how to stand up and say something if they suspect someone they know or see is a victim.”*
- *“Need to incorporate routinely into our training; we are also not well-connected to those addressing labor trafficking since sex trafficking commands all the attention.”*
- *“Possibly a screening tool that can be used if a staff member suspects a participant of our services is a victim of trafficking.”*
- *“Posters and handouts in waiting areas.”*
- *“Training on how to recognize human trafficking victims and resources.”*
- *“We need minor beds in safe houses open in Iowa. We need foster homes trained specifically to handle HT cases.”*
- *“We should assure that all staff are adequately trained to respond to human trafficking victims.”*
- *“Would love to see that all our program managers support training for contractors and also know where to refer trafficking victims when or as they begin to identify them in their communities.”*

*“Staff need to have adequate training to build a strong skill set to effectively work with survivors.”*

## Additional Comments and Suggestions

*“Thank you for the work that everyone is coming together on in the state to be able to walk alongside and support survivors as well as stopping the criminals exploiting victims and prevention work. The work that has been accomplished in the last three and a half years since we have joined the anti-trafficking movement has been amazing. Proud of Iowa in this area. Lots more work to do!”*

- *“I believe all our staff has a desire to do more for victims of trafficking and we would be open to additional training or any screening tools developed.”*
- *“I don't know a lot about human trafficking but would like to know more about it, specifically how it effects both rural and urban Iowa. I am also interested in learning about resources available and best practices in dealing with this population. Very grateful for the work!”*
- *“I feel there are too often missed opportunities to screen for, identify and then make the proper referrals due to organizations getting busy, and mundane in their attention to this issue.”*
- *“I think a Northwest Iowa Regional training for Law Enforcement and Prosecution on this would be very helpful.”*
- *“I think that this issue really requires a community-wide (multi-disciplinary) response, due to the difficulty of reaching the victims.”*
- *“Iowa is playing catch up with sex trafficking identification, but we are at least making an effort. Iowa, and my current*

*program, are woefully and appallingly blind to Iowa's agricultural, domestic, and migrant labor trafficking.”*

- *“This is a difficult crime to work with as victims do not identify themselves as victims and especially victims of trafficking.”*
- *“Would like practical experience and knowledge so I could provide appropriate and helpful services to the victims!”*

## Recommendations from Law Enforcement Professionals

Law enforcement gave feedback and recommendations to four open-ended questions: (1) What limitations, if any, exist in cases of human trafficking as a result of staffing issues (e.g., insufficient staff)? (2) Do you have any suggestions for improving the identification of, and response to, sex and/or labor trafficking victims? (3) Do you have any suggestions for improving the services your organization provides to sex and/or labor trafficking victims? (4) Do you have any additional comments/suggestions? Three major themes in responses were: (1) a need for more resources to address human trafficking cases since they would require a time-intensive, proactive investigation, (2) a need for training and flexibility for staff to attend the trainings, and (3) developing a task force or similar collaborative effort to address human trafficking. A sample of responses to the questions are provided below:

### Limitations Due to Staffing Issues

- *“All attorneys in the office have a designated area. To have a specialist in the area would increase the already tremendous workload of that Attorney. There is no money to hire additional personnel.”*
- *“I don’t think the limitations necessarily exist with staffing (in my area) but more with not having necessary protocols and coordinated services.”*
- *“Intensive investigations [are] required and [we have] entirely inadequate staffing and funding, and staffing/funding for victim services also far too limited.”*
- *“Limited funding and time to address or investigate crimes outside the regular calls for service.”*
- *“Need a task force for enforcement of this issue. It creates a ‘spider web’ effect and turns one arrest and one victims into multiple.”*
- *“Our limitation is related to training and community services.”*
- *“Since these cases are not being reported, we would have to do more undercover work to investigate and we don’t have the time or resources.”*
- *“Small, local law enforcement agencies need to be able to refer these cases to a state or federal agency very soon in the process. Just no way to investigate or handle with so few officers.”*
- *“Staffing issues would come into play, but I believe educating officers is more important.”*
- *“These are time intensive investigations and require officer to be dedicated to case. In small agencies this is very difficult.”*
- *“Unable to dedicate officers or time to...finding and charging individuals. Many cases get overlooked.”*
- *“We are a rural county. Services and manpower are always an issue.”*

