2019

Human Trafficking in Missouri and Metro East St. Louis: Provider Based Needs Assessment and Demographic Snapshot

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Acknowledgments

Executive Summary

In May and June of 2019, the research team launched a survey intended to 1) provide a needs assessment of social, medical, and legal services in the state of Missouri and Metro East St. Louis (Illinois), and 2) gather demographic data to provide insights into human trafficking occurring in the state and neighboring Illinois counties from the perspective of those working with human trafficking survivors in the social, legal, and healthcare service sectors. In all, 107 respondents who work with human trafficking survivors in various organizational contexts participated in the research. Cumulatively, respondents reported having worked with **422 survivors of trafficking**[1] in the previous **12 months** across Missouri and in the Metro East St. Louis Region in Illinois.

The needs assessment revealed the following key findings:
- When asked to rank order the top five needs for survivors of trafficking statewide, respondents indicated the top ranked needs in the following order:
    1) Mental healthcare/therapy, counseling, and support groups
    2) Transitional housing
    3) Shelter for adults
    4) Shelter for minors
    5) Substance abuse services (residential/detox)
- When asked to indicate the level of need for 37 social, healthcare, or legal services, nearly all of the services reported median responses of "very high level of need" or "high level of need."
- Respondents reported needs unique to each region. Regional analyses uncovered differences in the level of need of various services in different parts of the state. See the full report for regional analyses.

The social, legal, and healthcare service populations were also examined, including basic demographic information. While the service population does not necessarily reflect the true nature and scope of trafficking in the region, as not all survivors access such services for a variety of reasons, the data does represent a facet of the trafficking population accessing social, legal, or healthcare related services.
- Over half of the survey respondents indicated that they primarily worked with adult U.S. citizens (51.28%, $n=40$), followed by U.S. citizen minors (39.74%, $n=31$). Less than 10% of the respondents indicated they worked primarily with foreign national survivor adults or children (7.69%, $n=6$ and 1.28%, $n=1$, respectively), which differs from the national response.
- When asked about the type of trafficking primarily served by their organizations, nearly 80% ($n=62$) indicated they worked primarily with sex trafficking survivors, 16% ($n=13$) reported working with both sex and labor trafficking survivors, and three respondents (3.85%) reported working primarily with labor trafficking survivors across the state of Missouri and Metro East St. Louis/Illinois.

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[1] Duplication is possible, as a single survivor may have interacted with multiple respondents.
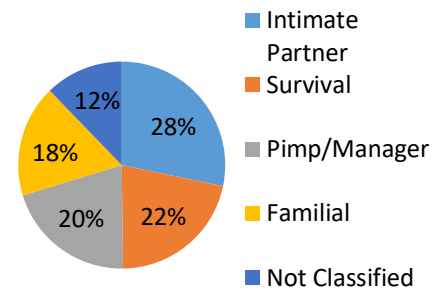
Types of Trafficking

An exploration into demographic factors, as well as the types of human trafficking[2] experienced by survivors within the service population, was conducted. According to providers across the state, the types of trafficking experienced, as well as apparent prevalence, varied from region to region. See the full report for regional comparative analyses.
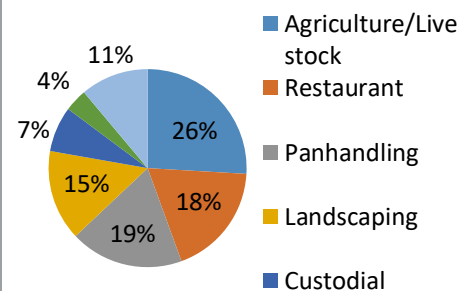
▪ *Type of Trafficking:* The vast majority of survivors reportedly experienced sex trafficking (82.7%, *n*=349), 12.56% (*n*=53) experienced both labor and sex trafficking, and 4.74% (*n*=20) experienced labor trafficking.

▪ *Types of Sex Trafficking:* The 349 reported sex trafficking survivors were most commonly trafficked by a boyfriend or intimate partner (28.27%, *n*=134), due to survival sex/trading sex for basic needs (21.51%, *n*=102), by a pimp/manager who was not an intimate partner (20.45%, *n*=97), or by family members (i.e., parent, sibling, foster parent, or other relative; 17.51%, *n*=83). Fifty-eight (12.23%) survivors had experienced "other/not classified" sex trafficking.[3]

▪ *Types of Labor Trafficking:* The 20 reported labor trafficking survivors experienced trafficking in the agricultural/livestock industry (25.92%, *n*=7), restaurant and panhandling sectors (18.51%, *n*=5 each), landscaping industry (14.81%, *n*=4), custodial/janitorial services (7.40%, *n*=2), construction industry (3.70%, *n*=1), and "other/unspecified" labor services (11.11%, *n*=3).[1] Respondents were asked if they had worked with survivors who experienced labor trafficking in hotels, factory work, carnival work, door-to-door sales, and health and beauty services, and none indicated that they had done so.

Types of Sex Trafficking

- Intimate Partner
- Survival
- Pimp/Manager
- Familial
- Not Classified

28% / 22% / 20% / 18% / 12%

Types of Labor Trafficking

- Agriculture/Livestock
- Restaurant
- Panhandling
- Landscaping
- Custodial

26% / 18% / 19% / 15% / 7% / 4% / 11%

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[2] We use the federal legal definition of human trafficking delineated in the US TVPA, sections 8A and 8B "a commercial sex act induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

[3] Data are non-cumulative on both charts, as survivors may experience multiple types of trafficking in their lifetimes.

Human Trafficking Demographics

- *Gender:* Almost all of the reported survivors were cisgender female (91.48%, *n*=376), with smaller numbers reported as cisgender male (3.89%, *n*=16), binary transgender (2.68%, *n*=11), and non-binary (1.95%, *n*=8). **Cis-females appear to be overrepresented, while cis-males appear to be underrepresented and gender minorities are overrepresented.**

- *Race/Ethnicity:* Respondents indicated about 46% of survivors (*n*=191) were White/Caucasian American, 25% (*n*=104) were Black/African American, and 10% (*n*=42) were Asian. The remaining survivors served were multiracial (8.9%, *n*=37), Hispanic/Latinx (6%, *n*=25), Native American (0.75%, *n*=3), and other/not categorized (2.9%, *n*=12). Taking into consideration the demographic makeup of the state, **people of color were overrepresented, and White/Caucasian Americans were underrepresented**.

- *Sexual Orientation:* Just over 80% (*n*=320) of the survivors reportedly identified as heterosexual, while nearly 20% were reported as bisexual or pansexual, lesbian, gay, or queer (13.6%, *n*=54; 2.27%, *n*=9; 2.02%, *n*=8; and 1.51%, *n*=6, respectively). **Sexual minorities appear to be overrepresented as identified survivors, while heterosexual survivors make up the majority of identified survivors.**

- *Age:* Less than 10% of the survivors were 8-14 years old, while **56.2% were between the ages of 18 and 35,** which implies similar risk as with intimate partner violence (IPV). Nearly one quarter were 15-17 years old. About 8% were 36-45. **These results dispute common assertions that trafficking victims are extremely young or are not found among older populations.**

- *Socioeconomic Status***:** 94.04% of trafficking survivors were poor or working class people. The remaining 5.96% included lower middle class, upper middle class, and upper class. Overwhelmingly, **those experiencing severe financial vulnerability were trafficked.**

Gender
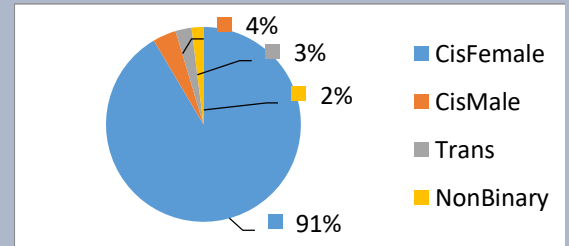
Race/Ethnicity
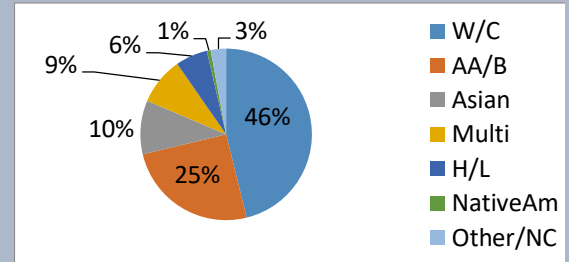
Sexual Orientation
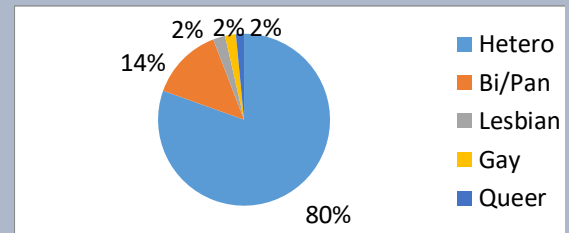
Age
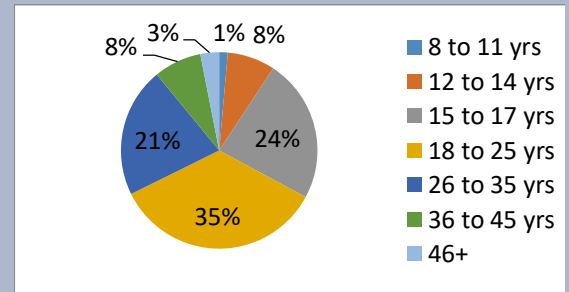
SES
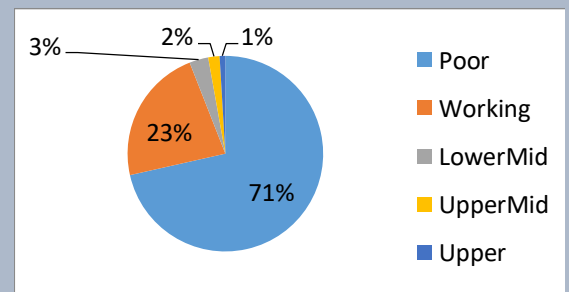
Demographics by Trafficking Type

- The demographic results depicted above largely reflect sex trafficking, as there were only 20 *identified* labor trafficking survivors reported by respondents statewide. When disaggregating the data by the type of trafficking experienced, there were some noticeable differences by age, race/ethnicity, and gender; although, results should be read with caution due to the small sample of identified labor trafficking survivors.

- Respondents reported labor trafficking survivors were all adults, and all but two of those experiencing both sex and labor trafficking were adults, whereas sex trafficking survivors were 35% minors and 65% adults.

- As reported by respondents, labor trafficking was nearly evenly split between cisgender males and females, whereas those experiencing both sex and labor trafficking were exclusively cisfemales, and those experiencing sex trafficking were largely cisfemales in *identified* cases.

- Respondents indicated Latinx/Hispanic people were significantly overrepresented as *labor trafficking* survivors. Asians were overrepresented as those experiencing *both trafficking types*. People of color were overrepresented *as sex trafficking* survivors.

TRAFFICKING TYPE BY AGE

Labor: 8 to 11: 0, 12 to 17: 0, 18-25: 10, 26-35: 8, 36-45: 1, 46-65: 1
Sex: 8 to 11: 5, 12 to 17: 104, 18-25: 109, 26-35: 62, 36-45: 24, 46-65: 8
Both: 8 to 11: 0, 12 to 17: 2, 18-25: 5, 26-35: 6, 36-45: 3, 46-65: 1

TRAFFICKING TYPE BY GENDER

Labor: Trans: 0, Non-binary: 0, CisFemale: 10, CisMale: 9
Sex: Trans: 11, Non-binary: 7, CisFemale: 310, CisMale: 7
Both: Trans: 0, Non-binary: 1, CisFemale: 51, CisMale: 0

TRAFFICKING TYPE BY RACE

Labor: W/C: 6, AA/B: 1, H/L: 10, Asian: 1, MultiRacial: 2, Another: 0, Native Am: 0
Sex: W/C: 181, AA/B: 100, H/L: 13, Asian: 0, MultiRacial: 30, Another: 10, Native Am: 1
Both: W/C: 2, AA/B: 1, H/L: 2, Asian: 41, MultiRacial: 5, Another: 2, Native Am: 0

Background

Missouri is known to have heightened risk of human trafficking in various regions of the state. This risk varies across urban and rural areas, related to inaccessibility of quality education and jobs, economic deprivation, food insecurity, and systemic inequality (Heil & Nichols, 2015). Previous studies exploring human trafficking in Missouri find familial sex trafficking, pimp-controlled sex trafficking (intimate partner and non-intimate partner), survival-sex among homeless or transient minors, child pornography, agricultural labor trafficking, as well as labor trafficking in restaurants, lawn care, construction, salons, and factories (Deckert, Warren, & Britton, 2019; Heil & Nichols, 2015; Schwarz, 2017; Smith, Vardaman, & Snow, 2009). Both qualitative and quantitative research in the region indicate lack of services to address the variety of trafficking that is present in this state. A study focusing on St. Louis and the bi-state area identified gaps in social services, including lack of LGBTQ+ competent services, shelter for both adults and minors, and trafficking-specific residential services (Heil & Nichols, 2019). Schwarz (2017) indicated in a report examining Kansas and Missouri that trafficking-specific resources were lacking, as well as resources for survivors, such as job training, education, medical care, housing, and mental healthcare. Further, Preble and colleagues (2017) conducted a statewide environmental scan examining human trafficking related services and service gaps in the state of Missouri, including social service, law enforcement, and medical sectors, and found gaps in knowledge about sex trafficking as well as potential gaps in service capacity across the state (Koelger, Preble, & Tlapek, under review; Preble, Tlapek, & Koelger, under review).

Preble, Tlapek, and Koegler (2017) further explored these gaps and found that shelter services, housing assistance, legal services, and education assistance were service areas in need of more attention. About a quarter of the respondents (*N*=125) indicated their agencies were

capable of providing these services in-house (Koegler, Preble, & Tlapek, forthcoming).

Additionally, Koegler et al. (forthcoming) found a sharp, significant discrepancy between urban

and rural service accessibility, showing variance in needs by region. Special populations,

including incarcerated, tribal, refugee, and immigrant victims of violence and trafficking, were

identified as populations the responding agencies were least likely to be able to serve (Koegler et

al., forthcoming). Interestingly, LGBTQ+ and male victims of interpersonal violence were

viewed as having accessible services among this study's respondents (Koegler et al.,

forthcoming), though qualitative work in the St. Louis bi-State area found a lack of cultural

competency in social service organizations as well as gaps in services for these populations (Heil

& Nichols, 2019). Research in other locales, such as New York City, similarly reported that

LGBTQ+ people are regularly denied services and experience cultural incompetency across

social and legal sectors (Dank et al., 2015b; Egyes, 2017, 2018).

Gaps in our understanding of issues surrounding accessibility of these services and

saliency of needs remain. A deeper investigation into these identified gaps and capabilities is

useful in order to direct funding streams and to develop action steps to address the most salient

needs. To address these gaps in understanding, this study sought to explore the needs of human

trafficking survivors previously identified in the extant research literature in the social, legal, and

healthcare service sectors by measuring the level of need for such services in the state of

Missouri and neighboring Metro East St. Louis counties in Illinois.

Additionally, research examining prevalence and demographic trends is lacking in the

state. Available research is limited to specific locales (such as St. Louis and the Kansas City

area), is qualitative and non-generalizable, or is based on the National Human Trafficking

Hotline (NHTH) data. NHTH data is wrought with methodological challenges—hotline data is

based on calls to the NHTH, and service providers are unlikely to call the hotline for resources if they are able to provide resources and case management locally (Schwarz, 2017). Individuals typically call the hotline for resource referrals or to report a tip. If they already have resource referrals, they will not make a call and data will not be recorded/reported through the NHTH (Schwarz, 2017). The state of Missouri also developed its own hotline relatively recently, although it appears to be little-used. Regional coalitions and trainings also provide direct resource referral recommendations, thereby bypassing the need to call the NHTH. Thus, the number of trafficking cases in Missouri is expected to be higher than what is reflected in the NHTH data. In addition to prevalence data, demographic data is also lacking. The only demographic data available for the state to date comes from the NHTH and is subject to the same limitations as NHTH prevalence data. To address such gaps in prevalence and demographic data, this report examines the human trafficking service population by gathering count data from social, legal, and healthcare service providers in the state.

This report aims to: 1) assess anti-trafficking service providers' perceived levels of need for various legal, healthcare, and social services statewide, in Metro East St. Louis/Illinois, and regionally; and 2) gather state and regional demographic data of survivors as reported by service providers.

Methods

The needs assessment portion of the survey was drawn from existing research in this area examining the needs of trafficking survivors, including but not limited to: access to substance abuse services, availability of shelter (adult/minor, LGBTQ+ competent), transitional housing, prevention programming, intimate partner violence (IPV) related services, job training, education, mental healthcare/therapy, drop-in sites, food security, medical care, specific OBGYN

related healthcare (e.g., birth control, condoms, STI/HIV testing), and training needs in varied organizational contexts (Dank et al., 2015b; Heil & Nichols, 2015; Koegler et al., under review; Lutnick et al., 2016; Nichols, 2016; Macy & Johns, 2011; Preble et al., under review; Schwarz, 2017; Wilson & Dalton, 2008). Additionally, prior to the survey launch, a draft survey was reviewed by stakeholders, organized by the PI and Co-PI, and feedback was incorporated. The draft survey was also reviewed by the funders with feedback incorporated, which included adding *access to transportation* as a variable. Thirty-seven variables were included in the survey, based on stakeholder observation and what prior research found to be most-needed among human trafficking survivors.

Sample

Overall, 142 individual anti-trafficking service providers attempted the survey. After removing incomplete or "did not follow instructions" surveys (i.e., gave survivor information beyond the previous 12 months; *n*=14), surveys without consent (i.e., declined to participate beyond the study description; *n*=4), and surveys in which individuals did not work directly with survivors (*n*=17), the final sample included 107 respondents. The final number of participants is similar to but somewhat less than the previous environmental scan conducted by Preble et al. (2017; *N*=125) and another statewide study by Isom and colleagues (2016; *N*=154). Ostensibly, as human trafficking is not as common as other forms of violence, such as intimate partner violence or rape/sexual assault, it is possible that the number of service providers directly working with survivors of trafficking as well as structural support for assisting trafficking survivors is relatively small. Further, providers may be interacting with trafficking survivors and not know it, also impacting identification of trafficking as such and related survey participation. Hence, the result is the relatively consistent sample sizes among the state based research studies

(this survey also included a screening question—respondents must have worked with trafficking survivors within the past 12 months). Thus a sample of 107 providers directly working with trafficking survivors could be viewed as expected rather than small.

The legal, social, and healthcare service providers responding to the survey (hereafter referred to as "the respondents" "practitioners" or "providers"), were overwhelmingly cisgender female (91.78%, n=67), followed by gender non-binary (4.11%, n=3), and cisgender male (4.11%, n=3). None identified as binary transgender. The mean age of the respondents was 43.11 years old, ranging from 20 to 75 years old. The majority of the respondents identified as White/Caucasian American (75.68%, n=56), followed by Black/African American (12.16%, n=9), and multiracial or Hispanic/Latinx (8.11%, n=6 and 4.05%, n=3, respectively). The racial/ethnic makeup of our sample is fairly representative of the state demographic makeup, with 80.4% White/Caucasian American, 12.6% Black/African American, 2.5% Asian/Hawaiian/Pacific Islander, and 4.3% Hispanic/Latinx (Missouri Census Data Center, 2019).

Data Collection

The survey was launched statewide electronically utilizing Qualtrics software, with the sample drawn through various listservs, such as regional anti-trafficking coalitions, Missouri Juvenile Justice Association (MJJA), Missouri Coalition Against Domestic and Sexual Violence (MCADSV), and the Missouri Attorney General's office (MOAG), which houses a statewide human trafficking task force. In addition, the sample included respondents from purposively selected social, health, and legal service organizations identified in another wave of this project (see Wave 1, Human Trafficking Resource Guide), in which a comprehensive resource guide was developed by county. The purposive sample accounted for regional representation as well as

organizational context. Institutional Research Board (IRB) approval was obtained through St. Louis Community College and the University of Missouri. The survey was launched on May 1, 2019 and closed June 24, 2019. It is difficult to ascertain the response rate, as participants were able to forward the survey link to others who met the inclusion criteria and may not have been on any of the listservs we targeted. Furthermore, our listservs included service providers who served a broader population (e.g., MCADSV, MJJA), some of whom had clients who experienced sex trafficking and others who did not, rendering an accurate response rate impossible. Over the month-long recruitment period, regular reminders were distributed through the listservs until we finally closed the survey for responses. We decided to extend our recruitment period by 2 weeks as the initial roll-out of the survey hit the state at a time when people were vacationing, ending academic years, or otherwise distracted (e.g., MOAG office transitioning to new leadership). Additionally, for some important listservs, there was an unexpected delay in survey distribution over a two-week period.

Instrumentation

Anti-trafficking service provider respondents were asked to indicate the level of need for each service (37 services in all) within their respective communities on a five point Likert scale: 5=very high level of need, 4=high level of need, 3=moderate need, 2=low level of need, 1=very low level of need. In addition, the survey included a section in which respondents ranked the top five service needs they observed among their trafficked populations to better uncover the relative saliency of needs. Next, the survey requested demographic information about survivors the respondents worked with over the last 12 months, as well as the types of trafficking survivors experienced. Survey respondents were asked to complete a fill-in-the-blank response indicating how many survivors of sex trafficking, labor trafficking, or survivors experiencing both types of

trafficking they worked with in the last 12 months. Inflated and/or ambiguous responses, such as "thousands," were excluded. Respondents were then directed to a "loop" in the survey in which they could provide deidentified demographic data for each survivor they worked with, including age, race/ethnicity, gender identity, sexual orientation, economic status, the form of labor/sex trafficking they experienced, and region they came from (urban, rural, suburban). Organizations serving a larger number of survivors were asked to submit and complete an Excel spreadsheet with the same information. Overall, three organizations made contact and submitted the requested information in Excel documents. Some organizations had missing data because they did not track that information. For example, if an organization did not record sexual orientation of survivors, it was "missing."

Last, the survey asked for demographic data of respondents, the organization type they worked in, and their organization's target service populations. For example, the survey respondent's age, race/ethnicity, and gender identity were requested, as well as the type of organization they worked in (e.g., juvenile justice, trafficking specific, domestic violence, etc.) and primary service population (e.g., adults/minors, labor/sex/both types of trafficking, US citizens/foreign nationals, etc.).

Data Analysis

Needs assessment. Raw data from the online Qualtrics software was imported into SPSS and Excel for analysis. Analysis produced descriptive information about services needs in three broad categories: (1) overall top ranked needs (2) statewide and regional service needs, and (3) comparative analysis of needs by service organization and trafficking type. Across all broad categories, respondents that serve the Illinois Metro East were included in statewide analyses, and, for regional analyses, MCADSV regions were chosen because they are familiar to service

providers across the state. As each region has its own unique contextual dynamics and service availability/access, the needs assessment included both statewide and regional analyses in order to compare service providers' perceptions of needs within their communities. Similarly, perceptions of needs may vary depending on the organizational context respondents are situated in, and whether they work predominantly with sex trafficking, labor trafficking or both types of trafficking.

Overall top ranked needs. The top ranked needs were identified by calculating a total value or "point sum" for each of the 37 variables included in the needs assessment, and the needs with the highest point sums were used demonstrate the top ranked needs. Point sums were calculated in two steps. First, values or "points" were assigned to participants' responses for each need that they ranked. Needs indicated with a rank of "1" by participants were coded with a value of 5, a rank of "2" was coded with a value of 4, a rank of "3" was coded with a value of 3, a rank of "4" was coded with a value of 2, and a rank of "5" was coded with a value of 1 point. The needs not chosen by each participant were coded as "0." Last, for each need, the points were then added together to create a total or "point sum." The top 5 ranked needs statewide were identified as those that had the five highest total point sums, in ranked order. The top 3 ranked needs by MCADSV regions were those that had the three highest point sums, in ranked order (as appears in the Wave 3 report, Missouri Anti Trafficking Strategic Plan).

Statewide and regional service needs. Median responses were reported for the 37 variables for which respondents indicated the level of need 1-5 on a Likert scale. Median responses for the 37 variables were calculated and reported statewide, and then by region. Medians, rather than means, were calculated because they are considered more appropriate with

which to represent central tendency for ordinal data, like that found in Likert scales, compared to means (Jamieson, 2004; Manikandan, 2011).

Comparative analysis. Descriptive statistics for comparative analyses, such as differences in perceptions of needs based on organizational context and population served, as well as analysis by type of trafficking (sex/labor/both), were conducted utilizing cross tabulation and the split-file function in SPSS. This allowed for a more in-depth look at how service needs differ across variable levels.

Prevalence and demographic data. Data related to trafficking prevalence and demographics were imported into SPSS from Qualtrics and combined with Excel spreadsheet data submitted by three organizations. Descriptive statistics (e.g., frequency, percentages) were collected regarding each of the demographic variables, and cross tabulation was used to gain insights into prevalence and the ways the variables were related to one another, such as the types of trafficking by region, by race/ethnicity, by type of trafficking, etc. Like the needs assessment analyses, respondents that serve the Illinois Metro East were included in statewide analyses, and for regional analyses, MCADSV regions were utilized here as well. However, there was one additional step that was done with demographic and prevalence data for some regional and county specific analyses. For regional and county specific analyses relating to *survivors' race and trafficking type*, respondents serving all Missouri counties (n=25) were dropped from the analysis to minimize duplication (e.g., data derived from respondents serving all counties would be duplicated across all counties and regions, resulting in massive duplication) to provide more accurate regional comparisons on these variables. Notably, duplication is still possible in the following results for respondents serving multiple regions, and a single survivor may have interacted with multiple respondents, also potentially resulting in duplication.

Results

Needs Assessment

The purpose of the needs assessment was to identify providers' perceptions of the level of service needs of the trafficking survivors they worked with by region, service population, trafficking type, and the overall top ranked needs. The service needs reported by various practitioners working with survivors of human trafficking that were uncovered in the current study will be presented in the following subsections. First, the overall top five ranked needs statewide and in the Metro East/Illinois region delineate the saliency of needs statewide. Second, the statewide needs assessment results are reported, followed by the regional needs assessments. Next, the perceived level of need for each service disaggregated by organization type is detailed, with the aim of uncovering different levels of need for various services depending on the organization type. Last, the levels of need according to the trafficking type most worked with are provided, with the goal of disclosing perceived needs specific to those working primarily with survivors of labor trafficking, sex trafficking, or both types.

Overall Top Five Ranked Needs

Respondents were asked to rank the needs within their community, based on their experiences working with survivors of human trafficking, by choosing the five they viewed as the most needed, and ranking them in order of importance from 1 to 5. Overall, respondents noted that the top five needs for human trafficking survivors across the state and in Metro East St. Louis/ Illinois were mental healthcare, transitional housing, shelter for adults, shelter for minors, and residential substance use treatment. These findings are supported by an earlier study in the state of Missouri finding that shelter, crisis services, counseling, medical care, and case

management were identified as "most needed services" (Koegler et al., under review). Such

findings are also consistent with research in other areas of the United States (Lutnick, 2016), as

well as a meta-analysis of the needs of human trafficking survivors (Macy & Johns, 2011).

