RESEARCH TRANSCRIPT

**Interview 1:**

Researcher 0:30-
Hello and thank you for joining me here today. You have already gone over and signed the informed consent. What I will do now is read through the questions that should be visible on the screen. I will go through these questions, and then you will just answer as best you can. So, it's going to be so this is for any type of practitioner working with victims of human trafficking, as getting your inquiry. And this pertains to the role that you play in working with this, these victims.

So I'll start off with Question one, what is your understanding of human trafficking and how would you define it?

Participant 1:30-
So I would say my understanding is probably more limited to what I've seen in media reports, and then the things that I have done in practice. So my understanding of it is when someone, against their will, are taken by people who then take them to various places all over the world actually (including our own area) and then use them in ways that are usually probably sexual in nature. But there may be other ways that they're being used against their will, by various groups who purchase them- they purchase them as humans, so purchasing humans. That's probably how I would define it as well.

Researcher 2:32
All right. And then question two, how serious of a problem is human trafficking in your region or area of practice? So, this can pertain to the field you are working in. For example, the region you're working in. Or it can relate more broader in terms of your area of practice.

Participant 2:47
So I work in the Central Valley in California. So that includes areas that are from Bakersfield, north until the Sacramento area, I would say is generally what's considered a central valley part of California. And I work in Tulare County.

Participant 3:09
I would say that because California is so close to a lot of locations that are known to be drug cartel related. We are on that route for drug cartels where they're moving product, which could include humans, across the border, up the state, and into other areas. And in this area, there’s been at least one large law enforcement bust, I guess you could say, for a human trafficking house where they were holding large amounts of people in a single location. And again, this is affiliated with illegal groups or agencies of people that are working together. I'm not I'm not sure if that one in particular, was drug cartel related or not. But groups similar to that who are doing illegal activities. There was one here for sure. And then I've had a few patients along the way that have had a history of being trafficked as well. So I would say its pretty significant in this area.

Researcher 4:24
Thank you. And then question three do you feel that victims of human trafficking are adequately getting their needs met? And if not, how can this be improved? So, this can be like, obviously, in a capacity where it's relevant to your scope of work, or it can be outside of that whatever you've seen?

Participant 4:47
I would say no. I'm pretty sure in my area, I would say I'm almost 100% positive, that the needs of those individuals are not being met. And I think it has a lot to do with just the total number of resources that are available in this particular area because we operate in rural counties, or areas of the county are rural. The availability of human resources and mental health resources for the aftermath of an experience like this are just not readily available.

Participant 5:21
Especially for individuals that may have trouble with navigating a healthcare system. I work particularly in mental health and as we all know, navigating through the mental health system in California and the United States in general is not easy. Also finding locations where they provide specific therapies that are based in trauma care or trauma informed therapies, especially when you're looking for continuity of care, that's just not available here. There's not a lot of practitioners who have a high specialty or a lot of practice knowledge with this particular field. Because we have such a high turnover rate because people are constantly leaving. So it's really hard to meet the needs of those individuals at that level. And just in general, in terms of California state funding in this area, we tend to get some of the lowest amounts of public funding in the state of California, in this particular area, for whatever reasons. I think it's oftentimes just because we're not highly represented at the state level, when people are advocating or asking for monetary support to start opening these kinds of resources. And so it makes it difficult to fund it. And that's a huge problem. And it limits a lot of the resources that we have. So I'd say definitely it's limited in this area.

Researcher 6:57
Okay, in your experience working with victims of human trafficking, what services have these individuals needed? So this is broad, and then I’m asking you specifically about the services you have provided directly and then what required referrals?

Participant 7:16
So, I'm a psychiatrist of Child and Adolescent Psychiatry. So my scope of practice tends to focus on mental health when it escalates to the need for medication treatment. And so that's primarily the area that I will intervene or intersect on when we're talking about the treatment of individuals for human trafficking. So treatment is usually PTSD. It's usually the diagnosis so results from that not always but generally.

Unknown 7:48

So I intervene at that level. I provide mostly medication management services and then some forms of therapy but just due to sheer numbers and volume and patient load, I my practice is not primarily therapy intervention, it's primarily medication.

Participant 8:09
And in terms of second question, so what services have required me to refer out to other agencies. Like I said, because I have the sheer volume and number of patients, I have to often refer out for therapy-based services. So for example, in one of the particular clinics that I work in, prior to one month ago, we only had two in house therapists that are working for an entire clinic patient load that can include over 1000 patients. And so I was referring out for- and this is not just in regards to human trafficking victims and people with PTSD, but in general, the entire population in this area- so I have to refer out to other local organizations or local agencies or even private practice clinics. If people had the means to do that to get taught based therapies or those kinds of therapy interventions and even then it would be a waitlist for that kind of stuff.

Researcher 9:13
Okay, and now moving on to question five, in your experience, how does a history of human trafficking affect children's mental health?

Participant 9:22
Pretty severely. Pretty severely as we can imagine.

Participant 9:28
In early childhood, as part of a normal development, formulating secure attachments and having a sense of safety is *imperative* to child development. And when that is interrupted, or when something occurs, where a child is drawn into or pooled into a situation in which they're being violated, and they are unsafe, that feeling of lack of safety, and just being unsure about the world kind of follows them from there on. And so we get very severe cases of PTSD and also the lack of attachment that sometimes these kids are suffering from, occur in the homes that they were originally from. It really creates a situation in which we have an adult patient who goes on to be an adult or in their late teens that’s really functionally impaired. In their ability to create stable relationships and their ability to feel a sense of safety when they are in any situation. So they go through the world with a chronic sense of anxiety and worry and hyper vigilance. Which is what we see with PTSD. And it doesn't just stop in childhood or adolescence, that follows you into adulthood. And it can really affect your adult functioning as well. So it's pretty significant when we see that and it's very hard for these kids to develop a sense of safety even if they're pulled out of that situation. Even when they’re rescued from that, right? Even after that. It just it stays with them, stays with them and follows them.

Researcher 11:22
Okay, so kind of getting a little bit more into that, what are mental health concerns that are most prevalent in these situations? So I think you've mentioned PTSD, anxiety, and attachment disorder. Is there anything outside of that, that you would mention.

Participant
I think PTSD is a pretty broad umbrella, but if you tease out actual DSM criteria, you could probably find a great deal of people who meet some type of major depressive disorder criteria.

Participant 11:51
Anxiety, panic disorder, even generalized Anxiety disorder, PTSD. You can use a specifier with dissociation as well. Because we do see that quite a bit for some people. After any type of traumatic experience, especially if it's a complex trauma or if there's been repeated traumas that have been long term, we can see the development of maladaptive coping pretty early on. Which this would include some of the cutting behaviors and the self-injurious type of stuff that we see. Chronic suicidality, stuff like that.

Participant 12:26
Let's see, also we are always concerned for how that affects somebody's life, right? Because as we know, mental health yes there's a diagnosis, but mental health affects people's entire functional life. So their life outside of that, right. So how this kid is doing in school? how are they functioning in their household? Are they having externalize behaviors? Are they starting to act out? And sometimes that results in aggression for people in the home. They start to engage in self destructive behavior sometimes, which can include using substances or being out in unsafe places, which oftentimes doesn't really help that feeling of a loss of safety, even when they do have that. So we see them kind of in the extremes, especially when they come into mental health. They're either very, very anxious and almost agoraphobic (some of them you might even use that as a specifier where they're in their house isolated feeling very anxious and unsafe) and then we have a second group of people that we see that are on the other externalized extreme, so they're having externalized behavior, self-destructive type behaviors. And then of course, overlaying all that is just a really impaired mood or control of mood so those are the things we generally see.

Researcher 13:51
Perfect, thank you. And then, number seven- in your experience, how does the history of human trafficking affect how children express gender and sexuality? So in addition to the mental health aspects, I'm trying to look at how gender and sexuality is being impacted.

Participant
Yeah. So, um, it's actually a pretty interesting question and an interesting line of thought process because it's been talked about before. For example, when someone has an experience of being- I'll just label genders and we'll just do like a scenario that may exist- like a female, a cis female has been trafficked, and she is predominantly violated or repeatedly raped by cis males. Sometimes we see this feeling of being unsafe with your assigned gender at birth, and so we get a rejection of that femininity. And it's self-protective for some people. So, if I don't look feminine, and I wear baggy boys' clothes, then males won't look at me, they won't touch me, they won't be around me, and I'll be safer. That's like an example of sometimes what we see with people who have experienced really severe rapes and sex trafficking and these kinds of traumas. And this is not for everyone of course, all humans are on a spectrum. But we do see

instances of that- where there's been a rejection of the biological assigned gender, really as a means and a way to help yourself feel safe. When you associate that that genders what put you at risk in the first place for your first experience. So that is things that we see sometimes and so they would present in our office is someone who is living as the opposite gender from their assigned gender at birth, and then they will also start to have relationships with people of the same gender also as another way to reject having to be with somebody that they were violated by. So if it was a man, they'll have lesbian relationships because it's safer to them sometimes.

Participant 16:24
I know this is an area that a lot of people talk about because they there is, you know, there's differences in how people identify their sexuality. There are many people there's, you know, there's groups of people who believe that you're born with your sexual nature, and then there's people who believe that you're not right? And I'm not here to argue that. What I'm here to say, is that sometimes we see that in people who have PTSD, or who've had severe traumas, we'll see them try to protect themselves.

Researcher
So I know you've mentioned that you see this with cis females, but do you also see this with males who have been trafficked? Do you also see this a lot with male victims or maybe not as frequently?

Participant 17:12
I don't see it as frequently. But that is probably because my particular experience in working with this population is primarily just females as the traffic victim. So just my personal experience doesn't include a lot of cis males who have been trafficked. Which there are many, but I just don't have a lot of personal practice experience with them.

Researcher 17:48
Okay. And then, so moving on to question 8- what techniques, theories, interventions, or treatment options have proven useful/helpful in practice when working with victims of human trafficking? This could include anything you found helpful.

Participant
So like I said, I work in primarily medication management, so primary treatment options that we usually will use, and that are shown to be effective for patients who come from this patient population, include your standard anti-depressant treatment. So like your SSRIs or SNRIs, primarily SSRIs. So those are selective serotonin reuptake inhibitors. So anti-depressants like Prozac, Lexapro, Zoloft are what we use for treatment of PTSD. Other patients also have a high level of anxiety. So we will sometimes use medications that are helpful for anxiety, which include things like Vistaril (which is hydroxyzine), Buspar, Buspirone (which is an anti-anxiety medication) those are just for the acute experience of anxiety. Depending on how many panic attacks an individual may have and how old they are, and a lot of other clinical factors that we take into consideration when we're doing treatment. Also, the prudent use of benzodiazepines

can be used for acute panic attacks, but that's not a long-term treatment. So that's what we do medication realm.

Participant 19:22
And, but really, and as most people will agree, trauma- especially when there's been trauma like this- *requires* extensive therapy. Especially trauma-informed therapies and care. So we're looking at like TFCBT, trauma informed CBT. Sometimes people aren't even at the level where they're able to start approaching things like that. And so, we often have interventions that are just supportive in nature and helping with the development of just a base level of emotional coping, so that the person is able to even engage in a therapy session depending on how severe their diagnosis or how severe their presentation is.

