

**The Human  
Trafficking  
Initiative (HTI)**

Data Science Lab  
Heider College of Business  
Creighton University  
Omaha, NE 68178

**Evaluating the Omaha  
Service Provider  
Network: Updated  
Recommendations for  
Building Capacity  
around Sex Trafficking  
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## Executive Summary

In fall 2016, the Women's Fund of Omaha held a series of meetings with local service providers and survivors focused on developing a roadmap for a network of services for victim-survivors of sex trafficking along with guiding principles and values to guide the work and service provision. This was followed by 26 listening sessions with service providers, the goal of which was to analyze the gaps, needs, and barriers in the Omaha service provider network when it comes to sex trafficking victims-survivors. This section presents a broad summary of the findings and recommendations emerging from the listening sessions, broken down into three major areas.

***Recommendation: focus on identification, network coordination, and ongoing evaluation of the network of services for trafficking victims-survivors***

While the listening sessions revealed a number of gaps in service provision across the Omaha community, the major challenge shared by the providers is the need for organization at the network level. Almost every focus group mentioned difficulty referring for services. Providers described that they lacked the tools to know who does what; they expressed the need to know what services are available across the community and what requirements are necessary to get into each given agency/program. Moreover, providers expressed sex trafficking victim-survivor identification as a significant challenge. Nearly every agency lacked the confidence that they had the ability to identify victim-survivors of trafficking well, relying almost exclusively on victim-survivor self-disclosure. Without the tools necessary to discern trafficking victim-survivors from their overall client population, the agencies participating in the listening session largely discussed their overall agency needs, making it difficult to evaluate service gaps, needs, and barriers specific to the trafficking population. Addressing these issues will enhance the efficient use of community resources and ensure that additional resources are more effectively allocated across the network to maximize community-level outcomes. The below are recommendations shared by the providers:

- *Develop/adopt and integrate a screening tool and an assessment tool.*
- *Hire in-house screening professionals (preferably multilingual) in 3-4 major agencies.*
- *Develop and maintain a continuously updated central repository of information that includes a list of agencies, the services that they provide, their current available capacity, and their program restrictions. In the long-term, work towards a more holistic data solution-- a long-term confidential screening and information sharing process that follows the clients through the service provider network making it possible to not only identify victim-survivors, but to be able to assist them in them in obtaining needed documentation like identifications, etc. and to ensure they are connected to all the services/benefits/insurance that they are eligible for.*
- *Hire a navigator/system coordinator(s) at the network level to provide immediate access to accurate information and coordination of services.*
- *Conduct ongoing research and evaluation of the information contained in the repository database to identify best practices and gaps in the network of services.*
- *Have the navigator(s) provide training to the service provider community on the availability and use of the repository, best practices and lessons learned emerging from the research/evaluation, use of the assessment tool, and implementing trauma-informed care specific to sex trafficking into agency policies, services, and practice.*

***Recommendation: focus on responder capacity to ensure service effectiveness***

Service providers in the listening sessions identified staff turnover, trafficking-specific competencies, and cross-agency communication as significant problems. If the service provider community is to support, develop, or enhance capacity for the following direct services identified as critical needs, then a focus on responder support to attract and retain talent is needed.

The service providers who participated in the listening sessions expressed respect and genuine concern for the victim-survivors in their agencies. Agencies and staff strive to invest in their clients as best as they can. However, they currently work in a 'do more with less' climate, where funding is tentative and needs are high. The road to healing can be long for victim-survivors,

and this is a challenge for many providers with limited resources. Well-being is as important for these staff as it is for their clients, but the listening sessions showed that only one agency had a formalized plan for preventing compassion fatigue among staff. The below are recommendations shared by the providers:

- *Develop a more comprehensive and systemic wellness approach to build responder capacity.*

***Recommendation: enhance mental health/substance use, legal support, and housing, and provide discretionary funding for the gaps***

## Mental Health

The listening sessions revealed that mental health/substance use is one of the most critical deficiencies in direct services; there are typically long waiting lists and many individuals lack the money or do not have the insurance to access such care.

- *Hire trauma-informed, trauma-specific therapists to provide free mental health and substance use care.*
  - *If possible, services should be bilingual, travel to the location of the client's preference, and/or be able to prescribe medications.*
- *Provide funding for pre-treatment to victim-survivors who are put on waiting lists for services or are still contemplating treatment.*

## Legal Assistance

Service providers that provide legal assistance and representation said there is not enough capacity. Some of the capacity issues related to problems in law, particularly for foreign-born individuals.

- *Hire or contract lawyers who specialize in trafficking, prostitution, and immigration issues in order to provide free legal services for victim-survivors.*
- *Put forward policy efforts intended to address the issues associated with the T-visa.*

## Housing

The listening sessions revealed conflicting information about the capacity for trafficking victim-survivors to access housing. Service providers across the network have begun to develop shelter housing specifically for sex trafficking victim-survivors, however some of these agencies are in beginning stages of program development and will need a network of support services. There was broad agreement that long-term housing is deficient in the community, the providers recommended the following:

- *Provide flexible funds to agencies for rapid re-housing.*
- *Housing at all levels is necessary for victim-survivors of sex trafficking.*

## Peer Support

Although peer support specialists are used across the state in behavioral health programs, the majority of the agencies who participated in the listening sessions did not have a trained peer support specialist on staff. The report recommended the following.

- *Provide funding for sex trafficking victim-survivors to take advantage of training opportunities and/or to develop programs aimed at increasing the pool of peer support specialists.*
- *Hire a victim-survivor leader(s) and provide funding for them to build an advisory council responsible for the goals of creating employment opportunities for victim-survivors, infusing victim-survivor leadership across the service provider network, validating the value of victim-survivors, and offering an effective means of evaluation to programming, practices and services.*

## Discretionary Funds

Many service providers said that transportation, life skill needs for economic empowerment, and other critical unexpected needs often created obstacles for clients accessing services and continuing on a healing journey. To address this issue, the following recommendations were made:

- *Provide discretionary funding for transportation to agencies working with trafficking victim-survivors, particularly those agencies who would serve as the first point of contact for a victim-survivor.*
- *Provide discretionary funding to service providers in order to support life skills education.*
- *Provide discretionary funding with flexibility to service providers for unanticipated client needs.*

## History of the Project

The Women's Fund of Omaha began working on the issue of sex trafficking in 2011. The effort involves funding for research, coordinating and planning, and the hiring of a project staff person. It has always been the goal of this project to build capacity of services for victim-survivors of sex trafficking. This past fall, the Women's Fund of Omaha held planning meetings focused on developing a roadmap for a spectrum of services for victim-survivors of sex trafficking. This was followed by listening sessions with providers to inform this process.

Twenty-six listening sessions were conducted with service providers across the Omaha community. These were semi-structured conversations intended to gather information about the trafficking population and the challenges and needs that service providers are seeing, both at their own agency level and across the community, in meeting the needs of this population. The listening sessions also probed the degree to which agencies have internalized values identified by the Network of Services working group led by the Women's Fund of Omaha. This report provides an updated summary of the major patterns emerging from those sessions and discusses recommendations on how to respond to the gaps and barriers and create a more enhanced network of services for victim-survivors of trafficking and commercial sexual exploitation.

## Describing the Trafficking Population

### Challenges in identification

Omaha service providers are increasingly cognizant of issues of sex trafficking, yet it remains challenging to fully describe the population of sex trafficking victim-survivors. This is because across service providers, there is no standardized screening tool to identify those who may be trafficked. Furthermore, while some service providers feel they have been adequately trained to identify trafficking victim-survivors, they are in the minority. (Screening is discussed in more depth in a subsequent section.) In practice, many service providers rely on heuristics or red flags to identify potential victim-survivors of trafficking.

*"I have heard clients saying they've been going from state to state to state and that's an indicator I pick up on, that they might be in some sort of trafficking issue, especially when they have no income yet they go from state to state in a short amount of time."*

*"With creating the budgets, [the risk for trafficking] is apparent because they will be like 'Oh well I have \$500 for rent, I have this, but I don't have any income' [...]. And you don't want to make those kind of assumptions, but you know that there are funds under the table and you don't know where they are coming from."*

*"The most common red flag that I see at the front desk [...], is the partner that is there with them [and] is answering for them. [...] And it's hard to get them to let go of that control."*

While some individuals who are trafficked may engage in frequent travel, be accompanied by a controlling partner, or lack identifiable income, these characteristics do not cover the full spectrum of potential trafficking situations. This means that providers may not describe the full population of people who are trafficked, because they may be most likely to identify those victim-survivors whose situations match their understanding of what trafficking looks like. This can be particularly problematic if providers have only a very specific vision of trafficking in mind. One provider demonstrated this point, saying:

*"If I heard that language [i.e., the term 'trafficking'] without being educated on sex trafficking, I would think of being like you see on TV. People who are not legal and have been smuggled and are captive, kidnapped, and they're being sold for sex. That's where my brain goes."*

### Who is identified? Qualitative descriptions of trafficking victim-survivors

Despite challenges in identification, it is clear that trafficking is evident across the Omaha service provider community. One provider reported trafficking occurring on their grounds.

Though there is a dearth of identified trafficking victim-survivors, there are some characteristics that tend to be shared by many of the identified trafficking victim-survivors. Many victim-survivors struggle with a complexity of issues including: addiction and substance use issues; many have a history of abuse or neglect in their youth; most are trafficked multiple times; many have been in the foster care system; and nearly all struggle with mental health issues, including depression and PTSD.

When it comes to clients involved in the commercial sex industry, service providers are seeing a lot of individuals engaging in survival sex.

*"What they're doing is exchanging sex for shelter or sex for food for their children."*

When adults are concerned, it's impossible to tell the degree to which the survival sex situations described by providers might constitute trafficking. However, when the client is a minor engaging in survival sex, that is classified as trafficking under Nebraska law. One thing is clear—drug addiction plays a major role in survival sex.

*"I have seen more girls it [involvement in the commercial sex industry] starts with the addiction. You know that is kind of where it starts; the crowd they had been around, the desperation for money, the desperation to make the people around them happy, the searching for anywhere to fit in to be okay. Connected with risky behaviors anyway. So abused child, broken homes, that kind of thing. But there have been some cases where it was forced on them."*

*"I think we see a lot of or I've seen a lot of transition age youth from 19 to 25 year olds doing a lot of exchanging of sex for whether it's shelter, drugs, food, and in gang activity."*

While many of the victim-survivors that service providers have worked with tend to be older, their vulnerability and victimization often began in their youth. They are not necessarily seeing one type of demographic over another.

*"A lot of the clients I've seen in this situation are normally clients who are older and been through the system."*

*"We have women who have come to us later in life who have been trafficked as younger girls, in foster care, and then they come to us. I mean a couple of women in the group are, what, in their 40s? But some of the newer girls who are actually [currently] in the situation I would say are in the 19-25 age range... I mean different races, I haven't seen one race over a different race or demographic. It sounds like to me that a lot of these girls were trafficked by their own parents or started sexual abuse at a very young age."*

Their traffickers range from boyfriends and husbands to gang members and coyotes (those who smuggle individuals across the US-Mexico border).

*"Here, I've found a couple, we're talking not 10 [years old], but maybe like 13 or 14 years old, and again the survival thing... The first of the month... I don't think it's any secret the activity the selling, trading, buying stuff... But it was never referred to as a pimp, it was always my boyfriend or my husband."*

*“What they’ve [gangs] been doing is that they made a pact with each other that includes something about they’re allowing the women to traffick and also use for sex.”*

Furthermore, service providers have observed strong overlap between situations of domestic violence and trafficking. The overlap was explicitly mentioned in conversations with five organizations, while others alluded to the connection with domestic violence by mentioning traffickers who were family members, boyfriends or husbands.

*“There’s a lot of overlap [with domestic violence]. Because often times your trafficker, your pimp is your husband or boyfriend, so you could be married to somebody that could be prostituting or trafficking you.”*

*“I had a client who [...] needed a divorce and there was domestic violence [...]. And in talking with her [...] she said [her husband] was incarcerated at the time [...]. [After looking for him in the system, I learned] he was being charged with trafficking her, so that’s how I knew she was a trafficking victim [...]. By the time the divorce had concluded he had been convicted and was sentenced for trafficking her.”*

A lot of these individuals have been trafficked multiple times. Every single trafficking victim-survivor seen by one service provider has had substance use/mental health disorders, and they almost always have PTSD or depression. As a consequence, many victim-survivors focus on the need for safety.

*“One of the girls, you know, she said she was locked in a house and was forced to have sex with men throughout the day. She escaped, just by the graces got away. So it is a lot to deal with and we’re still trying to get the girls in a safe place, let them know that they’re safe.”*

*“Well, most victims that come in are in the middle of their pimp trying to be prosecuted, and I guess I just feel like every trafficking victim that has come in, they’re in the middle of an investigation, and so I think that safety is way up [in terms of importance], and whether it’s true or not true, that victim often thinks there are people looking for them, even if their perpetrator is in jail, that will either find them or find their family, and so they’re just in a different place sometimes than a DV victim that might come in. I mean, he might have a warrant or something, but having their perpetrator prosecuted for sex trafficking is pretty huge.”*

*“The youngest lady here spoke of constantly being sold to another pimp. And where she would obviously lose everything that she gained at one place, and then just to start another, and then the constant exploitation and work was pretty constant for her. And I think now that she is at that point of now trying to figure out what do I do from here?”*

Foster care youth and youth who have aged out of care are particularly vulnerable due to their need for specialized support. Foster parents are not trained to work with trafficking victim-survivors. As a result, many of these youths frequently go missing from their homes or placements. This makes them even more vulnerable, since it is difficult to find foster care homes for youth that are consistently missing from care.

