Bridging Gaps In Services for Street Based Prostitutes

Eileen P. Corcoran
University of Washington - Tacoma Campus, epc4@u.washington.edu

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Assisting Street Based Prostitutes
Responding To Victims of Sex Trafficking

Eileen Corcoran
Founder/Program Director
Rising Above Sexual Exploitation (RASE)
What is trafficking?

- As defined by the TVPA of 2000, severe forms of human trafficking is the “recruitment, harboring, transporting, supplying, or obtaining a person for labor or services through the use of force, fraud, or coercion” (p.7).

- Sex trafficking is defined as a commercial sex act induced by any forms of the above definition, and automatically includes any person under the age of eighteen engaged in a commercial sex act. (TVPA, 2000, p.7)
Facts

- 17,500 persons estimated to be trafficked into the US each year.
- US citizens trafficked within the country is estimated to be as high as 100,000-200,000. Washington State was the first state to pass an anti-trafficking law in 2003; however the first prosecution occurred in 2009.
- The Pacific Northwest is a hub for both international and domestic trafficking.

(Polaris Project, 2012)
What is Street Based Prostitution

Prostitution: the act or practice of engaging in promiscuous sexual relations especially for money.

Street based prostitution takes place in open air drug markets, and lower socio-economic neighborhoods, and is usually fueled by substance abuse.

Street based prostitution is the most dangerous and least respected status within the sex industry.

Street based prostitution is not a victimless crime. Many SBP are beat, raped and robbed.
Facts

For many SBP’s law enforcement (arrest) is their first initial engagement with any form of services.

Services for SBP are limited

Social service providers require training on how to provide the unique services SBP’s require.

SBP is usually fueled by addiction, poverty, or mental health issues and usually takes place in open air drug markets, and lower socio-economic neighborhoods.

Women who engage in SBP are exposed to various forms of violence on a daily basis.

Not all SBP’s have substance abuse issues.

Social service providers, law enforcement, and community stakeholders are joining together to provide adequate services to SBP’s.
More Facts

• One of the greatest barriers for women accessing services is stigma.

• Women experience limited access daily to basic needs services.

• Many women engaging in SBP were trafficked/sexually exploited in adolescence.

• Substance abuse, homelessness, and lack of employment options fuel SBP.

• Different forms SBP: women who exchange sex for drugs, survival sex, which is when they are either forced or willingly exchange sexual favors for food, shelter.
Speaking the Language

Stroll: usually a highway or geographical location where SBP’s can walk up one side and down the other “strolling”. For example Pacific Highway Track: Usually a location that is circular where the SBP’s can walk in a circle. For example Denny Park.

T-shirt-sneaker hoeing: “SBP’s that are usually dressed in jeans, t-shirts, and have addiction issues, not the type of girl who looks like she is working” (PRS)

Bottom Girl: the pimps right hand girl, a female who is willing to exploit other women (shot caller).
Renegade Girl: Women that DO NOT have a pimp.

Carpet Queens: Indoor sex workers, for example escorts, strippers.

Survival Sex: having sex with someone that agrees to meet basic needs such as shelter, food, clothing.

John’s: buyers of sex, male who frequents prostitutes

Tricks, Marks: males who SBP’s find easy to rob, or manipulate

Sugar Daddy: a John that the woman has built a relationship with, an individual buys the girls expensive things, pretty much an upper class MARK.

Guerilla Pimping: violent form of pimping, uses physical abuse to coerce and control his women

(personal perspectives women)
MICRO

Intervention Considerations

- Gender, age, culture, religion
- Gang Family
- Sexual Abuse/Chronically Traumatized
- Generational/Substance Abuse/Poverty/Prostitution
- Health issues- (suicide, PTSD, and STI’s)
- Stable Housing
- Lack of support
- Fear
- Isolation
- Language Barrier/Undocumented

(City of Seattle, n.d.; Polaris Project, 2012)
This Power and Control Wheel depicts the many ways sex-trafficked women can be abused and kept “in the profession” once she has been abducted, deceived, sold, forced, etc. into this form of slavery.

- **Using Children**
  - Performing forced abortions
  - Selling or bonding her children into prostitution

- **Economic Abuse**
  - Not allowing her to keep profits
  - Not allowing her to make “other money”
  - Holding her in debt bondage
  - Selling her documents back to her

- **Emotional Abuse**
  - Destroying her personal property
  - Forcing her to dress and look a certain way
  - Telling her that her family and/or culture will never “take her back”
  - “You’re tainted now”

- **Intimidation**
  - Hiding or destroying her documents
  - Hiding or destroying her only property from origin country
  - Using armed guards and gangs to prevent escape
  - Making “examples” of those who try to escape

- **Threats**
  - Threatening to kill her and/or her family
  - Threatening to increase her “debt”
  - Threatening to re-sell her
  - Threatening to increase the number of “customers”
  - Threatening to report her to INS

- **Isolation**
  - Not allowing her to talk with friends, family, or anyone who speaks her language
  - Keeping her imprisoned in a room or a house for months or years at a time
  - Rotating her location to keep her from making connections
  - Drug addiction

MEZZO

Intervention Considerations

• Coordinated Community Response

• Recruitment/Peer education (Shopping Malls, Schools, Borders)

• Local Community Organizations (Child Welfare, Youth Care, Auburn Youth Resources, WARN, SAS)

• Law Enforcement - FBI (Innocent Lost Task Force, ICE), King County Sheriffs, Seattle Police, Legal Aid (Attorney)

  Trafficking victims have been detained for months, sometimes years in ICE facilities (Human Rights Watch, 2010).

