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Through the lens of exploitation: landscapes of care of identified trafficked people

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THROUGH THE LENS OF EXPLOITATION: LANDSCAPES OF CARE OF IDENTIFIED TRAFFICKED PEOPLE

by

JEFFREY W. NICKLAS

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Approved by

First Reader _____

Linda Barnes, Ph.D., M.T.S., M.A.
Professor of Family Medicine and of the Graduate Division of Religious Studies
Director, Master's Program in Medical Anthropology and Cross-Cultural Practice

Second Reader _____

Lance Laird, Th.D., M. Div.
Professor of Family Medicine and of the Graduate Division of Religious Studies
Assistant Director, Master's Program in Medical Anthropology and Cross-Cultural Practice

Third Reader _____

Kaija Schilde, Ph.D., M.A.
Assistant Professor of International Relations
Pardee School of Global Studies

DEDICATION

For the hardworking care providers and clients I had the pleasure of getting to know. In addition, for all who find themselves in an exploitive situation and either are struggling to be recognized or are on their journeys afterward.

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THROUGH THE LENS OF EXPLOITATION: LANDSCAPES OF CARE OF IDENTIFIED TRAFFICKED PEOPLE

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ABSTRACT

In this qualitative research project, I examine the development of landscapes of care for, and by, identified trafficked people and its implications for rebuilding a sense of place and identity. Through in-depth interviews and ethnographic data, I argue that discourse, place and identity interact to form complex landscapes within both providers and clients/patients that emerge as distinct experiences of care or non-care experiences. Each analytical chapter examines a particular production of care: a merging of psycho-legal care, the interactions of formalized informal caring relationships, and the burden of external identification in the configuration of self-identity among identified trafficked people. Building on anthropological theories of care (Giordano 2014; Mulla 2014; Stevenson 2014; Mattingly 2010), these chapters build the argument that, in contrast to humanitarian human trafficking and trauma discourse that focuses on a specific kind of trafficking experience; the complex assemblage of trafficking experience and subsequent care should be considered within what I term "structural trafficking." Becoming identified as trafficked is beneficial for receiving specific rights and services. However, this identity can also be detrimental for rebuilding a sense of self and place, because it assumes a fixed experience that translates to fixed care packages. I examine multiple landscapes of care to better understand potentials for care by expanding identity and coordinating existing and novel systems of care.

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LIST OF ABBREVIATIONS

CSEC.....Commercial Sexual Exploitation of Children

DSM..... Diagnostic Statistical Manual

HHS..... United States Department of Health and Human Services

IHTTF ..... Massachusetts Interagency Human Trafficking Policy Task Force

ICE .....United States Immigration and Customs Enforcement

ILO .....International Labour Organization

PTSD..... Post-Traumatic Stress Disorder

TIP.....Trafficking in Persons Report

TVPA ..... Trafficking Victims Protection Act

UN..... United Nations

UNODC ..... United Nations Office on Drugs and Crime

INTRODUCTION

"Well, thank you very much for taking the time to talk with me this evening," I said to "Johanna,"[1] "I hope you have a great night." I left the counseling room designed for family sessions – a room with chairs too small for adults and walls plastered with cartoon characters teaching math equations – and proceeded into the hallway of "The Healing Center." The small New England mental health clinic took on a new light in the evening. The majority of staff had gone home and despite the usual quiet and calm reverberating from counseling rooms, the immersion in this particular silence was one I had yet to experience. I left Johanna and the translator in that family counseling room and proceeded up the stairs and out into the chilly fall breeze.

Johanna was a client of the "HORIZON Program" and had been trafficked into the United States from Eastern Europe. She was roughly my age, in her mid-twenties. We had just finished a face-to-face program evaluation, my role during fieldwork at the HORIZON Program. The task was to contact and arrange conversations with HORIZON Program clients to gather feedback on their time working with the clinicians. As The HORIZON Program acts as a central hub for crisis mental health intervention for trafficked people, they had the ability to work with clients throughout the country. Conducting my evaluations over the phone became the common by-product of this arrangement.

On the phone, my conversations with people often went smoothly with relatively simple interview questions and occasional engagement in small talk. I would sit in my

[1] Throughout this thesis, pseudonyms have been given to all individual and organization names,

office and, after hanging the tiny sign reading "SESSION IN PROGRESS" from the knob, securely close the door. Placing this sign on the door proved one of the only moments where I could express some sense of authority over this space – a tiny room I would constantly vie for throughout fieldwork, and a desk that got smaller and smaller as other clinical programs added their own tools. By the end, I occupied only a small corner surrounded by an extra computer, an extra screen and an entire neuron-monitoring machine. With my neatly printed "structured" interview guide in hand, I would call the client and run through my five or so questions to understand their experiences as HORIZON Program clients.

This November evening proved different. It was a Monday, a day that I was not usually at the clinic. Rather than conducting the interview over the phone, Johanna and the translator sat right across from me. I could no longer rely on the distance and disembodied method of communicating and all of sudden the three of us and all of our composure came into full view. Johanna answered my questions with a smile on her face interrupted only by clarifications from the translator and her, and my, nervous laughter. In the end, the interview went well and before I knew it, I was on the sidewalk.

I did not go home, at least not at first. While the content of the interview went fine, I could not shake my discomfort with the whole experience. Why did you sit between her and the door? I asked myself angrily. You should have been more aware of her feelings and situation. My self-apparent disregard for Johanna as a trafficked person and her associated traumas, and the potential of my being a triggering presence flooded my mind. I began to feel guilty in my ability to go home to a safe space, despite not knowing

Johanna's full life experience. As I walked along the streets surrounding the Healing Center, with multi-colored leaves blowing around my feet, I continued to question my role. Could I continue this work when I seemingly could not hold an ethical presence during face-to-face conversations? The train – the one that normally took me home to my apartment – raced by without breaking my thoughts as I sat on the curb.

One of my graduate school colleagues, via a text message exchange, related that these were normal feelings – ones that she experienced during her own fieldwork at a refugee health center. This, plus meeting my then fiancé for drinks near our house and talking about these feelings, eventually calmed me down and I started to see the night's events in a new light. While I may not have been intently aware of my physical and symbolic position, I had been myself. Even within the role of program evaluator, and anthropologist, I held on to my personal behaviors. Further, I realized that I did not need to be that overly aware because Johanna was not the broken soul frequently portrayed as a typical trafficked person. She was bright and humorous. While there is no doubt of the difficult experience she endured and subsequent healing she may need, I understood that the strength and resilience existing within her was a mode of self-produced care.

Within this one interview, I began to understand the multiple modes of care emerging for Johanna, and potentially other trafficked people. There were the clinicians and translator at the HORIZON Program and the other organizations that she likely worked with, but there was also her positivity and determination providing care for herself. Rather than remain disheartened within my own insecurities, I saw this

experience as a better understanding of the many forms of care important to those identified as trafficked (November 16, 2015 Fieldnotes).

Moments like this were frequent during fieldwork at both a small New England mental health clinic and on the streets of Boston. While it was emotionally difficult working within the world of care for trafficked people, it ultimately provided a vivid picture of the abilities of trafficked people to persevere and remain determined in the care they received and provided, to themselves and others. It is the role of clinicians, social workers, lawyers, and anthropologists to be tools in the healing and rebuilding journey. Some of this healing comes from direct care provision, but some also comes about in the most unlikely places in the landscapes of care for identified trafficked people.

…

Immediately following my undergraduate career, I had worked as a restaurant delivery driver, picking up food from a number of restaurants, during my senior year, and did so just prior to my full-time employment at a local public health non-profit. This delivery job afforded me considerable down time between fulfilling orders. On one particular night, I found myself sitting in my car reading a book written by Somaly Mam (2008), a woman from Cambodia who had been trafficked starting at a very young age. The story accounts her time being trafficked, how she got out, and how she then ran a large nonprofit dedicated to fighting human trafficking. Despite questioning of her story, and organization, on its authenticity, the book struck me and stuck with me (Kristof 2014).

Human trafficking seemed a distanced issue while I remained in the social bubble of California's central coast. Mam's story was heart wrenching and written in a manner for the reader to empathize with her struggles. Feature stories eventually came out depicting instances of human trafficking in my own community (KSBY 2015). I found myself in a similar position as the larger United States in disbelief that human trafficking could be occurring in my own "backyard." My experience reading Somaly's story, and then beginning to understand the issues in my own upper- and middle-class community, awoke new questions within me. With an undergraduate understanding of anthropology, the ways in which cultural beliefs may influence the persistence in human trafficking especially struck me. This, coupled with my burgeoning interest in medical anthropology convinced me I could "make a difference" by understanding the intersections of cultural implications of human trafficking and its health impacts.

There I was. A white, upper-middle class man in my early twenties sitting outside of an Italian restaurant waiting to pick up an order of chicken parmesan and garlic bread knots for delivery to a young family in the suburbs. In my lap sat the open pages of a book describing the horrifying trafficking experience that occurred thousands of miles away. Closer still, outside my car doors human trafficking was reportedly occurring in my own community. It was not until initiating graduate studies that I understood my distance and lack of place in "helping" those who are trafficked or at risk for it. Where was my connection to the issue? Do I really have a right to become involved after reading a book? These questions, among many others, began to swirl inside my head. I soon learned the critical role that anthropologists play as conduits for the voices of those so

often unheard. I began to understand that it was not me who would "save the world" from human trafficking. Yet, the tools I would learn would become catalysts to walk alongside identified trafficked people and be an aid to bring about their own desired changes.

This thesis, stemming from one year of fieldwork in the Boston area, explores questions of care within the field of human trafficking. The individuals with whom I worked with throughout this project all experienced exploitation and displacement in one form or another, and/or are providing care for those exploited. I ask broadly, what does care look like for trafficked people? Specifically, how and why does discourse shape care for identified trafficked people? A trafficking identity is complex and needs to consider the individual before, during and after a trafficking experience. With attention to place and spaces of care, I argue that care necessitates mobility, fluidity when working with identified trafficked people, and that co-construction of these landscapes of care occur between individuals, formal and informal institutions, and spaces. Thus, it is imperative to understand where and how borders and boundaries emerge as providers, identified trafficked people, and the care that is produced, received, and co-produced continues to move within a larger landscape of care.

Human Trafficking in Boston

The following chapters span a number of geographies not explicitly grounded in the city of Boston, where I conducted fieldwork. By exploring digital and mobile spaces, the individuals talked to and the care observed reached corners both near and far from organizational sites. Nonetheless, Boston serves as a site to "place" this analysis, as it emerges important to the care produced and received within systems designed for

trafficked people. This project considers two distinct "populations:" adults trafficked from another country into the United States and from within the United States seeking legal care, as well as youth experiencing homelessness who are at-risk for exploitation or who are or have been exploited. Discussed in the following section, these individuals have in common their distinct identity of having been trafficked, in one form or another. While "trafficking," per se, is not required the organizations grounded in Boston provide care because they identify themselves as serving trafficked people.

Human trafficking, with its lack of methodology, is a hard experience to measure. In Massachusetts, the National Human Trafficking Hotline (2016) has received 1,662 calls regarding suspected trafficking and has identified 390 reported cases since 2007. This compares to other Northeastern regions such as New York, which has received 5,574 calls and reported 1,582 cases since 2007, and Connecticut, which has received 812 calls and 230 reported cases. Together, this hotline data illustrates the northeastern United States as a "hub" or prominent area for human trafficking (see Fig. 1.1). Specific Massachusetts-based organizations report working with numbers ranging from 225 to 480 trafficked people (Massachusetts Interagency Human Trafficking Policy Task Force, 2013). These general statistics still do not accurately capture the full extent of human trafficking, nor risk of human trafficking.

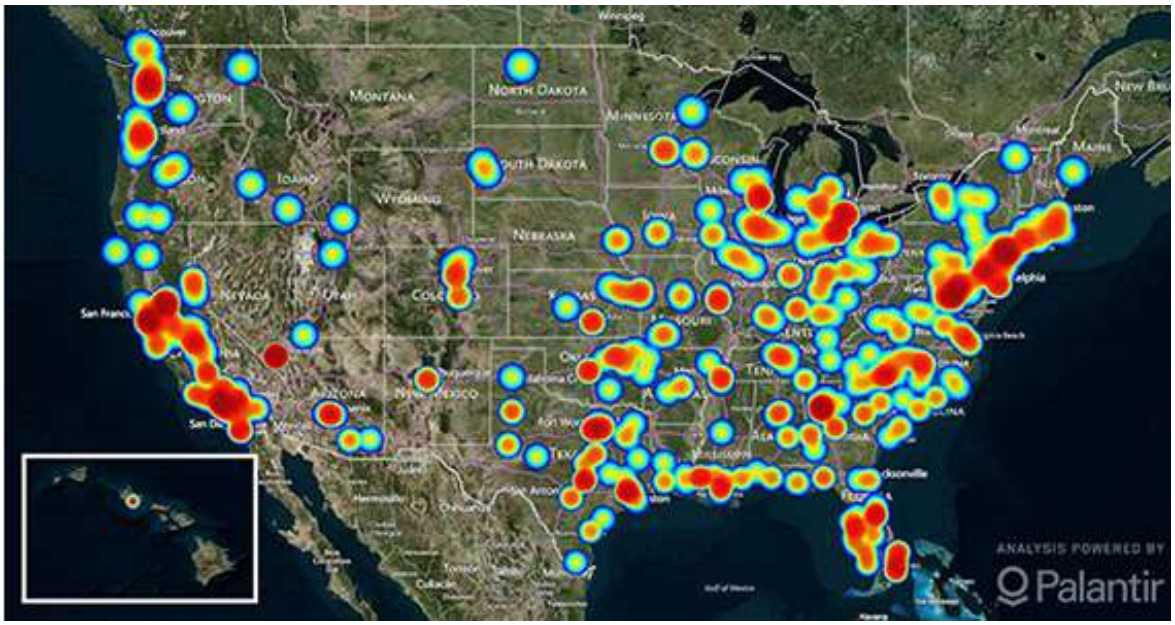

Fig. 1.1 "Heat map" of sex trafficking generated from hotline data (Polaris Project 2015)

Despite this lack of unified empirical statistics, Boston has established itself as an important activist city against human trafficking (see Fig. 1.2 and Fig. 1.3). In 2011, the city created an interdisciplinary task force on human trafficking, called the Massachusetts Interagency Human Trafficking Policy Task Force (IHTTF). The task force encompasses a number of state and law enforcement officials, as well as members of non-profit organizations. The various member organizations points to state government understanding of the varied nature of human trafficking. Inclusion of law enforcement, an office on refugee and immigrants, and organizations specifically working with children highlights an understanding that myriad form of exploitation exist.

The task force seeks better understanding and development in areas of victim services, demand reduction, data collection, policy, and public awareness (IHTTF, 2013). The IHTTF understands explicit links between a reported 17,000 youth experiencing homelessness (including students and those without guardians), history of abuse and

mental illness, and risk for exploitation. The creation of a specific task force and its recognition of various factors of human trafficking and exploitation illustrate the necessity to ask questions about care across a variety of trafficking "populations" and care organizations.

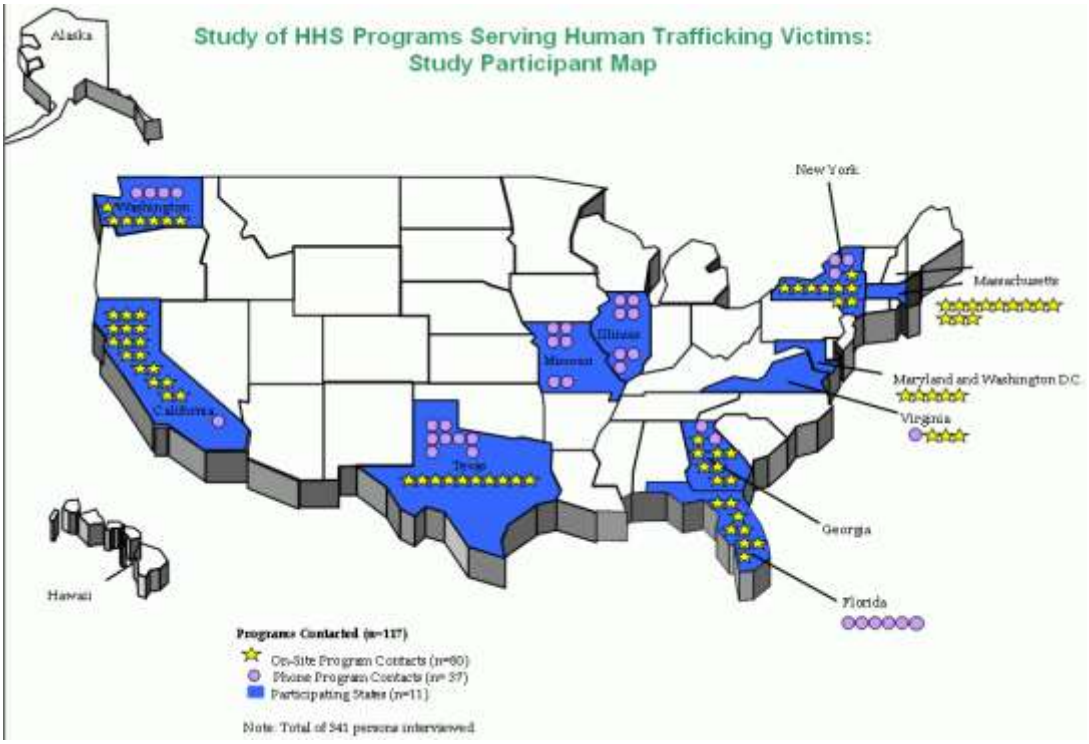

Fig. 1.2 Map of organizations addressing human trafficking who receive Health and Human Services funding (Courtesy of Clawson et al. 2009).

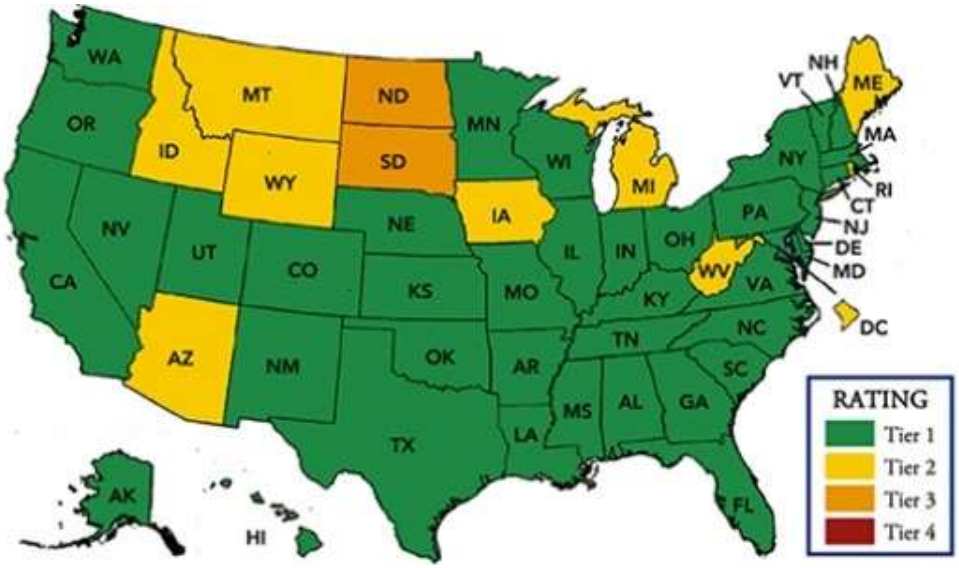

Fig. 1.3 Map of states based on ranking of human trafficking laws. Green illustrates Tier 1 states who have highest investment in laws (Courtesy of Polaris Project 2014).

Identified Trafficked People

Throughout this thesis, I refer to the patients and clients interacting in the various spaces of care as "identified trafficked people." Legal, social, and sometimes medical discourse will often refer to these people as "victims of human trafficking." Aligning with this "victim" discourse would provide a certain context for analysis of identities. The process of *becoming* a victim is complex and important, and subsequent analyses could reveal the influence that victim discourse has on both those providing care and those identified victims. Laura Augustin argues, "The victim identity imposed on so many in the name of helping them makes helpers themselves disturbingly important figures," (2007, 8). For Augustin, a victimizing discourse serves those providing care as it produces them as heroes helping those who cannot help themselves. In this light, a victim identity produces caring "professionals" who claim jurisdiction over trafficked people, and may actually serve the purpose of those professionals (Abbot 1998). In claiming authority over the care of trafficked people, it removes the jurisdiction from those who may be able to care for themselves.

"Victim" and "survivor" discourse introduces a complexity for researchers and scientists seeking to converse with the terminology. Sameena Mulla (2014), through her work in sexual assault intervention faced this conflict and ultimately decided to use "victim" discourse. She states, "…I made this choice because I think it is the most accurate given the particular setting in which I conducted research. Legal institutions locate and constitute victims, not survivors, and the forensic intervention, with its therapeutic components, also casts this victim as a patient," (Mulla 2014, 6). The victim

discourse, for Mulla, provides a point of emic analysis of the patients and providers that interact in forensic examinations. The spaces in which care takes place relies on patients constructing themselves as victims in order to conduct the examination and provide further care. As an anthropologist, Mulla uncovers the complexities of identification and analytically chooses to use a potentially discriminatory label for a more complete and realistic ethnographic discussion.

Denise Brennan (2014), in her work *Life Interrupted*, engages with how to identify the exploited individuals who she works with. It is with the term "formerly trafficked person" and "T-visa recipient" that Brennan engages with the question of labels. The use of trafficked as a label, "…specifically refer[s] to the legal category created through the passage of the Trafficking Victims Protection Act (TVPA) in 2000 and a set of accompanying legal rights," (Brennan 2014, 9). The caution with engaging in "trafficking identity" discourse stems from how formerly trafficked people talk about their experience. In Brennan's work, her participants, "…use vague, generalized phrases such as 'my situation' or 'back when I was with that woman' or 'when I was with that man' to describe their time in forced labor," (2014, 10). On one hand, it is necessary to use "trafficking" and "T-visa" identities as it reflects legal and governmental understandings of the experience and it is in those institutions that rests the authority to decide *who* is trafficked. The identities, however, are temporal and fix people to a particular moment in their lives. The use of generalized, vague, terminology by trafficked people likely reflects the distance that they wish to create for that experience. That

experience nonetheless, and unfortunately, becomes the basis – and identity – necessary to make steps toward legal rights, care, and place.

I too deliberated on how best to approach labels given to the exploited individuals whose narratives make up these chapters. The "victim" discourse falls short in highlighting the agency and rational decision-making of many who experience exploitation. Yet, official legal, and often psychological and medical, discourse adopts "victim" and thus its use would serve a purpose in understanding the ways in which "victim" plays a role in care provision. "Survivor" discourse reclaims much of the agency lost when attaching the "victim" label to those who have experienced violence, abuse and exploitation. However, neither "victim" nor "survivor" adequately captures what I sought to explore nor the realities of care provision to trafficked people.

This work uses, and introduces, the label "identified trafficked people." Much like Brennan (2014), I use "trafficking" discourse to reflect the use of governmental definitions that emerge as authoritative in providing and receiving forms of care after having been trafficked. The spaces of care in which these individuals moved became accessible due to this larger definition of trafficking that identifies clients and patients has having endured a certain experience. I recognize the complexities of a trafficking experience where identified trafficked people often, "…have little in common other than their U.S. government designation as 'trafficked'," (Brennan 2014, 9). Yet, it is a particular trafficking identity that "grants" access to certain spaces of care, such as my two field sites, as well as legal, social and health resources. With this in mind, it was

important to continue to use "trafficking" in talking about the people I spoke with, as they were "trafficked people" by receiving care in the places that I witnessed.

Identified trafficked people, as a label, recognizes the social and legal distinctions grounded within exploitation, but also understands the lack of recognition by formal institutions of countless individuals experiencing similar violence and abuse. Like a racialized identity, where conceptualizations of a "race" impart on individuals and become embodied (Gravlee 2009), a trafficking identity does not speak to inherent individual attributes but is the result of an external perception; external perceptions that become embodied in mental health and legal discourse (see Background Chapter). In agreement with Brennan's (2014) providers that she spoke with who are concerned with exploited migrant workers more broadly, the label "identified trafficked people" calls for a concern that care for trafficked people often only comes when one has been identified as such. However, I choose "identified trafficked people" rather than "formerly trafficked people" because the individuals I spoke with suggest that trafficking is not a contained experience. The basis of a person's trafficking identity is often on a particular trafficking experience, however exploitation can continue before and during their journey of care and life (re)building.

Thus, I "give" participants in this research the label of "identified trafficked people." Their movement in the various spaces of care analyzed in these chapters is a result of their previous identification as having gone through the experience officially determined as "human trafficking." Identified trafficked people includes those individuals at-risk for exploitation as service organizations still provide care labeling them within a

larger realm of human trafficking. To be "at-risk" for exploitation or human trafficking implies that these experiences are on the horizon and thus continue a certain conceptualization of exploitation.

Particular "care packages" are created specifically for people identified as trafficked. Thus, it is virtually impossible to provide this particular care for trafficked people not identified as such; they remain invisible. Broader conceptualizations can better capture the extent to which exploitation affects vulnerable people. Thus, this project is concerned with how becoming identified as trafficked influences care and day-to-day experience and considers ways in which definitions of human trafficking might better identify, and provide care for, those countless individuals who are exploited and do not have the voice, nor identity, to receive that care.

Through the Landscapes of Care

During fieldwork, I became immersed in, and aware of, the many spaces of care that identified trafficked people move. Whether in a small mental health clinic, a historical urban park, or on university sidewalks, the particular places in which care took place emerged as critical to the overall lived realities of identified trafficked people. Experiencing human trafficking likely involves experiences of displacement. Physical or psychological coercion and force keep trafficked people in particular locations involuntary engaged in exploitive activities. Thus, even if trafficked within one's own community, displacement of trafficked people occurs from their physical and metaphorical home, as well as distinct "places" of safety and stability. After a trafficking experience, a person can struggle to regain their sense of place. Whether emerging in a

new and foreign land, or being unable to return to home and family, trafficked people continue to experience displacement as they seek to rebuild themselves and their lives.

I witnessed the many ways in which place and care intertwined among identified trafficked people and care providers. Spaces became important as formal and informal locations to receive social care in the form of community building and relationships, and material care in the form of medical treatment, therapy, food, jobs, among many others. Furthermore, it was always more than one place. The various spaces that these people moved between were often disparate but each offered important caring experiences, or lack thereof, to trafficked people. I became interested in these spaces and the role they, individually and together, play as care worked to (re)make these people after their experiences of exploitation.

Attention to place and care often becomes subsumed under terminology like "medical geography" or "health geography." Medical geography attends to the cultural and environmental interactions with place and health. While medical geography pays closer attention to biological impacts of the environment on human health, emerging terminology of "health geography" seeks to introduce social elements with understandings of health and place (Meade 1998). "Medical geography and health geography both view health as more than an absence of disease. Both – as geography – work across a variety of scales, deal in space, and are concerned about place," (Meade 1998, 3). For the sake of my analysis, however, health geography does not reach the conceptual extent of health and place that are important for care among trafficked people. I agree that social elements tied to places influence health, but seek a perspective where

place acts as a foundation to explore how care moves and how caring relationships are formed.

Christine Milligan and Janine Wiles (2010) define landscapes of care as the, "…spatial manifestations of the interplay between the sociostructural processes and structures that shape experiences and practices of care," (739). The concept of landscapes of care attends to common spaces – such as hospitals, therapist rooms, and family living rooms – as well as unusual spaces – such as schools, workplaces or sites of demonstrations – as important places considered in concert where care and care relationships emerge. It places relationships first, and seeks to understand how material and nonmaterial spaces become caring (Milligan and Wiles 2010). "Landscapes of care are multilayered in that they are shaped by issues of responsibility, ethics and morals, and by the social, emotional, symbolic, physical and material aspects of caring…" (Milligan and Wiles 2010, 740). These factors embody care and flows between people and places.

I am concerned with how organizations identify and initiate care and care relationships with trafficked people. This encompasses how that care extends from provider to patient/client and vice versa. I am also concerned with the ways in which identities embody forms of care received. For identified trafficked people, their identity as a trafficked person exposes particular care "packages" that have been created and earmarked for people undergoing a specifically defined experience. For these reasons, I find landscapes of care to be an important analytical concept to explore the spatiality of institutional and informal care, providers of care, and those receiving care and self-caring.

Landscapes of care occur at multiple levels. It enables a perspective of the multiple landscapes that occur vertically and horizontally in human experience. Specific landscapes of concern in these chapters include structural landscapes in which governmental policies and larger societal views produce specific caring interactions. Interest lies also in institutional landscapes in which organizations establish and interact between each other and with clients/patients to provide care, the informal landscapes that produces social and affective care, and finally individual landscapes that encompasses all other landscapes in addition to the particular webs that people themselves produce. Landscapes of care are hard to define and emerge as phenomena that encompass an entirety of human interactions with care. Identified trafficked people often experience profound displacement and seek to regain a sense of place as they move forward with their lives. For this reason, there cannot be a displacement of care when investigating questions of how that care moves and interacts in the world.

Chapter Overview

The following chapters explore the many landscapes of care for identified trafficked people. In doing so, this thesis itself produces a certain landscape of care. Each chapter explores aspects of particular care among identified providers and trafficked people. Individually, each ethnographic exploration understands a specific landscape. Together, they form a larger landscape as an amalgamation of these chapters but also overlap and illustrate the many ways that landscapes of care interact and can be improved or studied further.

Chapter 1 serves as a background chapter introducing and questioning many aspects of "human trafficking." It pieces apart the discourse that produces understandings of human trafficking, and connects this discourse to the various categories underneath the umbrella concept. This enables a foundation to explore how these categories shape individual experience and care provision. This background chapter also explores place and care. These serve as theoretical orientations to understand the many intricate webs that care, space and place form between providers, clients and landscapes.

Chapter 2 lays out the methodology for this project. Introducing ethnographic segments that establish positionality, this chapter "places" the anthropologist within the many landscapes of care studied here. Whereas each chapter continually paints a picture of the various field sites, Chapter 2 will explicitly discuss the two organizations in which I conducted participant observation as well as the roles I had as both researcher and active participant. It is here that recruitment, analysis, and methodological orientation emerge and are explained.

Chapters 3 and 4 intimately analyze the formations of care within my two field sites. The HORIZON Program serves as distinct example of the ways psychology, trauma, and law interact with organizational discourse and provider perceptions. As the first example of a particular space and landscape of care, the clinical realities at this organization help understand the importance that distances between care produces as I argue for the discursive impact of certain spaces of care and the barriers they may produce. Chapter 4 further explores Outreach Inc. as an organization of the formalization of informally place-based care. The engagement of life coach mentoring and street

outreach produce a unique perspective on spaces of care in which providers become vehicles for mobility. Within Outreach Inc., broadened landscapes of care serve as an analytical point for care results and affective responses.

Chapter 5 connects both organizations from the previous chapters with the experiences of their clients. The reservation of identified trafficked people's voices for this chapter enables the preceding chapters to establish a base understanding of how care is constructed and provided to better connect organizational discourse and care with client experiences of care. Through two narratives and one field note vignette, this chapter explores the day-to-day lived reality of clients of both the HORIZON Program and Outreach Inc. paying particular attention to the places and spaces where provider-client interaction occurs as well as those that are self-carved by the individuals.

Finally, I conclude by connecting organizations with clients and situates them within a larger context of care. With some final ethnographic and interview data, the conclusion introduces new voices to illustrate a final piece to an intimate puzzle of care. Concluding discussions of identity, place and care enable for clear recommendations for both effective intervention and further research.

While addressing issues of care for identified trafficked people, this thesis provides an anthropological exploration of care, identity, and place more broadly. Examining how these interact can better illuminate health and care experiences for identified trafficked people, and others experiencing displacement. These chapters seek a better understanding of landscapes of care for use by those involved. The voices and experiences of identified trafficked people and care providers remain at the forefront of

this project. In-depth interviews and participant observation opens doors previously unexplored to the ways in which care is provided, received and formed into relationships and spaces that emerge important to those present in these chapters. Combining the provider and client/patient perspectives will lead to a more complete understanding of healthcare experiences and lead to holistic care partnerships and relationships within this field. Anthropology as a platform can address the increased silencing among those experiencing exploitation and in need of care.

CHAPTER 1: BACKGROUND

"I don't know who you are. I don't know what you want. If you are looking for ransom, I can tell you I don't have money. But what I do have are a very particular set of skills, skills I have acquired over a very long career. Skills that make me a nightmare for people like you. If you let my daughter go now, that'll be the end of it." – Bryan Mills (character played by Liam Neeson), "Taken" (2008)

An Overview of Human Trafficking

The 2008 film *Taken*, is a well-known sensationalized Hollywood portrayal of human trafficking. In the film, an American father uses combat and tracking skills to find his daughter's "traffickers" and rescue her from sexual exploitation. Depictions like this, as well as web images and media reports come to occupy center stage in the public imagination of human trafficking.

Fig. 1.4 Image symbolizing human trafficking (The Borgen Project 2015).

The media is powerful in shaping how society conceptualizes issues, topics and experiences. Edward Snajdr (2013) would characterize this as a master narrative. A master narrative is,

> "An overarching cultural message as well as a framework of knowledge and action. Operating discursively through textual and other communicative

> technologies, a master narrative tries to 'make normal' both ideology and action on the broadest and most pervasive levels of spheres of society," (Snajder 2013, 230).

