

INTERSECTIONS ON HOMELESSNESS AND HUMAN TRAFFICKING: A CASE STUDY ON END SLAVERY TENNESSEE



RESOURCES

National Human Trafficking Hotline:
1 (888) 373-7888

National Center for Missing and Exploited Children Hotline:
1-800-THE-LOST (1-800-843-5678)

End Slavery Tennessee Resources

- ▶ [Know the red flags](#)
- ▶ [Online courses](#)

[Shared Hope International](#)

US Department of Health and Human Services: Administration for Children & Families

- ▶ [Toolkits and screening materials](#)
- ▶ [SOAR training to identify signs of trafficking](#)
- ▶ [Common Health Issues Seen in Victims of Human Trafficking](#)

[Polaris Project](#)

Purpose

The purpose of this case study is to provide an example of quality services for individuals with the experience of both homelessness and human trafficking. It is also intended to share signs providers can use to identify a history of trafficking and additional health considerations.

Background

There is a lack of knowledge regarding how pervasive trafficking is in the United States and what it looks like across the country. The available data estimates that anywhere between 19% and 40% of youth experiencing homelessness are also victims of trafficking, a percent that conservatively translates to 800,000 youth annually.¹ The clear intersection of people experiencing homelessness and trafficking makes this a logical area for Health Care for the Homeless providers to engage.

End Slavery Tennessee, a training, aftercare, advocacy, and prevention organization, was founded by Derri Smith in 2008. After working internationally, Smith began building relationships with law enforcement in Nashville, TN, to address issues of trafficking in her own state. She found a champion in one Metro-Davidson County officer who regularly encountered the same minor teen-aged individual in sex-related charges and was unsure what to do. Smith said that state legislators initially showed resistance to engaging in the prevention of sex trafficking as many did not believe that it was occurring in Tennessee. In time, the governor assembled a multi-sector working group to address trafficking in Tennessee that included Derri Smith as a member. Through this group, Tennessee created the initial phase of their single point of contact model to serve survivors of trafficking. In this model, one designated non-governmental organization serves as the single-entry point for referrals for trafficking survivors to access services. Tennessee is divided into

three geographic areas with one of these organizations serving as the point of contact for their region.² End Slavery Tennessee serves Middle Tennessee while Restore Corps serves the western region and Grow Free Tennessee serves the East. The three organizations work together to form the Tennessee Anti-Slavery Alliance.³



About the Population

According to End Slavery Tennessee, vulnerable populations are targeted for trafficking, including people who are homeless and youth who have run away from home. They have also found that trafficking can often lead to homelessness due to increased risk of criminal records, gaps in documented employment or housing histories, which are barriers to accessing housing, and intimate partner violence where individuals may result in flee an unsafe situation. The experience of trafficking leads to complex needs, recognizing the vulnerabilities that could have led to the experience, and the trauma and physical and behavioral health needs that develop as a result.

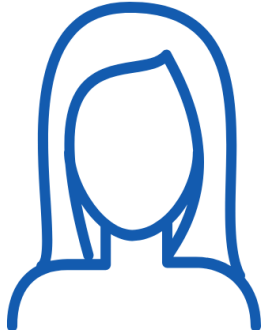
It is also important to recognize that trafficking can look different from region to region. There is an incorrect perception that trafficking occurs mainly in urban areas, however it also occurs in rural and suburban areas, though the causes and implementation of trafficking may be different. The Tennessee Bureau of Investigation found that trafficking in urban areas is often encountered as commercial sex and gang trafficking, whereas in rural areas, they found more familial trafficking where family members sell others for money to address addictions and poverty.

¹ National Network for Youth, <https://www.nn4youth.org/wp-content/uploads/NN4Y-2018-white-paper-human-trafficking-FINAL-0918.pdf>

² Single Point of Contact Agency, <https://www.endslaverytn.org/blog/what-is-a-single-point-of-contact-agency>