*“For some reason, it is very common with foster parents to say they don’t want kids that go missing, that’s a huge red flag for them.”*

*“Just because you aged out of foster care, maybe you didn’t age out, but you were in it. Most of them [victim-survivors of trafficking] have had some sort of stay [or] involvement in that way [the foster care system] so they need help.”*

Those service providers who are working with undocumented migrants feel that this set of the population is particularly vulnerable to being trafficked but even less likely to be identified as such. Among those who are identified, service providers have observed that these victim-survivors are often forced to perform sex acts en route to the US. They essentially were kidnapped or extorted from their coyotes and forced to perform a sex act in order to continue en route to the US or to stop the extortion happening from their families back at home. This extortion/kidnapping scheme is very common, but it’s not always the case that the individual is forced to perform a sex or labor act, which is required for federal trafficking status. One case involved sex in exchange for the victim-survivor’s daughter being smuggled to the U.S.

*“As far as sex trafficking, the cases that I personally have come across are cases where somebody was forced to perform a sexual act en route to the United States; essentially, they were kidnapped or extorted by their guides, their coyote who they had hired, for more money or some additional exchange half way through the trip, and they were then forced to*

*perform a sex act to be able to continue on, or to be released, or to stop the extortion of their family members in their home country.”*

Across the diverse spectrum of trafficking victim-survivors, another common theme emerged: many victim-survivors do not identify as having been trafficked, especially not at first. Service providers from nine organizations, serving both young people and adults, brought up this theme.

*“My girls had no idea like they had been trafficked. It didn't come across in their head. They were like ‘This is normal to me. Like what are you talking about?’”*

*“With my experience, they do not realize that is what has happened. They believe they were a willing participant.”*

*“Many of us do not refer to our previous life as these terms [e.g., trafficking or prostitution] because when you're in that lifestyle you look at things as survival, you don't recognize that you partner is a perpetrator, and you're a victim. That's not how you look at the situation.”*

*“And the kids often don't realize that they are being prostituted or trafficked. That is not the terms they would use.”*

## Who is identified? Quantitative estimates of trafficking victim-survivors

Quantifying the pool of victim-survivors seen by Omaha service providers is complicated by a number of factors.

*Estimation process:* Service providers were informally asked to estimate the number of victim-survivors they worked with in listening sessions. These estimates necessarily depend on the particular providers who were in the room and the cases they were able to call to mind at that moment. Furthermore, many providers described estimates which could encompass a range of numbers (e.g., “quite a few over the years”) or emphasized the risk factors among the populations they served without being able to quantify the incidence of trafficking. Very few providers had organization-wide estimates available.

*Inconsistent screening:* As described above, providers are not consistently screening for trafficking and those who do screen use different instruments. This means that a person who could be identified as surviving trafficking by a certain provider would not necessarily be identified by another such provider.

*Inconsistent definitions:* To try to achieve consistency, the listening session facilitator asked providers to consider those engaged in survival or commercial sex as well as those who might meet official definitions of trafficking throughout the discussions. However, it is clear from the context of conversations that some providers included those who engaged in commercial sex in their estimates whereas others limited themselves to those who had been identified (through varying processes) as “trafficked.”

*Multiple counts of individual victim-survivors among referral networks:* Many victim-survivors receive services from multiple providers and it is not possible to determine how many service providers include a given individual within their estimates. While organizations did mention referral partners, without following a given individual as they get referred across the network, we cannot fully account for these multiple counts.

Most service providers are not identifying a lot of sex trafficking victim-survivors. Service providers from nine organizations did not feel comfortable offering up a numerical estimate of trafficking victim-survivors seen at all. Even among those who offered a tentative estimate, the majority of agencies stated that they do not have a reliable count of the number of victim-survivors owing to identification issues.

*“I'll start out by saying we are not seeing a whole lot of folks who are being sex trafficked. And I don't think that it means that they aren't out there. I think that it just means that we are not finding them or they aren't finding us. Which is kind of like gut wrenching to think about.”*

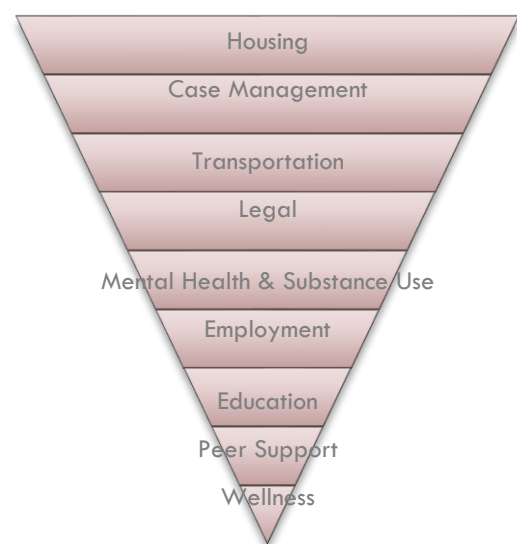


*"I personally on my case I have not had experience with anyone whom has experienced human trafficking and sex trafficking. I do think though within our agency... there's a very good possibility that one of these types... are involved in sex trafficking. Now I don't have an example of that happening but of course that's always a possibility."*

On average service providers estimated that they see approximately 11 trafficking victim-survivors per year. However, this estimate includes multiple counts of individual victim-survivors since providers refer to one another. To take an extreme case, the largest estimate of victim-survivors seen by any single organization was approximately 40 victim-survivors. If every other individual identified by all other organizations also was seen at this organization, those 40 people could comprise the entirety of the victim-survivor pool. Of course, this extreme case seems unlikely. To begin to address this multiple counting, we reduced counts from service providers who explicitly stated they referred to or received referrals from another agency that participated in the listening session. Having done this, we estimate that all service providers see approximately 116 trafficking victim-survivors in the Omaha area annually. However, this figure still is likely to be an overestimation of the actual number of victim-survivors identified as it does not account for individuals who receive services from multiple organizations. On the other hand, because service providers aren't systematically screening for trafficking, it may underestimate the actual number of victim-survivors who receive services but haven't been identified. Better coordination among and training of service providers will allow a more accurate estimate of the pool of victim-survivors in the future.

## Describing the Network of Needs: Gaps, Barriers, and Recommendations

Discussions throughout the Network of Services working group meetings identified a complex and broad spectrum of services that should be available to sex trafficking victim-survivors (visualized in the accompanying figure).

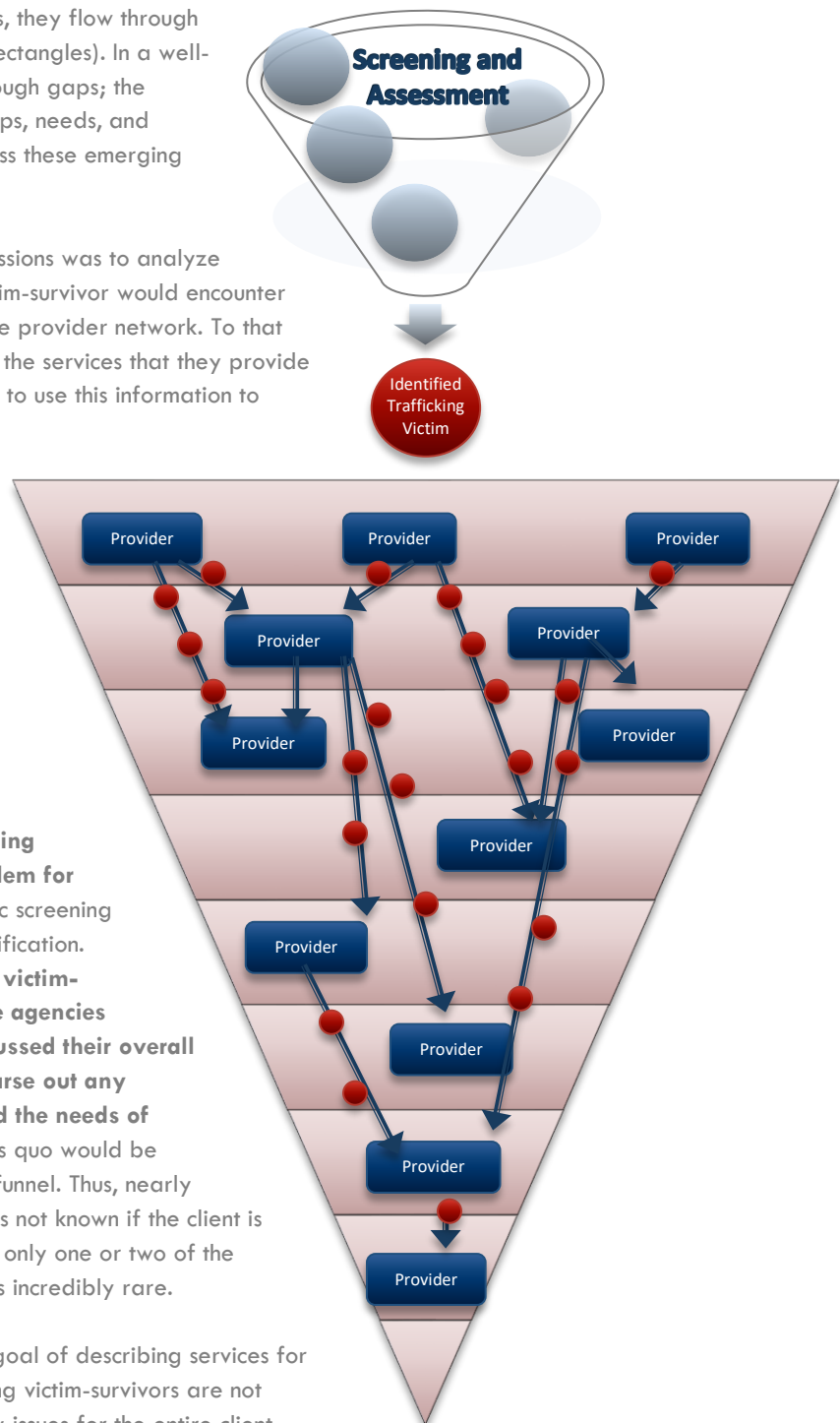


As victim-survivors (red circles) access these services, they flow through the network of community service providers (blue rectangles). In a well-coordinated system, victim-survivors do not fall through gaps; the system is constantly being evaluated to identify gaps, needs, and barriers; and funding is quickly allocated to address these emerging issues.

As originally conceived, the goal of the listening sessions was to analyze the gaps, needs, and barriers a sex trafficking victim-survivor would encounter within each “layer” of services in the Omaha service provider network. To that end, service providers were asked questions about the services that they provide or refer to trafficking victim-survivors. We planned to use this information to identify capacity issues in the network based on the number of victim-survivors needing a particular service. For example, if every service provider referred trafficking victim-survivors to service provider X for mental health services, and if service provider X discussed major capacity issues (such as needing to turn away clients, feeling overwhelmed with the caseload, or having an excessive waiting list), then we would conclude that mental health services are critical deficiency in the network.

**However, we quickly discovered that sex trafficking victim-survivor identification is an ongoing problem for service providers.** There is essentially no systematic screening going on; they rely almost exclusively on self-identification. **Without the tools necessary to discern trafficking victim-survivors from their overall client population, the agencies participating in the listening session largely discussed their overall agency needs. As a result, it is not possible to parse out any differences between all clients' service needs and the needs of trafficking victim-survivors.** In the visual, the status quo would be represented without the screening and assessment funnel. Thus, nearly every circle in the network is uncolored because it is not known if the client is a trafficking victim-survivor. In the current situation, only one or two of the circles would be red, given that self-identification is incredibly rare.

The listening session thus did not meet the original goal of describing services for sex trafficking victim-survivors. Given that trafficking victim-survivors are not regularly identified, we can only evaluate capacity issues for the entire client population, rather than identifying the gaps, needs, and barriers specific to the trafficking population. However, the information gathered in the listening sessions does allow us to describe which service providers are offering each of the services in the hierarchy. Moreover, this study allows us to begin to identify the service providers to which agencies are referring clients for a given service. Finally, the listening sessions led us to add another layer of needs to the spectrum of services which should be available for victim-survivors: identification through screening and assessment.



Based on the listening sessions, it is recommended that future work focus on victim-survivor identification, network coordination, and **ongoing** evaluation of the network of services for trafficking victim-survivors. Improving victim-survivor identification and network coordination will allow for subsequent evaluations to more effectively achieve the original goals of this evaluation. Without that, there is very little available information to develop an understanding of service gaps particular to this population. As these needs are met, it is likely other challenges and gaps will emerge “downstream” in the hierarchy. In the meantime, the listening sessions revealed gaps in services that are likely to affect trafficking victim-survivors, whether they are identified or not. These gaps are discussed in this report.

