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Evaluation of Trauma Informed Care for Indigenous Victims of Human Trafficking: A Qualitative Discussion of Best Practice

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By

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Abstract

Human trafficking is a major issue that every community and nation faces. Within the United States, Indigenous communities are especially at risk of victimization in relation to a history of systemic violence and consequent neglect. Therefore, the need for culturally competent care is crucial. This study seeks to address how culturally sensitive approaches to trauma-informed care can be developed and implemented by various providers to effectively support Native American victims of human trafficking in accessing assistance services. In order to evaluate the problem, a literature review was conducted, paired with qualitative interviews from relevant stakeholders. The findings demonstrated a significant need to both implement trauma informed care (TIC), along with creating streamlined training for providers so that care practices can be effectively utilized in their various fields. Further discussions on barriers to implementation are addressed. Through discussing the discrepancies in care the needs of victims can be better met.

Background

Although commonly referred to in a historical context, the buying and selling of human beings whether it be for sex, labor, servitude, or other purposes has never been more prevalent than it currently is in the 21st century (Millman, 2017). What the U.S. State Department (2020) (United States Department of State, 2020) put under the umbrella of modern-day slavery, or human trafficking, is a pressing issue that every country in the world is combating to varying degrees of success. Across the globe, the State Department has estimated that around 27.6 million people are actively being trafficked at any given time. To put that number into perspective, that is more than the current population of Australia (Population, 2024). The US Department of Justice (2023) defines trafficking as, "a crime that involves compelling or coercing a person to provide labor or services, or to engage in commercial sex acts. The coercion can be subtle or overt, physical, or psychological. Exploitation of a minor for commercial sex is human trafficking, regardless of whether any form of force, fraud, or coercion was used" (US Department of Justice, 2023). Both global and domestic markets make this crime highly profitable, with essentially a never-ending supply and demand (Leach, 2022).

Many factors contribute to this practice, which has been escalating in recent decades. Lack of employment opportunities, immigration, war, other forms of violence within communities, political instability, gender or ethnic discrimination, and poverty play a major role with the many individuals currently being trafficked (Greenbaum, 2017). Traffickers often target people unfamiliar with their surroundings, lacking community ties or stable relationships, along with those who have experienced some form of previous trauma (Hagan et al., 2021). In conjunction with this, public perceptions of what human trafficking is have been greatly skewed to reflect a Hollywood personification of this crime (Houston-Kolnik et al., 2020). The narrative

has been pushed towards random kidnappings by strangers driving white vans, or that it is an issue solely experienced internationally and not found within our own borders. Both perceptions are often distorted far from the truth. In reality, similar to most violent crimes, traffickers often have relationships with their victims (e.g. friend, family member, intimate partner, or community member), and therefore they are able to cultivate an extremely exploitative relationship with the individual, during a process which could take months to years (Fernandes et al., 2020).

Along with the skew of public perception surrounding the threat of trafficking, certain communities are being disproportionately targeted (Cullen et al., 2022). In the United States, minority women see the highest rate of trafficking, this is particularly true for Native women (Weeden et al., 2014). Within the last decade, the Missing and Murdered Indigenous Women (MMIW) movement began to publicly expose the extremely high rates of violence that Indigenous women have been facing for decades, let alone centuries, with little recognition (Parsloe, 2021). Even with the major changes that MMIW has helped enact, the number of women and girls that are being affected not only by human trafficking but other forms of gender-based violence, continues to rise (Joseph, 2021). This pressing issue thus calls for a deep and immediate investigation of the abuse and exploitation Indigenous women face in relation to a history of colonial violence. Being aware of this cultural experience rooted in displacement and dehumanization, can help us better assess the tools used to assist those who are victims and survivors of human trafficking, which is an integral part of supporting recovery.

Literature Review

The following literature review in conjunction with later statements of stakeholders will discuss the experiences of Native American victims when trying to seek assistance through the lens of first responders, care providers, and researchers. The focus will be on culturally

sensitive approaches to trauma-informed care (TIC), and how strategies can be developed that better serve the unique needs of these communities.