*“With the current numbers that we now have on staff and the extensive amount of time that a human trafficking case would take to investigate we do not have enough staff. We are barely able to keep up with the demands of reactive policing, let alone do any proactive cases. I don’t have any staff currently that have time to work the cases that they are assigned let alone be proactive and start a human trafficking investigation that could take a considerable amount of time.”*

- *“We currently are a three person law enforcement agency covering 24 hours per day. We do not have a full time investigator and would have to rely on other agencies for assistance in investigating such crimes.”*
- *“We currently only have one person assigned to handle these cases. One person can only do so much.”*
- *“We do not have an investigative position so it is difficult to focus on a specific case. It is also difficult to get officers to training because of the low staff numbers.”*
- *“We have limited access to these cases with no training and there is no extra staffing to seek out these cases.”*
- *“We have no way to assign personnel specifically to human trafficking cases. I would be willing to work on assigning an employee or two to a task force or other team for investigative purposes.”*

### Improving the Response to Human Trafficking Victims

- *“A teamwork approach among state law enforcement agencies and support from the state and federal agencies in training officers what to look for. Regional task forces may be a good solution.”*
- *“Additional public awareness activities, specifically in schools and youth-serving organizations, to help persons most frequently in contact with youth understand possible risk factors and indicators.”*
- *“Additional training and forming a multi-agency task force to help combat trafficking.”*
- *“Conduct general training to identify sex and/or labor trafficking on local level. Creation of State task force trained to intervene, assist with investigation, assist with prosecution and assist in referrals to services.”*
- *“Continue to increase agency and public awareness and provide continual training.”*
- *“Have a specialized fulltime unit.”*
- *“Have law enforcement training classes that are inexpensive or even free to police officers.”*
- *“Have training available to officers through some type of training put on by Federal and State experts.”*
- *“More prevalent information geared at the victims and where they can seek help.”*

*“We conducted a multi-agency prostitution sting operation a few years ago, out of which we developed one sex trafficking case. The vast majority of cases only resulted in minor penalties or outright deferments. The tough question was if the man hours and resources that were expended were worth the return.”*

- *“More training.”*
- *“Need exists for training in establishing awareness of problems, identifying victims, etc. for local agencies.”*
- *“Provide training for jail staff on indicators to look for when dealing with inmates who may be victims of human trafficking.”*

- *“Public awareness helps, but targeted training for professionals in the community can assist in identification and response.”*
- *“Stakeholder Coalition Meetings that involve more than core law enforcement and prosecutors.”*
- *“Task force group would have been helpful to share the work.”*
- *“Training and better familiarity with resources to help victims.”*
- *“Training for law enforcement statewide, reminders during in-service training. This should also include local resources that can assist with a variety of needs at various times of the day.”*

## Improving Their Organization’s Services for Human Trafficking Victims

- *“Advertise those services with the direct response agencies more frequently... get out and meet with the agencies directly... offer to conduct training for responding agencies.”*
- *“Advocate [organizations] need to support the police mission to get victims away from controllers.”*
- *“Awareness of issue, education on recognition, intervention, and investigation, including resources available.”*
- *“Formal Training from those that know what they are talking about and have dealt with this.”*
- *“Have resource information disseminated through the state attorney general and county attorney offices.”*
- *“Language barriers are very difficult to overcome, and 24/7 access to services for minors has been a challenge.”*
- *“More funding for youth shelters and after-school programs.”*
- *“More training to identify sex and/or labor trafficking victims.”*
- *“Need to talk about possibilities that this could occur in our community and have policies and procedures set so officers know what to do.”*
- *“Stakeholder Coalition Meetings that involve more than core law enforcement and prosecutors.”*
- *“Training and funding. Too many unfunded mandates.”*
- *“We need more education and knowledge of available services to improve service.”*
- *“We will attempt to attend more training in these topics as staffing levels allow.”*
- *“Working with other agencies such as a task force.”*
- *“Asking more intake questions especially with certain types of crime convictions.”*