Figure 1 shows the ranked order of the top five identified needs as indicated by practitioners

working with survivors statewide and in Metro East St. Louis/Illinois.

Figure 1: Top 5 Ranked Needs Statewide/Metro East Illinois

Top 5 Ranked Needs According to Participants
(*N*=46, point sum)

- Mental Health/Therapy, Counseling, Support Groups
- Transitional Housing
- Shelter for Adults
- Shelter for Minors
- Substance Use (Residential/Detox)
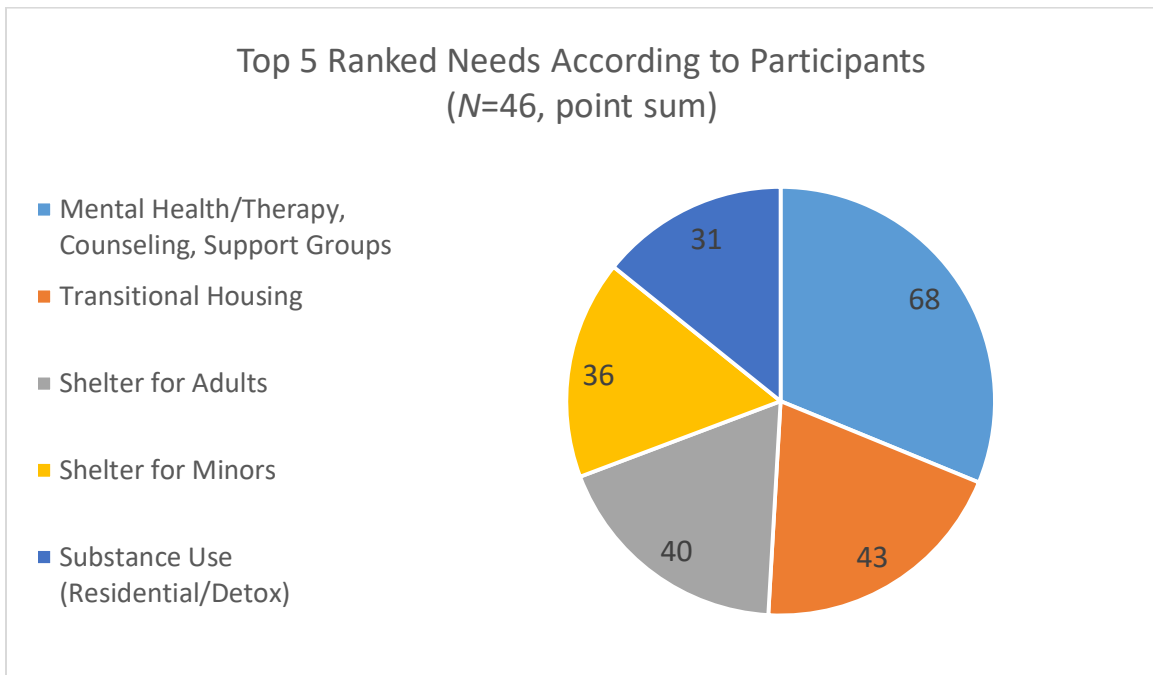
Figure 1. Value labels on graph represent the point sum for that ranked need. The point sum was calculated in two steps. First, points were assigned to participants' responses for each need that they ranked. Those needs receiving a rank of "1" were assigned 5 points each, "2" 4 points, "3" 3 points, "4" 2 points, "5" was assigned one point, and the needs not chosen as top 5 received 0 points. Second, for each need the points were then added together to create a total or "point sum."   . The top five ranked needs were selected from those with the five highest point sums.

Statewide and Metro East/Illinois Assessment of Needs—Median Responses

The following details the identified needs in nuanced ways by examining the median

response for each need. When providers statewide and in Metro East St. Louis/Illinois were

asked about their perception of the needs of survivors they served, they identified a state with

immense needs (see Table 1). In fact, all of the identified needs presented median scores as very

high level of need (5), high level of need (4), or moderate need (3). None of the needs showed median scores representing a low level of need or very low level of need. The most needed services (median of 5, very high level of need) included mental healthcare/therapy, counseling, support groups; transitional housing; access to transportation; training in healthcare facilities; peer mentorship programs; legal assistance/advocacy; training in law enforcement, juvenile courts, and schools; general housing assistance; and shelter for minors and adults.

The items with a median response of 4 (high level of need) were inpatient substance abuse treatment, emergency/crisis services, multidisciplinary cross training, training in rape/sexual assault services, job training/employment assistance services, life skills assistance, rape/sexual assault services related to trafficking, education assistance, medical care (general), and a statewide reporting protocol. Also among this second tier of need were outpatient substance abuse treatment, sexual health related services, an evidence-based set of indicators (red flag signs) to be used for preliminary identification, training in domestic violence/IPV services, IPV services related to trafficking, drop-in centers, multidisciplinary team coordination, and an evidence-based screening tool to assist in identifying trafficking. Additionally, showing a median of 4 (high level of need) were culturally competent shelter for LGBTQ+ populations, sex trafficking prevention programming, a statewide human trafficking data collection tool, and training in children's services residential facilities. The final tier of needs (median of 3, moderate need) included food security/food pantries, language access/interpretation/translation services, and labor trafficking prevention programming.

Table 1: *Statewide Level of Needs*

Left chart (Median Response, scale 1–5):

- Shelter for adults — 5
- Shelter for minors — 5
- Transitional housing — 5
- General housing assistance — 5
- Legal assistance/legal advocacy — 5
- Mental healthcare — 5
- Access to transportation — 5
- Training in law enforcement — 5
- Training in the juvenile courts — 5
- Training in schools — 5
- Training in healthcare facilities — 5
- Peer mentorship programs — 5
- Substance abuse (residential/detox) — 4
- Substance abuse (outpatient) — 4
- Culturally competent shelter for LGBTQ+ populations — 4
- Sex trafficking prevention programming — 4
- Intimate partner violence (IPV) services related to trafficking — 4
- Rape/sexual assault services related to trafficking — 4
- Job training/employment assistance services — 4

Right chart (Median Response, scale 1–5):

- Education assistance — 4
- Emergency/crisis services — 4
- Drop-in centers — 4
- Medical care (general) — 4
- Sexual health — 4
- Multidisciplinary Team Coordination — 4
- Statewide human trafficking data collection tool — 4
- Screening tool to help identify trafficking — 4
- Set of indicators (red flag signs) for preliminary identification — 4
- Statewide reporting protocol for human trafficking — 4
- Training in domestic violence/IPV services — 4
- Training in rape/sexual assault services — 4
- Training in children's services residential facilities — 4
- Multidisciplinary crosstraining — 4
- Life skills assistance — 4
- Labor trafficking prevention programming — 3
- Food security/food pantries — 3
- Language access/interpretation/translation services — 3

Please rank the level of need for each item in your community related to the needs of trafficking surviviors you've worked with.

very high need = 5
high need = 4
moderate need = 3
low need = 2
very low need = 1

N = 68 - 87

Median Response

Note: Please see Appendix A for a detailed list of all 37 services needed.

Regional Assessment of Needs—Median Responses

Respondents indicated specific needs unique to each region. There were seven identified regions following the Missouri Coalition against Domestic and Sexual Violence service regions (MCADSV; see Figure 2 for reference): Kansas City (KC), St. Louis (STL), Northeast (NE; Kirksville/Hannibal), Southeast (SE; Cape Girardeau/Bootheel), Central (CEN; Columbia/Lake of the Ozarks), Northwest (NW; St. Joseph), and Southwest (SW; Joplin/Branson), and an 8th region composed of Illinois counties in the St. Louis Metropolitan statistical region (Bond, Calhoun, Clinton, Fayette, Jersey, Madison, Marion, Monroe, Randolph, St. Clair, and Washington Counties). The MCADSV regions were chosen, as they are familiar to service providers across the state. Respondents were given a list of potential service needs, identified from previous research and stakeholder observation, and were asked to indicate the level of need within their communities on a scale of 1-5. The median response for each need by region is detailed in the following subsections.

Figure 2: MCADSV Map of Regions
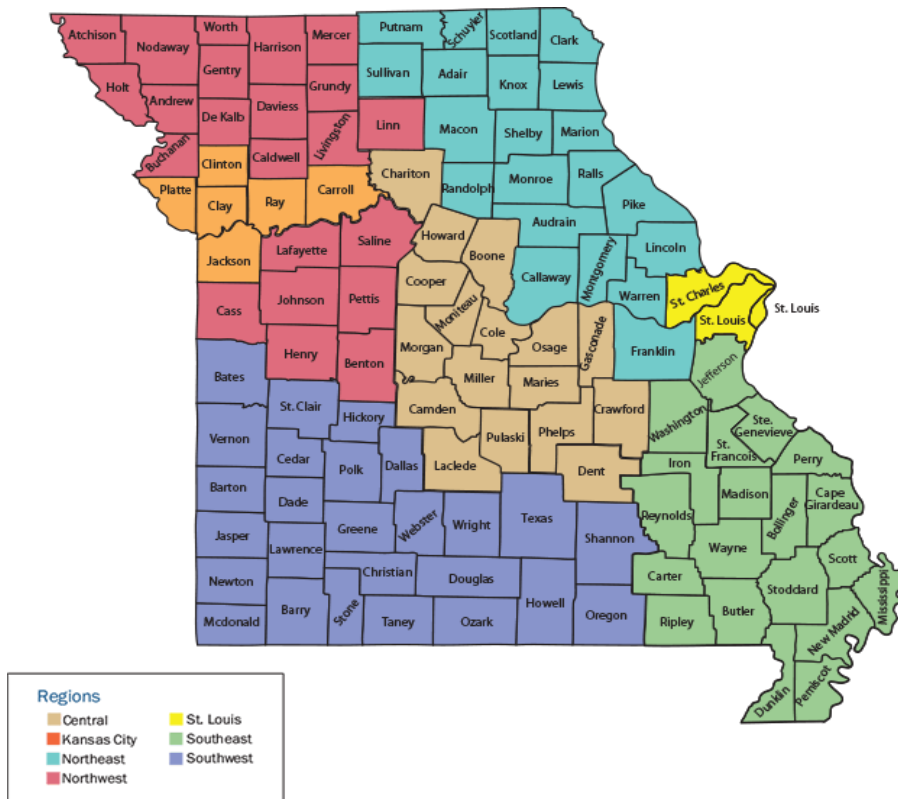
Kansas City. This region includes the city of Kansas City, MO and extends to Carrolton, MO. The KC Region includes one of the major economic hubs for the state as well as the nation and is home to regional tourism, industry, and trade centers; it is also a rapidly growing metropolitan area. The KC Region received one of the first Department of Justice and Rescue and Restore Coalition grants to establish an anti-trafficking presence. At one time, this region was considered a leader in trafficking prosecution in the nation (Duncan, 2013). There were many identified top needs in the KC Region—22 top tier needs in all (see Table 2). However, by exploring the nuances of these top needs, we can see there are distinct themes that emerge— namely crisis and basic services, training for first responders, and systemic support tools for HT professionals (i.e., statewide data collection tools, multidisciplinary cross training). Also noted as a strong need within the region were in-patient substance use treatment, a reporting protocol, and training in sexual violence organizations. Items identified as high level of need related to sex and labor trafficking prevention programming, employment and education assistance, and longer-term support services (i.e., sexual health, food security, and sexual violence services related to trafficking). Multidisciplinary team coordination and screening tools were also highly needed in this region. The item listed as moderately needed related to language assistance and translation.

Table 2: Kansas City Region Level of Needs
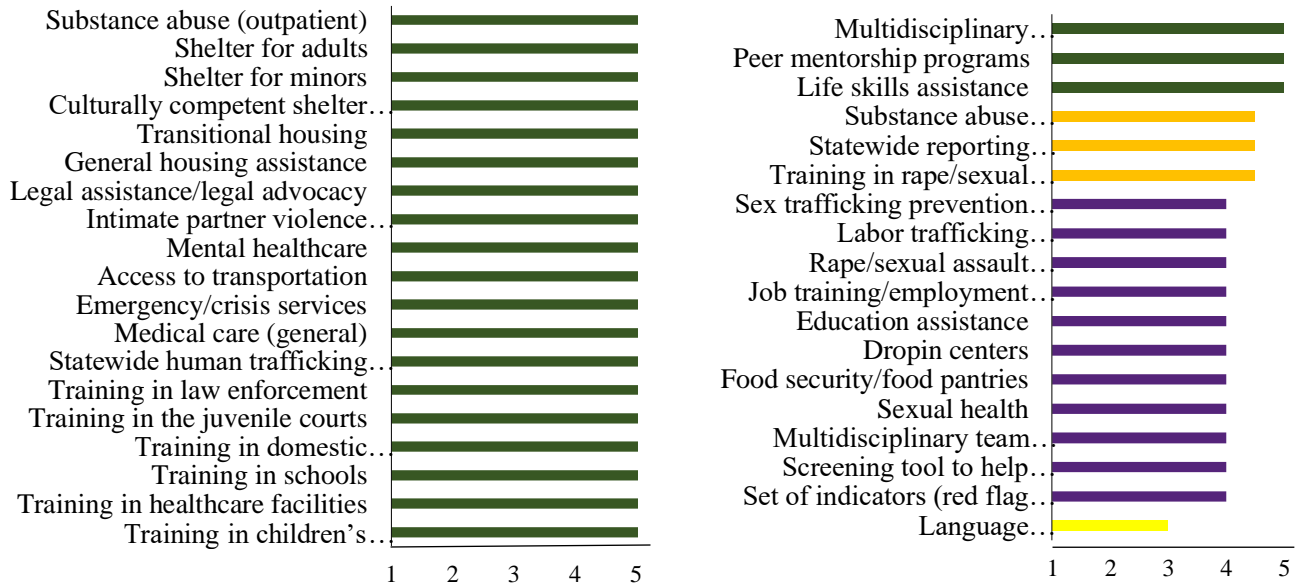
St. Louis. This region includes the city of St. Louis, St. Louis County, and St. Charles

County and is a major economic and industry hub for the Midwest. The St. Louis Region was

among the first cities in the country to house Rescue and Restore coalitions as part of early

efforts to increase identification and prosecution of human trafficking and has been actively

involved in both grassroots and government funded anti-trafficking coalition and task force work

for more than fifteen years. The STL Region appears to have fewer urgent needs compared to

other parts of the state; however, this is not to say there are not very high/high levels of need in

the region (see Table 3). Among the highest indicated needs were services related to culturally

appropriate crisis and long-term needs (i.e., shelter/housing, peer mentorship, mental health),

transportation, and training in schools. While the St. Louis Region has a light rail and bus

system, monthly passes are costly, particularly for low-income people. In addition, the stop

locations are limited, and the time schedules as well as lengthy travel times are frequent

complaints. This may also prove frustrating for those from other areas in the state who travel to

St. Louis to access the services that are limited or unavailable in their own regions only to find accessibility still an issue.

Respondents indicated a high level of need for substance use treatment (in- and out-patient), educational/employment assistance, medical and sexual health services, and systematic support systems for HT professions (i.e., response protocols, reporting, screen tools, indicators, and multidisciplinary coordination). The services identified as moderately needed were labor trafficking prevention programming, language assistance, and food security programs. Culturally competent shelter services for LGBTQ+ individuals was reported as a very high need here, likely due to heightened awareness and support for LGBTQ+ issues in an area that is more politically progressive than most other regions in the state and a relatively large accepting community in certain areas of the city. The research findings are consistent with qualitative work in the St. Louis area, which found lack of culturally competent shelter and services for LGBTQ+ individuals (Heil & Nichols, 2019). Interestingly, the contrast with the state is also supported by state-level quantitative work, which found providers statewide felt LGBTQ+ individuals were sufficiently served (Koegler et al., under review). Further research is needed to understand this discrepancy.
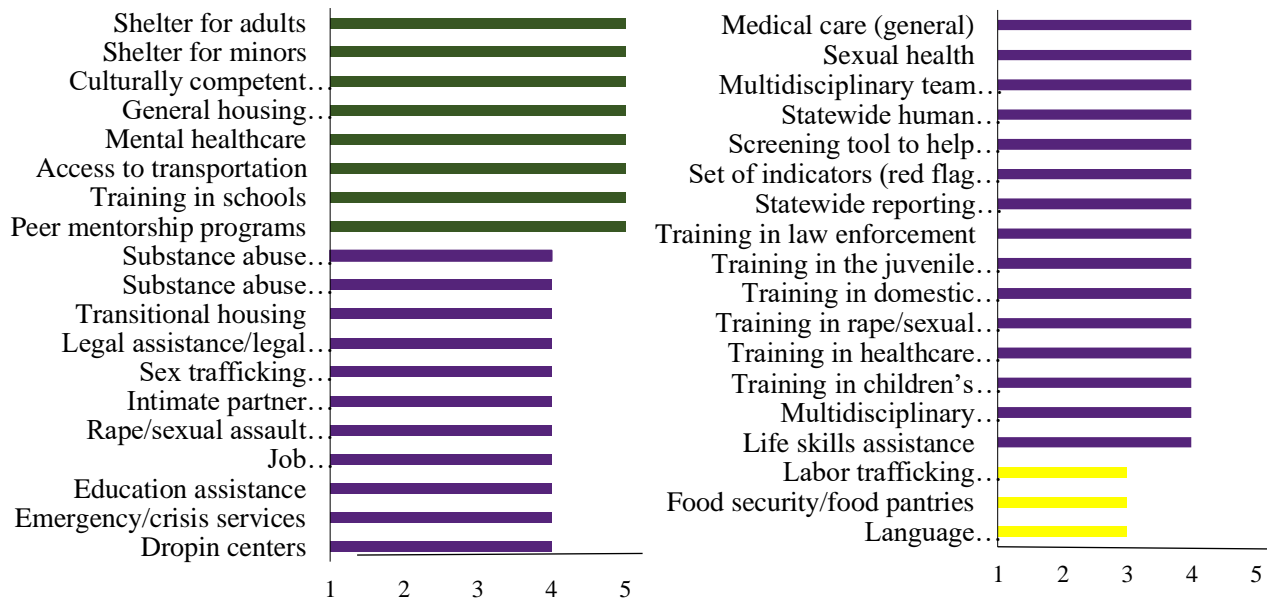
Table 3: St. Louis Region Level of Needs

Northeast. In this region, Kirksville and Hannibal are the larger communities, have a primarily industrial and agricultural based economy, and are in a rural corner of the state (see Table 4). The NE region identified the following as the highest level of need: shelter for adults and minors, LGBTQ culturally competent shelter, legal assistance, housing, transit, mental healthcare services, training in multiple organizational contexts, and peer mentorship. A statewide reporting system was also identified as a very high/high need (4.5 median response), along with crisis and medical care. Ranked in the fourth median category, "high level of needs," were services for substance use treatment, IPV and sexual violence services and response, employment/education assistance, and more systems for HT professionals (i.e., training in IPV and sexual assault related to trafficking, multidisciplinary team coordination, screening tools, and indicators). Ranked in the lowest median (3) were food security, language assistance services, and labor trafficking prevention programming.

Table 4: Northeast Region Level of Needs
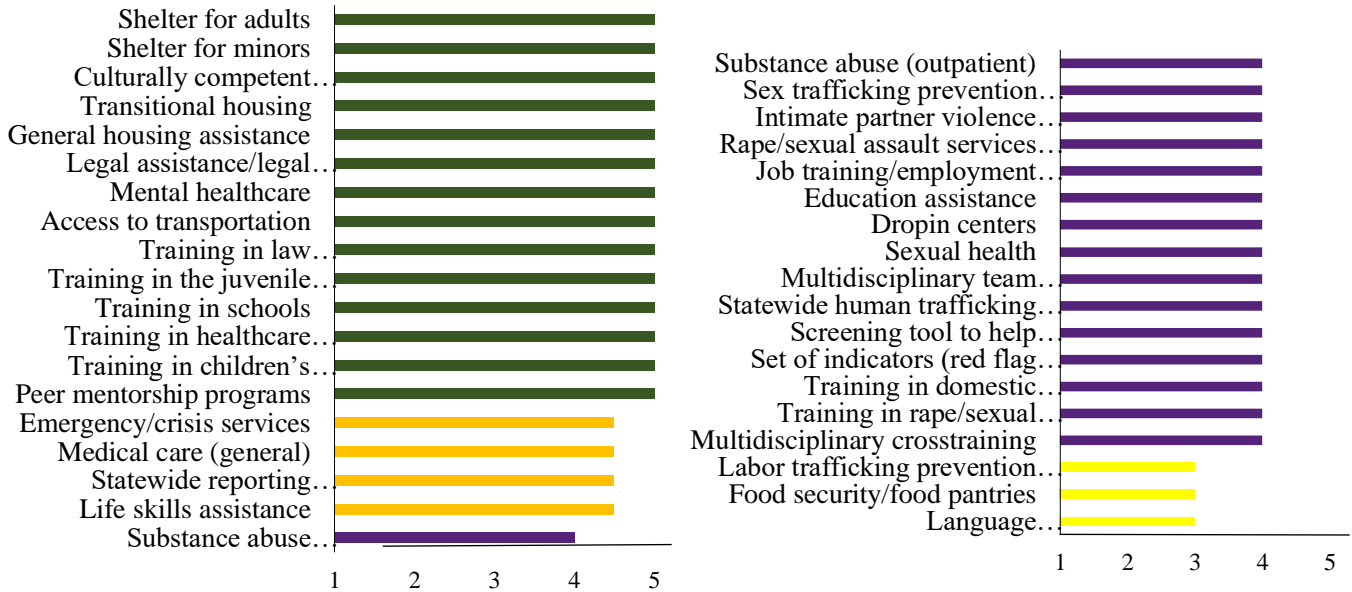
Southeast. This region is made up of the "Bootheel" of Missouri and the Cape Girardeau area where it is primarily fueled by agricultural and manufacturing industries. The southernmost areas are characterized by poverty and lack of resources. This region appears to perceive the highest level of needs pertaining to shelter/housing, crisis, transit, medical and legal care, and training for providers regarding human trafficking, as well as peer mentorship (see Table 5). Sex trafficking prevention and sexual violence training are also rated among the highest needs in the region. Ranked at the 4th median (high level of need) were services related to substance use, education/employment assistance, training for HT providers about IPV and sexual violence related to trafficking, and systematic supports for HT professionals. Among the moderately

needed ranked items were labor trafficking prevention programming, food security, and language

assistance programs. This contrasts with qualitative work that shows labor trafficking of largely

Spanish-speaking people in this region (Heil & Nichols, 2015), although perhaps language

access services are largely accessible and thus less-needed. Wave 1 of the larger research of

which this report is a part, uncovered multiple language access hotlines used throughout the

state, including in the Southeast, and the International Institute serves much of the Southeast as

well.

Table 5: Southeast Region Level of Needs
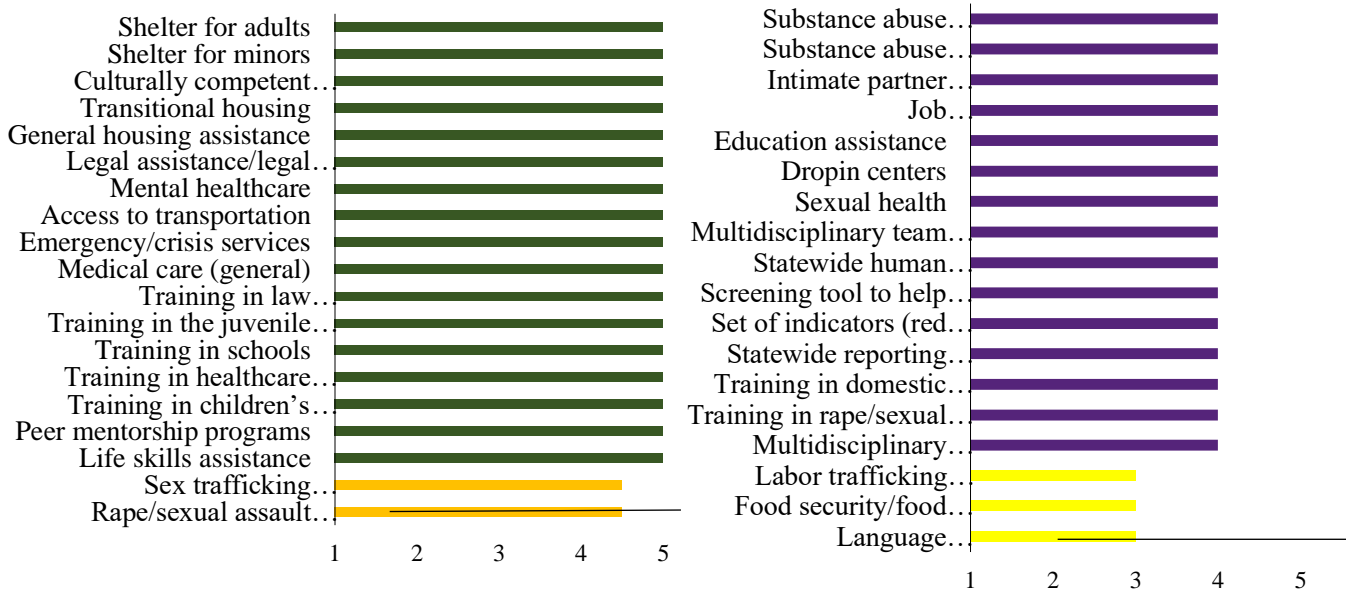
Central. Columbia, the Lake of the Ozarks area, and the capital city of Jefferson City are

included in this region. This diverse region is home to policy, research, entrepreneurial,

healthcare, and tourism incubators. In addition, this region hosts many statewide response teams

and is the home to the AG's Anti-Trafficking Taskforce. The needs identified in this region were

overwhelmingly related to basic non-crisis related services, training for first responders, and

legal assistance. Lesser identified needs related to substance use treatment, crisis services,

structural support for HT teams (i.e., screening tools, indicators, multidisciplinary team

coordination), and training related to IPV and sexual violence. The items viewed as having a

moderate level of need were labor trafficking prevention programming and language access and

translation services.