## Victim-Survivor Identification: Screening and Assessment

### Gaps, needs, and barriers

Nearly every agency noted that service providers are ill-equipped to recognize the signs of trafficking. Several suggested they would benefit from a universal screening tool. Fifteen agencies are doing some sort of standardized screening, which often include questions that could help unearth trafficking. For example, providers highlighted relevant portions of current screeners as including questions related to trauma, domestic violence or abuse, and exchanging sex for material goods. However, only 2 of those organizations have trafficking-specific standardized questions, and no service provider is using a trafficking-specific tool for screening. Even when trafficking questions are included, they are not in-depth enough to adequately capture trafficking victimization.

*“No that is just where we are letting them know about the program and if they are a good fit for them and they are able to ask questions and we ask them questions and we have just a short list that says have you been a victim of abuse...”*

This lack of formal screening is problematic for providers given the complex overlap between domestic violence and trafficking. One provider highlighted this, saying:

*“One of the things I think is challenging is distinguishing between red flags of trafficking, [...] and just like a plain old abusive husband or boyfriend.”*

Forty percent of the organizations who participated in the listening sessions stated that employees had the opportunity to access some kind of training on human trafficking. However, the depth of this training and degree to which it was standard across staff varied significantly. Two organizations mentioned trafficking as covered in a video module as part of new employee training. Another couple organizations mentioned the opportunity for staff members to voluntarily attend trainings that were available in the community, but indicated this wouldn’t be standard practice for all staff. Even staff who had exposure to training with an outside organization felt they could benefit from more, while a provider at one organization without training identified the lack of it as a critical need for serving the community. Although the majority of service providers do not feel confident in their abilities to identify victim-survivors of trafficking, service providers in one organization pointed to positive trends coming from recent trainings. This offers hope that broader training could be effective at filling this need.

*“We have seen some increase [in recognition of trafficking], particularly lately. So I think the more the Attorney General’s office has done training and brought awareness to this and has started all the meetings with law enforcement [...], we are seeing more of the recognition.”*

Many of the service providers reported that not only do they lack adequate training or screening tools to identify victim-survivors, but the victim-survivors themselves are reluctant to disclose while initially accessing services, which is when most of the data from assessments are being gathered.

Q: “Do you have an idea, just a ballpark of how many you think you serve in a year, kids who have been trafficked? Is it often?”

A: “I just don’t think that they self-report that [being trafficked].”

*“I think over time you will see signs that they are still with their pimp. I mean we had a girl that would come with bruises and she would after you get to know her she would slowly start to talk about some of the things she is still involved in and then I think I met with her for like 3 or 4 months and then she finally decided that she wanted to call the police and report it.”*

*"Never confirmed [an identification of a trafficking victim-survivor]. Not to me. I don't think we ever."*

Many of the service providers pointed out that given the trauma which trafficking have experienced, it is frequently crucial for providers and clients to build up a relationship of mutual trust before victim-survivors will describe the full extent of a trafficking situation.

*"[We've seen clients initially] calling in as a domestic violence, and as they're there longer, [eventually] self-reporting that they were actually trafficked."*

*"[Initially], this kid is not going to say 'Okay, so somebody makes you do this for money' [...] This kid is not there yet. That's where we talk about those other services needing to come first [...] I think we need to identify it is there and get the kid to a place where they feel safe and stable to talk about it."*

*"I think it is really based on the relationship you have with them. They are not going to just walk right in and right away say I am involved with a pimp and I want out. As we know it is a slow gradual process of getting to know them and them building trust with you."*

*"Our intake is different, so they might come off the street and I might say 'Hey, can I do a quick intake on you here in five or ten minutes and I will give you a tour.' So, I just met someone today, [...] they aren't going to self-report. They don't know me from Joe Schmoe."*

Providers from a few organizations who felt unfamiliar with the trafficking population noted the need to only ask providers to fulfill roles they are trained for. This is especially important to avoid the potential for untrained providers to unintentionally cause harm in using inappropriate methods to identify those who have been trafficked.

*"When I am talking to people, I don't want to push them too far since we are in the employment and training side [...]. I feel like a lot of times I am quiet during my intake appointment because I am like 'I want to know every single thing about you,' but I know that is not my place, you know walking that fine line between a case manager and a social worker."*

*"You have to know how to do intake for human trafficking victims and so we don't want to kind of bumble around and create more trauma to somebody. So we are not identifying upfront as a trafficking victim."*

The identification problem is not solely a function of inadequate screening. Many service providers discussed that they felt they were missing populations of potential victim-survivors that they should be seeing. Even with a good screening tool, individuals who never seek services could thus be missed.

Q: "What would you like to be able to do to better serve [undocumented] victims of trafficking?"

A: "Like, get them through the door."

This problem is particularly acute for foreign-born individuals. Providers noted that these people may be so isolated from the broader community that it's nearly impossible to reach them and make them aware of their options. They often don't speak the language and they often have very low levels of education.

*"I think that isolation, I keep coming up against that in both DV cases and certainly in trafficking cases it is really hard to connect people with services, like by definition they're isolated... They have no family, no friends, you know because if the friend heard about it, they could be like 'oh hey, I think you could possibly qualify for this' but if they are isolated they don't have anyone that can be an advocate for them or tell them 'you need to go out and ask for help' because they have no one."*

*"I think that one of the main reasons why we don't get people is because they don't know that we are out here... they aren't finding us, we aren't finding them. I guess in as far as needs go, those very initial services seem so critical..."*

*“A lot of people don’t speak English and we are having trouble with that program right now. We have bilingual staff but they left because we can’t pay them enough to do. Yeah and the outreach piece is so crucial for those communities.”*

Even when they are identified, the waiting period for a validated T-visa prohibits agencies from supporting undocumented victim-survivors. Even if alternative paths such as a work visa or asylum are sought, it can still take from 6 months to 3 years to receive this status. In the meantime, it is difficult to provide services to these victim-survivors. A lot of trafficking of undocumented workers can be prevented by having available a broader range of options for those waiting on a work visa. In the absence of these options, service providers seek a work around that often result in the individual no longer being identified as a trafficking victim-survivor.

### Recommendations

To increase rates of identification of trafficking victim-survivors, service providers should have a uniform and validated trafficking-specific screening tool (one is being developed by the Nebraska Human Trafficking Task Force, but is not yet completed or implemented). Screening should be brief and begin immediately in order to connect victim-survivors to the right services. Ideally, there would be screening services available for people in languages other than English so that service providers could serve all victim-survivors. Once work on the uniform screening tool is completed, thought should be given to funding a small set of in-house screeners qualified for trafficking-specific populations. (The agencies in which these screeners are placed should engage in secure data sharing which protects confidentiality in order for the recommendations under the ‘coordinated services of care’ section of this document to be fully realized.) In order to encourage partnership and collaboration and maximize the likelihood of victim-survivors being identified, these screeners should be viewed as a resource for the entire community.

An assessment tool should also be developed (or an existing validated one adopted). Assessment would be an ongoing process to explore the nature, duration, and severity of the violence experienced by the victim-survivor, as well as the impact on the victim-survivor’s physical, emotional, psychological, and spiritual well-being. Since an assessment requires a good rapport with the victim-survivor, it should occur within the service provider agency serving the victim-survivor. Like the screening tool, the assessment tool should be implemented community-wide and performed by trained, trauma-informed service professionals.

Support for the integration of the screening and assessment tools into service provider systems and environments should be considered, as well as support for training to ensure proper implementation of the tools.

These recommendations would ensure that we identify victim-survivors up front and provide them with choices of appropriate services, preventing the cycle of sex trafficking. It would also result in accurate data on the number of trafficking victim-survivors and would allow the identification of trafficking-specific gaps and barriers. This is important to a continuous evaluation and upgrading of the network.

#### Recommendation Summary:

- The development or adoption of an assessment tool
- The integration of the screening tool and the assessment tool in the agency systems
- In-house screening professionals (preferably multilingual) in 3-4 major agencies
- Training for clinicians on the assessment tool

### Populations Served and Potentially Missed

The listening sessions provided a first look at populations which are served by the Omaha provider network, as well as those which could be underserved. The populations currently served are summarized in Table 1. This table focuses on services for those who have been trafficked, but lists broader groups of clients which could contain trafficking victim-survivors. Based on this

group of service providers, men constitute the most obvious potential underserved group as there are no trafficking-specific services exclusively for men among the providers who participated in the listening sessions.

Table 1: Populations served by organizations in listening sessions

ALL GENDERS		
YOUNG PEOPLE	<ul style="list-style-type: none"> <li>Children under 18 who may have been abused – <b>Two agencies</b></li> <li>Young people 12-22 who are homeless, at risk or street dependent – <b>One agency</b></li> <li>Young people 16-24 who have been involved in the foster care system – <b>One agency</b></li> </ul>	
ADULTS	WOMEN	MEN
	<ul style="list-style-type: none"> <li>Young mothers and pregnant women – <b>One agency</b></li> <li>Adult women who have been trafficked, no / rare children in residential programs - <b>Four agencies</b></li> <li>Adult women with qualifying addictions, no children – <b>One agency</b></li> <li>Adult women – <b>Two agencies</b></li> </ul>	No trafficking-specific services exclusively for men
	ALL GENDERS	
	<ul style="list-style-type: none"> <li>Adult victim-survivors of trafficking – <b>One agency</b></li> <li>Men and women - <b>One agency</b></li> </ul>	
ALL AGES	ALL GENDERS	
	<ul style="list-style-type: none"> <li>At risk families and youth – <b>One agency</b></li> <li><b>All people</b> – Three agencies</li> <li>Documented people – One agency</li> <li>Undocumented people with a focus on Latino communities – One agency</li> <li>Low income, documented people – One agency</li> <li>Low income people – <b>Two agencies</b></li> <li>Native people – <b>Two agencies</b></li> <li>HIV / AIDS positive people – One agency</li> </ul>	

Service providers also were asked if there were any populations within the community that they felt were being missed. Responses to this question are summarized in Table 2. Among the 20 organizations where this was discussed, providers took two approaches to answering these questions: some mentioned populations which they felt their own organizations could do a better job reaching, while others mentioned populations which they do not see as providers because their individual organizations do not serve those populations. Overall, providers perceive there to be a particular need to better serve young people, male victim-survivors of trafficking, and members of particular cultural / language groups as well as the LGBTQ community.

Providers did not specifically highlight women of color as a potentially underserved population in the listening sessions. Yet women of color are overrepresented in the commercial sex market in Nebraska, implying that they might constitute a particularly important population to serve.<sup>1</sup> It is possible that service providers did not mention women of color because they are seeing some individuals from this population and do not realize that many more might need access to services.

<sup>1</sup> Women's Fund of Omaha. (2017). *Nebraska's Commercial Sex Market*. Available online: <http://www.omahawomensfund.org/wp-content/uploads/Nebraskas-Commercial-Sex-Market-Report-FINAL.pdf>

As the omission of women of color by service providers demonstrates, these responses represent only a first step toward assessing how various groups of trafficking victim-survivors are served. As part of the ongoing work of this service provider community, we must develop a more detailed picture of the pool of victim-survivors, and therefore demand for services. This more complete picture would allow us to assess whether, for instance, there is a limited number of male trafficking victim-survivors, whose needs are adequately met by existing providers, or whether men victim-survivors are currently being underserved in the community.

Table 2: Populations identified as potentially underserved by organizations in listening sessions

ALL GENDERS		
YOUNG PEOPLE	<ul style="list-style-type: none"> <li>Highlighted by 9 organizations – 7 of which serve young people, 2 of which do not</li> <li>Particular subgroups of young people highlighted include those: <ul style="list-style-type: none"> <li>Involved in gangs</li> <li>In the probation or corrections system</li> <li>In or recently aged out of the foster care system</li> <li><b>Who are LGBTQ</b></li> <li><b>Who are members of minority groups (particularly males and Native people)</b></li> <li><b>Who do not speak English</b></li> </ul> </li> </ul>	
ADULTS	WOMEN	MEN
	<ul style="list-style-type: none"> <li>Highlighted by only 2 organizations</li> <li>Particular subgroups mentioned included those which the relevant organizations did not serve (i.e., women without children, Iowa residents)</li> </ul>	<ul style="list-style-type: none"> <li>Highlighted by 6 organizations – four of which serve men, 2 of which do not</li> <li>Only imprisoned men were mentioned as a relevant subgroup</li> </ul>
ALL GENDERS		
ALL AGES	<ul style="list-style-type: none"> <li>3 organizations highlighted the need to better serve LGBTQ people <ul style="list-style-type: none"> <li>Another 3 organizations mentioned transgender people in particular</li> </ul> </li> <li>4 organizations mentioned different cultural and language groups, including Native peoples, undocumented or refugee populations or those who do not speak English (e.g., indigenous Guatemalans, Asian or Sudanese populations,)</li> <li>1 organization mentioned the minority communities of North and South Omaha</li> </ul>	

Note: In total, 20 organizations discussed missing populations.