Participant 20:11
So those are the things we generally see, just trauma focused therapies. Making sure that we have a very good background of grounding techniques, modulating emotions, understanding emotions before you even try to talk about trauma. Because if they're not able to do that, then they're usually not ready or at a place where they can start looking at that trauma objectively because it's going to destabilize them in the sessions. So that's something we see, but in terms of medications, we're usually following treatment protocols that have been looked at and researched for a long time and are consistent and pretty uniform. We're looking at an antidepressant, potentially something for anxiety. And then for patients who have nightmares at night we may use something like prednisone or something that has been studied to be helpful in trauma-associated nightmares that will impair sleep, so we'll help with sleep as well.

Researcher 21:17
Okay. Alright. So, question nine- as a mental health practitioner, explain the resources that are available to this population before, during and after delivery of mental services in your practice? So, this can also include things that you may even be referring out for. Things that might have to do with food or housing stuff, too, because I know that might be a concern.

Participant
Okay, so for resources before, so I work in the medical field, more so than mental health, right? Because that's where psychiatrists usually interact. So what that means is that, prior to coming into my care, the available resources have usually been maintained or given to the patient by their primary care physician. This is often the person that refers to my care. So like your regular family doctor, your regular internal medicine doctor, or sometimes even an ER doctor if they presented to the ER as the original contact with us. And so those are the resources they have before right. So a lot of times it really does require, if you need medication management especially, it really does require that the person's first point of contact be someone that they have to initiate that contact with. Unless they've been picked up by the police and brought into the ER, which obviously is something that they would voluntarily have to consent to (number one), but it can be really uncomfortable for somebody so it's really hard even to get in the door to kind of engage with us sometimes. Because you have to be willing to go in to talk about it with somebody and ask for that initial help. So that's what they have before. And the primary

health care doctors. Especially family doctors, internal medicine doctors, actually are very good at helping them connect to other resources that are helpful outside of the mental health spectrum or outside of health care. So for example, we have case managers that often work in our health care system that help people resource with things like our social welfare office, our our public housing office. Those kinds of things that are limited but available in this county. And we'll have caseworkers that the primary care doctors can refer to, that help manage those resources and help educate people on that and even help with filling out applications for some of those resources if they need it. So that's pretty good and helpful. During, after they've been referred by a primary care doctor/ internal medicine/ER doctor to our services, with me they would get regular routine visits. And we change our interval between visits depending on the needs of the patient. So if they're very acute and they need more frequent follow-up, we will try to accommodate that. And as they stabilize more and more, we may put greater space between our follow-up appointments, but predominantly my intervention is that of medication level. So while I'm seeing someone they’re usually for the most part, if they have been able to successfully get picked up by a therapist, they're simultaneously receiving therapy-based services while I manage medication treatments. So for example, somebody will have a therapist that they're doing TFCBT with, or whatever therapy modality they're using, and then they'll come for monthly or bi weekly visits with me to discuss medication management's for the treatment of any medication-based treatment of PTSD, depression, or whatever they're being seen for.

Participant 24:44
And then after us, so usually, psychiatrists tend to be very longitudinal in our care for as long as the patient needs it. So if the person does come off of medication or reach a point in their life where they no longer require it will help them through a stepwise progression of decreasing the medication dose until they're no longer taking it. And then they transition out of our care and then they're just followed and monitored by their primary care doctor again. Just like your normal approach, and then they can be referred, if there's a problem after that. The therapy team will usually finish their course of treatment and then do their closing sessions with them. That have been planned, right? This is something the patient usually anticipates. And they're after, again, from a medical perspective, they're seeing their primary care physicians, but they always have access to these locations to come back for care if something was to happen. Or if they were to destabilize in the future.

Researcher 25:50
Okay. So the frequency of their visits to both medication and the therapy just really depends on the person and what's what their needs are, right?

Participant
Yeah, usually. I can't speak for the therapists because it depends on what type of therapy they're doing and how often they're doing follow-up, that would determine it really. But in terms of medication management, yes It's based on your clinical view of the patient, how they're presenting to you, their level of safety, and their needs. So if I have someone who's displaying a lot of self-injurious behavior or having a lot of passive suicidal ideations, I may see

them more frequently, because the safety risk is there. And so I may see them every two weeks. Versus if someone has trauma associated nightmares but is still working and is generally feeling better. Subjectively, based on their report. Then we may do monthly with them because they're in a safer place in terms of safety assessment, they're in a safer place.

Researcher 27:03
Okay, so moving on to number 10- what do you feel is the greatest barrier victims of human trafficking encounter when seeking services?

Participant 27:13
I mentioned that a little bit before, but it's just the navigation of it. I think that’s probably the greatest barrier. It's like some people don't even know where to start. And that's why we get them from their primary care doctor because they just go in and tell their primary care doctor, I'm depressed because this happened to me. And that is a good place to start. And that's why at least it gets them connected to mental health services. But that is usually the barrier for people. They don't know that. And there is also a lot of shame, obviously. With what has happened for people when they've had trauma experiences. They have a sense of shame. And so there can even be layers of embarrassment with them asking for help for these kinds of things that they've experienced. And so that may be a barrier for some people as well. But in terms of getting them into our clinics, it's just the availability of resources, right? So I may have, for example, my waitlist to see me may be two months. So you wouldn't get an eval from my office, even if you put in an application. Even if you got a referral. Our evals are out two months, sometimes even longer because of the number of people that are coming in the office. And so there's that wait period. So that creates another barrier, right. Like having them be comfortable with that wait period. And there's obviously stuff going on in their world before they even get taken into our clinic. So the limited resources available then creates long waitlist and really difficult access to mental health care. Understanding where to start when you need to access it too. So like I said, it's usually through primary care, but some people don't know, some people may start in other locations, some people may just be calling crisis hotlines that are available for the county asking about how do I get an appointment? Where do I go? There's a lot of that, and then their own personal feelings or emotions about what has occurred and how that affects their want, desire, or ability to ask for help for something that has happened.

Researcher 29:26
Okay. Um, and then, so what do you feel is the greatest barrier you encounter as a practitioner when providing services to the to these victims?

Participant
Time. Usually time. Like I don't have a lot of appointment availability. And so it creates long waitlists for patients. And I know that's not a positive experience for them, but we're limited by the number of patients that we see and the amount of time that we're able to work. Reasonably work. That is one thing. And then I do wish that I had just had more referral points for patients who need specific types of therapy or experienced therapy providers in the

community that have a particular experience with human trafficking or that have very difficult trauma. I wish I had more availability with them.

Researcher 0:36
Okay, and that can probably be addressed through hiring people within those positions. And money or funding probably right?

Participant 0:47
Funding. I would say probably primarily money. Because the thing is, it can't just be for like our medi-cal based populations or low socioeconomic status patients because one of the biggest barriers is actually therapy care for people who have insurance through the workplace. So for example, a child whose parent has private insurance, that's really tough to get sometimes therapy care. So it has to be across the spectrum, across the spectrum for socioeconomic status, race, ethnicity, all that right. And we need Spanish speaking providers big time. You need Spanish speaking providers who have experience with trauma-informed care, and that is already a limited thing and it becomes even more limited where you're asking for somebody who has a, you know, a big specialized area of care for trauma. So yeah it is money. It's hiring people. It's creating an infrastructure where there's centers for care that are easy to access and known in the community, so people know where to go. And then there's available people to see them in a reasonable amount of time.

Researcher 2:01
Right. Okay. All right. And then last question, is there any are there any additional comments, questions, concerns, things that you want to bring up that maybe I haven't addressed? With the questions I've already asked?

Participant 2:25
I would say that I think that it's important to look at mental health from a couple of different spectrums. Like, right now here, me and you, were probably talking primarily at treatment-based stuff, right? Because that's the type of work that I do. But mental health, human trafficking, and PTSD, and all this stuff transcends way higher than the level of the people out in the field, pounding the pavement, doing the work right? in the field, right. So there has to be national change, international change, right? There has to be people who are responsible for creating laws, regulation, and funding that are aware of this and that are trying to help in a way that is meaningful down here in the community where it's a problem. So it's, it's, it's tough because we know, as practitioners, what would work best in our particular system. We wouldn't know what would be the most helpful in others. The problem is that isn't always uniform. So what may be helpful in my county may not be the same thing that's helpful, for example, for San Diego county or Los Angeles County, which are obviously different. They're not. They don't have as many rural areas and whatnot. So it's hard because the intervention that is usually required is not uniform. And when things are not uniform, I think that limits the amount or the way that the state or the federal government is willing to intervene on something. And so it just creates a lot of problems, but it's a multi-level approach right? People with the money have to be helpful. And people with an understanding of the system, have to

be ready to educate those people to help them understand how they can be helpful. And then the people that receive the money need to know how to use it appropriately to garner the most resources and the best and most effective forms of treatment for the people who actually need it. So it's really difficult because it requires coming together. A lot of people coming together to affect change on a particular issue. And I think that's why it's been difficult and limited in the past, but I don't know I think individual providers try to put in the best work they can. But it's not enough usually.

Researcher 4:54
Okay. Do you feel like you're knowledgeable about the resources that are available to victims of human trafficking? Do you think there's resources that are out there that maybe you just are not aware of?

Participant 5:11
I'm sure there probably are. I'm sure there are. For example, I know in particular counties, they actually have clinics, like full clinics that are specifically treating human trafficking victims. And I know my county doesn't have that, but I'm sure there are national level resources or potentially even state level resources that maybe I'm just not informed about.

Researcher
So maybe like having, and I know that's another issue, is like the transparency for getting help for these populations. Since they're like a hidden population and services are sometimes harder to get them into because they have to do it secretively.

Participant
Yes, right. So yeah. Which usually creates problems because then the only place that affords them the level of secrecy that's appropriate and that they probably are comfortable with is a medical setting where they have HIPAA laws that keep them safe. And the medical setting is not the only setting that they need, though. They need other assistance areas. They have other assistance areas or need areas and so yeah, I think so. But I will always be the first to admit that my knowledge base is not complete. I don't think anyone's knowledgebase is complete. We always have more to learn in the field, more to learn about resources, more to learn about treatment. We're never perfect with it. And so there's always room for growth for that.

Researcher
Definitely. And I was going to say I think that, so going back to what you were saying about having that knowledge about all those resources, but then also some of those resources aren't even publicized. So it’s difficult to manage that system. So being able to talk about your clinic that specifically for victims of human trafficking, but then also it's like not supposed to be like a public thing because they're supposed to be protected.

Participant
Exactly. Right. Yeah. The only way that I know about that county clinic is because of me interviewing there for previous position. So then I learned about that clinic they had available

right yeah. But that's not something that you can see are posted all over the place or, you know, readily available. Yeah, I don't know. It's tough. It's tough, maybe through nonprofit agencies who have a particular interest with this population. They can help maintain resource lists that make it easier for person to access. Yeah. Something like that. I don't know. There's lots of different possible ways to intervene or help.