Table 6: Central Region Level of Needs
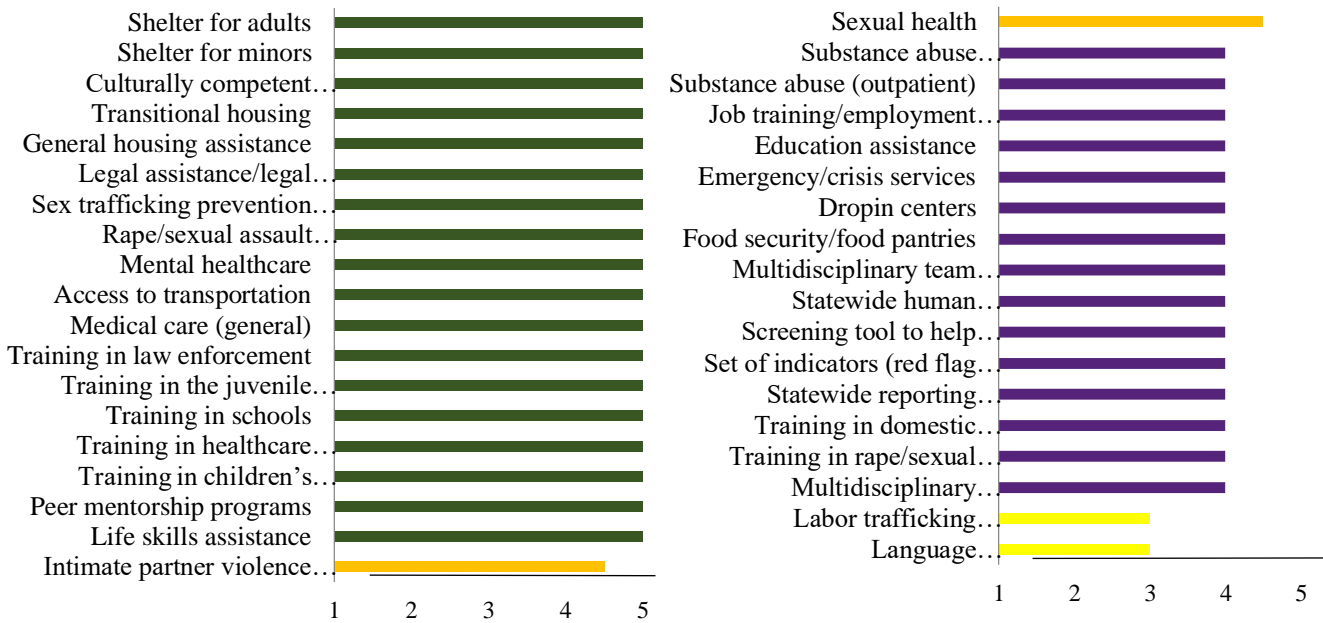
Northwest. This region is dominated by the agricultural sector, but this region also hosts

manufacturing and healthcare industries. This MCADSV region (see Figure 2) does include Cass

County, one of the four counties through which Kansas City spans. Accordingly, there is a

suburban/urban area tied to the Northwest region as well. Ranked among the highest level of

needs were shelter/housing needs, crisis services, medical and mental health care, legal

assistance, training for providers regarding human trafficking, and transit assistance. Long-term

support services for survivors were also among the highest needs (i.e., peer mentorship, drop-in

centers, life skills). Ranked as a "high level of need" were services related to substance use

treatment, IPV and sexual violence response, prevention programming, and systemic tools for

HT professionals. Language assistance was ranked as a moderate need.

Table 7: Northwest Region Level of Needs
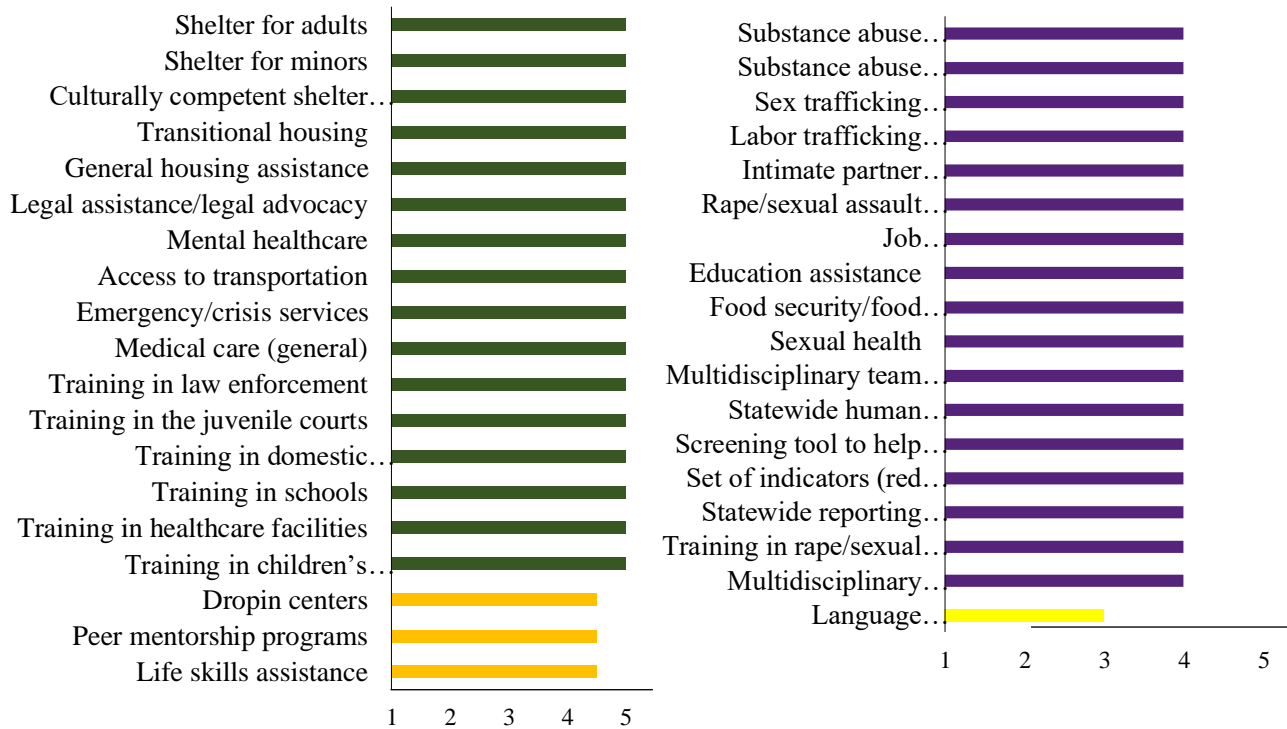
Southwest. This region hosts a variety of employment sectors, including tourism, manufacturing, agriculture, and mining. Ranked among the highest level of needs were basic and crisis services, medical and mental health care, legal assistance, training for providers regarding human trafficking, peer mentorship, and transit assistance. Life skills assistance and employment assistance were also among the highest needs. Ranked as a "high level of need" were services related to substance use treatment, HT provider training in IPV, and systemic tools for HT professionals. Ranked as a moderate need were language assistance and labor trafficking prevention programming.
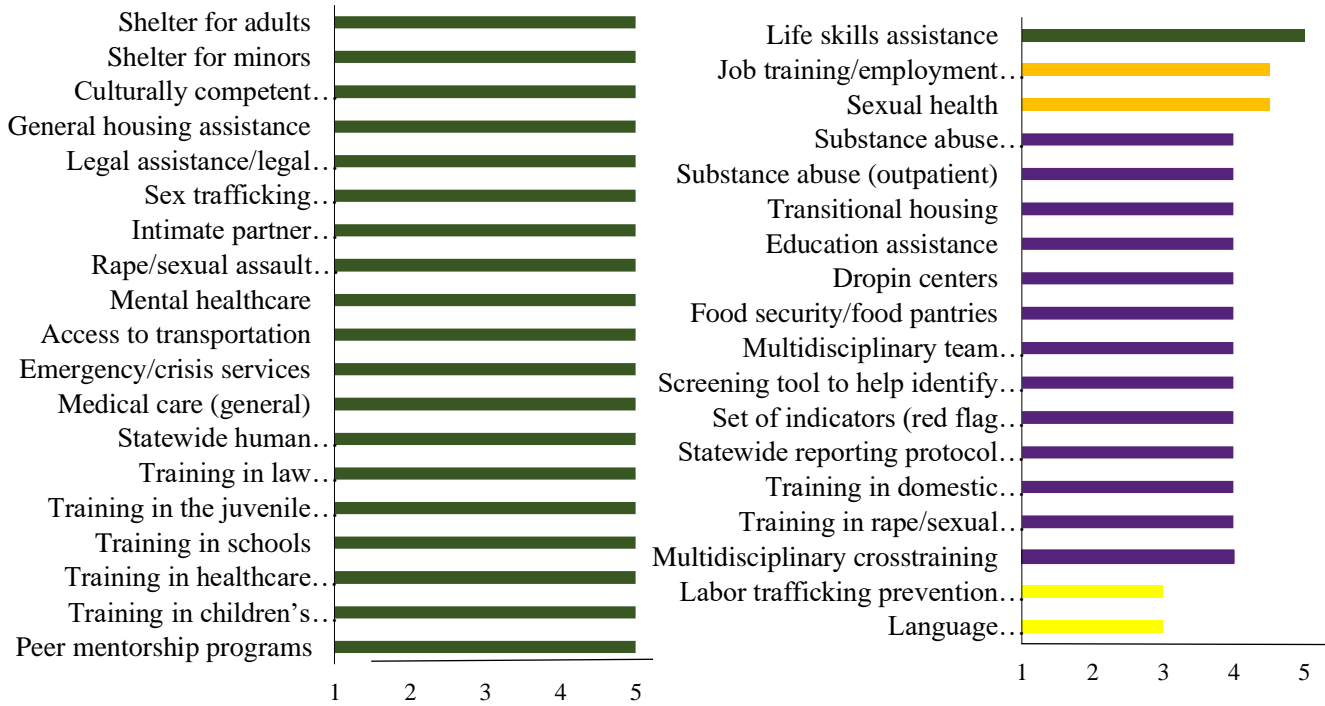
Table 8. Southwest Region Level of Needs

Metro East. The Metro East St. Louis/Illinois Region showed a very high level of need

(median=5) for housing related services such as shelter for adults and minors, as well as training.

In fact, training in multiple organizational contexts was rated at a very high level of need,

including training in law enforcement, juvenile justice, schools, healthcare, and children's

services. Interestingly, training in domestic violence and rape and sexual assault related services

held a comparatively lower median response of 4 (high level of need), suggesting some training

or knowledge within these systems already exists (but is still needed). Legal assistance, a

statewide human trafficking data collection tool, and peer mentorship were reported as median 5

(very high level need). Life skills assistance and job training/employment services were ranked

among the top needed services as well, with medians of 5 and 4.5 respectively, while statewide

they were both ranked with a median of 4. While Metro East Illinois showed labor trafficking in

the region, labor trafficking prevention and language access services were among the lowest

ranked items, but still reported as moderately needed.

Table 9: Metro East (Illinois) Level of Needs
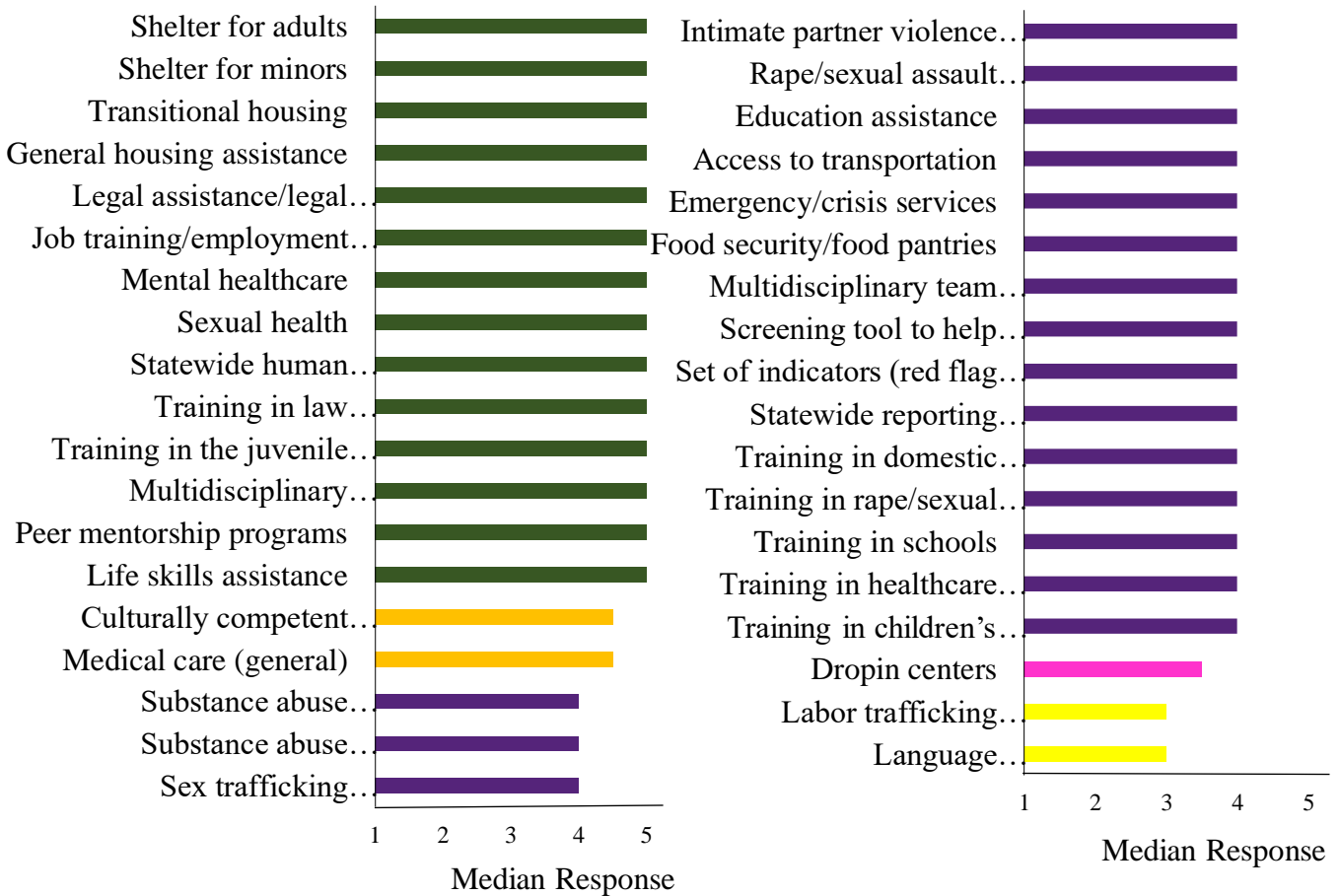
Needs of Trafficking Survivors—Organization Type

Providers indicated somewhat unique perceptions of need based on the type of primary

service and their focus population, although overall, perceptions of needs were strikingly similar

across organizational sectors. The finding that these needs are perceived similarly by providers

working in varied organizational contexts indicates further support for the research findings

overall. Due to the oftentimes siloed nature of organizations, the argument could be made that

providers do not accurately perceive needs that are not directly in their areas. However, the

research findings indicate consistency, overall, rather than variability, further solidifying the

overall level of need of services indicated in the previous subsections. The table below (see Table 10) is organized by organizational type: trafficking/prostitution specific, healthcare (physical/mental healthcare); IPV/SV; criminal justice (juvenile court/law enforcement); and shelter/drop-in services. The data should be received with caution, as those reporting their organization type reflect small sample sizes.

Trafficking/prostitution specific organizations (*n*=27-30). The trafficking/prostitution specific organizations' responses are reported here, as these organizations likely see the highest number of trafficked people. However, these organizations are dominated by sex trafficking missions, rendering their view of labor trafficking somewhat limited. Their responses were distinct from the statewide median responses that included all organization types and service populations and distinct from those working in other organizational sectors in some instances. First, a higher number of respondents in this category who provided an answer indicated shelter for minors was a high/very high need. While this is consistent with the median response statewide, and other organizational sectors overall, it is revealing that a higher proportion of respondents working in this sector reported this service at a high/very high level of need, as these are the providers who are likely directly engaged the most with trafficked minors. A majority of respondents in this category also indicated substance abuse outpatient/residential services held a high/very high level of need. This is somewhat distinct from the statewide responses, which indicated a median of 4 (high level of need) for outpatient substance abuse services, and was also somewhat higher compared to other organizational sectors. This indicates that respondents working in organizations exclusively working with trafficked people or those affected by prostitution saw a comparatively higher need for substance abuse services. A majority indicated culturally competent shelter for LGBTQ+ populations as a high/very high level of need, whereas

the statewide response indicated a high level of need. This reveals that direct service providers in prostitution/sex trafficking specific organizations see a heightened need for such services based on their work with survivors, or may have increased awareness of LGBTQ+ needs. Similarly, a higher proportion of respondents indicated that life skills assistance (financial planning, computer skills, cooking, etc.) was a high level of need or very high level of need, as well as job training/employment assistance services compared to other organizational sectors. Peer mentorship and training in the juvenile courts also showed overall responses of high/very high level of need. Similar to the statewide response, mental healthcare/therapy, counseling, and support groups were reported as a high/very high level of need (see Table 10).

Healthcare (*n*=11-15). This group includes physical healthcare and mental health care (counseling, therapy, support groups, etc.) providers (see Table 10). The perceived needs of human trafficking survivors among this group was somewhat mixed. Among respondents working in physical and mental healthcare, emergency/ crisis services were split almost evenly between very low/low/moderately need and high/very high need. Healthcare professionals appeared to see a very high/high level of need among trafficking survivors for residential substance abuse services and mental healthcare, as well as shelter for adults. Regarding culturally competent shelter for LGBTQ+ populations, about one third of respondents working in healthcare thought there was a moderate need for these services among trafficking survivors, while a small majority thought there was a great need. Regarding gaps in services, about half of this group felt that more services centered on HT-specific IPV and SV services were highly/very highly needed, while the other half indicated a low or moderate level of need. Many shelters do not provide services to those with an active SUD or those with mental health issues. In order to access shelter, individuals may first need detox related assistance and mental healthcare. Here is

a real issue: to properly treat substance use and mental health using evidenced-based

programming and protocol, the two cannot be separated. Ostensibly, service access is intertwined

with SUD and mental health. Survivors may experience a cyclical problem or double bind—they

need access to shelter to exit a trafficking situation yet cannot access shelter due to an untreated

SUD, yet they have an SUD as a coping mechanism to handle the trafficking situation (Gerassi

& Nichols, 2017).

Intimate partner violence and rape and sexual assault organizations (*n*=18-20).

Language access services, rape and sexual assault trafficking related services, and legal services

had more mixed responses among providers working in IPV/RSA organizations compared to the

overall responses. While a majority indicated rape and sexual assault services related to

trafficking were priority needs, about a third of respondents reported this as a moderate need.

This could reflect regional differences in availability/access to services. A small majority also

delineated legal services as a high/very high level of need (*n*=12), yet a sizable minority (*n*=8)

indicated this was a moderately needed service. Multidisciplinary coordination and language

access was also perceived as not as needed compared to other services. Each of these differences

could be attributable to differences in services across regions, and/or perceptions of their service

populations, as overall less than 10% of respondents indicated working with foreign nationals.

Criminal justice (*n*=14-16). Criminal justice organizations included those working in

policing, the courts, juvenile justice, FBI, etc. A majority noted a high level of need overall for

crisis services such as emergency service, substance abuse detox, and shelter for minors and

adults. However, LGBTQ+ competent services were more mixed; a small majority ranked this as

a very high/high level of need, but nearly an equal number indicated this was a moderate or very

low/low level of need. A majority also delineated the acute need for rape and sexual assault, as

well as intimate partner violence services related to trafficking. Longer term services and training needs were also generally reported as high/very high level of need, yet the need for multidisciplinary training was reported as mixed, with 6 reporting as a moderate need and 10 as a very high/high level of need. This suggests there may be some discord in community collaboration, regional variations, or alternatively, there is already multidisciplinary training present and is not needed as much.

Shelter/drop-in (*n*=18-21). Among shelter/drop-in centers, there was an interesting bifurcation related to substance abuse (residential/detox), with 14 respondents indicating a high/very high level of need but 6 reporting a very low/low level of need. Outpatient substance abuse services were indicated as highly needed by two thirds of those working in shelter/ drop in (*n*=14), moderately needed by 4 respondents, and low/very low level of need by 3 respondents. While 15 respondents indicated transitional housing as a high/very high level of need, 6 reported it as a moderate need. Differences in within-group responses may be accounted for by regional distinctions and availability of/access to transitional housing/substance abuse services. Eleven respondents in this category indicated language access services as a low/very low level of need. Again, regional distinctions in availability of services and service populations in need of such services may account for this research finding. Notably, all respondents but one working in shelter and drop in indicated a high/very high level of need for mental healthcare/therapy, counseling, and support groups.

Table 10: Perception of Needs by Organization Type

Perceived Needs	Healthcare (physical & mental health) (n=11-15)			IPV/R&SA (n=18-20)			Criminal Justice (n=14-16)			Prostitution/ Trafficking/ Survivor Specific (n=27-30)			Shelter/Drop In (n=18-21)		
	% (n)			% (n)			% (n)			% (n)			% (n)		
	VL/L	M	H/VH	VL/L	M	H/VH	VL/L	M	H/VH	VL/L	M	H/VH	VL/L	M	H/VH
Crisis/Emergency Services															
Substance abuse services (Residential/Detox)	7 (1)	7 (1)	86 (12)	15 (3)	15 (3)	70 (14)	0 (0)	27 (4)	73 (11)	7 (2)	10 (3)	83 (24)	28 (6)	5 (1)	67 (14)
Shelter for adults	0 (0)	13 (2)	87 (13)	0 (0)	11 (2)	89 (17)	7 (1)	20 (3)	73 (11)	3 (1)	17 (5)	80 (24)	5 (1)	5 (1)	90 (17)
Shelter for minors	13 (2)	13 (2)	73 (11)	11 (2)	11 (2)	78 (14)	0 (0)	25 (4)	75 (12)	7 (2)	7 (2)	85 (23)	5 (1)	21 (4)	74 (14)
Emergency/crisis services	7 (1)	40 (6)	53 (8)	10 (2)	15 (3)	75 (15)	0 (0)	27 (4)	73 (11)	3 (1)	17 (5)	80 (24)	5 (1)	19 (4)	76 (16)
Culturally competent shelter for LGBTQ+ populations	8 (1)	31 (4)	62 (8)	6 (1)	22 (4)	72 (13)	13 (2)	33 (5)	53 (8)	15 (4)	15 (4)	70 (19)	15 (3)	15 (3)	70 (14)
Direct Services															
Intimate partner violence (IPV) services related to trafficking	15 (2)	31 (4)	54 (7)	15 (3)	15 (3)	70 (14)	0 (0)	30 (4)	69 (9)	7 (2)	28 (8)	66 (19)	5 (1)	33 (7)	62 (13)
Rape/sexual assault services related to trafficking	13 (2)	33 (5)	53 (8)	0 (0)	30 (6)	70 (14)	7 (1)	21 (3)	71 (10)	3 (1)	34 (10)	62 (18)	0 (0)	33 (7)	67 (14)
Direct Services (longer term)															
Substance abuse services (outpatient)	21 (3)	14 (2)	64 (9)	15 (3)	15 (3)	70 (14)	7 (1)	29 (4)	64 (9)	7 (2)	10 (3)	83 (24)	14 (3)	19 (4)	67 (14)
Transitional housing	7 (1)	27 (4)	67 (10)	15 (3)	10 (2)	75 (15)	7 (1)	20 (3)	73 (11)	7 (2)	10 (3)	83 (25)	0 (0)	29 (6)	71 (15)
General housing assistance	0 (0)	27 (4)	73 (11)	5 (1)	15 (3)	80 (16)	0 (0)	14 (2)	86 (12)	3 (1)	3 (1)	93 (28)	10 (2)	14 (3)	76 (16)
Legal advocacy/ assistance	20 (3)	27 (4)	53 (8)	0 (0)	40 (8)	60 (12)	7 (1)	20 (3)	73 (11)	13 (4)	10 (3)	77 (23)	24 (5)	24 (5)	52 (11)
Life skills assistance (e.g., financial planning, computer	13 (2)	20 (3)	67 (10)	10 (2)	25 (5)	65 (13)	23 (3)	15 (2)	62 (8)	3 (1)	10 (3)	87 (26)	5 (1)	14 (3)	81 (17)

skills, cooking, etc.)