## Housing

### Gaps, needs, and barriers

The vast majority of providers (from 19 organizations) mention housing as a moderate or critical need in the community. However, this seemingly clear picture of need is complicated by a few factors, including:

- A lack of awareness of available resources among providers
- Lack of clarity within listening session contexts as to whether providers are identifying a general need of human trafficking victim-survivors or a particular lack of capacity within the Omaha metro area
- The fact that providers frequently did not identify which types of housing (e.g., emergency, transitional, supportive, permanent, rental housing etc.) would be helpful
- The role of private rental agencies or landlords who are outside the local provider network.

The area of adult housing illustrates these complications well. First, of the ten organizations which mentioned housing for adults as an area of need, three provided some type of housing themselves. The context of the listening sessions makes it difficult to discern if the providers meant to indicate that their organizations provided a service that is crucial to victim-survivors of trafficking or that there was a need within Omaha which their organizations lacked capacity to meet. Secondly, of these ten organizations, only three of them mentioned referring to residential options designed specifically for adult trafficking victim-survivors. This raises the possibility that providers are not aware of resources which could meet clients' needs. Furthermore, one of those three organizations was unaware of the full range of options provided by a housing provider, *despite referring to that organization*. This illustrates the challenge of maintaining up-to-date knowledge of potential services, even with good relationships among providers.

As mentioned above, most providers in the listening sessions did not identify which of these types of housing are particularly needed. Nonetheless, some more specific areas of need did emerge. Six organizations mentioned housing for young people as an area of critical or moderate need. These organizations highlighted particular types of young people who are in most need. For example, one organization highlighted the needs of younger teens, while another focused on the need for training foster parents to meet the needs of trafficking victim-survivors within the foster system. A third organization specifically highlighted the need for housing for Native youth, while a provider from a fourth organization mentioned the need for less restrictive housing options. These specific needs may reflect those of the young client population overall. Therefore, as the provider community becomes better equipped to identify trafficking, it will be necessary to monitor the extent to which these needs also exist among young trafficking victim-survivors in particular.

For the overall client population, there are almost always restrictions on housing that leave minors and women with children without options.

*"I think we need more shelters, you know where they can seek safety. Because I'll tell you our staff, they really struggle sometimes trying to find a place. Particularly if you have kids, a lot of families have a lot of kids and that is always a huge challenge and somehow they always find something but boy, it's a real difficult process and often it's a temporary thing that they are able to negotiate and then it's like we can only do it for like 2 days, well okay we will take those 2 days and we will work on something else over the next 2 days. So I think a safe place whether it's for the young people or the young adults or whoever is getting trafficking, or domestic violence or child abuse or whatever, those safe places are there."*

Some service providers noted that the only housing often available for their clients is not necessarily a safe or healthy environment.

*"Um, well we have a lot of young adults who find themselves in situations where they get behind on their rent or um, can't afford or just have bad rental history and is hard to get them into new apartments. So they struggle and they'll stay in places where they shouldn't because of their inability to get their own place, so if we could establish somewhat affordable housing I think that would be beneficial. Because the places that sometimes they can afford*



*or those um, slumlord, and they get caught up and don't fix anything, and bad not safe environment, because of health risks, not because of anybody hurting them, but it's just not healthy for them to stay there type places."*

Some providers saw particular gaps which would require changes in government or private sector policies. For example, six organizations mentioned the need for rental housing and landlords who will accept tenants with criminal histories or poor credit, as well as the challenges posed by HUD guidelines.

*"[Our community is missing] housing that allows for someone to have a criminal background, or no credit, or bad credit. Those are a lot of things that keep people from finding, you know and the help that is given by the federal government isn't realistic in the sense that their housing guidelines, it's difficult to find housing that fits all the different requirements. Basically talking HUD."*

Looking at the entire community, one organization shared that there are enough shelter beds, but focus needs to be placed on rapid re-housing. Rapid re-housing involves service providers giving clients the deposit and rent for housing that they select on their own. The agency then wraps services around the client in their new living location. While rapid re-housing is a 24-month program, it can often turn into permanent housing. Currently, there is about a 2-month wait across the service provider network, likely due to a shortage of landlord partners. Moreover, since funding for rapid re-housing often comes from the state, this creates a barrier for the undocumented immigrant community.

The same organization identified a further problem related to victim-survivors of domestic violence that is likely to be replicated in the case of trafficking victim-survivors.

*"Regarding someone losing their housing due to having an abuser causing issues, I do have to say that it has occurred throughout our programs. However, I would state that it is not the programs themselves that are terminating services for the individual; rather, it is a landlord terminating a lease due to violations related to disturbances and criminal activity. I can assure you that the programs do an abundance of advocacy on behalf of the abused participant, but it is not always successful. Often, the program tries to locate alternative housing for the participant."*

*Regarding felony charges, there are not any programs that deny participants solely on the basis of criminal history. There may be issues if there are active warrants or serious concerns regarding safety and wellbeing of staff or other participants (if it is a centralized location for the project). However, the barrier comes in that many landlords require background checks and may deny based on criminal history for the housing itself. The program continues to work with the participant to locate other housing, it isn't a reason for denial for the project, but it presents a distinct challenge."*

Providers identify flexible funds as a great way to help them pay for rent, or to get them set up in a safe situation quickly.

## Recommendations

Service providers across the network have begun to develop shelter housing specifically for sex trafficking victim-survivors, and new providers are coming online as well. However, the listening sessions revealed there is not enough long-term housing for the overall community. Since most agencies are currently unable to identify trafficking victim-survivors, what is unknown is the degree to which the rapid re-housing capacity problem would impact trafficking victim-survivors. In light of this, flexibility with resources will be necessary as agencies respond to victim-survivors of sex trafficking.

## Coordinated Services of Care

### Gaps, needs, and barriers

Coordinated services of care refers to the collaborative process that assesses, plans, coordinates, implements, connects, monitors, and evaluates the services required to meet the needs of an individual. The listening sessions revealed that there is a community-wide need for coordinating services. Providers from 16 organizations explicitly noted the need for more

information about what services are available for trafficking victim-survivors while nearly every focus group mentioned difficulty referring for services.

Providers lack the tools to know who does what; they need to know what services are available across the community and what requirements are necessary to get into each given agency/program. A barrier to providing a continuity of care is a lack of a centralized resource listing specific to the needs of victim-survivors of trafficking. This makes it difficult for effective case management or locating services for victim-survivors. For example, many of the agencies mentioning that housing is an issue were unaware of a housing shelter for sex trafficking victim-survivors in the community. In addition, the high staff turnover across the community makes it difficult to provide a warm hand-off, especially when the resource listing is out of date.

*“Well I would say right now, I mean there’s so many people that have their hands on the trafficking, so who is doing what? You know? A referral, some sort of repository of information about what everybody is doing. “This came out and this is the hot, and it is, and it’s an issue in our community and everyone kind of just jumped on it and you know, I don’t even know if anyone has what is the best practice, you know? So we have all of these programs popping up... So who in the community is doing what?”*

*“And I think another thing that I think is really necessary is enhancing the communication across systems so we are not duplicating services and that, if the legal system has someone that they are not just dumping them out on the street, I can’t tell you how often that happens here and then they are just going to go down the really sad road.”*

*“Q: Do you feel like you are pretty familiar with what services are out there that you could access for your clients in terms of other needs? [...]”*

*A: I don’t think so. [...] We are learning but, no.”*

Providers also reported that clients themselves looked to providers to fulfill the role of educating clients about what services are available that fit their particular needs.

*“When they come here, what they would want for a mental health program is to be able to get connected to services. It doesn’t mean that we have to be a 24 hour health agency, which we aren’t, but what they would want is us being the ones that would educate them on what services are available.”*

While a referral database would be useful, service providers are not likely to divert resources to constructing or maintaining it. One provider reports on past efforts made to create a database of resources for the community:

*“It’s hard. I’ve been on a lot of committees that tried to establish that and it’s just, its work that organizations don’t want to do. They just send in the request to update the information and they just don’t feel like doing it. It’s time consuming.”*

Nonetheless, providers with access to central repositories of information about referrals expressed satisfaction with them. These experiences indicate that providers would benefit from such resources if they could be provided without requiring resources from already under-resourced agencies.

*“We’re lucky in one respect because as a Region 6 provider we have to access to the Region 6 resources book and that’s a pretty good-sized binder online and they try to update it [...] They have it by housing and by utilities and psychiatrist/psychologist”*

*“Every time I have used [211 ...] it’s been useful. They actually are pretty up to date [...] I’ve used it a lot for calling for housing assistance and finding somewhere that will pay for someone to rent for a month, and they know who still has funding and who doesn’t. So, that’s pretty convenient because [...] otherwise] you’ll get a whole list and you’ll call 5 of them, and they’ll be like we are out of funding. 211 already knows.”*

Beyond knowledge of particular providers, the listening sessions revealed case managers are not trained on trafficking and resources for trafficking victim-survivors. They lack the tools to know referral protocols.

*"If someone walks into our office and it's already been identified that they're trafficked, what are our next steps? We know what services we can provide them, but our services are limited at times too. What's the next step that I'm going to take with an individual who is involved in sex trafficking?"*

*"[We need] a step-by-step guide of what this person needs and specific agencies in the area that can provide those services."*

*"Benefits are constant question we get, like what benefits can I access in immigration status? And it really drives me nuts that I still don't know enough to be able to advise people accurately but it's really complex and circumstance specific and I usually end up referring folks elsewhere with benefits questions, I need to DHHS, I would love to be able to answer at least basics."*

*"And I think more definitive connectivity between services that serve people and we were able to figure out who was our expert contact so that the trusted contact and referral source connects with one of us guys, and one of us guys isn't solely just our own program but like a workforce system wide, then we can coordinate other people or other programming on behalf of this person to make it easier and then if there is information disclosed it doesn't have to be on behalf of 35 different programs of people it can be one point person that can highly coordinate service delivery for that person than connect with that person and then that case manager intervention person. I think that could make it better."*

*"As a new person I am just flying by the seat of my pants so having more of a definitive interviewing style for when they come into delve on different issues to be like oh these are the referral issues, these issues"*

*- "[We need a] Decision tree, sort of."*

For example, service providers working with immigrants that have conditional permanent residency often do not refer them for legal support because they are unaware that certain options exist for these individuals.

*"Folks who are conditional residents wouldn't qualify for a u-visa or t-visa generally. They're already above that in the pecking order of immigration status, they are on their way to becoming a full resident and citizens, so I think sometimes like shelter staff, for example, thinks 'oh you're already a resident, even if you've been trafficked we can't apply for a t-visa for you.' That is not the case. That is why it is very important that they talk to an immigration attorney or immigration legal service provider that can hear them out and tell them what their options are. It is important that people who are working with victims are aware that conditional residents, if they've been victimized by their petitioning spouse, can apply independently to remove the conditions."*

There is a desire for cohesiveness and greater collaboration across the network to better serve an individual and to ensure against a victim-survivor falling through the cracks or having to repeat their story over and over again.

*"[The most critical needs for trafficking victims in our community is] Advocacy. Someone that is going to be available to that youth pretty much around the clock when they need it. So they can talk them down or problem solve. I feel like wrap around services in the sense of having that advocacy, therapist, having that case manager everyone coming together as a team to discuss that case and what that client or you know if there are from different agencies at least one meeting spot where they can come together and all discuss what is going on within that client's life."*

*"From their perspective it is an embarrassing and sometimes shameful thing they don't want to disclose. It can be a full-time job figuring out how to get SNAP, how you get TANF, like it is embarrassing and degrading at times they are used to having things taken care of and not ask for assistance, and I think it is awkward for them, that's the best way I can say it."*

*- "Tell your story 100 times."*

*"There are support groups for that and they need that too but that is not our role but at the same point we are not supposed to bring it up or you know? You can relive it over and over and I think that is a big barrier is being in that position to not have to deal with 900 agencies."*

One means by which traffickers control their victims is to seize their documents. Indeed, some service providers note that there is a need for a repository of documentation on clients in the network of service provision for the clients to access their own documentation.<sup>2</sup>

*"I'm glad you brought up documentation because that is a big piece of human trafficking is taking any documentation that the person has then, they don't have the money to get a new one or they don't even remember what the last one was. Some great wonderful things would be some type of repository. People would have access to either copies of their ID, or something that they know and that one agency we took photocopies of people's ID's, and we had people come in, can I get a copy of my driver's license?"*

Beyond needing the information that would allow more effective referrals, service providers would benefit from the opportunity to build trusting relationships among themselves. Such interpersonal relationships are crucial for providers to feel they are serving their clients well in referring them to other providers.

*"There's one woman named [omitted] who works at [omitted], and she helps people get signed off for Medicaid and I know her, I trust her. I've gotten feedback [from clients] like, 'Oh not only did she get me signed up for Medicaid, she told me about all these other places.' [...] I don't even mess around with anyone else, I tell them 'You go talk to this person.'"*

*"When you are serving a client, [...] one organization can ruin it or at least make it more difficult for other organizations. If you have a really crappy experience in therapy or someone didn't believe you, and you had to jump through a bunch of hoops [...], then how much longer does it take to walk through our doors? So if someone is going to sign on to be part of that spectrum [of service delivery], I would like for there to be some agreed upon ways of service delivery."*

*"[Trafficking] is the hot [issue], and [...] everyone kind of just jumped on it. [...] So we have all of these programs popping up [...] I can't tell you how many phone calls I got of 'Well hey I was told to call you because you have a shelter and this is what we're looking to do,' [...] There were so many things popping up and it was scary. [...] Very grassroots, possibly not understanding some of the safety issues for them or the client."*

Strong relationships among providers can also help overcome possible hurdles to serving clients that might arise from lack of capacity. One provider told an anecdote which illustrated the miscommunications that can occur among referral networks.