Large-scale dissemination of an ideology, mainly through media and politics, produce a master narrative. It emerges and elicits particular affective and moral responses to certain issues. A master narrative can produce what the public understands and *feels* about human trafficking. Cultural material such as maps serve as a visualization of the narrative and provides, "…definitive representation of political and cultural space," (Snajder 2013, 236).

Fig. 1.5 Global trafficking flows (Goldberg 2014).

Figure 1.5 illustrates global flows in human trafficking based on United Nations (UN) data. The arrows start in origin countries and point to destination countries; the regions in blue text represent the predominant destination regions for trafficking. According to Snajdr, "Maps carry explicit discursive authority in Western culture and provide definitive representation of political and cultural space," (2003, 236). Depictions like this add weight to the "burden" of trafficked people in particular nations that further an "us" versus "them" mentality.

The section that follows traces the master narrative through political definitions and policies. The master narrative produces a general understanding of trafficking that displays extreme forms of trafficking and fails to capture textured realities. Human trafficking is complex and is thus hard to describe with a singular, narrow, definition or as binary such as sex vs labor trafficking or more broadly trafficked or not trafficked. Interdisciplinary scholarly and activist perspectives highlight this complexity and break the narrative. How do the various global, governmental and non-governmental institutions, however, conceptualize and disseminate knowledge about human trafficking?

The United Nations Office on Drugs and Crime (UNODC) is a section of the UN dedicated to addressing drug and international crime. They are, "mandated to assist Member States in their struggle against illicit drugs, crime and terrorism," (UNODC, 2017). They thus emerge as an authoritative voice on policies surrounding transnational crime – a jurisdiction that human trafficking falls within. The UNODC positions itself as the only entity directly conceptualizing and enforcing global laws on human trafficking.

In 2000, the UNODC put into effect the Protocol to Prevent, Suppress and Punish Trafficking in Persons. It focused predominantly on women and children and served as the first global agreement on a definition of trafficking. Officially, the definition of human trafficking became:

> "Trafficking in persons" shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation," (UNODC 2004, 42).

The key terms of this definition are force, fraud, coercion and exploitation. The UN explains that forms of exploitation include sex, labor or the removal of organs (UNODC 2004). In other words, human trafficking is defined as an experience where an individual is caught in a situation they didn't intend to be in where another individual takes advantage of them for financial gain (either through sex work, other forms of labor, or organ theft).

This definition symbolically joined the global community in a fight against the newly understood experience of human trafficking. Despite the lengthy definition with its key words, a single definition cannot account for the entirety of the experience. Activists working both with sex workers and migrant laborers make the case that human trafficking is a term too easily applied to certain people, while being too strict on others. Migrant workers in the agricultural industry are nearly all in exploitive situations. Only those who feel empowered to speak up are those already identified as trafficked (Brennan 2010). On the other hand, many are identified as trafficked who do not self-identify as such (Dejanova and Raghavan 2013). Migrants who cannot speak to their trafficking

experience, and trafficked women who become frustrated by many who continue to wrongfully identify them as trafficked illustrates disparities within a single, rigid trafficking definition.

The human trafficking discourse in the United States, and subsequently abroad, drastically changed with the 2000 Trafficking Victims Protection Act (TVPA). The TVPA laid the groundwork for the three P's in trafficking: prevention, prosecution, and protection. It essentially defined *whom* a victim of human trafficking was, the process for prosecuting criminals, and the protections afforded for identified victims (U.S. Department of State 2000).

Joining the official definition of human trafficking are wide-sweeping official estimates, described below, that present the scope of the experience. The Trafficking in Persons Report is an annual document that ranks each country on their compliance with United States trafficking laws. The 2016 report stated there had been 1,034 investigations of possible human trafficking conducted by Department of Homeland Security in 2015. The T-Visa, a visa granting four years of residency and a degree of legal rights to identified trafficked people, was granted to 610 "victims" in 2015 (U.S. State Department 2016). The National Human Trafficking Resource Center, an official non-governmental hotline for human trafficking, received 21,947 calls reporting possible trafficking in 2015 (2015, 2). The callers range from trafficked people, law enforcement, truck drivers, and potential traffickers. Other national organizations like the CIA in the past have reported 50,000 cases of human trafficking in 1999 and then 20,000 in 2003. (Gozdziak and Collet 2005). The International Labour Organization (ILO) in 2012 estimated that 20.9 million

people around the world are forced into labor or sexual exploitation (ILO 2012). In the same year, UNODC's annual global report used the ILO estimate and gathered information from 55,000 victims (UNODC 2012). In 2014, the same report now states, "At present, there is no sound estimate of the number of victims of trafficking in persons worldwide," (UNODC 2014, 6).

The varied statistics have as much to do with a lack of a clear, consensus methodology to measure trafficking as they do with organizational and national identification of trafficking. Those involved in human trafficking are considered a hidden population. A hidden population, "is a group of individuals for whom the size and boundaries are unknown, and for whom no sampling frame exists," (Tyldum and Brunovskis 2005, 18). The sampling frame and measurement also depend on the dominant moral and political perspective of those often identified as being trafficked – i.e. sex workers and migrant laborers (Tyldum and Brunovskis 2005). Sex workers are guilty or innocent depending on whether they are defined as victims of trafficking or perpetrators of prostitution (Chapkis 2003). The complex factors shaping how people are identified as trafficked is fraught with these ambiguities, as political, law enforcement and social service agents must identify and define them as such.

Sex versus labor trafficking

The extent and understanding of human trafficking is largely dependent on how authoritative agencies produce a certain definition of human trafficking. The TVPA subtly allowed a governmental discursive shift away from people trafficked into labor to solely focus on sex trafficking. The language of the TVPA concentrated on sex

trafficking and it's predominant occurrence amongst women and children. Human trafficking became a new way for governmental actors and anti-prostitution advocates to frame sex work as exploitative (Brennan 2014). This rhetoric has influenced media reports on trafficking as well as professional training in responding to it. For example, those meant to protect trafficked people – i.e., law enforcement agencies – have more training, "…in identifying 'vice' crimes such as sexual exploitation and, indeed, police officers are perhaps less likely to recognize other forms of exploitation, notably labor exploitation and domestic servitude…" (Malloch & Rigby 2016, 5). U.S. Immigration and Customs Enforcement (ICE) increasingly raids work environments to "catch" migrant workers as criminals rather than offer them protection by identifying them as trafficked and exploited individuals (Brennan 2014). Anti-immigration policy and lack of support and recognition allows for the perpetual exploitation of migrant workers who are threatened and forced into the silence of their trafficking experience (Brennan 2010).

Sex trafficking, according to the general understanding, appears easy to identify. New perspectives on sex trafficking seeks to define all those involved in sex work as exploited. This separates sex work from other forms of labor, in its definition as "sex work" and its immediate association with exploitation. Decisions about these definitions leave out sex workers, themselves (Brennan, 2014). Further, institutions and public perception are the ones defining these workers. In *Sex at the Margins*, Laura Augustin (2007) states, "The 'trafficking' protocol expresses women's presumed greater disposition (along with children) to be deceived, above all into 'prostitution', and their lesser disposition to migrate; the consent of the woman victim is sidelined," (40).

Understandings of trafficking prevents seeing women as rational actors and portray them only as passive victims.

The human trafficking discourse creates a public imaginary that no one in the sex industry wants to be there. This fails to account for other circumstances, such as sex work being the only job with a good wage or a job with a flexible schedule. Augustin argues that, while all kinds of people are forced (by an individual) into selling sex, not all of those who migrate (or not) and work in the sex industry do so against their will (Augustin 2007). Larger issues, such as a lack of migrant worker rights, sex worker rights and fair paying jobs together act as push factors into the informal economy and sex work. Further, the moral opposition toward sex work prevents it from incorporation into the formal job sector with adequate protections. Anastasia Hudgins (2007) reports that many women who work in sex work, the same women who would be described as being trafficked, do not want to be there (and often no *person* is forcing them to be there). Within their structural and life experience, these forms of labor emerge as the only, if not best option, available to them (Hudgins 2007). Attempts to separate sex and labor trafficking as dichotomous fails to account for a wide range of complex phenomena in which multiple forms of trafficking and exploitation overlap and converge.

Adult versus child trafficking

Another important category in the narrative of trafficking is age: the putative distinction between 'adult' and 'child' trafficking. Identified trafficked adults are the group most often researched and recognized, while identified trafficked children remain underserved and under researched (Rigby 2011). Politically speaking, the TVPA includes

a clause that considers any individual under the age of 18 years old who is involved in sex work a victim of domestic minor sex trafficking, or commercial sexual exploitation of children (CSEC). This does not require explicit force, fraud and coercion by another person (U.S. Department of State 2000). Separate from federal standards, many U.S. states are passing Safe Harbor laws that vary by state, and even age, further specifying the protection and services for those involved in CSEC (Polaris Project 2015).

'Street-level' work and perceptions on children trafficked into sexual exploitation has shifted from defining them as juvenile delinquents to definitions of victims of abuse. Political and legal rhetoric labels youth engaged in commercial sex work no longer as criminals but victims of a crime. Jennifer Musto (2013) states,

> "This shift in classification has prompted law enforcement to change their perceptions and mentality, a shift made possible by heightened training on trauma and post-traumatic stress disorder (PTSD), and through their collaborative relationships with social service providers and advocates," (267).

Law enforcement's role as one of the main agencies that recognize and respond to CSEC means detaining young people upon identification has become a main form of protection (Musto 2013).

Domestic versus "foreign" trafficking

In exploring definitions of human trafficking, one piece remains; the apparent dichotomy between "domestic" and "foreign" identified trafficked people. These distinctions matter heavily in forms of care available to identified trafficked people. Revisiting political definitions of human trafficking illustrates tension between domestic and international human trafficking. The TVPA extends protections and legislations to both domestic and international identified trafficked persons who are inside the United

States (U.S. Department of State 2000). Human trafficking statistics, as evidenced above, place emphasis on the global scale of the experience (Clawson et al. 2009). The services offered in the United States, however similar, differ in terms of access based on whether a person is a U.S. citizen or not. These distinctions emerge largely recognized as one of three categories: certification, Non-Immigrant T visa, and Continued Presence. Further, these are far more critical for "foreign adult victims" as U.S. citizens, lawful residents and foreign trafficked children[2] receive eligibility for many available services without undergoing certification or visa processes (U.S. Office of Refugee Resettlement 2012).

The United States Department of Health and Human Services (HHS) largely handles victim of human trafficking certification. Once identified as trafficked, by any number of means such as law enforcement, medical personnel or self-reporting, a "foreign" trafficked person is eligible for pre-certified services. These emerge largely as community-based in the form of food pantries, shelters and free community clinics. New York and California have enacted their own legislature to extend funding and resources for services for pre-certified victims. Finally, federal services largely provide funding and do not have their own set of services for pre-certified trafficked people (HHS 2012).

For an identified trafficked person to become certified, they must meet the criteria that they have been trafficked (defined within the TVPA), comply with reasonable request by law enforcement (unless given a trauma exception, explained below), applied for a T visa or have received Continued Presence (U.S. Office of Refugee Resettlement

[2] For foreign child victims, the Office of Refugee Resettlement issues a letter confirming their status making them eligible for certified services.

2012). Once certified, HHS authorizes access to apply for federally funded services that are similar for refugees. Certified "foreign" adults are eligible for things like Refugee Cash Assistance and Refugee Medical Assistance, Supplemental Nutrition Assistance Program, Public Housing Program and financial aid (HHS 2012).

The other crucial resource offered to foreign identified trafficked people is the T visa. The T visa is specifically designed for people identified as trafficked into the United States (but not residents/citizens of the U.S.), by law, who reasonably comply with law enforcement and have no extenuating issues preventing them from staying. A recent "trauma exception" measure exempts individuals suffering from severe mental trauma from working with law enforcement as a requirement of the T-visa, until they are ready to do so (Greer 2014). The T visa is designed for trafficked people to have, "…the opportunity to rebuild their lives without fear of deportation," (U.S. Office of Refugee Resettlement 2012). Despite the huge estimates in prevalence of trafficking stated earlier in the chapter, the TVPA sets a cap of 5,000 T-visas issued annually (Brenna, 2010). If provided, the T-visa allows foreign identified trafficked people residency in the United States, with employment rights, for up to four years followed by the option to apply for permanent residence (U.S. Citizenship and Immigration Services 2014). T visa recipients are eligible to apply for lawful permanent residency status after continued presence in the United States (U.S. Office of Refugee Resettlement 2012).

The final legal and political distinction for "foreign" identified trafficked people is Continued Presence. The criminal justice system holds jurisdiction for this status, as it is requested by Federal law enforcement. Granted by ICE, Continued Presence enables

identified trafficked people a one-year stay in the United States to assist in the investigation or prosecution. They are also able to receive employment authorization with this status (U.S. Office of Refugee Resettlement 2012).

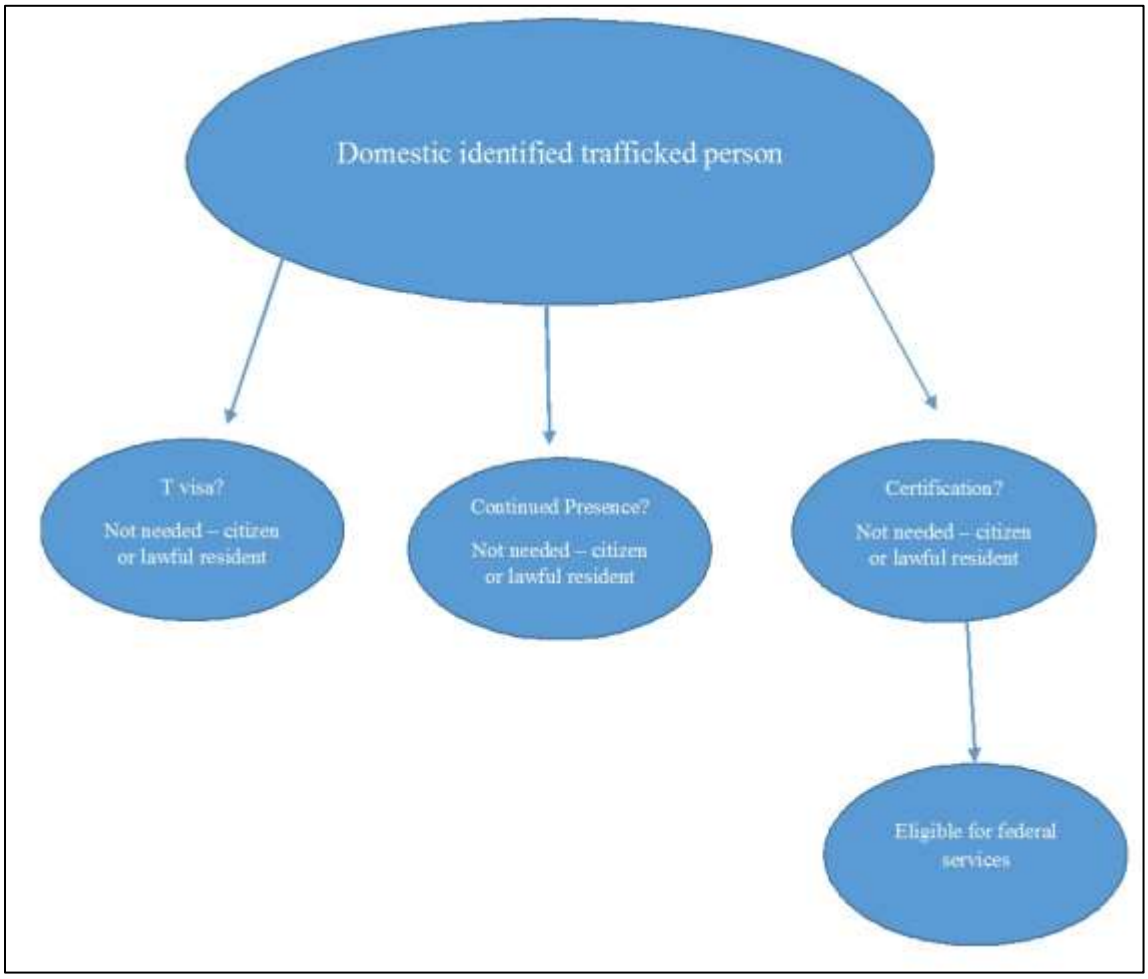

Fig. 1.6 Flow chart of services for domestic identified trafficked people (Courtesy of Jeff Nicklas; (U.S. Office of Refugee Resettlement 2012; HHS 2012))

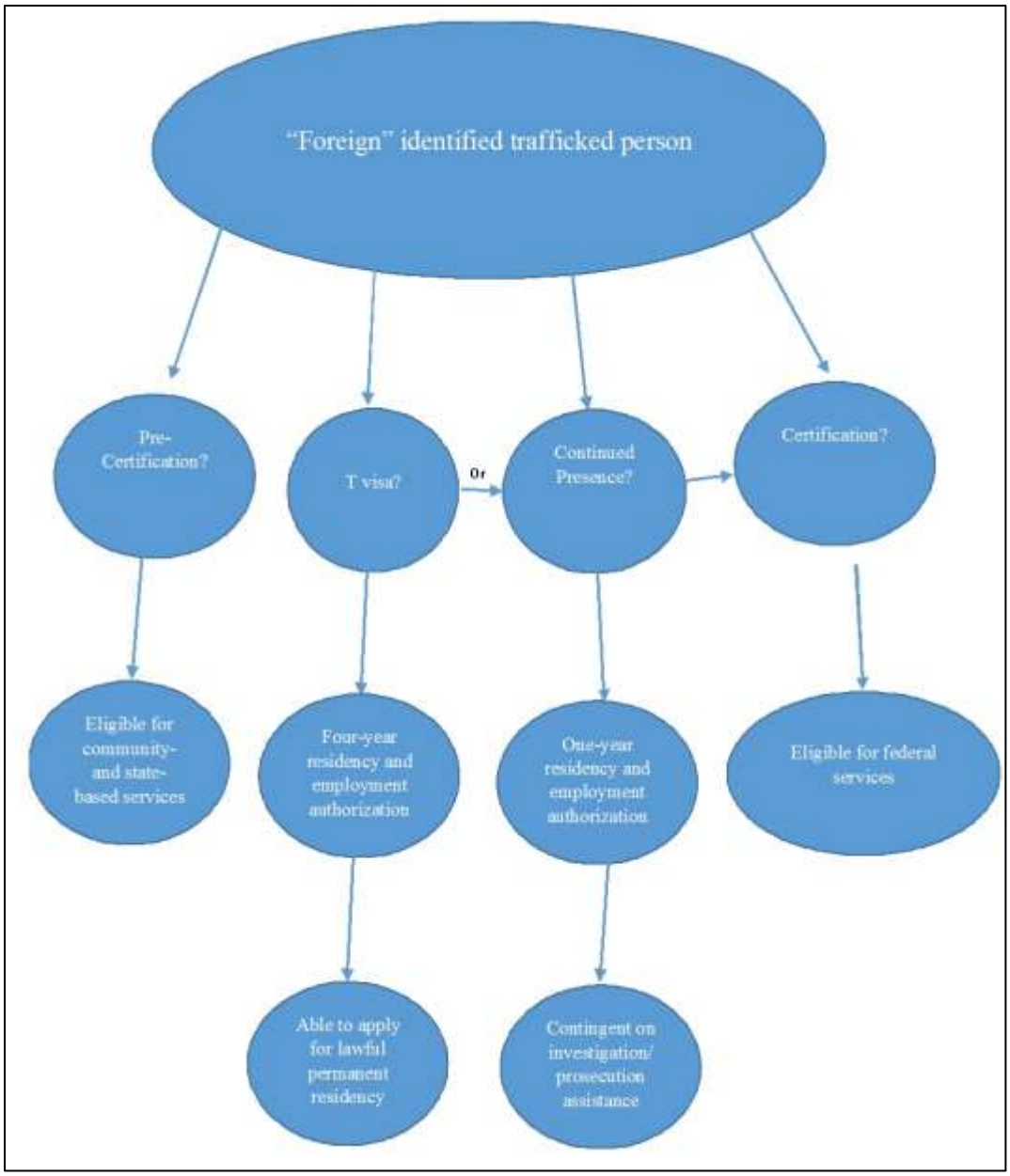

Fig 1.7 Flow chart of services for foreign identified trafficked people (Courtesy of Jeff Nicklas; (U.S. Office of Refugee Resettlement 2012; HHS 2012)).

Finally, there are global implications of the TVPA. One impact of the TVPA is the production of the Trafficking in Persons Report (TIP). The TIP, as previously mentioned, is an annual document produced by the U.S. State Department that provides a "state of" report of global human trafficking and includes statements by important

politicians and vignettes of trafficked people's stories. More importantly, the TIP ranks each country by their efforts to combat trafficking. Rankings for each country range from Tier 1 to Tier 3. Tier 1 countries fully comply with the TVPA's standards on combatting human trafficking, while Tier 3 countries make the least effort. In 2016, Tier 1 countries included Israel, the Philippines and the United States. Tier 3 countries included Haiti, Venezuela, Russia and Syria (U.S. Department of State 2016).

The global monitoring and subsequent ranking illustrated in the TIP is not without political weight. The TIP (2016) stipulates that, "…governments of countries on Tier 3 may be subject to certain restrictions on assistance, whereby the President may determine not to provide U.S. government non-humanitarian, nontrade-related foreign assistance," (39). This also includes granting the President a degree of power in dictating to international agencies such as the International Monetary Fund to withhold loans to Tier 3 countries (U.S. Department of State 2016). Anastasia Hudgins (2007) describes the politics of the TIP as more about relationships with the U.S. than concern with the extent of trafficking in a given country. She states, "For example, Japan is a second-tier country, while Venezuela is categorized as third-tier. Japan is an economic and political ally, while Venezuela is veering sharply away from U.S. neoliberal policies," (Hudgins 2007, 410). Yet, Japan has an estimated larger problem with human trafficking than Venezuela (Hudgins 2007).

These examples of the complexity within human trafficking highlight disparities and distinctions within officially agreed upon policy and discourse. The different discussions on sex versus labor trafficking, adult versus child trafficking, and domestic

versus foreign trafficking, highlight that human trafficking is not a structured experience illustrated in regulations and checklists. Where political definitions seek to unify how human trafficking is understood, others fighting for migrant and sex worker rights push back. Further, the various "kinds" of trafficked people, and the legal pathways and services available to them, differ and yet try to fit under one definition. Understanding the complexities within policy and discourse lays a foundation for explorations of discourse, identity and care that emerge in this project.

Critical Place and Well-being

Consider these three places: a home, a grocery store, and a street. These are spaces and places that one might move within on a daily basis. Does much thought go into our experiences of these places? The production and co-production of meaning exists in every place by all those who inhabit them. Place is important for those attempting to rebuild their lives. Place is important for those without a place. Place has power.

Considerations of place and its influences on human, and non-human, experience illustrate implications for health and wellness. For human trafficking and care, place emerges significant. Human trafficking clashes with places that are critical before, during and after the experience. Places like the home, a foreign home, a new country, visits to the grocery store or doctor, going for clinical care, or living on the streets are all experienced differently and influence care.

Why place?

The bulk of this research on the production of care for identified trafficked people considers deeply the places where this care does and does not occur. In *Place in*

Research: Theory, Methodology and Methods, Tuck and McKenzie (2016) consider place and question the ways that physical space impacts social life and directly impacts the lives of the people who occupy them. The authors state, "In much social science research, place is just the surface upon which life happens," (Tuck and McKenzie 2016, Location 360). Rather than only address the different places where certain social processes occur, critical place inquiry seeks to understand how place imparts on those processes. This thesis is concerned with the varied processes of care. A critical place inquiry enables an exploration of reciprocal meanings that emerge between space and care. Regarding care and human trafficking, it considers the particular places where care emerges. Power dynamics may influence or limit care and how place becomes a conduit for care and the formation of care relationships.

Critical place inquiry posits that place is powerful and that the powerful impose upon place. What exactly does this look like? One focused inquiry into place surrounds Native and Indigenous communities and sense of place. In *Wisdom Sits in Places*, anthropologist Keith Basso (1996) discusses the importance of place to Native identity and history. Basso cites the Western Apache as an example in which, "The people's sense of place, their sense of their tribal past, and their vibrant sense of themselves are inseparably intertwined," (1996, 35). Many Native groups do not consider themselves as acting upon the land, but exist in relation to the land. Some have evaluated and revised Descartes' philosophy of "I think, therefore I am" in order to better capture Native American sense of place. One conceptualized alternative examines the importance of community to identity and states, "We are, therefore I am." With place, Cartesian thought

might posit, “I am, therefore place is.” Indigenous communities might conceive it as, “Land is, therefore we are,” Cultural, political and historical understandings of identity impart on relationships with place (Tuck and McKenzie 2016).

Activist Winona LaDuke (199) has looked at environmental and cultural harm among Native communities. In what LaDuke calls the “toxic invasion” of Native America, she analyzes the American government’s encroachment on and subsequent pollution of Native land. She states, “Reservations have been targeted as sites for 16 proposed nuclear waste dumps,” and goes on to say, “Seventy-seven sacred sites have been disturbed or desecrated through resource extraction and development activities,” (LaDuke 1999, 3). Through federal policies, the U.S. government polluted important places and thus polluted Native sense of self. Native communities have been resilient to these impositions; critical place methodologies have been one such way of resilience for Native Americans.

Disregard for groups of people emerges as a disregard for place. A dominating U.S. authority continually desecrates the spaces and places where it has forced Native Americans to live. As power exerts itself onto these people, it also exerts itself into the places they occupy. Those in power may have never experienced a threat to their sense of place and thus have never formed deep connections to their places. Further, Western authority adopts largely follows Cartesian thought that suggests place exists to serve people rather than the opposite.

Institutions and individuals dominate and dictate spaces in which trafficked people occupy. Someone who has been trafficked makes the rational decision either to

seek opportunities for a new sense of place or to improve their existing places. Yet, those trafficking them control the places in which they are trafficked. At an institutional level, "formalized" exploitation in places like factories and farms can occur because of a governmental blind eye to seeing this as exploitative. Further, as someone emerges from a trafficking experience, they must reform their sense of place. Explored in this thesis are the ways in which these "post-trafficking" places are dictated by institutional systems of care. Large and localized place becomes critical in an exploration of displacement.

In *How Racism Takes Place,* George Lipsitz (2011) discusses the intricate and calculated way that white racialization influenced politics that in turn influenced the American geography. Policies during the 1940s and 1950s altered the U.S. urban landscapes and promoted the movement of white middle class citizens to new suburban neighborhoods. The United States government, during this time, supported mortgages that enabled white families to make this move (Lipsitz 2011). Lipsitz writes, "Blacks shut out of the housing market by private and public discrimination were left with access only to inadequate and substandard means-tested public housing that deprived them of the assets that whites secured from homeownership," (2011, 27).

With the concept of the 'white spatial imaginary', place is influenced by power and power is influenced by place. The discriminatory government of the mid-20th century altered physical and racial geography by supporting newly built, high quality suburban neighborhoods for white communities to move away from the city, leaving people of color to reside in poorly constructed, low quality housing within the urban confines.

Moving into these neighborhoods, and thus living in this new space, altered the mindset of white citizens. Living in this new physically (and racially) distinct area meant that, "…instead of recognizing themselves accurately as recipients of collective public largesse, whites came to see themselves as individuals whose wealth grew out of their personal and individual success in acquiring property on the 'free market'," (Lipsitz 2011, 27). Places, such as suburban neighborhoods, become specifically "white." In addition, ideologies of "whiteness" infiltrated the way that places should be constructed and experienced. "The white spatial imaginary idealizes 'pure' and homogenous spaces, controlled environments, and predictable patterns of design and behavior. It seeks to hide social problems rather than solve them," (Lipsitz 2011, 29).

Authoritative actors insert cultural and social preferences into policies that affect the world. Lipsitz discusses the effects of white ideology on neighborhood and housing policies. Through control of space in attempts to hide social problems, governments can produce spaces based on a particular imaginary. For example, state efforts to stop large criminal human trafficking efforts acts to hide social problems inherent in migrant labor exploitation or the possibility of family-based trafficking and exploitation. As we consider human trafficking and place, the particular landscapes in which care takes shape have not emerged in a vacuum. In looking specifically at displaced trafficked people after their experience, the policies that define space more broadly (such as that with homelessness and subsidized housing) become critical to the rebuilding of sense of self and sense of place.

Issues of migration and movement, concepts important to this overall project, connect with place and the power of place. A globalizing world leads to increased global mobility, mobility that is not experienced evenly[3]. Tuck and McKenzie (2016) state, "While some have the privilege of choosing to travel, others are not able to due to financial or political circumstances, or inversely are forced to 'travel' as refugees, through being removed from homeland, or as migrant workers sending remittances home to distant family," (Location 957).

Doreen Massey (1994) discusses mobility in the context of her concept of power geometries. In this concept, the placement of individuals and groups specifically based on the power that exists in global flows and movement (Massey 1994). She states,

> "Different social groups have distinct relationships to this anyway differentiated mobility: some people are more in charge of it than others; some initiate flows and movement, others don't; some are more on the receiving-end of it than others; some are effectively imprisoned by it," (3)[4].

While human trafficking does not necessitate physical long-distance movements, there is inherent migration occurring. Even if someone is trafficked within their own community, they may migrate to a new neighborhood or home but are also migrating into a new lifeworld and experiience. Their mobility is not free but constrained by globalizing production of job markets and opportunity limitations. Massey's suggestion that some people may be more in charge of movement is evident in a human trafficking context

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3 Globalization is important in considerations of place and when thinking about human trafficking as a broad phenomenon, but is not of extreme relevance to this current project. For more on the debate of whether or not place remains important in the context of globalization, see Agnew (2005), Friedman (2007), Miller (2008), and Smith (2010).

4 For further theoretical considerations of space and justice, see Soja (2010).

where economic powers heavily influence large-scale movement as well as the more localized traffickers who physically and symbolically "move" identified trafficked people.

Individual people experience place differently in the globalizing world. Individuals from wealthier countries freely travel to virtually anywhere in the world for vacation and leisure; individuals from low-income countries experiencing conflict and oppression go to great lengths to experience new places for safety and stability. Even within places, experiences are different. A beach destination to some becomes a serene place to unwind and refresh; to others it becomes a place of financial opportunity to support families within a tourist economy[5]. Put simply, there are globetrotters and international business people and then there are migrants seeking to cross borders and, "…grab a chance of a new life," (Massey 1994, 3). In the context of human trafficking, the post-trafficking lived reality strongly dictates how places are experienced. Without homes, many identified trafficked people sleep and live in public spaces. These spaces are often the site of businesses and leisure activities, producing a juxtaposition to that of a trafficked person's experience. Further, famous tourist sites might become sites of economic survival for trafficked people while giving rise to feelings of relaxation and escape for tourists who visit them.

Place is critical and impossible to ignore when considering almost any aspect of life. It plays a part in the reorganization of entire countries through colonization and oppression. In urban settings, the point of racial distribution and production of particular

5 For more on the political economy of tourism, see Padilla (2007).

mindsets embeds into place and influences the construction of place. Place also becomes out of reach for some and easily experienced by others. Different perceptions of specific places exist between those able to take a break from a long workweek and to those who will stop at nothing to have even a full day of work. Alongside these influences of place on the lived experiences of humans comes the impact of place on well-being.

Placing well-being on the map

The effect of place on well-being occurs both physically and mentally. The literature focuses on both concepts and theories of how place might affect health. These authors have also produced data to show direct links between place and health. A concept important to these chapters is sense of place (DeMiglio and Williams 2008).

Suggested in the previous section, place has the power to be abused, to be abusive, or to instill a sense of belonging, all of which can influence health and wellbeing. A sense of place relates to the experience of being in a place. In their book, *Sense of Place, Health and Quality of Life,* Lily DeMiglio and Allison Williams (2008) explore the differing theoretical and conceptual frameworks that construct a sense of place. According to David Hummon, "…sense of place is inevitably dual in nature, involving both an interpretive perspective on the environment and an emotional reaction to the environment," (Hummon 1992:262 *in* DeMiglio and Allison 2008).

Yi Fu Tuan makes a distinction between sense of place and rootedness. Sense of place is conscious and rootedness is unconscious. While sense of place sounds like the unconscious experience of belonging, Tuan (1980) argues, achievement of sense of place occurs with the experience of being in that place (DeMiglio and Allison, 2008). Kathleen

Lynch (2016), in her ethnography of urban Native experiences of place provides a clear example of this distinction. Lynch discusses the trauma experienced in the marginalized neighborhood where urban Natives live. Sense of place means urban Natives are aware of the oppression existing in the places they live but they were not from these neighborhoods. Put differently, they were not "rooted" in these places (Lynch 2016).

Sense of place relates to a sense of belonging. A person or community generates a sense of place through varying experiences. This goes both ways; someone can lose or not acquire a sense of place from these experiences. Separate from political and economic access to place, the construction of meaning in physical settings can lead to different experiences. In one such study, researchers asked local and immigrant groups about their perceptions of urban improvement and restoration projects in neighborhood public spaces. While the public space was pleasant, many women (local and immigrant) did not feel safe spending time there because of the number of men occupying these spaces (Ortiz et al. 2004).

Immigration, relocation and displacement create unique needs for individuals to rebuild relationships with place and sense of place (DeMiglio and Williams 2008). Sense of place and belonging seems to relate to length of residence and ownership of place in property (Williams and Kitchen 2012). In their study on three different socioeconomic neighborhoods in Canada, Allison Williams and Peter Kitchen concludes, "Housing appears to be the most important variable in determining health-related sense of place, even possibly showing greater importance than the neighborhood itself," (2012, 271).