Service															
Job training/ employment assistance services	7 (1)	43 (6)	50 (7)	5 (1)	30 (6)	65 (13)	14 (2)	14 (2)	71 (10)	7 (2)	10 (3)	83 (24)	9 (2)	14 (3)	77 (17)
Education assistance (e.g., GED assistance, assistance applying/ registering for community college, college/university, applying for financial aid).	13 (2)	40 (6)	47 (7)	15 (3)	25 (5)	60 (12)	21 (3)	7 (1)	71 (10)	17 (5)	10 (3)	73 (22)	(2)	(5)	(14)
Mental healthcare/ therapy, counseling, support groups	0 (0)	7 (1)	93 (14)	0 (0)	10 (2)	90 (18)	0 (0)	6 (1)	94 (15)	3 (1)	3 (1)	93 (28)	5 (1)	0 (0)	95 (21)
Access to transportation	13 (2)	27 (4)	60 (9)	20 (4)	10 (2)	70 (14)	13 (2)	19 (3)	69 (11)	13 (4)	13 (4)	73 (22)	9 (2)	5 (1)	86 (19)
Food security/food pantries	20 (3)	53 (8)	27 (4)	30 (6)	35 (7)	35 (7)	19 (3)	19 (3)	63 (10)	21 (6)	28 (8)	52 (15)	14 (3)	32 (7)	55 (12)
Medical care, general	7 (1)	29 (4)	64 (9)	16 (3)	16 (3)	68 (13)	6 (1)	19 (3)	75 (12)	13 (4)	6 (2)	80 (24)	5 (1)	24 (5)	71 (15)
Sexual health	7 (1)	36 (5)	57 (8)	11 (2)	16 (3)	74 (14)	6 (1)	13 (2)	81 (13)	14 (4)	10 (3)	76 (22)	5 (1)	20 (4)	75 (15)
Language access/ interpretation/translation services for SDL or hard of hearing/ deaf persons	43 (6)	36 (5)	21 (3)	21 (4)	37 (7)	42 (8)	42 (5)	33 (4)	25 (3)	34 (10)	38 (11)	28 (8)	52 (11)	33 (7)	14 (3)
Survivor Mentoring/Support Services															
Peer mentorship programs (e.g., sex trafficking, survivor-led support, leadership, group facilitation)	0 (0)	14 (2)	86 (12)	5 (1)	21 (4)	74 (14)	0 (0)	13 (2)	88 (14)	0 (0)	10 (3)	90 (26)	10 (2)	10 (2)	81 (17)
Drop-in centers (with access to shower, laundry, food, a safe space to socialize, counseling)	20 (3)	33 (5)	47 (7)	20 (4)	25 (5)	55 (11)	7 (1)	14 (2)	79 (11)	14 (4)	21 (6)	66 (19)	5 (1)	24 (5)	71 (15)
Provider Training Needs															
Multidisciplinary cross-training	7 (1)	47 (7)	47 (7)	10 (2)	25 (5)	65 (13)	0 (0)	38 (6)	63 (10)	3 (1)	23 (7)	73 (22)	10 (2)	14 (3)	76 (16)
Training in law enforcement	13 (2)	20 (3)	67 (10)	10 (2)	15 (3)	75 (15)	0 (0)	20 (3)	80 (12)	13 (4)	10 (3)	77 (23)	10 (2)	19 (4)	71 (15)
Training in the juvenile courts	13 (2)	20 (3)	67 (10)	11 (2)	5 (1)	84 (16)	0 (0)	7 (1)	93 (13)	7 (2)	10 (3)	83 (24)	0 (0)	16 (3)	84 (16)
Training in domestic violence/IPV services	7 (1)	40 (6)	53 (8)	10 (2)	15 (3)	75 (15)	0 (0)	23 (3)	77 (10)	3 (1)	21 (6)	76 (22)	6 (1)	17 (3)	78 (14)

Training in rape/ sexual assault services	7 (1)	40 (6)	53 (8)	10 (2)	20 (4)	70 (14)	0 (0)	27 (4)	73 (11)	3 (1)	23 (7)	73 (22)	0 (0)	37 (7)	63 (12)
Training in schools (school social workers, guidance counselors, teachers, staff)	7 (1)	33 (5)	60 (9)	11 (2)	16 (3)	74 (14)	0 (0)	25 (4)	75 (12)	0 (0)	17 (5)	83 (25)	0 (0)	20 (4)	80 (16)
Training in healthcare facilities (hospitals, clinics, urgent care, etc.)	0 (0)	33 (5)	67 (10)	0 (0)	20 (4)	80 (16)	6 (1)	19 (3)	75 (12)	0 (0)	17 (5)	83 (25)	0 (0)	14 (3)	86 (18)
Training in children's services residential facilities	14 (2)	29 (4)	57 (8)	6 (1)	11 (2)	83 (15)	0 (0)	14 (2)	86 (12)	3 (1)	16 (5)	81 (25)	6 (1)	11 (2)	83 (15)

Prevention Programming

Sex trafficking prevention programming	29 (4)	21 (3)	50 (7)	17 (3)	17 (3)	67 (12)	0 (0)	14 (2)	86 (12)	12 (3)	19 (5)	69 (18)	16 (3)	21 (4)	63 (12)
Labor trafficking prevention programming	27 (3)	45 (5)	27 (3)	0 (0)	38 (5)	62 (8)	20 (2)	20 (2)	60 (6)	20 (5)	40 (10)	40 (10)	36 (5)	29 (4)	36 (5)

Systemic HT Provider Support and Resource Needs

Multidisciplinary team coordination/ formal interagency collaborative structure	21 (3)	29 (4)	50 (7)	26 (5)	11 (2)	63 (12)	14 (2)	36 (5)	50 (7)	14 (4)	21 (6)	66 (19)	5 (1)	19 (4)	76 (16)
A statewide human trafficking data collection tool (to establish prevalence, demographic and regional trends)	21 (3)	21 (3)	57 (8)	16 (3)	21 (4)	63 (12)	15 (2)	15 (2)	69 (9)	14 (4)	11 (3)	75 (21)	15 (3)	20 (4)	65 (13)
An evidence-based screening tool to assist in identifying trafficking	7 (1)	14 (2)	79 (11)	0 (0)	30 (6)	70 (14)	15 (2)	8 (1)	77 (10)	7 (2)	15 (4)	78 (21)	5 (1)	25 (5)	70 (14)
An evidence-based set of indicators (red flag signs) to be used for preliminary identification	7 (1)	13 (2)	80 (12)	5 (1)	20 (4)	75 (15)	8 (1)	0 (0)	92 (12)	7 (2)	11 (3)	81 (22)	5 (1)	20 (4)	75 (15)
A statewide reporting protocol/tool (to contact or report trafficking to law enforcement)	27 (4)	13 (2)	60 (9)	10 (2)	15 (3)	75 (15)	14 (2)	14 (2)	71 (10)	11 (3)	11 (3)	78 (21)	15 (3)	20 (4)	65 (13)

Note: Percentages are rounded to the nearest whole number. *n* s are presented as a range at the top of the table, as the number of respondents indicating a response to each need varied on the survey.

Needs of Trafficking Survivors—Trafficking Type

Though the specific interest of the funding agency relates to that of sex trafficking, the researchers also asked about incidents of labor trafficking experienced across Missouri. The vast majority of these survivors reportedly had experienced sex trafficking (82.7%, *n*=349), 12.5% had experienced both sex and labor trafficking (n=53), and the remaining reported survivors had experienced labor trafficking (4.74%, *n*=20).

Table 11, below, shows which services are most needed according to respondents working with varying service populations—those working primarily with labor trafficking, sex trafficking, or both types. The aim of analyzing needs by the trafficking types respondents worked with is to determine if the perceived needs of survivors vary among the types of trafficking experienced. Ostensibly, those experiencing labor trafficking may have distinct needs compared to those experiencing sex trafficking. Service providers in healthcare, social services, and the justice system are a good source of information for this data, as such practitioners should be familiar with the needs of their service populations.

Grouped by service "theme", we can see important nuances between the various trafficking experiences. Examining "crisis services", we see that about 75% (*n*=45) of respondents rated the need for *residential substance use treatment* either high or very high among survivors experiencing sex trafficking, while 42% (*n*=5) rated this as a low or moderate need among both types/labor trafficking survivors. This indicates a higher need for residential substance use treatment for sex trafficking survivors compared to both types/labor trafficking survivors. Among respondents serving primarily sex trafficking survivors, 89% indicated a high/very high level of need for shelter for adults, and 76% indicated a high/ very high level of need for shelter for minors. For respondents working primarily with survivors with both

experiences and labor trafficking survivors, shelter services is a great need (nearly 63% (*n*=10) of respondents rated the need for adult shelter as high or very high). Perception of need for shelters for minors experiencing both types of trafficking or labor trafficking scored higher, with 81% of respondents serving this population indicating a high or very high level of need for this service (which is interesting, as seen below, all labor trafficking survivors reported were adults, and all but two experiencing both types of trafficking were adults). We can conclude that emergency/crisis services are needed across the state for each type of trafficking, as a majority in both categories indicated a high/very high level of need for such services.

The theme *survivor direct services (longer term)*, consists of 13 direct care services ranging from outpatient substance use treatment to job skills training. Presented as a definite need across all trafficking types is *transitional and general housing* rated as high or very high by between 75% of those primarily serving sex trafficking survivors and 79% of respondents primarily serving both types/labor trafficking survivors. Clearly, longer-term housing is a need experienced by all trafficking survivors. In terms of *legal advocacy/assistance*, it appears that survivors of both types/labor trafficking survivors may have more need than those experiencing exclusively sex trafficking with 87% of respondents indicating this as a high or very high need among their clients whereas among those primarily serving sex trafficking survivors, about 58% of respondents rate this as a critical need. This may be due to the general lack of awareness about the phenomenon making these cases more difficult to address, or it could be these cases are simply more difficult to litigate. Alternatively, it could be related to the legal needs that foreign-born survivors of trafficking require, which are more complex than those of U.S. citizens. More research is needed to determine how to improve services to this population in Missouri. Another

apparent critical need for survivors that is not shared as much with both types of trafficking is *mental healthcare/counseling*. Nearly 94% of respondents rated this as a high or very high need among those serving survivors experiencing both types/labor trafficking populations, and among those serving survivors of sex trafficking 93% of respondents shared this concern. About 66% of respondents serving sex trafficking survivors and 57% of those serving both/labor trafficking survivors rated *education assistance* as a high or very high need among all three trafficking types. Seventy-seven percent of those serving primarily sex trafficking survivors indicated a very high/high level of need for transportation, while 88% of those serving both/labor trafficking survivors indicated this need. *Medical healthcare* was reported as more highly needed by both/labor trafficking survivors (87%, *n=13*), but still highly needed by sex trafficking survivors (65%, (*n=39*). Eighty percent of respondents serving primarily sex trafficking survivors indicated that sexual healthcare was a critical need, which is perhaps not surprising considering the nature of the abuse suffered and exposure to STIs, but 71% of respondents working with both types/labor trafficking indicated this as a high/very high need as well. Among the least critical needs in this section related to food insecurity, life skills training, and language access. However, 58% of those serving both types/labor trafficking survivors indicated language access services as a high/very high level of need compared to only 28% of those primarily serving sex trafficking survivors. This perhaps is indicating that there are readily available and accessible services across the state meeting these specific needs. Wave one of the larger research project of which this report is a part, uncovered multiple language access hotlines available throughout the state, but few direct/ in person services available. It is revealing that there is such a large gap in perception of need for both types/labor trafficking compared to sex trafficking for language access services, which is likely indicative of the respective service populations seen among the

trafficking types (e.g., citizens compared to foreign nationals). Regarding language access, in Koelger, Preble, and Tlapek (under review), interpretation services were also regarded as not only not widely available, but also not critically needed; however with the advent of a particularly sharp increase in nationalism across the US, there is concern that the indication that language access/interpretation services are not needed could be related to anti-immigrant sentiment (Deckart et al., 2019).

Within the theme *survivor mentorship/support* there appears to be fairly unanimous consensus that peer mentorship and support groups are critically needed among all trafficking types, however 92% of those serving sex trafficking indicated peer mentorship as a critical need compared to 57% of those primarily serving both types/labor trafficking populations. A small majority of those serving both types/labor trafficking indicated a critical need for drop-in centers (57%, n=8) while those serving sex trafficking survivors 67% (n=40) indicated drop in services as a critical need. Within the theme *systemic HT provider support and resource needs*, some key differences were revealed. A higher number of those serving both types/ labor trafficking survivors indicated multidisciplinary team coordination was needed, and a statewide reporting protocol/tool compared to those primarily serving sex trafficking survivors. This is likely due to the development of infrastructure, training and protocols among anti-sex trafficking groups, with less attention focused on those experiencing both types/ labor trafficking.

Table 11: Perception of Needs by Trafficking Type

	Sex Trafficking (n=56-61) % (n)			Labor Trafficking/ Both Labor and Sex Trafficking (n=11—16) % (n)		
	VL/L	M	H/VH	VL/L	M	H/VH
Crisis/Emergency Services (shorter term)						
Substance Abuse Services (Residential/Detox)	10 (6)	15 (9)	75 (45)	17 (2)	25 (3)	58 (7)
Shelter for Adults	2 (1)	9 (5)	89 (50)	13 (2)	25 (4)	63 (10)
Shelter for Minors	6 (3)	18 (10)	76 (42)	13 (2)	6 (1)	81 (13)
Emergency/crisis services	5 (3)	18 (11)	77 (46)	7 (1)	13 (2)	80 (12)
Culturally Competent shelter for LGBTQ+ populations	9 (5)	26 (15)	65 (37)	31 (4)	0 0	69 (9)
Direct Services						
Intimate Partner Violence (IPV) services related to trafficking	5 (3)	26 (15)	68 (39)	14 (2)	14 (2)	71 (10)
Rape/Sexual assault services related to trafficking	3 (2)	31 (18)	66 (38)	7 (1)	7 (1)	86 (12)
Direct Services (longer term)						
Substance Abuse Services (Outpatient)	12 (7)	17 (10)	72 (43)	17 (2)	25 (3)	58 (7)
Transitional housing	3 (2)	21 (13)	75 (46)	14 (2)	7 (1)	79 (11)
General Housing Assistance	5 (3)	18 (11)	77 (46)	7 (1)	7 (1)	86 (12)
Legal advocacy/assistance	13 (8)	28 (17)	58 (35)	7 (1)	7 (1)	87 (13)
Life skills assistance (e.g., financial planning, computer skills, cooking, etc.)	8 (5)	15 (9)	76 (45)	29 (4)	0 (0)	71 (10)
Job training/employment assistance services	3 (2)	27 (16)	67 (42)	36 (5)	14 (2)	50 (7)
Education assistance (e.g., GED assistance, assistance applying/registering for community college, college/university, applying for financial aid).	12 (7)	22 (13)	66 (39)	29 (4)	14 (2)	57 (8)
Mental healthcare/therapy, counseling, support groups	2 (1)	5 (3)	93 (57)	6 (1)	0 (0)	94 (15)
Access to Transportation	7 (4)	16 (10)	77 (47)	13 (2)	0 (0)	88 (14)
Food security/food pantries	15 (9)	37 (22	48 (29)	21 (3)	29 (4)	50 (7)
Medical care, general	8 (5)	27 (16)	65 (39)	7 (1)	7 (1)	87 (13)
Sexual health	3 (2)	17 (10)	80 (47)	21 (3)	7 (1)	71 (10)
Language access/interpretation/translation services for SDL or Hard of hearing/Deaf persons	40 (23)	32 (18)	28 (16)	17 (2)	25 (3)	58 (7)
Survivor Mentoring/Support Services						
Peer mentorship programs (e.g., sex trafficking, survivor-led support, leadership, group facilitation).	2 (1)	7 (4)	92 (55)	21 (3)	21 (3)	57 (8)

Drop-in centers (with access to shower, laundry, food, a safe space to socialize, counseling)	8 (5)	25 (15)	67 (40)	21 (3)	21 (3)	57 (8)
Provider Training Needs						
Multidisciplinary cross-training	3 (2)	26(16)	70 (43)	0(0	7 (1)	93 (13)
Training in law enforcement	8 (5)	17 (10)	75 (45)	7 (1)	21 (3)	71 (10)
Training in the juvenile courts	5 (3)	11 (6)	84 (48)	14 (2)	21 (3)	64 (9)
Training in domestic violence/IPV services	5 (3)	19 (11)	75 (43)	0 (0)	29 (4)	71 (10)
Training in rape/sexual assault services	5 (3)	32 (19)	63 (37)	0 (0)	33 (5)	67 (10)
Training in schools (school social workers, guidance counselors, teachers, staff)	3 (2)	20 (12)	76 (45)	7 (1)	13 (2)	80 (12)
Training in healthcare facilities (hospitals, clinics, urgent care, etc.)	2 (1)	21 (13)	77 (47)	0 (0)	13 (2)	87 (13)
Training in children's services residential facilities	7 (4)	16 (9)	77 (43)	8 (1)	8 (1)	85 (11)
Prevention Programming						
Sex trafficking prevention programming	15 (8)	26 (14)	59 (32)	21 (3)	7 (1)	71 (10)
Labor trafficking prevention programming	18 (8)	36 (16)	45 (20_	20 (3)	20 (3)	60 (9)
Systemic HT Provider Support and Resource Needs						
Multidisciplinary Team Coordination/ Formal interagency collaborative structure	17 (10)	22 (13)	60 (35)	0 (0)	9 (1)	91 (10)
A statewide human trafficking data collection tool (to establish prevalence, demographic and regional trends).	10 (6)	22 (13)	67 (39)	33 (4)	33 (4)	33 (4)
An evidence based screening tool to assist in identifying trafficking	5 (3)	16 (9)	78 (43)	15 (2)	31 (4)	54 (7)
An evidence based set of indicators (red flag signs) to be used for preliminary identification	7 (4)	14 (8)	79 (44)	8 (1)	15 (2)	77 (10)
A statewide reporting protocol/tool (to contact or report trafficking to law enforcement).	16 (9)	14 (8)	71 (41)	9 (1)	0 (0)	91 (10)

Note: Percentages are rounded to the nearest whole number. *n* s are presented as a range at the top of the table, as the number of respondents indicating a response to each need varied on the survey.

Prevalence and Demographics

The following sections represent the attempt to collect demographic and prevalence count data on trafficking in Missouri and Metro East St. Louis/Illinois as reported by anti-trafficking service providers in the social, legal, and healthcare sectors. Before reporting these findings, the authors stress that the data presented in this report should be received with caution. These data represent a facet of trafficking in Missouri and the bi-state areas, as reported by the 107 respondents included in this study at the time they responded, but are not intended to provide a holistic portrayal of trafficking in the region or a proportional prevalence rate among populations or the general state population. For this, the researchers would have to employ rigorous, expensive, and time-consuming respondent driven sampling, household count surveys, and staff to obtain a representative prevalence ratio. Data derived from the responses of healthcare providers, members of law enforcement, and social service providers are limited, as they only include cases that have been disclosed to or uncovered by such individuals (Nichols & Hudson, 2018). Furthermore, the results only reflect individuals that service providers, law enforcement, and other practitioners acknowledged as trafficked. The public discourse and misguided education and awareness campaigns often portray survivors as abducted and enslaved young, white, suburban girls (Peffley & Nichols, 2018). The result of this homogenized image of trafficking is lost opportunities to identify trafficking in its multifaceted forms. Trainings vary in terms of quality and accessibility across the state and in Metro East St. Louis/Illinois; individuals identify what they are trained to identify. For example, research indicates that sex trafficking in the form of survival sex is often not viewed as sex trafficking and is misidentified (Egyes, 2018; Nichols, 2016). Lack of awareness that a third party does not need to be present (which is commonly the case with survival sex of minors as sex trafficking) for a situation to legally be

deemed sex trafficking leads to misidentification (Nichols & Heil, 2017). Moreover, the research literature indicates that Black/African American women and girls, as well as LGBTQ+ individuals, are significantly less likely to be viewed as victims of trafficking and referred to social and legal services, and are more likely to be criminalized (Dank et al., 2015b; Egyes, 2017; Nichols, 2016). Such factors are also embedded in the public anti-trafficking discourse and the ways individuals are trained, which may significantly impact how providers view the nature and scope of trafficking. Similarly, research indicates that labor trafficking is less likely to be uncovered, in part, because there is lack of funding and concern to identify it (Zhang, 2012). Such dynamics, combined with anti-immigrant sentiments, ostensibly reduce the likelihood of identification and reporting of labor trafficking, as foreign nationals are more likely to experience labor trafficking than US citizens (NHTH, 2018); however, as will be discussed, among the survivors reported here, Missouri may be in a unique space. Similarly, sex trafficked foreign nationals may also be less likely to be identified due to anti-immigrant sentiments and policy, which impedes help seeking and forces the issue further underground.

Prevalence

In total, providers in the current study reported working with 422 survivors in the previous 12 months across Missouri. This indicates that the national reporting system only captures a portion of trafficking cases, as the NHTH (2018) showed 178 cases reported in the state of Missouri in 2018. Prevalence in the current study is impacted by initial identification across all regions and organizations and only reflects the experiences and perceptions of the respondents participating in the survey. As such, there are a number of critical caveats to understanding the limitations of the trafficking prevalence being reported in this document (please see above and limitations for further discussion).

Organizations that report to the NHTH may have different procedures compared to those

who do not, or may not have procedures at all, for facilitating a call to the NHTH for resource

referrals. In contrast, organizations that do have procedures/a protocol in place may use their

formal and informal collaborations to respond to the issue rather than calling/reporting to the

NHTH. Schwarz (2017) found in a study of Kansas and Missouri that only 11.6% of providers

reported accessing/had used the NHTH, whereas 50% had access/had used contacts with law

enforcement, and nearly 70% had accessed/had used collaboration with social service providers.

Thus, individuals appeared to be much more likely to use community resources to respond to

trafficking rather than the NHTH. This could offer an explanation for the larger numbers

reported in this study compared to what the NHTH reported. More work is needed to examine

the nature of reporting practices both nationally and statewide.

As indicated previously, respondents in the present study indicated a high level of need

for a statewide reporting protocol and identification tool (see Table 1). This is consistent with

other work in the state. One study examining responses to trafficking in Missouri indicated

potential public confusion regarding what trafficking is and how to respond (Preble, Basham,

Mengo, & Richards, 2016). Schwarz (2017) similarly found in a study including Missouri and

Kansas, that only 28.5% of respondents could access/had used a protocol or identification tool.

Both of these studies indicate prevalence may be higher than what is reported here. In addition,

Preble and colleagues (2016) indicated that little is known about the effectiveness of human

trafficking training, education, and awareness education, and such initiatives lack evaluation

research to support them. The present study indicates a high or very high level of need for

training across multiple organizational sectors, suggesting that individuals may be underprepared

to identify human trafficking when confronted with it (Table 1 and regional tables). Ostensibly,

this may impact reporting and prevalence count rates. In short, it is important to understand that the following discussion regarding incidents and demographics of trafficking reflect a slice of time and current perceptions about human trafficking among the providers that responded to this survey call. Hence, it cannot reflect a representative sample or be generalized to the entire survivor population that exists in Missouri. In addition to the sheer numbers of survivors delineated by survey respondents, prevalence also varies by race and ethnicity, age, gender, sexual orientation, socioeconomic status, and the types of trafficking. Such prevalence counts and demographic details are illustrated in the following subsections.

Types of Trafficking

Service providers reported that a majority of survivors experienced sex trafficking (82.7%, $n=349$), about 12% experienced both sex and labor trafficking ($n=53$), and less than 5% experienced labor trafficking ($n=20$). When asked about the type of trafficking respondents' organizations primarily served, nearly 80% indicated they worked primarily with sex trafficking survivors ($n=62$), 16% reported working equally with both sex and labor trafficking survivors ($n=13$), and just three respondents (3.85%) reported working primarily with labor trafficking survivors. Thus, the number of reported trafficking survivors is largely consistent with the reported service population in the present study.

However, the proportion of survivors by trafficking type appears to be somewhat discordant with what is reported nationally and in the state of Missouri. According to the NHTH, in the state of Missouri, of the 442 hotline contacts in 2018, 178 resulted in trafficking cases reported. Of cases in which the type of trafficking was reported ($n=169$), the vast majority involved sex trafficking (81%, $n=137$), about 13% ($n=22$) involved labor trafficking, and about 6% ($n=10$) involved both labor and sex trafficking. The proportion experiencing sex trafficking

in the current study was similar to NHTH data for Missouri, but labor trafficking was less-identified in the current study, and those experiencing both types were identified at higher rates. The difference in results between the current study and the NHTH suggests that organizations or individuals (potentially survivors) who call or report to the NHTH may be distinct from those who do not. The same limitations apply to the data presented in this report—data only reflect the experiences of the 107 individuals who responded to this survey. Further in-depth research is needed to examine this discordance on a state level.

Figure 3: Trafficking Type
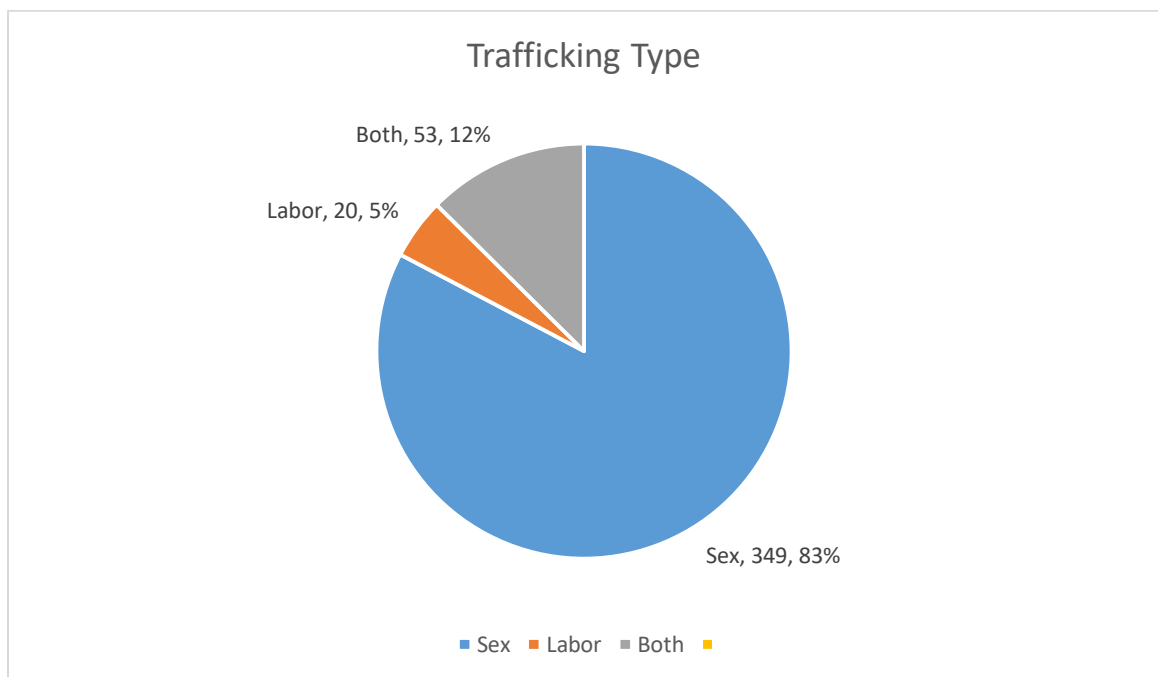
Labor trafficking. Respondents indicated a relatively substantial amount of labor trafficking across the state of Missouri and Metro East Illinois, especially when considering the dearth of response and awareness given to this population within the state and only three providers in this study reporting primarily working with this population. Of the 20 reported labor trafficking survivors, about a quarter had experienced exploitation in the agricultural/livestock sector (25.95%, *n*=7). Nearly 19% (*n*=5) of survivors had been exploited in the restaurant and

panhandling sectors, nearly 15% (*n*=4) were exploited in the landscaping industry, two survivors were trafficked for custodial/janitorial services (7.40%), one in the construction industry (3.70%), and the remaining three survivors were trafficked for "other/unspecified" labor services (11.11%) (see Figure 4). Additionally, participants were asked, but none indicated, if they had worked with survivors who experienced the following four types of labor trafficking: hotels, factory work, carnival work, door-to-door sales, and health and beauty services. It should be noted that respondents could check multiple types of labor trafficking for a single victim, and *thus a single victim could be represented in multiple categories within these statistics*. In contrast, national data indicates domestic work, agriculture, and panhandling are the most common forms of labor trafficking (NHTH, 2017). Analysis of the labor trafficking type by region was not useful due to the small number of cases.

When considering the multitude of barriers to self-reporting labor trafficking, as well as lack of attention to policy and identification in the state, labor trafficking is undoubtedly occurring in higher numbers than reported. Extant literature has also found similar issues (Owen et al., 2014; Farrell & deVries, 2018). A qualitative study conducted in Eastern Missouri and Southern Illinois found lack of attention to labor trafficking in law enforcement practices, policy initiatives, and anti-trafficking coalitions (Heil & Nichols, 2014). Results from the present study indicating low levels of labor trafficking may be an artifact of identification practices in Missouri and the Illinois bi-state area. Furthermore, it is well documented that anti-immigrant sentiments are present within the United States and in Missouri, potentially impacting help-seeking and reporting (deVries, Nickerson, & Farrell, 2019). In addition, for those trafficking survivors who are undocumented, research indicates fear of deportment and detainment negatively impacts reporting (Heil, 2012). Labor trafficking survivors who are in the United States on a worker visa

are also bound to their employer and leaving a trafficking situation may result in deportation and make entry back into the United States impossible, negatively impacting reporting and help-seeking (Egyes, 2018). Current requirements surrounding worker visas, fear of deportment and detainment, anti-immigrant sentiments, and lack of attention to labor trafficking potentially impact the number of identified/reported cases involving foreign nationals. Thus, it is expected that identification of labor trafficking will be impeded, as labor trafficking disproportionately involves non-citizens. Moreover, there is growing concern for individuals with disabilities and their vulnerability to labor (and sex) trafficking. The U.S. has already litigated several cases of abusive labor practices, bordering labor trafficking, among those with intellectual challenges (see: Barry, 2016; Reid, 2018).

