

From Research to Practice: Insights for Effective Familial Trafficking Responses

Study Description

RTI International funded exploratory research to improve training and technical assistance (TTA) provision to anti-human trafficking responders. The RTI team conducted a scoping review of familial trafficking literature and interviewed survivors of child familial trafficking and anti-human trafficking practitioners who serve this population in Louisiana. This report encapsulates the findings from both of those efforts.

To learn more about the study's methodology, outputs, and more, visit <https://www.rti.org/impact/familial-trafficking-research-training-technical-assistance>.

Overview

The goal of this report is to provide practitioners with information about familial trafficking (FT) to increase their awareness of and improve their response to familial trafficking cases. Topics explored in this report include the following:

- ★ **Case characteristics**
- ★ **Challenges and barriers**
- ★ **Promising practices**
- ★ **Survivor perspectives**
- ★ **Recommendations for the field**

SUGGESTED CITATION

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DEFINITIONS

Familial trafficking (FT)

FT is a form of human trafficking in which the perpetrator is a family member. Family membership may be established through blood (i.e. biological mother), legal ties (i.e. a stepparent) or functional relationships (i.e. an unrelated child who lives full-time in the household).

Training & technical assistance (TTA)

Training and technical assistance (TTA) is the planning, development, and delivery of activities designed to achieve specific learning objectives, resolve problems, and foster the application of innovative approaches.

Perpetrator characteristics

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"It's one thing if it's a pimp and it's somebody that's not necessarily supposed to love you, but when the people that are supposed to love you and take care of you over everything are the ones that are hurting you, it's a different type of wound."

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Service providers identified mothers and grandmothers as the most common perpetrators of FT, though boyfriends of caregivers, fathers, grandparents, and aunts/uncles were also identified. Perpetrators often exploited the victim's attachment or used the family bond as coercion. For example, one provider shared that a survivor they worked with was told that if they did not engage in the exploitation their siblings would go hungry, or the family would lose their home.

In many cases, there was vulnerability in the household that led to the trafficking of the child. This included single parent households with limited financial support, incarcerated parents, poverty, or a caregiver's chaotic substance use.

Service providers identified cross-generational trafficking as a commonality across the FT cases they had worked. This was described as victim/survivor's caregivers exploiting their children because they were exploited by their caregivers and that experience was normalized for them. In some cases, the caregiver was actively being trafficked while also facilitating the trafficking of their child leading to further complications in understanding the dynamics of FT cases.

Victim characteristics

Providers recognized that they had served people with a wide variety of identities. However, providers did share that most FT victim/survivors they had worked with were young women. Other common characteristics of FT victim/survivors included low socioeconomic status and living in more rural parts of the state.

Victim/survivors often believe their exploitation is their responsibility in the family. Some survivors expressed that they had additional shame and guilt from never questioning their exploiter and being obedient out of respect. Both survivors and practitioners recognized that victims/survivors' sense of self worth was damaged by the FT experience because their value in the family unit was tied to their ability to contribute financially.

Differences between familial and non-familial trafficking



Exploitation and abuse tends to begin earlier



Advertising for exploitation tended to be word-of-mouth rather than web-based, making it more difficult to identify



Victims are less likely to disclose their victimization because of their insecure attachment to their abuser



FT is often multi-generational in nature

Barriers to familial trafficking identification

There are barriers to identification at the individual, community/system, and societal level. Victims may not believe they are being victimized. They often have a high level of connection to their traffickers that can prevent them from wanting to leave the situation. They may also be fearful of the consequences if they report their abuse. Additionally, some professionals see the victims as 'bad kids' or see the behaviors from their trauma without seeing what's beneath the surface about the 'why' of their behavior.

At the community/system response level, screening for FT is limited. Existing screening tools don't record the relationship to the perpetrator. In many cases, screenings are not geared toward younger children or provided in a developmentally appropriate manner. In some cases, providers are misidentifying FT as co-occurring crimes like child sexual abuse.

At a societal level, there are misconceptions about what trafficking 'looks like'. There is a level of cognitive dissonance with FT because people cannot understand how a loved one could harm a child that way.

IDENTIFYING GAPS

Familial Labor Trafficking

Research on familial trafficking is limited. On top of that, labor trafficking is discussed in few of those studies. During interviews, respondents recognized that they are not as familiar with labor trafficking and have identified significantly fewer cases of labor trafficking than sex trafficking.

Systems-level challenges

Providers interviewed during this project identified the following as critical challenges.

- ★ **Limited trauma-informed mental health and substance use treatment programs**
- ★ **High rates of recantation from victims in FT cases**
- ★ **Prosecution challenges, including lengthy investigation and limited prosecution**
- ★ **Challenges getting parental consent for services, engaging with non-offending caregivers**
- ★ **Lack of residential services for victim/survivors**

Complications working with caregivers

Generally, integrating family members and caregivers into recovery services for survivors of violence is a promising practice. However, several providers articulated the difficulty in engaging a non-offending caregiver in that process for FT survivors. Providers described that even non-offending caregivers may have a 'sliding scale' of culpability. For example, even if they did not directly harm the victim they may have helped cover up the crime. As a result, there is not a uniform way to safely integrate caregivers into the service provision process. To overcome this, some providers described limiting all engagement with caregivers, while others discussed ways they tailor their response to each individual case.