³ Tennessee Anti-Slavery Alliance, <http://tnantislaveryalliance.org>

End Slavery Tennessee Client Population



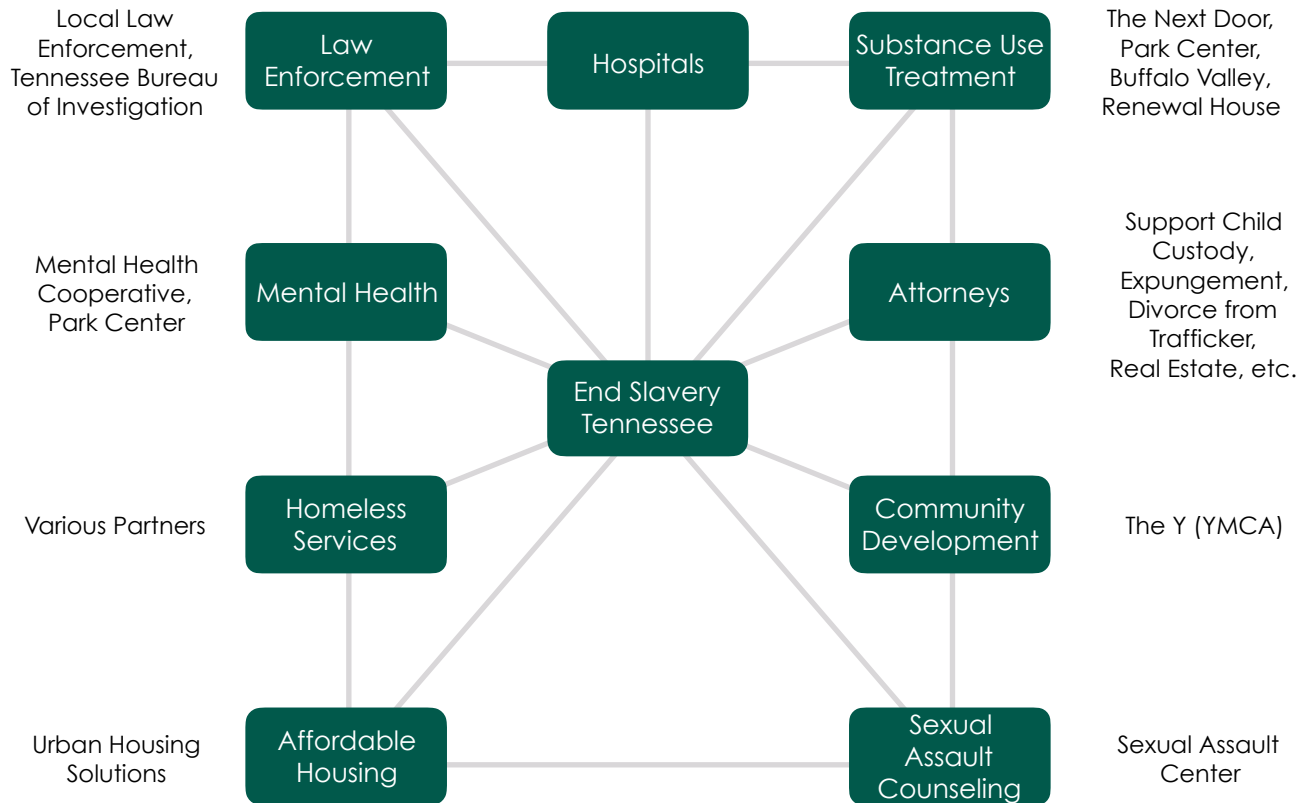
Most, though not all, clients served by End Slavery Tennessee are female, with an average age of 24. Because of their history of trafficking, the clients often have a criminal history, mental health conditions, substance use, and a history of homelessness.

"Almost every girl that we work with has experienced homelessness. Sometimes they don't identify it as homelessness; they don't understand that ... sleeping on a friend's couch is not permanent placement."
 - Kelsey Mize, Director of Survivor Care

Due to the demand, to qualify for services, the individuals' experience of trafficking must have occurred in Tennessee or they must be from Tennessee. This is in part to ensure that they have some form of support system. For individuals over 25, their experience of trafficking must have been within the last few years. If it has been longer, they are informed of other resources available in the community. Some exceptions are made to this condition based on need or who their partnering organizations are serving on a case by case basis. For those 24 and younger, their experience of trafficking can have been at any point.