Figure 4: Form of Labor Trafficking Experienced

Form of Labor Trafficking Experienced (n=20)

Construction, 1, **4%**
Custodial/Janitorial, 2, **7%**
Other, 3, **11%**
Agricultural, 7, **26%**
Landscaping, 4, **15%**
Restaurant, 5, **18%**
Panhandling, 5, **19%**
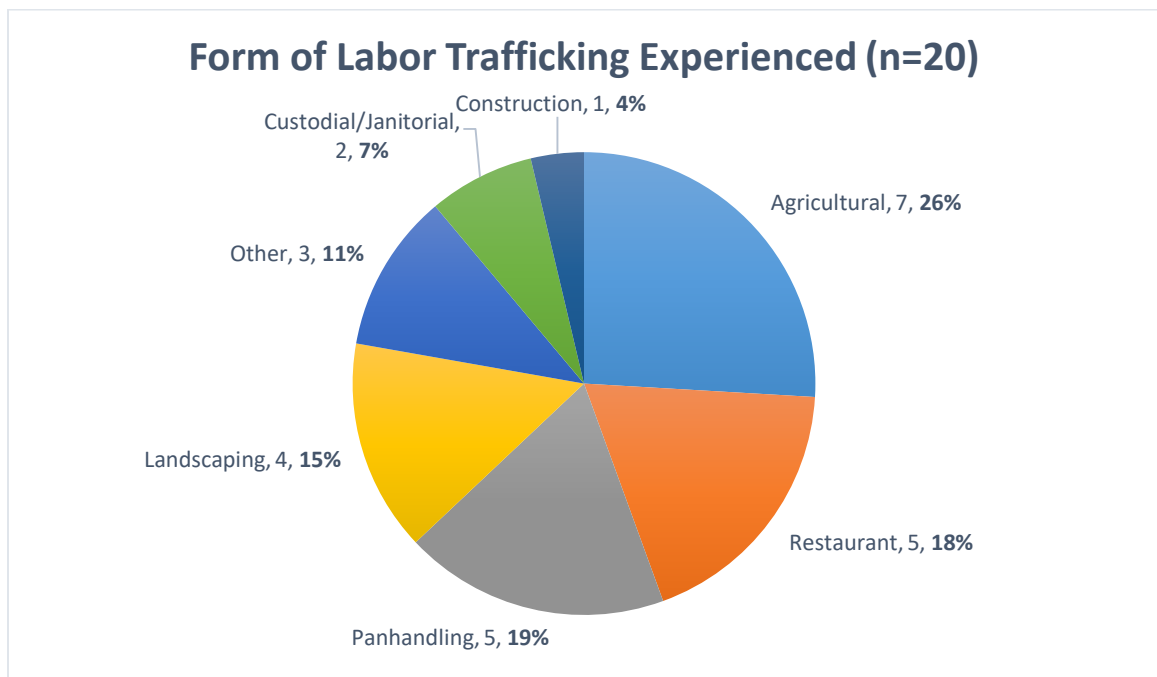
Sex trafficking. By far, providers reported more sex trafficking survivors in this study. It is important to note that respondents could check multiple types of sex trafficking for a single victim, and thus *a single victim could be represented in multiple categories* within these

statistics. Of the 349 sex trafficking survivors reported, about 1/3 had been trafficked via IPV (*n*=134), more than 1/5 trafficked by survival sex (*n*=102), about 1/5 by a pimp/manager/non-intimate partner (*n*=97), and nearly 1/5 experienced familial trafficking (*n*=83). Fifty-eight (12.2%) survivors had experienced "other/not classified" sex trafficking. The finding in the present study that trafficking as an extension of IPV was the most common form of sex trafficking is consistent with national data, which also shows that intimate partners are the most common recruiters (NHTH, 2017). The study findings are also consistent with prior work within the region (Kansas City metro area and St. Louis bi-State area) finding IPV/boyfriend pimping and survival sex as the most common forms of trafficking, along with marked numbers of survivors experiencing familial trafficking, trafficking by a non-intimate partner, and other forms (such as child pornography) (Nichols & Heil, 2014; Heil & Nichols, 2019; Smith, Vardaman, & Snow, 2009).

Figure 5: Form of Sex Trafficking Experienced

FORM OF SEX TRAFFICKING EXPERIENCED

- Other, 58, 12%
- IPV/Boyfriend pimp, 134, 28%
- Family member, 83, 18%
- Other pimp/Manager (not intimate partner), 97, 20%
- Survival Sex Trading/Trading sex to meet basic needs, 102, 22%
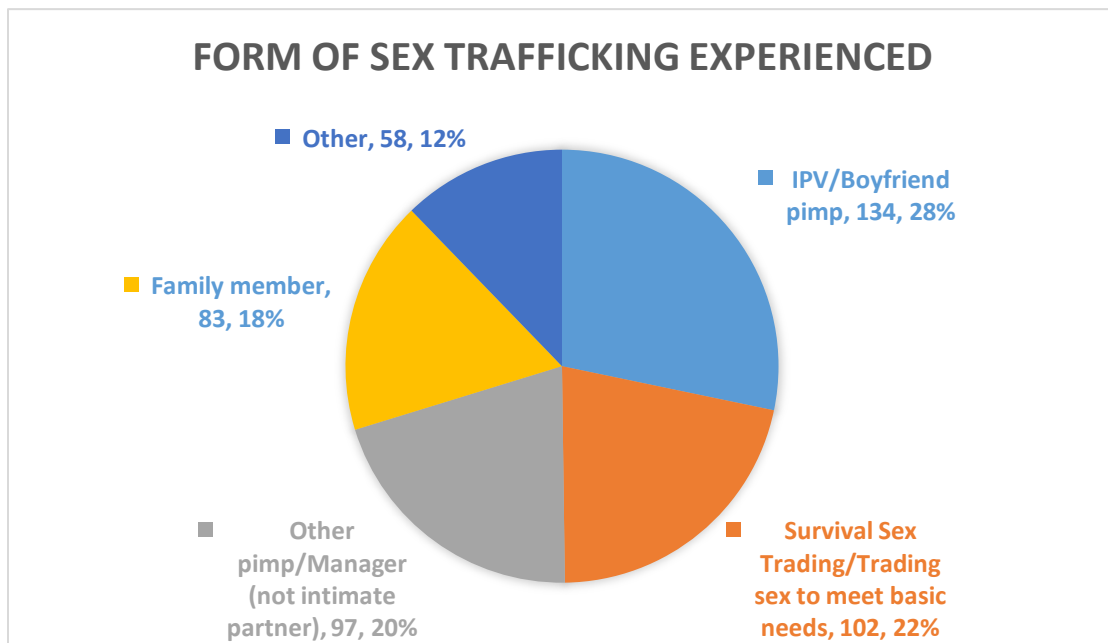
While there is public and political concern throughout the state, as well as education, training, and awareness initiatives from local and state coalitions which aim to facilitate identification, challenges to identifying sex trafficking remain (Preble et al., 2016; Nichols & Heil, 2014). First, underidentification of sex trafficking involving foreign nationals is impacted by the same factors mentioned previously—threat of deportation, detainment, challenges with worker visas, and anti-immigrant sentiments/policy—prevent help-seeking. In addition, sex trafficking survivors do not always identify as such. The term may not resonate with survivors, they may not know what it means, or they may believe that their choice precludes their victimization. For example, a minor who continues to return to a "boyfriend" trafficker may view their commercial sex involvement as a choice, and they may not see themselves as a survivor, victim, or trafficked until years later (Heil & Nichols, 2019). Help-seeking is also limited by the social stigma tied to prostitution and avoidance of judgement (Nichols, 2016; Preble, 2018). In addition, some survivors have negative interactions with law enforcement, which impedes help-seeking in the justice system (Dank et al., 2015b; Egyes, 2018; Nichols, 2016; Preble, 2018). Tactics of traffickers, similar to those of coercive control in IPV (see Preble, 2016 for discussion), may also prevent help seeking, including isolation, emotional abuse, economic dependence, and fear of physical abuse. Some regions of the state have better trained individuals than others in the healthcare, social service, and legal sectors, impacting identification and reporting. In sum, due to challenges with identifying and reporting sex trafficking, prevalence is assuredly higher than what is reported here. Further analyses of the types of trafficking by age, region, race/ethnicity, sexual orientation, socioeconomic status, and gender are embedded within the following subsections.

Age

While drawing the attention and concern of the public, less than two percent of the survivors reported by providers in this study were between 8-11 years old (n=5), and less than 10% were 12-14 years old. Twelve to fourteen is commonly reported as the average age of entry into commercial sex, which has been interpreted to mean that this is the predominant age group in need of services. However, this commonly cited statistic is rooted in research with methodological limitations and samples that only include minors, thereby skewing the age category (Polaris Project, 2014). Subsequent research including both adults and minors in the samples finds a range of 15-25 as the most common age of survivors (Farrell et al., 2012; Polaris Project, 2014). The NHTH (2017) indicated that the most common age of entry for sex trafficking was 15-17 (mode), but with an average age of 19 years old (mean). The present study found that among the service population, almost a quarter of the survivors of human trafficking (including sex, labor, and those experiencing both types of trafficking) were 15-17 years old (n=84), a third were 18-25 years old (n=124), just over one fifth (n=76) were between 26-35 years old, and the rest of the reported survivors were 36 years old and older, with one survivor being 65+ years old. Altogether, the research findings show that nearly 70% of human trafficking survivors (including all types of trafficking) were adults and nearly one-third were minors. This is consistent with what is reported nationally. Nationally, the NHTH showed that of cases of trafficking in which age was reported (n=7448), 68% were adults and 32% were minors. The NHTH reported in the state of Missouri in 2018 that of survivors in which age was recorded (n=106), 59% were adults and 41% were minors. Taken together, results suggest that adults are more likely to experience trafficking in Missouri and nationally. The results of the current study parallel prior work showing the vast majority of survivors are between the ages of 15-35, with a

majority as young adults. This is consistent with the intimate partner violence related literature, which shows this age group as most vulnerable to IPV (i.e., 18-29 years old, Campbell et al., 2011). This research also extolls the virtues of implementing healthy relationships curricula in schools and colleges. Ostensibly, boyfriend/IPV related sex trafficking, which showed as the most encountered form in the state, is likely to be an interrelated factor with the age-related research findings. The research also shows that while many ad campaigns focus on children who are trafficked, adults are in need of services as well, and compose the majority of survivors.

In terms of the service population, nearly 59% of study respondents worked with adults, while approximately 41% worked with minors. Ostensibly, the service population is somewhat disproportionate to the available service provision by age grouping (e.g., adult/minor service populations).
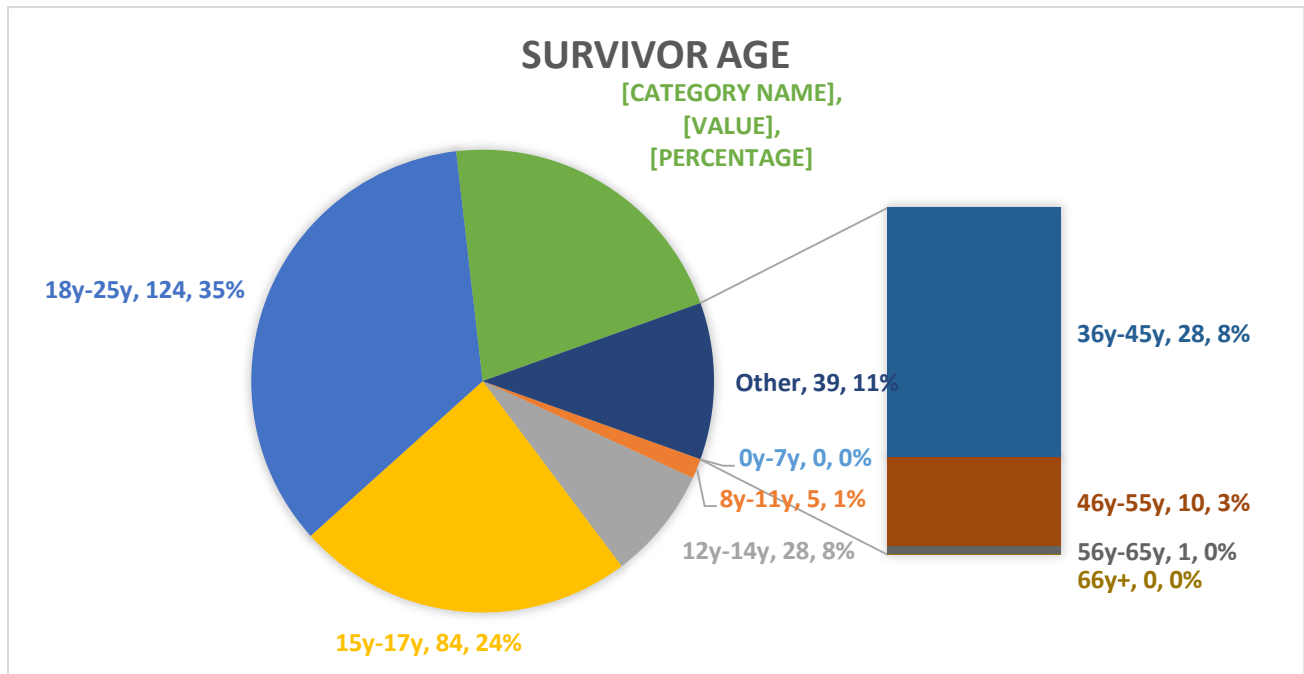
Figure 6: Age of Survivors

Types of trafficking and age. The data were disaggregated by types of trafficking to determine whether there were any age-related patterns among labor and/or sex trafficking. There were some key differences in types of trafficking experienced by age groupings as reported by providers in this study. Of the labor trafficking survivors, all of them were over 18 years of age, and among those experiencing both labor and sex trafficking, all but two were adults. This could relate to the nature of worker visas, which require one to be an adult to obtain one; however, six of the 20 labor trafficking survivors reported in this document were White/Caucasian American, implying a fair number of US citizens are being trafficked for non-sexual labor. Even so, a disproportionate number of those experiencing labor trafficking/both sex and labor trafficking were Hispanic/Latinx or Asian. In terms of sex trafficking, the ages spanned both adults and minors as is reflected in the previous discussion about age (study results that include all types largely reflect sex trafficking, as a much higher number of sex trafficking survivors were identified/reported in the present study). However, upon disaggregating the data, it shows an identical number of minors spanning a 9-year period (ages 8-17) experienced sex trafficking compared to young adults spanning a 7-year period (ages 18-25). Thus, the results are slightly different when disaggregating the data by trafficking type. Among sex trafficking survivors 39% were minors and 61% were adults, whereas 100% of labor trafficking survivors and 88% of survivors of both types of trafficking were adults, as reported by the service providers participating in this study who worked with them.

Table 12: Types of Trafficking and Age

| | 8-11 | 12-14 | 15-17 | Minors | 18-25 | 26-35 | 36-45 | 46-55 | 56-65 | Total |
	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)	
Labor	0	0	0	0	50 (10)	40 (8)	5 (1)	5 (1)	0	20

Sex	1.6(5)	8.6(27)	24.6(77)	34.8(109)	34.8(109)	19.8(62)	7.6(24)	2.5(8)	0.3(1)	313
Both	0	0	11.8(2)	11.8(2)	29.4(5)	35.3(6)	17.6(3)	5.9(1)	0	17
Total	5	27	79		124	76	28	10	1	350

Note: Totals are lower than reported elsewhere in this report, as age was not reported for all survivors worked with.

Form of sex trafficking by age. Various forms of sex trafficking prevalence were related to age (see Table 13), although the most common age group to experience all types of sex trafficking (except familial trafficking, see below) was 18-25 (*n*=45). This age group may be particularly vulnerable to the various types for a number of reasons. In terms of boyfriend pimping/sex trafficking as an extension of intimate partner violence, this finding is consistent with research finding heightened rates of intimate partner violence among this age group (Campbell et al., 2011). In terms of survival sex, many youth are on their own at the age of 18 and may not have adequate means to support themselves. Further, youth may have also aged out of foster care (at age 18), further problematizing the ability to support themselves on their own with few resources provided by their families or the state. Interestingly, while the extant research focuses on familial trafficking of minors, the research findings presented in the current study indicate a majority were adults, although it is unclear at what point in time any of the forms of trafficking were experienced. For example, if a respondent worked with a survivor who was currently being trafficked by a boyfriend, but had familial trafficking in their past, a respondent may have marked both types of trafficking. Thus, time-order related validity may be an issue with the results reported in this section. Further research should incorporate the life calendar method to accurately uncover age-related forms of trafficking. The "other pimp or manager" grouping peaks in this age group but similarly continues into the 26-35 age bracket.

It is important to note the ways the researchers of this study grouped age categories, as they cover different total amounts of time and impact interpretation of results. The adult age categories each span 8-10 years; 18-25 was chosen because prior research suggests that individuals "age out of prostitution/trafficking at 25," an assertion that was *not* supported by this study. In fact, there were substantial numbers of those experiencing trafficking from 26-35, comparably less but still significant numbers trafficked from 36-45 years of age, and trafficking over 45 was also known to occur, although in much smaller numbers. However, the minor age categories used in this study span only 3-4 years. This allows for more nuance and comparison among age groups of minors. Twelve to 14 was chosen because this was commonly reported as the most common age of entry into prostitution, as well as a common age of trafficked minors in early trafficking research (Estes & Weiner, 2001; Lloyd, 2012). However, subsequent work that focuses on both adults and minors who experience trafficking shows a higher age of entry (age of entry not examined in this study) and higher average age than 12-14 in the service population. The present study supports the more recent research, showing that among minors in the service population, trafficking is more common among 15-17-year-olds compared to 12-14-year-olds. Kids are ostensibly more likely to be engaging in romantic relationships and running away from home at this age. Further, LGBTQ+ kids are more likely to be "coming out" to parents at the age of 15-17 compared to 12-14, and parents' reactions can lead to conflict in the home and subsequent runaway/homeless status (Dank et al., 2015a). Finally, while rare, trafficking of 8-11-year-olds and younger does occur. The present study found no cases of trafficking reported by respondents of a child under 8, but there were a few cases of trafficking of 8-11-year-olds, primarily familial trafficking, although the sample size for this age category is small and results should be received with caution.

When interpreting the results, note that an age cohort spanning 8-10 years will inevitably show higher numbers as compared to a span of 3-4 years. At the same time, even when combining all minor age groups into a ten-year span (8-17), 18-25 (8 year span) remains the most common age bracket for all types of sex trafficking except familial trafficking (8-17 years, $n=29$; 18-25 years, $n=28$) and "other," which presumably includes child pornography, peer-facilitated, or buyer facilitated trafficking.

Table 13 Form of Sex Trafficking by Age

Ages	8-11	12-14	15-17	Minors 8-17	18-25	26-35	36-45	46-55	56-65	Total
Boyfriend/IPV	1	11	30	42	45	32	11	3	0	133
Survival Sex	2	7	18	27	36	24	12	1	1	101
Familial	4	9	16	29	28	13	10	3	0	83
Pimp/Manager	1	5	16	22	29	25	8	2	0	86
Other	0	1	13	14	4	1	2	0	0	21

Note: Data are non-cumulative, as a single survivor could experience multiple types of sex trafficking.

Race and Ethnicity

When asked about the racial/ethnic makeup of survivors they worked with in the last year, respondents indicated about half were White/Caucasian American (46%, $n=191$), a quarter were Black/African American (25%, $n=104$), and the remaining roughly quarter were Asian (10%, $n=42$), multiracial (8.9%, $n=37$), Hispanic/Latinx (6%, $n=25$), Native American (.75%, $n=3$), or other/not categorized (2.9%, $n=12$) (U.S. Census, 2018). These demographics do not appear to follow those of the state; majority groups are underrepresented, while minorities are overrepresented. In the state of Missouri, 82.8% of the population is white, 11.58% are Black or African American, 3.55% are Latinx or Hispanic, 1.64% are Asian, 0.46% are Native American, and 2.08% are two or more races (see Figure 7). Accordingly, White/Caucasians are underrepresented in the statewide trafficking statistics, as they compose 82.8% of the population but only 46% of those experiencing trafficking. In contrast, Black/African Americans compose

11.58% of the population yet 25.18% of those who are trafficked—over double the proportionate number. Similarly, Hispanic/Latinx people compose only 3.55% of the Missouri population but are disproportionately trafficked (6.04%). Asians are disproportionately trafficked as well, composing 10.14% of those trafficked but only 1.64% of the population (see Figure 7).

Figure 7. Race and Ethnicity of MO compared to Race/Ethnicity of Survivors
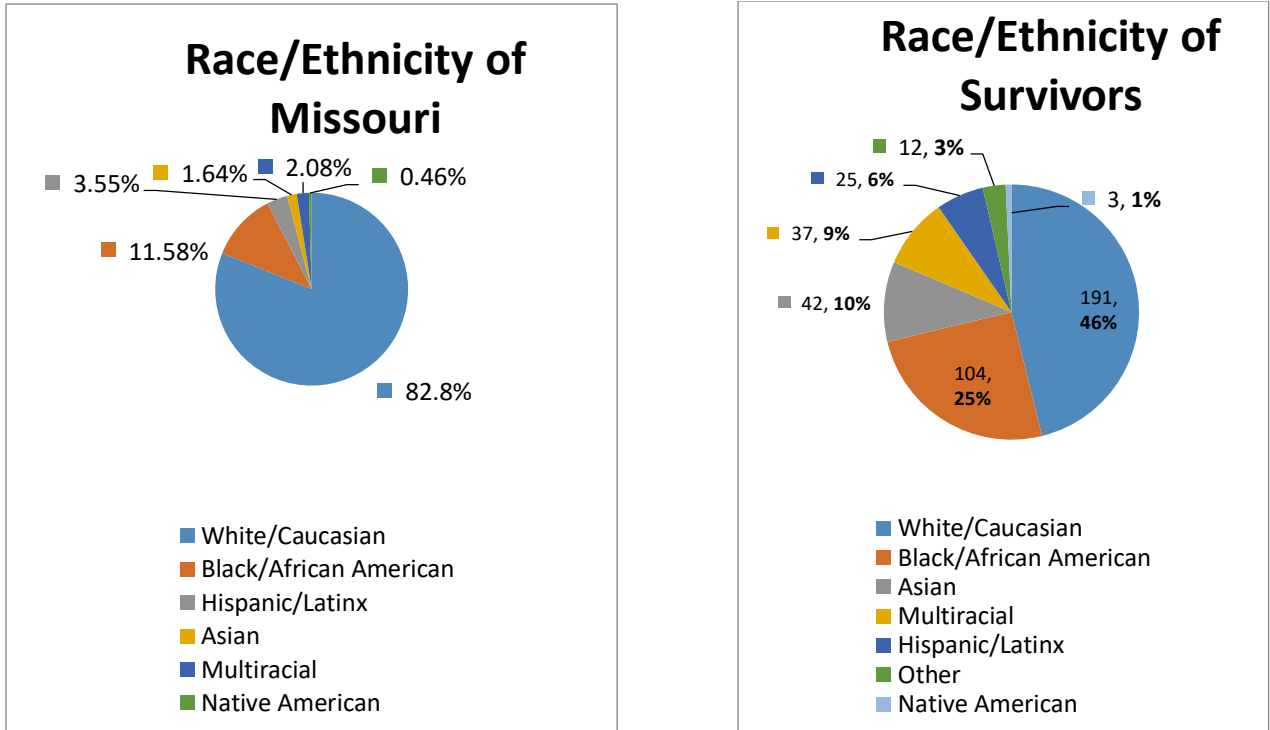
Differences in race/ethnicity of survivors by region. There were differences in the racial/ethnic identities of survivors by region reported by survey respondents. For example, in the *Central Region*, 59.1% (*n*=13) were White/Caucasian, 18.2% (*n*=4) were Black/African American, 13.6% (*n*=3) were Hispanic/Latinx, 4.5% (*n*=1) were Asian and Multiracial (4.5%, *n*=1). In the *Kansas City Region*, 59.3% were White/Caucasian (*n*=70), 18.6% were Black/African American (*n*=22), 1.7% were Hispanic/Latinx (*n*=2), 1 was Asian, 6.8% (*n*=8) were another race/ethnicity, and 12.7% (*n*=15) were Multiracial. In the *Northeastern* part of the

state, 55% were White/Caucasian (*n=11*), 20% (*n=4*) were Black/African American, 10% (*n=2*) were Hispanic/Latinx, 1 was Asian, and 10% (*n=2*) were Multiracial. In the ***Northwest Region***, 65% were White/Caucasian (*n=62*), 10.5% were Black/African American (*n=10*), 4.2% were Hispanic/Latinx (*n=4*), 1 was Asian, 8.4% (*n=8*) were another race, and 10.5% (*n=10*) were Multiracial. The ***Southeast Region*** of the state showed 29.2% of survivors were White/Caucasian (*n=7*), 29.2% were Black/African American (*n=7*), 8.3% were Hispanic/Latinx (*n=2*), 1 was Asian, 1 was another race, and 25% (*n=6*) were Multiracial. The ***Southwest Region*** of the state showed that 39.1% were White/Caucasian (*n=36*), 7.6% were Black/African American (*n=7*), 3.3% were Hispanic/Latinx (*n=3*), 43.5% were Asian (*n=40*), and 6.5% were Multiracial (*n=6*). In the Southwest Region, Asians were significantly disproportionately trafficked, showing a distinct pattern. There were two major cases of trafficking involving both sex and labor trafficking in Joplin and Springfield within the last year, involving exploitation of Chinese women in massage parlors. In the ***Metro East Illinois Region***, 44.9% of survivors were White/Caucasian (*n=35*), 33.3% were Black/African American (*n=26*), 11.5% were Hispanic/Latinx (*n=9*), none were Asian, 1 was another race, and 9% (*n=7*) were Multiracial. While the survey was not specifically disseminated to those in the ***MetroWest***, some in the Kansas City area served those in *Metro West Kansas City*. Their responses indicated that 53.8% (*n=7*) of the survivors they worked with were White/Caucasian, 30.8% (*n=4*) were Black/African American, 1 was Asian, and 1 was another race. The ***St. Louis Region*** reported 26.3% (*n=15*) of survivors were White/Caucasian, 59.6% (*n=34*) were Black/African American, 3.5% (*n=2*) were Hispanic/Latinx, 1 was Asian, 1 was another race/ethnicity, and 7% (*n=4*) were Multiracial.