Trafficking of Indigenous Persons

The history of abuse and genocide of Indigenous populations within the United States is a long and continuous one. Since Europeans arrived in the late 15th century, war, famine, disease, and exploitation of both land and people have devastated the First Nations (Woo-Cater, 2022). Effects from these acts of violence against Indigenous populations can be seen when reflecting on current trends, including high rates of domestic violence, addiction, and poverty that plague reservations across the United States. Researchers propose that these acts of historical oppression and intergenerational trauma play a key role in the current trends of violence and abuse that Indigenous women face (Burette, 2015). "Historical trauma is the massive, cumulative, and intergenerational trauma experienced by indigenous Americans, including loss of land; massive death through disease, famine, forced removal, and war; assimilative boarding school attendance; the banning of religious practices; forced sterilization; and intentional flooding and dumping of toxic materials onto indigenous lands" (Burette, pg. 535). The ripple effect of these governmental actions and societal attitudes have directly increased the risk of harm.

The correlation between gender-based violence and a legacy of colonization is explicitly exposed when engaging with modern statistics. Academics, such as Andrea Smith and Luana Ross, have delved into this topic and have extensively discussed the deep entanglement of sexual violence within the colonial process. Attempts to dehumanize Indigenous people's societies and communities revolved heavily around the treatment of women. Native bodies were labeled as dirty or impure by patriarchal standards imposed by

colonizers, and therefore physical and sexual abuse against them was not seen as inappropriate and was often in fact justified through varying religious or social norms (Smith & Ross, 2004). Similar to modern traffickers, many perpetrators during this period took advantage of the displacement and exploitation that these communities were facing. Forcing women, children and men into various forms of slavery.

Smith & Ross further compare this to backlash that sex workers face when coming forward about assaults or rape since society has deemed their bodies "to be underserving of integrity and violable at all times. Similarly, the history of mutilation of Indian bodies, both living and dead, makes it clear to Indian people that they are not entitled to bodily integrity" (Smith & Ross, pg. 1). This form of oppression employed by colonizers has been addressed by various acclaimed historians, including military historian John Grenier, who document that the slaughter and abuse of Indigenous people by soldiers and civilians became a defining military tradition, and in turn a part of the American identity (Grenier, 2005).

Despite what some textbooks may claim, abuse and oppression remnant from colonial times did not end in the late 1700s (Dunbar-Ortiz, 2023). For the next three hundred years these populations continued to be subjugated to horrendous treatment that continually reinforced the installment of generational trauma. An example of this cyclical trauma is brought up by Robyn Bourgeois, who identifies residential schools as not only a significant factor in the high rates of human trafficking within Indigenous communities, but also as institutions that acted as traffickers. Although the following quote reflects the residential schools found in Canada, their implantation and structures were similar throughout all of North America:

The Canadian state used exclusions enshrined in Canadian law to effectively traffic

untold millions of indigenous women and children (and grandchildren, and so on) out

of indigenous nations to be subsumed within the colonial Canadian nation state. The

benefits secured for the state were multiple, including reducing government

expenditures on treaty and Indian Act obligations, providing a massive influx of

exploitable labor for the capitalist economy, removing these bodies from indigenous

lands to ensure access for the rapid influx of white settlers, and suppressing indigenous

resistances. The specific targeting of indigenous women struck a serious blow to the

ability of indigenous nations to regenerate themselves (pg. 1457).

Along with this, experts argue that the acts of physical, sexual, mental, and spiritual violence perpetrated within these institutions, were then transmitted into Indigenous communities themselves, creating elevated levels of interpersonal violence (Bourgeois, 2015). "According to Kingsley and Mark, residential schools have contributed to the fragmentation of indigenous cultures, as well as indigenous families and communities, eroding support networks, and removing positive indigenous role models that might protect indigenous women and girls from trafficking" (Bourgeois, pg.1444). Although Bourgeois reviews Canada's implementation of residential schools, the differences found within the borders of the United States are minimal. Previous acts of displacement such as the Trail of Tears, Seminole Wars, Indian Removal Act, the Sand Creek Massacre, along with many others, would create a foundation for the violence that would be inflicted in U.S. residential schools. Whether it be through adoption, boarding schools, or placement in other State facilities, a significant number of children were forcibly taken away. In the late 1970s, it was estimated that 1 in 5 Native children were adopted and/or in foster care at some point in their lives (Barsh, 1979). With the vast majority being placed with white families not affiliated with any reservation or tribe.