• Social Welfare (Housing, Medical, T and U Visa’s-Connecting to Services-ORR)

(Basu, 2005; Polaris Project, 2012; Youth Care, 2010)
MACRO
Intervention Considerations

• Poverty

• Stigma

• Policy/State Legislature (2010 was the first year the DOS included the U.S. in its assessment (TIP report, 2010).

• Globalization (increased ease of transport, communication, and availability of marginalized people to be trafficked (Basu, 2005).

• Profit Human Trafficking is the fastest growing source of income for organized crime—second only to drug trafficking (Kara, 2009; Basu, 2005).
POTENTIAL INDICATING BEHAVIORS

- Hyper Vigilance
- Relationships with older men
- Unexplained Money, Jewelry, Nails, Expensive Clothing,
- Controlling “Boyfriends”
- Unexplained indicators of physical abuse (Black Eyes, Choke Marks,)
- Branding/Tattoos
- Extreme Emotional Outbursts
- Flat affect and/or submissive demeanor
- Inconsistent story
- Overdose, evidence of drug/alcohol misuse
- Genital, bacterial, and/or yeast infections, wound infections, STIs, Pregnancy
- Lack of knowledge about where abouts
- Evidence of malnourishment/dehydration
- Refuses to speak or cannot speak
- Multiple injuries (past and present)
- Signs of physical, sexual, and emotional abuse or neglect
- Anxious or fearful presentation
- Lack of proper identification
- Not in control of personal identification
- Third party insists on being present, speaks for the person and/or interprets
- Claim of “just visiting”
- Few or no personal possessions

(Youth Care, 2010; Wisconsin Human Trafficking Protocol and Resource Manual, 2012)
Scenario

You are conducting street based outreach with a colleague. Your outreach team comes upon a bi-racial woman who is extremely emotional. It is apparent the woman is under the influence of substances, and is doing what is referred to as the twist of flex, she can not stand still, when she turns around to talk she displays a black eye, and a cut on her forehead that may need some stitches.

She reports she was just robbed by some date that picked her up. She is extremely angry, crying and states she has not slept in four days. She states she is using more crack than she normally does, and has just started injecting heroin about 6 months ago and is already using up to 3 grams a day. She discloses she is 36, has 2 children, and has been on the streets since she was 15. She again becomes very emotional when the outreach worker asks if there is anyone for them to call. The SBP replies no I have burned all my bridges, have no support, sleep in the park, and eat where and whenever I can. Client states she wants help but can never find any services that are helpful, she states “it takes a lot more than a bus token, and mat at the shelter to become what society deems me as appropriate”
Evidence Based Intervention

Always have a cell phone, and inform supervisors of when you are on outreach.

Always practice harm reduction when conducting street based outreach this allows for meeting the client where they are at, reducing risky behaviors and building a rapport with the population.

Remain calm-Assess your immediate surroundings for personal safety.

Assess safety of victim if life threatening 911 immediately.

Offer to call for medical attention.

Do not coerce woman into reporting the incident to law enforcement. Respect her decision, there could be multiple factors as to why she may not want to report.

Provide support if individual does want to report an incident.

Offer options not demands.

Be sure to respect their decisions.
SCENARIO

Amanda, a 14 year old, biracial female states that she has been trafficked and has been moved around from Nevada, Oregon, and Washington. Law enforcement picks up girl during undercover sting operation. Upon arrest she claims her ‘boyfriend’ forced her perform multiple sex acts for money. Victim shows signs of physical abuse, sexual trauma, and is afraid for her life. Victim states he will kill her if she gets caught.
EVIDENCE BASED INTERVENTIONS

ENGAGE WITH CLIENT

• Build Rapport (Be open, honest, direct)
• Address basic needs
• Respond to youth as a survivor
• Avoid words like pimp or glamorizing the “game”
• Client centered needs
• Know the language
• Ask open ended questions
SAFETY CHECK

If the individual has recently exited the situation or if they are still in the situation.

• Is it safe for you to talk with me right now? How safe do you feel right now? Are there times when you don’t feel safe?
• Do you feel like you are in any kind of danger while speaking with me at this location?
• Is there anything that would help you to feel safer while we talk?

If speaking with the individual over the phone:

• Are you in a safe place? Can you tell me where you are?
• Are you injured? Would you like for me to call 911/an ambulance?
• If someone comes on the line, what would you like for me to do? Hang up? Identify myself as someone else, a certain company/person/friend?
• Also remind the individual to feel free to hang up at any point during the conversation if they believe that someone may be listening in.
• How can we communicate if we get disconnected? Would I be able to call you back/leave a message?
• Would you prefer to call me back when you are in a safe place?