Training, outreach, and collaboration

Both providers and survivors identified training and outreach as a top practice to improve identification and response to FT. Specifically, participants believed that child welfare and law enforcement should be trained on FT.

EFFECTIVE INTERVENTION

Louisiana's Familial Trafficking Training Program

The Louisiana Office of Human Trafficking Prevention designed a training curriculum and train-the-trainer program that focuses specifically on familial trafficking. Many study participants credited this training as the first time they had gotten specific information about this form of human trafficking.

To learn more about this training, visit <https://www.humantrafficking.la.gov/>

As with general anti-trafficking work, multidisciplinary work was identified as an effective approach to respond to trafficking cases. Several respondents discussed the Louisiana Care Coordination model and how the collaboration between Child Advocacy Centers, child welfare, and law enforcement could enhance their response to these cases.



Effective treatment interventions

Despite the challenges, providers and survivors alike recognized that there are approaches that are promising to serve this population. Namely, survivors and providers alike recognized that trust, relationship-building, and trauma-informed care were foundational to effective treatment for familial trafficking survivors.

Additional examples identified by providers include:

- Trust-based Relational Intervention (TBRI)
- Trauma-certified therapy
- Access to education
- Advocacy support
- Grief work (in a therapeutic setting)
- Mentorship
- Residential services
- Meeting the child where they are (i.e. not speaking ill of the family, using language they prefer to describe their life)

One theme across service providers as they discussed programs that they believed were effective were those rooted in an empowerment approach with the victim. Examples of this included giving FT victims their own agency to make decisions about care/services, not speaking ill of the child's family if they felt a strong sense of attachment.

Systems engagement

All survivors interviewed for this study had some level of engagement with child welfare. However, they were not identified as FT victims at the time. All survivor participants had accessed mental health treatment, shelter/housing, and substance use treatment. Participants retrospectively wished they had accessed legal advocacy or education and life skills training.

When asked which factors were most important to them when seeking services, the most common answers were safety, confidentiality, and respect. Each participant discussed how having autonomy to pursue the things that were important to them was a particularly positive factor in service provider settings.

Participants also shared negative experiences they had encountered with service responses. The most common negative experience was not being believed or treated in a trauma-informed manner. The second most common experience was feeling a lack of safety in the setting, encompassing both physical and psychological safety.

Trauma-informed care

Survivor participants described the major impact that the simple act of being believed and accepted had on their healing journeys. When asked how providers could better support people who have experience FT, the participants emphasized the importance of providers building strong, trusting relationships and allowing the survivor to be in charge of their own healing journey.

Survivor recommendations for the field



Increase availability of trauma-informed, safe housing



Develop co-response models with law enforcement & victim advocates for situations when potential victims are encountered



Expand existing training for child welfare professionals to include FT



Train responders on trauma-informed care & the neurobiology of trauma



Believe victims and survivors, trust them to know what they need

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As a minor and an adult, I think I've always appreciated when I've had the ability to have my own agency over what I'm doing... having options, having somebody who's willing to name the options and walk through them with me, I think has been really good... also just being able to name things in my own way and time, because I couldn't do that for a really long time.

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Training & education

When asked what recommendations they had for improving the response to FT, providers emphasized the need for expanded training, outreach, and specialized response strategies.

Topical training priorities included motivational interviewing, relationship-building. Respondents believed that specific sectors would benefit from training on the signs and characteristics of FT. Sectors identified by participants included law enforcement, child welfare, medical professionals, and service providers volunteers. Due to the high volume of FT victim/survivors that are involved in the child welfare system, providers recognized that foster parents would benefit from introductory training on FT and secondary trauma, while schools and public spaces should incorporate awareness efforts.

Finally, providers wanted further research on the prevalence of FT and tailored TTA to address the unique barriers associated with disclosure and service engagement.

EFFECTIVE APPROACH

Survivor-informed and survivor-led programs

Both providers and survivors recognized the necessity of survivor involvement in program design to enhance FT responses. Survivors may be qualified to contribute in a variety of roles, including program leadership, direct service provision, or as expert consultants.

Recommended TTA to improve FT response

- ★ **Create training materials on the neurobiology of trauma and how that may present in FT survivors**
- ★ **Develop resources to explore the use of relational-based interventions with FT survivors**
- ★ **Design a FT curriculum specifically for child welfare professionals**
- ★ **Build screening tool supplements that identify FT**

Conclusion

FT represents a multifaceted and highly complex form of exploitation that demands specialized approaches distinct from other trafficking contexts. Service providers need advanced training and a deep understanding of attachment theory and trauma to effectively care for FT victim/survivors. Continued research and expanded TTA are essential next steps to strengthen identification, service provision, and systemic responses to this underrecognized form of trafficking.