Practices such as this had not only been normalized but promoted during the 20th century due to the Indian Adoption Act of 1958, which urged middle-class white families to adopt "homeless" Native children and assimilate them into white America (Balcom, 2007). It wasn't until 1978 that Congress passed the Indian Child Welfare Act, which would be the first time since colonization that the government addressed the corrupt practice of removing children from their families and communities. When reflecting on this timeline, it becomes evidently clear that these are recent events that influence current trends. A survey conducted in 2018 by Abigail Echo-Hawk, the Chief Research Officer at the Seattle Indian Health Board, found that a staggering 94 percent of Indigenous women in the Seattle area had been raped or coerced into having sex at some point in their lives (Pepitone, 2018).

Jurisdictional Discrepancies

In more recent events, jurisdictional discrepancies have proven difficult when it comes to combating trafficking. Federal, state, and tribal law all hold power over Indigenous land to varying degrees. Much of the complications have to do with the identity of the defendant and victim, along with the location(s) where the crimes were committed (Weeden et al., 2014). Varying guidelines including the Trafficking Victims Protection Act (TVPA), General Crimes Act (GCA), and Major Crimes Act (MCA) are a few of the statutes that regulate who and what can oversee crimes committed involving Indigenous persons. Legislation enacted by Congress during the 1950s attempted to remove tribes' judicial capabilities. In particular, statute 18 U.S.C. § 1162. P.L. 280, awarded six States (Alaska, Wisconsin, Oregon, California, Minnesota, and Nebraska) the power to oversee offenses committed by or against Indigenous people (Clinton, 1976). Commonly referred to as Public Law 280 (PL 280), tribes existing within the borders of the States mentioned above lost a large portion of their sovereignty and

prosecution capabilities due to PL 280 (Weeden et al., 2014). Currently, in the state of Oregon, three tribes (Burns Paiute Tribe, Confederated Tribes of Warm Springs, and Confederated Tribes of Umatilla) out of nine are "non PL-280" (Oregon Secretary of State). This has made it extremely difficult to prosecute crimes against Indigenous people, especially when the defendant(s) are white and not members of a reservation. Kathryn Ford explores the complexities of prosecution specifically related to violence against Indigenous women and finds:

> In P.L. 280 states, the tribe and state share criminal jurisdiction, whereas in non-P.L. 280 states, the tribe and federal government share jurisdiction. Native offenders can be prosecuted in both tribal and state or federal courts. However, tribes do not have any criminal jurisdiction over non-Native offenders. This is especially problematic in regard to violence against Native women, most of which is perpetrated by non-Native men (Ford, pg. 137).

In 2014, Willamette University published a report that uncovered the complexities of jurisdiction, particularly within the State of Oregon (Weeden et al., 2014). The focus of their research was on the implementation of PL-280 (public law 280), a statute created by Congress in 1953 that grants certain States criminal jurisdiction over reservations in lieu of the Federal government, yet not regulatory power (Ford, 2014). Quickly this becomes a complex topic, but the effects of the discrepancies are clear. Varying agencies and statistics report that perpetrators who inflict violence against Indigenous women have a higher tendency to be white men (Deer, pg. 150), and therefore the prosecution for these crimes becomes complicated as it involves multiple agencies. This is a demonstration of the complex relationship between racism

and sexism which instigates the backlash that victims face when coming forth with these crimes, reminiscent of the patriarchal structure that first allowed white men to victimize Indigenous women during colonization (Deer, 2009).