Researcher 8:00
All right. So I guess that's it if you didn't have any more questions or comments or anything. And like I said, everything's confidential. I'll probably only be keeping the script of our interview. And then everything will be deleted. And then yeah, but if you have any questions, you can reach out to me and that's pretty much it.

Participant
Okay, sure. Thank you.

Researcher
Thank you for your time! I really appreciate it.

Participant
Thank you for having me.

Participant
Okay, bye-bye

**Interview 2:**

Researcher
I know we went over the consent already. It basically was just outlining the research and explaining how everything will remain confidential. So, there won't be any identifying information shared with anybody.

Participant 02:01
Okay, and the interview is based on my knowledge of working with kids or based on my own personal experience?

Researcher 02:07
It can be. So, a lot of these questions are going to be around mental health, because my research is about how a history of human trafficking can impact mental health and what that looks like. But it just you know it just depends on the capacity in which you work. I want to interview different people from different positions and mental health professionals. I wanted to get a lot of different perspectives, because I think everyone does different things and helps in different ways. So I will ask you about things like treatments and interventions that have been useful for you, and then also barriers that you've seen with this population. It could be any perspective, just your knowledge. So, I'm going to share my screen now and it should be the questions, can you see them?

Participant 03:20
Yeah, I mean they're really small. Are you going to read them?

Researcher 03:26
Yes, I'll read them. So the first question is, what is your understanding of human trafficking and how would you define it?

Participant 03:37
Oh, so human trafficking comes in many forms so like obvious the most obvious one is a pimp, and then a prostitute, right? But then there's also times where people don't even know they're being human trafficked. I've had a little a lot of kids say that "my boyfriend he loves me", but like they sleep with other people for money but just to help their boyfriend. You know what I mean? But it's like, it's not because my boyfriend doesn't love me, it's because he wants me to help him. And those aren't kids that are on the streets. Those are kids that that might even pick up from the house. And they believe it's a safe, loving gesture. Okay, yeah. So, there's a lot of situations like that, but it's whenever a person is being exploited.

Researcher 04:36
Okay. And then second question: So how serious of a problem is human trafficking in your region or area of practice? And this can be broad or it can be more like in the area you live in or the area you work, or can be more broad like Riverside County or California. However, you want to define that.

Participant 05:00
Well, it's actually a big problem in Riverside County and then in our immediate area as well. And it's especially a big problem with individuals suffering from addiction and mental health. Addiction, in that, you know, women are exploited because they want the drugs and then mental health because they don't have a cognitive understanding of the situation, they're in or the risks or even the self-damage of those risks.

Researcher 05:40
Okay, and do you feel that victims of human trafficking or adequately getting their needs met? And if not, how do you think this can be improved?

Participant 05:52
I think there's a lot of effort being made so that they get their needs met. I think it could be improved just by bringing more attention to it and educating females. So more gender specific trainings and more human trafficking trainings to educate people working with mental health and addiction, so that we can kind of it, you know, inform females as to what that looks like. You know like are you sleeping with somebody for anything other than, you know, the love and respect? Like is it for drugs? Is it because you're scared of them? Is it because you know they protect you? We need to get the word out, you know, if they're leveraging sex for some reason it's not healthy, and it's a form of human trafficking.

Researcher 6:49
Right, okay. And you said gender specific trainings, so is this something you see more among females?

Participant 07:05
I see it more, you know, actually I've had boys, too. So, I guess it would just maybe gender specific in that we inform both sexes of what it looks like. Because boys a lot of times they will buy into it thinking – "Oh, yeah, I'm just a stud…I'm gonna sleep with all these women", but then as it continues, they start to realize they're being asked to do things they don't want to do. And now they're being asked to sleep with women they don't want to sleep with. Cause I've had boys that were sex trafficked, and it might have seemed cool at first, because of their lack of understanding, and then it turned into something that they were not happy with. And they weren't aware of the abuse that would follow. So I guess gender specific, you know maybe just classes would be good if you separate the gender and address their individual needs. Males need to understand it differently than females.

Researcher 08:17
Okay, so moving on to Number 4- in your experience, working with victims of human trafficking, what services have these individuals needed? And then we can break it down further, by explaining what services have you provided directly and then what services have required you to refer out to other agencies? And this could be broad, too.

Participant 08:42
Okay, so when I've worked with individuals what do I see that they need? Well, I mean the first services- they need to have of getting away from their offender, whoever that is. So I know that that's being worked on, but it's difficult because it's not safe so they're trying to find save ways to, you know, get children and people away from their pimps and their offenders. Once they're safely away then, then the services that I've seen them need is definitely, you know, addiction treatment because a lot of times they're given drugs to cope with the situation that they're in and lessen their resistance. And then definitely you know, clinical therapy, because they need to really start to process what happened, and that it wasn't their fault. Cause you know a lot of the kids ran away and then they think it's their fault because they ran right, and then the guilt, and the shame, and the remorse they start to turn it inwards. And then it becomes anger, and criminal behavior, and rebellion. So all those things have to be unwired. We need clinical therapists in mental health for that.

Researcher 10:18
And in your experience, how does (so this is going more into mental health now) how does a history of human trafficking affect children's mental health?

Participant 10:32
Well, you know, feelings social phobias can have existed. I've seen depression and anxiety. It instills fear, low self-worth, self-esteem. Just low values, so it's almost like you have to rebuild the person because they've been violated. Not only physically, but mentally, and you know they develop a lot of maladaptive behavior to cope with the situation they're in. So it depends on, I want to say, it depends on how long they stayed in that situation. But that varies also because of people's tolerance. Some people could only have done it for a week and be just as damaged as someone that's done it for like 5 years. It just depends on the individual.

Yeah, they're guarded. They build balls. they don't trust anymore. It's just a shattered set of hopes. They shattered hopes and dreams for the kids and the people, you know? So we have to reinvent them almost.

Researcher 12:00
Yeah, okay and in your experience what mental health concerns are most prevalent with this population. I think you kind of mentioned some of that with the depression and anxiety. Is there anything else, maybe outside of that?

Participant 12:20
Yeah, social phobias. You know- the need to isolate. Cutting because they blame themselves a lot. So anger, resentment, and all that. It all kind of creates, especially in juveniles, it just creates a real rebellious angry future for them. If we don't help them identify what parts, and really they played no part in being sexually exploited, but they won't believe that. So, it really messes with their self-esteem, and self-worth. And it just really starts a domino effect of negativity that won't end unless they have the services that they need. Did that cover some of it?

Researcher 13:20
Yes, thank you. Okay, So number 7 in your experience, how does a history of human trafficking affect how children express gender and sexuality?

Participant 13:38
So I've seen it like really a variety of different things. I've seen some children (females) that then start to dress more like, I don't know what the right term is here, they dress more boyish. They start to claim that they're gay or they're a dyke. They start to act like a male, so that they can be thought of as a male, especially if they're related to gangs and things like that. Because it's a way of safeguarding themselves. And then I've seen females that just become very sexual and promiscuous. It's just they have become so comfortable with the idea of having sex for a purpose that it just doesn't faze them anymore. And then some women that have just become very locked up and I no longer even express any sort of sexuality. So it just depends. I've seen different effects,

Researcher
So to clarify, some of them maybe identify as more male, and then some get hypersexualized, and then some don't have any connection to their gender at all?

Participant
Well, they just don't acknowledge it. Like they don't make eye contact with people. They don't believe that it's healthy anymore to express any sort of sexuality, because it's just fear-based now. This is something I see with males also. So I work with the adolescence, and with the adolescents a lot of them they just no longer… you know how kids go through a stage of flirting? And that's how they kind of get to know themselves and they're kind of feeling themselves, but there's a stage that they start to learn who they are and start understanding their sexuality. But I've had some boys that have been sexually exploited, and they are just shut off to that whole experience anymore, because it's like taboo for them. So you know it affects them wanting to get married and have a normal healthy sexual relationship with a female because they just don't identify that as possible anymore. So they might not even think they're worthy. They might think, like why would anybody want me now?

Researcher 16:52
Okay so were going to be going into treatment now. So what techniques, theories, interventions, or treatments that you have used have proven useful or helpful in practice when working with these like victims?

Participant 17:10
So motivational interviewing is always a good basis for any sort of therapeutic relationship and then cognitive behavioral therapy, because it helps them to identify their current thoughts, and whether they're maladaptive, and change those thoughts. Cause that's where it lies (the maladaptive wandering- thinking at this point). So we have to try to reinstate what is healthy and what's a healthy way of thinking. And DBT work too. I like CBT though, but DBT works.

Researcher 17:56
Alright, and then number 9- as a mental health practitioner explain the resources that are available to this population before, during, and after delivery of mental health services. So, with this question, I'm trying to see what things are available, and maybe also those things out there that aren't available.

Participant 18:20
CASA is a huge resource for human trafficking. And even before that, for prevention and intervention of sex trafficking that's just the educational piece. We should be in the schools talking to them about it. Talking to them about what healthy relationships look like, what unhealthy relationships look like? Because a lot of times kids lack adults that model that, unfortunately. So we need to inform them. Cause like is it okay for someone to put hands on me? Is it okay for somebody to demand I do something that I really don't want to do? What do boundaries look like? What do healthy boundaries look like? That would also be good interventions. While they're going through it there are a lot of task force and agencies that are in place to educate about how to lure people away from sex trafficking. So obviously we would need more of those because they're scarce. We need, like, every city needs a task force. And educating parents, too. Parents are just not aware of all the different forms of sex trafficking. So they're thinking, "oh a pimp has to take my kid for them to be sex trafficked, and there's no pimps in the area", but that not really true. So you don't really know If your child is being intimidated into doing things that they don't want to do. Especially sexually! And there's huge misconception that boys aren't sexually abused as much as females and that's not true. So a lot of education, and then just greater support for the services that are there to pull them out of the situation. And then we just need clinical therapists, and we need our clinical therapist to be informed of how to offer services to individuals that have experienced human trafficking without an undertone of microaggressions, because you can actually re-traumatize individuals that have experienced sexual abuse very quickly if your verbiage isn't right. By asking the wrong questions you're reinforcing that it was their fault and it's really nobody's fault if somebody takes advantage of you.

Researcher 21:00
So what do you feel is the greatest barrier for victims of human trafficking, especially when they're trying to encounter or seek services?