For an individual after a trafficking experience, sense of place appears an important concept in understanding their sense of well-being. An identified trafficked person might be in a new country or city. They may also be near their home community but fear shame or stigma upon returning home "empty-handed" from the opportunities they sought. Sense of place is critical when learning about life after a trafficking experience. As a concept, it can help illuminate how certain places become important to day-to-day lives. More importantly, conceptions of power in place and sense of place helps provide a framework for explorations of how places become caring and produce experiences of care.

Theoretical Orientation

Frameworks of care

Care can have a variety of meanings. Classic conceptualizations include care as something to give, such as one when cares for the sick. It can also mean a strong liking or to be concerned about something (Merriam Webster n.d). Care can also be negative, and almost harm producing when someone takes care of a problem or person (Macmillan Dictionary n.d). The complexities of care have led to various forms of inquiry from anthropologists. Understanding care has involved explorations into varying caring worlds to see its intricacies and influences. This thesis is largely concerned with understanding the formation of care provision and care receipt by identified trafficked people. This section explores some theoretical frames of care, but it also delves into other theoretical considerations for this project. To understand care for trafficked people, we must also

understand the foundations that form this care such as theories concerning mental health and human experience, broadly.

Cristiana Giordano (2014) explores humanitarian state care provision for identified trafficked people in Italy. She is concerned with the apparatuses of care that work to produce a "final product" of subjectivity among the women who interact with these spaces. These agencies cared for women who had migrated from different countries. Giordano states, "In observing how each institutional setting worked with the ethno-psychiatrists and their patients, I realized that each actor engaged in practices of translation to produce an intelligible account of the other, or to relate to difference," (2014, 1). Translation becomes Giordano's framework of care in her work.

As trafficked women become identified and enter into a string of caring spaces, "…a complex interplay of therapeutic, bureaucratic, and religious apparatuses transforms foreign others into political categories – the 'migrant,' 'refugee,' and 'victim' – that the state can recognize and use to legitimize their difference," (Giordano 2014, 10). The spaces in which Giordano explores acts of translations include a mental health clinic, a catholic shelter, a police station, and an immigration office. In each of these instances, providers seek to produce an understandable subject out of these women. To be able to digest their difference, they no longer are foreign women but become "migrants," "victims," and eventually "Italian citizens." As a framework of care, translation illustrates how particular forms of care, such as legal status or shelter, can act as a process of acculturation and citizenship.

Sameena Mulla (2014), in her ethnography *Violence of Care*, analyzes the "world" of forensic nurse examination of rape victims. Situated in a hospital, Mulla observes the interactions of care between nurse examiners, victims, and the criminal justice system. Mulla argues that "care" occurs, but favors the preservation of evidence over the well-being of the victim. Through DNA collection, rape victims endure an examination for material evidence. Mulla states, "As she is interpellated into the forensic regime, the victim is subjected to the priorities of the forensic examination – she must relinquish her body to the forensic intervention for the good of collection evidence that may yield DNA," (2014, 47). The construction of the examination space serves the purpose of evidence collection. This physical and cultural construction produces a space that becomes uncaring for victims.

Mulla argues that care becomes violent when there is emphasis on criminal justice over victim wellbeing. The impacts of these examinations runs deep. Mulla asks what a victim learns about her experience and her sense of self. She states, "Among some of the things that she discovers, she learns that the work of care extends not only to her personal well-being, but to the precious organic evidence itself," (2014, 54). This suggests that victims come to form new subjectivities of themselves as rape victims. Rather than bodies in need of care, their bodies hold evidence that is in need of care. Both Giordano and Mulla understand care as transformative. In a way, both instances of care are violent as they implicitly and explicitly produce new selves from attempts to provide particularly defined care.

Lisa Stevenson (2014) provides another example of a complex provision of care with her concept of "anonymous care." In her work on Canadian Inuit's experiences with suicide and tuberculosis, Stevenson explores how governmental care emerges in the Arctic. Understanding this care as both physically and affectively distanced, Stevenson describes it as anonymous. This concept explores how state care acts as, "…a regime in which it doesn't matter *who* you are, just that you stay alive," (2014, 7). Care becomes a means to meet measurements of basic life. The Canadian government becomes less concerned with how the Inuit live just so long as they are alive. Stevenson attributes this partly to a state of indifference that governments adopt when providing wide-scale population-level care interventions. Yet, with the Inuit, a history of colonialism and oppression suggests that anonymous care may emerge as intentional when considering the social and historical relationships between Inuit and state.

Cheryl Mattingly (2010) provides one final concept of care. Her ethnography, *Paradox of Hope,* explores the experiences of African American families with children who have fatal or chronic illness attending a medical clinic. Mattingly opens her book, "In one sense, this is a book about everyone," (2010, ix). This simple statement lays a strong foundation for Mattingly's conceptions of care. Mattingly's examination lies with the unlikely spaces in which care emerges. She is less interested in formal care provision between physicians and children, but explores the ways and spaces where these families produce their own care and hope. In this analysis, Mattingly develops the concept of a borderland to explain these intimate spaces.

Mattingly states that there is, "…the recognition that social worlds are porous, that boundaries are fluid and contested, and that objects and people are bound together or travel in all manner of unexpected ways…" (2010, 6). The concept of borderlands, for Mattingly, is in the ways in which spaces become defined by practice. Rather than seek rigid, formal spaces of care, borderlands emerge as fluid spaces for the practice of healing and hope. Centering on the lobby of the clinic, Mattingly uncovers the ways in which the various families waiting in this temporary zone converge and produce new forms of hope and care for each other. These forms of care are just as, if not more powerful, than traditional or evidence-based healing. The production of these borderlands are without walls and can move with their creators.

These four examples of care, that it can transform "otherness" into "citizens," that it can be violent, that it can extend only so far as provision of minimal life, and that it can occur in the unlikeliest of places, illustrate the density of care. The extent to which care influences the lives of all involved within its world also lends to the notion of a landscapes of care. In each example, the authors explored the reach of care, both physically and symbolically. They also illustrate that care occurs between people, but also between nations and their people, and finally within the self. These four concepts of care deal each with their own distinct populations, but also overlap and extend. Translation, violent care, anonymous care and borderlands all emerge when examining care for trafficked people in the United States. To understand a landscape of care, we must understand *all* the forms that care takes as it moves along particular paths and encounters barriers. These concepts of care provide a framework for intimate exploration

of care provided to and produced by trafficked people. Just as these four authors understand care among specific groups and more broadly, this project's explorations of formations of care invokes particular responses within care for human trafficking and broader understandings of care.

Humanitarianism as a theory of care

The majority of these analyses of care are concerned with state construction of care. National governments, as members of the global community, engage in humanitarian intervention designed to provide assistance. Yet, as evidenced above and elsewhere, the care provided by the humanitarian state can be uneven or even dangerous. Understanding theories of humanitarian state care enables a better foundation for the study of the landscapes of care for human trafficking. As an internationally and nationally defined crime, human trafficking largely falls under the prudence of state actors. Whether providing the care themselves, or doling out resources to external organizations, the humanitarian state is firmly implanted within care provision to identified trafficked people.

A classic understanding of state construction of care is with the lens of biopolitics. Michel Foucault argues that the modern state exerts its power with the promotion of life. He suggests that state recognition of humans as bodies capable of production, influenced by increasing capital endeavors, led to the desire to optimize populations to increase state power (Foucault and Hurley 1990). Biopolitics is the power over life and states enact this power by managing and regulating its populations.

States, then, are "allowed" to decide how it protects the life of its populations. "Who counts as mad and should be in an asylum, and who has post-traumatic stress disorder and should receive reimbursed psychiatric care?" (Good et al. 2007, 178). State power answers these questions as they call on cultural, social and political understandings in making decisions about which lives to let live. These forces emerge in peculiar and calculated ways. Adriana Petryna (2010) illustrates how biological quantification of the effects of radiology poisoning following the Chernobyl disaster dictated which on-site workers would receive care. Miriam Ticktin (2010) shows us how life-threatening diseases, such as HIV, granting legal rights in new countries can motivate aspiring migrants to seek contraction.

Didier Fassin (2010) expands on and moves away from biopolitics as he explores evaluation of human life rather than the powers that govern them. Politics of life, Fassin's theoretical contribution to analyses of humanitarian care, are, "…politics that give specific value and meaning to human life," (2010, 453). Fassin explores how humanitarian organizations decide when to risk lives and when to save them. The preference to save lives of their own workers, for Fassin, demonstrates an inherent measurement of the value of human lives. Governments increasingly withdraw from forms of interventions while non-governmental organizations gain more power, and members of humanitarian organizations become elected officials. The weavings of politics, humanitarianism and evaluation of life produce what Fassin calls, "…a humanitarianization of national health and social policy and a politicization of humanitarian organizations," (2010, 458).

Together, these theories provide a grounded framework to understand how governments determine what forms of care are provided and how. As human trafficking is intimately linked to larger politico-legal rhetoric, humanitarian discourse and discussions of how to care for trafficked people emerge in biopolitical ways. Thus, the means of becoming identified as trafficked exist within a complex web that also accounts for moral, social and political conceptualizations. Care becomes largely determined by state actors but also emerges in distinct ways among specific organizations who exist within and alongside larger humanitarian apparatuses.

Questions of mental health and trauma

Human trafficking has robust mental health impacts on identified trafficked people. These impacts commonly emerge as three mental health disorders: post-traumatic stress disorder (PTSD), depression, and anxiety. Public health researchers have distinguished a set of specific "stages" in a canonical human trafficking experience to allow for better uncovering of the health risks in the experience (see Fig. 1.8 below).

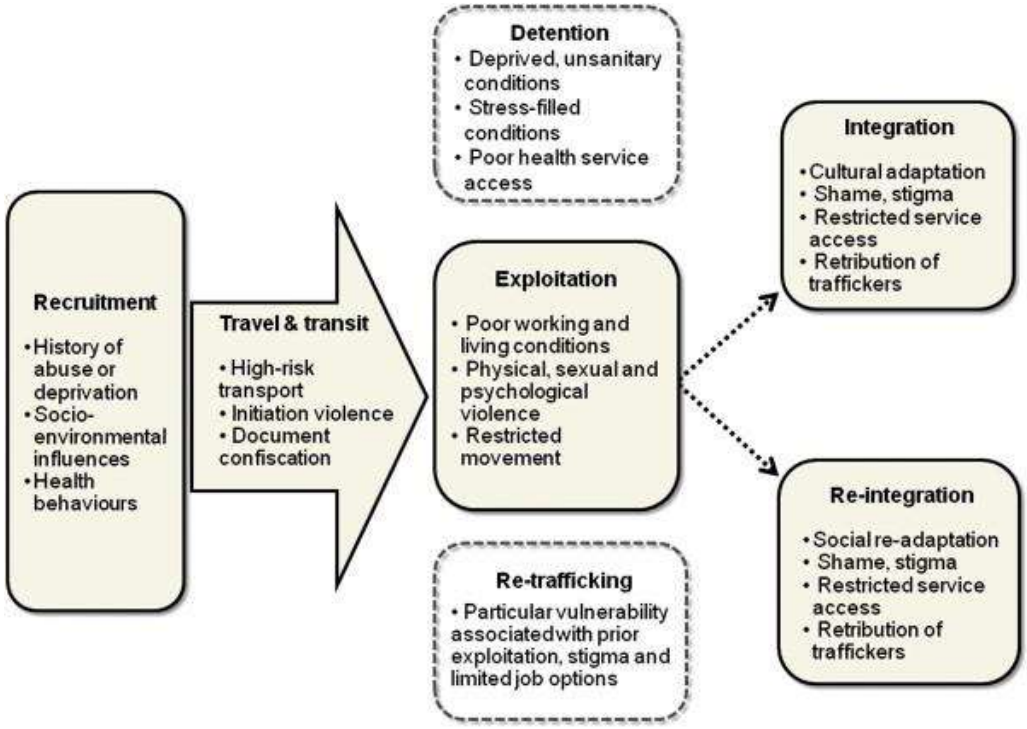

Fig. 1.8 Conceptual map of human trafficking stages and specific health risks within each (Zimmerman et al. 2011).

This figure includes attention to health risks and influences after a trafficking experience. In the 'Integration or Re-integration stage', Zimmerman and colleagues report seeing 57% of women and children having more than twelve poor health outcomes including headaches, fatigue, depression and PTSD (Zimmerman et al. 2011). Regarding depression and PTSD the article states, "Mental health is perhaps the most dominant health dimension in trafficking cases because of the profound psychological damage caused by traumatic events and the common somatic complaints that frequently translate into physical pain or dysfunction," (Zimmerman et al. 2011, 331).

Additional research finds high rates of mental disorders, but also understand the potential stigma of assigning mental disorders to all trafficked people when, "…their psychological reactions to such life-threatening violations are normal response to

extraordinary abnormal events," (Ostrovschi et al. 2011, 8). This echoes anthropological sentiments, discussed below, that question Western conceptions of suffering as abnormal rather than an accepted part of humanity (Kleinman and Desjarlais 1995). Other reports confirm these high rates where nearly three-quarters of participants who had been trafficked report depression, anxiety and PTSD (Oram et al. 2016) while others illustrate half of the participants exhibiting some form of Diagnostic Statistical Manual IV (DSM-IV) mental disorder (Abas et al. 2013).

The mental health literature solidifies, within the master narrative of human trafficking, that mental illness is a key concern for identified trafficked people. This in turn produces conceptions of legal and clinical care centered on mental health. T-visa applications, for example, are stronger if there is psychological validation of trauma (see Chapter 3). Thus, mental health becomes an acknowledged part of the care for trafficked people. Existing anthropological inquiries, however, question the face value acceptance of embedding mental health and trauma within these formations of care.

Atwood Gaines (1992), using a constructivist perspective, critically evaluates the concreteness of mental disease. A cultural constructivist approach picks apart a category to understand its cultural and historical meaning (Gaines 1992). Within Western mental health, Gaines states, "Psychiatric disease entities are created out of perceptions, which are simultaneously interpretations, of the experiences of the self, Other and of culturally constructed instances of abnormality," (1992, 4).

Gaines highlights that mental health and illness understandings stem from the Western Cartesian separation of mind and body. This foundational ideology separates

categories of mind and body meaning that mental illness is distinct from physical health. Psychiatry, Gaines suggest, represents a cultural view. He states, “In this view, mind, as seat of thought and reason, is distinct from the body, including the brain,” (1992, 13). That is, the way that a person, or institution, applies meaning to the mind’s function will influence how they identify and categorize phenomena specific to the mind.

The DSM is the foundational tome containing all “accepted” mental illnesses, disorders and other behavioral conditions. However, many of the categories were “founded” upon studies of homogenous groups in the United States. Further, the DSM focuses on pathology within a biological body. This narrow perspective leaves out difference and disadvantage (Messich et al. 1999). Mezzich and colleagues state, “There has been strikingly little effort to appraise the clinical and predictive utility of DSM categories, criteria, and axes on culturally diverse populations,” (1999, 461). Still the DSM represents the accumulation and institutionalization of Western mental health and illness categories nearly globally (Gaines 1992).

Important to trafficking is trauma, which is diagnostically identified with DSM categories of PTSD, depression and anxiety. Yet, these categories cannot be separated from the culture within they are created. Some argue that they have come to represent the pathologization and medicalization of normal forms of suffering and human response to disaster and violence (Hinton and Good 2015). Anthropologists Arthur Kleinman and Robert Desjarlais state, “Suffering in North America is thought of as perhaps no longer normative, or it would seem, normal,” (1995, 181). In addition, the medicalization of trauma with the terminology of PTSD masks the true and full experience of that suffering

(Kleinman and Desjarlais 1995). PTSD represents a distinct set of responses, and may not accurately reflect the way that a person experiences the particular event. As Stubbs puts it, "people become their symptoms and their experiences," (2015, 57). Here, Stubbs suggests that diagnostic criteria might limit an individual to the symptoms and experiences that these criteria embody. This further limits personhood when the criteria are established based on one fixed understanding of mental health. Thus, not only do people become their symptoms and experiences, but also they become the reactions and responses that others have defined they should be having.

Trauma has a long history of recognition, and non-recognition, to different groups and events. Briefly, trauma was first a term applied to 19th century railroad workers that experienced workplace accidents. Called trauma neurosis, it became a category for responses to experiencing accidents and created justification for work absence compensation. During World War I, concepts of trauma became less recognized among soldiers who had traumatic reactions. Response to traumatic events went against patriotism and thus equated trauma to cowardice. Psychoanalysts called during World War I used their skills in addressing suspicion of this weakness (Fassin and Rechtman 2009). The publication of the DSM-III in 1980 introduced PTSD. While similar to trauma neurosis, "trauma" no longer represented weakness but, "…a statistically normal reaction to the event," (Fassin and Rechtman 2009, 77). During and following the Vietnam War, veterans, alongside survivors of domestic and sexual violence, worked together for recognition of their traumatic experiences. (Fassin and Rechtman 2009).

Much of this trauma discourse follows a particular moral and political path. During World War I, trauma was associated with cowardice due to overwhelming popular support of bravery and war. During the Vietnam War, however, the social climate was strongly against the war. Soldiers of the Vietnam War faced a fight for recognition of their trauma. Debates surrounded whether to consider them war criminals or to understand that the U.S. government forced them to enact the high degree of violence. In the end, they received recognition as victims of violence rather than solely war criminals, largely based on the result of public consensus for this group (Fassin and Rechtman 2009).

This very brief history leads contemporarily to "trauma" as near ubiquitous in communities worldwide. This is not to devalue the experiences of people suffering from trauma or extraordinary events. The purpose is to highlight the cultural and social underpinnings of trauma, and mental health as a larger framework. The history and influence of trauma and mental health helps to understand the development and provision of care for identified trafficked people. Outside of therapy in the strictest sense, trauma is a category that now plays a large role in the legal recognition of those fleeing and surviving situations of violence and abuse (Fassin and Rechtman 2009), including those who have been trafficked. Thus, "trauma" overlaps in a number of worlds. Medical recognition of "trauma" surrounds its physical and psychological wounds based on an individual's experience with an extraordinary event. Political and legal recognition of "trauma" includes the amalgamation of suffering based on a particular, or series, of events that makes an individual worthy of state and legal care. Socially, understandings

of “trauma” can lead to moral sympathy in otherwise violent contexts. These emergent discourses overlap and intertwine in the landscapes of care as certain fields call on others, such as when political understandings of trauma require medical evidence to support specific claims.

CHAPTER 2: METHODS

On a chilly Fall Tuesday morning, I arrived at the HORIZON Program for the weekly staff meeting. In my usual chair in the corner of "Dr. Deborah's" small office, I settled in. Deborah, "Nadia" and "Dr. Leah" chatted about their weekly events and client evaluations; I could not help but feel nervous and fidgety. It was the staff meeting before my first face-to-face feedback evaluation with a client and it felt all too different from the phone conversations I had been having. Through my attempts to gain access to sites that serve identified trafficked people, I quickly learned the rhetorical power within the field of human trafficking. Being a white male, I swiftly realized (and was told) that I could represent the embodiment of what might be re-triggering to an identified trafficked person. Of the organizations I attempted to gain access to, nearly all were explicitly concerned about having a male student interact with their clients. This, coupled with my lack of trauma-informed training, began to show me the difficulty in accessing a field site. These thoughts could not escape me as I prepared for the in-person evaluation with a female client at the HORIZON Program. Could my gendered presence be enough to cause re-traumatization? Would I say something that would cause flashbacks? How should I dress? How should I speak? These thoughts and concerns continued to race in my head during the staff meeting, and when Dr. Deborah asked if I had any questions about the upcoming evaluation the first thing that came to mind was, "Should I shave my beard?" (November 10, 2015 Fieldnotes)

Initial Design and Participant Population

I initially set out to conduct my research based largely on participant observation at the HORIZON Program, a program at The Healing Center in the greater Boston area. This site fit my preliminary research interests serving as an example of clinical and mental health services offered to mainly foreign identified trafficked people. Not only did I plan to be able to interact with the clients accessing services at the HORIZON Program, but I also would get insight into how mental health professionals train, provide therapy, and conceptualize human trafficking and the care that identified trafficked people need in the United States. The HORIZON Program was also a site that would allow me to witness the intersections of psychology and human trafficking. A large part of clinical work at the HORIZON Program is to produce psychological evaluations that assesses for trauma and other mental reactions from the trafficking experience that add to the ongoing client legal visa case (see Chapter 3). My participant observation with the clinicians would enable me to understand how mental healthcare, that which the clinicians are professionalized in, is used at once as a form of care and also as a tool to aid identified trafficked people in their legal case for recognition and stability.

In addition to participant observation at the HORIZON Program, I also planned to conduct unstructured interviews with both identified trafficked people and providers. I chose unstructured interviews because I wanted my interviews to be an open space for the possibility of complete conversation about what is important to participants and to encompass multiple perspectives on the care that exists for identified trafficked people. This is because, "unstructured interactive interviews are shared experiences in which

researchers and interviewees come together to create a context of conversational intimacy in which participants feel comfortable telling their story," (Corbin and Morse 2003). Going into my research, I saw how identified trafficked people have undergone extensive interviews with other agencies including law enforcement, lawyers and the clinicians at the HORIZON Program. In these interviews, the survivors have already told a particular story; the story of their trafficking experience. I desired to hear a different story – life *after* this experience. I wanted my interviews to be a space where they could share what matters to them, not what matters to a legal process, law enforcement or otherwise. This space would become a space of suspended judgement and open conversation, used as a tool to build a trusting relationship, gather rich qualitative data, and allow further insight into what a provider-client interaction *should* look like from the client's perspective.

Unstructured interviews would allow for a space where identified trafficked people felt empowered, had a voice, and could focus on strengths and new identities. The empowerment of unstructured interviews enable, "…participants [to] determine where to begin the narrative, what topics to include or exclude, the order in which topics are introduced, and the amount of detail," (Corbin and Morse 2003). Interviewing providers would allow me to understand multiple sides to these avenues of care. I would be able to better understand how those providing care come to understand a trafficking experience and shape their work around larger discourse, professional training, and their own moral and impassioned rationalities.

I planned a minimum of five interviews with identified trafficked people and projected ten interviews with providers. Given limited access to identified trafficked

people who are in a clinician-client relationship, the relatively "hidden" nature of this population, the controversial nature of this research topic, and the intensive but time-consuming qualitative medical anthropological methods that were used, I argued that this small sample was more than adequate to address the desired topics.

Recognizing the ambiguity in the definition of trafficking, my original inclusion criteria included people who both self-identified and externally were identified as having been trafficked. In order to understand the full experience of care for identified trafficked people, it was important to broaden definitions of human trafficking and to look at providers and the service-users at organizations who use different interpretations of the definition (see Introduction). Participants needed to be 18 years or older and included any gender, ethnic and cultural identifications. Because identified trafficked people have busy lives and because providers tend to act as strong gatekeepers, I chose to use opportunistic sampling to recruit this group of participants. I chose to use expert sampling to recruit service providers as key informants for this group of participants. I planned to recruit participants from my field sites. I also planned to have staff distribute recruitment flyers about the proposed study.

In my preliminary experiences, I began to see care as broader than that which operates strictly in a clinical or a social work setting. I found myself constrained in these avenues of care and wanted to expand my provider interviews to include a wider participant population. Thus, in the spring of 2016, I modified my IRB protocol to include the recruitment of experts in the field. I then began to seek interviews with

professors and activists who actively engage in improving conditions within the field of human trafficking rights and care across varied sectors.

As I progressed within my place at the HORIZON Program and as my education grew, I began to question the concreteness and rhetoric of 'human trafficking'. While addressed in other areas of my paper, I began to understand that human trafficking is ambiguous and defined differently depending on the organization that works within the framework. Observing and working at the HORIZON Program, thus, began to feel like it was providing an incomplete picture of the forms and conceptualizations of care that exists for trafficking survivors. In late spring, I chose to expand my participant-observation to an additional organization in the northeastern United States. This led me to retrace my steps back to an initial proposed site and regained contact with Outreach Inc. Outreach Inc. is an organization I originally attempted to gain access. Yet, because of the program's recent start-up and my lack of experience to fit any available roles, my relationship with the organization did not continue. In the spring of 2016, I reached out to the director to make the case for my involvement in their outreach program and was invited to participate. The specific program within Outreach Inc., which works with youth at-risk for exploitation, provided an insightful comparative analysis of two separate organizations operating within a similar umbrella framework of human trafficking.

I submitted an additional protocol to be able to recruit clients from Outreach Inc. My initial impressions were that I would be recruiting from all youth within Outreach Inc., which included youth under the age of 18. These inclusion criteria sent my protocol through a full-board process and countless revisions. Yet, I soon learned at Outreach Inc.

that I would only be able to speak with their clients who were over the age of 18. With this updated inclusion criteria, the protocol still had to undergo an additional full board review and revisions. The protocol, submitted at the beginning of May in 2016, met approval at the end of July. Fortunately, my original protocol was approved in early spring of 2016 so I was able to begin recruiting for provider interviews and interviewing clients at the HORIZON Program.

Results

Participant Observation

When I first entered, and even before entering, into my internship position at the HORIZON Program, it became clear the difficulty in accessing the intimacy of the client/patient relationship. My gender meant that my "maleness" became a symbol of the forms of oppression within a perceived trafficking experience and thus acted as a roadblock to access. Additionally, in the mental healthcare setting, confidentiality and protection of clients was the upmost concern. Those who work with a population perceived to be fragile, tend to form highly protective relationships with their clients. Therefore, coming in "off the street" as a student researcher wanting to understand healthcare needs and experiences among this population, and use that understanding for responsible social action, I was met with opposition from various organizations I contacted. When I finally acquired a position at the HORIZON Program, I began my participant observation with skepticism regarding the further access I would have to the identified trafficked people working with the HORIZON Program. Indeed, tension about the extent to which I could interact with, and eventually recruit identified trafficked

people existed between my position as a student researcher and the clinicians' expectations.

My internship at the HORIZON Program began with training in quantitative data analysis and zero access to the client population. My task involved reading clinician evaluations of identified trafficked people and entering information into a database. These evaluations were documents used by clinicians and legal service providers to present a case that made credible the trafficking and traumatic experiences of these people. Clinicians, to evaluate certain aspects about their client population and to gain a better overarching perspective on their client population, then used this database. While doing this task, I was able to understand the experiences of identified trafficked people to a certain extent, and see the ways in which their stories transcribed into a paper document. I was also able to understand the use of the narratives of identified trafficked people as a step in the process to access of further care.

My role evolved to conducting program evaluations with identified trafficked people and providers who accessed services at the HORIZON Program. These evaluations encompassed phone calls and the occasional face-to-face structured interviews with clients and providers on their thoughts and experiences working with the HORIZON Program. This new task gave me interview experience and allowed me a space for interaction with my participant population. My new position as Program Evaluator at the HORIZON Program increased my access to this population and proved an increase in trust and my professional relationship with the clinicians at the HORIZON Program.

Lastly, an aspect of my participant observation at the HORIZON Program included attending weekly meetings with the clinicians. These meetings were a space for the clinicians to discuss case narratives and work through struggles regarding the evaluations and clients. During these meetings, I was able to engage with the clinical process and inquire about various aspects of the HORIZON Program and the therapeutic-legal world of caring for identified trafficked people. Participating in these meetings allowed me to gain initial insight into the perspectives of service providers who work with this population. These meetings also allowed me to build a relationship with the clinicians and acted as a space for the clinicians to understand my position at both the HORIZON Program and with my research.

I also engaged in fieldwork at "Outreach Inc." My role began with initial research on similar organizations in the United States to understand the various programs and projects that work with at-risk youth. For a new program, this research created different understandings and avenues that Outreach Inc. could pursue in their own growth and development. It also allowed me to gain an understanding of how organizations on a national level serve at-risk youth. A large portion of my fieldwork here consisted of weekly outreach around the Boston area. I accompanied two outreach workers to various sites to engage with youth experiencing homelessness. We would begin each day with backpacks full of water, snacks, and sometimes socks and basic medical supplies. Our role as outreach workers was to provide these necessities to the youth and engage with them about services they might need and see how Outreach Inc. might be able to aid in accessing these services.

Recruitment

When recruiting providers, I engaged in purposive, expert sampling. I intentionally recruited the entirety of the staff at each organization. This was partly due to the small size of each team, but mainly served my interest in painting a complete picture of care and its conceptualization within a broader landscape of human trafficking discourse. When recruiting identified trafficked people, I engaged in opportunistic sampling. This was largely due to my distanced interaction with these individuals (HORIZON works predominantly over the phone or Skype, while Outreach Inc. engages in confidential-like relationships in multiple spaces). In addition, these people have busy lives and opportunistic sampling seemed the best way to receive responses from only those who felt they could give some of their time.

For both sites, the providers acted as gatekeepers to recruit for interviews with their clients. While I originally hoped to meet and recruit participants myself, I ended up having the providers at both the HORIZON Program and Outreach Inc. distribute interview interest forms. Providers at both organizations first determined which clients would be appropriate for me to talk to about potentially participating in the research. At the HORIZON Program, there was the additional gatekeeper of clients' other service providers. Since the majority of clients gain contact with the HORIZON Program with existing relationships with a legal or social service provider, the interview interest form would have to go through them as well. I would then email these service providers with my recruitment form, which left it up to them to contact their clients and inform them of

the opportunity to participate. This distanced recruitment process proved to be an added challenge in gaining contact to individuals already with a hectic schedule.

Interviews

The train was packed. I had gotten on at a metro station near my apartment and headed slightly outside of the city for my first interview. It was an early Thursday morning, and thankfully, spring had finally come so I was able to be outside without a heavy coat. Still, the commuters around me weighed down on me as I tried to prepare for my conversation with Dr. Deborah. I was nervous; Dr. Deborah had been my internship director and had become a friend over the course of fieldwork. Yet, entering into an interview space, I felt the need to reinstate strict professional boundaries. Nonetheless, when arriving at the Healing Center, I let myself in through the locked door now having figured out the buzzer that would signal for an administrator to open the door. Approaching her office, I knocked on Dr. Deborah's door and our interview began shortly after.

….

Without a minute to spare, I hurried from Dr. Deborah's office to make my way to Outreach Inc. Why did I schedule back-to-back interviews across town? Impatiently, I waded through two transfers until I finally made it to the office for my interview with "Daniel." I was lucky to catch him in his office as he was usually off with clients. Entering the office, I apologized to Daniel for being late and we informally conversed over public transportation and their new office. Before the interview began, an unfamiliar face walked through the door.

"Hi, my name is Jeff." I said. "Nice to meet you!"

"Nice to meet you," she replied. "My name is Dakota."

I did not know at the time, but "Dakota" was the other life coach and, together with Daniel made up the outreach team whom with I would spend my summer. Shortly after introductions, I sat back down with Daniel, took out my recorder, and began the interview (May 5, 2016 Fieldnotes).

The interview process was enjoyable, stressful and awkward. Among providers, I constantly struggled with balancing director-intern, friendly, and researcher-participant relations. These various relationships overlapped throughout the research process as I was constantly learning from them, taking note of their work, and getting to know them personally. Interviews, such as the one explained with Dr. Deborah was full of awkward pauses and short laughter, as she would bring up her experiences as if we were strangers, yet these same experiences occurred with me as an intern. The breach between professional and personal relationships would emerge as specifically place-based. During outreach, I would ask a flurry of questions at Dakota and Daniel about their work on the sidewalks of Harvard Square. Then, in the car ride between Harvard Square and the Boston Common, I would see pictures of their dogs and attempt to give the occasional dating advice. Participant observation relationships are weird, but are relationships that I would not considering trading for anything deemed more "professional."

With clients of these organizations, I conducted interviews over the phone. As a point of analysis in these chapters, the distanced interviews proved a struggle when learning people's experiences yet not knowing really whom or where they were.

Relationships were harder to form when having only one or two hours on the phone versus a year in the clinic or a summer doing outreach. Still, my conversations with these individuals illustrated their bright and positive personalities that would often lead to important relationships, however brief.

In total, I formally interviewed eleven providers/experts who work with identified trafficked people, and two identified trafficked people. Of the providers, nine were female and two were male. Among the survivors, one was male and was born outside of the United States and one was female who was born within the United States. The provider group (hereafter termed collectively as 'providers') included mental health clinicians, medical clinicians, life coach/outreach workers, professors and activists, and survivor mentors. The interviews varied from 27 minutes to one hour and 21 minutes. All interviews with providers were conducted in-person. Neither of the identified trafficked people live in the local area, and thus I conducted those interviews over the phone – much as program evaluations and many services provided to survivors at the HORIZON Program occur. Not all conversations from providers appear in this work, as the data took me in different directions. Nonetheless, their insight and perspective remain critical to the formation of my understanding and the questions I asked moving forward.

Limitations of the sample

I acknowledge that a major limitation of this master's-level study functions, ultimately, as both a point of analysis and an overall limitation within the landscapes of care for identified trafficked people. The hidden nature of this population, coupled with the ambiguity of what "trafficking" is and how it is identified, meant that the only way to

interview identified trafficked people was to go through organizations who work with clients that have been identified as such. This inherently misses a potentially large number of individuals who could be experiencing something that looks and feels like trafficking, but who are not receiving related care for it or have not been identified as such. The use of identified trafficked people as the label for participants reflect these disparities.