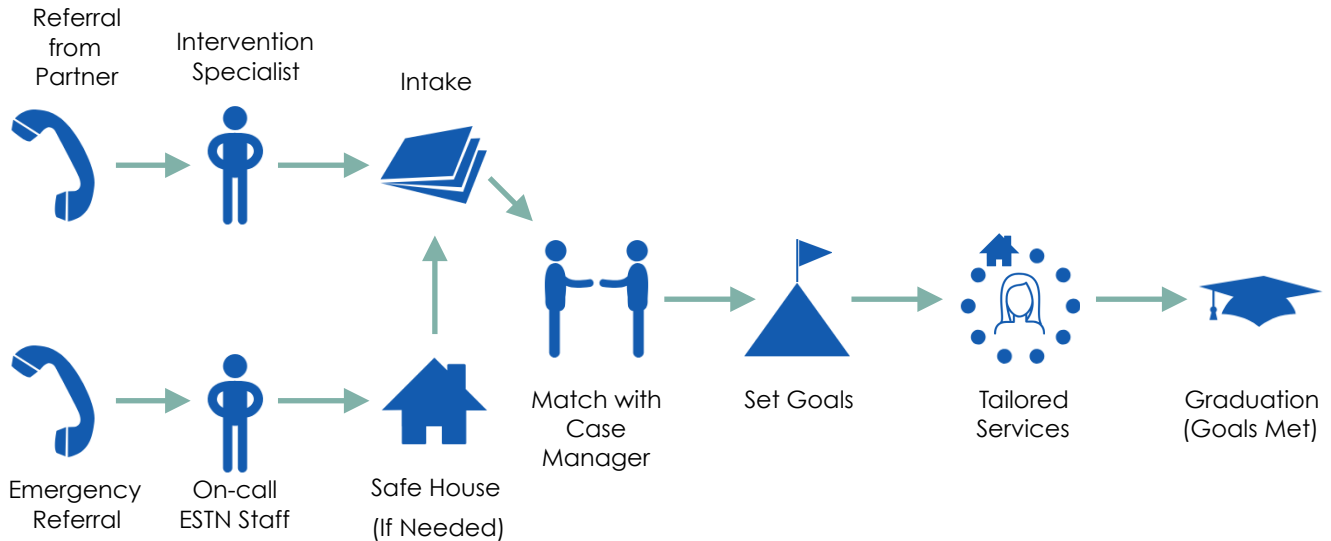
"Our program is very individually tailored so that it's not cookie cutter. Every girl does not receive the same amount of services. ... Their program is determined by their goals that they have. We really let them lead."
 - Kelsey Mize, Director of Survivor Care

Key Partners



Service Approach

Entry into End Slavery Tennessee’s program begins with a referral from another agency, such as local police or health care providers, or a call to the national or statewide hotline (1-855-55-TNHTH). During business hours, this referral is sent to the Intervention Specialist who conducts a screening to gather basic information, assess safety, and determine if the individual qualifies for services. If the individual qualifies for services, the Intervention Specialist arranges a time to complete the intake form. After normal business hours, End Slavery Tennessee staff are on-call to can handle emergency needs. If necessary, they will place the individual in their Safe House, which has eight permanent beds and a few temporary beds, overnight until they can complete the full intake process.



Once the intake is completed, the Intervention Specialist works to identify a case manager who is the best fit for the individual. This includes considering the case manager’s area of expertise, personality, and work style in regard to the client’s needs. Once the client is connected appropriately, the case manager works on building a relationship and identifying the client’s goals.

The services provided are tailored to the individual’s goals and needs. End Slavery Tennessee often starts by meeting immediate needs for food and clothing by inviting the client to choose what they need out of the organization’s clothing closet and food pantry or taking them to the store to purchase what they want. They also provide safe space for the clients to spend time and use computers. All areas that the clients use are separated from the corporate areas for privacy, safety, and comfort. Additional connections are often made to health care providers, mental health care, substance use treatment programs, and education and employment services as needed. Case managers maintain a small case load. While clients may rotate off due to relapse, the relationships that are built between case managers and clients encourage clients to return for services.

End Slavery Tennessee uses a harm reduction approach in their programming, but also balances this framework with maintaining the safety of their clients. For those living in the safe house, the one condition that could result in removal is compromising the safety of others, including bringing their trafficker to the safe house, possessing a weapon, and substance use or intoxication within the facilities. While someone may be asked to leave the Safe House, they are often still eligible for case management services and supports.

Graduation from the program is determined by the client meeting their own goals. While they may no longer need the intensive case management, case managers often check in with them to provide an additional level of support beyond the program itself. End Slavery Tennessee keeps track of the cases reported by credible media and law enforcement sources on a case map to identify hot spots. They also coordinate this information with the other regions in the state to identify and communicate state level trends.