*"[An agency we often refer to] finally told [a case coordinator] like 'Give us two months where you don't call us, because there is no way we will be able to help and so just stop calling for two months' [...]. And he felt rejected. He was like 'I feel like the door was slammed in my face.' [...] I was like 'I hope you are not taking it personally' and he was like 'I'm not but I just felt it for all of our patients.'"*

If the case manager in this situation had another avenue of communication with the receiving agency, he might have both anticipated their capacity limitations and had more belief in their good faith efforts.

## Recommendations

The listening sessions revealed the need for the development of a confidential centralized repository of continuously updated information on the service provider network. This information could include a list of agencies, the services that they provide, their current available capacity, and their program restrictions. This resource could be easily accessible to agencies and

<sup>2</sup> The need for victim-survivors to access their documentation is particularly acute given that many service providers (even potentially surprising ones such as food and clothing pantries) require some sort of ID to access services. For example, one service provider described their own requirements (identification, along with names and social security numbers) but emphasized "Each pantry has their own documentation requirements. So some might require utility bills, some require a letter of referral [...]." While the provider emphasized they make exceptions, without knowing these exceptions exist a trafficking victim-survivor might be deterred from trying to access services.

available around the clock. However, to maintain confidentiality of shelter locations, this information needs to stay within the service provider community.

Resources would be needed for the development and maintenance of such an information repository, and to support staffing a navigator(s) to provide immediate access to accurate information and coordination of services. The information would be used to assist service providers with referrals and placements across the network as well as aid the navigator(s) in helping providers connect victim-survivors to services. This builds system capacity, making more efficient use of the precious resources in the system. Furthermore, more coordination would occur between service providers, closing the information gap on serving trafficking victim-survivors. As a result, victim-survivors would receive more efficient and effective services; the number of them falling through the cracks in the system and/or returning to their traffickers out of frustration would be significantly reduced.

Developing and maintaining such a repository of information would also serve research, evaluation, and training purposes. This data would allow for continuous evaluation of network gaps, needs, and barriers for the purpose of identifying solutions to problems as they emerge. The data would also improve our community's ability to estimate the prevalence of trafficking.

Given the lack of research on best practices for providing services to trafficking victim-survivors, ongoing community assessments based on the research and evaluation of the information collected will be needed. The navigator leading these efforts would enhance further network collaboration. Moreover, the navigator should also provide training to service providers, as well as opportunities to develop a forum for service providers who come into contact with trafficking victim-survivors to exchange information about their services.

#### Recommendation Summary:

- Development and maintenance of a central repository of information
- A navigator(s)
- Research and evaluation of the information
- Training

## Transportation

### Gaps, needs, and barriers

Service providers from eight organizations in the listening sessions said that transportation was an issue. Ensuring that victim-survivors could move from one service to another could be problematic. As a result, service providers are constrained in where they can refer victim-survivors for the services that they need. One service provider mentioned that they need to refer their clients to locations that are easily accessible by bus.

*"My clients lack transportation usually."*

*"Our clients don't have cars so they have to walk or ride the bus."*

*"Transportation services. I mean we do the best we can to get them to where they need to go... we end up doubling up when we have 16 women that means we have 16 different schedules to manage, 16 different directions that we are going daily, it just isn't feasible sometimes to do all of that and to have transportation would be hey you know, transportations running, around the clock here, make sure you sign up! That would be perfect."*

One provider whose organization offers transportation explained the many errands that they can help victim-survivors complete. Even the partial list of activities mentioned by the provider would no doubt be much more time-consuming, if not impossible, for a victim-survivor who lacked access to transport within the Omaha metropolitan area.

*"We can provide transportation from where they're at to us, for advocacy appointments, case management appointments, for services here. [...] We let them stop and get medications and things on the way or stop by food pantry*

*on the way home, so we do a lot of transportation. To immigration court and immigration appointments, [...] and then shelters [...]."*

In addition to assisting victim-survivors in getting from service to service, there is also a need to transport victim-survivors from out of state in order to begin providing them services. This is a need that is unique to the trafficking population, since traffickers often move victim-survivors across state lines. One agency reported helping a trafficking victim-survivor return to Omaha who had been deceived into thinking that she was taking a legitimate modeling job in Florida.

## Recommendations

The listening sessions highlighted the need for discretionary funds for agencies working with trafficking victim-survivors, particularly those agencies who would serve as the first point of contact for a victim-survivor. This would allow service providers to confidently refer clients to services that they need, even if it requires transportation to get there. Moreover, discretionary funding might result in service providers being able to provide resources for victim-survivors coming from out of state or for victim-survivors moving here from a different state.

## Legal

### Gaps, needs, and barriers

There are two categories of legal issues: legal services and the structure of laws affecting trafficking victim-survivors. All of the service providers that primarily provide legal assistance and representation discussed capacity issues. They also linked the capacity issue to some of the problems in law, particularly for foreign-born individuals. However, only two organizations which do not provide significant legal services identified those as areas of moderate or critical needs. The discrepancy between the needs identified by the legal providers and others could indicate that other service providers simply are not trained to understand potential legal needs of trafficking victim-survivors. One legal services provider hinted at such a challenge saying:

*"Most of our community partners [...] we know for a fact they don't think of [us] as a resource in much of this context. They think of us definitely when there is a domestic violence or divorce, [but] in the broader context of attacking the underlying civil problems these people have, they don't think about us that way."*

The legal challenges faced by victim-survivors who are undocumented place an even greater strain on the legal service providers. Their lack of documentation makes it extremely difficult to access a wide range of services, particularly those provided by federal and state agencies. This makes getting some sort of legal status critical for these victim-survivors. The processes necessary to do this are complex and time consuming. They demand full time professional attorneys well versed in the legal issues surrounding trafficking. All of this places a burden on the capacity of the legal services sector.

*"But the problem is in our department individually we are so small and there is so much work that needs to be done. Sometimes it is just finding the professionally trained individual with those resources you can tap into where you can get the extra hours or bring somebody in or volunteer who may be able to do the extra training for immigration that can help us you know, throw out a 20 hour application so I can get that person to a better situation."*

The T-visa was pointed out as being particularly problematic, since it requires that a victim-survivor's trafficking episode is directly tied to their being in the United States. An individual whose trafficking episode involved fraud does not necessarily rise to the level of coercion necessary for a T-visa. In essence, in order to get a T-visa, an undocumented immigrant must prove that they did not consent to crossing the US border.

*"This goes back to being frustrated by the what I perceive as the unnecessarily narrow definition."*

*"If they [people who could've benefitted from a T-visa] were brought under false pretenses... I mean it doesn't fall under the definition... They were brought under false pretenses, but it did not rise to the level of coercion."*

As a consequence of the near impossibility of meeting the definition required for the T-visa, lawyers need to find a work-around such as applying for asylum, refugee status, or a U-visa. However, the exploitation must occur inside the US border in

order for victim-survivors to be eligible for a U-visa. As a consequence, a large pool of migrants who have been extorted or kidnapped while traveling to the US, who were not forced to perform a sex or labor act, are ineligible for either visa even though they have been victimized.

*"Maybe they aren't technically trafficking victims but just, in terms of what we see, I would say we see very few potential t-visa cases or u-visa cases based on trafficking and I've seen a handful of these cases where they can't benefit from either although they've been victimized... victimized in the course of being brought to the United States. That's been a point of frustration. I wish that the trafficking definition was broader."*

While legal services are stretched thin, at the same time, one legal service provider stated that many trafficked victim-survivors aren't getting to them because of identification and network coordination issues.

*"I think that is one of the main reasons why we don't get people is because they don't know that we are out here. Like you said they aren't finding us, we aren't finding them."*

Many trafficking victim-survivors have records of prostitution charges and arrests. These records make it difficult for them to access housing and employment. This makes expungement, which can be a long and complex process, an important component of trafficking services.

*"If you got that criminal charge expunged that would be a wonderful thing to free you up to get a better job... Basically the lack of legal representation for people... ain't solved by doing a training for a couple dozen pro bono attorneys because most them will be lucky if they do one case over the next 3 years... The answer is to fund lawyers to do the work. That is the real answer."*

Finally, many service providers felt frustrated by the lack of a warm handoff between law enforcement and service providers, which is necessary for sex trafficking victim-survivors to be treated more as victims than as criminals by law enforcement and the courts.

*"So they took care of you know they got the information they wanted and then nothing for her. The follow up services are... well, there is nothing - I mean there is no support."*

*"We had found someone who was picked up by law enforcement she was there because of a crime that she committed while under her traffickers, she was very young and she was committing a felony. We negotiated with the trafficking force and the attorney general and negotiated with the prosecutors and they basically put her in a diversion program so she couldn't get prosecuted. So if we catch them early we can actually do that."*

*"There have been a couple of times where we went to a different law enforcement agency to make our report we have had unfortunate experiences with them."*

## Recommendations

On a policy level, advocacy is needed around issues associated with the T-visa. The T-Visa is not available for someone who was brought to the United States under false pretenses, even though this falls under the TVPA definition of trafficking [8 U.S.C § 1101 (a)(15)(T)(I)(II)]. This results in the exclusion of most international trafficking victim-survivors from T-Visa eligibility. The T-visa as currently constructed fails to achieve the goal of incentivizing individuals to come out of trafficking— individuals who would cooperate with law enforcement in prosecuting their traffickers. Fixing the T-visa definition issues would likely result in more undocumented trafficking victim-survivors coming forward, being identified, and receiving services. This might also reduce the strain on the wait list for the U-visa, since the T-visa would actually become usable. It would also reduce the paperwork strain, case overload, and waiting time in the system.

Policy advocacy is also needed to mitigate the problem of law enforcement and the courts treating sex trafficking victim-survivors as criminals. This would include policies to prevent a victim-survivor from being charged with trafficking or prostitution, as well as policies focused on expungement. This would also require training for law enforcement to recognize trafficking and connect victim-survivors with services. One possible approach to creating a bridge between law enforcement and services is the implementation of a diversion program. Best practices, as laid out by the Center for Court Innovation, are for such a program to include case identification and assessment, trauma-informed courtroom protocols, an ability to link victim-



survivors/defendants to services, judicial compliance monitoring, and evaluation and performance indicators. Thoughtful consideration would need to be given to the development of the program and what is mandated or not. Cities that have implemented a trafficking and/or prostitution court not only saw reduced recidivism of prostitution,<sup>3</sup> but increased identification of trafficking as well.<sup>4</sup> Such a diversion program is also a relatively simple way of ensuring expungement of all prostitution records, which is critical in victim-survivors connecting to employment and housing options.

Finally, making resources available to increase capacity and free access to lawyers specializing in trafficking-specific legal services would result in victim-survivors receiving certification, status, and expungement much quicker.

## Mental Health & Substance Use

### Gaps, needs, and barriers

There is a lack of mental health care for individuals impacted by trauma resulting in PTSD, usually combined with substance use disorder. Seventeen organizations identified behavioral and mental health resources as moderate or critical needs within the community during listening sessions. Seven organizations likewise identified substance use as an area of moderate or critical need.

Many providers readily identified other providers they referred to for mental health or substance use support, however, they noted that there are typically waiting lists. Individuals who lack the money or insurance to access care may have to wait a month or two to start therapy, or in many cases, meet with a prescriber for psychotropic medication.

*"We also have... clients that need counseling without medication. We can get people to talk therapy. Medications are tough for us. And then having you pay for it."*

*-"Isn't it ironic, what has been defined as the underlying need here, which is mental illness to be addressed, that's our slimmest resource in the community... If they are a new patient, because it would be a month when we can actually get them in anywhere. Even with APRNs now it's so hard. I mean it's nice that we have those being able to prescribe but it's still difficult because we don't have enough people."*

*"It's hard enough for people with insurance and stuff. I mean you can get an appointment... We got a cycle that keeps people stuck."*

*"So when a young person has a crisis, some kind of trauma and needs to seek a professional to talk to, you got to wait a month before you can go and get into to see a therapist, or something like that, and yes, they have the suicide hotline and things like that, but sometimes you just want to go, you just want to talk to someone. I think having that quick access... and even if that leads to ongoing therapy."*

One provider mentioned that many private mental health professionals do not serve low-income populations, and this fact was implicit in many other discussions about lack of financial access to mental health services.

*"Q: Do you refer to private practice?"*

*A: We refer to anyone who is willing to see our patients. It's hard to get into private practitioners with our population. [...] A lot of them aren't taking Medicaid, a lot of them don't have sliding scale fees or even their sliding scale fees are too high for our patient population."*

There are a few places that provide lower cost therapy/mental health services, but the \$30 fee and long waiting list renders these services a critical deficiency in the network. One service provider mentioned that the waiting line for these services can be up to 6 months.