Recognizing this limitation also serves an analytical purpose. Construction of these organizations and providers serve a particular kind of person – a trafficked person. What that means for an individual, both identified and "missed", in their day-to-day restructuring and rebuilding of place, and for the organizations that exist to support identified trafficked people, and how they use places and spaces, are key themes revisited throughout these chapters. Furthermore, providers allowed me access to participants identified as being likely able and willing to talk to me. This meant I was introduced to particular survivors who were particularly identified – not just as trafficked, but perhaps as stereotypically, or 'accessibly' trafficked, as opposed to the general or representative client population at these organizations. The ability to talk to those experiencing trafficking but not within the world of care, as well as the ability to recruit from a larger client population would have strengthened the sample.

Data Analysis

I engaged in modified Grounded Theory, taking a particular constructivist approach for analysis. I originally intended to utilize separate methodologies and use phenomenological methodology to analyze data collected from the survivor group and

modified Grounded Theory to analyze data collected from the service provider group. Phenomenology originally seemed a good means for analyzing data collected from those in the survivor group of participants. This methodology "investigates the person's ways of being-in-the-world by descriptively elaborating the structures of the various kinds of intentionality (ways of experiencing), and the meaningful ways in which the world is experienced," (Charmaz and McMullen 2011, 126).

As I got closer to scheduling my interviews, I became concerned that phenomenology would restrict to certain preconceived notions and themes that I hoped to get out of my data. My "grand tour" theme (Corbin and Morse 2003) of care and well-being seemed to be broad enough that it would leave open enough for the participants to guide me to what care means to them. Yet, constructing a theme began to seem constrictive and ran the risk of adhering too close to particular definitions and understanding of care.

Constructivist grounded theory follows much of the same process as phenomenology. It, "…emphasizes slowing down to see and understand experience, as occurs with phenomenological study" (Charmaz and McMullen 2011, 293). Phenomenology seeks to understand experiential life worlds from the perspective of the participant, which is what my research set out to do. Yet, I felt this would not allow a complete enough picture in understanding the landscapes of care created for identified trafficked people. Kathy Charmaz and Linda McMullen explain,

> "Constructivist grounded theorists assume that language and meaning shape and constitute description and, therefore description itself interprets the studied experience, albeit such description may not theorize this experience. Phenomenologists remain focused on the given experience; constructivist

> grounded theorists interrogate how *our* language and social locations, such as gender, age, race, situation, etc., may influence our analyses of the experience," (2011, 294).

As a project evaluating the various spaces and places that identified trafficked people and providers interact in, I needed to be aware of my preconceived biases and judgements and suspend them for the interview process. Thus, I engaged with my data understanding the context of my participants as well as my position as a researcher. Just as important, I engaged in this approach to be able to be aware of the spaces that the interviews took place in, where these interviews fit with the spaces of care and lived experience of these people, and the various forms of data that existed but not spoken.

In order to code and analyze the data, I chose to hand code the transcripts when conducting discursive analysis. As a project that looks closely at how trafficking is talked about and how that influences the conceptualization of care, discursive hand coding would allow me to visualize these particular themes better than having a qualitative analysis software do the coding for me. Additionally, with discursive hand coding I could better engage in constructivist grounded theory to connect with the discourse and narratives and reflect on my own experiences with trafficking discourse. This personal engagement with hand coding allowed me to easily compare notes and transcripts side by side and see new data that would not be possible with computer software. Exploration of the themes that emerged from this analysis of this interview data is further in the following chapters.

Participant observation at these two sites allowed me to examine and engage in myriad ways in which identified trafficked people engage in 'caring' interactions. I

adapted to and learned the various roles I inhabited and saw that, while these roles were different, I really was a part of this world and saw how these feelings influence the care provided to identified trafficked people. At the HORIZON Program, I saw that, while I struggled to find an office room each week the other clinicians, too, did not have their own day-to-day spaces. I experienced feeling that my role as evaluator was not forming real connections, and that the clinicians, too, felt that their interviews were not necessarily always "caring." At Outreach Inc., I learned that "being awkward is part of the job." Importantly, I learned that my gender and role as a male student did not define my abilities. With this concern, I was able to better experience the resilience, agency, and personhood of the various people who had been through a trafficking experience by their normal and friendly interactions with me. I thought, then, that maybe having a beard is not that bad after all.

CHAPTER 3: NARROW HIGHWAYS OF CARE

I approached The HORIZON Program with an unsettling mixture of confusion and nerves. I had an interview scheduled with the director in hopes to gain access for fieldwork with them. A beautiful old Victorian building in a wealthier neighborhood, The HEALING Center is the one of the major centers providing trauma therapy to a wide array of people. I could not escape my perspective of this building as a fragile space; a place where those most suffering go to heal. I walked through the two sets of entrance doors into the waiting room. The dull yellow walls appeared soothing against the soft therapeutic lighting. It was quiet to the point that I could nearly hear myself breath. My first reaction was that this waiting room was just like any other. Soft cushioned chairs aligned nicely against the wall. USA Today and People Magazines fit snugly in place in wall cubbies. Photographs of flowers and animals adorned the wall. The calming nature of the waiting room was what I pictured for a place that treats and cures those suffering from traumatic experiences. I approached the reception area and noticed a glass barrier sitting between the twenty-something male staff person and me. I asked to see Dr. Deborah and was told to use the phone on the wall and dial her extension. "A phone?" I thought. This degree of security was a slight shock compared to the relaxing atmosphere surrounding me. Only after I called and waited a couple of minutes did Dr. Deborah come through the locked door and allow me into the rest of the building (September 29, 2015 Fieldnotes).

Organizations caring for identified trafficked people are distinct and provide unique forms of care under specific human trafficking discourse. The HORIZON

Program, a space for mental health care, understands the problem of human trafficking through combination of psychology and law. In doing so, the HORIZON Program produces care directed at law using psychological skills. This chapter illustrates these landscapes of psycho-legal care. I argue that the HORIZON Program exists as its own landscape of care while simultaneously existing closely tied to the larger humanitarian state that cares for identified trafficked people. Tracing organizational discourse as it weaves together provider perspective and spaces of care; I show emergent tensions as different definitions of care clash within clinical bodies and digital spaces.

Dualities of Care: A Psycho-Legal Approach

"I mean, I focus on mental health so obviously to me it's something that gets overlooked on a decent percentage of the time for trafficking survivors because there's so much else going on in their lives." – Dr. Deborah.

The HORIZON Program consists of three clinical staff who work within the larger HEALING Center. The HEALING Center, federally funded, is comprised of a number of separate programs working with people impacted by trauma broadly. The HORIZON Program works specifically with identified trafficked people referred to them by lawyers and case managers, but also assumes a caseload from the larger client pool of The HEALING Center. As HEALING Center clinicians, these professionals engage in traditional psychotherapeutic work with a wider range of clients.

The HORIZON Program provides short-term mental health intervention to trafficked people who are predominantly foreign born. Their website, which is really a page within the larger HEALING Center website, distinguishes their clients as from virtually every continent except for North America. Their webpage is replete with the services their

"trauma specialists" offer including assessment of psychosocial needs and provision of psycho-education to clients. Immigration lawyers seeking a trauma assessment to help build their T-Visa case, or social service case managers seeking service recommendations refer clients. During fieldwork, nearly all referred clients were for T-Visa cases. Yet, their page makes no mention of the T-Visa until about three quarters down. This may reflect the increasing use of psychologists in T-Visa assessment, but it also might be saying more. As an organization employing expert psychologists, HORIZON likely chooses to emphasize their mental health-based service offerings first. As discussed later, the specialists use their skills predominantly for T-Visa cases that brings with it conflict among these clinicians who desire to provide the myriad psychological training that their website spends much of the space discussing.

Providing care for identified trafficked people frames them as people in need of help with their post-trafficking trauma (defined within symptoms of PTSD and depression). That is, a rightfully shared understanding that human trafficking leads to mental health distress reinforces the importance of "PTSD" and "depression" and thus the need to heal this suffering. The HORIZON Program frame falls within official human trafficking discourse. Here, these definitions act as an authoritative discourse where the government puts power behind a particular understanding. As the HORIZON Program moves identified trafficked people closer to receiving those services, they work side-by-side with these definitions in their representation of clients as having been trafficked. The official discourse constructs human trafficking as a crime. Traffickers are criminals; trafficked people are victims. This frames the state's "fight" to end human trafficking in its

prosecution of traffickers. This also, by definition of being a victim, frames trafficked people as deserving of humanitarian state care.

The crime of human trafficking illuminates the government's concern with stopping trafficking at the point of arrest and prosecution. Granting a T-Visa requires an individual to, "Comply with any reasonable request from law enforcement agency for assistance in the investigation or prosecution of human trafficking (unless you are under the age of 18, or you are unable to cooperate due to physical or psychological trauma," (USCIS 2011). Mulla (2014) argues that state criminal justice discourse emphasizes the collection of evidence and testimony over the needs of the victim. With the T-Visa, there is an overlap between evidence emphasis and the needs of the victim. The narrative of identified trafficked people become evidence of a crime. The HORIZON Program acts as another space to collect this narrative, however the affidavit likely serves a stronger purpose. Nonetheless, the T-visa acts as a foundational legal right only granted if the trafficked person is willing to give up their story as evidence or court testimony.

"Unable to cooperate due to physical or psychological trauma" (USCIS 2011) is a trauma exception. Dr. Deborah, the director of the HORIZON Program and expert in trauma and human trafficking, heads the team. A tall, poised clinician with brown and gray sprinkled hair, Deborah has been working with trafficked people before human trafficking was the accepted term for the experience. Dr. Deborah and the clinicians at the HORIZON Program, experts in trauma and trafficking, are empowered by the state to recommend a trauma exception. In an interview, Dr. Deborah describes a trauma exception:

> First, everyone had to cooperate except for kids. Then there was a trauma exception…where you had to apply for an exception. Now…they no longer have

> to document that the person is cooperating in order to receive services. So, [Service providers] can work with somebody who is not ready to go to a law enforcement or who is having trauma reactions. Or, had really bad experiences with law enforcement in the past or has family who have been threatened or [law enforcement] is a family member they don't have to go to law enforcement they can still receive some help and that might help them get closer to being ready [to aid law enforcement].

The trauma exception enables the continuation of a T-Visa application despite an inability to assist law enforcement. The HORIZON Program argues for the trauma exception. This is an example of how the HORIZON Program focuses psychology in the legal realm. With the power of the government backing up their trauma exception ability, clinicians must continue to operate within the official discourse. Where state actors understand trauma in specific psychological categories, The HORIZON Program can identify these and make the trauma exception case based on their psychological training. In addition to their overall "goal" of assessing for trauma largely for legal rights, the trauma exception serves as another way in which HORIZON must frame themselves in legal context. When asked if the trauma exception represents a paradigm shift away from law enforcement, Dr. Deborah stated:

> No. I don't think there is a policy shift in that direction. Definitely not. I mean there is a lot of emphasis on law enforcement and task forces. But I think that when people were highlighting the coercive nature of that policy someone listened to them.

Thus, there is always an expectation that identified trafficked people will complete the state's mission to apprehend the trafficker. The T-Visa is one of the main services the government offers for identified trafficked people. In order to receive this, trafficked people must ultimately comply with what the state wants most –getting criminals off the

streets. The humanitarian state, then, can be highly selective of who receives the T-Visa and who can receive further care such as job, housing and healthcare based both on their categorical fit within defined human trafficking and the person's willingness to comply with state requests.

The humanitarian state's selective provision of T-Visas based on its criminal justice interest's act as a form of Lisa Stevenson's anonymous care. "As a larger mode of relating in the world, anonymous care transforms our relationships to others and changes the ethical landscape of our social programs," (Stevenson 2014, 86). In this theoretical framework, Stevenson refers to a state's definition of 'life' and the provision of care to meet that particular definition (Stevenson 2014). In establishing the option of a T-Visa, the government is ostensibly caring for trafficked people. Granted employment and residence rights, the identified trafficked person, an individual new to the country and recovering from a traumatic experience, is responsible for applying for and achieving their granted services; things like employment and housing. As anonymous care, the T-Visa grants a legitimate form of care but ultimately expects trafficked people to confront, in one way or another, and testify against their traffickers. This requirement also assumes the knowledge and identification of a persecutor.

The T-Visa manifests as state recognition that enduring a trafficking situation makes someone deserving of legal rights. It is not enough for identified trafficked people to claim they have been trafficked. They must seek out lawyers, caseworkers, psychologists, and others with professional and authorized power to be a voice for them and to certify their experience. A T-Visa, much like refugee status, becomes the difference

between an illegal immigrant "worthy" of deportation or a survivor of violence and abuse, "worthy" of sympathy and legal rights.

The question of who deserves care and recognition pans across a wide spectrum of migration. Trafficked into the United States, those identified as such are possible "illegal" migrants entering the country. Yet, the nature of the specific trafficking experience produces people as deserving of residence and care. Sarah Willen (2012) states, "Conceptions of deservingness and undeservingness do not, of course, emerge in a vacuum. Rather, they are shaped by political, economic, social and cultural context as well as personal values and commitments," (814). Human trafficking is a morally charged deservingness category. Multiple means of framing migrants as "illegal" or "undocumented" work to produce the degree of undeservingness experienced by people without proper paperwork (Viladrich 2012). The HORIZON Program's clients who are trafficked into the United States have already begun the process of becoming deserving, where the HORIZON Program serves as a site to further their path with trauma assessment and identification.

Referral of clients to the HORIZON Program occurs only if lawyers, law enforcement or case managers perceive them as being trafficked and thus make the referral. This initial framing means they are candidates of deservingness. In the context of deservingness, Viladrich states, "Key witness and experts (including scholars) play a central role in framing and counter-framing efforts, particularly regarding the ways in which particular groups are constructed as deserving of government's aid," (2012, 824). On the route to a T-Visa, "key witnesses and experts" question identified trafficked people.

Lawyers evaluate their experiences in order to build an effective case for their clients' protection. Law enforcement interrogates them either to distinguish criminal or victim, or to acquire a testimony.

The HORIZON Program, in their assessment of trauma, also assess the "credibility" of their experience. Often, this is not easy. Dr. Leah, a clinician and post-doctoral fellow at HORIZON is a shorter woman with short brown hair. She was expecting a second child over the course of fieldwork and her children and family often came up in conversation. Her compassion carried through to her work where she held an overt therapeutic demeanor. This was evident by her calm presence and soothing voice. Dr. Leah experienced intense reactions to working with trafficked clients and was highly motivated and invested in them. Dr. Leah struggled with one particular client, a man who presented very positively and far from an expected trauma response:

> Well with someone like him the main end goal is making sure I have enough info[rmation] basically for this eval[uation] and I'm a little bit confused because it's clear that he was trafficked. My goal is try and get as much, as many quotes as I can that are really descriptive and personal in nature to create a compelling narrative.

Dr. Leah experiences both confusion and certainty with this client's experience. It is clear that this man presents as a trafficked person, and yet does not exhibit a canonical post-trafficking narrative. The authoritative discourse positions human trafficking as a fixed experience with fixed results. Dr. Leah's clients may have been through a particular trafficking experience, but without displaying proper symptomatology and responses his case emerges weaker.

> I was torn. I was honestly torn yesterday about that. Because, I was picturing the eval[uation] itself…I've never had an eval[uation] where the person just denies any symptoms. Does that undermine on some level? I couldn't tell him 'hey (laughs) tell me some things that are not good', right? Because like, 'I'm trying to make a case that will support you'…

Leah appears caught between her own understanding of who deserves care and the requirements needed for her client to deserve state care – the end goal of HORIZON's evaluations. The trauma assessment, as part of a case file for a person's legal status, must work to make these people understandable by the state. Becoming a trafficked person is becoming a legal subject (Giordano 2014). A person-turned-legal category, trafficked people need to fit legal and political understanding of human trafficking. While discussed elsewhere, Leah's struggle to search for "things that are not good" indicate HORIZON's role in translating trafficked people into government categories. "These are categories that the state uses to make the other digestible…" (Giordano 2014, 144). In order for the legal recognition of HORIZON's clients, they must also become victims. "Victim of human trafficking" discourse necessitates the need to find "things that are not good."

If identified trafficked people receive a T-Visa, they are receiving status based on a particular part of their self – their experiences of trafficking. What makes trafficked people "worthwhile" to the state is in their trafficking experience. Humanitarian state care tends to the sick and disabled where, "only the suffering or sick body is seen as a legitimate manifestation of a common humanity, worthy of recognition in the form of rights; this view is based on a belief in the legitimacy, fixity, and universality of biology," (Ticktin 2010, 253). The wounds of a trafficked person, physical or psychological, thus become required under a common human imperative to care for those who are sick. Moments like the one

Leah experienced reflect a phenomenon where care may become uncaring. It was not Leah who was uncaring but rather the governmental and legal structures that promote the need for a suffering body in order to grant other forms of care. It remains unclear the extent that these trauma evaluations are utilized in applications and courts, yet humanitarian state policies produce an environment where identified trafficked people's suffering become a necessary resource to receive state care (Fassin 2005).

In a way, Dr. Leah and the HORIZON clinicians' role as psycho-legal identifiers give agency within their space of care. They are hired as experts on trauma and are tasked with ascertaining whether a client is suffering as an indicator of "proof" of a trafficking experience. This reflects a dominant legal framework within the psycho-legal apparatus. For the state and legal system, identified trafficked people are "guilty until proven innocent" where they must prove their trafficking experience or be labeled as "illegal." With HORIZON providing psychological "proof," the clinicians may end weakening an identified trafficked person's case. However, there is a clinical recognition that trafficking does not always equal psychological trauma but that all clients deserve care.

"Nadia" is the youngest and newest clinician. Nadia, a doctoral student, had clear motivation for social justice and equality. Having worked in a variety of medical settings and for Doctors Without Borders, Nadia approached her work where healing social suffering[6] was considered a form of psychological care.

> I don't know if that's therapeutic *per se*, but it's a part of how I understand what therapy is which is you know addressing some of the sociopolitical challenges that

[6] Arthur Kleinman, Veena Das and Margaret Lock defines social suffering as, "Social suffering…brings into a single space an assemblage of human problems that have their origins and consequences in the devastating injuries that social force can inflict on human experience," (1997, ix).

> people face and just setting up a structure and providing a structure and helping facilitate a structure that can allow for like liberation of themselves within it.

Nadia reinforces the notion that therapy does not always fall within psychological terms. Thus, for Nadia trauma exists when PTSD and depression may not. Her understanding of trauma broadly, and psychological criteria as resources, reflect a larger trend within the HORIZON program in which clinicians are informed by multiple understandings of trauma. I argue clinical confusion exists because there is an institutional recognition of particular forms of trauma that may not always present in clients who have experienced human trafficking. HORIZON clinicians still find ways to provide care with broad conceptualizations of trauma that may not always require existence of psychological trauma.

Harris and Fallot (2001) define trauma-informed care as,

> "Trauma-informed services are not designed to treat symptoms or syndromes related to sexual or physical abuse. Rather, regardless of their primary mission – to deliver mental health or addiction services or provide housing supports or employment counseling, for example – their commitment is to provide services in a manner that is welcoming and appropriate to the special needs of trauma survivors," (5).

Classically, trauma-informed care involves an overall philosophy in which organizational, staff and physical layout need to have trauma in mind. From the arrangement of couches in a waiting room to training of administration and cleaning staff, trauma-informed care assumes that all who enter a space have experienced trauma. Therefore, every facet of the organization needs to be mindful of that potential trauma. Trauma-informed care, then, exists as a therapeutic stance for clients and patients.

HORIZON clinicians approach trauma similarly in their commitment to being therapeutic in overall demeanor and presentation. However, the HORIZON Program works within the realms of both psychology and law. Thus, they work to be therapeutically trauma-informed but are also informed by trauma's usage as a legal category. Informed in multiple trauma lenses, the clinicians are enabled to understand distinct and broad forms of trauma that they can work to tailor individually to clients. Rather than reporting false psychological trauma, the HORIZON clinicians collect broad life history and translate client narrative into a trauma narrative that spans beyond the trafficking experience. This presents a larger perspective on trauma and the individual that may enable a stronger T-Visa application despite the chance that a client lacks criteria for PTSD and depression.

Trauma Assessment as Care

Leah's struggle to produce the "correct" trauma narrative reflects larger issues of suffering and legitimacy but also intimately questions what it means to provide care to identified trafficked people. Using trauma as a resource for legal rights, HORIZON clinicians act as psychological professionals using expert training to translate clients so that they receive further care. HORIZON clinicians are aware of this role, as evident in Leah's conflict. Rather than comply with their roles as conduits to care, HORIZON clinicians experience tension, justify their role in assessment as care, and constantly seek ways to provide the care they desire.

HORIZON's organizational model emphasizes clinically significant terminology like "PTSD" and "depression" as endpoints for legal and mental health recommendations. Sitting in a quiet park for an in-depth interview, Nadia told me about her perceptions and

motivation of HORIZON's work. Responding to my inquiry about using mental health categories and offering subsequent recommendations in the evaluations, Nadia offered this impassioned reply:

> I was thinking about that as I was trying to organize the recommendations section because I was like I have to say that he needs mental healthcare because that's what, that's how this tool works for him, right? I have to be able to say that he has PTSD symptoms [for his legal case] and say that he needs trauma treatment or whatever, but that's not the main thing he needs at all. He doesn't have a place to sleep, which is probably why he also has some of these mental health issues just because of all this structural stuff he's experience like homelessness and other things and I think it totally affects it because I think…his case manager will look at his evaluation and will zoom right to the recommendations section.

The tool Nadia refers to is a major product of care at HORIZON – the evaluation document. This physical product of the clinical encounter recounts the client's early life history, vulnerabilities to trafficking, the trafficking experience itself, an analysis of trauma assessment, and concludes with the clinician's service recommendation. The evaluation adds to the open case that includes a formally collected affidavit of the client's narrative in more of their own words.

Much in the way of Cristiana Giordano's (2014) analysis of the *denuncia* for identified trafficked people in Italy, the psychological evaluation becomes an act of translation. As a theoretical concept, translation here takes on many meanings. The *denuncia*, or affidavit, reorganizes "broken" and out of order narratives into a structured document (Giordano 2014). The evaluation then serves as the materiality of HORIZON clinicians' similar reorganization of a client's narrative as trained trauma psychologists. Further reinforcement occurs when, as Mulla states about forensic examination documents, "The questions appearing on the documents are generated by specific criteria

laid out in legal statutes, or reporting requirements by government agencies and funders," (2014, 158).

Nadia feels tension for the "need" to identify and mark PTSD symptoms and recommend trauma treatment. Yet, she recognizes that other needs – shelter, work, etc. – are paramount. Giordano comments on constricted state understanding of trafficking, "…though the kind of victims the state wanted to redeem were not the victims she encountered in her work, she had to translate one type of victim into another in order to make women fit the category that the state could recognize and accept," (2014, 153). Between the need for psychological evidence and the real needs of shelter and employment, Nadia struggles to produce a structured trafficking narrative while also seeking the resources that her client equally needs.

When I met with Dr. Leah, she had just finished an evaluation with a man seeking a T-Visa following a trafficking experience. Dr. Leah experiences similar tensions as Nadia when her client expressed cheery disposition and a positive outlook.

> Then I was cautious about the phrasing of therapy and offering [it] to him, assessing for depression, assessing for PTSD because the last thing I need to do is undo all the protections he's put into place for himself where he feels really like he's able to let go of the past, you know what I mean? And it's tricky because it's such a short intervention. If I were doing more long-term work with him maybe it would be valuable to go through it, but maybe not.

Both Nadia and Dr. Leah experience the barriers emplaced by a dominating legal framework. The pressure to identify and note negative psychological impacts limits the reach of their clinical care. While forms of legal care enable movement to reach clients, in one way or another, the psychological care desired by Dr. Leah and Nadia is unable to experience the same mobility. The trauma evaluations, as physical manifestations of the

HORIZON Program's care, is also the vehicle mobilizing care to clients across the country. Recommendations for psychological care exist within these documents, but this does not remove the tensions experienced by trained trauma experts who wish to care more.

The *denuncia* (Giordano 2014), rape documentation kit (Mulla 2014), and HORIZON's psychological evaluation are culturally constructed products that politically and legally structure a particular experience. It reflects and reproduces larger mental health understandings of an experience like "being trafficked." Because human trafficking receives categorization as traumatic, HORIZON staff are organizationally constrained to evaluate for relevant symptomatology. When the primary concern is to produce an evaluation, funding and organizational models allow clinicians to work only up until their evaluation is finished. Thus, this evaluation becomes their organizationally defined work.

Producing the trauma evaluation is, however, a form of care. This is specific to the clinician's therapeutic orientation and perspective. Nadia recognizes the limitation of the HORIZON Program's psycho-legal framework but also sees the contribution it can make to a person's life. As she talked about the importance of her role intersecting with sociopolitical dimensions of suffering, she stated:

> Part of the work as a psychologist at that intersection means that we get to provide something that's concrete advocacy…. My skill set as a psychologist can tangibly help them in a concrete way with the political issues that they're experiencing which can be a lack of nationality, a lack of citizenship, a lack of statehood, which can totally screw with someone's sense of self, identity, security, all psychological things but because of a political issue.

Where the trauma evaluation translates identified trafficked people's narrative into fixed psycho-legal categories, Nadia engages in her own translation as she seeks to make sense of the care she provides.

Uncertainties

While all clinicians differed in perspectives on their role as forensic evaluators, therapists and so on, they all expressed uncertainty about the outcomes of their work. Sameena Mulla's (2014) account of the work of forensic nurse examiners is comparable. The entirety of these examinations focus on the collection of evidence for an anticipated legal trial. Yet, as Mulla explained of one nurse, "Of the more than 300 evidentiary examinations she had performed in her 11 years as a forensic nurse examiner, she was subpoenaed fewer than five times, testified perhaps three times," (2014, 38). Dr. Leah experiences a similar uncertainty in her evaluations:

> I'm not sure in the end what it does for the eval[uation]….The hope is that it does something for the case workers and the attorneys. That they'll have to understand them and to sort of know what services they might need…So that's where I think it comes in the most handy and probably that's the most valuable way in which we contribute.

Dr. Leah's tension with these evaluations appears evident in her first statement. Confusion about what her assessments do for the evaluations indicates an uncertainty for her work broadly. Both the nurse examiners and HORIZON clinicians are the experts on their subject matter. The have been trained to examine certain parts of the body and to extract tangible and intangible evidence from their investigation. While the opportunity exists for forensic nurses to testify in court – and Mulla explains this as a driving force for

their remaining objective rather than emotional – HORIZON clinicians do not have the same opportunities.

Operating at a distance from their clients, Dr. Leah and the clinicians place their faith in the attorneys and caseworkers to "understand them and to sort of know what services they might need." It was not clear if the first "them" in Dr. Leah's comment is referring to the evaluations or their clients. In either case, while the HORIZON clinicians are the experts on the trauma contained both within their clients and within the evaluations, the responsibility goes to those who referred the trafficked person to understand "them" and make the necessary steps. While Dr. Leah conceives her recommendations as potential connections for her clients to the services they might need, she concludes, "But who knows what they do with that like that would be a good follow up. I mean do they take that and do something or does it just sit there on a piece of paper?"

Nadia, too, experiences the uncertainty with the ways in which her care moves:

> …there is not necessarily a follow up process with them really. [The recommendations are] just kind of made and then there's just this radical trust that whoever they get in the hands of will have to execute them….I don't typically hear about other people calling the initial evaluator or provider to get clarification or anything like that.

A common theme appears that there is a lack of follow-up with the original referring agency. While a call to these organizations may alleviate some concern, I argue the distanced nature of their care makes these concerns unassuaged. The inability for physical execution of their recommendations produced the need for "radical trust" in a distanced actor. Engaging in the intimate relationships that converse in trauma narratives does not match the sudden detachment that the evaluations place on these relationships. "Whoever"

gets their hands on the recommendations are responsible for enacting them, when the "whoever" should be the clinicians themselves.

> …his case manager will look at his evaluation, will zoom right to the recommendations section and see like 'okay a professional said that these are the things you need, they said you need this type of trauma treatment, that you need to be in this type of group'. And what if I don't say anything about his health? I put a line in there because I fear how these things get used that he, you know, needs case management services to help him get connected to me, health care and all these various things.

Nadia recognizes the power of the evaluation's voice. This means that despite blind trust in this distanced actors, Nadia still must be cautious about what she includes in the recommendations. What was once uncertainty about whether or not the recommendations are executed now becomes fear that of whether they are used appropriately for the client.

Nadia's statement that case managers will "zoom right to the recommendations" is also of concern. Trauma narratives serve an important, albeit limited, role in the legibility of foreign "others" (Giordano 2014). These narratives, in their captured forms in the *denuncias* and in HORIZON's trauma evaluations, already serve to translate individuals to their trafficking experience. The HORIZON Program does explicit work to capture a more complete picture of their clients with early life history and post-trafficking experiences. Moreover, their ability to collect narrative accounts is important in a changing psychology culture erring on the side of 'checkbox psychiatry', (Bullon, Good and Carpenter-Song, 2011). The HORIZON Program emphasizes narrative accounts of human trafficking and only approach checkboxes in their requirement to provide the recommendations. It is in these recommendations sections where uncertainties about whether a case manager will

"zoom" only to them. In this case, where HORZION clinicians cannot follow their evaluations, it is other service providers who may prefer to treat them as checkboxes.

Dr. Deborah interpreted her care in a different light. She blends Nadia's interpretation of care as addressing larger social issues and Dr. Leah's focus on providing better understanding for case managers and lawyers.

> I mean the feedback that we get is that they really help the cases. And I think what it does is really help to explain things that might be difficult to understand on first glance. At the very basic level this person wasn't chained up so why did they stay….But I think that it's helpful sometimes to have the people who are making the decisions about whether or not the person is a victim or whether or not they can stay in the country and whether or not they should be receiving some supports.

First, Dr. Deborah mentions that she does receive feedback from the evaluations. However, there was a lack of clarification as to the degree of feedback and when it is received in the evaluation process. The care that Dr. Deborah interprets aligns with Giordano's analyses of the various organizations that trafficked people pass as they receive care. Much like the ethno-psychiatrists of Italy, who attempt to present the full person to various state and legal organizations (Giordano 2014), Dr. Deborah sees the evaluations functioning to, "…explain things that might be difficult to understand on first glance." Her role as an assessor of trauma sees her drawing on mental health categories and descriptions working to produce legible victims in front of those making legal and state decisions. Dr. Deborah states that it is helpful and critical to have decision makers, such as judges and lawyers, better understand identified trafficked people.

These uncertainties of follow-up and recommendations stem more profoundly from uncertainty in how HORIZON clinical care is used. As a federally funded organization,

HORIZON exists as a link in the chain of anonymous care for trafficked people. Funding reflects state interest in the support of trafficked people. The humanitarian government adheres to legal definitions of human trafficking and decides care provision and who trafficked people *should be* after receiving care. Their federal funds, then, also dictate the type of care that HORIZON should provide. This produces the preference for the use of psychological skills for legal outcomes. While this produces uncertainty and tension, clinicians find ways to provide a degree of desire care and understand their care more broadly.

While the HORIZON Program organizationally defines what care it provides, each clinician distinctly interprets that care. Dr. Leah sees her care as serving the case manager or lawyers who referred their clients. Nadia provides care with an understanding that she is serving larger issues of social justice. Finally, Dr. Deborah's care seeks to produce a discernible "victim of human trafficking" to authority figures making visa decision. While interpretation of each form of care is to support clients, organizational discourse nearly prevents the care from enacting directly on identified trafficked people. The production of the evaluation as the endpoint of care uses client narratives but ultimately falls in the hands of case managers, lawyers, judges or other institutions. A barrier emerges as the clinicians all seek to provide direct care but instead circumnavigate their clients in ways that still address their needs.

Digital Paths of Care

I arrived to the HORIZON Program's office for my scheduled feedback call with two of Dr. Leah's clients. I moved through the welcoming atmosphere of the waiting room

and, now familiar with entry protocols, I rang the intercom situated next to the wooden door. The receptionist, whose chair sat behind the glass window not one foot from the door, buzzed me in. The door clicked its lock open and I proceeded to the organization's halls. Moving into the clinical space, the dull yellow walls of the waiting room faded into a sterile shade of white. The artwork, however, did not fade as portraits of seemingly Southeast Asian people and objects attempt to serve as calming guides walking you down the narrow hallways to wherever your appointment may be. Following the hallway, which surrounds the large central administrative space housing the receptionist and office manager, I turned right and then right again to descend into the basement to my "office." I meandered past the staff kitchen, contemplating with hope about the type of candy or baked good that might await me during my break in between calls, past more office space that housed multi-desk stations rather than individual clinical rooms, and eventually found myself staring at the closed door of my office. Surprised at the occupation of my room, I turned toward an open pocket of computers. I logged in and pulled up the schedule to look for available rooms in which to conduct the relatively private feedback call.

In a slight panic, I soon learned that I was without a room. I have heard other clinicians lament about the lack of strictly assigned rooms but I never had to face this during my assigned internship hours. Now that I was not on the internship schedule, this was a new revelation. Disoriented by both time and place, I wandered back past the kitchen and toward the large conference area in the back of the basement. Adjacent to the large conference table appeared an available room designed for sessions with children. Beanbag chairs, play balls and toys littered the ground. I closed the door, recognizing this as my

only option in order to adhere to confidentiality agreements. I positioned myself on one of the beanbag chairs, pulled out my phone and began the program evaluation to garner client and provider feedback (July 8, 2016 Fieldnotes).

The beginning of this chapter introduced the HORIZON Program space. The simple, yet firm separation of waiting room and clinical space by a locked door and receptionist becomes apparent as one continues to move throughout the landscape. The ways in which sterile hallways lead into private therapeutic spaces and back out again gives a clear idea of the locations of clinical care. The doors, then, act as physical manifestations of a barrier of care.