Trauma Informed Care

Within the last three decades, the practice of trauma informed care (TIC) has evolved to help decrease instances of re-traumatization by utilizing a victim-centered approach. This is predominantly attributed to the increased understanding of post-traumatic stress disorder (PTSD) following the Vietnam War, and the early Feminist Movements which focused on supporting survivors and recognizing interpersonal violence (DeCandia & Guarino, 2015). From this came a deep exploration of how care providers and first responders addressed the issue of revictimization, a common problem that victims of trauma faced when attempting to seek assistance (Wilson et al., 2013). In order to best serve the needs of individuals, an approach that recognizes historical oppression, traditions, culture, and practices has proven to be an effective tool for support. "Trauma-informed care is an overarching framework that acknowledges the prevalence of current, recent, and past trauma; emphasizes the range of effects of trauma on survivors' physical and mental health; and guides the tone and process of patient care at the individual as well as at the organizational level" (Lewis-O'Connor & Alpert, pg. 309). This form of care is dependent on respect, patience, collaboration, and trust. Specifically, when working with Indigenous victims, it is of the utmost importance that care providers recognize the significance of intergenerational trauma, historical oppression, and current conflicts. As Oldani and Prosen stated:

When working within a vulnerable community, all caregivers—especially those from outside that community or with little experience or ethnographic knowledge of that community—must take a deliberate step back and start to build their cultural competencies and knowledge, developing, as a first step, cultural humility (an ongoing, life-long process) based on cultural awareness. Cultural humility toward the people we work with is always an unfinished project. However, the goals of cultural humility in the medical context are concrete in the sense that clinicians strive to emphasize and put into action concepts such as *diagnostic openness*. Building cultural humility must be deliberate and can be difficult because of time constraints, yet it remains an essential responsibility (Oldani & Prosen, pg. 448).

With the growing awareness of the impact that human trafficking is having on individuals and communities, researchers have begun to document the benefits that TIC has on victims of trafficking. Psychologist Elizabeth Hopper evaluates the effect that objectification and abuse have on victims. She argues a victim's recognition of self is pivotal in gaining authority over one's life and hope for the future. Others in conjunction with Dr. Hopper recommend strength-based empowerment perspective (Hopper, 2019), that envisions and works towards long term change.

Focusing on the affiliation between TIC and Indigenous women, gender violence often leads to healthcare providers being the first to recognize and document suspected instances of abuse or exploitation. Therefore, it is pivotal that said practitioners have a functioning understanding of trauma and violence informed care (Cullen et al., 2022). Due to Indigenous women around the globe facing some of the highest rates of intimate partner abuse and sexual

violence, individuals need care that is culturally and contextually appropriate. These disproportionate statistics are compounded when there is a lack of services, especially those offered through law enforcement and the judicial system (Cullen et al., 2022). Through their research, they found that equity-based healthcare required the following to be effective for Indigenous communities, "Three attributes of trauma and violence informed care were identified: (1) building trust through understanding the intersecting drivers of trauma and violence, (2) reducing re-traumatization, and (3) raising awareness and accessible healthcare. Four attributes of culturally safe care were identified: (1) engaging elders, (2) family-centered care, (3) culturally competent workforce, and (4) confidentiality" (Cullen, pg. 1207).

Methodology

The methodology of this paper relies on a literature review to create context and background, from which stakeholder interviews expand upon. These stakeholders are individuals who work directly with Indigenous communities either as first responders, care providers', community-based organizations, or as researchers. The interviews were conducted using predetermined questions that covered topics including culturally and historically sensitive approaches to care, current access to TIC training for providers, and future improvements within various agencies. The discussions were open ended and focused on allowing the participants to maneuver the conversations to topics and areas they found to be pertinent. Through incorporating a qualitative approach, the discussions explored the how, why, and what to do when it comes to supporting both victims and survivors of trafficking. Unconsciously, this extended the conversation to the possibilities that TIC has on supporting communities in general, since human

trafficking and gender-based violence have wide spanning negative effects on all of us, whether we recognize it or not.