<sup>3</sup> Roe-Sepowitz, D. E., Hickley, K. E., Loubert, M. P., & Egan, T. (2011). Adult Prostitution Recidivism: Risk Factors and Impact of a Diversion Program. *Journal Of Offender Rehabilitation*, 50(5), 272-285.

<sup>4</sup> Schweig, S., Malangone, D., & Goodman, M. (2012). Prostitution diversion programs. New York: Center for Court Innovation. [http://www.courtinnovation.org/sites/default/files/documents/CI\\_Prostitution](http://www.courtinnovation.org/sites/default/files/documents/CI_Prostitution), 207, 12.



*"I think mental health is definitely a constant struggle... the priority is [usually placed on] assisting people in emergency, crisis situation. And so people who are trafficked on their way to the US are traumatized but are under no immediate danger. So, people who have been trafficked in the past, and are currently safe, but still need counseling and therapy for their wellbeing and sometimes it is very clear to us that people are severely traumatized. They also need counseling for their purposes of their immigration to support their application with a good solid letter from a therapist with who they have an ongoing relationship with and have been receiving services from for a significant period of time. Explaining the impact, and I think along those lines, with therapists and mental health, we need more mental health providers who are low cost per individuals because most of our clients are living in poverty and they don't have the means to pay for this... sometimes even a \$30 fee is too much."*

*"You still get charged 30 dollars and most people don't have 30 dollars. That's a lot of money to some people."*

There are a very limited number of therapists who know how to work specifically with trafficking victim-survivors. Some providers pointed to the particular needs of trafficking victim-survivors as being beyond those addressed by common therapeutic models.

*"And also as far as like therapy... more trauma focused like the therapists who are really qualified to work with victims who have been sexual abused or have that complex trauma in their lives."*

*"We lack the advocates there and also having that pool of knowledgeable therapists that have some additional special training to work with trafficking victims."*

*"We have a lot of therapist that are trained in trauma-focused therapy. But this goes beyond. There is not any training I know of therapeutically for or specific to sex trafficking in the long-term trauma [...] It is complex and I don't think there are a lot of therapies specific to complex PTSD."*

*"We, if we had an organization that we could send all of our traumatized patient to, that's what we need. So for patients who are needing like the EMDR, you know, the DBT. There's just not enough therapists in the community that can offer them the specialty services."*

Mental health professionals who can prescribe medications are particularly needed, as well as those who are bilingual and can offer culturally-informed therapy.

*"We are working we are trying to negotiate with the psychiatrist but it is the expense... evaluations and medications is a barrier."*

*"I wish we had more bilingual services."*

*- "So non-English speaking kids. What about when you refer? Is that a barrier when you want to refer out services?"*

*"Yes, which is for mental health, substance abuse, and waiting lists and it can be expensive and needs beyond funding, needs beyond what we can provide."*

*"Groups that are tailored to not only them being sex trafficking but really to their community... I mean tailored to if they have different they have different cultural needs when you are working with them. We need a workforce that is trained to meet the need, if it is not a part of training, clinical training, so that people are comfortable, they understand the cultural aspects and that is not happening. We have become - people still think that if you have an addiction you need to attend AA meetings, they are people who are not comfortable in support groups there are people not comfortable sitting in a group talking about their father having sex with them. But people don't understand that, because they are not therapist, and so that is a huge need. So, we need money to hire people who are competent to provide these services because that is part of it."*

Service providers also discussed the need for long-term mental health or substance use therapy. Barriers to this include the need for authorization from Medicaid and other insurance programs.

*"I think moving away from that [short term care] and letting it be a long-term thing, we have started giving out medication... it can't matter that Medicaid or Medicaid will only approve six months and that's it."*

*"It's not the beginning [of treatment] we have to worry about, it's also the end because they're not done with their treatment or working on their trauma or anything, but some doctor in Maryland will say nope, you don't meet the criteria"*

*for this level of care anymore, done! And you're like 'No! They're not!' [...] It's when they've been here six months and we still have work to do with them, and somebody that doesn't know anything of our situation gets to decide."*

## Recommendations

The listening sessions revealed the need for low cost or no cost mental health professionals who are also able to prescribe medications, such as APRNs and psychiatrists, and additional trauma-informed, trauma-specific therapists. Consideration should be given to contracting these therapists to travel to the location of the client's preference (likely to be the primary service agency). This would increase the likelihood that clients have their confidentiality and safety maintained, as well as the likelihood that they access treatment.

Whenever possible, therapists and mental health professionals should be multilingual. This would ensure that trafficking victim-survivors receive the mental health therapy and substance use programming that they need. It would also result in these critical needs occurring in a more timely fashion. This would significantly reduce the vulnerability that these victim-survivors have to further exploitation. For the immigrant community in particular, it would also result in their receiving status (such as a T-visa) more quickly.

Finally, it is recommended to provide funding for pre-treatment to victim-survivors who are put on waiting lists for services or are still contemplating treatment. Pre-treatment can be conducted by peer support specialists and would entail advocacy, referral, one-on-one support, taking victim-survivors to 12 step meetings, and generally helping them stay connected while waiting for placements to open up. Pre-treatment workers would be a part of existing agencies and would be just one phase in a continuum of care for victim-survivors.

## Employment

### Gaps, needs, and barriers

Service providers discussed the importance of job opportunities for the clients that they serve, particularly job options for those with a criminal background. This is essential to preventing the cycle of sex trafficking.

*"Jobs, enough to pay the rent, I don't know, alternative employment I guess if someone finds themselves in that circumstance, if there is another way and it's available to them."*

*"I think that kind of goes into job opportunities, again, that's another barrier as well you know we have a criminal background and that's going to limit you so again some job opportunities or job training. You know we would hope that someone would be able to assist an individual that is like so what am I going to do know to earn money so here's an option or here's an opportunity."*

Another barrier was preparing and successfully placing individuals in employment without knowing their trauma history. Without knowing the trauma background of the individual, it is incredibly difficult to train the employers on how best to manage employees who are victim-survivors.

One service provider expressed frustration on not being able to know if the individual they are placing in employment is a sex trafficking victim-survivor. As a result, they will only know if they are working with a sex trafficking victim-survivor if the individual self-identifies to them.

*"And you can usually tell in a short period of time that there are some problems that need to be resolved and how far you go into them depends entirely on how much they are willing to open up and talk to you. I have got one participant right now looking for part time work for him and one of the stipulations we have to deal with is that he can't sit for long periods of time because he has major issues with depression and unless he is keeping busy constantly it has an adverse effect."*

While they recognized the complex confidentiality issues that create these problems, service providers discussed the desire to find a solution so that the victim-survivor does not have to disclose their trauma over and over again to multiple agencies,

particularly one that is not a behavioral health or advocacy agency, such as legal, housing, employment and education service providers.

*"How do we share information with substance abuse and behavioral health issues and because of the way information is protected or the protected health information is really what it is considered, it is really difficult to share that information so they are very specific releases for information that need to be completed for those individuals. I don't think that we are able to together identify a way to be able to share that because a lot of times the individual doesn't want to give privilege to share that information and do they have such a good relationship with their case managers there that is really difficult for them to express that to others so I think some of the things we have talked about is really good training for staff to understand things to look for, to ask additional questions that could then lead to share more information but even then it is such a tricky issue"*

*"Well usually when someone has a long history of trauma it just seems to me that it would be really useful information - especially if that person has any sort of self-awareness if the whether or not they can sit in a room with the door closed. It can be simple if they can't do that. And for them to be able to tell you that would be really important or "I can't work in an office with a lot of men." Those types of things, those conversations would be really important."*

Echoing earlier conversations about the problems undocumented victim-survivors have in obtaining services, it was pointed out that it is indeed impossible to place an individual in employment without a work permit.

*"I have had quite a few refugees come in or even people in the country during the time for selective service registration so getting the documentation for that can be a nightmare sometimes. Or they don't have their green card or can't find their social security card or they don't have this information and unfortunately with the policies and regulations we have to have it... I think those are two big barriers: the paperwork and also the language barrier."*

## Recommendations

Providers did not highlight capacity issues for employment opportunities in the listening sessions. However, as trafficking victim-survivors are better identified and provided more services, issues with employment may emerge in future. Several problems that were highlighted would require a shift in laws, information sharing, and confidentiality agreements. More research would be needed in order to recommend specific policy changes.

## Education, Life Skills and Financial Services

### Gaps, needs, and barriers

Service providers offered little comment on education except as a precursor to employment opportunities, largely because they were identifying more immediate critical needs. It is likely that as the critical gaps are addressed upstream, such as documentation and mental health therapy, service providers will begin to recognize education as a deficiency.

*"So I think, I mean just from my perspective, from the people I've worked with, a lot of them getting a high school diploma or a GED has not been a big issue anymore. It's been, that's been cleared up a lot. We do have a lot of good connections."*

*"Q: So GED is not a problem?"*

*"A: I mean you still have those exceptions, but there's a lot of support around that, and I feel like its decreased the amount of people who don't have their GED or high school diploma. The post-secondary education that I see the struggle with, is not necessarily getting in or even getting the funding, it's staying with it. The struggles are trying to keep up that work-school life balance um, and I think the problem is that a lot of our young people will get into post-secondary education, but lack the education that they should've received in a high school setting, and so are falling behind so quickly and so they give up because there isn't a lot of support in that post-secondary education."*

*"And even education for her you know getting a GED is great but then what. What are you going to do with it and I think though every woman everybody is born with gifts and strengths right and passions so if we can tap into her passion, her strength her what she was gifted at whatever that may be and help her to get her there. Going back to college getting a degree in whatever she is going to be much more successful and I think that is where I see. I see women who have been trafficked who are there. There is a small percent from what I see. So I think how do we help these women get there to. I see this as a huge need for them."*

Having said that, service providers from seven organizations did discuss the importance of teaching life skills. Providers particularly highlighted the importance of basic financial skills.

*"These are people who have never owned a debit card before, or had a bank account before, or had a driver's license before and they don't know how to use that. I don't know if that is a proper way of using case management. But sometimes something that they can learn those life skills that are needed to come out of the shadows after they do have a green card or a work permit."*

*"And I think there's also an education piece in that housing, I see a lot of young people at 19 get put into their first apartment, they don't understand, they just don't know anything. About housing like, cleanliness, your utility bills, how they'll rack up, like making sure you don't give your spare key to a friend, like-*

*-Q: So kind of basic living skills?"*

*"A: Yeah. I don't know, I've seen a lot of people just not be very successful."*

*"A: We all take that for granted, but a lot of people haven't learned that lesson yet. And even if they were, addiction and mental health issues, all of that can get in the way."*

*"Trying to put life skills into place when they walk out these doors [...] from how to get a driver's license, to how to figure out what is the best buy at Walmart, to how to set up a bank account. [...] To the level of making someone feel confident when they walk out these doors like they can live on their own."*

*"Life skills especially [...] budgeting, [...] with fast money comes fast spending."*

*"You can put someone in a house, and unless you can address their mental illness and talk them how to maintain their house, life skills, and budgeting, and all that, it's going to fail. So that's where you get the revolving door too."*

In the listening sessions, service providers did not identify financial services as an area of critical or moderate need within the Omaha community. As with education, this may be because they were focused on more immediate needs. However, when discussing their organizations services, providers from two organizations highlighted the importance of getting clients access to the benefits to which they are entitled.

*"So they are assigned a case worker, we connect them to Access Nebraska, make sure that they're receiving any benefits that they would qualify for, and then we start working on housing right away."*

*"We will help them apply to Medicaid, ADC, food stamps [...] [the childcare subsidy offered through] Title 20. All those different services"*

There may be an opportunity to help other service providers navigate these systems or become aware of referrals which will similarly serve their clients to ensure that victim-survivors receive these critical benefits.

## Recommendations

Given the importance of teaching life skills when connecting victim-survivors to housing, thought should be given to providing discretionary funding to service providers with residential programs in order to support life skills education. It is critical that service providers are aware of resources to help victim-survivors enroll in public benefits for which they qualify. These steps would improve the success rate in education, employment, and integrating into the community in long-term housing.

## Peer Support

### Gaps, needs, and barriers

Most service provision relationships are based on the client sharing their issues and experiences and the providers offering care and treatment. Peer support differs in that it is based on relationship, reciprocity, shared learning, and mutuality. This unique service offers critical support, mentoring and knowledge based on the specialist's lived experience. Although peer support specialists are used across the state in behavioral health programs, the majority of the agencies who participated in the listening sessions did not have a trained peer support specialist on staff.

*[In response to ideas on creating perfect services] "I also think a platform for opportunities for them to speak out if they want to. If we could provide... a platform if they want to speak out to have others that maybe haven't come forward if that is part of their healing journey."*

## Recommendations

It is suggested that training opportunities for sex trafficking victim-survivors to become peer support specialists be identified and that funding for those trainings be provided as an initial step in building a victim-survivor/peer specialist workforce.<sup>5</sup> This will also contribute to the victim-survivor infusion concept mentioned below in the 'values' section.