Participant 21:34
Yeah, and you know I think it's a shameful population. So they don't wanna be stereotyped and they don't want to be thought of as slutty or you know things like that. So that's why it's really important, in all aspects of what we do, to use trauma-informed services. They are important. And even trauma capable. So trauma-informed is when you know about the trauma, but trauma-specific services is when you're specifically providing services in a way that meets the client where they're at without making them feel judged. Like just let them talk. Don't seem shocked when someone tells you, "Oh, I was sold for sex". It's really about how we respond. And you know word gets out fast when there's a place of solace where people can go. I think

that's why, with the adolescent population, we've built such a huge case load because kids know that they can just come talk to us and say whatever because you're a kid so it's okay to say 12 year old stuff, you know what I mean? They say things like, "man I went out with my boyfriend last night" and I'll say, "okay, cool what boyfriend?" and then they'll start talking to me about it like, "well, he's just a homie. I really don't know him. Like I've met him a couple of times, but he gives me pizza and if I perform sex acts, he'll give me pizza and a flum float" and I said "Oh okay, how do you feel though? Like if you have to perform sex acts for pizza? I'm just curious" and she's like "It's okay, I don't mind because I get my flum floats" and she'll get marijuana too, and I'll be like, "Okay, alright." And in my mind, I'm thinking, "girl that ain't right!" you know what I mean? But I don't say that to her, I don't go crazy on her. I'm just like "okay well we'll just keep talking about that, because sometimes there's a big difference between somebody giving you something and you earning something. And then there's a difference between how you feel in both situations". So, I don't make it so much about her, I just make it about just the different choices that are available and how you benefit from each. And then let her have that epiphany. You know what you mean? It's like when a rape victim is raped, you don't wanna ask her- "well what were you wearing?" because then you are insinuating that it was her fault, and it wasn't. I hope that answers your question. So your first response shouldn't be like "well, where's this student because I need his number?" because instantly now they're scared. So they're gonna start backing it up and then they're gonna start lying. They will respond like "Oh, I don't even know him, I don't know where he's at". And so you've lost your ability to walk her through the process safely. But you know it's all about verbiage. If you're open-minded with them. Obviously your first thought is like, "where's this dude?" Because I've had adolescents say they've got a boyfriend that's 30. And your first thought is like "what!? where the hell is he at??" and that you need to know who he is. That's what you want to say, but I'll be like "30? Oh man, you don't think that's old??" and I just have to act not shocked, and they'll keep talking to me. People gotta feel safe.

Researcher
Yeah, I get what you're saying. Because in my mind I think our minds like immediately, especially a mental health, I'm thinking of immediately of mandated reporting, right? You're thinking I have to get all this information down, but then they lose that trust. That trust is an important part for them. It's a difficult spot to be in as a practitioner. they lose that trust that trust is in part paying for them.

Participant 26:50
Yeah, because rapport with your client is just the most important thing you can have to get to the root of things. But they also know I'm a mandated reporter and, you know, at the end, these kids are so smart and they're Predator (I forget, you know, for lack of a better term I can't think of a better term right now) they train them really well not to say anything. Not to trust the system, not to trust the county, so they're already well conditioned. So, we have to really be mindful of being trustworthy. But I do tell them, "You know that's illegal right?". They'll be like "yeah, are you gonna say something?" and I'll say, "you know, I do have to let someone know that there's a 30-year-old that's messing with you. Its touchy. It's really hard cause you want to keep a rapport, but you have certain things you have to do. I always inform them that I am a

mandating reporter. But I don't make that like the center of continued conversation, but I still report it. And Ive had them come back and say “Oh, oh my God, someone reported this, that, and the other. And I tell them that I know that feels bad but I’m thinking that person is really looking out for you, and it might have been me who does something like that”. But it's for their own good it's for the moment. So yeah, you have to remember that they’re kids and that we have to protect them. And you know sometimes I do say I’ve you know I’ll say yeah, cause i've had some say, “That was you?!” and I know you know I’ve said I’ve had to you know it just depends on the personality of the kid, So I had 2 that I, you know, told him, “yeah, that was me.” But the thing is, you have a maladaptive a mental adaptive understanding of protection you know what I mean. You're thinking if people don't tell, they like you and it's really the opposite you know. So I to explain to them, see people haven’t done enough for you or shown how people haven’t shown up for them. Because I don’t want them to distrust me. But, on the other hand, I also don't want to be the same as every other adult in your life, and just, you know, throw you to the wolfs either. And we were good. We were good for that. They still call me today. It sucks to have to be that person, but they learned. Yeah, they just don't know. Sometimes you have to teach them.

Researcher 31:00
Okay, So I guess this one's similar to the last question, but it's asking what the greatest barrier you've encountered as somebody who's providing services to these victims?

Participant 14:31
You know the greatest barrier is that there's a lack of – and I mean this is a barrier for all of us. It's a barrier for probation, for mental health, for addiction- it’s that there's just a lack of services. Like sending them to a group home, pulling them out of everything else. All those things are also traumatic, and to find a balance between what to do is a is difficult. And then, when you do finally decide to have to remove a child. I find that group homes are not designed properly and can be just as traumatic. Yeah, so it's really hard, even when you put them in juvenile hall. The why YTEC is such a good place because it's foundation is in learning. Like making them go to school and educating them. But incarceration without that, is just a waste of time. And then for group homes that don't enforce rules that's not good either, right? So I guess the barrier is, what do you do? There are just not enough facilities that are structured in a way that are safe and provide an environment that is conducive to rehabilitation. For children especially. Yeah, because you put them in a group home and now, they're fighting every night with other kids that have the same maladaptive behaviors. I had kids that are in group homes with other kids that have been sexually abused and those kids are sexually abusing the kids in the group home. So, it’s a hard balance and probation wants to violate them, but you can only keep them in custody for so long and then they learn how to become better fighters, how to disengage from their emotions better. It's just a vicious cycle of abuse. It's hard. So maybe we need parenting classes. Cause if we could leave kids in the home, right? Because really the person that should be the most inclined to provide the most loving atmosphere should be the biological parents, but it's just so many issues. Like whole family therapy too. So like, you know, we have to not silo and just give services to the kid. We need to have whole family therapy. How did Mom play role? How to dad play a role? because everybody in that family is playing a

role in this, but they may not realize it. you know but it's the whole family is breaking down. So if we could just strengthen families versus trying to address it one person at a time in that family. Strengthen families, because it doesn't matter if you incarcerate them, they're going back to the family and they're only in group homes for 6 months. You can extend it, but you're only extending the trauma and you're never fixing the family. Who's fixing the family? Because if moms away from her kids for like 2 years she's not developed any parenting skills, she's actually developed a like for being single, you know what I mean? She’s like, hell yeah keep my kids! I don’t have any problems anymore. The System's taking care of them, and some people get used to that.

Researcher
Okay and then actually yeah last question so is there any additional questions, comments, or concerns that you want to bring up at this time that I haven't already mentioned. So this can be whatever you want it to be, maybe there's stuff that I didn't touch on with these questions that you think is important.

Participant 36:10
No, the questions are really good. I guess in closing it would just be that lowering the stigma of mental health and lowering the stigma of medication assisted treatment is a priority, right? Like if I have to take Zoloft or anybody in the family does it doesn't mean you're a broken person or it doesn't mean that you're a weak person. So, it's all really about education. Educating the public. And then whole family care. I think those are the 2 things. If I had to pick 2 things it would be, you know, whole family care. So, when a child is a delinquent, we need to go in and provide services for the entire family. And then lower the stigma too. You know like medication for depression, anxiety, bipolar, etc. doesn't mean you're weak. It’s not any different than taking insulin if you're diabetic. Yeah, mental health is usually the cause of the breakdown.

Researcher
Yeah, and I think you’re familiar with MDFT, right?

Participant 37:24
Yeah! MDFT is multi-dimensional family therapy. And yeah, we've worked with them a lot it just you know it- It's good, it's good, it doesn't…yeah, I wish everything worked all the time. With MDFT you get a group of therapists and team member, everybody together, and you've got this powerful team in theory, but all programs, and all services are only as strong as the person that's providing them. So, if that person isn't trauma-informed, doesn't meet people where they’re at, and has a lot of judgment you know then that that’s a wrap. You know what I mean? Because it doesn't matter really how you provide the services, I mean in terms of what teams you get together, its more so about how that person provides those services. You know with CBT, DBT, Motivational Interviewing. I mean I think that's why we're doing a lot of cultural training…culture, diversity, cultural awareness. It’s about being able to put aside our personal beliefs and just be in the moment with them in their personal beliefs, without judgment. And being able to roll with resistance, just meeting people where they're at. So that's where the education piece comes in you know. And then too, you have to take into consideration their

environment, and their level of financial ability too. Because, you know, if they're in the hood and it's just wreckage all day long, and they're hearing people fight, and there's gunshots and they can barely afford top ramen for the family, that's a *stressor*. And so you can't go in and say, Hey, listen! I need you to have a better attitude, cause you're not living in their world. What's that look like? so you have to be able to adapt quickly to whatever their world is like, cause it's their world. And so yeah, it's easy. You know I have a lot of little gang members and it's real easy to just say “hey, let me stay out of trouble”, but what's that look like and what does that mean when I live on the same block as some rival enemies, and my parents are also gang members. It's kind of a dumb thing to say, right? Yeah you have to be aware of their environment, that’s why the whole family care is important, because I need to know, like, where do you come from, what is the history, is there a history of gang involvement, is there a history of mental health, a history of addiction? Because then all of those things have become normalized because mom did it, dad did it, grandpa did it, and so now I’m going in trying to convince a kid that all of that was wrong. When everybody in his family that he's ever seen as an authority figure has done it. So that’s everybody that he loves, and he don't even know me. He's like who are you? So I just ride that with them for a while, but it's also good to point out you know your mom's a really strong person, like dang, she’s been through a lot. So you really start to identify the strengths so that you're not going in and tearing his whole world down, because then you're sending a message that you're really not valuable. So by highlighting those strengths. I can tell him about how there is different things and different ways we can view the world. And then I’ve learned that I have to accept that they don't change if they don't want to, because I've had some pretty ugly endings to some of my kids which sucks.

Researcher 42:32
I can imagine that must be horrifying. It's a rough gig.

Participant 42:44
Yeah, that’s human services. That’s why self-care so important. We need it

Researcher
Alright, then, that's it. That's the end of questions. Thank you so much for participating. I really appreciate your input.

RESEARCH TRANSCRIPT

**Interview 3:**

Researcher 11:27
Okay. Got it from there so I'm just going to put it on really quick for the meeting, and then I'll start off by just showing you the informed consent that I gave you again. It's just stating what the study is about, how long this is going to take, and explaining that this research study and its data will remain completely confidential. So, no identifying information is going to be used in the research. Okay and then I'll show you the questions these are the questions. It's about 12 of them, and I'll just go down through the questions, and you can answer them as we go. Okay so for the first question, from your understanding and the work that you've done with victims, how would you define human trafficking?

Participant 12:40
Well, I would definitely stick to the legal terms, right? I mean, it could be sex trafficking. It could be labor trafficking as far as like work, or you know, in the industry. But it's defined by fear, fraud, or coercion. Specifically in my work history, I worked with children who had been sexually trafficked

Researcher 13:15
Okay, and how serious of a problem is human trafficking in your region or area of practice? So this can be however you want to base this information on your professional experience or personal experiences. However, you want to define that.

Participant 13:30
Sure, sure. So, I know just in Southern California alone, I live in Riverside County, and so Riverside County is the third largest hot spot, because it is the intersection of San Diego and LA. So, LA county being one and San Diego two, then Riverside County 3 and that's because of the cross overs of the freeways. But I know that specifically, for Hemet and San Jacinto we have a very bad sex trafficking problem, especially if minors here. And I think that that is because our local governing bodies. They claim that we don't have a problem and so I think that that creates barriers of identifying when people are being sex trafficked its because when our own local leaders are refusing to see the problem than, you know, people get away with it a lot easier. And so when I worked at RBY, I know that most of my clients lived in the Hemet/San Jacinto area.