*“We are working with our local service providers and already having these discussions. I think they are ahead of law enforcement in being able to respond to these issues.”*

## Additional Comments and Suggestions

- *“Asian massage is the biggest trafficking problem in this area. They seem to be connected to Chicago or other major cities, seems like an FBI investigation could tie these together and get the ring leaders stopped.”*
- *“This is a horrible life for these victims. Seems it should reach higher levels of attention than traffic enforcement or taking reports of drug crime.”*

- “Human trafficking should be on the national agenda as an issue related to child abuse and/or public health crisis”
- *“Need more information targeted to law enforcement on topic.”*

## Recommendations from Medical Professionals

Medical professionals gave feedback and recommendations to four open-ended questions: (1) Do you have any suggestions for improving the identification of, and response to, sex and/or labor trafficking victims? (2) Do you have any suggestions for improving the services your organization provides to sex and/or labor trafficking victims? (3) Do you have any additional comments/suggestions? Two major themes in responses were: (1) a need for more training in identification of human trafficking, and (2) improved information about human trafficking case referrals. A sample of responses to the questions are provided below:

### Improving the Response to Human Trafficking Victims

- *“Educational webinars promoted through IDPH or IHA.”*
- *“I believe it is very important to have more training to know how to identify a victim of human trafficking.”*
- *“I think that education is key and the more information available, the better.”*
- *“I would feel comfortable engaging clients and assessing for this if proper training and education were provided by our organization.”*
- *“More education for healthcare workers.”*
- *“More training for rural counties – or any training at all would be better than none.”*
- *“Most of my peers are repulsed at the thought of child prostitution and human trafficking, therefore we are not totally open to dealing with it as a real problem. We can't allow ourselves to think of it as being in our community.”*
- *“Need more training.”*
- *“Not specifically other than the educational, awareness efforts in process.”*
- *“The information we got was that there was nowhere to refer the victims to.”*
- *“We need assistance. The problem is bigger than what local law enforcement can handle. When we did reach out for help, no one responded.”*
- *“We need Education!!!”*

*“More education to all medical and law enforcement staff to dispel the myth that it can't happen here in Iowa.”*

## Improving Their Organization’s Services for Human Trafficking Victims

- *“Continued awareness. Won't see it if it is not looked for.”*
- *“Education as well as getting the public informed.”*
- *“I would love to see more education on this topic: how to identify, what resources to utilize, what specific types of care to provide, etc.”*
- *“Need more screening tools.”*
- *“Need more training, need more help.”*
- *“Training the SART teams to be effective in this matter.”*
- *“We are working on better identification of services that can be provided but this continues to be a problem--sometimes do not know who to call and who can provide immediate services.”*
- *“We could use help in establishing protocols.”*
- *“We need better education for all staff to help identify these individuals.”*

## Additional Comments and Suggestions

- *“I am amazed how ignorant I am of human trafficking.”*
- *“We have a strippers that are being coerced into prostitution. We have two businesses that shuffle Asian people through. There is no one able to investigate.”*
- *“Would really like more training on human trafficking/sex trafficking.”*

## Recommendations from Human Trafficking Survivors

Human trafficking survivors and their family members had numerous recommendations on how to improve human trafficking identification, service provision, and knowledge across the state of Iowa. These recommendations fell into three main categories; training, advertisement and awareness, and additional services needed.