Stakeholder Perspectives

Law Enforcement

Whether it be drug busts, monitoring illicit websites or actively intervening in trafficking rings, law enforcement personnel are often the first and frequent point of contact for victims. This is partly due to the fact it is quite common for traffickers to engage in numerous illegal industries beyond solicitation. This could include the distribution of drugs, money laundering, and/or selling weapons (Shelley, 2012). Historically, interactions between law enforcement and those found to be selling sex have been tumultuous at best. Between internal corruption, lack of task forces focused on trafficking crimes, minimal public recognition and input, along with inadequate legislation all interconnected into a systemic inability to prevent, intervene, and prosecute the crime of human trafficking (Orsini, 2013). With the recent uptick in domestic and international discussion regarding this crime, law enforcement and judicial agencies have created many internal improvements in stride with the revaluation of long-standing prostitution and solicitation laws. The current expectation is to shift the focus from jail time towards social services and support for victims. Since the introduction of the Trafficking of Victims Protection Act of 2000 (TVPA) by Congress, the implementation of anti-trafficking policies has begun shifting the rhetoric from punishing prostitution to supporting victims of a crime (Heiges, 2009).

As extensive efforts are made towards supporting and protecting victims of trafficking, there has been increasing pressure to implement trauma informed practices within law agencies. While conducting my research I spoke with a law enforcement victim advocate who works

closely with various tribes. During our conversations they mentioned the difficulty that officers face when attempting to implement TIC practices during high intensity situations. Between deciphering who the suspected victim is, being cognizant of possible threats to themselves and civilians, and the fact that TIC trainings for officers are few and far between, has made the current environment not conducive to the effective implementation of these practices. Others who are actively engaging in on ground operations contend to the difficulty of engaging care structures that are conducive to more controlled and stable environments. Currently, the state of Oregon recommends approaches curated by SAMHSA (Substance Abuse and Mental Health Services Administration), which emphasizes the implementation of TIC by policing agencies. Based on six principles focused along the lines of support, empowerment, collaboration and cultural competence, the guidelines do cover the expectations of TIC practices (SAMHSA, 2014). Yet the question is how these tactics are being taught to law enforcement, and is it being done in such a way that they can efficiently and safely implement it in the field.

As mentioned in the previous paragraph, law enforcement personnel are often a frequent point of contact, and therefore their interaction with victims is pivotal. The individuals that officers are working with are often highly traumatized through extensive violent and exploitative events. During their interactions with law enforcement, many are already suffering from, "psychological disorders, and symptoms that are common among victims of human trafficking including symptoms of posttraumatic stress disorder (PTSD), depression, anxiety disorders, dissociative disorders, and substance abuse disorders" (Pascual-Leone et al., 2017). The risk of re-traumatization is extremely high during these events with law enforcement, along with any interactions with those in criminal justice including attorneys, correctional and parole officers, and judges. Through mandating the implementation of trauma-informed care within law

enforcement and criminal justice systems, the emphasis can shift from labeling victims as criminals, towards systems and opportunities that support and protect them. In order to achieve this goal, there must be communication and collaboration between law enforcement and TIC experts so that practices not only support victims but can also be reasonably implemented in high intensity environments.

Care Providers

When working with individuals at risk or already involved in human trafficking, it is of the utmost importance that care providers, whether it be social workers, mental health therapists, healthcare personnel and so forth, are equipped with trauma informed practices. Due to the physical and mental health implications of human trafficking, interactions between victims and care providers are key points in these individuals' journeys toward healing. Between the possibilities of isolation, deprivation of food and sleep, physical and sexual violence, varying forms of torture, along with other manipulation tactics, often victims are unable to receive adequate care and therefore health problems can progress rapidly (Dovydaitis, 2010). By the time they are able to receive healthcare, their cases are often complex, and they need to be treated for numerous physical and mental health conditions.

Care providers have a unique and extensive role in assisting victims. To begin they act as identifiers of possible human trafficking cases. Whether it be in hospitals, primary care clinics, or shelters, care providers are often the first to recognize and document suspected instances of abuse or extortion (Hodge, 2014). Through collaboration with law enforcement, along with state and federal agencies, these providers will assist in facilitating healthcare, both physical and mental. During this entire process of interactions, the risk for re-traumatization or complete

withdrawal from the patient is extremely high. When implementing trauma informed practices, providers are actively recognizing the influences of intergenerational trauma, historical oppression, culturally significant practices, and by doing so can more effectively build a relationship of trust and respect with their patients. This in turn significantly reduces the possibility of trauma instigated through the healthcare process (Cullen et al., 2022).