Researcher 14:51
Okay, do you feel that victims of human travel trafficking are adequately getting their needs met? And if not, how can this be improved

Participant 15:01
I'm going to say absolutely not. And I mean at the most basic level of just emotions. So a lot of times youth become easier targets because there's something missing at home, right? Whether it be emotional support, physical support, what have you. A lot of victims come from broken homes, or they've been in foster care, or the juvenile justice system. and so, for me personally,

being a survivor myself, I know that I came from a very broken home. Single mother, welfare, no father figure at all, and my mom had a substance abuse problem. So, it was very easy for me to find solace. When I was a teenager, I felt like the streets were safer than being at home. You know. There was nothing that I could do to help my mom when she was going through her addiction and through her abusive relationships. So, it was very easy to find myself on the street. And I think at the most basic human level. Most of the victims come from, you know, marginalized populations, poor single parent homes, stuff like that.

Researcher 16:51
And in your experience, working with victims of human trafficking. What service have these individuals needed? And we can break this up into what services you directly provided, And then also what services required you to either referral to other agencies or to other people within your agency.

Participant 17:12
Sure. So, with RBY we were at children's mental health program. So we were a team-based field approached program. It was an innovations program, so no other program like it in the world and so the clinicians provided trauma-focus cognitive behavioral therapy, because we already know that more times than not victims have endured either single incident or complex traumas in their early childhood. And so, the clinicians were doing TFCBT. Myself as a peer support, with the lived experience of being in the life. So I met them right where they were at, as far as just being a peer. I wasn't in there trying to change behaviors or anything. It was more about harm reduction, so I would utilize my lived experience to try and equip them with harm reduction strategies, and some empowerment to let them know that even though you're, you know, out here. Because a lot of minors think that they're the ones making the choice to quote unquote "turn tricks" right and so for them they are already grown and that's one thing that I will always advocate for. It's that most of these teenagers have lived more life than a 40- or 50-year-old. So then mental health steps in and we're like "oh, you need to do A, B, and C. They're like "no, I'm out here surviving". And so I think that one thing that we have done as a system that has failed them, is continued to only look at them as if they were only children. And so that's what we did with peer support, it was more about harm reduction strategies. But I think that as a system, as a whole, I think that we need to start listening before we go in saying, "oh, you're a victim, you're a victim". Also, I think that connecting their families, whatever physical, nuclear family they have, connecting them to services as well, because a lot of times we're dealing with historical traumas, and so parents get the fingers pointed at them when really they were victims of trauma themselves. And I think not jumping in for law enforcement right away, too.

Researcher 20:20
Right, okay. Alright, and in your experience how does a history? So, I guess we kind of talked about this a little bit, but how is it impacting children's mental health?

Participant 20:23
Oh, well, I can tell you from me (which I know research wise is considered anecdotal right, it's just my lived experience) but I was first diagnosed with PTSD, Depression, and anxiety when I

was like 22 years old. So, I was in the life from 12 to 19. so, there was a a lot of life in there. So by the time I got out of the life I had severe PTSD. Which again, I think started way beyond or before actually ending up in the life. Like I had traumatic experience after traumatic experience after traumatic experience as a child. So, it was it it's like hard to explain, but for someone who's never been in the life I know it sounds like super scary, and like it was scary. But it was better than what I was going through at home. So, like to have my juvenile probation officer, I had social workers, I had house arrest officers. And back in the 90’s like nobody ever ever talked about Child Exploitation at all, right? Like nineties, is like the age of the juvenile super predator and so, because I was using and running away and not going to school, I was just deemed as the bad kid. So, nobody ever asked me- are you being sexually exploited right? Back then it was, even at 12 or 13 years old, it was “oh you're prostituting” but nobody ever thought like “oh, who's telling you to do this”. And so, it wasn't until maybe a decade ago that people started to recognize like wait, 12 and 13- and 14-year old’s are not waking up saying, “oh, here, let me go pick up a John and give my money to somebody else”. So, in the 90’s man, we were still just seen as prostitutes, and served juvenile hall time for it. But nobody was like “Oh, wait there's something bigger going on here”.

Researcher 23:17
Okay, so then the next question kind of ties into this last one was, is what mental health concerns are most prevalent with this population? I know you mentioned PTSD, depression, anxiety. Those are probably all things that you saw along. right?

Participant 23:30
Yeah. And I would also say co-occurring disorders. So, substance use involvement as well. Because on the streets that's your best means of coping is just staying intoxicated throughout it.

Researcher 23:59
So, in your experience, how does a history of human trafficking of affect how children express their gender and sexuality?

Participant 24:11
Okay. So I’m a pansexual, Caucasian, female, so I can only speak from my personal experience. But I know that for a lot of LGBTQ youth right? They're easily exploited in the sense that you'll be accepted quicker on the streets then you will say, like in school. So then, when families are not accepting of gender identity or sexuality, then they find themselves being homeless on the street. And there's very few ways for minors to support themselves if they are homeless on the street. So I don't know about how it would be defined as far as identification and sexuality, but I do have a very close sponsor of mine and she's Trans and she actually got involved in, I won't say human trafficking, because for her it was by chance. But she was accepted, you know, like she was told that she was a beautiful woman when she was out prostituting and so for her, she actually got to be this sexualized woman on the streets where she wasn't seen as such in her regular life. So, I would say that it played a role in that sense

Researcher 26:11
Okay so what techniques, theories, interventions, or treatment options have we been useful or helpful in practice when working with victims of human trafficking? And this can be, I know you mentioned TFCBT.

Participant 26:28
So first, trauma-informed care at all times! Making sure that we're not asking questions to fill our curiosities about it. Person-centered, a lot of the times we if you're working with a victim, a survivor, even an exploiter! That's super important, too. Because I have a firm belief that the real way to treat human trafficking is to treat the exploiters. That's my theory and I'm sticking to it. But at the same time, solution-focused, so like you might only get to meet with them one time, right? And so, being very solution-focused, person-centered, trauma-informed, because in that one moment you have an opportunity to plant a seed for them. Equipping them with any kind of future reason that can be easily accessed either through their phone or what have you just equipping them. Cause when I was out there I would have what I call "moments of clarity" where you wake up you're in a hotel, you're tired and you just want out right. It's like a 5-10 min moment where if I had a resource tucked away in my phone I might have used it. So equipping somebody with a real quick resource that when they have that moment at clarity they can use it if they need to. But yeah, always person-centered, trauma-informed.

Researcher 28:35
Okay, and as a mental health practitioner, explain some of the resources that are available to this population before, during, and after delivery of mental health services?

Participant 28:43
So before, as far as riverside county is concerned, there's (I mean some are controversial in my book), but the resources are there. There's RCAHT, which is riverside county anti-human trafficking task force. There's Million Kids, there's Run To Rescue, Magdalena's House. Oh, what's the other one? I can't think of the house name now, but and I mean there's housing specific for survivors of human trafficking too. So but when it comes to like the labor trafficking- 0 resources! Yeah, that I'm familiar with, 0 right? And here's what I'm I was saying earlier. Earlier, I said it was only about a decade ago that people got this peaked interest in the sex trafficking side of things, right? But I mean labor trafficking is happening in almost, I'm going to say, 2 out of 5 restaurants that we eat at every single day. And I don't think there's enough conversation happening about that.

And then like during. So once somebody has made that decision to like, get out of the life or to receive help of course, within riverside county at least, every county clinic has what's called kind of like the go-to person. Like Nicole would be that go-to person for a minor who's being exploited, right? I could be considered one of those go-to people for some individuals. So, there are a lot of us that are specific in providing mental health services specifically to those with human trafficking and sex trafficking experiences.

And then, after I would say, make them all Peer Support Specialist with the county. Nothing helps you better than being able to be self-supporting and have your experience mean something by giving back to somebody else. So, I would say the county needs to hire more peers with lived experience.

Researcher 31:28
And what do you feel is the greatest barrier for this population?

Participant 31:34
It's going to be the grooming. The grooming is gonna be the biggest barrier because we see that they're groomed. I mean when they're talking about their experiences, you'll hear them refer to their pimp as their boyfriend, their husband, their daddy, even their moms right? Women are exploiters, too. And they just truly have bought into this dream that they made this choice to use sex as a means of income, and that they're playing this vital role, right? And so the greatest barrier is the belief that they are the only ones making that decision and that nobody else has made that decision for them. So nobody's even going to want any kind of help or support on something they don't see as being a problem. For them it's law enforcement, mental health system, and social services that has seen it as a problem, right? They're seeing it as “hey, I’m using the oldest profession in the book to survive”, like “I’ll never be able to make money the way that I’m making money right now” right? And so whenever I was working with youth at the RBY program I would tell them, you know I’m in my forties now, and I can still have triggers from when I was in the life. There was one man in particular who smelt like onion in cilantro, and so onion in cilantro for me is a huge trigger, because I didn't want to lay down with that man, but I have to. So I would share some of those experiences with the youth that I worked with, and they'd be like, “Oh my God I have that too”. That's when they would start to realize like maybe I am kind of being coerced into doing this, because I can also recall times I didn't want to do it, but I still had to anyways. So just kind of like telling them what my experience was, and letting them come to their own conclusions on their own experiences and how they relate. So the question is, how do we ungroom the groomed?

Researcher
And then I’m sure that's hard to sometimes identify to if they don't see it as a problem right?

Participant 34:35
And that's why it's so important to have a lived experience voice or person at the table. Its because they know that they can relate to them, and that because on the streets let's be real right, if you come with a badge, even if it's a county mental health system, you're part of a system. They think you're only book smart right? I’m Street smart, so don't try to tell me. So that's why, it's so vital to employ those who have the lived experience for their recovery, because that's how you ungroom the groomed. It’s through lived experience.

Researcher
And then this one is what you feel is the greatest barrier you encounter as a practitioner when providing services to victims?

Participant 35:42
Again, it'll be the denial that there's a problem. And I always tell them, well, I'm gonna respect that you don't have a problem with it, and I'll tell them but most of the youth who were on RBY it was because there was juvenile justice involvement. and so, I would just tell them, Hey, let's just focus on what are your goals to get off probation or to get out of the juvenile justice system or to get out of, you know, foster care or what have you. So, I would stay focused on those things. and then you can kind of see them start to build their own self-esteem through accomplishing goals and then, all of a sudden, like, you know, turned in a trick just isn't appealing anymore because they start to build their own self esteem.

Researcher 36:53
Alright, so I know a lot of the questions were kind of very specific, so this last part I just wanna open it up to you If you have any additional questions, you wanted to bring up comments something that I might have not brought up during the interview.

Participant 37:13
No, cause I think I pretty much put my own two cents on every question. Anyways, I kind of deviate from straightforward questions, but I think one thing that is really important is to consider generational changes. So, like what was my experience in the 90's is so different from the experiences of, say, 12, 13, 14, 15, 16 year old, currently right? Totally different, language is different. I mean and you also got to pay attention to there's a lot of racial biases that comes when we're talking about exploitation as well. And I'll give the example, there's a local nonprofit and they do presentations all over the county about exploitation, and literally every single PowerPoint is about black and Hispanic pimps and gang members who exploit and I'm like "Okay, wait, there's white gangs that exploit too". So I think that it's very important, very important, that our language reflects that anybody can be a victim. Anybody can be a perpetrator. Anybody! And so because if we start conveying all this information and it's going through a bias lens, then everybody is going to view exploitation through a bias lens and then you're gonna miss it when it's right in front of your face.