Led in from the waiting room, clients are expected to take on a new "self" the moment they pass from hallway into room. In the role of patient or client, the individual would be immersed again in the soft yellow light reminiscent of the waiting room. Clinicians would often position themselves in the back near their desk, leaving open seating for clients to sit by the door. Room walls are usually a mixture of similar natural or "exotic" landscapes and clinician family pictures. I often wondered how clients would receive presence of these family photos.

On the first floor, directors and senior clinicians permanently hold their rooms. As one goes downstairs, rooms become communal with clinicians sitting amongst each other in spaces unseparated by walls and doors. For clinical appointments, the majority of the staff rely on a live-updated computer spreadsheet to sign up for certain rooms. During fieldwork, Dr. Leah regularly requested to trade places with me, thus granting her the privilege of a confidential space to conduct evaluations and therapy.

Situated in the physicality of the building, clinicians themselves experience displacement. Those physically on a higher floor had a more secure sense of place. The online spreadsheet displayed their offices, but those clinicians that "owned" them continually blocked off the columns for their rooms. These clinical rooms also displayed clinician names in prominent, metallic nameplates. Further, as already described, "owned" rooms display family photos and personal paraphernalia. This both displays space stability but also likely produces odd experiences for clinicians occupying the room but not the photos or personal belongings. The digitally blocked and materially labeled space ownership symbolized the movement within the clinic. Those below could easily reserve rooms in the bottom floor, and could access the more "owned" spaces using their own network of informal requests and professional relationships. The majority of the staff, in the end, are unsure of where to go; they have no place. For the HORIZON Program clinicians, however, it becomes less about ownership of rooms and its therapeutic properties and more about commanding a therapeutic demeanor through a computer screen.

Clinical and Client Displacement

It was in a small park behind the coffee shop where we first met for the interview that Nadia spoke with me about her role and perspectives of the HORIZON Program. The park was a true escape from the automobile and public transit traffic located on the busy street just around the corner. The casual and relaxing setting of the interview space enabled Nadia to jump right into the interview and talk about her work; work that occurs almost exclusively through a computer screen.

> It's interesting when I first started doing it. I was very wary of it. I was like, 'this feels so digitized and pixelated' and this is such sensitive content. It felt, I can't

> exactly find words for it but just something about it felt like it got minimized to something when it's really just intense. That's just, in the work I like to do is I like to be full bodied with the people that I work with so it just very limiting in some way.

Nadia's sense of displacement stems from her distanced feelings for digital space. She discusses the location of care as "digitized" and "pixelated," two technological terms. This situates her care within a distinct place, however, housed within the digital realm. A pixelated space, to Nadia, removes a full-bodied space of care. The use of a screen that visualizes the body and person cannot compensate for the lack of physical presence in a conventional therapeutic interaction. Nadia's desired location of care is full-bodied and present, aspects that cannot exist when representation of a person is in the collection of pixels. Nonetheless, she recognizes Skype and technology as a valid space of care.

> I think on the other end though from a less sort of human-to-human perspective and a more how programs have to meet multiple needs (laughs) kind of perspective it's an interesting way to provide a service so that it can provide that service to people across the country if there aren't too many programs that are doing it. It's been useful to try to figure out how to work within that limitation. But yeah it it feels challenging and limiting I mean sometimes the video software doesn't work. You know, that has happened so many times (laughs) where there's been like glitches in it or like we had to turn off the video and only the sound will work…

While existing as pixels, digital spaces are mobile. These technological spaces grant abilities to reach more clients but also defines the provision of care. Nadia recognizes the wider reach of digital spaces, and this is a true benefit to operating within these spaces of care. The HORIZON Program sits as a sort of national center in the provision of psychological evaluations for T-Visas. With a limited number of providers in this field, it is imperative that HORIZON provide efficient care to reach as many clients as possible.

Thus, working within Skype or over the phone removes the necessity for physical movement and allows more to receive care with this highly mobile space.

The faulty connections that Nadia experiences as glitches or lost video feeds are symbolic of the faulty therapeutic connections acting as the only relationships available in these digital spaces. Nadia, as a HORIZON care provider, can be anywhere. However, Nadia as a "full-bodied" clinician cannot exist in the realm of digital care. She continues to weigh the pros and cons as we talk more about video-conferencing:

> But that's a benefit to [do] the evaluation over video-conferencing software is that it can sometimes be less overwhelming to people. Because there's kind of like a boundary and a disconnect a little bit which can maybe be containing.

This boundary works in two ways. It acts as an emotional wall that might protect the client from the hardship of a face-to-face trauma evaluation. Acting as a different boundary, video-conferencing places a wall between Nadia and her clients. From a provider perspective, video-conferencing may improve a client's experience when undergoing the evaluation. This recognition places the provider's disembodied experience in the context of a potential benefit for the client and thus highlights the reflexivity that must exist when operating within these digital spaces. Where these spaces may confine providers in their ability to provide certain forms of care, it may improve an identified trafficked person's experience by increasing accessibility and receiving care in a potentially less triggering environment.

While digital spaces further define what care is and how it moves, it does not appear to be going anywhere. Nadia's tension toward digital and virtually mediated care captures a larger conversation current in mental healthcare. The relatively new movement of tele-

mental health involves, "…providing psychological services remotely, via telephone, email or videoconferencing," (Novotney 2011). The clear benefits of tele-mental health are evident in Nadia's comments. This service allows her to work with identified trafficked people across the country and possibly reduce further trauma or triggering in the process.

Debates exist about the effectiveness of mobile and digital technology in the provision of psychoanalysis and psychological care. Some argue that the use of videoconferencing software closely mimics in-person analytic sessions; others suggest that the use of this software focuses attention on information extraction rather than formation of deep therapeutic relationship (Scharff 2013). Mary Bayles (2012) focuses on the lack of physical presence as a limitation to tele-mental health. She states, "With the more limited visual access on Skype, access to implicit communication can be compromised, making it harder to read the patient's affective states and/or affective shifts," (Bayles 2012, 583). Anthropological criticism questions the territories in which telemedicine occurs. Sinha (2000) notes that telemedicine allows providers to reach rural areas but then concentrates health specialists in urban areas. That is, the political economy of telemedicine enables clinicians to live in more resource abundant settings, which discourages the provision of in-person resources to rural areas.

The HORIZON Program's use of digital health technology positions itself as a major center in providing psychological evaluations to identified trafficked people across the United States. The mobility granted with tele-mental health enables the HORIZON clinicians to connect with lawyers and case managers across the country who are seeking legal rights for their clients – identified trafficked people. The product of care within

HORIZON – the trauma evaluation – does not necessitate the physical presence common in therapeutic encounters, because the therapeutic relationship is not the program's desired intervention.

While a small degree of psychological therapy is weaved within the HORIZON encounter, the hiring of clinicians is for assessment and evaluation. Assessment and identification as a means to an end is possible with eyes and ears – conduits for sight and sound. Sight and sound do not necessitate the physicality desired in a more "full-bodied" approach to care. Saddled with funding streams and burgeoning caseloads, constrained clinicians produce evaluations as quickly as possible. Efficiency and assessment privileges tele mental health as the space of care to meet the goals of the HORIZON Program. Nadia's comment, while reflecting a much larger debate within tele-mental health, also encapsulates the tensions of disembodied and distanced care within the walls of HORIZON.

While at the HORIZON program for eight months, I still struggled to find my place during the staff meetings. I tended to position myself in the corner of Dr. Deborah's office in a chair between her bookcase, full of literature on trauma-informed care and human trafficking, and a small desk with a lamp perpetually emitting a soft orange therapeutic glow. With the lamp behind me, I imagined myself as a shadow – a symbolic silhouette that accurately reflected my presence during these meetings. Physically in the corner, I kept my comments to a minimum where I felt unequipped and uncomfortable making any clinically related comments. The weekly gathering began as usual. Dr. Deborah went around to Dr. Leah, Nadia and myself asking our agenda items. Dr. Leah and Nadia both

had in-depth questions about recent evaluations. When it came to me, I felt determined to know one thing and thus asked about the nature of Skype interviews:

> Dr. Leah: I actually struggle with this way of evaluating. I don't feel it is very therapeutic.
>
> Nadia: I somewhat agree. I find it difficult and tiring to set up the call and set up an interpreter all before the interview can actually happen.
>
> Dr. Leah: It is nice because it allows me to conduct the evaluations anywhere. It is often very difficult to secure office space at HORIZON, so sometimes I do them at home.
>
> Dr. Deborah: I actually think it is therapeutic. While difficult at first, doing the interviews via Skype has gotten easier over time and I find that I'm still able to provide the same sort of environment that I would in person. I think it's more challenging for the interpreter, who engages in such an intense emotional connection with a person who they often haven't met.[7]

This dialogue highlights the tension between clinicians who all provide the same care. It also reflects an overall tension with providing care at the HORIZON Program. Dr. Leah and Nadia, both new to this form of clinical encounter, have considerable tensions about whether digital software produce the best relationships and end-result of therapeutic healing. Dr. Deborah, on the other hand, who has been doing these evaluations for years, has come to view the specific therapeutic and challenging aspects of video psychoanalysis. All clinicians agree that the care they provide is important. Dr. Deborah tends to merit much of the work while Dr. Leah and Nadia are still learning the system. Having distinct minds and fresh voices ensures that this clinical team will remain strong in their varied thoughts and questions that challenge current trajectories. Nonetheless, psychoanalytic

7 This conversation was not recorded but written down in field notes. The conversational format presented above is meant to represent the flow of the dialogue and not necessarily an accurate reflection of the words spoken.

sessions over digital and telephone technology is a unique space for the specific work conducted at HORIZON. Technology illustrates an emerging cultural shift in psychological care that produces high degrees of mobility for a narrow and particular form of care.

Tuck and McKenzie (2016) state, "'Mobility' then is integral to place, as flows of people, technology and other human practices, and other species move through place, as well as in how the place themselves, with a long view, can also be understood as moving," (Location 818). Skype and other digital platforms emerge as "places themselves" moving between provider and clients. Carrying with them is the specific care that the HORIZON clinicians provide. While the boundaries of digital spaces appear endless, the mobility it produces in the HORIZON Program's care is constrained by the specific care that these spaces enable.

While these digital platforms engage care in a mobile abstract space, it has real impacts on those providing and "sending" that care. Nadia is constantly engaging in debates with herself about the usefulness and limitations of these digital spaces. Separate from the forms of care it enables, these spaces seem to produce a sense discomfort for her:

> I think my discomfort with it and nervousness about it means I bring it up first [laughs]. I mean I think I always apologize first like 'I'm really sorry that we're doing, [that] we have to do it this way' [laughs]. I say something about, you know, 'I wish that we could do this in person cos I would like to be there with you cos I know this can be really hard. So, I apologize but I thank you for coming'. I don't know what they would say if I didn't say that I wonder if people would bring it up.

Nadia's nervous and uncomfortable feelings suggests that she is struggling to find her place within this digitally mediated space. Not knowing her client's feelings reflect a lack of discussion around affective experiences and tensions that are predominantly falling on

Nadia's side of the conversation. Sense of place influences the mental state and affect how someone responds to a place. Fu Tuan argues that sense of place is conscious (DeMiglio and Williams 2008). Nadia is conscious in feeling that neither she, nor the client, belong in a digital domicile. Rather than digital spaces lacking place, Nadia experiences a sense of displacement upon her entry.

Omar, Nadia's client at HORIZON, whose full story emerges later in these chapters, has a contrasting perspective on videoconferencing and care.

> I would say considering the distance – because HORIZON is in [a New England U.S. state] and I'm in [a northeastern U.S. state] – I would say it's most convenient for me without having to travel all the way to their state to do the interview. I would say it is the most convenient way. You know, no stress, it's fine. Yeah, it's okay.

Omar does not appear to share in Nadia's displaced feelings within a digital space of care. I argue that this is because the client and provider experience a difference sense of place. Nadia's main daily function is to operate in these spaces. As a clinician within the digital realm, Nadia provides the organizationally defined care predominantly in these spaces. Thus, as a main space of operation, Nadia experiences a stronger desire to find her place there. Omar is experiencing a different form of displacement. An identified trafficked person without legal rights nor a home, Omar is seeking HORIZON's care to gain a different sense of place. It is HORIZON's evaluation that will help his legal case and thus move him closer to stability. HORIZON's ability to address a client's larger sense of place addresses the day-to-day displacement rather than the particulars of a Skype interaction.

Dr. Leah experiences a different form of displacement. Her ability to conduct evaluations anywhere means that she often finds herself providing trauma therapy in spaces that do not traditionally support it:

> …He's been through this horrible experience and he just stumbled upon somebody who knew about – he didn't even know he's been trafficked. Now he's sitting in a room across from somebody, you know [through] Skype, with an interpreter on the phone. [It's] this whole funny dynamic too of where I am. Downstairs I have my son whose just woken up from a nap. I'm going to come out of that interview and go into my world.

What is a "funny dynamic" is also a profound juxtaposition of Dr. Leah's sense of place. Stemming from a lack of place-based ownership at the Healing Center, Dr. Leah sometimes needs to work from her house. She must then engage in a multitude of intimate narratives as her client's life and her own home life overlap. Dr. Leah understands that multiple worlds exist. Dr. Leah comes out of the "world" of the evaluation and goes into her "world." Operating in this digital home space means Dr. Leah must balance the innocence of her child with the suffering and loss of innocence discussed within the trauma narrative. As Dr. Leah discussed further, this clash of worlds appears more dramatic:

> …That's also a culture shock for me. I'm in this story and then I get off – I prefer to do it at home it's just easier with computer space, I mean office space. So I come out of it and I'm like 'here I am' [laughs] back in my fortunate, privileged situation and just thinking about vulnerability and how what are the odds that I ended up on this side of the equation and not on the other side. You know, I could've just as easily been on the other side.

This juxtaposition of space leads Dr. Leah to ask profound questions about her larger sense of place in the global community. What was once a "funny dynamic" has now become an existential dilemma of how Dr. Leah ended up "on this side." Her family home turns into a privileged situation while the Skype evaluation acts as the "other side" where trafficking and exploitation occurs.

Experiences like this highlight HORIZON clinicians passion and dedication to the work they engage. Understanding and questioning the various "sides" of these landscapes

of care could lead to care that is more effective. As Dr. Leah recognizes her place of privilege, she could also be forming a better understanding of her place in these landscapes that could build on and be part of her motivations for this work moving forward. Digital spaces, then, might improve provision of care in the ways that it challenges HORIZON providers. Dr. Leah might struggle with performing care in simultaneous spaces, but this struggle necessitates reflexivity. Nadia too reflects on how to cope with her own struggles while recognizing the benefits these spaces may have for her clients. Where displacement occurs in these moments of care, these instances may emplace clinicians as these digital mediations provide distinct perspectives of clients for these providers. This change may not be quantified or accurately measured, but Dr. Leah's and Nadia's struggles and reflections have strong implications for their overall clinical position and commitment to care.

Analyzing the struggles highlighted by clinical displacement within these digital spaces can have implications for how providers proceed with their work. I argue that it is within conversations during staff meetings where these may be applied. Recall the dialogue sparked by the clinical team when asked about providing therapy via digitally mediated spaces. This reflection occurred over the span of ten minutes but appeared to engage clinicians with a topic they do not often talk about explicitly. Yet, each week this team meets to discuss client and evaluation issues. This may be a perfect space to engage in digital "support groups" to reflect on the challenges of working within these spaces. While weekly meetings are established to enhance quality of the output of care, they may become

clinically produced spaces of self-care with implicit implications for the overall care experience.

Conclusion

The HORIZON Program positions itself as an expert organization for understanding and healing the trauma of identified trafficked people. Within its foundations are multiple meanings of law, psychology and morality. These larger conceptualizations of care overlap and are influenced by the larger humanitarian state. As the criminal justice system brings human trafficking into its jurisdiction, law receives precedence to solve the problem. As psychologists addressing one piece of a trafficking experience, HORIZON clinicians are expected to utilize their training to translate their clients into individuals digestible to the state. The T-Visa, the ultimate manifestation of state care for trafficked people, becomes a tangible endpoint for trafficked people and those providing care to them. As suffering becomes a way to recognize foreign individual worthiness (Fassin 2005), trauma becomes a language to understand human trafficking and trafficked people.

HORIZON clinicians recognize their role as predominant identifiers and assessors. This plays out in multiple ways as the clinicians find their own ways to justify this care or provide small portions of their desired care in the process. The evaluations run the risk of further reducing individuals from a trafficking identity into service users. As a physical document with specific sections, clinicians become concerned that the final "Recommendations" section will become all that is used. This section contains a bulleted list of specific service recommendations that does not provide the narrative details of the

remainder of the document. Implementing a structured feedback system, or spaces for clinicians, other service providers, and even clients themselves to continue conversation about the evaluation, could assuage some of these concerns. Still, the evaluations end up as the received form of care. Clinicians remain with a lingering desire to provide care more aligned with that of their training.

Digital videoconferencing is a rapidly developing technique for conducting psychoanalysis. It produces new mobile forms of care that make it more accessible for both providers and patients. Within the HORIZON Program, this mobility only enables a certain kind of care to move from provider to client. Digital software encourages efficient interactions as it allows clinicians to meet with clients ungrounded by location. This efficiency, in turn, favors two to three hour evaluations rather than long-formed relationships. The benefits to this technology are real, but end in the production of displacement among care providers. Clinicians trained to psychologically care for the entire mental body become limited to the distanced sounds and sights produced by a computer monitor. Faulty connections become symbols of faulty relationships. Sessions conducted in non-traditional domestic settings become symbols for a heightened confrontation with a clinicians own privilege. Taken together, these apparent limitations challenge providers to understand their larger place within these landscapes of care and ultimately have implications for a stronger commitment to care and to the individuals receiving care.

This first ethnographic case analyzes one portion of the landscapes of care for identified trafficked people, yet also emerges as its own distinct landscape. Spatially, the

HORIZON Program is a physical building on a map of other caring organizations. Digital spaces of care enable the HORIZON Program to spread its care broadly. I argue the production and movement of care does not begin and end with the providers. It is also largely contained within organizational and state discourse that defines human trafficking. These definitions lead to resources created to be a part of a particular care package. This care package doesn't only dictate what that care looks like but also dictates how it will move and by whom, thus limiting other forms of necessary care from similar institutions. Importantly, the definitions and production of care can have large affective and experiential impacts on those tasked with providing it.

CHAPTER 4: TALKING ABOUT RISK AND CARE

"I can try and help you find that stability on your own and I'm someone who is safe and someone who does care. So, if you need someone to care about you hopefully that I can be that person instead of, you know, a pimp…" – Dakota

Outreach Inc. is a small organization working with at-risk youth. Much like the HORIZON Program, it sits within a larger organization. Outreach Inc.'s program specifically works with boys and transgender youth experiencing homelessness who are at-risk for, or are actively being "exploited." Daniel, a life coach at Outreach Inc. is a young man of short stature. His warm smile and friendly demeanor makes him a perfect calming presence for the youth with whom he works. He described Outreach Inc.'s conceptualization of exploitation as, "…*any form of transactional sex with either a third party exploiter or without an exploiter."*

This initially loose definition of exploitation runs opposite conventional understandings that require there be a third party for it to be considered exploitation. Defining exploitation as without requiring an exploiter means that Outreach Inc. can work with youth who, for example, independently engage in survival sex and thus enter into transactional sex for required necessities such as food or shelter. This seemingly simple distinction is actually a powerful discursive shift. This enables Outreach Inc. to provide a wider array of services and is an initial platform allowing them to focus on young people more broadly than those conventionally defined as exploited.

In our conversation, Daniel was quick to compare previous employment as a constraint under these traditional definitions:

> In the past, I've worked in residential care with people who have experienced c-sec [commercially sexual exploitation of children] activities. In that program, it was a much more strict definition in that we could only provide services to people who had a third party exploiter as part of their exploitation history.

Another staff member, Dakota, an outspoken and confident young woman, also understands that trafficking does not require immediate disclosure:

> So, I haven't necessarily experienced in the stereotypical sense someone who has a pimp and that sort of thing. Or, at least no one's told me yet….We're fairly new, so some of these kids we've only been working with for a few months so you know it makes sense that they haven't necessarily [disclosed]. We're just starting to see some of it now cos we're more involved.

For Daniel and Dakota, "stereotypical" exploitation involving a third party is not required and thus does not impede their ability to work with young people.

Outreach Inc.'s general mission uses "intensive mentoring models" as they work with youth "victimized through commercial sexual exploitation." Through mentorship, Outreach Inc. life coaches engage in long-term care that seeks to provide positive adult influence that pushes back against risks of exploitation. More interesting is the mission statement's focus on victimization and exploitation. Yet, Daniel and Dakota recognize a certain flexibility in definitions of victimization and exploitation.

In this chapter, I trace the discursive forces that define the work of life coaches such as Dakota and Daniel. In analyzing the ways in which exploitation, risk and homelessness are talked about, I argue that an ability to broadly define exploitation and focus on the "risks" inherent to the experience enable Outreach Inc. to engage in long-term care models. The flexibilities in definitions serves as overall organizational "ambiance" as staff are hired based on personalities. Thus, they are "made" into life

coaches who provide particular forms of care. Finally, care for displaced youth involves conducting work in public, fluid spaces. As life coaches and youth each define these spaces differently, tensions emerge where formal care and informal spaces meet.

The Moralities of Risk

Panter-Brick analyzes risk and resilience as, "…concepts that make intuitive sense but often elude simple definition. Both are polysemous words, terms with multiple but related meanings," (2014, 432). This chapter opens with an exploration of how risk discourse may shape the way Outreach Inc. understands and provides care. Both life coaches and the youth they work with encounter risk in different contexts. Identification of youth as at-risk, engaging in risky behavior, or risky to others, dictates the form of care they receive. Alternatively, as Panter-Brick says, "…this is problematic if the notion of risk behaviors carries unintended consequences, evidenced in terms of flawed policy or social exclusion." (2014, 432).

Traditionally, "risk" speaks to a person's vulnerability toward an event, such as predisposition to illness. Recent discussions ground risk in changes in perceptions of things like justice, destiny and causality (Lock and Nguyen 2010). Mary Douglas, along with Aaron Wildavsky, theorize risk as moral where, "…the choice of risks to worry about depends on the social forms selected," (1983, 8). These anthropologists argue that the use of "risk" over "danger" or "hazard" removes risk from morality and places it within empiricism. Lock and Nguyen state, "Danger, reworded as risk, is removed from the sphere of the unpredictable, the supernatural, the divine, and is placed squarely at the feet of responsible individuals." (2010, 305). Placing a responsibility in the individual

and claiming them "at-risk" for something is then based on behaviors and choices undergone by that individual. It becomes moral as social and cultural agreement determines what to do with those "at-risk" based on an understanding of what behaviors led them there.

The following section illustrates how Outreach Inc. morally conceives of young people's "risks." Shown below, Outreach Inc. understands the larger context of youth's homelessness that produces both their risks of homelessness and that of exploitation. Following that, I argue that governmental agencies and the public appear to assert youth's "risks" as the fault of their own choices and thus devise different ideas of how to care for them.

Outreach Inc.'s youths

I found myself back at the Outreach Inc. office on a warm summer morning for a meeting with Dakota. I always found it harder to meet and converse with the staff in these "formal" settings. Commonly meeting Dakota and Daniel during outreach, these office visits exemplified the differences between office and outreach work. Their demeanor more professional and the setting generally more reserved produced an environment of slight discomfort. Rather than meet again in the shared staff space, we opted to talk in the main conference area. The room consisted of a central large table in front of a long counter with basic kitchen supplies – coffee maker, microwave, water cooler and refrigerator – against the wall.

Before beginning the interview, Dakota showed me "around" the new drop-in center. The space, built within the larger conference/entrance area, sat in a corner next to

the entryway. Cubbies with board games, video games, and basic medical/hygiene supplies enclosed a seating area. Cushioned chairs sat atop a zebra print rug and faced a brand new flat screen TV. A few weeks from completion, I wondered how the drop-in center might shift work style, as staff seem used to spending most of their hours out of office.

The Outreach Inc. office sits attached to an adjacent car repair shop and below apartments. Despite the constant interruptions of power tools and residents coming and going, Dakota was clear when she stated about her clients that, "…they're at risk because they're homeless and they've experience all these other things…" Outreach Inc. is clear that their major focus of ending youth homelessness will provide the needed stability to "treat" the risk for exploitation.

Dakota went on to explain "all these other things" that can also produce risk for exploitation:

> Our particular program also works with people who have experienced sexual violence, so people who are at risk for trafficking. So, they don't necessarily have to be currently trafficked, which is good…

In mentioning "experienced sexual violence," Dakota paints a larger portrait of her client's "risk" experience. Homelessness is a larger factor driving their risk, but these young people exist along a complex narrative of abuse that does not only begin with life on the streets. Experiences like sexual violence occur in a family setting, on the streets and during a trafficking experience. Thus, Dakota understands risk as a tapestry of interwoven traumas that these young people unfortunately continue to experience. With

non-linear narratives of risk, Dakota, and all of Outreach Inc., composes care that needs to occur over a long-term, similar to the violence these young people have likely faced.

Dakota's co-production of homelessness and sexual violence as risks for exploitation illustrate a discourse of victimhood. Exploitation serves as another form of victimization for these youth – individuals where victimization appears common in their life experiences. The reiteration of victim discourse in discussions of risk continue to produce a larger understanding of youth separate from their narrow definition as "homeless." In discussing rape victims at a Baltimore hospital, Mulla analyzes the home as a constant symbol of a safe space. Despite statistics illustrating violence commonly occurring in domestic settings, hospitals often release victims to their homes because of the state's inability to provide real care. Mulla states there is a, "…disarticulation of the healing and hurting qualities of the domestic…" (2014, 194). Outreach Inc. appears to recognize the opposite, harmful domestic space in their client's lives. The ultimate goal of life coaches in regards to shelter is to find them a youth shelter, place them in foster care, or find them their own apartment. Understanding a longer history of victimization, Outreach Inc.'s risk discourse places the home, and likely family, as a place of instability and risk.

Dakota went on to say:

> When we're working to prevent it from even happening we're not just patching it up after it already happened. So it's kind of getting the precursors to it and hoping those – and identifying those kids and helping them before it comes to that sort of scenario.

Dakota also emphasizes Outreach Inc.'s prevention model. This continues to stem from the risk discourse that places the possibility of exploitation on a long narrative chain of

lived experiences. She mentions that, "we're not just patching it up after it already happened." Dakota, on one hand, understands the prevention and stability building work of Outreach Inc. as critically more important than addressing exploitation after it happens. Yet, she is also constructing for us the larger Outreach Inc. care package that not only patches things up after but can also provide care before exploitation has occurred.

Daniel also commented on Outreach Inc.'s discourse of risk and prevention:

> I think it does differ. I think that people – I think that with all three categories, I guess present, past or at-risk there's always a prevention component, [short pause] which I'd say is mostly educational. But, also a big factor of what we do is providing stability or helping to provide stability…because those are the biggest things that prevent future exploitation: Stable housing, stable job, some form of social network, something like that. With people who are actively being exploited there is a big safety component, kind of constant safety planning, risk assessment…

Daniel first mentions that Outreach Inc.'s role is to educate their clients on how to prevent exploitation, no matter which of the three "experiences" they might fall in. For a life coach, this likely occurs within a mentorship setting as life coaches embody the image of a positive adult figure who are "authorized" to provide such education. He continues to illustrate the action-oriented means of providing preventative care. Things like housing, a job and social network all become the basis of Outreach Inc.'s work. The organization has defined what can treat or "heal" the risks for exploitation as it is grounded in prevention and stability.

I argue that Outreach Inc.'s risk discourse frames youth homelessness and existing trauma history as an embodied risk. Embodied risk is, "…namely carrying in one's body the risk of a disease without necessarily manifesting actual illness," (Panter-

Brick 2014, 437). Rather than an illness, Outreach Inc.'s clients carry in their body the risk of exploitation. Until the acquiring of specific stability components – prevention education, a job, social networks and a home – these young people will continue to carry in their bodies the risk for exploitation and further victimization.

For Outreach Inc., young people's embodied risk is not the result of, as Lock and Nguyen say, "bad blood," (2010, 305). The organization does not focus narrowly on one aspect of the youth's experiences, but captures a larger picture when understanding their risk. This risk discourse enables explicit prevention against exploitation while simultaneously addressing a host of other risks – such as homelessness and sexual violence – that may not receive the same funding nor resources. This begins to uncover how care moves within Outreach Inc. A larger understanding of exploitation and risk enables them to visualize a trajectory of care that addresses the varied abuses and victimizations that these young people have experienced. Where this landscaped vision of care produces broad forms of care, a narrow perspective on youth homelessness can emerge more dangerous.

State risk

It was hot and humid. With the calming breeze whistling through the trees, the chaotic serene mix of nature and ponds with that of nearby theaters, government buildings and traffic engulfed us in this urban park. It was hard to escape the irony of doing outreach with people experiencing homelessness in an immensely historic place.

Once a utility zone for grazing and public hangings, the Boston Common is now site of the oldest park in America. It was a place for the fight for U.S. independence. It

was home to a civil rights rally led by Martin Luther King, Jr. (City of Boston 2016). Five months following our visit, it would become a site for political and electoral protests. The Common is a space with so much importance; a space where people have continually fought for rights for themselves and for others. On this day, I saw the opposite. Tourists, politicians and the public sat near ponds having picnics on the grassy fields and hustled towards shade to avoid the heat, all passing without acknowledgement of the faceless individuals without a home. Outreach took on a new meaning, one where it seemed important to connect the historic implications of this activist space to the contemporary shape of social apathy.

Fig. 4.1 Boston Common with state building in the background (Courtesy of Jeff Nicklas, September 1, 2016)

"Where should we look first?" Asked Dakota.

"Why don't we start by the subway station, that is usually where youth hang out," replied Daniel.

As we made our way to the central subway stop, our conversations mimicked that of casual friends. We meandered through gardens and up hills talking about a festival at the park and a recent obsession with Pokémon Go, a new mobile phone game that Dakota was playing while we walked. With no homeless youth in sight, we left the shade to wander the dense shopping avenues that surrounded a local youth shelter.

"It's a shame they are blaming the shelter," said Daniel, seemingly out of nowhere.

"What are they blaming it for?" I asked.

"The politicians who work at the state house near the park walk through here every day and see the homeless people hanging out," started Daniel. "They're now calling to cut funding to the shelter because they think the shelter isn't doing a good enough job at getting the kids off the street."[8]

Daniel and Dakota continued to discuss the animosity expressed by politicians and the public towards the individuals the two of them care for on a daily basis. I could not help but stop and take in the weather. The extreme heat and humidity caused my clothing to stick to me. I constantly craved water. As sweat soaked my skin, so did the guilt of wanting to end Outreach and get on the air-conditioned subway back to my apartment.

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8 The conversations were informally noted in field notes and thus the quotations do not reflect word for word what was spoken. The conversations presented here are meant to represent, overall, what was said.

With the threat of a youth shelter closing, the youth on the streets would have no opportunities to escape the heat and experience any sort of sheltered stability. I did not even want to think about the winter (July 19, 2016 Fieldnotes).

This funding contradiction is a reflection of wanting youth homelessness out of sight and out of mind to protect the city image, a concern seen in other places. During the Vancouver Olympics, for example, the city ramped up police presence in "crime-ridden" neighborhoods in an attempt not only to make these areas safer, but also to display, globally, that security efforts were underway. This ultimately led to pressure among youth experiencing homelessness to move out of certain public places (Kennelly 2015). The "risk" of these youths being out in the park, for state care, is that they do not have shelter. The solution then becomes how to get them into temporary shelter rather than focusing on long-term solutions or other "risks."

I witnessed an informal exchange between Dakota and one of her clients as she tried to convince him to give the shelter another chance despite the manager reportedly laughing and making fun of him. Recall that state forensic interventions for rape victims often hold the home as a safe, domestic space. Mulla (2014) argues that this is because the state wants to avoid inaction because they cannot stop these violent acts nor completely heal victims. Government officials, in their discussions about the youth shelter not performing adequately, argue instead that the shelter is universally safe despite reports of verbal and physical abuse. To illustrate their avoidance of inaction, they threaten to cut funding and close the shelter as a likely show of force that they are "doing something."

As of this writing, state officials have yet to cut funding from the youth shelter. However, this illustrates the constant controversy between parties interested in youth homelessness. The staff at Outreach Inc. perceive a broad concept of risk that encompasses homelessness, victimization and exploitation. Politicians and other stakeholders perceive the only risk for youth is their homelessness and thus situate their efforts in a controllable space and issue – the local youth shelter. Where Outreach Inc. recognizes multiple spaces and lived realities of young people living on the street, the larger state apparatus seeks to designate specific spaces that they *should* occupy.

Utilizing Mary Douglas' theories on pollution where it, "is the by-product of a systematic ordering and classification of matter, in so far as ordering involves rejecting inappropriate elements," (1966, 35), youth experiencing homelessness become matter out of place. Not to suggest that youth are symbolic of something dirty, this concept places youth as a being out of order from normal society. As young people, they embody innocence and purity. Yet, without a home, they embody vulnerabilities, victimization and abuse. They do not fit neatly into conceptualizations of youth nor victim (not that victim is inherently a "neat" category) and thus spur organizational and institutional response. Both Outreach Inc. and state actors seek to "clean up" youth. Outreach Inc. slowly provides stabilities and bulwarks against violence and exploitation through processes of reworking youth identity from homeless to, more or less, "stable." State actors appear to desire to sweep them under the rug.