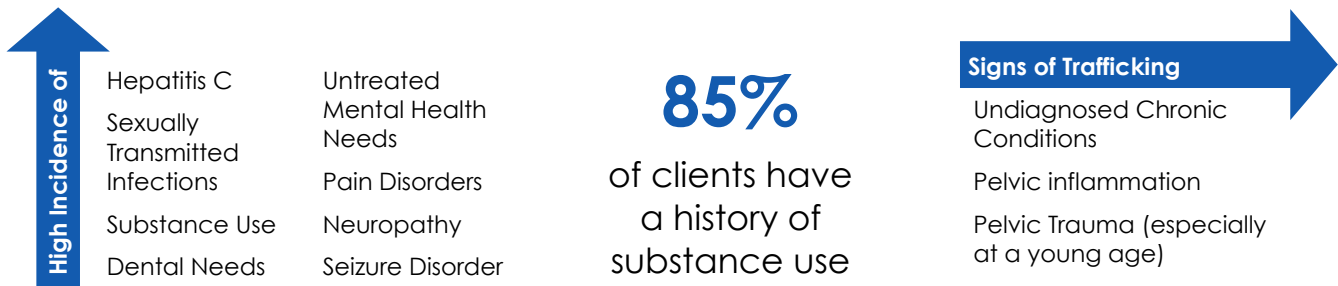
What Should Health Centers Know?

Use a trauma-informed approach, especially when asking about their experience when screening.

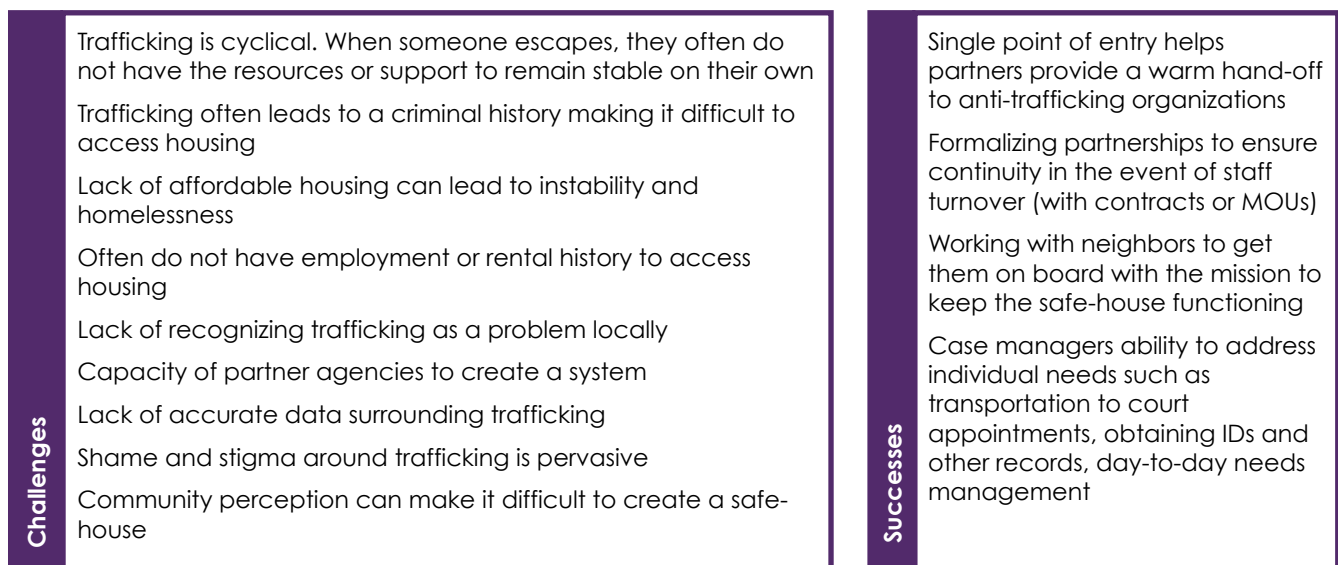
Use your own translator when there are language barriers. **Do not trust the person they came with to translate accurately.**

Know who to call in your community and have a copy of this information with you.

Health Related Concerns



Challenges & Successes



Conclusion

Health Care for the Homeless (HCH) patients may be at higher risk of experiencing human trafficking. Health centers can respond to the health and social needs of individuals with this experience through robust community partnerships across multiple sectors, including any local agencies working in human trafficking. The HCH model incorporates a whole-person approach that is primed to deliver the level of trauma-informed care that best serves individuals at this intersection but should be aware of warning signs and common conditions to appropriately identify and respond to this need.

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