Researcher 39:15
Okay great! Well, that's pretty much it, thank you so much for sharing your personal story, too, with me and your knowledge is was really informative. Yes, so anytime you need any further help for support.

RESEARCH TRANSCRIPT

**Interview 4:**

Researcher 35:01
So, the first thing I wanted to do was to show you; I'm gonna share my screen with you, just so you can see the informed consent. So, this is just like an interview.
I'm gonna ask you questions. Okay, and then, the informed consent, which I'll share with you right now, Can you see it?

Participant 35:26
Yes, yes.

Researcher:
So that's just saying it's kind of giving information about what's the purpose of my study, kind of a description. And then just stating that everything's gonna be confidential and I think it should take like 40 minutes. Wanna just give me verbal consent. I'll just do that.

Participant 36:00
Yeah, that's fine

Researcher 37:01
Now, I'm gonna switch over to the actual question. Okay, so I'm, So what I'm looking at is I'm kind of trying to identify mental health implications for victims of human trafficking. I'm looking at it through a mental health provider lens. So anybody that works within mental health. So I'm interviewing doctors and therapists and peers and parent partners and interns. So anybody that has firsthand experience working with them.

Okay, so My first question is, what is your understanding of human trafficking? And how would you define it?

Participant 37:25
So, my understanding of human trafficking is when a a person, man or woman, girl or boy, is sold by somebody else to somebody else for labor or sex,

Researcher 37:38
Then going on to question 2. How serious of a problem is human trafficking in your region or area practice. So that could be here locally or if you want to do it more broadly like riverside County, Then that's fine too.

Participant 37:49
I think it's a bigger problem than people realize. I think it's happening in our own backyards. I think that it's such taboo and it's so not talked about that I think it's happening more often and it's probably a very serious problem.? So it's a very big problem.

Researcher 38:09
So maybe just not like not a lot of awareness around that as much as we would like?

Participant 38:18
Right.

Researcher 38:22
Okay, and then, Do you feel that, victims of human trafficking are adequately getting their needs met? And if not true, do you think this can be improved?

Participant 38:35
It depends right like, if you you gotta take it So So when we say human trafficking, it's, it's a lot broader of the scope, right like you have some that are in it willingly and you have some that are in it Not willingly right, but I think housing is a big issue. I think treatment facilities specifically, for that is a big issue, and I think the lack of awareness is a big issue. Okay, so no where they're not getting their needs to answer your question.

Researcher 39:32
So going on to question 4 in your experience, working with victims of human trafficking, What services have these individuals needed? And then I kind of wanna break it down like which one do you have provided directly, and then what services have required you to refer out?

Participant 39:42
So working with big victims and being a victim myself even though I was a willing participant, I would say that these girls who that I've worked with that have actually been trafficked haven't been as much as have been like sexually violated in some way.
Right. So, what these girls that I've worked with have needed has been housing and you know basic necessities. The services that I've provided basically just appeared to walk alongside them Through their therapy process and there are services that have been referred out. Those, you would have to talk to a therapist, or that you know somebody along those lines because I didn't do the referring out part so I can't answer that.

Researcher 40:5
And then, in your experience, how does; so, kind of getting more into the mental health implications, how does having a history of human trafficking affect children's Mental health?

Participant:
It's been noticed to cause depression, anxiety, lack of self-worth, lack of trust. let's go with those

Researcher 41:27
And in your experience what mental health concerns are most prevalent with this population?
I think that's kind of you kind of outlined some of that already.
Did you want to add anything to it?

Participant:
no.

Researcher 41:50
And then, in your experience, how does the history of human trafficking affect how children express gender and sexuality? So, have you noticed anything?

Participant 41:58
I think they're overly sexualized, you know. I think that it's so depending on the age group you see. So I've worked with older girls who are kind of willing. Some of them have been willing participants in this right like with an older boyfriend. I don't know that I could speak to how they expressed their gender and sexuality. I think Maybe they've become oversexualized, but I'll leave it at that, because I don't want to speak on something I don't know about.

Researcher 42:28
Okay, and So this is going into, I guess more in terms of practice, so like techniques or treatment options that you think have been useful, helpful when working with human trafficking? So, this could be outside of, or something along lines of like medical treatment. But it could be anything that you found useful.

Participant 42:5
I know like mindfulness, positive interventions. You know a lot of positive self-talk. I know that the program I worked for before they use TFCBT, which I'm sure you know what that is. But where they go back, and they talk about the trauma that probably possibly led them up to this point. But again, that wouldn't, I don't know what would work for somebody who was actually kidnapped and taken out of their locations like what you talk about in human trafficking. It's very broad, you know what I mean it's very broad. So, I can only answer that with that.

Researcher 43:37
And then, as someone who is a mental health practitioner, explain the resources that are available to this population before, During and after delivery of mental health services. So this can be things that you use. And then also, like maybe, things that you've seen that have been lacking.

Participant 43:55
The resources that I've noticed in this population have been they have been getting full service as far as like from the county aspect. I think that, you know, they are offered the proper treatment. They are offered. But what I've worked with has been the issue of, are they willing? That's like the biggest question. right? like are they willing? because sometimes they're not willing, you know, you're asking them to dig deep, and that makes it very difficult. Yeah, So it it's kind of one of those things, Abby, that's like a case by case you know you have to. You have to take it case by case and kind of go. It's kind of hard to answer some of these questions just because there's so much to it.

Researcher 44:36
Yeah, I know it's kind of hard. So, I have a question at the end of this, or any like other questions that maybe I'm missing, too, so maybe we can talk about that, too. Okay. So then, what do you feel is the greatest barrier to this population when they're seeking services?

Participant 45:06
Understanding and not being judged, you know Some of these girls and boys have run away, and they and they get caught up with the wrong man or woman, or whomever, and they get caught up because they need a place to live, they need clothes. They need to know just natural things that you and I take for granted right? And so I think what the biggest thing is understanding and not victim blaming and you know being open minded. I think that's a big barrier

Researcher 45:46
And then, and then what do you feel? okay? right No it's..

Participant 46:04
I would answer it the same way you out. No, you asked what as a practitioner, when providing services to victims of human trafficking again, like because I get it I haven't had a lot of barrier but sometimes it's the willingness, right, like you have to really when you're working with this with this population. You have to really go at their pace and you really have to build a lot of rapport before you just dive right in like they need to know that you're not going to abuse them one more time right or that or that you're not gonna look at them crazy or you're not gonna you know what I'm saying like you have to really it's a lot of building rapport, and they have to be willing to get on and to share their truth you know and that usually comes after, after a while it takes time, it's time consuming.

Researcher 46:56
Okay, so like a sense of secret security, Okay, And then, Okay, So this is kind of the question. I was getting into. If you have any additional questions or comments or concerns that you wanna bring up, I know you Have your own unique experiences so if there's anything I didn't bring up, or I didn't address that you feel is important. I would like to hear it.

Participant 47:29
You know I don't…I think that it is just so underlooked and it's such a taboo conversation, you know what I'm saying like with my kids. It's what we call uncomfortable conversations. and when we talk about this type of stuff right like we talk about how there are predators at the video games and at these little underground websites and stuff like that, you know it's taboo with a concern, right like it's happening all around us. We see the kids selling stuff at the corner. We see them in the grocery store parking lot. It's just that it's awareness like for people we as a community need to start bringing awareness, and that's one of my biggest concerns is that we don't make awareness, we don't bring it to the table often enough, not saying it needs to be held at a table conversation every day at dinner. But to just make our kids aware, you know,

Researcher:
Yeah, definitely. And then we like having training that talks about this stuff, or how you'd like, identify it.

Participant 48:51
And bringing it into the school district? And we train on it, and we talk about it. We train on it, you know. There's a lot that goes into it. I'll send you over some resources, and you might be able to get some other interviews from somebody else. But I think definitely, it's that we don't bring enough awareness to it. You know that's it's happening under our nose girl, you know what I mean.

Researcher 49:15
So yeah, no. And I want to thank you for doing this for the additional resources, I love to see them. and then also like if you have other contacts for me.

Participant:
Definitely Bea is a great contact. Follow up with her.

Researcher:
Okay, thank you Nicole.

Participant:
you're welcome.

RESEARCH TRANSCRIPT

**Interview 5:**

Researcher: 18:32:41
I'm going to just let you know it's going to be recording the video and the transcript as well. First off, I wanted to show you the informed consent. So, this is, let me share my screen with you. So this is the informed consent it's basically just saying That we're just going to be basically going over the research that I'm going to be doing for the purpose of it. Kind of a description of what it's going to put, how it's going to take place, and then also the duration. The interview itself is going to be anywhere from 40 to 60 min. Usually it takes a little bit less than that. and then, if you have any questions, it also leaves the professors information as well as my information and this is just letting you know it was approved through the IRB, So do I have your consent to Continue to interview and audio record you and then Your understanding of this?

Participant:
Okay

Researcher: 18:34:3
So next I'll just be going down a list of questions. I'm going to be sharing a list of questions with you and then I'll share them on your screen, so you can see them as well. So these are the questions that we're going to be going over. It's about 12 questions. So I'll just read the question and then you can provide your responsibility to it and then we'll just go through them like that.

Participant:
Okay, yeah, alright.

Researcher: 18:35:32
So first question is gonna be, What is so while doing my research, I didn't notice that there was a lot of discrepancy, but of how human trafficking was defined. So what is your understanding of human trafficking, and how would you define it?

Participant: 18:35:52
Human trafficking is basically sexually abusing and exploiting, It could be male or female without consent.

Researcher: 18:36:13
Okay, And then, so next question is gonna be, how serious of a problem is human trafficking in your region or area practice? So you can do it for both and your region can encompass something larger or smaller, depending on how you would define that. But it could be all the state, the county, the city. However, you want to do that.

Participant: 18:36:52

Well, human trafficking, I feel like in my field of education is more of an insidious problem. It's not an outright problem, it's kind of something that I feel like, we see more so when dealing with how it affects those students that are affected by human trafficking, directly. We don't talk about human trafficking it's not a big issue addressed in education, but it is also still seen, and it still has an impact on students that are affected by it.

Researcher: 18:37:43
Do you feel that victims of human trafficking are adequately getting their needs spent? And if not, how can we improve this, particularly relating to the field? It's pertaining more towards mental health.

Participant: 18:38:03
Well, if I think about it in the field of education, just honestly best precaution for Human trafficking is educating people on what Exactly that is, including warning signs and how they might present itself. And you know, child development, or anything related to social emotional development. I feel like education is the first step towards combating that issue, and not just education within the field of mental health. but within, you know, a broader sense, so like everyone becoming educated. And all this is an issue that we're seeing and these are the things that we can do to kind of combat.

Researcher: 18:38:58
Do you feel like the needs are getting met as of right Now?