Providers as Formalized Friends

"Grab that case of waters;" Dakota said in my direction, "We'll get in line." Coming back with water bottles in hand, I overhear Dakota and Daniel talking about a client. We meander through the checkout line at the convenience store, tempted by chocolates, nuts and candy. Dakota also was buying orange juice specifically for this young person, his favorite drink. She was hoping to use the orange juice as a peace offering in reconciliation for a dispute that occurred between them weeks earlier.

The three of us stepped out of the pharmacy. The heat immediately struck me as if in a boxing match with the sun. Moving quickly to the particular shaded areas where youth may be, I bobbed and weaved between throngs of tourists and skirted past university students, trying to keep up with the skilled outreach workers who seemed to maneuver effortlessly through the crowd. Rounding a corner, we came upon a large group of young people huddled under an awning across from the youth shelter.

Our approach prompted Dakota, "Hey guys, we're from Outreach Inc., do you need water or snacks?" Dakota and Daniel proceeded to distribute water bottles, decline pleas for socks and other clothing, and attempt to bring youth into the services of Outreach Inc. Rather unsuccessful, we turned to continue conducting Outreach when we ran into one of Daniel's life coach clients. Just shy of her teens, a young person approached us wearing a red shirt too big for her and an equally big smile.

"I've seen you at the shelter," she said to me.

"Uh, I don't think so?" I replied with slight discomfort.

"This is Jeff, he's our new intern," Daniel stated. "Do you want to take a walk and talk?"

At that moment, I took in my surroundings. Daniel, in his role as life coach, sauntered away with his client to catch up, understanding the ultimate goal of connecting her to needed services. Dakota, still in her outreach role, gave her phone number to a potential client in an effort to begin the relationship building process. The group of young people huddled in the small amount of sidewalk shade, laughing, asking passersby for spare change and smoking cigarettes. All the while, the public and city life moved by. Three distinct experiences – Outreach Inc. workers attempting to provide care, youth forming friendship and building community, and the city caught in its own world – all taking place on the same sidewalk (May 31, 2016 Fieldnotes).

The mobile role of both life coach and outreach worker position Outreach Inc. staff as facilitating the movement of their care. In essence, they become the care as they move through the landscapes occupied by youth and other caring organizations. As mentioned, Outreach Inc.'s risk discourse means that youth are simultaneously at-risk for exploitation and many other things. The quantity of "risks" and the day-to-day trajectory that they exist in means that risk is always present and must be addressed over long periods. Outreach workers and life coaches, if they desire to be alongside youth for a length of time, must build stable and trusting relationships. These relationships emerge as their own forms of care as Outreach Inc. staff physically and metaphorically move with their clients.

Portrait of a life coach

As an individual providing long-term care and connective services to youth, such as medical referrals, aid in housing and job applications, and provision of a positive adult influence, the life coaching role seems close to that of a social worker or case manager. Outreach Inc. staff keep logs of appointments for youth and ensure that their clients seek and acquire appropriate services. However, the life coaches need not have professional social work or case management background or training.

Daniel casually mentioned multiple times that Outreach Inc.'s job requirements were open and flexible. A potential hire need only illustrate that they were a "good person" and show that they can be responsible around the young people. Dakota did not have formal social work or case management training and came from a research background. During fieldwork, Dakota and Daniel mentioned that I would make a good life coach and that potential interviews with the youth would illustrate my "training" to be empathetic and supportive. I felt flattered, particularly with a graduation date looming in my future. I had always been interested in some form of social work and, for a moment, I seriously contemplated work as a life coach.

Jonathan Imber (2015) traces the legacy of trust within American biomedicine. He talks about the impacts of doctors moving from individual practice into a professionalized field based on standardized criteria of how a doctor should act. The job criteria at Outreach Inc. signals implicitly the danger of appearing as a "professional." To the organization, professionalism is dangerously close to authority. Indeed, Imber (2015) seems to suggest that the expansion of biomedicine over society, with institutionalized

credentials and physical constructions of large hospitals, produced a sense of authority. In requiring only that a life coach be a good listener and supportive, Outreach Inc. emphasizes these traits to skirt the mistrust in authority. Emphasizing what I call "formalized friendships," life coaches are able to mask their authority and professional work behind this unique therapeutic relationship.

A "formalized friendship"

A "formalized friendship" serves to symbolize the main goals of a life coach. With mentorship and positive influence, life coaches are encouraged to "hang out" with the youth and build trusting and stable relationships. Life coaches, as I argue, are non-professionals. They are lay workers who use the skills of professional social workers to develop the art and craft of trust building and therapeutic relationships. They do not hold degrees or certifications, but they undergo extensive training to ensure they are trauma-informed and empathetic of the youth they work with. What emerges as more valuable is the emphasis on virtuous and kindness as job criteria. For Outreach Inc., one can take courses on trauma-informed care and empathetic listening but cannot learn how to be a trusting friend.

Trust serves as the foundation to building formalized friendship and thus do not come easy. As Dakota states,

> There's a certain finesse I would say to getting people to trust you and to change. And, I think the first step in helping people to change is to build trust and to build that relationship…. That can take a really long time and it can be really complicated and it can be, that part it can be really exhausting cos you're really trying to get this person to trust you and there can be a lot of push back, a lot of challenging, a lot of like 'are you really gonna show up'…

Dakota's need for "finesse" in order to build trust suggests there is a degree of learned skill, her habitus. Habitus is essentially the ways in which people learn to respond to specific situations (Wacquant 1992). For Outreach Inc. life coaches, they engage in the specificities of building relationships with youth experiencing homelessness. Habitus is the process of socialization by which modes of behavior and action become regular (Samuelsen 2004). Finesse implies that Dakota has developed an expertise in building trust. This is again not something that is grounded in formal education, but has emerged from her continued experience working and building relationships with her clients. Life coaches require this habitus if they wish to begin the caring process. Dakota continued,

> …also making sure personally, to always be someone that shows up. If I say, 'I'm going to meet you at this time then I'm meeting you at this time.' If I say, 'if you tell me I need you here' [then] being there regardless if you know they tell you that you don't care or they don't want to see you, understanding that some of that isn't about you…

Being a reliable person to these youths is important as it illustrates a particular trust that may be absent from their lives – people showing up to show they care. This also serves as an explicit "skill" that is part of the finesse developed within a life coach habitus. Showing up on time entails being at a certain place at a certain time. In demonstrating this ability, and receiving feedback that it builds trust, life coaches can continue to utilize this when undergoing trust building.

Peter, the now former director of the Outreach Inc. program, is a tall middle-aged man with salt and pepper hair. When I met with him to talk about his role at Outreach Inc., he had just flown back from a consultation training about sexual exploitation among boys. The exhaustion exhibited during the interview reflected his overall fatigue from the

job, one from which he would retire to become a full-time consultant a few weeks later. He situated the necessity for long-term engagement in a trauma lens.

> Well all the kids that we deal with have complex trauma. So, a lot of repeated experience of traumatic childhood experiences. So, our approach with that is we're not in a program that's time limited like mental health programs…. From a mental health perspective they push CBT [cognitive behavioral therapy] and then you're supposed to be in and out. And, with this particular group it's very long term. So, when a kid signs in…we can stay with him for as many years or as few months as necessary. So, the whole trauma approach is to stay with the kid for as long as he needs and if its ten years, then its ten years.

The formation of "traditional" therapeutic relationships, to Peter, centers on the use of particular mental health models. Evidence-based methods, such as cognitive behavioral therapy, are more likely eligible for reimbursement from insurance providers who will set limits on the extent of care covered under their policies (Pagoto et al. 2007). Outreach Inc. centers care around long-term relationship and thus cannot be constrained by larger institutional policy. Thus, they devise their own plan to address trauma that emerges in the formalized friendship model. Rather than strict clinical interactions, life coaches engage in mental health "work" during any time that they may be with their clients. While life coaches often assist youth in being connected to clinical therapists, the care provided for trauma is enabled over a long period by their use of alternative methods. In doing so, they form an anti-structure and break free of certain structural constraints.

Peter mentions that their clients all experience complex trauma. The National Child Traumatic Stress Network defines complex trauma as, "…children's exposure to multiple traumatic events, often of an invasive, interpersonal nature, and the wide-ranging, long-term impact of this exposure," (n.d). The recognition of complex trauma

reflects Outreach Inc.'s larger understanding of their clients across space and time, as evidenced by their risk discourse as well. This continues to build on the need to provide long-term care as intimate relationship building. Life coaches recognize that it is not enough to look at one instance of abuse or trauma to understand the young person and their risks.

Complex trauma conceptualizes trauma across the lifespan and considers how past, present and future trauma influences the individual. Thus, Outreach Inc. must engage with young people to consider their experiences, any present traumatic risks or experiences and then work to prevent future trauma. This, again, reinforces a care model where life coaches must keep with them the young person's entire life within specific moments of care. Finally, complex trauma, including exploitation, victimization and homelessness, do not occur in strict spaces. As much as these occur across time, they also occur across place. Building on this understanding, life coaches are not confined to their offices and instead center their care on where the youth are – which is where risk come to fruition.

Building bridges through care

The relationship model of care influences other services and experiences outside of the one-on-one time as a life coach. Forming supportive relationships with the youth enables Outreach Inc. staff to advocate and act as Daniel says, *"…a trust bridge kind of person."* Much like Gunderson and Cochrane's (2012) theory of boundary leadership, the Outreach Inc. staff operate between and in zones that the youth occupy and where they are trying to go. Gunderson and Cochrane state, "More than just being in between

boundaries, [boundary leaders] consciously, intentionally seek to engage and influence the social networks alive in them," (2012, 120). Boundary leaders exist within multiple communities as they move between formal institutions and lived realities. Outreach Inc. staff, in engaging with a formal system of care and life on the streets, emerge as boundary leaders. Life coaches embody the mobility of care traced in this chapter as they move with young people through their lives. Youth live in liminal space on the margins of formal structures that hold the power to critical resources. As boundary leaders, Outreach Inc. staff walk with youth in and between these structures.

In an interview with Daniel, he talked about being healthy not in terms of illness and behaviors but rather, *"…what healthy means to me for them, is just as basic as finding a doctor and going to a doctor that they trust at least enough to go and start having these physical symptoms and mental health symptoms addressed."* Furthermore, Daniel, in the context of a boundary leader, can identify and bring youth to a trustworthy doctor.

> Yeah, I don't know if we [the youth and staff] ever talk about it. But, I think that with the trust I'm able to build with the people I work with it helps when I can say 'I know this doctor at this hospital and she's a cool lady and let's go talk to her tomorrow'. And, have the person and the place and the date and the time just readily available and just saying 'I can be there with you'…

Trust emerges again as a significant indicator of health for Outreach Inc. clients. In their fluid relational care, life coaches can instill trust in external care providers. This reinforces my argument that life coaches, as bodies in the world, *become* care as their presence can alter other caring experiences. Daniel not only finds trusting physicians but the mobility granted within Outreach Inc. care enables him to be there with the young

person. This is crucial, because according to Peter it is hard for these young people to have a positive healthcare experience.

> And kids are so upset if one per – if they have a bad experience with one person, they all suck. So, if they have a bad experience with a doctor, they all suck…or they're all to be mistrusted so it's that sort of group pressure around how they get information and what they take in as being real or not, you know.

With so much finesse in building trust, Peter's comment illustrates how easily that trust can be broken. Further, young people do not appear to offer second chances. This makes the life coach critical as a symbol of trust for themselves and external providers when accompanying clients in other caring experiences. It is the combination of knowing, connecting and accompanying youth that Outreach Inc. is able to provide bridged care. In an address to Harvard University, Paul Farmer stated,

> "To accompany someone is to go somewhere with him or her, to break bread together, to be present on a journey with a beginning and an end." He goes on, "I'll keep you company and share your fate for a while. And by 'a while,' I don't mean a little while. Accompaniment is much more often about sticking with a task until it's deemed completed…" (2011).

In practice, Farmer trains workers in local communities to provide, and deliver care to its own residents. This "community-based accompaniment," the act of providing social support and meeting patients where they are has shown better anti-retroviral retention rate and more suppressed viral load in HIV patients in Rwanda (Franke et al. 2013).

According to Farmer's conceptualization, Outreach Inc. enables life coaches in their models of care to "stick around" until their work is done. They literally go places with the youth and are company along the journey to stabilization and a life "without" risk. The physical presence of the life coaches acts as a buffer against possible

exploitation. Further, the implicit presence of trust in relationships can produce positive experiences with other forms of care.

While physically meeting someone where they are on journeys of care and well-being, accompaniment is also about understanding someone's needs. Mary Watkins (2015), in her discussion of psychosocial accompaniment, talks about accompaniment as a way to mend hegemony and cultural oppression. She states, "Psychosocial accompaniment counters the 'cultural invasion' of exporting diagnoses and treatment interventions that should not be universalized and imposed from positions of cultural supremacy," (2015, 325). Watkins understands accompaniment as a call for decolonization of psychological professionalism. To better understand the psychological and social suffering of individuals, clinicians and researchers need to remove hegemonic notions that there is only one way of suffering or being mentally (un)well.

Accompaniment then means a holistic understanding in the company of others. To share in a journey does not mean to lead where someone should go, but to walk with someone to where they want to go. The organizational discourse and development of long-term relationships and care at Outreach Inc. matches this idea of accompaniment. Appearing as a trustworthy adult figure, Outreach Inc. workers are able to garner more power in a healthcare encounter. Dakota once described to me the experience of trying to help one of her clients get on hormone therapy.

> Even if they go to a doctor and they're saying 'I want to start hormones now' and the doctor's like 'you can't because you're not mentally stable enough to start', for example. And, this actually happened with one of my clients. And, she was like 'I'm so depressed because I can't start hormones' it was just this whole circular thing…. You can be that third person that's like 'alright'…. Instead of just hearing them go back and forth you can be like 'alright what does she need to

> do in order to do that'. And, then afterwards we can be like 'okay, well I know you're really frustrated but like first we can focus on this and then we can focus on this and then we can start this' and going through these steps.

Within these relationships, life coaches are able to utilize their social capital as a form of advocacy. Bourdieu states about social capital, "Every group has its more or less institutionalized forms of delegation which enable it to concentrate the totality of the social capital…to represent the group, to speak and act in its name and so, with the aid of this collectively own capital, to exercise a power incommensurate with the agent's personal contribute," (2011, 88). Social capital becomes an intrinsic resource used for influence in society. I argue that the "institution" that Dakota is a part of is both that of a care provider and an adult. As a care provider, she relates to other providers and uses that existing symbolic relationship to help them understand her client. More significantly, Dakota acts as a positive adult influence on youth and thus enters healthcare encounters with the power of adulthood. The view of young people is that they do not yet have the social capital to make many independent decisions. Thus, Dakota's success as an advocate emerges from standing as an independent, successful adult who makes rational decisions for their client

Cristiana Giordano (2014) analyzes the ways in which multiple acts of translation produce new relationships and address inequality through the power of language. As foreign-born women move through systems of care for human trafficking victims, Giordano notes, "Through an act of effacement, translation also constitutes new subjectivities," (2014, 17). As individuals move through these systems to become legible victims of human trafficking, the state hopes they will emerge with the subjectivity of an

Italian citizen. For youth working with Outreach Inc., clinics perceive them as mentally unstable. In court, judges perceive them as troublemakers and failures, as Dakota says, *"having someone look at someone and being like 'They screwed up already, why do I give them another chance?'"* Without the translation by Outreach Inc., youth may appear as what Cheryl Mattingly calls *familiar strangers* who are, "prejudged and slotted in categories where they are dismissed, invisible, neither known nor deemed worth knowing," (2010, 12). Life coaches then move with youth through formal structures as boundary leaders, and in doing so translates youth experience into a digestible language that supports them in existing systems designed to fail them. Rather than producing a new sense of subjectivity, Outreach Inc. translation attempts to instill a new sense of youth subjectivity among those in authority for whom they are objects of care.

No relationship is perfect

It was 90 degrees Fahrenheit, but the humidity made it feel like 120. The sheer discomfort did not seem to sway the throngs of shoppers on the downtown pedestrian walkway where Dakota and I found ourselves one afternoon. In attire that had become standard for summer outreach, we were dressed in shorts and a t-shirt in attempts to stay cool. Yet, our backs carried the weight of 20 pounds of bottled water in an ironic twist, as means for hydration (for others) caused our further dehydration.

On a small side street, in the shadow of tall corporate towers, we met with one of Dakota's clients. As we approached, Dakota warned me that this particular young person might still be upset at her. She explained that a few weeks back, she was with another client when walking past this young person and, due to confidentiality policies, Dakota

could not interact with him. Yet, we walked up and the conversation took off in a friendly manner.

The kid, an adolescent young man in his mid-teenage years was dressed in a white t-shirt covered in dust, muddy sweatpants and a beanie; items all too incongruous with the day's record high temperatures. He was sitting in the only shady spot on the street reading a Game of Thrones novel.

"Why are you dressed like that?" Dakota said, "I know you have nicer clothes."

"Yeah, well these help me get money from people," The kid replied.

"Well, when was the last time you showered?" asked Dakota.

"I don't remember. I got in an argument with the boss at the shelter. The staff would always make fun of me and laugh at me, so I haven't been back in a while," He said. "Besides, the shelter keeps closing when it's too hot. The staff close down our one place to be cool so they can go home and be in their air conditioned living rooms."

"Do you want me to go and sit down with the two of you and advocate for you coming back to the shelter?"

"I'm sick of having to share a shower. You know where I would like to shower, in my own apartment."

"Well, how about tomorrow we go to the local clinic and get a shower there?"

"Did you know that they put chemicals in deodorant? Yeah, these chemicals get your body used to having deodorant and make your body smell worse when you

don't have it. The companies do it so you keep buying and wearing their deodorant."

"Maybe we can find a coffee shop nearby to use their bathroom to wash up?"

"Do you want to go grab a coffee and hangout for a while?"[9]

The conversation continued in this way for some time until Dakota and the youth agreed to meet up tomorrow and try to make some appointments. I said it was nice to meet him and that I would bring him my copy of the second Game of Thrones book next time I saw him (July 26, 2016 Fieldnotes).

The Outreach Inc. care model of long-term relationships that attempt to address many risks can sometimes produce tensions between life coach and provider. In the exchange witnessed during fieldwork, Dakota was explicit about the services she could offer. She knows of a clinic, a shelter, and cafes that can act as informal showers and temporary shelter. The kid, aware of Dakota's position of authority within the landscapes of care, was persistent about what he wanted and needed; an apartment. This partially explains why Dakota skirts around the young person's questions. While a formalized friendship model emphasizes intimate trust building and complete dedication, Dakota maintains distance between a life coach providing services and a friend to meet for coffee. Where life coaches move to and with youth in various spaces of lived experiences, they often struggle to move youth to where they need to go most, a home.

9 This conversation was not record but informally noted. It is not a direct reflection but an accurate representation of what was said.

The young person has developed a degree of rationality and intelligence that increases his survival on the streets. He is conscious of his appearance so far as to continue to dress in old tattered clothes and thus fit the description of a homeless kid. Dakota's repeated attempts to give the young person a shower likely reflects an inherent disconnect between life coaches and youth. Life coaches form intimate formalized friendships to enable care that can address complex risks; however, they cannot know everything. Dakota pushes to provide hygiene to this young person, while hygiene appears as the very thing that contributes to economic survival.

Further tension emerges as the young person continues to talk about the effects of deodorant. What appears at first as a conversation topic subtly reveals larger questions of exploitation. The young person mentions chemicals in deodorant that encourages consumers to keep purchasing the product. In a way, this young person was addressing a larger question about exploitation when he suggests that deodorant companies exploit consumers with this tactic. As a method of survival on the streets, and commentary on exploitation among consumerist masses, this young person has knowledge about his lived experiences that any caring relationship fails to capture.

In a structure of care that expects Outreach Inc. workers to form relationships and connect with services, they continue to exist within an organizational apparatus of normative social work rules. Dakota was unable to approach this young person because she had upset him when she failed to acknowledge him on the street. Often operating in public spaces, Outreach Inc. staff still uphold confidentiality agreements. Typically confined to office spaces, maintaining confidentiality occurs inside a closed door reading

"SESSION IN PROGRESS." Out on the streets, organizational adherence to some forms of necessary professionalism clashes with youth expectations of having an adult friend.

One part of these relationships is the idea of a positive adult influence as a form of care. While this benefits the young clients through life coach social capital and the trust that life coaches can show for youth, they can also reinforce power differentials within the caring relationship. Dakota says,

> …I do everything from be a soccer mom to drive them around to appointments all day. And, making appointments to advocating for them in court to helping them get on hormones to finding treatment centers to attempting to navigate the complex housing system that exists to helping them get jobs, helping them apply to school, helping them do their taxes…

Dakota explicitly sees herself in a maternal role with her self-identification as a soccer mom. This carries over in the laundry list of work she does with youth also reflects a maternal role. As a woman working with predominantly male clients, Dakota strives to mimic platonic parental roles.

> So, a lot of these kids actually don't necessarily have someone in their life who's been just a platonic hug type of thing or someone of a parental hug in a way…. When I get to the point with, I work with my clients a lot and sometimes you can just tell like 'do you, do you want a hug right now?'

While the emotional benefits of having a trusted adult to take a young person to appointments and offer platonic hugs is clear, this rests on the view that their clients are children. Perceiving oneself as a "soccer mom" and in offering a "parental hug," Dakota views a clear distinction between herself and her clients. Yet, their work largely involves increasing and ensuring the safety of each client's independence. On the street, life coaches ensure the young people are in healthy and safe relationships while constantly

connecting them to job and housing services so they can live on their own. This occurs with an underlying maternalistic perception.

Peter acknowledges the real struggles of these youth, but conceptualizes this adult/child dichotomy within an inability to access care.

> I think they just get caught up in daily survival situations. And, if something isn't pressing for them [then] it's not really so much of an issue, is my suspicion. And it's just that age group where unless you have some sort of formal system educating you and moving you along, if you're just out there on your own they just don't have that awareness of how to do that kind of self-care unless there is that sort of emergency.

Peter perceives their lack of care seeking as largely grounded in their "age group" and their lack of a "formal system." This reinforces the idea that clients are children, while at the same time seeking independence. The life coach relationship provides the handholding "moving you along" ideology that Peter see's is necessary to connecting the youth to services and ultimately eliminating risk of exploitation. This occurs while institutions such as schools and family are supposed to provide this handholding.

As formalized friendships converge closely with that of a surrogate family role, there is the potential for dependency forming. A formalized friend is someone who engages in a care relationship through largely informal time with the young person. The relationship, itself, becomes caring and therapeutic. Mentoring and life coaching is a relationship grounded in positive role models and working with youth to get them where they need. The potential power dynamic emerges when these relationships occur between adults and young people perceived as children. Outreach Inc. encourages independency with a care model that is in danger of forming degrees of dependency. With complex trauma possibly including a history of familial abuse, it is important to ask the

implications of when formalized friends, mentoring and power relationships verge on the side of surrogate families.

‘Meeting them where they’re at’: Care at the Site of Lived Reality

Place-based identity

The inhabitation of the street produces the identity of youth homelessness. The street can be conceptualized as a wild, uncontrollable space. Outside of a structured space like the home, people become public and are easily monitored, yet harder to care for. Nonetheless, certain places become known sites where individuals experiencing homelessness reside. In this cycle, services are produced, such as shelters or mobile clinic visitation, in these sites that then leads to further inhabitation. Harvard Square and the Boston Common are two such places. When asking Daniel about this he responded that, they do not conduct Outreach work near their office because youth are invisible and not hanging out on the street.

As the state appears to control public spaces, surveillance emerges among specific sites of homelessness. Just as Foucault (1995) analyzes the panopticon prison – a prison design that produces self-discipline under the mentality of always being watched, public spaces can become sites of disciplined bodies. Recognizing sites of survival, such as alleyways or dumpsters, city governments can impose police monitoring of alleyways and fences surrounding dumpsters (Mitchell and Heynen 2009). The presence of security cameras and fences, coupled with laws that create new off-limit spaces, individuals experiencing homelessness may find themselves cordoned off to specific places that lead them to behave in particular ways without explicit direction.

Where state authorities can cordon off and attempt control over public spaces, these spaces largely remain contested. State actors, business owners, Outreach Inc. staff, and youth experiencing homelessness plot their stakes in these spaces. I argue that the contested nature of these public places enable Outreach Inc. and youth care to move and interact within these spaces. Cheryl Mattingly (2010) writes about a hospital lobby as, "…a front-seat view of culture as a boundary space, a place intended to be temporary," (8). Theorizing a hospital lobby, Mattingly offers a metaphor for spaces that are transitional and not meant to be a home. For Outreach Inc. staff and the young people, the street is a temporal space. It is meant to a place where, "Leaving there, after all, is the primary point," (2010, 8). For the vast majority, the street is temporal. Shop owners, law enforcement and even Outreach Inc. staff all chart residency on these streets but can ultimately return home. Much like a lobby, "Everyone passes through them from time to time…" (Mattingly 2010, 8). However, for youth experiencing homelessness public spaces are home despite their definitions of passageways.

As a space of passage, the street is a travel zone. Mattingly asks, "When is one the traveler and when is one on home ground? How can groups who mark themselves as different come to share a territory that is commonly traversed?" (2010, 12). I argue that youth experiencing homelessness attempt to be on home ground in a space only meant for travelers. As individuals experiencing homelessness reside in the borderlands of the street, they position themselves for care and encourage encounters of, "…imaginative borrowing, syncretic inventiveness, the creation of common ground…" (Mattingly 2010,

12). Outreach Inc. staff and youth meeting on the street meet in a border zone, a zone of inbetweenness where the potential for care and relationships emerges.

The characteristics of a young person living on the streets include a lack of a home, job, social support network, and access to other resources. In focusing on the issue of a home, I argue that possession of place can translate a person. Giordano (2014) identifies the myriad spaces that trafficked women move between as they become Italian citizens. She states, "What state and religious institutions portray as a project of integrating foreign others is, though, often close to a process of converting and translating difference within categories of recognition," (2014, 195). While passing through and interacting with spaces can lead to a certain translated subject, I argue that the residency – rather than the passage – of place can also lead to translation.

The migration of space – moving from the streets to the home – signifies the migration of identity. On the street, youth are experiencing homelessness. The home conceptualizes youth differently. Peter is able to talk about this with his experiences with clients without a home and clients in the Department of Children and Families (DCF) system:

> Yeah, they're [DCF clients] more controlled in that they are housed somewhere where there's a residential facility or they're home so when there's medical care needed you can access that because they have adult support systems involved with them…it's easier to access services than if you're a kid just living on the street with no supports whatsoever.

Peter conceptualizes ease of access as a place-based understanding. Youth in DCF are more stable because they reside in a controlled place. Without place-based stability, youth on street become unstable, themselves.

Giordano (2014) discusses the ways in which specific spaces, such as a mental health clinic or police station, serve as points along a path to translated subjectivities. Here, I suggest the specific place translates personhood. The spaces serving translated subjects in Giordano's work are part of a journey where the destination is a productive citizen. Moving from instable residency to stable residency works to move young people from instable to stable. Without a home, youth are in need of a home and thus may engage in survival sex for shelter. Place emerges as a foundational risk for exploitation and victimization when young people do not control their own stable place. Place, then acts to translate risk and translate personhood based on residency as well as passage.

Providers as "spaceholders"

I asked Dakota a seemingly simple question, "What is it like for you to work in this job?" Through a lengthy response, one piece stood out. Dakota stated, "…really just being that space holder for them because they really don't get that anywhere else. For anyone to just unjudgmentally hear them…" I inquired further on what she meant by "space holder."

> …I guess if you were going to talk to someone, sometimes I think that they've talk to a lot of people about their stories and they have to tell their stories for a lot of intakes and…people are always like, 'why are you here, what happened, what did you experience to put you out here?' And, if someone is telling you something that is really personal or really traumatic or really sensitive or if there having really a moment of vulnerability you want to make sure that they know that they can trust you and that…they feel safe and they feel validated…

The long-term care enabled at Outreach Inc. centers around the mobility of providers themselves and the relationships they form. In describing a space holder, Dakota suggests that her role as a provider is also to *be* a space of care. This partly stems from the

afforded mobility that grants life coaches occupation of so many spaces within their clients' lives. It also stems from the informal adoption of therapeutic techniques to create a safe and validating space. Life coaches and youth co-produce these spaces and then each hold on to them as they move through the landscapes in their caring relationship.

Arthur Kleinman, Leon Eisenberg and Byron Good (1978) discuss a clinical reality as the negotiation between patients and providers. They state, "Through diagnostic activities and labeling, health care providers negotiate with patients medical 'realities' that become the object of medical attention and therapeutics," (1978, 254). Building on this idea, what happens between provider and client within life coach models appear, for Dakota, to be a negotiation of a social therapeutic encounter.

> …sometimes it's just holding that space that, 'that really blows and we don't have to say anything else about it'. We can just talk about how much that really blows. 'That person was horrible to you and I'm so sorry that that happened and I can listen to you for twenty minutes tell me how sorry you are, like how mad, angry frustrated, screwed up, the world hates you. And then when you're done with that we can talk about solutions or we can maybe talk about how we can work on that.'

Less of an explicit negotiation, the relational space constructed between provider and client produces an understanding of what the interaction will look like. It does not follow traditional therapeutic sessions in which Dakota would actively seek understanding and remedies. The long-term engagement afforded at Outreach Inc. allows these spaces to be virtually unstructured. This is because of the co-production of these spaces. As both youth and provider hold these spaces, it is not explicitly controlled by one or the other even as providers seek to hand over control to the young person.

Didier Fassin and Richard Rechtman (2009) analyze the concept of "bearing witness." They state, "…the figure of the witness is being radically transformed. In the testimony produced by humanitarian organizations, the voice that is generally heard is not that of the victims, but that of their self-appointed spokespeople," (2009, 193). In listening to the stories of the youth, Outreach Inc. staff bear witness. Moreover, they are spokespeople and "translators" (Giordano 2014) in the case of medical or legal encounters. They also serve as a space to witness the youth's suffering and be empathetic not authoritative. As Dakota says,

> I'm someone that you can share all that with and I'm not someone who's going to start crying or just be like woe is you and me…. It's really about 'I'm listening, I hear you, I'm validating, I'm repeating back to you what I'm hearing. I really want to listen and I don't just want to listen because I'm curious about your life story. I'm listening because I want to help you, I want to help you work through it' and sometimes they need to just have someone to be a sounding board.

Dakota appears to acknowledge the potential that bearing witness has on being a "spokesperson" and actively makes an effort to let the youth know that she is there for them; she will accompany them.

Briefly, I argue that a different form of bearing witness occurs within the relational space. Fassin and Rechtman conclude their argument about humanitarian workers bearing witness stating, "Trauma becomes a medium that makes it possible for them, from a strictly humanitarian perspective, to give an account of the violence of war, not of its causes but of its consequences, not of politics but of suffering," (2009, 197). The authors are referring here to the translation of trauma in organizations like Doctors Without Borders in the context of aid workers bearing witness to the sufferers of war.

While not working with victims of war, the staff at Outreach Inc. appear to draw on their witnessing trauma, collectively, in their work with clients, individually. Daniel says,

> So I think that people sometimes have difficulty defining [trauma] for themselves. So a lot of the work that I do at first is normalizing and just recognizing 'yeah, it makes sense'. It's just these general statements of 'a lot of people who have gone through hard stuff like you have experienced this too and it sucks but it's very normal and I've worked with people who have dealt with this before'…

Much like Fassin and Rechtman's point that in bearing witness, trauma becomes a medium, Daniel too recognizes that trauma is a medium. Where this differs, however, is that Daniel's witnessing to trauma becomes a medium for opening space with other clients. As a witness to past trauma, Daniel appears to use this experience to normalize trauma within other clients. In saying that he has worked with people who have dealt with trauma, Daniel is simultaneously attempting to normalize this experience and use it as a catalyst to build trust in the relational space. Daniel holds these spaces and works with youth to define how they should be experienced.

By holding space, Dakota and Daniel offer control in a seemingly uncontrolled life. Living in public places, and even in shelters, young people constantly vie for something to control, whether tangible or intangible. With the ability to produce and hold a space, the life coaching interaction becomes something familiar. An abstract concept such as "space holder" may be hard to define. Yet, it is felt in the ways that life coaches and youth mutually understand the space and together form it as something controlled and stable.

In illustrating the extent of relational space's power, I now explore the interactions between the relational space and physical space. In my conversation with

Daniel, I asked if he would explain a typical healthcare experience involving him and a client. He explained:

> For example, one kid told me on a Thursday that they were having knee pain and wanted to start to go to the doctor about hormones and really needed to get into therapy again…. Luckily, the next day, Friday morning, I could take them to the drop-in clinic and get them starting to be taken care of. So far it has been a pretty easy process. And, I just think that the ability for me to say 'this exists and I can take you there and pick you up and drop you off and stay with you the whole time' helps the process so that the anxiety of going to deal with the anxiety doesn't become an impediment to services.

Daniel reflected on the adequate healthcare services that exist for his clients in the city he works in. More profoundly, however, is his description of being able to go with the youth to access these services. Entering into a long-term caring relationship, life coaches and their clients continually form a space that they both can hold. This can be disembodied in conversations and moments that occur in unlikely places, such as driving in a car. However, these held spaces can explicitly influence how specific places are felt and experienced. Again, this offers control grounded in both the held space and the physical places that this form of care moves. Recall Peter's comment, "So if they have a bad experience with a doctor, they all suck." The clinic, a site of mistrust and potential abuse, becomes a positive healthcare experience as Daniel accompanies his client and thus bring with them the space they have created through care.