Table 14. Race/Ethnicity of Trafficking Survivors by Region

Region	White/ Caucasian % (n)	Black/ African American % (n)	Hispanic/ Latinx % (n)	Asian % (n)	Other % (n)	Multi Racial % (n)	Total (N=519) % (n)
Central	50.1 (13)	18.2 (4)	13.6 (3)	4.5 (1)	0	4.5 (1)	4.2 (22)
Kansas City	59.3 (70)	18.6 (22)	1.7 (2)	0.8 (1)	6.8 (8)	12.7 (15)	22.7(118)
Northeast	55.0 (11)	20.0 (4)	10.0 (2)	5.0 (1)	0	10.0 (2)	3.9 (20)
Northwest	65.3 (62)	10.5 (10)	4.2 (4)	1.1 (1)	8.4 (8)	10.5 (10)	18.3 (95)
Southeast	29.2 (7)	29.2 (7)	8.3 (2)	4.2 (1)	4.2 (1)	25.0 (6)	4.6 (24)
STL	26.3 (15)	59.6 (34)	3.5 (2)	1.8 (1)	1.8 (1)	7.0 (4)	10.9 (57)
Southwest	39.1 (36)	7.6 (7)	3.3 (3)	43.5 (40)	0	6.5 (6)	17.7 (92)
STL Metro East/ Illinois	44.9 (35)	33.3 (26)	11.5 (9)	0	1.3 (1)	9.0 (7)	15.0 (78)
KC MetroWest/ Kansas	53.8 (7)	30.8 (4)	7.7 (1)	0	7.7 (1)	0	2.5 (13)

Note: Some duplication is possible for those serving multiple counties. Table does not include respondents serving the whole state, to minimize duplication and to allow for regional comparative analyses. Duplication is still present as some providers served more than one region. In addition, multiple providers may have interacted with the same survivor, making duplication across organizations possible.

Race/ethnic variance of survivors within regions: The St. Louis region. To illustrate

the ways victimization varies within regions, the authors chose the St. Louis Region as an

example. This analysis offers a macroscopic view of victimization of those belonging to various

racial/ethnic groups on a state level (as presented in the previous subsection), as well as a

nuanced view of regional and county/city levels. Overall, the St. Louis Region reported that just

over one quarter (*n*=15) of survivors were White/Caucasian, nearly 60% (*n*=34) were

Black/African American, 3.5% (*n*=2) were Hispanic/Latinx, 1 was Asian, 1 was another race,

and 7% (*n*=4) were Multiracial. The St. Louis Region (as consistent with the MCADSV regions

used in this analysis) included St. Louis City, St. Louis County, and St. Charles County.

Combined, the race/ethnicity of the St. Louis Region is 67.6% White/Caucasian, 23.3%

Black/African American, 3.8% Asian, 2.1% Multiracial, and 3.2% Hispanic/Latinx (U.S.

Census, 2018).[4] This shows that in the St. Louis Region, Black/African American people are

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[4] Numbers exceed 100% as they are based on population projections from the US Census for 2018 and have a 5% margin of error. The pie chart is recalculated to present data in rounded percentages.

significantly disproportionately trafficked, showing a distinct regional pattern of victimization. While composing just 23% of the population of the St. Louis Region, Black/African American people compose 59.6% of trafficking survivors—well over double the proportionate rate (see Figure 8). In contrast, White/Caucasian individuals are underrepresented among survivors reported in the region. White individuals make up 68% of the population in the St. Louis Region yet compose just 26% of survivors. While survivors who are White/Caucasian are important, the disproportionate rate of victimization of Black/African American survivors should not be ignored. Acknowledging this heightened victimization does not negate the need for services among survivors who are White. However, this finding does call for further research to examine root sources of this disproportionate victimization of Black/African American people in the St. Louis Region (as well as the state), and inclusiveness in outreach imagery, representation in peer mentoring programs, and cultural competency in social and legal services. Moreover, representation in service provision overall should be examined. Of respondents in the St. Louis Region whose race/ethnicity was reported, 75% (*n*=39) were White/Caucasian, 7.6% (*n*=4) were Black/African American, 5.7% (*n*=3) were Hispanic/Latinx, and 11.5% (*n*=6) were Multiracial.

Figure 8: Race and Ethnicity of MO Compared to Race/Ethnicity of Survivors
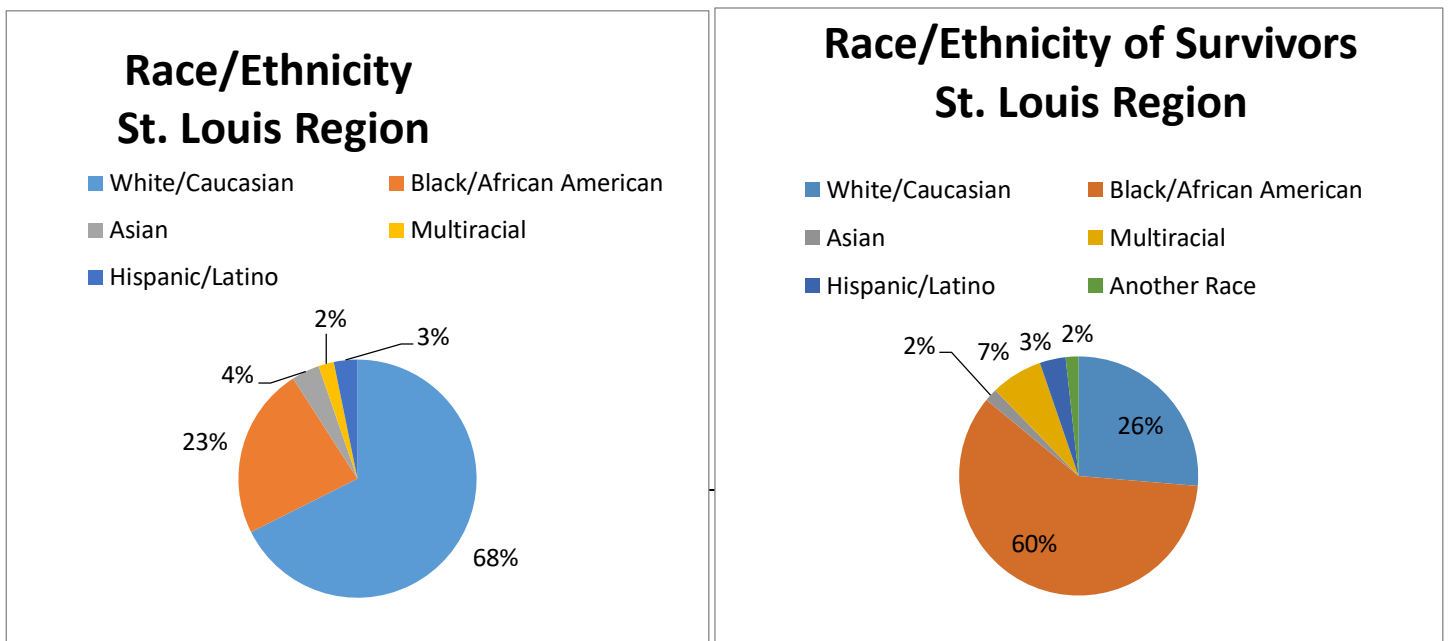
As the MCADSV defined the St. Louis Region to include St. Louis City and two surrounding suburban counties, the argument could be made that heightened rates of victimization in St. Louis City shape the victimization outcomes for the region. As such, the data were disaggregated by the three counties. However, disproportionate victimization of Black/African American people was seen in all three counties, and at heightened rates in St. Louis County and St. Charles County compared to St. Louis City.

St. Louis City is 47.6% White/Caucasian, 45.9% Black/African American, 3.5% Asian, 2.5% Multiracial, and 4.1% Hispanic/Latinx (U.S. Census, 2018). Yet, Black/African American individuals compose 57% of survivors, as reported by respondents in this study. While the proportion of victimization is not as high as what is seen in the St. Louis Region overall or statewide, there is still disproportionate victimization by a sizeable margin (see Figure 9). In contrast, White/Caucasian Americans compose 46% of the St. Louis City population, but 27% of survivors.

Figure 9: Race and Ethnicity of St. Louis City Compared to Race/Ethnicity of Survivors
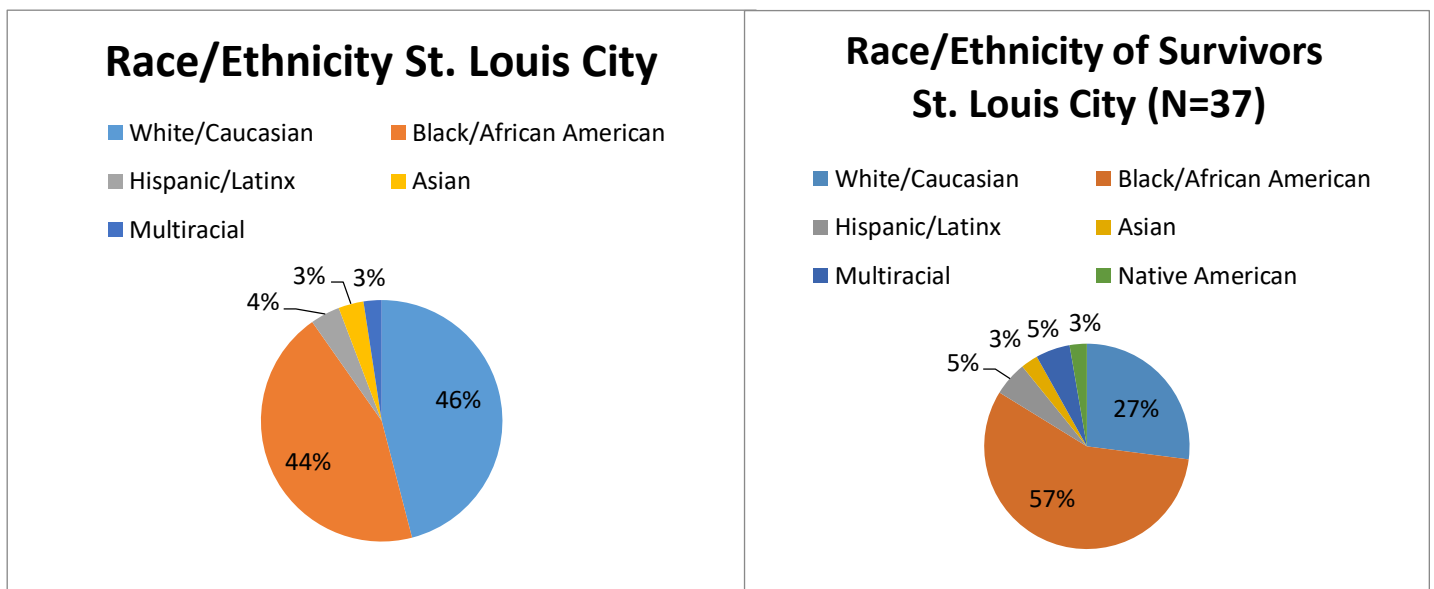
St. Louis County is 68.2% White/Caucasian, 24.9% Black/African American, 4.5% Asian, 2.2% Multiracial, and 3% Hispanic/Latinx (U.S. Census Bureau, 2018).[5] Yet, respondents indicated 60% of survivors they work with are Black/African American—more than double the proportionate rate. White/Caucasian individuals are underrepresented at less than half the proportionate rate. Asians are slightly underrepresented, and Hispanic/Latinx and Multiracial people are overrepresented, although the sample sizes are small (see Figure 10).

Figure 10: Race and Ethnicity of St. Louis County compared to Race/Ethnicity of Survivors
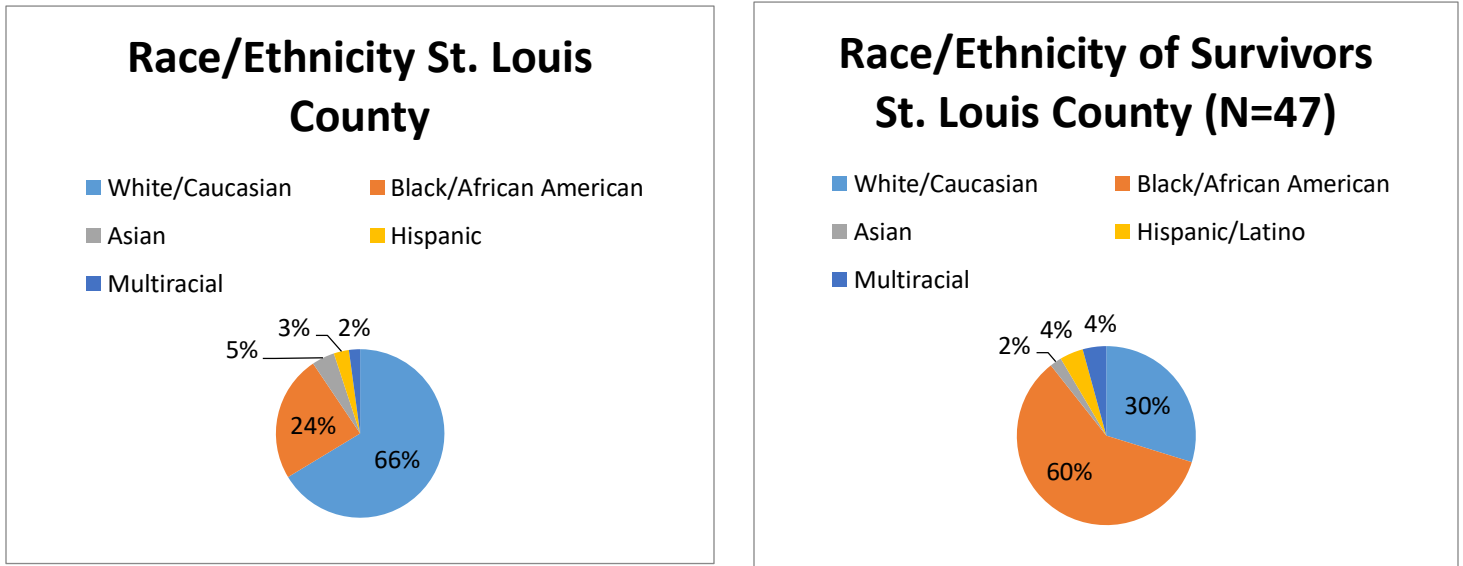
St. Charles County is 89.9% White/Caucasian, 5.1% Black/African American, 2.7% Asian, 2% Multiracial, and 3.4% Hispanic/Latinx.[6] People of color are all overrepresented as survivors in St. Charles County, as reported by study respondents. White individuals are underrepresented, composing nearly 90% of the total population but only 35% of survivors. In

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[5] Numbers exceed 100% as they are based on population projections from the US Census for 2018 and have a 5% margin of error. The pie chart is recalculated to present data in percentages.

[6] Numbers exceed 100% as they are based on population projections from the US Census for 2018 and have a 5% margin of error. The pie chart is recalculated to present data in percentages.

contrast, Black/African American individuals compose 35% of survivors (but just over 5% of the

population), Asians and Hispanic/Latinx people each compose 12% of survivors (but just 3% of

the population), and those who are multiracial make up 6% of survivors (see Figure 11). It is

important to note that the sample size is small, with just 16 survivors reported.

Figure 11: Race and Ethnicity of St. Charles County Compared to Race/Ethnicity of Survivors
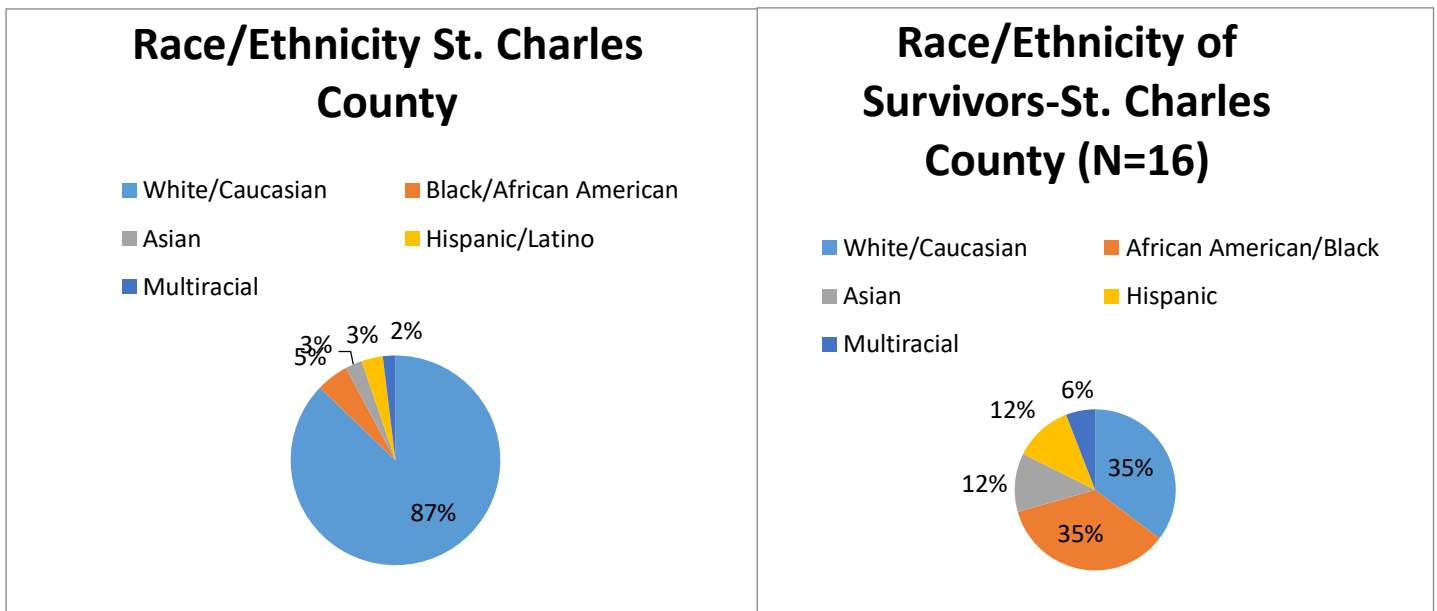
Race, ethnicity, and trafficking type. There were at least three distinct patterns of

trafficking that showed differences by race/ethnic identity among various trafficking types.

Among survivors reported as White/Caucasian, 3.2% (*n*=6) experienced labor trafficking, 95.8%

(*n*=181) experienced sex trafficking, and 1.1% (*n*=2) experienced both labor and sex trafficking.

Similarly, among those survivors whose race was reported as Black/African American, only 1%

(*n*=1) experienced labor trafficking, whereas 98% (*n*=100) experienced sex trafficking, and 1%

(*n*=1) experienced both labor and sex trafficking. Accordingly, among White/Caucasian and

Black/African American survivors, an extremely small proportion experienced labor trafficking

compared to sex trafficking. Diverging from this trend, Hispanic/Latinx survivors were reported

to experience labor trafficking 40% (*n*=10) of the time, sex trafficking 52% (*n*=13) of the time, and both forms of trafficking 8% (*n*=2) of the time. Yet in another distinct pattern by race/ethnicity, Asians were reported to experience both sex and labor trafficking in 97.6% of cases (*n*=41), with no cases of only sex trafficking, and only one case of only labor trafficking. There was just one reported case of trafficking of a Native American survivor, which was depicted as sex trafficking. Prior research indicates lack of identification and misreporting of sex trafficking experienced by First Nations peoples is due to significant challenges related to tribal jurisdictions lacking power to prosecute an individual who is not a tribe member (Deer, 2010; Heil, 2017). However, there are no federally recognized tribes in Missouri today, so this small number is likely the result of the very small number of Native American people in the state (about 0.43% of Missouri population identifies as Native American). Summarily, types of trafficking (i.e., sex trafficking, labor trafficking, both) are somewhat race/ethnicity specific; people of various race/ethnic identities are victimized in trafficking in distinct ways in the state of Missouri and Metro East Illinois. However, as discussed previously, how the phenomenon is portrayed can dictate what is perceived as trafficking. Hence, underserved populations such as individuals with disabilities who may identify as White or Black could be trafficked for labor but not identified as such (see Reid, 2019). More research to understand these intersectional experiences is needed.

Figure 12: Type of Trafficking Experienced by Race/Ethnicity
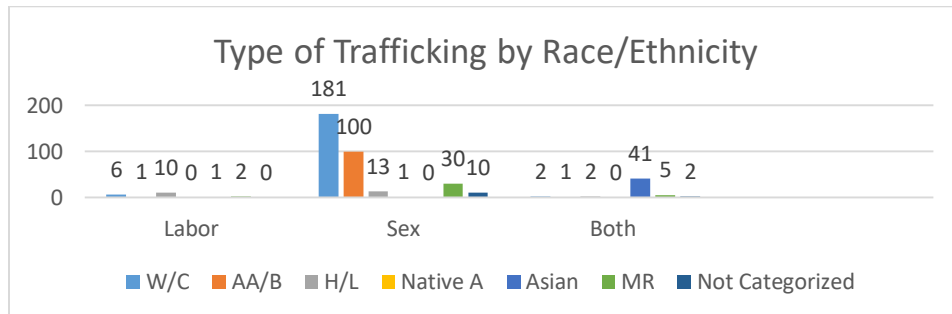
Using the same data, but put another way, 40% of labor trafficking survivors are Hispanic although, results should be viewed with caution, as the number of labor trafficking cases is notably small (*n*=20)Figure 12. Hispanics compose a very small proportion of Missouri's (and Metro East St. Louis/Illinois) population, and White/Caucasians make up the vast majority of the Missouri population (see Figure 3). Thus, Hispanics are greatly overrepresented and White/Caucasians are underrepresented. However, of those reported as labor trafficking survivors, 30% (*n*=6) were White/Caucasian American or, presumably, U.S. citizens. This suggests more investigation is needed concerning the type of labor trafficking being experienced among U.S. citizens and whether there are any other marginalized identities present among those survivors (i.e., other abled; gender or sexual minority status). Of those experiencing both sex and labor trafficking, 97.6% (*n*=41) were reported as Asian, significantly higher than the proportion of the population of Missouri. Survey respondents reported that survivors who experienced sex trafficking were primarily White (54%) and Black (30%), with an inverse relationship to population composition (see Figure 3).

Citizenship

When asked about the population their organizations primarily served, just over 91% (*n*=71) of survey respondents indicated that they primarily worked with U.S. citizens. Over half of the survey respondents indicated that they primarily worked with *adult* U.S. citizens (51.28%, *n*=40), followed by U.S. citizen *minors* (39.74%, *n*=31). In contrast, less than 10% of the respondents indicated they worked primarily with foreign national survivor adults or children (7.69%, *n*=6 and 1.28%, *n*=1, respectively). While the current study shows the vast majority of organizations reportedly served US citizens, this finding varies from the national response. The data from the NHTH for the state of Missouri do not provide a good comparison regarding the

proportion of citizens to foreign nationals, as the citizenship of the vast majority of survivors was not reported to the NHTH. According to the NHTH, in Missouri in 2018, out of 178 cases, 11.8% (*n*=21) of reported cases involved U.S. citizens and 10.1% (*n*=18) involved foreign nationals, but the citizenship of 139 (78%) reported survivors—the vast majority—was not reported. Nationally, the NHTH also did not report citizenship for nearly 75% of the 10,949 reported survivors, negating any accurate comparisons to the present study. Such data is likely missing due to the sensitive nature of reporting and collecting this data in the current political climate. Given the conservative nature of the state of Missouri, and punitive policy directed at immigrants and migrant workers occurring nationwide, under-identification and underreporting of trafficking involving foreign nationals experiencing trafficking is both likely and expected. The fact that the vast majority of cases do not report citizenship in NHTH data is revealing and provides a basis for understanding the low numbers similarly shown in the present study. The nature of citizenship in relationship to reporting in both the national and present study data is unclear, but an important line for future inquiry.

Gender

Almost all of the reported survivors were cisgender (not transgender) female (91.48%, *n*=376), followed by cisgender male (3.89%, *n*=16), binary transgender (2.68%, *n*=11), and non-binary gender (1.95%, *n*=8; see Figure 13). Prior research also shows sex trafficking predominately impacting cisgender females, with the exception of research focusing on runaway and homeless youth (RHY), which finds nearly equal rates of sex trafficking of cis males and females, and disproportionate sex trafficking of transgender people. Such research also shows that trafficking experienced by RHY who are male is significantly less likely to be pimp controlled or involve an intimate partner (Curtis et al., 2008), hence indicative of survival sex.

Sex trafficking in the form of survival sex involving minors is less likely to be identified, and it appears to be a common form of sex trafficking experienced by males and transgender people (Dank et al., 2015a; Heil & Nichols, 2019; Murphy et al., 2017). For example, Murphy and colleagues found in their study of RHY in 10 cities that 42% of sex trafficking experienced by minors involved survival sex with no third party present, and nearly one-third were male (Murphy et al., 2017). Moreover, sex trafficking involving transgender people overall is also less likely to be acknowledged as sex trafficking (Egyes, 2018).

Examining issues specific to non-binary and transgender populations, anecdotally, individuals may not disclose to providers or are actively discouraged by providers to disclose that they are transgender identifying, as they may be unable to access services (Dank et al., 2015b). Accordingly, if providers in this study are reporting an individual's gender identity, and the survivor presents to the provider as non-trans, results may be impacted. Further, there are risk factors other than the heightened risk of homelessness experienced by transgender individuals; inaccessibility of gender affirming healthcare/cost of gender affirming healthcare, job insecurity, and housing insecurity are all experienced at heightened rates by trans people, thereby increasing risk of trafficking (Herman, Rankin, Keisling, Mottet, & Anafi, 2016; Nichols, 2018).Yet, research shows transgender individuals experience barriers to accessing services and are less likely to be viewed as trafficked by law enforcement (Egyes, 2017, 2018). Ostensibly, males and trans people are likely underrepresented in the results due to misconceptions of trafficking and discrimination resulting in lack of identification (Egyes, 2017, 2018; Nichols, 2018). Even so, transgender people are overrepresented in the current study results, as transgender people compose 0.6% of the population (Flores et al., 2016).

While such limitations to identification and reporting are certainly present, they do not

underscore the heightened risk experienced by cisgender females and should not negate the fact

that there is an exceptionally large percentage of trafficking survivors who are cisgender females.

Rather, a multipronged approach working to address the needs of cisgender females, as well as

other genders that have been identified, is recommended, while simultaneously working to

increase inclusiveness of male and transgender survivors in trafficking related education,

awareness, and trainings in order to increase identification and reporting, and related service

access.