It is also recommended that funding be provided to hire a victim-survivor leader, not associated with a particular service provider, who builds an advisory council responsible for infusing victim-survivor leadership across the service provider network. Among the goals of the advisory council might be planning how best to develop a forum for victim-survivor leadership and peer mentoring and to place victim-survivors in prominent leadership roles to steer the anti-trafficking community in victim-survivor informed directions.

These recommendations would create job opportunities for victim-survivors and offer them the opportunity to use their traumatic experiences in a positive, therapeutic way by assisting other victim-survivors.

## Service provider values

The Network of Services working group developed a set of values that ideally would inform the service provision network. This part of the report reviews what the listening sessions revealed about the degree to which these values are currently embedded in the community.

### Gaps, needs, and barriers

Service providers who participated in the listening sessions expressed respect and genuine concern for the victim-survivors in their agencies. Most agencies had at least one staff person who was passionate about the issue of sex trafficking and seemed to have taken the initiative to become more informed on their own, even if it wasn't required for their position. Agencies and staff strive to invest in their clients as best as they can. However, they currently work in a 'do more with less' climate, where funding is tentative and needs are high. This is especially true with victim-survivors of sex trafficking who have multiple needs and complex problems. The road to healing can be long for victim-survivors, and this is a challenge for many providers with limited resources.

### *Trauma-informed care*

Chronic traumatic events and adversity results in Complex PTSD for many victim-survivors, which requires highly sensitive, trauma-informed environments. Trauma-informed care is not treatment, but rather a philosophic approach and requires a safe environment for victim-survivors and staff. According to the Substance Abuse Mental Health Service Administration, trauma-informed care is informed by the principles of safety, trustworthiness and transparency, peer support and mutual self-help, collaboration and mutuality, empowerment, voice, and choice, and a focus on cultural, historical, and gender issues. Most providers participating in the listening sessions referenced organizational efforts to make ensure that their care was trauma-informed, including either training for employees or agency-wide reviews of policy and practice. However, trauma-informed care was a less familiar concept for a minority of agencies. These included both agencies that serve client populations which might include a lower proportion of individuals who have experienced trauma and those which are newer and / or less professionalized.

### *Victim-survivor-infused approaches*

<sup>5</sup> The Office of Consumer Affairs within the Department of Health and Human Services previously offered such trainings for peer support specialists and has announced plans for a redesigned training and certification program to be offered in 2018.

Prioritizing victim-survivors' agency and autonomy is a cornerstone of trauma-informed care, as well as a key value highlighted by the Network of Services working group. Most of the agencies participating in the listening sessions demonstrated a consistent effort in maintaining emotional and physical safety for their clients. However, many are still grounded in the belief of 'doing for' clients instead of 'working with' clients. Although they have the best of intentions, many agencies still struggle with true collaboration with victim-survivors. In addition, providers are tied to a system of accountability that requires that they 'fix' clients versus promoting the victim-survivor's existing strengths and resilience. They are also expected to meet a rushed, arbitrary deadline for recovery imposed by Medicaid or other government regulations.

*"Because it is employment training program, it can be tricky to bring people in who may not be necessarily ready for training or employment, and how we can get them ready without filling a role for a behavioral health specialist or social worker [...] that in and of itself is tricky for the wheel of programs."*

The task of respecting and empowering victim-survivors includes a particularly delicate balance for providers working with minors. This is both because children and teens need different guidance and support than adults and also because providers are subject to mandatory reporting requirements.

*"It is kind of a fine line with law enforcement regarding the applications to report for those minors. I had a kid a few weeks ago who was only 14 and there was an STD testing that ended up being positive for everything under the sun and she had already run. [...] She knows enough to know if she comes back here police are going to pick her up. And she's going to potentially get detained or put somewhere she doesn't want to go. [...] I don't know it's hard. I wish personally that these kids did have a right to confidential private healthcare [...] but on the flip side [she could] get murdered the next day [...]. But if she is not going to get any care at all [...] I'd still rather her get treated and get food and get a coat and go back to where she was than nothing."*

In short, it is challenging for providers to build relationships, trust, and empowerment with victim-survivors while also addressing their complex needs on a timeline. Nonetheless, some providers highlighted that they try to adjust practice (sometimes even against policy) to the extent they can for their clients benefit.

*"When she wasn't showing, the policy is that after so many no-shows we have to kick them out. But that does not apply, I mean, there is no black-and-white here. [...] It's building trust, that I'm not going to drop you. I'm going to be flexible. It goes along with that trust issue and respecting where they're at."*

Other providers demonstrated understanding of how respecting a victim-survivor's choices, even when they are difficult for a provider to understand, is important to achieving the long-run desired outcomes.

*"We have had cases where after they've come here a few times then they're ready to [report an abusive situation], and so then our respecting of their autonomy has been beneficial because then they know that we're trustworthy. And the next time that they're abused or the next time that they're in a situation, where they're at their limit, where they're at the edge of their cliff, they know where they can come."*

Some providers without as many policy or regulatory constraints specifically highlighted their ability to meet victim-survivors where they are and give them autonomy as major benefits of their models.

*"I think the one thing we do very well at is, we give them a choice, [...] it's your choice we're just letting you know what your options are, it's up to you what you want to do, were not here to make them do X Y Z or anything else. That's the one thing, I figured there's enough people doing that."*

*"[Our program's timeline] is kind of open ended. We're looking at it more individually than saying, you know its 30 days or 60 days or 90 days. We don't want that panic to set in when there's been less progress. Let's say you've got a 30 day program, and one of [the clients] been here three weeks. [...] We'd be trying to figure out at this point, what is she going to do? And she [might] not [be] there yet to even know what that looks like. So we haven't put an actual cap on [our program]."*

*"That's kind of the bedrock of trauma informed care. you know? They have autonomy. It's their lives not ours."*

*"For someone whose whole life or big chunks of their lives have been characterized by not having any agency or power, or trust, to be given a key, it's like 'You can stay, you can leave, you can do whatever you want.' Just that alone is*

*healing and transformative.”*

Providers also expressed that working with law enforcement could be in tension with the goal of supporting victim-survivor autonomy. For example, providers from four organizations mentioned having had negative interactions with different law enforcement officers who they perceived to be unduly aggressive or unaware of trafficking issues. One provider also highlighted that they need to clearly establish there is no quid-pro-quo for women who are referred by law enforcement to access their services:

*“I think that’s a bit of a struggle, like when we started working with the FBI, I know that they want them to do certain things. [...] Sometimes those ladies are coming in under the impression that they have to testify or they have to do this or they have to do that for them to stay in our facility. And we make it very clear that ‘no, that’s their deal, our deal is to keep you safe.’”*

Finally, during the listening sessions, providers were asked about roles for victim-survivors as staff or board members as well as peer supporters. Only four of the organizations in the listening sessions had or planned leadership roles for victim-survivors of trafficking<sup>6</sup> as members of staff or peer supporters. However, this dearth of roles may reflect the fact the relative novelty of a focus on the trafficked population, since more organizations had mechanisms for other recipients of their services to help guide the organization.

#### *Inclusive approaches*

Service providers expressed commitment to inclusive approaches but also highlighted areas where they felt efforts could be strengthened. In terms of particular language or cultural groups, Spanish-speaking communities were the most frequently mentioned. While a few organizations mentioned outreach or services specifically to this community, they also noted that bilingual services are still underprovided relative to need. Providers mentioned concerns about lack of appropriate resources for members of other language and cultural groups.

*“[We’d like the resources] so that our protocols are [to] see families and individuals by themselves versus having an interpreter with them. Or if it’s an interpreter, it’s not a family member or it’s somebody that’s truly an interpreter, which is kind of a cost issue right now. We have Spanish covered, but there’s a lot of other languages that we see, we see a ton of immigrants, [...]”*

*–On our busiest day in the clinic we’ve seen 5 different languages plus I don’t know how many dialects go through, from maybe 12 different countries.”*

Other providers highlighted a potential lack of culturally and linguistically appropriate resources for speaking groups, such as indigenous (non-Spanish speaking) Guatemalans, Native peoples, Sudanese or Asian peoples. These go beyond just translation services. For example, one service provider underlined the particular needs of someone from a very tightknit community:

*“[We need] groups that are tailored to not only them being sex trafficking but really to their community [...] In a big support group, [...] these people know so and so’s families and so what if it is retaliation and what if [...] another participant says] ‘well you are talking about my cousin,’ because everybody is so closely related [...]. We have people who are coming from reservation mode so they are on a daily basis they are see someone in that family, so how do you talk about those things?”*

Providers who spoke about LGBTQ communities highlighted some efforts to more effectively serve this population. For example, one organization mentioned that they recently redefined what had been a women’s support group to be open to any trafficking victim-survivor, regardless of gender. Providers also highlighted the need for more training and knowledge to ensure they serve them well, however.

*“I would also say the LGBTQ community, we’re missing on education for people to be able to understand what it is they’re experiencing.”*

<sup>6</sup> One of these organizations served women who had been involved in commercial sex more broadly, so the victim-survivors on staff may not identify as having been trafficked.



*"There is still a need out there for the transgendered community. [...] I feel like there needs to be some education for workers on how to best serve them because it is different. [To serve a transgender woman] I would have to learn a little bit more about how to approach her [...] There are differences there that I don't understand."*

*"I have a civil liberties attorney to talk to and someone else. Just so we can be sure, because the transgender community came up and I don't have a problem serving anyone but I need to know that I am serving you the right way. I don't need to re-traumatize you [...] And even when we do what that looks, [...] what kind of programming do we need in place? [...] How do we make sure that we don't cause more harm than good to that person? [...] So we don't want to jeopardize the safety or the mental health of anybody [...] We just want to be able to make sure that not only do we serve everyone, but we serve each one with the highest good."*

One provider noted that in the context and population he serves, any needs that are particular to their sexuality or gender identity are less pressing than those arising from mental health needs.

*"Trans folks and transitioning or not, the issue for us has never been like, putting them somewhere.[...] To me, I think the issue is not necessarily their sexuality or they're trans or whatever, it's the underlying mental illness that makes it sometimes virtually impossible to work with them."*

This observation highlights that among those who have been trafficked, individuals are likely to have complex needs which both include and extend beyond any associated with their particular demographic groups. Truly inclusive programs will recognize these intersectional issues.

### *Learning and evaluation*

In terms of evaluation, a few organizations reported using a basic evaluation or process that measured if the clients felt that their needs were met. Unfortunately, the evaluative process rarely includes any type of meaningful discussion and is typically limited to a survey with questions that are not consistently completed. Furthermore, the listening sessions revealed a wide spectrum of organizational investment in evaluations. For example, one organization mentioned an intensive effort underway to codify evaluation methods to get a whole picture of program efficacy.

*"We know we're doing good work, but we want to be able to present that using actual data analysis. So part of that is looking at the intake questionnaires and standardizing those trying to use those that are widely used in research [...] And then looking at the different touch points across the program, so when should we be assessing things like employment and how are they doing with sobriety? And what does that look like because we know that they're sober, but we also know that some of them are going to relapse, so how do we document that in a way that we can use it in a broader context to talk about the effectiveness of our program?"*

At the other end of the spectrum, one provider acknowledged that they had not yet really invested in evaluating outcomes.

*"Q: So how are you gathering any data?"*

*A: You know - I was so bad about that. I should have been over the years. [...] In developing [the program] it wasn't even a thought so no. I failed terribly at data."*

Moreover, from conversations with some providers, it was clear that in many cases data collection efforts does not usefully support service providers' provision of care to clients. For example, some providers said any questions about data would need to be directed to another staff member whose domain it was in, while others seemed unaware of what (if any) reports could be run given the data they collected. These findings indicate there is an opportunity to support organizations in crafting evaluation strategies which will provide findings that are useful for those individual providers and their clients and the community overall.

### *Staff wellbeing*



Safety and well-being are imperative for staff as well as clients, and the listening sessions showed that only one agency had a formalized plan for preventing compassion fatigue among staff. When working with clients who have experienced such violent histories, the question is not *whether* the staff will be impacted-- it is a matter of *when* the staff member will be impacted. Burnout and high turnover rates causes agencies to lose experienced, skilled staff and make continuity of care difficult.

*"It's hard when you're seeing client after client with so much complex trauma, and not much in the middle to decompress, we tried talking, I think we just need to do more talks and trainings about it, it's that each one of us self-regulating ourselves throughout the day taking 5 minutes to do it- to do something, to catch yourselves. Because we can be high alert, hyper aroused, flight or fight mode throughout the day and I won't even catch it. It becomes so integrated. It wears and tears on your mind. And I see high turnover as well... Just staff in general honestly. I think that's everywhere. And I think just having a space to talk about you know the fear of the unknown; that is definitely there, so the training piece is so important, but you can only know so much and learn so much until you are in it. So having a space- and I talked about this earlier- to debrief and I think that comes from the top down then."*

*"I joke about that my poor husband has tertiary trauma because I come home and just unload everything on him. But our turnover rate is astronomical, I have only been there for two years and there is maybe one person who was there when I started. Most positions have turned over three or four times so I think there is obviously a huge gap in that and it is multi-faceted definitely I think that the burnout is really, a real thing."*

*"I can see it in others [and ...] sometimes I feel numb about it as well, I mean people - newer staff - will be like "Oh my God" and having this traumatic experience, where I am like 'It's life. It happens,' you know?"*

*"[When describing interactions with clients where the clients can be aggressive.] There's all these things, and then you know, you can be told how terrible you are so much. And then the fifth person that comes up, thinking about trauma informed, [...] the tone of your voice is probably not what it should be."*

Providers from eleven of the organizations mentioned some trainings on self-care or compassion fatigue in the listening sessions. These trainings ranged from video modules as part of online trainings, to internal and external in-person trainings. In addition, a minority of organizations have formal wellness committees or groups. However, when asked about self-care, the majority of providers focused on informal practices and supportive cultures.