The ability for formalized friendships to translate physical spaces into a more overall experience may also have implications for youth autonomy. I acknowledge that focusing only on the impacts of these relationships may serve to further a dependency on Outreach Inc. However, life coaches ultimately hope these young people will be on their own and supporting themselves. Bringing these relationships into other formalized care

settings could influence provider perspective of young people and improve physician-patient relationships. If other healthcare providers see how these relationships improve care experiences, they may too alter their approach when working with these young people. As other providers pay attention to their own relationships with young people it may lead to clinical visits independently initiated by young people, thus empowering them to create their own relational spaces. Multiple relational spaces may be constructed with the young people as the catalyst for their creation in different physical spaces.

Life coaches, separate from their co-produced relational space, have potential to produce new relational spaces where youth interact without a life coach presence. At the beginning of this chapter, I highlighted Daniel's discussion of Outreach Inc.'s work in providing education to young people. Life coaches also educate Boston area organizations to promote CSEC awareness and offer training programs. They identify organizations – such as youth shelters and medical clinics – that may interact with sexual exploitation among young people and provide educational presentations and material to help staff in identifying and responding to CSEC when it occurs. With this form of education, Outreach Inc. produces a new perspective within these separate spaces of care. This training may also lead staff at these organizations to their own understanding of the importance of relationships and relational space with their clients. By targeting the spaces rather than solely the person-to-person relationship, Outreach Inc. may be co-producing relational spaces before young people interact with them.

Emplaced self-care

The mobile care enabled with broad risk discourse and space holding means Outreach Inc. staff spend most of their time in public spaces, shelters and clinics where youth live on a day-to-day basis. Yet, a particular office space centralizes the staff. Dakota describes their work in the office, *"…most of the work that I do in the office setting is sending emails or receiving emails or setting up times for meeting the individuals. Um, and besides that it's all like I'm out, when I have a full caseload of kids I'm never here [laughs]…"* The Outreach Inc. office is a base for outreach staff. It is where the workday begins, but not likely where it ends. As a space with computers and structured meeting areas, the Outreach Inc. office design is that of a place for staff to organize and plan their day. Staff could do this office-based work from home. Most have computers, so why not answer emails from home. Most have phones, so why not set up meetings from home. Upon closer look, the office space appears to serve a separate caring purpose.

Dakota is not a person to shy away from the emotional struggles of her job. On one occasion, she reflected on some of her particular struggles,

> I think the hardest moment so far that's truly stuck with me has been moments when I was working at the youth shelter this winter. And some kids didn't get beds and seeing them get their cardboard together at the end of the night and put it out on the stairs and then being like well I'm going to go home now and having to leave the youth that I work with for six hours a week sleeping on the stairs…

These moments occur on multiple occasions, and serve as potential instances that could affect further care by staff. Dakota experiences strong reflections on her positionality as a life coach and a human. Much like Dr. Leah's confrontation with the duality of her

domestic and clinical spaces, Dakota's mobility grants her these intimate emotional and reflective moments. A position that operates largely in the spaces where youth lives, life coaches must confront their privilege and power that affords them the opportunity to be doing this type of work. The difficulty of certain workdays could lead to burn out and thus real consequences for clients. Dakota continues,

> You hear self-care, self-care, self-care all over the place in this profession. It's in every training and every everything. And it's true you really do have to do it and you have to figure out what that means to you whether or not it's going to go see your friends for a weekend or going to yoga like one day a week, or you know watching your Netflix at the end of a really hard day…

Being aware of the need to distance oneself from work, Dakota appears to have a grasp on what it means to care for oneself.

Dorothea Orem, Kathie Renpenning and Susan Taylor (2003) describes self-care as, "…human behavior that is self-directed and self-permitted," (212). They go on:

> Mature and maturing persons contribute to the continuing regulation of their own functioning and development and to the prevention, control and melioration of disease, injury and their effects by performing within the context of day-to-day living learned sets of actions… (2003, 215).

Theories of self-care emerged to describe how patients assume a degree of responsibility for themselves after diagnosis and throughout treatment for disease. Care professionals have an understanding that they, too, must care for themselves have adapted this concept.

While theorists like Dorothea Orem and providers like Dakota continue to understand and produce self-care, I argue that self-care, like provision of care, is contingent on place. When Dakota cares for herself, she reenters her familiar and stable places. These come in the form of interactions with friends that could resemble the space holding conducted with youth. It involves therapeutic spaces designed to provide care.

Most intimately, self-care involves Dakota's reentering into the domestic space of her own house and watching Netflix. While challenging to confront the different social and economic standings inherent in this work, it emerges as a necessary explicit activity in order to continue providing care.

In a job that is mobile, consideration occurs for every interacted and embodied space. The office, while perceived as a site to take care of small daily tasks, is also a space for self-care. Dakota told me,

> And I definitely had moments of being burnt out and tired. And, it's hard too because you have to make sure you're getting adequate support and I'm really lucky that I work with a great group of co-workers…I think we all really kind of hear each other when we're going through really rough stuff and we'll talk about it and vent. And, so much of what's having working space I think is just coming in and being like 'this happened and it sucked' [laughs] and talking to them about that, or being like 'this happened and it's so awesome' or just like really celebrating each other's victories and really being there when we have our tough moments and you know I think that that support is huge…

Organizationally, it makes sense to have staff come into a centralized office location even with understanding the mobile nature of the work. This is a space where administrative staff can check in and ensure completed work. However, as Dakota says, having a space that all staff share enables a form of self-care in the staff's co-production of the space. Outreach Inc. staff co-produce and hold the space of their office for themselves. It becomes a controlled a stable place for self-care and social support to emerge. This makes sense for an organization so grounded in providing care towards stability, control and a sense of place. They appear to adopt the care techniques with their clients as they create a space to care for each other.

Conclusion

This chapter has explored a small outreach/life coach organization providing care to youth experiencing homelessness at-risk for exploitation. Risk emerges a powerful discourse that, when broadened correctly, can account for the complex life experience of Outreach Inc.'s clients. Where victimization and trauma has occurred across the lifespan, and risk is recognized as multifaceted, staff are enabled to provide long-term fluid care and support. With an emphasis on intimate relationship building, the life coaches become the care in its mobility. Relationships cannot be perfect as life coaches must adhere to organizational constraints in public spaces of care. These relationships also contain power dynamics and inherently miss aspects of the youth's lives through fluid, but specific points of care.

As a model of care that emphasis mobility and place, Outreach Inc. shows a distinct way to provide care to displaced people at-risk for exploitation. The street as a borderland is temporary for many, including Outreach Inc., while remaining permanent to the youth living there. This enables surveillance and authoritative force while simultaneously producing the space as a space of care for life coaches. The instabilities of life on the streets is powerful enough to shape youth's identities. They are youth experiencing homelessness, and at-risk, because they do not have stable shelter. On the contrary, obtaining a home and the right kind of stable shelter may be powerful enough to translate these youth into something else.

Producing and holding unique spaces emerge as its own form of care. Heightened by mobility and fluidity, the simultaneous production of these spaces by both youth and

provider occur during the caring relationship and carries throughout the continuation of care. Further, life coaches bring the importance of relational spaces in external spaces as they demonstrate these relationships when accompanying youth to formal care sites. By targeting spaces in other organizations, they also explicitly produce new relational spaces that exist when life coaches are not present. Young people also form communities and their own relational space (see Chapter 5). Space holding and space production within self-care occur as life coaches return to their own stable places to rest and recuperate, or visit the office to co-produce spaces of care with their co-workers.

The HORIZON Program and Outreach Inc. distribute their own unique care package. The HORIZON Program might be organizationally narrow, but its focus enable clinicians' maneuverability in how to care and present their clients. The official discourse of human trafficking produces the conditions for a particular kind of care that emerges and travels in the physically manifested evaluations. Outreach Inc. utilizes a broad risk discourse to provide varied and highly mobile care. This produces an informality where driving in the car might emerge as caring. Yet, this informality also limits the scope of Outreach Inc.'s work in addressing some of the larger needs of their clients.

CHAPTER 5: THOSE WHO WALK THE LANDSCAPES

The preceding chapters explored the production of care among formal institutions. While I argue that Outreach Inc.'s care is rather informal, the organization exists within a formal system of care. Understanding provider perception of care helps to illuminate how care is "felt" among providers. Thus far, the voices of those receiving this care, or who exist within the same spaces of care, have not emerged. I made this deliberate decision in order to provide an initial conceptualization of the formal landscapes of care and illustrate the importance of provider's experience with care. The shortcomings expressed by organizational structure and provider perceptions have real impacts on emergent care. However, these shortcomings and perceptions do not speak to the totality of these landscapes of care.

The following sections trace three particular narratives: the story of a trafficked man, a trafficked woman, and a group of young people in Harvard Square. With their voices and my participant observations, I argue that those navigating their particular landscapes largely produce them. While barriers to critical resources such as housing or employment weave through formal institutions and discourse, the day-to-day realities of these barriers encircle individuals seeking resources and changes, themselves. These stories offer unique windows into the larger landscapes of care of which both the HORIZON Program and Outreach Inc. are a part. They are a final piece of the portrait of landscapes of care. This larger portrait provides the foundation for future recommendations.

Partially Translated: Experiences of a Trafficked Man

I first learned of "Omar" at a staff meeting. A reportedly "gentle" and "wise" man from West Africa, the HORIZON Program received Omar as a referral after he was trafficked into the United States. There was uncertainty of whether Omar's case was true, because it sounded too much like a historically canonical trafficking/slavery story. To the clinicians, this trafficking narrative includes a network of people and/or companies trafficking large groups in boats; an experience close to what Omar reported. After some discussion, Omar became Nadia's first independent client.

Omar lives in the Northeast United States, but not in Massachusetts where I conducted fieldwork. My ability to recruit, meet, and talk with him digitally was a by-product of HORIZON's routine use of virtual technology as part of care provision. Omar and I met over the phone for our interview. In our first attempt, I received Omar's voicemail, and we eventually rescheduled. The second attempt resulted in a dropped call. On the third attempt, we finally connected.

There was the faint noise of traffic crawling by in the background, and snippets of wind continually made it difficult to catch Omar's side of the conversation. Intermittently, birds chirped as they seemingly fluttered nearby Omar. This harmonic addition, coupled with the chaotic cityscape in the background, contrasted with the solitude I felt, alone in my quiet apartment. The setup was uncomfortable but oddly familiar. As someone conducting an interview over the phone, without knowing truly where or who Omar was, I felt close to the clinical experience at the HORIZON Program, where most evaluations are done by Skype or phone.

Over the phone, Omar spoke with a soft voice. He continually spoke fondly of Nadia, and made sure I told her "hello" following our interview. His kindness and caring sentiments did not mask the true state of his struggles:

> I would say at the moment, because I'm not working, I feel life is difficult. You know? Accommodation wise, it is difficult. I'm currently staying with friends. Today I'm with a friend and the next day I'm with another friend and then at another moment I sleep outside because I cannot afford rent….

While not working and without a home, Omar was connected with a variety of services. He has a lawyer aiding in a legal case, HORIZON clinicians advocating for him from afar, and a social service agency providing him with metro cards and gift cards. Omar was an identified trafficked man caught in formal service purgatory.

> They wanted to help me with an accommodation to help me find an apartment somewhere. Unfortunately, I went to the office today and they could not because of my gender. My case manager told me usually they give priority to a woman and not a man. It might take a long time but she told me that [they] could not. So as of now, it's difficult, you know?

Organizational models and funding streams support a feminized "victim of human trafficking." Thus, even when recognizing human trafficking as unbounded by gender, clinicians and clients are actors within gender-biased structural conditions. Communicated directly or through a lack of care, men are denied necessary services that should be provided upon recognition of having been trafficked. Men may encounter providers who want to believe their experience but do so with increased questioning and suspicion. More powerful are masculine expectations and the ways in which they may silence a man for speaking up or identifying as a victim[10]. As cultural and structural

[10] For further discussion on masculinity, silencing and victimhood, see Nasjleti (1995), Ellis (2002) and Surtees (2008).

conditions attempt to weigh down on Omar and those providing care to him, Omar emerges an identified trafficked person, but not the *right* canonical kind of trafficked person.

Cristiana Giordano (2014) observes that trafficked women in Italy have their subjectivities shaped through state care that translates "foreigners" into "locals." Identified as trafficked, women receive care but also "learn" how to be productive Italian citizens. With a tenacious, gendered understanding of how to care for victimized women, teaching domestic chores and proper Italian womanhood emerges as an "effective" form of care.

While the translation from "illegal immigrant" to "trafficked person" places Omar in the category of victim in need of services rather than criminal at risk of punishment, it is not enough within the formal apparatuses. Those providing care for trafficked people devote their resources and care to women who have been trafficked. Only recently, did organizations receive funding and resources not earmarked exclusively for women identified as trafficked. Peter, the former director of Outreach Inc., explained this to me:

> …there was language that said 'kids that are commercially sexually what not', but 'kids' wasn't identified. But, it was known that it was girls or it was thought that it was just girls. When Obama came in they eliminated funding for programs that are just gender specific and what they said was csec [commercial sexual exploitation of children] kids with emphasis on special populations which included boys, kids of color, transgender, so forth…in my conversations with [other organizations], you know seven years later I'm still doing csec boys 101.

While specifically for young people, the gendered rhetorical shift of exploitation hints at new avenues for care. However, Peter explained that organizations claim the new rhetoric without attaching it to their organizational models. In the end, formal organizations may

state that they work with boys and transgender youth but do so in order to receive funding to continue caring for populations they know best: girls and young women. Common perceptions focus on outdated policies that fail to match current on-the-ground action. In the systems of care for trafficked people, it appears that policy was quick to alter funding streams but failed to provide adequate incentives for active organizations to receive training and support to change their programs. In a twist of irony, the legacy of trafficking laws that focused on ending female prostitution faced political upheaval and yet remained intact due to the cultural ideologies these laws emplaced.

Omar's experience solidify Peter's comments. It appears that Omar was explicitly told that a gender hierarchy exists for long-term services such as apartments. Unclear is the "supply chain" that links this service agency with the available apartments. It is likely that while this organization seeks to care for all trafficked people, the particular agency or property owner controlling the apartment continues to hold onto the cultural and moral ideologies of human trafficking, welfare and subsidized housing law legacies. Thus, the formal translation of Omar into an identified trafficked person was incomplete. In reading a partially translated document, or with limited knowledge of the language, only parts of the writing can be understood. Translation of Omar is only partial. Recognized as trafficked, but as a man who was trafficked, Omar is not fully understood and thus does not receive needed services.

Working with a lawyer, a mental health clinic, and a social service agency, Omar's trafficking identity is reinforced in multiple formal spaces of care. Giordano analyzes similar spaces of translation, "…institutional contexts that these women had to

pass through as 'victims' in order to fulfill the state's requirements for rehabilitation," (2014, 14). Omar had already met state requirements. The places that offered care, organizations that explicitly provide care to trafficked people, served as reminders of his trafficking identity, and what that identity means within larger societal contexts, as he maneuvered the liminal spaces where he found himself awaiting acceptance of his T-Visa.

Omar described the social service agency as *"…an organization that tries to find support for people like me… trafficked victims and people who cannot help themselves."* This aligns with Giordano's argument that [female] identified trafficked people, "…need to be guided, accompanied, and assisted in the process of becoming legal subjects…" (2014, 15). The latter part of Omar's comment signifies his recognition that a trafficking identity implies that he must be suffering. He equates "trafficked victims" with "people who cannot help themselves" and thus subtly recognizes the moral economy where suffering equals deservingness of care but also reinforces a deficiency discourse that suffering migrants cannot care for themselves. (Dossa 2002; Fassin 2005; Willen 2012;). Omar begins to understand the larger perceptions that the category of "trafficked person," into which he was placed, necessitates aid from others. Omar must exist in the formal systems of care that see him as suffering if he is to work toward the formal long-term resources he needs.

At the same time, Omar's comment that these organizations provide "support for people like me" signifies Omar's agency in this context. His recognition of himself as someone who cannot help himself is indicative of a recognition that he exists within a

categorical identity of "trafficked person." This enables Omar to, more or less, draw on this identity to interact in the formal spaces of care. To be deserving of care, a trafficked person must be suffering. Yet, Omar's apparent understanding of this enables him to not only exist as someone perceived as in need of others. This perception enables Omar to recognize the resources within this limited category and begin to rearrange his identity to a more desired sense of self.

Omar's experience with care reinforce the state's anonymous care in providing care within a state-defined life for the broad "victim of human trafficking" population (Stevenson 2014). Initiated into the various service organizations, and with the ability to remain in the United States through his legal case, Omar is ostensibly receiving government care. Yet, it is his responsibility to access these services, make the case for his trafficking experience, and make use of his certification and T-Visa rights if granted. The burden is ultimately on Omar to advocate on his own behalf for the services and benefits he needs and wants. Learning of Omar's post-trafficking experiences teaches us that a government's claim of protection, prevention and prosecution is not as strong as needed. Offering federally supportive certification services, employment authorization and a T-visa[11] is inadequate without further formal assistance in the process for many who are newly arrived to the United States. These issues remain for many trafficked into the United States, yet men experience increased burdens where fewer resources and

[11] The Trafficking Victims Protection Act (2000) places a cap of 5,000 T-visa approvals each year (United States Department of State 2012). In 2016, 750 applications received approval (USCIS 2016).

training are available. The systems of care exist in a culture that continually fails to support male victimhood.

Where anonymous care structures understandings of care, it shapes Omar's experiences in between caring and uncaring worlds. The forms of care provided by formal organizations are place-based and produce or perpetuate anonymity. By visiting his lawyer, Omar progresses towards his T-Visa. By scheduling appointments with the HORIZON Program, Omar strengthens his case psychologically for a T-Visa. By traveling to the social service agency, Omar receives short-term necessities. In between these specific spatial experiences, Omar sleeps on the streets and is on his own. When care occurs only within the walls of these organizations, this formal care largely ends when Omar leaves.

Omar's self-made landscape

In Omar's case, lived experiences do not involve a continual denial of crucial services. Without existing networks, support system or sense of place, Omar carves out his own. In the legal and spatial limbo of being legally undocumented, but a documented trafficked person, Omar accesses some needed resources while moving between the formal places and spaces that shape what he can receive. Between these structures, his agency and motivation enables him to get what he can:

> …when I also go to the Mosque, I'm Muslim, I pray. I go there, they bring food in Ramadan, every day everybody could eat, anybody can just walk in and eat. And it's good for me because food is a problem for me…. I met a lot of friends in the streets, you know, I need to eat. It's not easy. I walk in [a park], I walk in [a train station], mostly there are these folks selling t-shirts, city t-shirts, hoodies, hats [with] city logos. These tourists like to buy this stuff. So what I do is I have to go to these folks usually sitting at a table where they work…help them carrying

> stuff out of the box, folding it nicely, give the tourists some help. I'll fold it nicely.

Omar identified places to meet his needs – on his own. Without formal guidance, Omar produced a fuller landscape of care with his ability to recognize paths to important spaces of care. The Mosque emerges as a familiar space that transcends physical and abstract borders. It acts as a site of care in its familiarity and comfort while also enabling Omar to form a community that provides the occasional bed to sleep in and full plate of food. The tourist sites identified by Omar exist within an informal economy that provides Omar with minimal forms of earned wage. While only acquiring temporary resources, these experiences are important as they make up the day-to-day reality of Omar's life.

Omar moves through and between formal and informal spaces of care. He has connected with some and carved out others for himself. These spaces, and the care they provide, are fluid and form a larger landscape of care that falls short of what Omar ultimately needs. This adaptation of the concept of landscapes of care is similar to Mattingly's theory of borderland spaces. She describes a borderland as something that, "…reveal[s] the fluidity of this space and its connections to geographical and institutional sites that are far removed from any clinic: homes, churches, even Chuck E. Cheese and Disneyland," (2010, 7). For Mattingly, Chuck E. Cheese and Disneyland emerge as unlikely spaces of care. Yet, they hold the potential for community formation or as spaces of travel that engender care and hope for families. Similarly, I argue that the various caring spaces that Omar moves between are connected – some institutional and some informal – that serve a purpose on a specific path. Omar constructs his own borderland of

care between the formal spaces in his identification of these unlikely spaces formed in parks, beaches, friends' apartments, and the Mosque. The sum of these spaces connect Omar's movements between and through them, forming his individualized landscapes of care.

For Mattingly, as a researcher of care, and Omar, as someone experiencing care, care is fluid. The various organizations that Omar interacts with have emergent barriers. They are all providing care for him, but they are disparate. Yet, they all shape how Omar moves closer to having his own place as he rebuilds himself after his conventionally identified trafficking experience. Omar appears to envision a specific future for himself. Omar's attention to the Mosque and informal economic opportunities may reflect Omar's meaningful vision of himself. Throughout his life, the Mosque likely served as a space for reflection and community building. Further, Omar left his home in order to seek economic opportunities in the United States.

Taken together, Omar envisions himself recreating his life prior to his trafficking experience where friendship and community existed and he finds purpose in providing for himself. Identifying community and economic spaces, Omar is indeed "helping himself." This counters the deficiency and suffering discourse of trafficked people and thus serves as further evidence of Omar's agency and active rearrangement of self-identification. The formal institutions serve as stepping-stones on this journey where T-Visa status and long-term opportunities may work towards a more permanent vision of

this future. At this moment, these borderlands emerge more important as they are partial realizations of Omar's desired sense of self and place.

"A critical approach must define health as access to and control over the basic material and non-material resources that sustain and promote life at a high level of satisfaction," (Baer 1982, 95). Baer's critical understanding of health asks important questions of who has access and control over resources. In a larger system of care, governments control policies and funding streams, and formal institutions house resources within physical and metaphorical walls. They ostensibly control the resources for health and who can access them. Omar has access to organizations that provide resources with either long waits (i.e. a legal visa or housing) or short-term benefits (i.e. clothing and gift cards). Omar moves within structural conditions that control and provide the bulk of resources for women who have been trafficked[12]. In addition to Omar's initial comment on his position as a male identified trafficked person, he went on to say:

> That's what she [his case manager] told me. She said usually accommodation has priority for women. Usually they look for women who have kids and then women with no kids and then finally, if there is any available apartments, they then consider men. So, that's what she told me. I believe that's why she couldn't find me one.

Based on his experience with care, Omar perceives a ranking on his chances for gaining a critical resource: an apartment. His own understanding of himself as "last" on a list for an

[12] A recent report by the UN Office on Drugs and Crime stated that 51% of trafficked people are women (20% are girls) while 21% are men (8% are boys) (UNODC 2016). These statistics reinforce cultural and economic conceptions of human trafficking care.

apartment also reflects a ranking of how "important" a trafficked person he is. He told me, "…unfortunately since I'm single and have no kids and me being a man means it likely might take a long time." Social and cultural ideologies of morality, that women and children need care first, and family values, that having children symbolizes greater social vulnerability, become resources that Omar would need in order to move up the service ladder. These ideologies produce a layered care experience within formal apparatuses in which all identified trafficked people are deserving of care yet particular "types" of trafficked people are granted higher degrees of deservingness (Willen 2012).

This self-ranking influences Omar's sense of self. The length of time until he might have a permanent place reflects Omar's experience with symbolic violence – the ways individuals internalize social power and oppression (Mendenhall 2012). Omar begins to see himself as lower than others who are receiving care for a similar experience. As a man identified as trafficked, Omar understands his "place" within the structures of care for those who are trafficked. Baer's (1982) critical medical anthropology to health helps us understand how resources emerge for some and are controlled by others. Omar's experiences illustrate the implication that foundational resources exist, but do so within a moral economy that fails to perceive all trafficked people as equally deserving for access.

The resources available to care for trafficked people exists within a moral economy of suffering that favors women who are trafficked. Didier Fassin (2005) notes an important shift in societal attitudes toward immigrants. While World War II had produced the need for immigrant workers with healthy bodies, industrial mechanization

later made migrant labor virtually unnecessary. “In this new economic context, it is now the suffering body that society is prepared to recognize,” (Fassin 2005, 373). Omar emerged from his trafficking experience a suffering body. Yet, the “…economy of the moral values and norms of a given group in a given moment,” (Fassin 2005, 365) better recognizes the suffering of female victims. Rather than deny the importance of care for identified trafficked women, I seek an understanding of the moral economy that grants “limited” resources based on gendered notions of victimhood and symbolically violates the suffering man.

Critical medical anthropology and moral economy enable us the perspective on the larger apparatuses of care for trafficked people. Apparatuses are the total interventions of governmental and nongovernmental humanitarian assistance for traumatized “victim,” (James 2010). Within a human trafficking care apparatus, policy and ideology produce and control funding and resources. This “top-down” perspective illustrates how material resources manifest in non-material ways. Housing appears to exist for identified trafficked people, but does so for those meeting the moral criteria of the particular suffering body. As researchers, we must recognize these larger structural conditions but always remember their relationship to individual experience. Paying attention to Omar’s experience enables a critical phenomenological perspective that connects these apparatuses with the care that Omar experiences and produces (Willen 2007).

Cheryl Mattingly (2010) states, “Despite the immense power of oppressive social structures, reality is not summed up by their existence,” (39). While recognizing the real oppression faced within structural conditions, Mattingly suggests it is not enough to name these structures and then draw conclusions. Similarly, Omar appears to recognize the limitations apparent in his landscape of care. He understands how he fits into these landscapes and realizes where and when formal care starts and ends. These moments – where he visits the mosque, participates in brief employment and sleeps on a friend’s couch – interact with the larger structural conditions that situate Omar’s lived experience. That is, Omar’s agency within these systems means that the structural conditions do not define his lived experience.

Mattingly continues, “It is no more real to disclose our imprisonment within everyday life than to disclose the possibilities for transformation that this life also admits,” (2010, 39). Only observing where Omar cannot receive the care he desires leaves out the motivation and care that he creates for himself. Much like Giordano’s (2014) analysis of trafficked women’s translation into Italian citizens, Omar is engaging in a self-translation. In understanding his own geography and seeking places of significance, he is taking part in his own translation. Within formal caring institutions, Omar receives, “…support for people like me…” and appears to understand his identity when receiving this form of care. Yet, in also identifying specific places where he can care for himself, Omar is finding a sense of place and constructing a new identity for himself.

With his formation of a borderland of care and his act of self-translation – together constituting his landscape of care – Omar is (re)claiming ownership of the game. In this case, the "game" reflects the particular care, structures, and resources designated within the system for trafficked people. Through these implicit, and explicit, acts of transformation and formation of care, Omar challenges the way social and political structures seek to define him. Omar receives formal care because he "happens" to fit pre-established criteria for an experience known as "human trafficking." Despite the exploitation and abuse he experienced, he actively seeks to (re)imagine himself the way he wants. It is important to receive necessary care and healing from the trauma of a trafficking experience, and it is equally important to recognize the resiliency and agency within identified trafficked people to (re)construct themselves based on their self-perceptions and goals.

While Mattingly (2010) cautions against only highlighting structural oppression, she does not wish to then only highlight a positive lived existence. This combination leads to a more complete picture. While Omar is occasionally able to go to the mosque for a meal, we cannot ignore the fact that he does not know where his next meal will come from. While Omar is able to go to the park and train station to sell t-shirts, we cannot ignore the fact that he cannot find a permanent job. While Omar is able to make friends and have shelter for a night, we cannot ignore the fact that he has no apartment.

Omar experiences the barriers within formal apparatuses of care but actively, and more importantly, produces his own landscape and assemblage. Drawing on Ginsburg

and Rapp's (1995) concept of the local as not defined by geography but rather by small instances of informed social meanings, I understand Omar's production of a self-made landscape as finding care within his own concept of meaning (Janes and Corbett 2010). Where social meaning can define one's perception of a local space, defining localized spaces as holding specific meanings can also produce care. The mosque and tourist vendors became spaces of care for Omar outside of connected formal institutions. Here, a mosque and tourist sites are localized contexts belonging to larger assemblages of the Muslim community and tourism, respectively. These do not inherently "produce" care; while one can argue that membership within a religious community can be therapeutic and caring. Ultimately, however, Omar has creatively identified and connected these assemblages. He has added care to these contexts by identifying ways that these spaces can meet his needs.

Further, these were not "given" to him, but ones that he found to be caring within his own landscape. Omar finds potential for important material and non-material resources within these formal spaces such as housing and legal rights. Yet, his own vision of meaning – i.e. finding a purpose in religious community and work – provide distinct care. Together, the formal and informal spaces produce a landscape of care of assembled material resources and non-material social resources.

Identified as trafficked, Omar fits a category that invokes a humanitarian imperative to care. As a man, he also fits a category of an unlikely trafficked person. Resources, apartments, and jobs continually set aside for a particular "kind" of trafficked

person force Omar to seek care for himself in the borderlands of care he has formed. While successful to some degree, these barriers will continue to remain amidst a longer vision of Omar's sense of place and self.

Guilty Until Properly Translated

Born in the United States, "Sasha" was trafficked within her own childhood community. Referred to the HORIZON Program, Sasha did not seek a T-visa for legal rights but sought help strengthening her case for a presidential pardon of a crime. Sasha's experience serves as a different, and less understood, trafficking experience. As a woman who was trafficked, Sasha's trafficker forced her to assist them and was eventually arrested and convicted as a trafficker herself. In this section, I argue that Sasha experiences a differently constructed landscape of care with paths and barriers unique to her identification and translation. Rather than focusing on gender, this section explores the ways in which the criminal justice system fails to acknowledge a larger trafficking experience. Wrongly convicted – and wrongly translated – Sasha experiences service organizations who turn away and consider her a criminal deserving of imprisonment, rather than an individual deserving of care. Sasha is a woman with passion and motivation to right the wrongs of her own, and 'others', trafficking experience.

Care denial

With an interview guide designed to talk about life after identification as trafficked, I was surprised to find Sasha so willing and explicit in talking about her trafficking experience. In this light, it was clear to see how much this experience has motivated, rather than inhibited, her to become an impassioned activist. Still, this analysis

will not detail her trafficking experience, as my concerns lie in the care Sasha received – produced by herself and her surroundings. Sasha's journey to care began with denial and absence. Rather than step through a caring door, Sasha faced one already closed. Speaking about one of the only organizations in her community caring for trafficked people, Sasha said:

> I was calling while I was incarcerated because of the trafficking incident. I was trying to find a way to put my life back together and that was supposed to be a transitional living home for people who had experienced what I had experienced. And I was not able to get in since I was imprisoned. And it was not just for prostitution; it was for trafficking. They did not want to help me, and I didn't know what to do…Towards the end of that ordeal, I didn't view myself as a trafficker, so when those services were not available to me, I felt really shunned.

Continuing with Giordano's (2014) concept of translation, Sasha was never "granted" the translation of a trafficked person. While identified as trafficked by a legal institute and the HORIZON Program, both based in locations at a physical distance from Sasha, her label was "trafficker" to others immediate to her. Sasha straddles dueling moral economies. Fassin (2005) argues that deservingness of care largely depends on the degree of suffering. She is perceived as a suffering body by distanced organizations while perceived as a body *causing* suffering within her localized context. Her translation, then, depended on the institution, a prosecutorial criminal justice system, with a higher authority to define *who* was suffering.

Being translated as a criminal not only affected Sasha's ability to access formal care from local organizations, but it also influenced the care and support she might have received within her local community who inevitably reinforced her translation as a criminal through the news. She said,

> …I'm minding my own business and somebody calls me and is like 'you're on the news.' My attacker had already gone to prison, he'd been in jail for six months and I'm living life and happy that I don't have to be obligated to this person anymore and then I got in bed and they had me on the news. They had my picture up and they're talking that my chargers were human trafficking or it was conspiracy to commit human trafficking by forced, fraud or coercion with women and children with drugs and alcohol. So, people are thinking now that the person they once knew and trusted was out here rounding up women, forcing them to sell their bodies and coercing them and feeding them drugs and alcohol in the process.

Sasha had largely removed herself from her conventionally defined trafficking experience. In this excerpt prior to Sasha's own arrest, she mentions her trafficker's previous sentence. This served as a comforting reminder that this particular person's potential to harm Sasha again had largely diminished. Compared to someone who is trafficked into the United States from elsewhere, such as Omar, Sasha has an established sense of place in her local community. Prosecuted and imprisoned as a trafficker, she was working to rebuild that sense of place and of herself. Yet, the media portrayal of Sasha's story within her home community, reinforced her mistranslation through the criminal justice system that had lingering effects within these potential informal spaces of care

Revisiting Edward Snajdr's (2013) analysis of the master narrative, Sasha faced two structures of power – the criminal justice system and the media. A master narrative is a cultural framework of knowledge and action that makes normative an idea or ideology (Snajdr 2013). Sasha became subjected to the ways in which others identified her. Honed in on her forced "compliance" with her trafficker, these structures produced a criminal narrative about Sasha. Without the full story, these fragmented pieces not only became Sasha's story, but also the story that her community began to tell. Sasha exercises her own power in many ways discussed later. In this instance of narrative construction, some

in her community came to support Sasha. She told me that, "…a lot of people were calling [the news] that knew me and were like 'she did not'…"

The dissemination of Sasha's mistranslation in this localized context illustrates the master narrative's relationship with the translation of people's identities. Giordano discusses this as she explores how the Italian state narrated trafficking to construct its desired system of care. Granting power to the narrative, state laws define how trafficked people should be cared for, as well as the steps for accessing care and their desired results. Snajder's master narrative, then, becomes the foundation through which this translation occurs. The agreed upon trafficking frame sends shockwaves through laws, institutions and care provision. For Sasha, however, the construction of a specific master narrative overtook her individual experience. The few members within her community that defended Sasha demonstrates where a master narrative can be overturned. To her close family and friends, Sasha's portrayal as a criminal was not a "normal" ideology. Sasha, too, recognized this mistranslation and actively sought out corrective measures.