Figure 13. Survivor Gender Identity
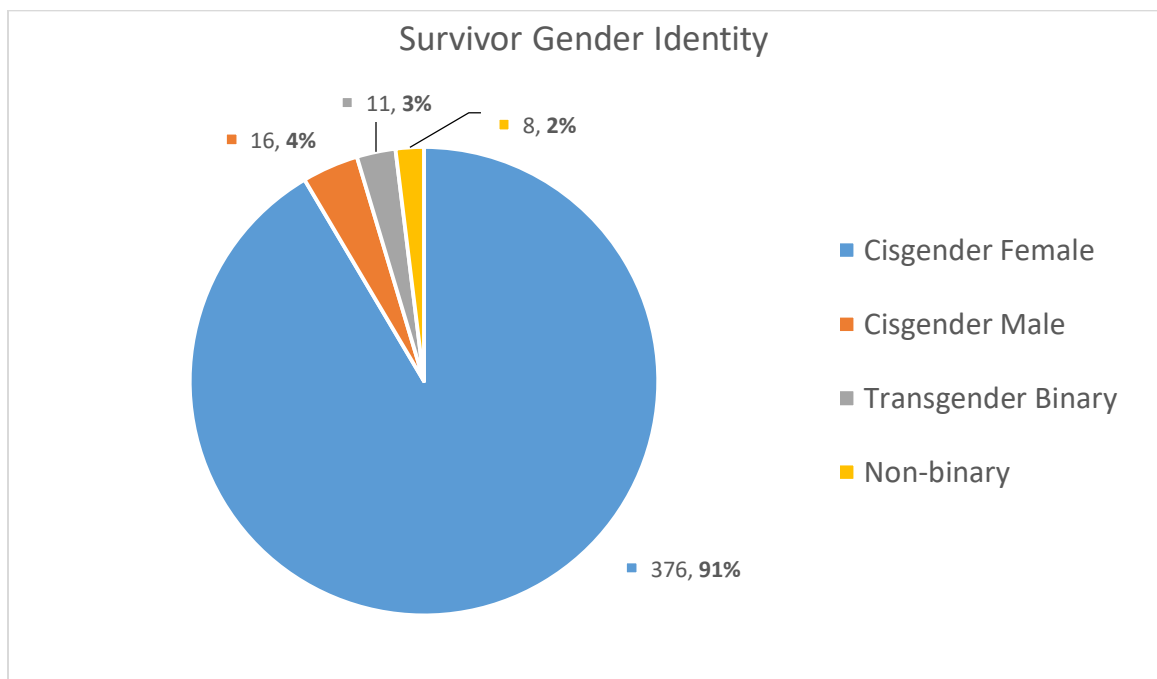
Note: Not all organizations collect and report survivors' gender identity.

Gender identity and trafficking type. When disaggregating data by gender and trafficking

type, the results show some patterns. A nearly equal number of cisgender male and female

survivors experienced labor trafficking, although the sample size is small, thus results should be

received with caution. Transgender (binary) and non-binary individuals were not reported to experience labor trafficking. Those experiencing sex trafficking were overwhelmingly reported as cisgender females, although cisgender males were also reported to experience sex trafficking (*n*=7), as well as transgender (*n*=11) and non-binary individuals (*n*=7). Among those who experienced both sex and labor trafficking, almost all were identified as cisgender females (*n*=51). See above for gender-related caveats regarding identification. This appears to differ somewhat from a recent study by Austin, Koegler, and Preble (under review) that found that just over 10% of the over 70,000 advertisements for adult services on Backpage.com across the state of Missouri over a nine-month period were advertising transgender sex workers.

Table 15. Gender and Trafficking Type

	CisMale % (n)	CisFemale % (n)	Trans/Binary % (n)	Non-binary % (n)	Total
Labor	47 (9)	52 (10)	0	0	19
Sex	2.1 (7)	93 (310)	3.3 (11)	2.1 (7)	335
Both	0	98.1 (51)	0	1.9 (1)	52
Total	3.9 (16)	90.9 (371)	2.7 (11)	1.9 (8)	406

Note: Not all organizations collect and report survivors' gender identity.

Sexual Orientation

Heterosexual individuals composed the majority of survivors, as reported by survey respondents. Just over 80% of the survivors reportedly identified as heterosexual (*n*=320), 13.6% were reported as bisexual or pansexual (*n*=54), the remaining 23 survivors reportedly identified as lesbian, gay, or queer (2.27%, *n*=9; 2.02%, *n*=8; and 1.51%, *n*=6, respectively). This indicates that sexual minorities affected by trafficking are overrepresented in the service population. The Williams Institute reported Gallop poll data, showing 4.5% of adults in the U.S. self-identify as LGBT (Williams Institute, January 2019). Austin et al. (under review) found that nearly 3% of individuals in the ads placed on Backpage.com were gay or lesbian. Such results may be

representative, but the extant research indicates that misidentification and misreporting obscures the prevalence of trafficking experienced by LGBTQ+ individuals (Schwartz & Britton, 2015; Nichols, 2016, 2018). First, LGBTQ+ individuals are overrepresented in the runaway and homeless youth (RHY) population, which, as indicated in the previous subsection, is a risk factor for sex trafficking in the form of survival sex. Further, Austin et al. (under review) found that among heterosexual ads for seeking sexual experiences, males and females were reportedly older than same-sex or transgender seekers by 1.2 to 4 years (with transgender individuals experiencing the largest age gap). Murphy and colleagues (2017) found LGBTQ RHY were trafficked at twice the rate of non-LGBTQ RHY. As trafficking in the form of survival sex is prevalent among the RHY population, the results could be an artifact of lack of knowledge about survival sex of minors legally equating to sex trafficking and may in turn contribute to lack of identification of trafficked LGBTQ+ people. This finding provides an urgent call for increased training among service providers regarding types of trafficking and cultural sensitivity training for gender and sexual minorities intersecting with human trafficking victimization.

Moreover, trainings and education and awareness initiatives often portray 12-14-year-old [White] girls as survivors, with the negative latent consequence of not raising education and awareness about trafficking of men and boys, of which a sizeable proportion are gay or bisexual (Dank et al., 2015a; Martinez & Kelle, 2013; Murphy et al., 2017; Peffley & Nichols, 2018). Second, research literature also suggests that LGBTQ+ individuals' complaints of sex trafficking are ignored, not taken seriously when reported, and they may encounter specific revictimization directed towards their sex and gender identities when engaged in help seeking (Dank et al., 2015b; Egyes, 2017; Martinez & Kelle, 2013). Martinez and Kelle (2013) discuss such issues at

length; pointing out that discrimination, stigma, and lack of culturally appropriate services virtually renders LGBTQ populations invisible to the anti-trafficking movement.

Last, individuals may also be reluctant to disclose whether they are gay, lesbian, or bi/pansexual to providers for fear of bias and/or denial of services (Martinez & Kelle, 2013). Anecdotally, survivors were sometimes encouraged not to disclose by their service providers to other service providers, in order to access services (Dank et al., 2015b). As such, the results are based on respondents' views of the sexual orientation of survivors they worked with, rather than a direct disclosure of sexual orientation by survivors, and may be skewed as a result. Nondisclosure of LGBTQ+ identities is incentivized; nondisclosure may result in access to services that individuals may otherwise be denied. Conversely, potential bias and censure of disclosure can increase barriers to service access and may expose survivors to cultural incompetency. With these caveats in mind, Figure 14 presents the research findings from the present study regarding survivors' sexual orientation.

Figure 14. Survivor Sexual Orientation
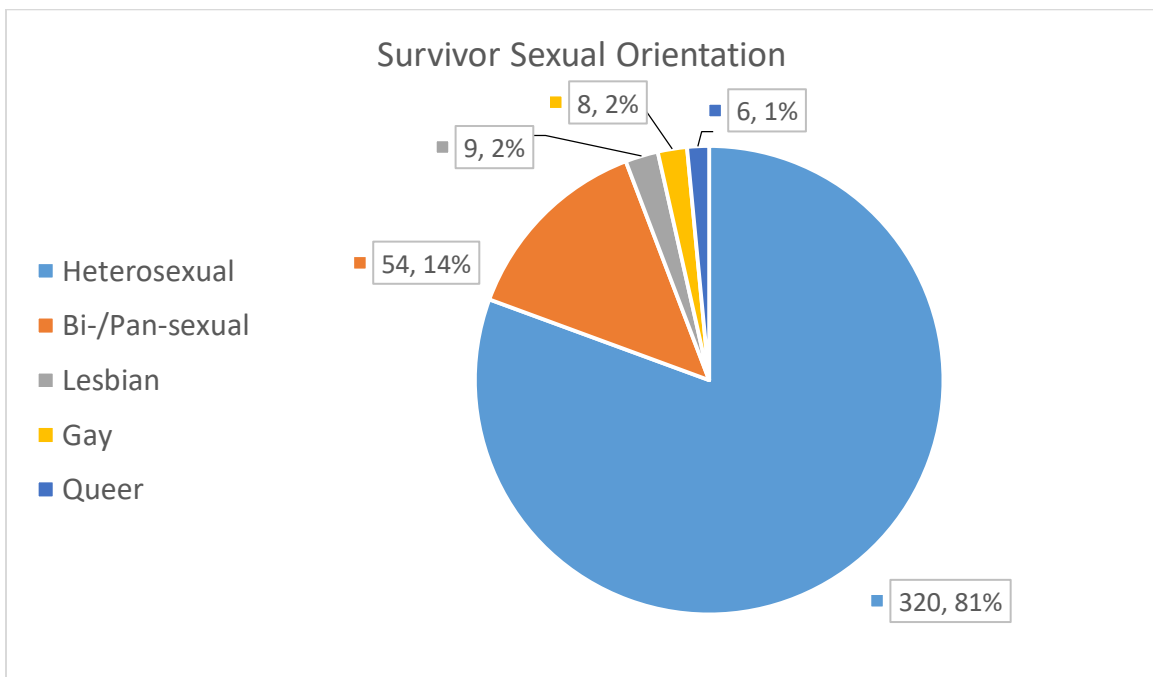
Note: Not all organizations collect and report survivors' sexual orientation.

Socioeconomic Status of Survivors

The results related to socioeconomic status of survivors are striking. Survivors were overwhelmingly reported by survey respondents as poor, composing nearly three-quarters of survivors (71.47%, *n*=228). Nearly a quarter were reported to be working class (22.57%, *n*=72). Such research findings indicate that the "everyone is at risk" model touted by advocacy groups and the popular media is misguided at best, as the poor and working class represent approximately 94% of those victimized through trafficking. This is consistent with prior work, which also finds lower socioeconomic status is a risk factor for sex trafficking (Lutnick, 2016). In fact, Lutnick (2016) found youth were running away from home to fend for themselves when heat, water, and food were scarce in their homes. Preble (2015) also showed women entering the sex trade at young ages to support families in time of economic hardship. Martin and colleagues (2014) similarly found poverty as a push factor for trafficking in Minneapolis; generalized residential addresses of survivors indicated survivors largely came from neighborhoods with high poverty rates. Multiple studies focused on the RHY population show poverty and homelessness as intimately intertwined with sex trafficking (Dank et al., 2015a; Murphy et al., 2017). This is also consistent with IPV research showing that lower financial resources increases risk for experiencing IPV (Hetling et al., 2015). Though clearly people experiencing poverty are at greater risk, this should not dismiss the needs and experiences of survivors coming from more affluent backgrounds. However, ignoring the role of poverty or low income status in fueling trafficking risk should not be ignored. Exploring varied pathways among different social class groups would be a useful line of future research inquiry.

Figure 15. Socioeconomic Status of Survivors
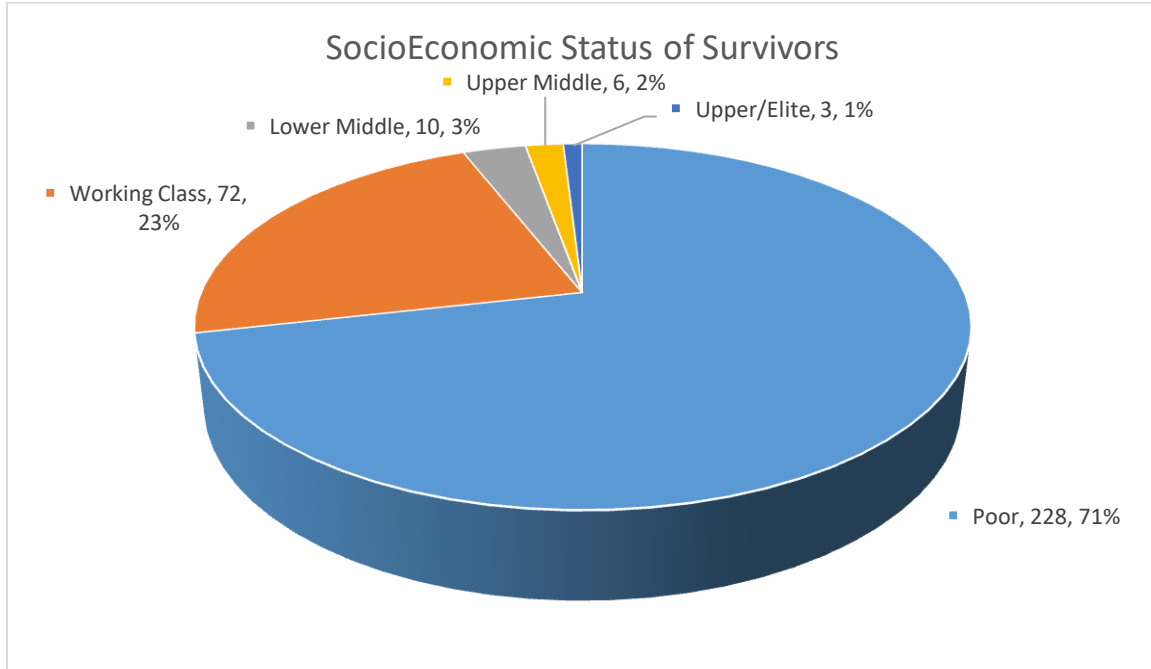
Note: Not all organizations collect and report survivors' socioeconomic status.

Urban, Rural, Suburban Community Origin

The majority of survivors reportedly came from urban centers, but a sizeable proportion also came from suburban (23.56%) and rural (19.63%) areas. While the popular discourse centers on adolescent girls kidnapped from their suburban homes (Gerassi & Nichols, 2018; Peffley & Nichols, 2018), these data present a different reality. Respondents in the current study indicated survivors come from all types of regions but predominantly originate from urban centers. Further analysis is needed to uncover the extent to which there are heightened risk factors in urban areas, as well as unique risk factors in suburban and rural areas. This finding may also be related to the concentration of and accessibility to providers in urban areas. In addition, the survey question asked which type of community survivors originated from, not the type of community in which they were trafficked. There is a dearth of research examining

trafficking in rural areas; the results suggest this is an area in need of further research. While the extant literature provides city-level analyses (Austin et al., under review; Dank et al., 2015a; Koegler et al., under review; Murphy et al., 2017, Martin et al., 2014; Raphael et al., 2010), few studies provide state-level analyses. Additional research should examine dynamics that are unique to specific states and the varied regions within states.

Figure 16. Community Origin of Survivors
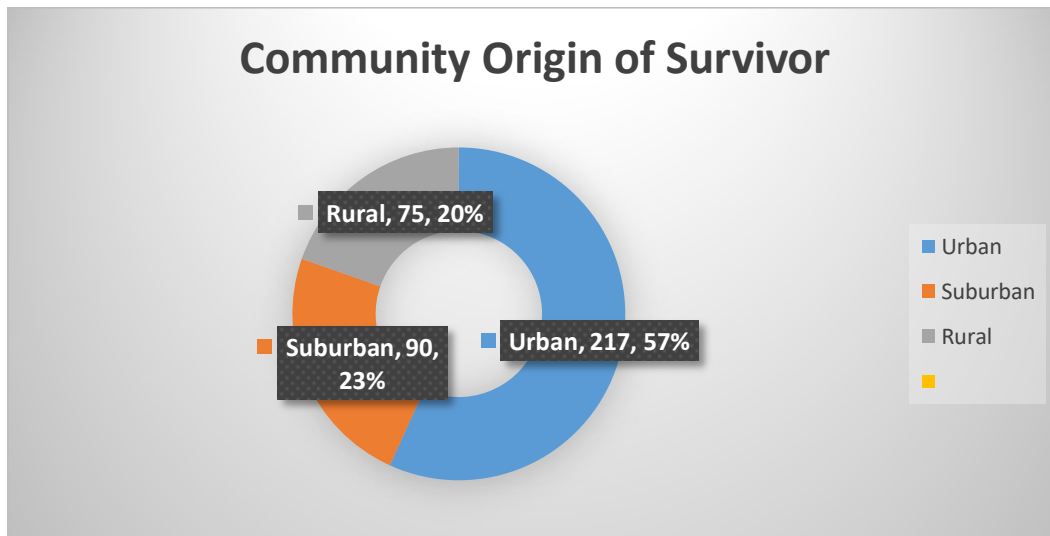
Community origin (urban, suburban, rural) and types of trafficking. Over half of the survivors served by respondents originated from *urban* centers (56.81%, *n*=215), nearly a quarter originated from *suburban* settings (23.56%, *n*=90), and the remaining 20% came from *rural* locations (*n*=75). As might be expected, most labor trafficking appears to be occurring in more rural areas of the state; however, a fair amount of sex trafficking is also occurring in the suburban and rural areas. Respondents indicated survivors originally came from these community types, although it is unknown where the trafficking occurred. Further research is needed to better understand the ways community of origin relates to where an individual is trafficked. At minimum, we can conclude from this table that labor trafficking, particularly in rural areas, indeed is an issue worthy of investing more resources in prevention, investigation,

and aftercare. Sex trafficking in all areas, and examining the overlap with sex and labor trafficking in urban areas, are also indicated as areas in need of further study (see Table 16). As rural areas are comparatively understudied, a Rural Center for Human Trafficking Research to examine trafficking occurring in rural areas and to coordinate such efforts on a state level is recommended.

Table 16. Community Origin and Trafficking Type

	Labor **% (n)**	**Sex** **% (n)**	**Both** **% (n)**	**Total** **% (n)**
Rural	17.3 (13)	78.7 (59)	4.0 (3)	19.7 (75)
Urban	1.9 (4)	80.5 (173)	17.7 (38)	56.8 (215)
Suburban	2.2 (2)	86.7 (78)	11.1 (10)	23.7 (90)

Note: Totals reported here *N*=380 are lower than the total number of survivors presented earlier *N*=422, as regional experiences were not reported by all respondents.

Region—Type of Trafficking

Additionally, we can see in Table 17 that each region shows unique human trafficking experiences. The metro areas of KC and STL appear to be reporting far more sex trafficking than labor trafficking or both, while KC and Metro East appear to be serving labor trafficking survivors more than in other regions (although, as depicted above, survivors of labor trafficking are apparently coming from rural areas to receive services, or originate from rural communities).

Table 17. Type of Trafficking Experienced in MCADSV Regions and Bi-state Areas Orgs

	Labor % (n)	**Sex % (n)**	**Both % (n)**	**Total** **% (n)**
Central Region	3.6 (1)	92.9 (26)	3.6 (1)	100 (28)
KC Region	4.2 (5)	93.3 (111)	2.5 (3)	100 (119)
Northeast Region	5 (1)	80 (16)	15 (3)	100 (20)
Northwest Region*	(0)	97 (98)*	3 (3)*	100 (101)*
Southeast Region	4 (1)	76 (19)	20 (5)	100 (25)
Southwest Region	1 (1)	58.6 (58)	40.4 (40)	100 (99)
STL Region	1.8 (1)	91.2 (52)	7 (4)	100 (57)
MetroEast Region (STL)	7.6 (6)	84.8 (67)	7.6 (6)	100 (79)
MetroWest Region (KC)	0	100 (13)	0	100 (13)

Note: Organizations serving all counties in the state were removed to avoid duplication. Some duplication is still possible for those serving multiple regions.
*78 of the 98 sex trafficking cases identified and 3 of the 3 "both ST and LT cases" identified in the Northwest Region occurred in Cass County, one of the four counties Kansas City spans.

Forms of sex trafficking by region. There were some patterns related to the form of sex trafficking occurring within various regions uncovered in the research. For example, in the Central Region, boyfriend/ IPV related sex trafficking was the predominant form of trafficking (n=16). In the Kansas City Region and the Northwest Region, sex trafficking involving pimps/managers who were not intimate partners was the primary sex trafficking type (n=53, 42%; n=40, 42.1%, respectively). Importantly, in using the MCADSV regions, the Northwest includes Cass County, which is one of four counties that Kansas City spans. Cass county accounted for 81 of 101 cases of trafficking in the region, 78 were sex trafficking, 3 were both sex and labor trafficking. Accordingly, the Northwest Region largely represents trafficking in Cass County. It is also possible that duplication for those serving multiple counties in the KC area, including Cass County, is present. In the Northeast Region, IPV/boyfriend related trafficking was foremost (n=9, 39.1%), closely followed by familial trafficking (n=8, 34.8%). The Southeast Region reported similar rates of familial, survival sex, and IPV related sex trafficking. In the St. Louis Region, IPV/boyfriend pimping and survival sex showed as the foremost forms of sex trafficking. The Southwest indicated "other" by far (n=53, 47%). Other forms of sex trafficking that are likely to represent this large number may include child pornography, customer facilitated, or peer facilitated trafficking. In the Metro East Illinois area, familial trafficking composed the majority of sex trafficking (n=36, 35%), while IPV/boyfriend trafficking (n=31, 30%) and survival sex (n=27, 26.2%) also occurred in relatively high numbers. The Metro KC Kansas Region showed equal rates of IPV/boyfriend related trafficking and trafficking by a pimp/manager who was not an intimate partner (n=5, 41.7%). Importantly, the

vast majority of perpetration was done by individuals known and trusted by the survivor, which could have serious implications for survivor engagement with aftercare services upon exiting (Preble, 2015).

Table 18. Forms of Sex Trafficking by Region

	Familial % (n)	Survival % (n)	IPV/ Boyfriend % (n)	Pimp/ Manager Non-IPV % (n)	Other % (n)	Total % (N)
Central	14.8 (4)	7.4 (2)	59.2 (16)	11.1 (3)	7.4 (2)	4.6 (27)
KC Region	12.7 (16)	20.6 (26)	23 (29)	42 (53)	1.5 (2)	21.3 (126)
Northeast	34.8 (8)	21.7 (5)	39.1 (9)	4.3 (1)	0 (0)	3.9 (23)
Northwest	14.7 (14)	8.4 (8)	30.5 (29)	42.1 (40)	4.2 (4)	16.0 (95)
Southeast	31 (13)	31 (13)	26 (11)	12 (5)	0 (0)	7.1 (42)
STL Region	13.7 (7)	37.3 (19)	39 (20)	7.8 (4)	2 (1)	8.6 (51)
Southwest	14 (16)	7.1 (8)	17.7 (20)	14.2 (16)	47 (53)	19.1 (113)
MetroEast STL Illinois	35 (36)	26.2 (27)	30 (31)	7.8 (8)	0.9 (1)	17.4 (103)
MetroWest KC Kansas	0 (0)	16.7 (2)	41.7 (5)	41.7 (5)	0 (0)	2.0 (12)

Note: Organizations that serve the whole state were not included in regional analyses to avoid duplication. Some duplication is still possible for those serving multiple regions or when survivors experienced more than one type of sex trafficking.

Implications

This study has revealed many interesting, and at times surprising, implications indicated by anti-trafficking service professionals across the state. We will begin by discussing the overarching statewide implications and then consider regional implications. The implications by trafficking type and demographics will be woven into these discussions.

Statewide Needs

Statewide, providers noted urgent needs in accessible, culturally competent, long-term and crisis service responses. Notably, these services related to mental and physical health needs (including in- and out-patient substance use treatment), as well as employment and housing/shelter. In other words, providers are seeing a need for increased culturally sensitive

basic supportive services for trafficking survivors across the state in crisis and longer-term settings. Specific areas for structural improvement center around housing (crisis and long-term), professional training, peer support services (i.e., mentorship programs, drop-in centers), and statewide coordination systems. Providers also recognized the need for more training in schools, healthcare, and law enforcement settings, particularly with regard to multidisciplinary cross-training, coordination, and teambuilding. This appears to signal recognition, statewide, for a centralized data collection and reporting system, statewide coordination of services, and greater emphasis on cross-discipline trainings and multidisciplinary team building. Peer mentorship, education, and employment related services were also identified as needs.

Of particular interest is the need for more training for providers in sexual assault and IPV organizations related to trafficking. This suggests the need to perhaps formulate stronger relationships with already existing domestic and sexual assault (DSV) provider leaders to develop appropriate modifications in these services for trafficking survivors. Leaders in the Missouri Coalition against Domestic and Sexual Violence (MCADSV), Futures without Violence, the National Coalition against Domestic Violence, and other reputable anti-violence groups are already addressing some of the intersections between trafficking and DSV and have already produced a number of trainings, reports, and research on this intersection. Leaders in the anti-trafficking movement in Missouri should consider reaching out to these organizations for support and guidance in developing enhanced response services for trafficked individuals in the state.

Regional Needs

Regionally specific needs appeared to offer more nuanced understandings about potential redistribution needs of key services across the state. In general, services tend to be concentrated

in urban areas in Missouri, compared to weaker, more sporadic services throughout the rest of the state. In the more rural areas of the state (i.e., SE, NE, NW), all three identified accessibility to mental health and crisis services as well as more professional training as critical needs. These regions also listed peer support programs as a critical need. Housing was also a highly rated need but came in second to the previously listed services. In the suburban regions of the state (i.e., CEN, SW), professional training in healthcare and educational settings was a critical need along with accessible mental healthcare and emergency services. Though listed among the most urgent needs, housing and shelter were the lowest rated concerns. Urban regions in Missouri (i.e., KC, STL) identified unique needs between the cities. KC appeared to perceive a greater need for a wide variety of basic services, coordination, and training. STL appeared to focus its critical needs around accessible mental healthcare and peer mentorship programs, as well as housing/shelter for adults and minors, training in schools, and transportation.

We recommend expanding this project to explore regionally based needs and demographics. In order to better understand the results of the needs assessment, in-depth qualitative work is recommended to supplement the quantitative research findings. Focus groups with key stakeholders, including survivors, in varying organizational contexts within the defined regions are needed to examine the research findings. By exploring the needs assessment in-depth, reasons why items were scored higher or lower may become clearer. This is also the case regarding demographics of survivors, as well as the types of trafficking reported. Assessing understandings of trafficking on a local level, content of regional trainings, and the like would benefit the community's response to the issue.

Demographics

While the research results indicate that anyone can experience trafficking, survey respondents indicated some are clearly trafficked at higher rates than others based on factors such as age, race/ ethnicity, sexual orientation, gender, socioeconomic status, and region. Acknowledging the data solidifying heightened victimization (which is also consistent with prior research) is important as this knowledge can guide prevention and outreach efforts, focusing attention on root sources of vulnerability. The following subsections draw implications from the demographic research depicted in the current study.

Race and ethnicity. In accordance with the existing body of research literature, respondents reported that people of color were disproportionately victimized in both labor and sex trafficking. While white/Caucasian individuals typically compose a larger number of survivors, they are underrepresented as a proportion of the population. The victimization patterns related to race and ethnicity varied by region. Such findings can potentially guide outreach and prevention efforts, although results should be received with caution. While organizations serving all counties were removed from regional analyses to reduce the likelihood of duplication, some duplication is still possible for those respondents serving multiple regions, and a single survivor may have worked with multiple respondents.