### Training

A majority of the participants recommended increased training. This training was recommended for law enforcement, shelter staff, and medical staff. According to survivors, law enforcement officials should be trained to identify victims and acknowledge that regardless of the person’s current situation or age, they still may be victims. This would include drug addicts, which participants mentioned often go unidentified as victims, and victims that are over 18 years old. While making arrests for prostitution, officers should be trained to disseminate victim services information in case there are victims present, including passing out cards that have contact information on them. Survivors recommended law enforcement check truck stops, jails, hospitals, hotels, domestic violence centers, and streets frequented by “sex workers” for human trafficking victims, as well as questioning those who appear to have undergone physical abuse. One survivor also suggested continuing sting operations as a means of identifying victims because she felt that “every single person in a sting operation needs help.” Juvenile court officers were recommended for training on the differences between prostitution and human trafficking and trauma-informed care. Confidentiality requirements was a suggested training

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*“They just look at the drugs. I was just another junkie.”*

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topic for officers as well because more than one participant mentioned having seen other officers while being sex trafficked and therefore being too scared to come forward.

Training for shelter staff on how to help human trafficking victims was suggested, as the needs of trafficking survivors are different from other domestic violence shelter residents. In addition, survivors felt that shelter staff should be better informed on how and where to refer victims. Shelter staff should also be informed on how to identify trafficking situations that may be happening within or outside of the shelter grounds.

It was recommended that medical staff receive sensitivity and trauma-informed care training to avoid victim blaming and take the victims' needs into account. It was also recommended that medical staff receive training on identifying victims and taking disclosures more seriously.

Participants recommended training for family members as well, including parents and foster parents. Training would help parents know how to keep their kids safe and to better identify signs of human trafficking. Training in particular on the many forms human trafficking can take is key. As one parent explained, many parents are not aware that human trafficking is taking place in Iowa. Furthermore there's a misconception that human trafficking only takes places in urban areas or only involves children being kidnapped and transported across state lines. Training can help family members better understand that "these kids aren't disappearing, you won't see them on the news as missing. They are going home but they are still being trafficked and used. They are still vulnerable."

## Advertisement and Awareness

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*"The guy you happen to be with, for example, leaves the hotel and you have a chance to leave, where do you leave to?"*

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Participants mentioned that there needs to be more awareness on what trafficking is so that victims can self-identify and people in the community or first responders can more easily identify victims. This includes more education on the possible forms trafficking can take, including children being trafficked

by family members or "dating partners" in exchange for goods, debt relief, blackmail, or favors. There also needs to be more awareness on what services are available so that if victims are able to escape their situation, they will know where to go and who to contact.

Trafficking victims spoke about the lack of awareness of services available to them. They said knowing where to go is just as important as going there- if they don't know where to go they will not run away from their situation. Trafficking victims also explained it would have been helpful in their situation if family members were more aware of human trafficking and more understanding of their experiences. This could have led to the survivor being better connected, and more quickly connected, to services.

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*"It's kind of like domestic violence. Until you see someone hit, you don't realize what you're looking at."*

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It was recommended that advertisements for services be on billboards, in commercials, at hotels, on posters in gas stations, on flyers in bars, and at women's clinics, doctor's offices, and OB/GYN clinics. Advertisements should also be

included on certain social media sites where victims are likely being trafficked and frequently checking to provide valuable information about what is happening to the victim at the very moment and where to turn. These sites would include Backpage, Craigslist, Facebook, Instagram, and Snapchat. There should also be websites and hotlines that are more easily searched on the internet (e.g., through Google) or are more frequently populated in the results, such as 24-hour chat rooms that victims can access to receive help.

## Additional Services

Participants had recommendations on additional services that should be in place to help human trafficking victims, such as mental health services, youth focused programs, financial assistance, and housing. Specific programs that were highly recommended and were suggested to be more widely advertised and expanded included: Wings of Refuge, Braking Traffik, and Safe at Home. These were the types of programs that survivors felt needed to be offered and

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*Recommended services included: mental health care, youth victim services, basic needs, and housing.*

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replicated.