*"And I think that takes a toll on the staff because then they feel like they failed in some way which they haven't. So we'll try and talk about that and stuff and, so it's just a lot of peer-to-peer."*

*"Coming from a larger agency and coming to [organization], [organization] has really open doors. When I need assistance with something I know I can go to [coworkers] or anyone around and get that guidance. It could just be problem solving with a client, like I just need some resources. [...] And it is nice to be here with someone who has been here for so many years, and have kind of laid that groundwork."*

*"It's sad story after sad story. [...] I'm amazed [the intake workers] can sit all day and listen to it."*

*Q: But are they talking about how they are impacted?*

*A: Yes, not as much as I would like. This is one of the things we are moving toward. In fact, we just hired a director of human resources."*

Providers also emphasized the importance of flexibility in terms of being able to step away to decompress and also to prioritize commitments outside of work.

*"But I mean from our experience you know, [organization] and my supervisor they're really great about allowing you to kind of decompress and kind of breathe."*

*"This is a very good place in not only understanding the family dynamics but also what needs to be done at home to take care of people at home. It is very much so if this is what you need as long as there is communication [...] If you need a minute. It is pretty open door if you need to talk to someone you could really reach out to anyone to figure something out."*

*"[In response to whether the agency has formal support for preventing or otherwise dealing with compassion fatigue:] We've done those trainings... And we try to be cognizant of it um, by having a flexible schedule the flex times, so we're*

*never purposely working overtime, so if you stay late one night, take off early the next day, things like that. Also if it's a time where I can see people are just frazzled and burned out then we just get them some time away. I say go, leave."*

New, and caring staff are most at risk along with those working with marginalized, profoundly traumatized clients. Almost all agencies recognize this as a problem but typically lack resources to provide adequate benefits, train supervisors to truly support staff, and organize strategies to deter compassion fatigue.

*"I know this is a really big dream... I know that for the majority of nonprofits that I have worked with or been a part of, 32-hour work weeks are not feasible, but if we were all talking the same language about being trauma-informed with your staff, what training is important, one thing you need to do to take care of the people serving these clients so that they are best able to serve those who we are working with. And that is consistent messaging. I think that would help all of us serve the clients holistically, better. I think it also knocked down some of the silos that we see when we have difficulty finding housing or any of the other services and we are frustrated. So it just helps to get that self-care piece in check, you're gonna be less irritable, better to communicate with others and more understanding and passionate to what we have and cannot provide for clients when that time comes."*

*"Talking the same language; a lot of agencies and places misunderstand self-care, somebody might tell your staff to go get a massage or a pedicure and that actually really isn't self-care, that can be a relaxation technique. But self-care really is a longer term commitment of making meaning out of people's experiences, having good communication, being able to see that trauma is vicarious and that being up with someone you can experience all those so having some agreed upon language about what that is. Some agencies will tell you that they're super great because a supervisor would say why don't you go home and take the afternoon off and take care of yourself but that is a band-aid, that's an afternoon off, it's not actually an investment in self-care."*

## Recommendations

Coordinated efforts are critical when working with individuals that require so many services: healthcare, substance use disorder treatment, mental health counseling, dental care, housing, education, employment, legal services. No one agency can meet the demand. Therefore, it is recommended that every effort be made to have a coordinator or navigator be in place to ensure values such as integrative, holistic care be provided and that all service provision can be measured for accessibility and success. Improved communication and better service coordination will improve continuity of care and ensure that victim-survivors receive comprehensive, holistic, recovery-based care. This, in turn, results in long term, sustainable recovery.

It will be critical to address the health of the workforce. To maintain a healthy workforce that responds to sex trafficking victim-survivors, more training and implementation of prevention and intervention strategies of compassion fatigue would be beneficial. It is recommended that funding be provided to examine the system, not just one agency, to identify cost-effective, supportive, practical, meaningful strategies to both intervene and prevent compassion fatigue. It is important to move past the 'band aid' responses of asking staff to practice self-care and move to a systemic wellness approach. A more comprehensive approach to preventing compassion fatigue and investing in staff will ensure a stable, healthy workforce, less staff turnover, improved continuity of care, and stronger service provision.

Service providers are motivated to fully integrate trauma-informed care into their practices; however, resources may limit their abilities. Many behavioral health agencies have already had general training on trauma-informed care as well as participated in trauma-informed care agency self-assessments. These agencies have made great improvements regarding emotional and physical safety for clients but still struggle with inclusion of the victim-survivor voice and collaboration. Because they lack victim-survivor advisory boards or other processes that gather critical information from victim-survivors it is imperative to implement a formalized process to infuse victim-survivor's lived experiences into programming and evaluation. Therefore, it is recommended that funding be provided to hire and develop victim-survivor leadership to carry out several goals:

1. First, to create employment opportunities for victim-survivors to become trainers, educators, peer support specialists, program evaluators, and developers of best practices and policies. They are experts on the topic of sex trafficking and should be considered an important resource utilized by programs for consultation.

2. Second, to promote victim-survivor infusion in all programs. This can be accomplished by agencies developing victim-survivor advisory councils, employing victim-survivors as staff and on their board of directors. Many agencies reported that they want to include victim-survivor voice more often in programming, but are afraid of harming victim-survivors or struggle with providing those opportunities in a meaningful way.
3. Third, to offer an effective means of evaluation to programming, practices and services through victim-survivor's perspective.
4. Lastly, to validate the value of victim-survivors. Victim-survivors of sex trafficking are often left feeling unworthy and with diminished sense of autonomy from victimization.

Victim-survivor experience can contribute much to the response to sex trafficking prevention and intervention. Creating a more fully victim-survivor-integrated system will result in improvement in evaluation, higher quality services, reduced stigma, opportunities for positive role-modeling, increased collaborative practices and sensitized policy development.

## Summary of Recommendations

While the listening sessions revealed a number of gaps in service provision across the Omaha community, the major challenge can be summed up as the need for organization at the network level. Service providers need to know what services are available across the community and what requirements are necessary to get into each given agency/program. Nearly every agency lacked the confidence that they had the ability to really identify victim-survivors of trafficking well—a long-term confidential screening and information sharing process that follows the clients through the service provider network would make it possible to not only identify victim-survivors, but to keep track of their identification for services, and to make sure that they are connected to all the services/benefits/insurance that they are eligible for. Until these issues are dealt with, existing community resources will not be efficiently used and additional resources will not be effectively allocated across the network to maximize community-level outcomes.

These problems are not unique to Omaha's anti-trafficking effort. Research argues that they are endemic across the country. Todres (2010) argues that human trafficking is a relatively new issue towards which resources are increasingly being directed. However, scant attention is being given to the need for coordination, since most organizations and donors want to provide a more "tangible end product." Todres points out that the lack of coordination results in serious systemic inefficiencies that are left unaddressed; a 2009 UN Secretary-General report states that this is a "recurrent theme." One statement in particular summarizes much of what we heard in the listening sessions.

*"In many cities, if one asks even basic questions such as 'is there a list or database of organizations/agencies working on these issues here in this city?' the answer typically is 'no' or, at best, 'yes, but it's incomplete or out of date.' When one considers the fact that government agencies and social service providers often do not have a clear idea of how each agency and organization fits within the multi-sector network of services for victims, it is no wonder that victims struggle to figure out how to access services, at-risk children often do not have access to information that might help them avoid exploitation, and traffickers can continue to operate with little risk of punishment." (Todres 2010)*

Not only does better coordination ensure that victim-survivors do not fall through the gaps in service, but building evaluation into the coordination effort would assist in prevention efforts as well.

Our overall recommendation is to focus on identification, network coordination, and ongoing evaluation of the network of services for trafficking victim-survivors. As these needs are met, we envision that other challenges and gaps will emerge downstream in the hierarchy.

### Recommendations

The following is a list of the recommendations made in this report. Service providers in the listening sessions identified staff turnover, trafficking-specific competencies, and cross-agency communication as huge problems. If the recommended hires are going to reduce the gaps that they're intended to address, we urge that consideration be given to hiring highly competent and collaborative professionals to serve as a central resource for the network, although they may be housed in a particular agency.

- Develop or adopt an assessment tool (*Screening & Assessment*)
- Integrate the screening tool and the assessment tool in agency systems (*Screening & Assessment*)
- Hire in-house screening professionals (preferably multilingual) in 3-4 major agencies (*Screening & Assessment*)
- Develop and maintain a continuously updated central repository of information that includes a list of agencies, the services that they provide, their current available capacity, and their program restrictions (*Coordinated Services*)
  - Make this information easily accessible to agencies and available around the clock
- Conduct ongoing research and evaluation of the information contained in the repository (*Coordinated Services*)
  - Include a systemic evaluation identifying cost-effective, supportive, practical, meaningful strategies to both intervene and prevent compassion fatigue (*Values*)
- Hire a navigator(s) to provide immediate access to accurate information and coordination of services (*Coordinated Services*)
  - Have the navigator create opportunities to develop a forum for service providers who come into contact with trafficking victim-survivors to exchange information about their services.
  - Have the navigator ensure values such as integrative, holistic care be provided and that all service provision can be measured for accessibility and success. (*Values*)
- Provide training to the service provider community on the availability and use of the repository (*Coordinated Services*), best practices and lessons learned emerging from the research/evaluation and community assessment (*Coordinated Services*), use of the assessment tool (*Screening & Assessment*), and implementing trauma-informed care specific to sex trafficking into agency policies, services, and practice (*Values*)
- Provide discretionary funding for transportation to agencies working with trafficking victim-survivors, particularly those agencies who would serve as the first point of contact for a victim-survivors (*Transportation*)
- Hire or contract mental health professionals able to prescribe medications (*Mental Health & Substance Use*)
  - Provide free services
  - If possible, professionals should be bilingual
  - Consider having these health professionals travel to the location of the client's preference
- Hire trauma-informed, trauma-specific therapists. (*Mental Health & Substance Use*)
  - Provide free services
  - If possible, professionals should be bilingual
  - Consider having these health professionals travel to the location of the client's preference
- Provide funding for pre-treatment to victim-survivors who are put on waiting lists for services or are still contemplating treatment. (*Mental Health & Substance Use*)
  - Pre-treatment can be conducted by peer support specialists and would entail advocacy, referral, one-on-one support, taking victim-survivors to 12 step meetings, and generally helping them stay connected while waiting for placements to open up. Pre-treatment workers would be a part of existing agencies.
- Provide funding for sex trafficking victim-survivors to take advantage of the training to act as peer supporters (*Peer Support*)
- Hire a victim-survivor leader(s) and provide funding for them to build an advisory council responsible for the following goals (*Peer Support & Values*)
  - Create employment opportunities for victim-survivors
  - Infuse victim-survivor leadership across the service provider network
  - Offer an effective means of evaluation to programming, practices and services

- Validate the value of victim-survivors

### Additional Considerations

The following is a list of the recommendations made in the report that were not specific to trafficking and/or mentioned less often.

- Provide flexible funds to agencies for rapid re-housing, should capacity become an issue (*Housing*)
- Put forward policy efforts intended to address the issues associated with the T-visa (*Legal*)
- Hire or contract lawyers who specialize in trafficking, prostitution, and immigration issues in order to provide free legal services for victim-survivors (*Legal*)
- Work to establish a diversion court that follows best practices laid out by the Center for Court Innovation (*Legal*)
  - Train judges and advocates of the diversion court
- Provide discretionary funding to service providers with residential programs in order to support life skills education (*Education*)

## Appendix: Agencies that Participated in Listening Sessions

The following organizations participated in listening sessions:

1. Family Works (A program of Heartland Family Service)
2. Heartland Workforce Solutions
3. Justice for Our Neighbors
4. Legal Aid
5. Lutheran Family Services
6. Magdalene Omaha
7. Men's Focus Group
8. Nebraska AIDS Project
9. Nebraska Alliance of Child Advocacy Centers
10. Nebraska Urban Indian Health Coalition
11. Nebraska Families Collaborative
12. OneWorld
13. Planned Parenthood
14. Ponca Tribe
15. Porto Urgent Care Clinic (A program of Heart Ministry Center)
16. Project Everlast
17. Project Harmony
18. Renew
19. Rejuvenating Women
20. Rescue Nebraska
21. Safe Haven (A program of Heartland Family Service)
22. Salvation Army
23. Santa Monica House
24. Siena/Francis House
25. Women's Center for Advancement
26. Youth Emergency Services (YES) Inc.