Participant: 18:39:06
I mean from what I see, Probably not, means are not getting met

Researcher: 18:39:14
And then so going on to question for in your experience working with victims of human trafficking, what's services have these individuals needed, and then kind of like breaking that down a little bit more? What services Have you provided directly, and what services have required you to fur out referral to other agencies or other people?

Participant: 18:39:38
Well the biggest one is for sure mental health counseling for victims of any kind of trauma and being involved in human trafficking is pretty common. I've seen it in the school system. That would be the first step. It would be to get them the resources that they need for dealing with the issues that they face, or the trauma that they face. For sure providing those resources for them, but also educating them in assisting them with safer means of living, you know, getting outside of wherever it is that they might be in danger, getting them away from that environment. And this could look like, you know. letting the authorities know, mandating reporting, things like that.

Researcher: 18:40:4

Okay, and in your experience, how does the history of human trafficking affect children's mental health?

Participant: 18:41:00
Oh, well, obviously a lot of those kids that are affected by any kind of trauma related like sexual abuse. They have suicide ideation a lot of them feel like they're unworthy a lot of them feel like they don't want to live, and a lot of them don't know how to go about coping. Coping is a big thing too. Dealing with emotions that are bigger than them, they don't know how to deal with those types of things, and they have experienced a lot of unworthiness feelings, and a lot of times this affects them in their everyday behavior. They can't focus on class because they don't want to focus. They constantly put their head down, they isolate themselves from their peers, Things like that. They just can't really relate to the kids that they're age when they're dealing with adult problems, such as human trafficking.

Researcher: 18:42:08
Okay, and then in your experience, so I don't know if You can speak to this or not, but in your experience what mental health concerns are most prevalent with this population?

Participant: 18:42:24
Having a lot of experience dealing directly with human trafficking issues, I mean just dealing with people that were sexually abused. I would say, again, It has to do with, trauma stressors, suicidal ideation, isolation from peers not knowing how to deal with certain things, and then just completely checking out during important times, or just not knowing how to live, like a normal person. I guess I don't really know how to say that in a better way, just dealing with depression, anxiety, PTSD. I have probably seen like depression and suicide, thoughts of suicide and then just kind of have a lack of hope. So, I think that goes hand in hand.

Researcher: 18:43:36
Okay, So number 7 in your experience. How can human trafficking affect how children express gender and sexuality?

Participant: 18:43:46
So if they are victims of that, how can that impact their gender and sexuality? Oh, I don't have much to say about this so I didn't study this directly, but I don't know that there wouldn't be. I mean It's a lot for me to say that there is a correlation. But I have noticed that, you know, students are kids that are affected. That are sexually abused or going through like things like human trafficking. Tend to not know how to go about or develop sexually in like the right ways, and they kind of don't know how to deal with the opposite sex very well. And so instead, they kind of a lot of the times they present themselves for the express themselves in their sexual identity, as like Gay, or like bisexual, or something like that. But I don't know if that's a correlation that is just an observation I made again. I never did any kind of research on this myself, but just dealing with that population. I've noticed that they have they tend to take a different direction and dealing with sexual development and gender and sexual orientation and identification. So sexual development, gender orientation. So those are things that you've

noticed. and then in terms of that They're more confused about they're more confused about it, or they tend to either their avoiding it or their more heightened to it, too, like they're more sexually developed I guess or like more, what's like the appropriate way to Say, it but they're just like hypersexual. They're hypersexualized or the absolute opposite, where they're completely docile, and they don't want to even talk about it. or look at it or yes, or very weird, about it.

Researcher: 18:45:47
Okay, So what techniques? theories interventions or treatment options have proven useful or helpful in practice when working with victims of human trafficking? So these can be things you've done yourself, things you've seen other professionals do, or it can be anything.

Participant: 18:46:17
A lot of it is just me recognizing a problem, and then addressing it and providing and referring individuals to the appropriate resources if it is significant. In my opinion, when it comes to any manners, or social emotional development, or sexual development, or things like that. Obviously, the best choice in helping that would be to see help or therapy. Some kind of CBT or TFCBT or social emotional learning things like that. Just kind of learning to cope with your circumstances that they're in for or that they have been through.

Researcher: 18:47:10
Okay, So then, number 9: Explain the resources that are available to this population before, during and after delivery of mental health services in your practice?

Participant: 18:48:22
When it comes to mental health resources available in education there's not a lot. I'm going to tell you that right now there's not a lot of resources available to student in schools. And if you are a school-based individual and dealing with somebody that has issues, it is basically you're the one that has to find the resources for them. In all honesty there's no resources available for these kids There's hardly any mental health practitioners or providers on campus. and it depends on your school largely. It depends on the school; it's not nationwide across the board. Not Every school has it, you know, like a school psychologist that's not the case. It depends largely on the type of school that you're dealing with, and just how bad, or how these kids are presenting their illnesses.

Researcher: 18:49:24
Have you been able to identify any services outside of your organization or your agency that you can refer these children to?

Participant:18:49:42
A lot of times providing services require me to go through their parents, and I have to say, and even that is a very touchy topic, and in itself the only sort of resources I can recommend, are the ones that are within the school and that'll be like you know like Did you know students, or you know, if there is a school counselor referring them to a school counselor or a school

psychologist, It would be within the school itself, and that it would be my obligation to let authorities know what it is that the kids are going through. The only thing that I would say would help or would kind of provide more resources is if this clinician themselves has trauma informed trainings and certifications in mental health specialties. In order to recognizing signs of you know, suicide ideation taking trainings and getting certified in that type of thing is a great resource that I have for myself to kind of help these kids that are going through these issues. I've had to educate myself on trauma informed resources and then proceeded to educate those kids on the resources as well.

Researcher: 18:51:13
Yeah, so those training, and that knowledge isn't given to you by anyone?
You kind of have to be more willing to do that on your own.

PARTICIPANT: 18:51:15
Exactly. Okay.

Researcher: 18:51:29
Alright. So what do you feel is one of the greatest barriers to victims of human trafficking when seeking surfaces?

Participant: 18:51:52
I mean, probably just being able to get the services is the biggest barrier finding a means to are finding and getting resources available to them, you know, it's like that is an issue for anything when it comes to mental health, it's really hard to find services, and to be seen to talk about your issues. So that is already an issue in mental health, but the fact that they're also dealing with this other big issue, and they could be homeless, or you don't really know their certain circumstances. So just finding the resources and finding the people that are willing to help is the biggest barrier. There's no there's no education on things like that.

Researcher: 18:52:45
Okay. And then the next question is, what do you feel is the greatest barrier that you encounter as a practitioner when providing services to victims of human trafficking? And I think this is something you kind of already spoke on. But this, that, like lack of education and training on being able to address those issues, right?

Participant: 18:53:04
Correct. Yeah, lack of services, and there's just a lack of knowing from the general public that this is an issue that people face. It's just kind of very like side skirted and you know, brushed under the rug, they don't really care. And so that in turn kind of leaves people not knowing what to do to help these kids that are going through this.

Researcher: 18:53:47

Okay, So the last question is basically if there's any if you kind of opens the floor up to you. if you have any additional questions, comments concerning things that you want to bring up during this time that maybe I didn't address or talk about throughout the interview.

Participant: 18:54:05
Let me think about it. Yeah, I would say that my biggest takeaway. you know dealing with people that have issues with you know like whether they're sexually abused, or whether they're human trafficked, It would be to just kind of recognize, and People need to know how to recognize warning signs and then also be able to refer to services for people. We often don't have a place to refer to these kids that are going through things like this, and that's what we need, especially in education, because this is the place where we're dealing with kids all day long.

Researcher: 18:55:04
Alright, perfect. So that's it, did you have any questions for me?

Participant:
No.

RESEARCH TRANSCRIPT

**Interview 6 & 7 (Focus Group)**

Researcher: 11:16:13
Okay, first, I want to thank you both for coming here today. I know it isn't always convenient or easy, so thank you. First thing I want to go over is the informed consent. As part of the informed concern. I do want to say that everything will remain confidential. All that data and interview materials that I collect now will remain anonymous and you'll only be known by the pseudonym, or the letter assigned to you at the beginning of this interview. Okay and what I'll do now is kind of read through the questions and take you through those questions. I am just going to really quick mute myself, so I can get the questions up on the screen. One moment. Okay. So, you should be seeing this now, the list of interview questions. So I'll just start off by saying we're asking you what your understanding of human trafficking is then also, how would you define that as somebody who works in the field of mental health?

Participant 6: 11:19:52
So I can start off by saying that I would define human trafficking as the buying and selling of humans. This is something that's not recognized enough. It's something that needs to be or have more attention on it. I don't know if our crisis intervention specialist wants to mention something I think he has a little bit more experience with me in this arena.

Participant 7: 11:20:50
Yeah, definitely. With human trafficking what you get is basically people prey on individuals that they feel that they can take advantage of in a way where they maintain ownership of this person, whether that is through labor or through sexual exploitation. But essentially all it is is sex or labor, trafficking is defined by this fear or coercion of individuals you feel you have power over.

Researcher: 11:21:39
Great. Thank you so much for that. So, moving on to our next question, how serious of a problem is human trafficking in your region or area of practice? Now this can be within your city, within your county. Whatever you would define that.

Participant 7: 11:22:09
Right, so I would define that pretty broadly. In my experience working in California, it's been, I know, it's a huge problem. We technically work in San Bernardino County. In San Bernardino County it’s pretty prevalent, and cases are pretty high. I think this might have to do with the fact that we are closer to the border, and so that tends to have an impact. There is more illegal activity occurring in that region. It is a hotspot or, So Cal is. It’s a huge issue that I don't think gets that much attention.

Participant 6: 11:23:10
Yeah I think that this is also a huge issue. I've found that it has become a huge problem because of the lack of like funding or awareness or education around it and I don't think it's I think it's become more commonplace because people try to turn it into something that is where it's

normalized. And so, then it becomes harder to identify. So it's very insidious. It's an insidious issue, and we don't really see it displayed as much as we would like to overtly display and so that's where you encounter the problem of it becoming more prevalent in your region, so out here in California, it's a region that has issues in all across California, but I can say it is very prevalent down here in Southern California.

Researcher: 11:24:32
So, moving on to question 3. Do you feel that victims of human trafficking are adequately getting their needs met? And if not, how can we improve this?

Participant 7: 11:24:49
Yeah so they're definitely not getting their needs met. Like I already touched on prior, what's happening is that individuals are not, there's essentially not enough awareness or attention on the issues and that's when we start to encounter issues with funding and being able to really start implementing interventions and services that address the issue. And so, It also depends on I would say, like at the most basic level, they're not getting their needs met because what we see is like generational trauma, generational normalization of engaging in risky behaviors having a history of this, thinking that this is normal and so what we need is we need intervention on a basic level of educating, educating the public and creating awareness. And then also, and I think she can speak to this a little bit is that we need help with navigating the system.