Community Programs

Prevention tactics rely heavily on the structures and support systems found directly within communities. Numerous studies have found that adequate access to education, nutrition (Heidari et al., 2023), employment opportunities (Wheaton et al., 2010), healthcare (Zimmerman et al., 2011), financial stability, along with physical and emotional support systems greatly decreases the risk of being trafficked. On reservations, community programs and organizations play a major role in the factors listed above. Whether it be supporting a family in getting food assistance, connecting individuals with affordable housing opportunities, implementing after school programs, or creating more local jobs, these organizations are crucial in protecting and supporting community members. During the process of accumulating information for this paper, I was able to connect with an MMIP (missing murdered Indigenous persons) coordinator for one of the tribes found in Oregon. During our conversation they discussed the growth of their newly created position, and tactics that they had implemented within the community. First and foremost, they mentioned the importance of youth being connected to their families and knowing that they are important and valued members of society. Creating stable connections and support structures is pivotal to introduce prior to stressful or dangerous situations. This can be as small

as remembering your guardian's phone number and full legal name, to creating youth groups that facilitate a safe environment.

When I asked the MMIP coordinator their thoughts on the implementation of TIC by various agencies they responded with, "Trauma informed care needs to spread like wildfire, it is necessary in every aspect of the field that we work in. It would be awesome if we could get our police officers, our first responders, all of our medical providers, all of those involved, even folks that offer assistance in getting applications filled out for OHP. If we could get a lot of different folks' trauma informed, we could actually figure out how to prevent issues such as MMIP."

Researchers

Those compiling data and information can often offer a wide sweeping view into the problem of human trafficking. Due to the complexities of data collection, especially when it comes to Indigenous populations in the United States, it is believed that current documented cases and rates of violence, although already exceedingly high within certain populations, are vastly underreported (Logan, 2015). A lack of statistical data has made it difficult for Indigenous communities to receive proper recognition and support for the issues at hand.

A scholar in the field of trauma informed care and an advocate for victim centered approaches highlighted the need for providers to recognize TIC as a hands-on approach. Using the baseline that trust is a privilege, they expanded on their experiences as both a scholar and provider within the field of prevention and intervention of human trafficking. During our conversation they stated, "That kind of phenomenology in which I can't relate to you unless I see you as a person and I relate to you as this face-to-face relationship and interconnection. And

again, the embodiment, unless I am embodying my own self, unless I am aware of my own story, my own suffering, my own pain, my own circumstances, even my own somatic responses… I'm not able to connect with you. Its embodiment that connects us to the suffering or the joy or the lived experience of anyone else, of someone else." Their statement demonstrates the complexity and necessity of TIC, to both benefit victims and providers.

Discussion

The purpose of this study was to identify the barriers to creating culturally sensitive approaches to trauma-informed care that can be implemented by various providers to effectively support Indigenous populations. Through conducting a literature review on the trafficking of Indigenous persons and TIC protocols from various disciplines, as well as interviews with care providers, first responders and researchers, three common themes emerged when discussing the improvement of TIC in order to better support these populations. Interviewees commonly attributed current shortcomings in the field to a lack of standardized TIC training for providers, minimal interdisciplinary discussions, and strained relations between various agencies. Although many stakeholders mentioned that there has been significant progress in these areas within recent years, there is still a gap in care. That being said, by no means did any of the participants in this research believe that there is a quick fix solution to perfect the implementation of trauma informed care throughout all sectors involved. Instead, it was recognized that it will take consistent and conscious effort to improve care through addressing the issues reflected in these themes.