### Mental Health

One type of program that was recommended was mental health services. One participant in particular found that while the domestic violence shelter she did provide her with basic needs, such as clothing and food, she really needed trauma-informed mental health services but those resources were not available at the shelter. In addition to counseling, survivors suggested human trafficking specific support groups. It was also recommended that mental health professionals be more aware of human trafficking and what specific services to refer clients to for additional care.

It was also suggested that counselors and other mental health professionals utilize trauma-informed approaches and prioritize making the survivor feel safe and comfortable and not judged. Counselors should pay close attention to the language they use when treating survivors to avoid making the survivor feel responsible for the victimization.

Finally, one survivor trafficked as a minor expressed the need for more youth-specific mental health services. The survivor explained that they lived in a small town where there were not many services available for youth and having similarly available mental health services, as they are available for adults, was much needed.

### Youth Victim Services

Multiple recommendations revolved around focused efforts for minors and their support systems by spreading knowledge within communities, schools, and youth programs. Education was one of the most frequent recommendations. One survivor mentioned a need to develop and implement programs and services for child victims that focus on becoming successful adults. Given that many of the child victimization cases involved the child's family, the victims were removed from their home thus driving a need for foster and adoptive parents to be educated on

human trafficking and how to care for survivors. It was also suggested that school-based programs be offered throughout the school system to raise awareness, identification, and support for victims. School officials and other community members would benefit from training to recognize possible signs of trafficking, such as behavioral changes, and be able to make appropriate referrals to treatment rather than using school discipline or mental health facilities to control negative behaviors. It was also recommended to have police in schools play a more active role in student engagement to gain the trust of students and build positive perceptions of law enforcement so that kids feel more comfortable with police and safe to disclose. Finally, participants recommended having more education in schools, including better sexual education that includes information on sexual abuse. Child survivors spoke about being bullied and called a prostitute by peers given the lack of knowledge and understanding of human trafficking.

### **Financial Needs**

Participants had multiple recommendations on types of basic needs that should be met following the victimization with financial assistance and insurance being a high priority. About half of the participants mentioned the need for healthcare coverage immediately following the crime. Participants cited delays and complicated paperwork required to get health insurance as a burden and detrimental to their health. Several survivors felt that having assistance with completing paperwork would enable them to more easily access care, especially while still in crisis.

Other recommendations that centered on meeting basic needs, included being able to access food stamps immediately and providing financial assistance. Financial assistance was specifically recommended in terms of assisting victims with obtaining housing and increasing security measures in their homes. It was also recommended that services and support for victims be more trauma informed. For example, transportation coverage under health insurance requires housing addresses therefore safe housing options that provide PO Boxes prevent victims in hiding from receiving the benefit.

### **Housing**

Multiple participants' recommendations involved housing needs. This was discussed in terms of having available housing and shelter options, assistance with securing housing, transitional programs, and shelters specific to human trafficking victims. It was recommended that shelters or housing assistance programs help victims transition from living in shelters to life on their own to ensure that they are safe and well-adjusted to living independently. Survivors also suggested that there be more human trafficking specific housing options for trafficking victims so that they are receiving services specific to their unique needs. Homes for child victims were also discussed as a dire need given that there currently are too few foster homes or shelters available to adolescents.

# Chapter 11. Conclusions

The findings from this study are intended to provide a strong foundation for guiding and improving the capabilities of service providers, medical professionals, and law enforcement in addressing human trafficking and aiding in the recovery of survivors. The themes and recommendations generated from this report are designed to provide a better understanding of the knowledge and comfort of professionals serving victims; how victims are being identified and referred to services; the volume of identified human trafficking cases; the range services trafficking survivors received; challenges to and gaps in service provision; and survivor perceptions of ways to improve victim services in Iowa. In addition, these conclusions also highlight important recommendations on how to improve the response to human trafficking victims throughout Iowa.