(Polaris Project, 2012)
EVIDENCE BASED INTERVENTIONS

SEX TRAFFICKING ASSESSMENT QUESTIONS

The following questions could be applicable in sex trafficking situations in general and are not specific to a certain type of network or controller.

• Did anyone ever pressure you to engage in any sexual acts against your will?
• Did anyone ever take photos of you and if so, what did they use them for? Were these photos ever sent to other people or posted on an online forum (Craigslist, Backpage, Myspace)?
• Did anyone ever force you to engage in sexual acts with friends or business associates for favors/money?
• Did anyone ever force you to engage in commercial sex through online websites, escort services, street prostitution, informal arrangements, brothels, massage parlors or strip clubs?
• Were you required to earn a certain amount of money/meet a nightly quota by engaging in commercial sex for someone? What happened if you did not meet this quota?
• [For women only] Did anyone force you to continue to engage in commercial sex when you were on your period? Were you ever asked or told to use anything that would prevent the flow of menstruation?

(Polaris Project, 2012)
CRISIS INTERVENTION

Immediate Needs Response

- Assure Safety of Victim, and seek Medical Attention if Needed
- Allow victim to decide if they want to talk with someone
- Crisis Advocate
- Contact Law Enforcement/SV-Vice Lawyer Legal Advocate
- Allow Victim the Opportunity to Decide if they want to talk with Law Enforcement
Several years ago, Gabriella lived in Colombia with her family and worked at a grocery store. As the eldest child, she had to provide for her mother and sisters. A childhood friend of Gabriella’s moved to the United States some years before, and he offered to help her move to America every time he visited Colombia. He promised he would help her to find work in a restaurant so she could better support her family. After a year, she agreed. The next thing she knew, Gabriella was taken to the U.S. and forced into prostitution. Not only was she held in debt bondage for $10,000, but she was told that if she tried to escape, her family would be harmed. For five long years, Gabriella lived as the property of her traffickers. She was moved to a different brothel almost every week, never knew where she was, and wasn't able to seek outside help. Unfortunately, Gabriella’s story is not unique. Fortunately for Gabriella, Immigration Customs Enforcement (ICE) caught her trafficker. Gabriella was rescued through a raid that ICE did on the brothel where she was held.
IMMEDIATE PROBLEM SOLVING ASSISTANCE

Is the Victim/Survivor Safe?
- Victim Advocate
- Legal Advocate
- Translator

Does the Victim/Survivor Want to Talk With Someone?
- Victim Advocate
- Legal Advocate

Does the Victim/Survivor Want to Report to the Police?
- Important Considerations if Reporting to Law Enforcement
  - Victim’s Immigration Status
  - Time

Does the Victim/Survivor Need Medical Attention?

TRAFFICKING CASE FLOW CHART

Referral from:
- Law Enforcement
- Domestic Violence Shelter
- Sexual Assault Advocate
- Worker Center
- Good Samaritan
- Community based orgs
- Faith-based orgs
- Legal Clinics
- Health Care
- Other

Victim of Trafficking
- Trafficking/Immigration Attorney
  - Referral to LE
  - Coordination of SS

DOJ / USA
- FBI
- ICE
- DOL
- EEOC
- Local LE
- State’s Atty

Law Enforcement Investigation
- 2-6 wks

T Visa Application
- 2-5 wks
- 6-12 months

T approval
- 3 yrs

Continued Presence
- w/LE Endorsement
- Bona fide T-app

OR
- Secondary Evidence

3-12 months

ORR Certification
- 3 yrs

I-94
- EAD
- SS#
- State ID

Adjustment of status to legal permanent resident
- Citizenship

Services
- Housing/Shelter
- Transportation
- Counseling
- Food
- Medical
- Repatriation

Alternative Forms of Immigration Relief:
- Asylum
- SIJ
- VAWA
- U-Visa
- Other
RATIONALE

VICTIM CENTERED APPROACH

Feminist-Strength Based Perspective

• Societal, cultural, and political influences have an effect on a person’s psychological distress. Rigid social structures with power differentials in relationships causes pathology and limits the growth of a person.

• Consciousness-raising (developing an awareness) is an important piece to feminist therapy. In order to empower a person, one must understand the barriers that exist and the suffering that is caused because of their non-dominant status.

• Ultimately, it is the survivor who knows what is best. Inspire the survivor to develop mutual empowerment goals!

(Prochaska & Norcross, 2010)
Areas of Growth

- Increase Collaborative Efforts
- Decrease Stigma
- Increase Services & Training (safe housing)
- Legal and Policy Advocacy
- More street based advocacy
- Self-care
- Countertransference
- Stay informed of current trends
- Know the resources
- Educate social service providers
- Create a seamless service drop in center
UN Public Service Announcement

http://youtu.be/UhRlcu1QdTk
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This training is dedicated to all the survivors/and women still struggling.
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