Human Trafficking Victims: Recruitment Tactics and a Survivor’s Story

Did you know up to 300,000 U.S. children are victims of sex trafficking each year? Many victims are runaways, foster youth, or homeless, but many are also from middle class suburbia.

What does this mean for a Family Case Manager (FCM)?

Human trafficking survivor, Aubrey Lloyd MSW, LCSW recently shared some points of information and thoughts on some human trafficking best practices.

Lloyd has relocated to Indiana from Colorado. There she was Clinical Director of >Sarah’s Home, a faith-based, therapeutic home for underage girls who were forced into the commercial sex trade. When she spoke at the February 2014 Human Trafficking Advocacy Day in Colorado, she received a standing ovation for her story of survival and redemption. Full story: >Click here, Video only: >Click here

Thanks to a grant from the Office of Victims of Crime, in December 2015 Lloyd was brought in as a Consultant. She spoke at the Best Practices in Housing for CSEC Youth workshop hosted by >Restored, an organization that formulates statewide strategies to address domestic and international human trafficking through victim services, law enforcement coordination, and awareness.

In attendance were social workers, lawyers, law enforcement personnel, DCS staff, and others. All were searching for ideas to better understand and to help girls and boys who are victims of human trafficking.

The following are thoughts and information to consider from Ms. Lloyd.

Top three considerations when working with human trafficking victims:

1. They rarely will initially identify or act like a victim, there has been a tremendous amount of manipulation and abuse; victims often can show signs similar to >Stockholm Syndrome. They were told repeatedly YOU will not be able to help them or understand them.

2. Many victims suffer from complex trauma and have PTSD: they may have had significant abuse and/or neglect earlier in their lives and now witnessed and/or experienced extreme
violence, rape, torture and sometimes even murder. There are ten medical issues on top of the mental health concerns such as untreated STD/STI’s, forced abortions, restricted food and access to health care. Holistic treatment that identifies and addresses these many areas is imperative.

3. Security and safety remain a constant issue. Teens trusted someone who led them into a very abusive situation and warned of retaliation if they left. They not only have a distrust of others but of themselves, to make healthy relationship choices. Having tactile security measures to ensure physical safety concerns is important. They were hurt in the context of a relationship so helping them heal in the context of a healthy, consistent and trusting relationship is vital.

What does a human trafficking victim look like?
- Anyone
- Middle class/suburban children are also being recruited
- Average age: 12 years old
- History of abusive and/or absent father
- Can have a history of poverty—kids are trying to meet their own needs in any way they can; trafficking can start as “survival sex”
- Peer-driven = seeks relationships, desire to be needed/wanted, specific dreams and desires, struggles with self-esteem/body image

Where is recruiting being done?
- Anywhere a teenager hangs out
- Schools
- Place of work
- Church—even a youth group
- The mall, etc.
- The recruitment process can take months thus establishing that unhealthy bond.

Who Recruits?
- Youth their age/or any age
- Those that were victims themselves
- Family and friends
- Male and female
- Gangs
- Model/entertainment agencies

"46 percent of the time, the victim knows the recruiter."
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Why do human trafficking victims stay?
- Solidifies the relationship
- Love and compliments
- Protection and security
- Understanding (only people who will not judge)
- Money/food/shelter
- Drugs and alcohol
- Popular Culture (Powerful, glamorous, and sexy)
- Need harmony

Lloyd: I stayed because my pimp offered something my family did not. I grew up in an abusive household where addiction and violence were consistent. My life being trafficked was similar, the difference is my pimp complimented me, said he was proud of me, told me I was doing a good thing to support the “family,” that he was saving money for me to go to college. He said how important I was and how good I was doing. I was a kid who only wanted that attention and recognition. He knew that and gave it to me, in the most manipulative and destructive of ways.

You talked about the "seasons of healing." What can a FCM do when they get a client who has been a victim of human trafficking to help them heal?

Lloyd: What helped me was to understand that I was a victim. Education about abuse and understanding how a trafficker uses force, fraud and coercion helped me realize I wasn’t just a child who made a bad decision, I was targeted and exploited. Every agency should be using a screening tool to help identify teens in their care. Empowerment is vital, I needed to know I wouldn’t always be judged and needed help getting through shame, guilt, and even grief. I lost a lot during that time in my life and needed to address those losses. A comprehensive mental health response is vital. I had flashbacks, night terrors, and thought I was going crazy. When I received treatment from someone, who understood my multitude of issues I had hope again. A Family Case Manager can also connect these teens with other survivors. Isolation is a big problem with this issue, to know I was not alone, and others had healed from similar experiences was a game changer for me.

(Cont’d on next page)
If human trafficking is suspected, refer to >DCS Policy 2.21 Administration of Child Welfare Human Trafficking for next steps.

DCS works in collaboration with several service providers as well as the Indiana Protection for Abused and Trafficked Humans (IPATH) Task Force, state and local law enforcement partners, and the Attorney General’s Office.

For additional questions, all FCMs should talk with their supervisor or contact: >DCSHumanTraffickinginformation@dcs.IN.gov.

If there is a confirmed or suspected victim of human trafficking, what options are available?

FCMs should use the >Child and Adolescent Needs Assessment (CANS) to determine appropriate services and placement that may be needed for the youth.