Education and training initiatives should be regionally focused, and outreach materials should be written in Chinese or Spanish in the regions showing heightened trafficking of these groups. For example, the southwest region showed heightened victimization of Asians. This is likely intertwined with a case finding women from China were victimized in both sex and labor trafficking in massage parlors in Springfield and Joplin, MO. Service providers should also receive related training, including cultural sensitivity training, and be knowledgeable about cultural and language access resources in their area or that can be accessed by phone or call lines.

A resource guide developed for the state of Missouri (Wave 1 of this research project) found 8-12 language access resources serving the whole state and/or specific regions. Outreach materials should have imagery representing trafficking race/ethnic demographics in their regions. Moreover, people of color and gender/sexual minorities are more likely criminalized than seen as victims; by being more inclusive in the awareness and outreach efforts, the perception of racial and gender/sexual minorities as victims of trafficking instead criminals may change.

Age. We found a majority of survivors were between the ages of 15 and 35, with 18-25-year-olds showing the highest risk. When disaggregating data by trafficking type and number of years spanned, minors (8-17) were trafficked at similar rates (10 year span) to 18-25-years-olds (8 year span), with a majority of minors at risk at ages 15-17. Related education and training initiatives should be careful to include both adults and older minors in the subject matter of and imagery used in their trainings. Individuals should be trained to identify trafficking within a variety of age groups. In addition, while very young children do experience trafficking, it is relatively uncommon, as reported by respondents in this study and also what is reported in the extant research literature. Trainings should emphasize the age groups most at risk while indicating that older adults and young children can also experience trafficking. While traumatizing imagery of trafficked children of very young ages draws public and political attention, it misrepresents the more common experiences of trafficking and could potentially lead to misidentification or misallocation of resources. For example, outreach posters reflecting individuals between the ages of 8 and 14 are not representative of the experiences in Missouri and should be reflective of older teens, 26-35-year-olds, and particularly 18-25-year-olds who are impacted more frequently. Outreach materials should be inclusive of multiple age groups and race/ethnicities in the wording and images used on posters, billboards, and other such items

advertising resources, as well as on resources for national and state hotlines, rather than adolescents only or preadolescents. Additionally, the highest risk age groups should be prioritized. More research is needed to target these populations and develop language that speaks to these age groups rather than language that is not relatable and may be a barrier to service access. For example, survivor-based work indicates that trafficking survivors do not identify as slaves, and the language of modern-day slavery is not appropriate for outreach efforts (Smith, 2015; Sanders, 2017). Survivor led or survivor informed agencies, such as My Life, My Choice, GEMS or MISSEY, have developed outreach materials that are more likely to resonate with survivors, and at various age groups.

In terms of prevention, the use of an evidence-based prevention curriculum that is already validated for younger populations, such as LOTUS or My Life, My Choice (MLMC; 12-18 years old), could be modified to target the unique needs of 19-26-year-olds. It can also be modified for the contexts of systems in which this population may come into contact, such as the Department of Corrections, DSV agencies, substance use treatment programs, juvenile justice programs, youth-serving agencies, and other community-based interventions.

Aside from training and outreach efforts, age considerations are also important in understanding dynamics of criminalization. As the majority of sex trafficking survivors in this study were reported as adults, it is important to understand the legal ramification for adults involved in commercial sex. By law, individuals involved in commercial sex are considered trafficked (victims) or prostitutes (criminals). All survivors of commercial sex are victims until they reach the age of 18 (federal age of adult) or 17 (Missouri state age of adult), when they are considered a criminal by law unless they meet the standards of severe forms of trafficking as established federally or by state statute.

It is reasonably well documented that the evidentiary burden for adult trafficking cases is higher compared to that of minors. While no proof of force, fraud, or coercion is necessary for minors to be viewed as victims by the law, for adults, one of these occurrences is necessary (and all three are necessary in practice for a successful prosecution—Farrell et al., 2012). Increased acknowledgement that trafficked adults are often criminalized is leading to a renewed focus on the expungement of criminal records for adults involved in commercial sex. A criminal record impedes the ability to find a job or even to access services such as shelter, making it difficult or impossible to exit the sex industry for those who wish to do so, illustrating how practice and law are sometimes disconnected. While adults were reported as trafficking survivors more frequently than minors by respondents in the current study, it is unclear how many were recognized as such by legal systems. Moreover, it is not clear how many children are actually trafficked as Children's Division (child protection) is charged to handle these cases, and it is possible that not all regional supervisors participated in this survey—an illustration of yet another disconnect. Further research is needed in the state to examine such issues.

Gender and sexual orientation. The research results show heightened rates of victimization of cisgender females, and that this is the group that appears most frequently in the service population. However, extant literature extolls the heightened risks for LGBTQ populations to be exploited, which when coupled with the cultural insensitivity and discrimination by service providers may render this population experiencing more exploitation than it appears. Trainings that facilitate identification of survival sex as trafficking (minor) and trainings inclusive of LGBTQ trafficking and trafficking of males (who are often gay or bisexual, according to the research on trafficked RHY) is imperative. Examining the content of trainings across the regions is needed to explore under-identification further. Furthermore, we

could be identifying populations that "look like us." In other words, if service providers are white cis-women, it could be that an implicit bias may be responsible for driving who we see as potential victims, as we identify more with those that mirror our own characteristics rather than what could be reality. More research is needed to more fully understand this population and the unique needs they experience. Moreover, we need to examine prevention programming (i.e., MLMC) to ensure such programming is inclusive of gender and sexual minority populations.

Socioeconomic status. Among the most striking of findings, 94% of all survivors were reported by study respondents as poor or working class, with 71% reported as poor. Poverty and working-class status has repeatedly been shown to be a risk factor of human trafficking and appears disproportionately in the backgrounds of people experiencing all types of trafficking. Preble (2019 a, b, under review) found that financial vulnerability impacted both sex and labor trafficking survivors, but labor trafficking participants were more likely to be unemployed prior to trafficking as compared to the sex trafficking participants. Lutnick (2016) found youth involved in the sex trade experienced neglect, such as not having food, running water, electricity, or heat in their homes, who then ran away to try to improve their situation. Heil and Nichols (2019) found parents working at minimum wage salaries were recruited into the sex trade, which turned into a trafficking situation. Studies in New York City showed youth supplemented their low-wage income with commercial sex involvement—as minors, this equates to trafficking (Curtis et al., 2008; Dank et al., 2015a). Murphy et al. (2017) found across 10 cities that youth who were economically disenfranchised, and who experienced housing insecurity, experienced trafficking.

Findings from this study show that while there were individuals across the SES spectrum that experienced exploitation, the vast majority were identified as poor or working class. As was

noted in the section about age, it will be important to incorporate this knowledge in outreach materials to ensure that the messaging is appropriately targeted toward the populations with the most need as well as ensure that we are not blinding ourselves to those individuals experiencing the greatest vulnerability because we are thinking too broadly (i.e., anyone can be at risk). While poverty is a known risk factor for adverse experiences, not just trafficking specifically, the solution to this problem involves a wide range of macro-level policymaking, cross-disciplinary collaborations, and social and community investments (i.e., community centers, prevention programming, reproductive healthcare centers, collective banking, micro enterprise, etc.) to bolster protective factors against this vulnerability. In addition, further research to better understand pathways into trafficking experienced by individuals of middle/upper class backgrounds is needed.

While the findings related to economic status and poverty in the current study are not surprising, they should not be ignored because of their normalization. Expanding social safety nets, including those surrounding food and housing/shelter access, is supported by the study results. Similarly, increasing the minimum wage is also supported by the study results, along with expansion of other sources of public assistance. Eradicating poverty is a monumental task, but that does not mean that related action is not feasible. Expanding social safety nets, increasing the minimum wage, and increasing economic access through microloans and collective banking are certainly feasible. Thus, the implications of this research showing greater need among those experiencing poverty relates to ensuring coalitions addressing homelessness and housing insecurity, economic and workforce development, and community development are aware of the intersection of their focus and trafficking and are included in strategic solution building for trafficking populations.

Additionally, more advocacy is needed around extending foster care in Missouri. Currently, Missouri is one of a handful of states that does not extend the reimbursable age for foster care beyond 18 years old. This means that when youth "age out" of the foster care system at 18 years old (unless their foster family chooses to continue supporting them), they are suddenly without a home, financial or emotional support, and are at risk of experiencing extreme hardships (NCSL, 2019). Youth who remained in foster care beyond 18 were twice as likely to have enrolled in college by 21, saw a 38% reduction in pregnancy before age 20, and were estimated to earn $72,000 more over their lifetime than youth who aged out at 18 (NCSL, 2019).

Region and community origin. The regional differences that were highlighted in this study imply that in addition to a statewide strategic plan, regional strategic plans ought to be developed among the stakeholders and other interest groups. In addition to the implications already pointed out by race, gender, age, and SES in context of regional differences, there are additional considerations. Rural areas tended to see proportionately more labor trafficking than either sex or "both" trafficking. This implies the need to tailor outreach and prevention efforts to address this dynamic. The rate of "both" trafficking appears to disproportionately impact suburban areas more than rural and urban areas across the state. Looking at the MCADSV regions, we see that certain regions are dealing with specific trafficking types more than others, so having regional coalitions with strategic plans that are inclusive of other anti-trafficking stakeholders as well as other special interest groups is important.

Labor Trafficking. Statewide, there appears to be a perception that there is only moderate need for labor trafficking prevention programming or response. In fact, four of the seven regions in the state indicated that labor trafficking prevention programming was a comparatively lower priority need, often the lowest. However, these same providers reported

approximately 20 labor trafficking survivors had been serviced in the previous 12 months, with only three respondents reportedly focusing exclusively on labor trafficking aftercare. Further, an additional 53 survivors experienced labor trafficking combined with sex trafficking, indicating a need for service providers who are adequately trained/prepared to provide services to labor trafficked people. Additionally, it is unclear whether survivors who experienced "both" sex and labor trafficking represent those who were trafficked in the course of sexual labor (e.g. pornography, stripping, or erotic massage) or whether an individual experienced non-sexual labor trafficking in addition to sex trafficking (e.g., domestic labor/sex trafficking, nanny/sex trafficking, agricultural labor trafficking/sex trafficking). Overall, the findings appear to indicate that there is not only an inaccurate understanding of the types of trafficking experienced in Missouri, but also the frequency by which labor trafficking is occurring. Much more research is needed to better understand the landscape of labor trafficking and affected populations.

A recent publication examining a decade of trafficking related tips and potential victims from one agency largely serving foreign nationals in this state found far more potential labor trafficking survivors than sex trafficking, yet services and awareness were almost exclusively directed toward sex trafficking (Koegler, Mohl, Preble, & Teti, 2019). The same study points out the importance of microdata. If one organization in the state is one of few organizations in the state who serve this population, and they saw 57 labor trafficking survivors over nine years, then it points to the likelihood of a lack of identification because of the lack of such organizations across the state. If there were more of such organizations, it is likely both identification and self-reporting would increase. The present study found three providers who exclusively worked with 20 labor trafficking cases over the previous year and 53 cases of both labor and sex trafficking, rendering service provision and identification across the state extremely challenging. The actual

rate of labor trafficking that potentially exists in Missouri today, therefore, stands to be much higher; more study is needed to determine the level of need for labor trafficking response and to understand who is being impacted by race, gender, and nationality. In light of the current political focus on immigrants/migrants, it is critical to examine the relationship between labor trafficking, service access, self-reporting, and current political practices.

Additionally, this disparity is troubling when considering the quality of care labor trafficking survivors are potentially receiving. It is widely understood that trafficking survivors require longer and more intense services than many other traumatized populations (Cole et al., 2014; Cook-Heffron, 2018). Comparatively, among the 62 participants who reportedly worked exclusively with sex trafficking survivors, they on average served nearly six sex trafficking survivors in the prior 12 months, similar to six labor trafficking survivors per one of the three providers exclusively serving this population in the state. However, this is simply unsustainable, especially when considering that these three labor trafficking providers are likely performing a number of various duties in their jobs and likely require language assistance, and are likely servicing large regions (such as the federal Eastern District of Missouri) or the entire state.

Limitations

There are many limitations in addition to those already mentioned throughout this report, which is characteristic of any study. The most critical limitations of this research relate to the sampling, sample size, and methods used to collect prevalence data. The clandestine nature of the phenomenon, socially biased perceptions about trafficking, funding and policy directives, sampling issues, and other methodological challenges can all affect the validity of these findings. For example, Farrell et al. (2010) found that when agencies and communities perceived human trafficking as an issue, they were more likely to report it, demonstrating the impact that training,

awareness, and messaging can have on the frequency of reporting (and, potentially, what or who gets reported). Zhang (2012) noted that limitations with sampling, data, and methodology challenge prevalence rate accuracy.

In this research, our sample size was smaller than anticipated (N=107) due to respondents not following directions accurately (n=14), logistical issues with the deployment of the survey (some coalitions and taskforces had long delays before sending the survey out initially to their membership lists due to changes in funding, leadership, or organizational structure), and potential survey fatigue. The survey approach used in this study, though the most logical choice in this context, limited our ability to gain context around characteristics we noted in the report and was limited by the membership within the listservs used, which may not have included all potential providers who met our inclusion criteria. These limitations, as have been stated earlier, render the prevalence rate data as more of a "count," or a census, in this moment in time among the 107 providers who responded to the survey and had survivor data they could share that could be analyzed by the research team. Organizations across the nation, and certainly across the state, have varying degrees of data collection knowledge, making the usefulness of these data in the context of research variable.

A common challenge with quantitative work is that the data only reflects the experiences of those who responded to the survey. For example, two organizations in St. Louis responding to this study indicated that they had too many cases to go through to provide the demographic data, and simply did not have the resources to do so within the time frame. Another common challenge with quantitative research is that the researcher is not present to make sure the respondents understand the question. If a respondent misunderstands the question, the results could be affected. For example, in the current study, the question attempting to gain insights into

prevalence rates asked how many survivors the respondent worked with in the last 12 months; if respondents did not pay attention to the wording of the survey, they may have responded with the number of cases they saw in their lifetimes/careers. One respondent indicated "thousands," which was not included in the analysis as it is not likely that a single respondent saw thousands of trafficked clients within the last 12 months. Moreover, there is currently no way without violating confidentiality to effectively limit the duplication of survivors being served by multiple agencies, potentially rendering our count inaccurate as there could be individuals being served among a collective of agencies, making it appear as though there are more survivors than is reality.

Additionally, anecdotally, in the state of Missouri, service providers are experiencing survey fatigue, as they have been solicited by several agencies and researchers (including the authors) multiple times regarding trafficking trends, as well as other surveys examining topical areas outside of trafficking. Survey fatigue may have impacted the willingness to participate in the study and resulting sample size. This suggests the need for a coordinating body for research, such as a Missouri Center for Trafficking in Persons Research and Evaluation, to avoid survey fatigue and overburdening potential respondents in social, healthcare, and legal services. This group could be made up of human trafficking researchers across the state and survivors willing to serve as an advisory board. Future needs of the state include a group of researchers who will work to streamline and coordinate on-going research to the extent possible for the state and potentially the region.

Additionally, we did not ask our respondents about information related to traffickers or perpetration. Our lack of understanding about the characteristics of traffickers, pathways to becoming a trafficker (as opposed to a victim), and prevention and intervention mechanisms

severely limits the anti-trafficking movement's ability to reach its goal of "eradicating human trafficking." This idea goes beyond "end demand" approaches to anti-trafficking policies and prevention as we know that traffickers and victims generally enter into the experience of human trafficking largely in the same way with similar risk factors. More research is needed to understand why some at-risk populations become traffickers and others become victims. Moreover, recent research has shown that as much as 30% of known traffickers are female, which is contrary to popularized notions of the typical characteristics of human traffickers (Denton, 2016; UNODC, 2016; Preble, 2019a). Additionally, this knowledge suggests we need to better understand why some trafficking victims become traffickers themselves and the best approaches to assisting their aftercare as a dual status offender.

Following this limitation is that we did not explicitly solicit survivor perspectives in this study. That is, while some anti-trafficking service providers who responded to the survey are survivors of trafficking, we did not *explicitly* seek to understand their unique perspectives or seek to gain perspectives of those survivors not engaged in service provision. This lack of survivor insight, noted in previous studies (Gerassi & Nichols, 2017; Nichols, 2016; Sanders, 2017), limits understandings around gaps in services for and knowledge about the population, and potentially limits understandings around prevalence since survivors may have different perspectives on these issues than service providers who may not have survivor experiences or may have biased views due to problematic training and agenda driven approaches about the phenomenon and needs of identified survivors.

Recommendations for Further Research or Funding Priorities

The research results indicate multiple needs for further research. Below are ideas for further research in Missouri as well as the field in general. These ideas are grouped into broad themes but are not listed in order of priority.

Building from the current study:

- The current study involved a needs assessment, but a comprehensive needs inventory would complement the data. This would tell us what services are already available, in addition to what is needed, to better identify service gaps. We have very comprehensive data collected in another wave of this research study. This would provide a highly accurate service inventory by county and by region. Combining both these knowledge bases (what is needed + what is available) provides a better guide for funding agendas to expand available services or add new ones. We recommend quantifying the resources in the Wave 1 guide by county and by region. This would mean a very large table with 115 counties in Missouri, 8 counties in Illinois, and one independent city (St. Louis) x 12 services. We could then collapse counties into 8 regions x 12 services. Narratives explaining the nature, access, and limitations of available services would accompany the quantitative data, along with specific recommendations by region.

- The present study is focused exclusively on Missouri and neighboring Metro East St. Louis Illinois counties. Fine tuning and launching the study in other mid-western states would offer comparative analyses by state and an opportunity to replicate the research study. Expanding this study to a multi-state study including the prevalence/demographic focus as well as a comprehensive needs assessment would provide an important contribution to the research literature.

Methodology & Funding

- A core group of researchers around the Midwest is needed, including Missouri, with whom research can be collaborative and streamlined to reduce redundancy and research fatigue, as mentioned in the assessment. Anti-trafficking agencies need trainings about data collection, maintenance, ethics, and IRB needs/requirements as well. Furthermore, agencies need training to develop better skills and insight about how to collect and maintain meaningful data for analysis for creating evidence informed services, interventions, and policies.

- A Rural and Midwestern Center for Trafficking in Persons Research, Evaluation, and Policy would accomplish the aforementioned goals. This Center could also include a survivor advisory board to review recruitment and data collection materials prior to dissemination. Ideally, this Center would be established in Missouri, since the state is

centrally located with the best rural to urban population ratio for national comparative analyses, with plans to induct contiguous states in the future, but to be inclusive of all U.S. Midwestern states.

- A Rural and Midwest Center for Trafficking in Persons Research, Evaluation, and Policy could similarly coordinate such efforts across states in the Midwest, emphasizing the study of human trafficking in rural areas. The current study found human trafficking occurring in rural areas of the state, yet human trafficking in rural areas remains understudied. Such dynamics may be heightened in the Midwest, which contains wide swaths of rural geographic territory.

- The current study measures the perceptions and experiences of service providers in legal/law enforcement, social, and healthcare organizations. The current study should be replicated among survivors to get survivor-informed needs assessments statewide and by region.

- The data collection methods used in this study offered the benefit of being less expensive and less time consuming. However, more comprehensive methods, such as contacting organizations' directors and collecting data by organizations would yield more accurate results and avoid potential within-organization duplication. A household survey with Respondent Driven Sampling (RDS) could give much more accurate prevalence rate information than we currently have access to, including population and risk ratios. This would build knowledge about those who are accessing services compared to those who are not.

- Study results showed multiple forms of trafficking experienced by survivors, but the study does not account for time-order. Utilizing the life calendar method to accurately analyze age-related experiences with trafficking/trafficking experiences over time is recommended.

- In the present study, there was a very small number of providers working with foreign nationals. Further research is needed to determine the number of organizations statewide providing services specifically to foreign nationals.

Regional Research

- The needs of marginalized groups should be studied by region. The results indicated racial/ethnic groups were trafficked in disproportionate numbers universally and in ways that were unique to some regions. In-depth analysis is needed to further explore such dynamics. Regional in-depth research is needed to determine root sources/heightened risk factors for racial and ethnic groups showing disproportionate trafficking representation (risk and prevalence ratios). Examining victimization trends by race/ethnicity as a proportion of the population by state/region/county would provide a more holistic portrayal of the relationship between race/ethnicity and trafficking victimization.

- The authors recommend an analysis of risk factors in urban areas, as the current study results indicated larger numbers of survivors were reported to come from urban areas compared to suburban or rural areas. Further exploration of regional trafficking dynamics, pathways, and risks are needed.

- Explore unique risk factors in suburban and rural areas, as a significant proportion of survivors were found in the current study to come from rural and suburban areas. We need researchers focused on the unique experiences of rural human trafficking. Funding for a Rural Center for Trafficking in Person's Research and Evaluation, would solidify this exploration.

Intervention Research

- The research results suggest different service accessibility issues in various regions. For example, it would be useful to compare substance use perceptions vs. reality, regionally. Some regions indicated substance use treatment was not a very high-level need, but such regions may actually be seeing higher than US (and state) average use. Comparing rates of overdose to the number of available organizations to the perceived level of need may be useful.

- Accessibility and utilization of services are distinct from available services. When services are available, what barriers are present to being able to access such services? What barriers are present after accessing services? These are questions that impact service provision and survivors' experiences with services in the legal, healthcare, and social sectors. Furthermore, an in-depth qualitative analysis examining service experiences by types of trafficking, by age, race/ethnicity, LGBTQ+ identities, and by citizenship would also provide information for service use and access. Exploring any policy-level barriers to care is another important line of inquiry.

- The current study included a needs assessment based on perceptions of service providers; however, the study did not focus on effectiveness or satisfaction with services. More research is needed to determine how to improve services to survivors in Missouri—this should also be survivor informed. Sites that show high satisfactions with services can provide scalable policies and practices, and sites with a need for improvement can identify target areas to work on.

- As trafficking victimization was found throughout the regions, safety planning is a concern. Exploring the application, efficacy, and evaluation of safety planning mechanisms like the *MyPlan* app for use with trafficking survivors is recommended.

- The present study indicates a need to examine the nature of reporting practices both nationally and statewide. Are service providers in the legal, healthcare, and social service sectors reporting human trafficking? How do they report/through what channels? What are barriers to reporting? What are facilitators to reporting? What are the perceived relative benefits/challenges to reporting?

- The high rate of older adolescent and young adults in this study suggest a need to explore homeless youth organizations, youth-serving agencies, the juvenile justice system and Children's Division leading to best approaches and modifications for trafficking prevention, such as applying MLMC and dating violence (i.e., Safe Dates and Families for Safe Dates) curriculum in family courts, community-based parole centers, working with foster parents, and schools.

Research inclusive of understudied populations:

- The current study indicates that labor trafficking is little-identified, suggesting a need for a statewide labor trafficking study including causes, needs, access, identification, training, services and barriers to investigation, and prosecution. More exploration around the landscape and needs of labor trafficking survivors is recommended in the state of Missouri.

- The current study included those who experienced both labor and sex trafficking, but the nature of that victimization remains unclear. For example, were these concurrent? Or separate/occurring at different points in time? What type of sex/labor trafficking was present? We are aware of sex and labor trafficking co-occurring in the southwest regions of the state in massage parlors, but the study did not explore other possibilities.

- The present study showed trafficking of LGBTQ+ people is little-identified. In-depth research is needed to understand the nature of identification of trafficked LGTBQ+ people, as well as training content/understandings of survival sex of minors as trafficking throughout the state. More exploration around the landscape and needs of LGBTQ+ trafficking survivors is recommended in the state of Missouri.

- The present study examined basic demographic trends of survivors but did not explore perpetrators or those simultaneously experiencing survivor/trafficker roles. Research is needed to better understand characteristics, vulnerabilities, and prevention/intervention practices with trafficking perpetrators and individuals with trafficking victim-offender statuses. Exploring the dual roles of perpetration and victimization, which is known to occur with both sex and labor trafficking, is recommended.

- The current study identified a potential for more U.S. citizens to have experienced labor trafficking than seems apparent in extant literature. More study is needed to explore the intersection of U.S. citizens and labor trafficking. Additionally, extant literature has shown a problematic trend of exploiting U.S. citizens with physical and cognitive disabilities. More study is needed to understand this intersection as well. What kind of labor trafficking did they experience? Is there an intersection of labor trafficking among people with disabilities in this state? And what unique needs do U.S. citizens who have been trafficked for non-sexual labor have that the current landscape does not address?

- Research analyzing inclusiveness in outreach imagery, education and training, representation in peer mentoring programs, and cultural competency in social, healthcare, and legal services is recommended, as the current study found disproportionate victimization of people of color, and trafficking of LGBTQ+ people.

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APPENDIX A

Survey Instrument: Needs Assessment

Q5 Using the slider bars, indicate the level of need for each item in your community related to the needs of trafficking survivors you've worked with.   1= very low level of need, 2= low level of need 3= moderate need 4= high level of need 5= very high level of need

Not Applicable

	0	1	2	3	4	5
Substance Abuse Services (Residential/Detox) ()						
Substance Abuse Services (Outpatient) ()						
Shelter for Adults ()						
Shelter for Minors ()						
Culturally Competent shelter for LGBTQ+ populations ()						
Transitional housing ()						
General Housing Assistance ()						
Legal assistance/legal advocacy ()						
Sex trafficking prevention programming ()						
Labor trafficking prevention programming ()						
Intimate Partner Violence (IPV) services related to trafficking ()						
Rape/Sexual assault services related to trafficking ()						
Job training/employment assistance services ()						
Education assistance (e.g., GED assistance, assistance applying/registering for community college, college/university, applying for financial aid). ()						

Mental healthcare/therapy, counseling, support groups ()	
Access to Transportation ()	
Emergency/crisis services ()	
Drop-in centers (with access to shower, laundry, food, a safe space to socialize, counseling) ()	
Food security/food pantries ()	
medical care, general ()	
Specific sexual health related healthcare ((e.g., birth control, condoms, STI/HIV testing) ()	
Language access/interpretation/translation services for SDL or Hard of hearing/Deaf persons ()	
Multidisciplinary Team Coordination/ Formal interagency collaborative structure ()	
A statewide human trafficking data collection tool (to establish prevalence, demographic and regional trends). ()	
An evidence based screening tool to assist in identifying trafficking ()	
An evidence based set of indicators (red flag signs) to be used for preliminary identification ()	
A statewide reporting protocol/tool (to contact or report trafficking to law enforcement). ()	
Training in law enforcement ()	
Training in the juvenile courts ()	
Training in domestic violence/IPV services ()	
Training in rape/sexual assault services ()	
Training in schools (school social workers, guidance counselors, teachers, staff) ()	
Training in healthcare facilities (hospitals, clinics, urgent care, etc.) ()	

Training in children's services residential facilities ()	
Multidisciplinary cross-training (e.g., collaborative training in one another's areas in social services, legal services, law enforcement). ()	
Peer mentorship programs (e.g., sex trafficking, survivor-led support, leadership, group facilitation). ()	
Life skills assistance (e.g., financial planning, computer skills, cooking, etc.) ()	