Participant 6: 11:26:28
Yeah, definitely. I think navigating the system is crucial, and a lot of times with the health care system in general, specifically with mental health, we have a lot of gaps in our ability to provide services to our clients not only in accessing them because all the services are inundated, they have waitlists, they're hard to get into, but they also lack visibility, especially among this population. This is a really protected population. And so, we want to be safe about how we reach out to them because we don't want them to, for whatever reason, get in trouble with their perpetrator or create a worse situation for them.

Researcher: 11:27:31
Yeah, I can see how that can become an issue and how the problem can be generational. Sp, moving on to the next question, in your experience working with victims of human trafficking, what services have these individual needed, and what services have you provided directly? Also, what services have required you to prefer out to other agencies or other specialties? If that's the case.

Participant 6: 11:28:05
Of course, we both work in a crisis stabilization unit and so what happens is, we're only seeing these people for a short amount of time and in crisis, situations, or circumstances. We tend to see victims of human trafficking quite frequently, and on my side of things as a clinician what I tend to do is just meet them where they're at in that moment. I think that's really important when it comes to serving populations like this, who have an extensive trauma history, and so

population like this, we really want to allow the victims to find a place of solace, find a place where that they can feel like they're safe because a lot of times they're not getting that out in the real world. So as a clinician, I'm going to do my assessment. I'm going to do some crisis de-escalation skills. And then I'm also going to provide short term interventions, using things like it's common to behavioral therapy, therapeutic interventions being solution-based being solution focused and strength-based. And that way we're getting them exactly where we need them to be and providing as much intervention in that short amount of time as we can. And then, of course, obviously, we're referring out to shelters or to facilities where they're going to be helped long term. Whether that be a lot of times that's going to be like our nonprofits who focus specifically on victims of human trafficking and providing them a shelter and basic needs while they transition out of that life. But these aren't always available to our clients. And so that's what makes it hard, is just having the lack of availability and resources.

Participant 7: 11:30:32
Yeah, so I work in the same facility as our clinician and I'm doing similar stuff in a way and what we do here, but my role is to provide crisis intervention. Sometimes, well a lot of times, they're scared. They are afraid to be around people, they're afraid to ask for help so my role is to create a space and cultivate an environment and atmosphere where the individual can feel comfortable, to communicate with us and to be open about their experiences. Like she mentioned, we want them to feel safe. We also help with referring them to services where they can get long-term care that will provide them with the shelter and basic necessities as they come out of their situation and come out of that lifestyle but is sometimes hard. Just getting them linked with doctors that can provide care to them is important for a lot of our consumers is connecting them with a primary care provider that can also refer them to other physicians or do blood work. If they have other issues going on related to sexual health, dental, anything like that they've either been neglecting, or they weren't given the opportunity to take care of.

Researcher: 11:32:27
Great. So, in your experience, how does the history of human trafficking affect children's mental health? And in your experience, what mental health concerns are most prevalent with this population?

Participant 6: 11:32:57
Okay so with children, with children, they're such a vulnerable population and with these group of kids, what we tend to see is just when they're in crisis and you really get a chance to see how severely they're impacted by this. It's a very traumatic experience, and its case-by-case how traumatic these experiences are. But essentially, it's affecting them on a very basic emotional level. Many times, they're being groomed to think that it's okay. What they're experiencing. And we see kids with a lot of depression, anxiety, feelings of unworthiness, a lack of self-worth and trust in other people. We're talking about issues with secure attachment on a basic level. Speaking in terms of like Maslows hierarchy of needs, right? At that basic level is, we need shelter. We need love. We need attachment, and these kids aren't getting that when they're involved in situations like this.

Participant 7: 11:33:58
Yeah, and on the other side of things, I think that we see a lot of times PTSD with the kids, and they talk about this in terms of how they can't sleep, how they have panic attacks. That trauma also has effects on their behaviors in terms of engaging in risky behaviors like drug use or getting into legal trouble. It can become a domino effect if it's not addressed.

Participant 6: 11:35:29
And going into some of the mental health concerns that he said- PTSD, Depression, Anxiety is what we're seeing a lot with the kids and it's really all trauma related.

Researcher: 11:35:58
Okay so building a little bit or going on to the other side of things is, how do you feel a history of human trafficking can impact how children express their gender and sexuality?

Participant 6: 11:36:26
I think that's an interesting question, because children are at an age, especially nowadays, are at a pivotal age where gender and sexuality is being shaped and molded and that's where we start to have kids come out of the closet and see them experiencing some feelings of not being assigned the right gender. In these cases, what's happening is they're at a young age like that, when all those feelings, thoughts, ideas, and behaviors are being shaped, we encounter issues where it's kind of like polar opposites. We can see a lot of hypersexuality amongst both our males and our females, of being overly sexualized and becoming more promiscuous, because they've been exposed to that at such a young age, and then, on the other side of that we have people being completely shut off to expressing their sexuality or their gender. This can lead into what I've seen individuals' where they use their gender to cope. And so, in a way, it's like protecting them as a protective measure for them to so like with our females who've been trafficked or been violated, we see a transition with their gender expression. They want to be seen as a male or boy. They start dressing more boyish. They start to take on that persona in order to protect themselves, because they think in doing so that they can't encounter those experiences. They can't relive those traumas.

Participant 7: 11:38:45
Yeah, I completely agree with that. I see the same thing all the time. There is a link or a relation between how people are. How these traumas are going to affect those things, how they're going to affect gender and sexuality.

Researcher: 11:39:23
Great. Thank you for that. So what techniques, theories or interventions or treatment options have proven useful for our help and practice when working with victims of human trafficking for you guys? I know you both work in a crisis setting, so I don't know if that changes depending on the setting you're working in. But this can even encompass outside of your setting, that you're working in just things that you felt have been useful for this population.

Participant 6: 11:39:53
Yeah, great question. So really, as a clinician, our focus for this particular population is going to be trauma focused. Everything that we intervene on has to be from a trusting perspective because we have to remember that this is a very vulnerable population and that this is a population that has endured a lot of trauma so being trauma-informed is essential. Whether that's going to require you to use TFCBT, Trauma Focused Cognitive Behavioral Therapy. Whether that's going to require you to intervene on a medication level. It doesn't really matter. All we need to know is that our practitioners and our professionals that are working with these individuals should not be judging or trying to make these people feel worse than they already do, because all that's going to do is break the trust that we're trying to build with them because they're so hard to reach in the first place. Being able to reach out and ask for help is essential and we need to meet them at that moment, and that moment isn't always going to happen. Even in those moments, or we only get a brief encounter with them we want to build that trust, build that rapport, and provide them with the resources, quick resources that they can access later on.

Participant 7: 11:41:36
Yeah, more on what you are saying, I think, is that we need to realize that, especially working in crisis, many times we don't have a lot of time with our member and they're not always safe. During that time we have them in the clinic it’s really important for us to give them what they need, but also provide them with resources that they can access later on, because they might just be there as a way to like escape as a way to say, like, oh, I'm kind of feeling like I'm in a rut like you need to be stabilized or not always open and communicating about those things. This gives us a way to provide them with the resources. It gives them a way to be able to access those resources later, when they're in a better place where they can get away from their perpetrator if that makes sense.

Researcher: 11:42:45
Yeah, totally. I think, providing them with resources is important and then also, like, I think it's just difficult, like you guys said earlier, is that and what I've been hearing a lot is that just the lack of resources and the lack of referrals and linkage that can make working this population discouraging sometimes. And so going on to question Number 9. As a professional who works on mental health, can you explain the resources that are available to this population? And I'm kind of breaking that up into before, during, and then after services? So, if you could just give me a brief outline of that?

Participant 7:11:43:45
Yeah as a crisis intervention specialist. It's important for us to be able to provide those resources and be able to access them. But prior to engaging them in services. That's going to be able, it’s going to be about educating. And I think our clinician can agree on that.

Participant 6: 11:44:14
Yes, it's going to be about education and having those people out there on the ground trying to connect and link with these victims because they're not always in a place to think that it's a

problem, number one, and they're not always in a place where it's safe for them to leave the life, and so it’s really a unique situation that we see so that’s a unique situation we see in this a lot of times we have during is that's where we can intervene, where we need to have those resources. Those services available to them during those times are going to be nonprofits and county clinics. It is going to be practitioners on the ground doing the work. That's our doctors on our clinicians and therapists, you know, that provides services that are solution-based and trauma-informed that are informed and trained in providing those services, and then, after I would say it's just about transitioning them to having a normal, healthy life and healthy relationships with those around them. And breaking those generational cycles. Many times, It's rooted in the family dynamic, so we'll see victims coming from broken families, and providing them with long-term care and full service partnerships is very valuable.

Researcher: 11:46:44
Okay, and just kind of wrapping up now, what do you feel going into the barrier? So what do you feel is the greatest barrier for victims of human trafficking in encountering or seeking services? And then what do you feel as the greatest barrier that you encounter as a practitioner? And when providing services, and I'll go ahead and direct that question to you as the clinician first.

Participant 6: 11:47:24
As a clinician, I think that the greatest barrier that I see when working with this population is just the shame that they that they've often feel in, that they're harboring, and that affects their health seeking behavior, it impedes it, because they're embarrassed. Navigating the system is also a huge issue. Also the lack of resources and finding and receiving those services, because it is one thing to find a service or a resource, but it's a whole other thing to be able to get into that. And they often encounter either a long wait list or not even being able to accept the client. This can be really discouraging for someone who is at that point of getting help and seeking those services that need, and not being able to, because you're going to revert back to that same lifestyle. It’s crucial to have those services for these clients. I will pass it over now.

Participant 7: 11:48:42
For me, I think that the whole most difficult issue has to do with the grooming. People just normalizing, normalizing, human trafficking and being able to manipulate it into individuals, whether they would be adults or children, manipulating them into thinking that the relationship that they have with that individual who is their perpetrator, is healthy. That it is okay and so they don't even see it as a problem. So that's where we encounter the issue. We should intervene at that level. It is difficult so I believe that’s the greatest barrier. Because if you don't even think it's an issue then you can't actually address it. You can't get to the point where you're giving them resources.

Researcher: 11:50:01
Thank you so much. So, getting into our last question here. Is there any additional questions or comments or concerns that you like to bring up during this time that I have already mentioned?
Participant 6: 11:52:18

Yeah, I think I would say something I didn't really touch on is something I encounter a lot, even as a provider, is on the funding we receive. This goes back to the people at the top, our executive people in leadership. The people who we don't have political buy-in from. This creates a barrier with these individuals. This is a huge barrier and people don't believe this is a problem they don't think it is. It goes back to educating and creating an awareness and shedding a light on it on this issue, because it really is an issue. Many times, we don't want to talk about it. We think it's taboo. We don't want to openly create a dialogue around it, but that's what needed in these situations is we need to talk about that. It is a prevalent issue, more so than people may think, and this is how we're seeing it in the public eye, you know, and showing those a real-life situation where it's normalized and that's how you can identify it. So really educating and creating awareness to both our leadership, because they ultimately make those executive decisions, and then also to the people on the ground doing the work cause, then they're able to identify perpetrators and human trafficking when they see it out right.

Researcher: 11:54:03
Great I want to thank you both so much. It's been great having your expertise and your feedback on these questions. So, I appreciate you, and I hope you have a great rest of your day, and a lovely weekend.