While speaking with stakeholders, it became clear that the process of gaining familiarity with TIC protocols is not streamlined, which is especially true for first responders. These

providers are often involved in extremely volatile high-intensity situations, and therefore implementation will differ from that of a care provider in a more stable and controlled environment. Instead of having national or statewide expectations for the implementation of TIC, individual units, departments and agencies are expected to host trainings or attend conferences. One of the interviewees mentioned how the state of Oregon passed House Bill 2575, which created funding opportunities for law enforcement agents, healthcare providers, victim advocates and other first responders to receive training to better assist individuals who have experienced trauma. Even though this is a step in the right direction, there is still a lack of ingrained practices across intervention projects related to TIC implementation which increases the risk of re-traumatization. It became abundantly clear that TIC training needs to be streamlined and accessible to all providers.

Complex discussions surrounding the implementation of care and support for Indigenous victims of human trafficking has clearly demonstrated the need for an interdisciplinary approach. The consensus of conversations with stakeholders during this process revealed a similar end goal: to support those who are currently or have previously been victimized, and to identify both high risk individuals and communities so that they can receive necessary prevention tools. A barrier to this process is the difficulty that arises when attempting to communicate and collaborate with various groups, agencies, departments, and organizations. Difficulties in collaboration can stem from the varying approaches to the prevention, intervention, and prosecution of human trafficking. Some organizations emphasize outreach programs, reintroducing cultural practices to communities, and housing and food security, all while increasing awareness of possible threats. Based on the data collected from this study, these practices are more heavily associated with the programs affiliated and overseen by tribal nations.

In contrast, state and federal agencies tend to lean more towards traditional Westernized practices with an emphasis on judicial proceedings, policy implementation, and the involvement of quantitative research and data. Due to the differences in these approaches, stakeholders mentioned the difficulty surrounding interdisciplinary discussion and collaboration. Yet a commonality between all of the participants within this study has been a desire to expand and support these conversations, even though they can be challenging at times.

A final key issue that was addressed was the historical lack of trust between tribal, state, and federal agencies. Due to consistent misuse of power along with other forms of exploitation, these relationships have previously been and continue to be quite strained. Unfortunately, not only does this create inconsistency within policing, prosecution, and prevention, it also makes it difficult for those seeking care. The first responders and community providers that were interviewed all acknowledged how this issue affects communities on a daily occurrence. Reservations across the nation face some of the highest levels of poverty and unemployment, much of which can be attributed to the lack of economic opportunities in these rural and often isolated sectors (Crepelle, 2023). Intentional tactics of manipulation and exploitation employed by the United States government has created an understandable divide between tribal nations and the federal government. All of those involved in this research agreed that the only way to build a strong relationship between these various agencies is to recognize and address how current and historical imbalances of power play a role in the heightened levels of victimization that Indigenous women in particular face. Due to the historical omission of Indigenous perspectives, it can be difficult to comprehend the extent to which this problem devastates communities, and therefore it is pivotal that Indigenous voices and experiences take precedent.

Overall this research supports a clear and definite need to expand and streamline trauma informed care training, prioritize interdisciplinary cooperation, and strengthen relationships with Indigenous communities with respect to their agency. TIC protocols need to be individualized for various agencies through training and implementation expectations. By engaging with stakeholders and lived experience experts we can hope to decolonize care, and focus on supporting the sisters, daughters, aunts, friends, and loved ones of those impacted by a system of oppression and suppression which has tried to consume them.

Acknowledgments

In reflection of the stakeholders that have participated and offered their experiences working in law enforcement, community outreach programs, and as care providers and researchers, I believe it is important to recognize the numerous roles that these individuals have. By working both directly and indirectly in the prevention, intervention, and prosecution of human trafficking these people come from diverse career and social backgrounds. Due to the nature of this crime, the need for not only a trauma informed care approach, but also interdisciplinary cooperation is vital. Although their interviews are divided into separate categories, oftentimes their experiences can extend beyond being care providers, first responders, lived experience experts, and varying other outlets for support. Through understanding the perspectives of the people on the ground working with these populations, has given this research invaluable insight beyond the data points. The advantage of working with people directly involved within these systems is the descriptions of the barriers and limitations that they experience on a daily basis in the services provided, prevention and intervention protocols, and policies that inform them. I am very grateful for their enlightening contributions to this project.

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