Finding care in education

Much like Omar's journey to the mosque and the tourist vendors, Sasha drew on her agency to carve out her own space of care. For Sasha, school became a place that cared for her and a place where she could care for herself.

> …After many years of being exploited and thinking about who I am, I'm just tired of it and going back to school, yeah you'll have to pay back your student loans but that means you should probably graduate and do something with your degree. I mean not that I wouldn't go to school or anything like that but that's pretty much the only option I have that I can see a healthy way out.

Sasha's final remark, her perception of school as the only healthy way out, is important to her journey after her trafficking experience. This is both a reflection of the importance of education for Sasha and of available opportunities. As she could not find adequate jobs nor caring support from other institutions, Sasha perceived school as a way to move closer to her goals and away from the exploitative alternatives available to her. School, then, symbolically represented a move toward Sasha's vision of herself. Universities represent symbolic social success and thus "places" Sasha in a space that provides a perspective removed from that of a criminal. School, as part of a larger apparatus of education, is not inherently caring. Much like Omar, Sasha inserts the caring ability of school into these spaces in order to produce and receive the care that she needs.

Finding her place in school has also meant Sasha can provide care for herself and others with activism.

> So, in addition to taking the class some of my information ended up being a part of the curriculum…. I have been off and on since I've been released from prison and on my own account have provided this information to the public so that the issue may be addressed. I have spoken on a Senate bill trying to protect victims of sex trafficking.

School has been a place of support and care, but it has also been a platform. Sasha has found avenues for direct influence in school through her courses and has taken that passion elsewhere through political action. Here, the power of place is twofold. School became a physical space where Sasha felt supported, safe and occupied the identity of "student" rather than "former criminal." School also became a conceptual space to work towards a newly formed perspective of herself. As an advocate and activist, Sasha's agency enables her to form a new identity that is removed both from "identified

trafficked person" and "former criminal" while simultaneously an identity that can provide similar translation for others.

The position school and advocacy holds for Sasha in her own landscape of care is largely based on how she defines what is caring. During a particularly troubling part of our conversation, Sasha explained the situation of one of her friends who had passed away recently. Local law enforcement had failed to provide her friend with adequate protection and further failed to identify and arrest the individuals who were victimizing and exploiting her. This inevitably led to these individuals finding Sasha's friend once again and enacting violence that ultimately led to her death. While emotionally hard for Sasha to tell and for me to hear, this experience was important for how Sasha conceptualizes her need to care, moving forward. Her friend passing away was part of a larger failure of the criminal justice system that Sasha continually addressed as paramount to her trafficking experiences. After sharing this story Sasha said, "So that's the care that's missing." Confused, I asked her exactly what she thought was missing. She responded, "Um, justice. Justice is a form of care, especially to a victim."

This simple yet powerful comment appears to serve as the basis for how Sasha experiences care. In her conceptualizations of justice, Sasha moves away from conventional definitions of care and sees justice as a distinct form of care. With Sasha as a trafficker, justice was served through this translation and subsequent arrest. Yet, Sasha recognizes her experience as having been trafficked. In this regard, the larger criminal justice system failed to "serve justice" as they arrested a "victim of human trafficking." It was through Sasha's resiliency and agency that she acted on her own behalf to identify

formal organizations who would recognize her for having been trafficked. Finally, through education, Sasha understood her place as an advocate and activist who could work to correct the *injustice* of these forms of mistranslation.

Toward a Theory of Structural Trafficking

As Sasha moves through her landscapes of care, she experiences a lack of care that extends well beyond the time immediately following her trafficking experience. Previously, I mentioned how formal institutions set up to care for trafficked people like Sasha failed to provide that care based on her translated narrative. This mainly relates to the explicit identification of Sasha as a criminal rather than an individual in need of help. Yet, the repercussions of this mistranslation continued in other avenues such as searching for a job.

> …I don't want to engage in criminal lifestyle. I'm cleaning houses and I get paid for that. I modelled hands which is still sex industry related, however I find it to be safer than meeting with a john in the street, I'm in [a U.S. state] and my customers are in [another country]. And that's there and I'm grateful for it but why should I have to continue to be exploited, I mean now to exploit myself…

The repercussions of her improper identification means Sasha is only able to find work similar to the type of work classically found in a trafficking experience. Cleaning homes and engaging in more formal sex work garner wages, but they are likely to be underpaid and to lack benefits. Documentation of similar evidence illustrates how men and women who are trafficked often end up in similar job sectors that lack social perception as exploitive. For example, Anastasia Hudgins (2007) found that Vietnamese women who worked in, or were "trafficked" into, the sex industry in Thailand were not

being forcibly taken or sold but lived in an area without job opportunities in other industries.

Hudgins' study of sex workers – those considered "non-classically" trafficked – and the experience of Sasha – "forced" to continue working in jobs similar to that of a trafficking experience – illustrate a concept that I call *structural trafficking*. Paul Farmer (2005), in his book *Pathologies of Power*, asks the question, "By what mechanisms, precisely, do social forces ranging from poverty to racism become embodied as individual experience?" (30). Conceptualizing the idea of structural violence, Farmer seeks to understand how larger political and economic forces structure health risks and other aspects of lived experience. For example, construction of a dam that generates power for thousands in city centers could displace healthy communities surrounding the now dammed waters (Farmer 2005). Understanding how these larger forces influence disease and abuse can enable more effective care and political and economic action.

Closely examining structural violence, honing in on how structures influence lived experience broadly, can help understand structural trafficking. Structural trafficking moves away from the narrow focus on human trafficking as the act of one individual or a group of people buying and selling other human beings. Examining the vulnerabilities to trafficking allows us to see the effects of entrenched poverty, lack of opportunity and institutional support that lead people to make rational decisions and try to find work outside the formal economy. This was evident in Hudgins' (2007) analysis that included interviews with women who did not want to work in sex work but felt they had no other option. Migrant workers experiencing exploitation exist within a system of agriculture

and labor that does not provide the adequate protection often available within "legitimate" businesses. This system constructs migrants as "illegal" rather than "exploited" (Brennan 2014). Many clients working with the HORIZON Program ended up in the United States because of unavailable jobs or family/community abuse and violence in their place of origin.

Examining life after a trafficking experience allows exploration of the inefficiencies within structures and systems that directly relate to continued exploitation. Where Sasha could not find support in government or community assistance, she found the only available work for her – low wage risky jobs that mirror conventional trafficking experiences. Omar similarly sought his own forms of labor, yet did so in an informal economy that did not pay fairly nor supply extra benefits. Dakota's client symbolically suggested that personal hygiene industries exploit customers with a biological alteration that produces dependent consumers. Structural trafficking (and those trafficked) call us to ask, "What does society consider exploitation and why?"

Structural trafficking calls for communities and governments to understand their roles in human trafficking. Campaigns and slogans bring awareness to human trafficking occurring in people's "backyards," but need to extend to the ways in which exploitation is increased and continued due to a lack of institutional support. Sasha and Omar illustrate where support was needed yet exploitation likely persisted.

Sasha's comment about government exploitation demonstrates a frustration of this lack of institutional support. Rather than assistance for job opportunities, Sasha was labelled a criminal. This left her with labor opportunities that exists close to conventional

trafficking experiences. Sasha made a choice to work in a form of sex work. However, this choice was constrained and influenced by her translation as a criminal and the lack of institutional and governmental support for people who are trafficked. Sasha's labelling is unique regarding her being prosecuted as a criminal, yet her experience aligns with a larger identified trafficked person's experience. Without formal job opportunities, Sasha, Omar, and others engage in their own agency to find economic spaces that do not afford rights and protections because these people often still largely exist without formal and social support in non-exploitive economies.

Structural trafficking explores how "inegalitarian social structures," (Farmer 2005, 230) produce increased vulnerabilities to trafficking based on particular spaces in the global political-economic system. The human trafficking "story" needs to move away from the assumption that 'rescue' means a 'happy ending'. Structural trafficking posits that continued exploitation is largely brought about by systems rather than individuals that distribute abuse and health risk with a lack of support for people identified as trafficked both before and after their conventionally defined trafficking experience. Structural trafficking explores how larger forces weave within and influence an individual's experience with exploitation. Awareness of these hidden processes can improve support for Sasha, Omar, and others navigating the larger landscapes of care for trafficked people, as well as their own.

Understanding and addressing the larger structures that perpetuate exploitation can foster the agency of those seeking to produce their own landscapes. As identified trafficked people seek spaces of care, meaning, and purpose, they creatively produce a

landscape that begins to match their vision of themselves. Yet, they often must do so by engaging in risky, informal work where exploitation continues because the systems of care do not provide adequate protection.

Much like Omar, Sasha engages in her own self-translation. With a passion for activism and advocacy, Sasha pushes back against a system that wrongfully identified her. She recognizes the hand dealt to her and is actively working to right those wrongs for herself and for others. Sasha explicitly seeks a new identity – one potentially granted with a presidential pardon and a university degree. Yet the relatively simple action of beginning to seek a new identity illustrates this self-translation. Her recognition of a wrongful identification and the subsequent care that has failed her has produced, or awakened, within Sasha a voice to speak to the injustices occurring within the larger landscapes of care for identified trafficked people.

Mistranslated as a criminal, Sasha experienced a denial of care from formalized organizations who have mission statements to protect victims of human trafficking. This mistranslation also led to social barriers as her own community perceived her in a new light. Through her own agency, Sasha constructed her own landscapes of care. In seeking education and activism in school and politics, Sasha was able to find her own place of support as well as start building structures of care for others. Sasha, then, can *become* part of larger landscapes of care as she moves in and between the different spaces that are becoming caring for her and for others in her situation. This is not to say that other caring institutions lack importance, but again it highlights the potential that care has if there are broader conceptualizations of trafficking that recognize unique experieince, more people

identified, and more resources allocated to a wider array of both people and forms of care.

A Story of a Sidewalk

"He's just walking around with his hand on his gun!" Daniel exclaimed, commenting on the transit officer patrolling the subway stop in front of the Starbucks where we met that day in the middle of Harvard Square. The officer, a tan-skinned man with a military style haircut and sunglasses too dark to see his eyes, appeared to be only approaching people that looked homeless. Dakota, threatened by this man's potential harassment of these people, thought it best to approach the new officer and introduce herself. As I accompanied her from the Starbucks, iced coffees in hand to quell the summer swelter, we passed by an older man sitting in the square with his back against a news kiosk.

"You hanging in there?" Dakota asked.

"Interesting word choice," the man responded, "but, I guess I am."

We continued our approach to the officer, now standing near the entrance of the subway terminal like a dog guarding a home. Dakota and I walked closer as I fell a few steps behind her. While we could not read the man's true expression, hidden behind a stone face, the subtle placement of his hand on his belted pepper spray for the length of the conversation was enough to show we were not welcome in his proximity.

"Hi, my name is Dakota and I'm an outreach worker with Outreach Inc." Dakota initiated with a big smile and an overtly friendly tone, "We work with a lot of the homeless youth here in the square."

The transit officer looked on.

"Is there anyone you think needs help today?" Dakota continued.

"It's pick and choose," The officer replied. "You see it every day here."

The conversation wrapped up without gathering any information nor a change in the officer's demeanor.

Dakota and Daniel hoped to interact with some of the young people that the officer had been talking with in the square, and asked me to hang back so as not to intimidate them as a large group. Still threatened by the officer's presence – being in his "space" – I wandered to a cement block to sit and wait. Wanting to appear inconspicuous, I took out my phone to continue a game of Solitaire. The fading sunlight cast through the clouds giving the square a distinctive look. The shadows of the buildings stretched and increasingly loomed over me, leaving me with a similarly "dominated" feeling as when speaking to the transit officer in his domain (Field notes, June 28, 2016).

Harvard Square serves as an example of how spatially grounded care becomes when experienced by displaced people. In this opening entry, the encounter with the transit officer threatened his control over this space. The officer, whose job it is to protect transportation zones, had a certain authority over the entirety of the metro stop, including the people who passed near it. Yet, the station exists within the borders of Harvard Square, a larger space upon which Outreach Inc. staff work with and care for youth experiencing homelessness. Here, the contestation of space emerges between the officer, Outreach Inc. staff, and others who call this space home. Each claims ownership of the sidewalks and alleys of Harvard Square. Over one particular day of fieldwork, I explore

this ownership but consider it in the context of the landscapes of care. While this chapter as a whole has looked at how particular trafficking identities influence production of landscapes of care, I now turn to the stronger role of space in how care moves.

The power of micro-spaces

Tuck and Mackenzie (2016), in their discussion of place and power suggest, "From religious institutions to schools to homes to the street to natural spaces, different types of locations have accepted members and norms that create and enforce boundaries and relative privileges," (Location 967). Simply, the authors argue that place carries meaning. Their statement, however, of "accepted members" and "norms" suggests that particular placed-based meanings can strongly influence individual access and experience within these places. Within the culture of Harvard Square, different authoritative actors contest the space. These figures, such as the outreach workers or transit officers, establish boundaries where they "award" certain privileges. The Outreach Inc. staff, for example, designate the entirety of the square as a space of care where any youth seemingly in need becomes "privileged" with care. The transit officer, however, conceptualizes a constricted barrier and claims protection only over his area within the metro stop. Together, these "boundaries of care" produce localized zones of inclusion and exclusion within the larger context of societal inclusion/exclusion in Harvard Square.

Access to certain places depends on various forms that ownership takes (including rights to place by gender, race and sexuality) (Tuck and Mackenzie 2016). Examples include policies favoring suburban migration among whites, leaving people of color in a less developed inner city (Lipitsz 2011). In Harvard Square and in other areas where

people experiencing homelessness live, ownership takes many forms, as business owners, students and homeless youth all stake claims. I argue that power operating within place simultaneously dictates who can physically access these places and to what extent specific individuals receive or produce care. My outreach visit with Dakota and Daniel continued after our initial interaction with the transit officer. His presence was continually felt, but more so through his absence.

The three of us regrouped and continued our work throughout the Square. As the sun continued to fall, along with the temperature, I began to notice the change in the Square's atmosphere. Students sauntered out of classrooms and apartments to make their way towards posh sandwich shops for dinner and dank basement bars for drinks. The tourist buses, those hulking double decker shuttles normally congesting traffic, gathered up the cacophony of camera toting elderly individuals, families and gap years to move on to their hotels for the night. Those spots normally empty of youth experiencing homelessness began to fill as they vacated the, hopefully, air conditioned day shelter to enjoy the cool summer night.

Our presence in the evening air made for a more "exciting" outreach visit. While normally only visiting with one or two groups, all the places we usually visited had youth hanging out and "spranging" (a term I learned as another word for asking for spare change). We met with one individual, a woman with an army-style buzzed haircut dressed in a tattered green shirt and pant combination that Dakota desperately wanted to help get connected to services. She needed to get away from Boston due to a bad relationship and an abusive shelter experience. The woman was 26 years old, however, and Dakota was

unable to offer her Outreach Inc. services. Nevertheless, she gave the woman her phone number and promised to attempt to coordinate care with other agencies.

Dakota and Daniel were getting ready to go home when they decided to stop and check for the arrival of a local mobile clinic. We stopped in a peculiar spot. Situated on a street corner, we had a view of the metro stop with accompanying officer to our left, the day shelter to our right, and a sidewalk full of shops and restaurants in front of us and across the street from the metro stop. It was from this vantage point that we noticed a young person of color, in his mid-teenage years, wearing brand new athletic clothes dotted with Adidas and Nike branding and shiny headphones, sitting on a bench across the street from the metro stop. He was sitting with an older white man wearing a yellow polo and a white hat housing a ponytail barely hanging out the back. Dakota and Daniel sprang into conversation about the nature of this relationship and became concerned that maybe this was a c-sec situation.

Just as the workers were trying to determine the situation, two other young people came around the corner from the street with the shelter yelling and threatening the older man. The man yelled back upon which the two young people gave a ten-minute warning for this man to leave and retreated back to a group of other young people back around the corner. The yelling and retreating occurred a few more times, as the young people continually tried to get this man to leave their apparent friend, and the area, alone. The young person remained quiet with his head down during the non-physical altercation. The three of us remained there without official involvement, but proceeded on our path home as the mobile clinic van approached from the distance (June 28, 2016 Fieldnotes).

Fig. 5.1 "Shared Street" sign near the youth shelter (Courtesy of Jeff Nicklas).

Incidents like the one that occurred during our outreach appear common. Dakota and Daniel explained the protective elements occurring between the young people. In threatening the older man, the youth were acknowledging his presence as dangerous to the young person. However, they were also displaying ownership and control over their space – the sidewalk in Harvard Square. The youth's attempt at regaining control of the space, and situation, occurred in a public setting. The apparent confidence and calm of this older man was striking, considering the implications of his presence. This older white

man sat amidst a seemingly "white wealthy" space, one dominated by Ivy League students and shoppers. His ability to approach this young person of color and potentially engage in c-sec activity speaks to larger issues of ownership within Harvard Square. As throngs of shoppers, tourists and students walked by, none seemed to question or explicitly notice what potentially was happening on the bench they passed by. Other young people stand for *their* space and *their* community.

"(Re)mapping" is originally a Native feminist term. Mishuana Goeman (2013) describes it, "In (re)mapping, we as Native people hold the power to rethink the way we engage with territory, with our relationships with one another…" (38). It sets out to produce disorder within a colonial geography that authoritatively arranges social and political landscapes (Goeman 2013). Goeman calls on both historical and contemporary abuse to describe large-scale processes of colonial ownership of Natives and Native land. While on a smaller scale and removed from notions of colonialism, parallels exist between (re)mapping and that which occurred on the Square that summer day.

I do not seek a light adaptation of Native feminist and activist discourse to the situation of predominantly white youth experiencing homelessness and exploitation, but rather I draw on (re)mapping as a larger concept to help understand how care moves in these spaces. With a clear presence of authority near the metro stop, the transit officer in Harvard Square claimed the space and "protected" those within it. In the space outside the metro stop, a young person may have needed support but fell outside of this protected space.

Justifications through policies of jurisdiction or probable cause likely explain why the officer did not cross the street to check on the situation, despite the commotion being audible from the metro stop. Forming a community in these public spaces, this young person could rely on other young people living in the Square to protect him. McKittrick (2016) describes multiscalar discourse of ownership in how society talks about "having things." This includes, "…narratives of displacement that reward and value particular forms of conquest," (McKittrick in Tuck and Mackenzie 2016, Location 2903). Again, this refers to colonization but also includes the boundaries of protection and care that emerge in similar discourse.

In conquering these spaces, law enforcement displace "risky" individuals and "protect" boundaries and those within them – those perceived as socially, and economically wealthy and "worthy" of protection. As a professional authority over transit, the officer has a defined role to protect those spaces near sites of transit. I argue that "colonizing" the metro stop to protect and serve illustrates a place-based moral economy. Fassin (2005) argues that a body becomes worthy of care based on its degree of suffering. The officer appears to define protection for those suffering but within a defined geography. There are potentially a number of individuals suffering and in need of protection in Harvard Square. However, a larger system of law enforcement impose concepts of jurisdiction that limit how far the officer's moral economic perspective reach.

The youth, those who spend considerably more time in the Square, engage in their own conquest. With their protective shouts and threats, they claim authority and "conquer" the benches and sidewalks where violence, abuse and exploitation may occur.

In doing so, they (re)map the spaces where they continually find themselves displaced and thus engage in the construction of their own landscapes of care. Displacing this older white man, symbolic of the racial and class inequalities within the square, these young people (re)map more than the physical spaces they occupy.

"Goeman's definition of (re)mapping is particular in its refusal of space as limited to constructions of property…" (Tuck and Mackenzie 2016, Location 2903). Ultimately, the city and businesses own these spaces through city agreements and business contracts. The youth, however, understand that owning property does not mean protection within it. The mapping of law enforcement in public spaces produces boundaries. The powerful decide where and who should receive care. The question remains how different this scenario may have been if it had occurred meters to the left and across the street.

Cheryl Mattingly's (2010) borderland concept helps understand how care moves from one side of a street to another. Borderlands emerge in the fluidity of care and ability to reveal unconventional spaces as sites of care. In the case where potential exploitation was occurring on the streets of Harvard Square, borderlands emerge where formal, institutional care does not. Under policies of jurisdiction and formal client care, actors such as the officer did provide care while outreach workers felt too uncertain to intervene in a potentially dangerous situation. The youth, in understanding these boundaries, take it upon themselves to create their own landscape; rather than wait for others.

In (re)mapping the space in which they live, these young people obtain control with their agency; they produce their own care. While politicians, law enforcement officers and business owners might express their own control over these spaces, the youth

translate their control into forms of care. Institutional authority and policy, in this case, suggests that care should occur within specific, rigid boundaries. Rather than a fluid borderland, jurisdictions, such as that occupied by the transit police, propose a fixed boundary of care. In effect, this demarcation of caring spaces reinforce boundaries of exclusion and inclusion. Where homelessness already sets bodies at the fringes, authoritative policies and decision-making furthers marginalization by providing care only to those within their included, exclusionary borders.

The communities of young people that form within Harvard Square illustrate their agency and promote the fluidity of care witnessed on this particular day. The young people do not passively accept the geographical boundaries laid out by authority and physically and metaphorically cross them to provide care within their communities. Their community gives them power. They are not alone in their displacement, and their bonds and friendship enable them to push back against these authoritatively mapped out spaces to rearrange and redefine their experiences within these spaces. The formation of the community produces an assemblage of care that transcends physical geography. For the young people, their geography is largely defined by the production of meaning – in this regard a community – rather than the physical spaces they occupy (Janes and Corbett 2010). Again, we see that the production of social meaning to produce a concept of "local" emerge as caring. The meaning that young people hold to their physical and social space enable them to assemble an informal network and system of care where they watch over the sidewalks and each other.

Fig. 5.2 A park, inciting calm away from the urban chaos, just outside of Harvard Square (Photo courtesy of Jeff Nicklas).

Conclusion: Controlling Space and Identity, Controlling Care

Denied care because larger funding streams favor a certain kind of trafficked person; forced to continue to work in some form of exploitative labor based on wrongful identification; or ignored by forms of protection meters away. Not affording care to those identified as trafficked in these and many other ways is an act of violence. The rigid maps, borders, and boundaries produce fractured landscapes that prevent the mobility of formal care to where these people need it most. Emily Mendenhall describes everyday violence as, "…those acts of violence against women and children that are repeated so often in everyday life that, over time, they become routine." (2013:17). While not explicitly acting in aggression towards identified trafficked people, the system of care is narrow enough to care for some and turn its back to others.

At the same time, it is important to acknowledge that this is not the fault of the individual actors on the ground who attempt to form relationships and care for these

individuals every day. Even the transit officer, a stern and dominating force, exists within a cultural system that produces a certain outlook on individuals experiencing homelessness. Rather, it is largely the structural forces that determine who is "correctly" trafficked and deserving of care. These larger structures do not produce passive providers. While I have focused on the voices and agency of trafficked people in this chapter, it is important to remember that providers have agency to provide the care they desire to provide, a topic discussed in the conclusion of this research.

As explored in this chapter, these individuals' agency is consistent in their day-to-day realities and the construction of their own landscapes of care. Identified trafficked people encounter unique caring experiences depending on how, or where, they are identified and receive care. Their formal identification is one part of the larger structures that define a human trafficking care apparatus. However, this identity does not equal the totality of the person. These individuals are intelligent, determined and compassionate in providing care for themselves and others. They are not passive recipients of the care that is designed for them, but actively seek to redefine, rearrange and assemble a landscape of care that fits, or begins to fit, a vision of themselves. As structural trafficking suggests, an understanding of what is considered exploitation and why may expand perspectives of care to pay close attention to how structures impose on exploitation before, during and after a conventional trafficking experience. Further, care cannot occur disparately. A landscape is much like an ecosystem in which multiple parts come together to form the entire picture. This applies to care, which is where I turn next.

CONCLUSION: HUMAN TRAFFICKING AND A COORDINATED LANDSCAPE OF CARE

"That's like…giving you a map and saying find your way out of the woods or would you be more comfortable by me taking you by the hand and saying I know the way out, let's go together." – "Tracy," survivor-mentor at Boston area organization.

The summer heat appeared to worsen as fall approached. It was a late August afternoon and, despite the combination of air conditioning and fans, my fiancé and I could not handle the swelter of our attic apartment located just outside of Boston. "Should we take a quick dip in the pool?" I asked, in hopes to take respite from both the heat and interview data coding. The community pool, a public pool with free admission during the summer, is located only a couple blocks from our apartment so we only suffered through the outside heat for a few minutes. The pool reminded me of a can of sardines. Students, families and groups of children packed in to the pool to soak up any of the cool, chlorinated water. We found the one empty spot we could and did not hesitate to jump. As the cold water hit my face, I felt relaxed, in a state of fun, and free.

We swam and enjoyed the pool for only a brief time – my fiancé had to return to her job as a chocolatier and I needed to re-immerse myself in the data I had collected all throughout the summer. It was when we were about to clamber up the poolside ladder that I noticed a familiar face. Swimming a few meters from us was a young woman that Dakota and I met during outreach in Harvard Square. The woman, who had unfortunately aged out of Outreach Inc. services but desperately needed to escape Boston, was right there in the pool, swimming and laughing. The community pool is far from Harvard Square where it would take roughly 35 minutes by bus and even longer if walking or riding a bike. Did this woman now live in this area? I wondered to myself if

she had found a new place in the area or made the trip solely for the pool (August 2016 Fieldnotes).

In this classic summer moment, families, students, youth experiencing homelessness, and anthropologists all swam together. Everybody came together in one space, removing any notions of difference, to experience the joys of swimming on a hot summer day. The pool became a site of care – particularly a caring space for all. We ordinarily focus only on explicit caring spaces, such as hospitals or clinics, and explicit care relationships, such as life coach mentoring or physician-patient encounters. Yet, care can exist in a multitude of spaces. Hospitals and life coaching form an identifiable divide between providers and patients/clients. There are those who are "healthy" and those who are "unhealthy." The interaction that emerges is one where one person has responsibility and a role to care for the other person who is ill or suffering.

The pool is unique within a landscape of care. The space, in itself, and with people being together, becomes a specific place of care. The community pool, for a moment, appears to remove social, racial and class differences. All are welcome to enjoy the care that it provides. Anthropologists, "at-risk" individuals, and families all enjoy the benefits and care that the pool offers. The pool may be a healing site where there is a shift from, "…the focus from healing in the encounter and/or practice to healing within each patient's life space," (Miller and Crabtree 2005, S-45). William Gesler argues that the pool is a site within a therapeutic landscape that has, "…an enduring reputation for achieving physical, mental, and spiritual healing." (1992 171). I argue that the pool becomes a space of implicit and profound care. Labels such as patient or identified

trafficked person ceased to exist amidst those swimming and splashing in the cold waters. While swimming may offer evidence-based results to improve physical, behavioral, or mental wellness (Rae and White 2009; Yilmaz et al. 2004), there were no explicit rehabilitation exercises occurring on that day. The pool exists within a landscape of care connected with other formal and informal caring spaces. It offers care in the form of free spiritedness, escape, relaxation and cold water on a hot day – influences of care that everyone swimming that day sought to benefit from.

Life after Trafficking

This research has explored emerging care for identified trafficked people in the Boston area. The master narrative (Snajdr 2013) of human trafficking includes the expectation that when a trafficked person is 'rescued' then they are 'saved'. While all recognize the trauma and abuse experienced while trafficked, it is assumed that once these are cared for and healed, then the person will return to living a full life. If this ethnographic exploration reveals anything it is that care organized around a particular trafficking identity is complex and layered. Identification as a trafficked person is necessary but insufficient in order to be "healed." Receipt and provision of care by trafficked people is required to be mobile, fluid and to attend to individual landscapes of care. The ways in which a person "receives" a trafficking identity, as well as how that identification translates broadly, can produce paths or obstacles within these landscapes.

Providers appear to desire that all of their clients/patients receive equal care. The HORIZON Program exists as a mental health clinic largely providing care within a larger legal apparatus. While motivated to provide equal care to all, their job descriptions

necessitate suspicion and assessment as a precursor to further care. Clinicians are able to provide limited psycho-education to teach coping tools and counseling information. Yet, as Dr. Deborah says, "I'm hoping just [psycho-education] in addition for them is some kind of bonus." And this strict therapeutic training is a bonus, but needs to be understood in the larger context of provider agency. All of the clinicians at the HORIZON Program understand their role and understand care on different levels. Despite the narrow expectations of the larger organization, the clinical experience exists as one where providers too creatively design care based on the individual understanding of their clients.

Those receiving care in the HORIZON Program's landscape, the identified trafficked people distanced from the physical clinic, receive that care while moving through their own landscapes of care. The identity of clients regularly influences the care they continue to seek. Omar, in seeking an apartment, and Sasha, in seeking pardon for a crime she did not commit, connect with caring organizations such as the HORIZON Program but continue to move between doorways and barriers to care. A trafficking identity necessitates a degree of suffering to be deserving of care. Both HORIZON clinicians and identified trafficked people appear to recognize this in the context of its usefulness and limitations. Both recognize that suffering may need to exist for care to emerge, but also recognize that suffering does not equal the totality of the person.

The definition of Outreach Inc.'s work is in its mobile providers. While working in public spaces, life coaches become less concerned with the identity of people and more with the identity of places. Certain sidewalks, squares or parks emerge as vulnerable;

while clinics, shelters and showers remain predominantly stable and safe for some, but not all. Yet, both life coaches and the youth they work with continue to move through vulnerable and safe spaces as each form relationships and figure out how care will work. Despite the intimate relationships formed, the formalities of confidential client-provider relationships clash with the realities of young people's lives. Further, defining life coaches as positive adult role models perpetually positions clients as children despite the ultimate goal of adult-like autonomy. In identifying *where* outreach is located, or *where* life coaches will take clients, Outreach Inc. is defining and reordering spaces where they work, and where youth live, as caring, dangerous, or protective.

Operating in these public, fluid spaces, are also the youth and other forms of authority who seek competing definitions and ordering of space. While Outreach Inc. seeks to define spaces of care for the youth, these spaces house a variety of residents. The young people also assign definitions to spaces where they can provide and receive care. Yet, these are contested spaces. Defining what and who to care for produces the places of work. Care becomes contested in these contested spaces as definitions for what and who to care for produce different expected outcomes. Outreach Inc. and the young people appear to have similar desired care – ensuring the safety and stability of the young people. Conflicted care emerges as youth understand the need to care for the space and day-to-day realities in order to ensure that safety and stability while outreach workers understand care as stepping stones to long term goals that may not be tied to specific place-based experiences.

At first glance, these two organizations understand and provide care in greatly unconnected ways. Yet, it is in this distinction that we can recognize how complex identity influences care. Where larger conceptualizations seek to understand and respond to particular trafficking experiences, these organizations emerge with a nuanced understanding of exploitation and human trafficking. Recall the legacy of human trafficking laws in which the Bush administration of the early 21st century established human trafficking terminology and policy largely to equate all sex work with victimization and suffering. Contemporarily, however, human trafficking has been brought into the realm of trauma. The moral economy for human trafficking dictates that suffering need to exist in order for trafficked people to be deserving of care. I still hold ambivalence of this in recognition of both positive and negative implications of this requirement.

Within both organizations explored in this project, we have different responses to this suffering. The HORIZON Program works closely within the need for psychological suffering and trauma, and yet also paints a larger picture of their clients so as not to reduce them only to their suffering. Outreach Inc. understands youth within a complex trauma framework and thus paints a larger portrait in the care that these young people need. Yet, the care that emerges is distinct within the ways that each individual is identified and understood. Whereas trauma-informed care seeks to understand all who enter a space as suffering, these organizations demonstrate the importance of paying attention to how that suffering is responded to. Suffering becomes a point of contact, but is largely not how these organizations understand these individuals. In the end, it is hard

to say whether the necessitation of suffering that makes one deserving of care is completely negative. The organizations responding to that suffering have complex and nuanced ways to understand that clients are not only grounded within that suffering. It is only with an in-depth understanding of caring institutions that we can evaluate the extension of suffering, care and agency. As this project has illustrated, it is paramount that these organizational analyses be merged with the lived experiences of those categorized as suffering and receiving care.

The many ethnographic spaces explored in this project, from the computer screens and digital space at the HORIZON Program to Omar's mosque and tourist sites and the sidewalk benches of young people's lives, have illustrated the importance of understanding varied landscapes of care. As displaced people, identified trafficked people require emplaced care. This care exists in multiple forms and in multiple places that make up the landscapes of care for identified trafficked people. These landscapes are politically based, socially based, identity-based and place-based. They are specific to those exploited or continually at-risk and vulnerable. Despite attempts to "standardize" a trafficking experience, lived realities are as distinct as the formation of trafficked people within their landscapes of care.

Where institutional constraints exist, identified trafficked people produce their own care and seek to rebuild themselves and their lives with a new (or recovered) vision of themselves. That is, there is a landscape defined for them but also one that they produce themselves. Addressing care in myriad forms and spaces can elucidate how various barriers form or dissolve. In understanding the particularities of a trafficking

identity, formal and informal care institutions can better tailor their care to the individuals they work with. State-defined definitions of trafficking subtly create a hierarchical basis of who is deserving of its supported care. Within these formal definitions, providers and identified trafficked people produce distinct landscapes of care that conceptualize all as deserving.

Formal actors within organizations, such as HORIZON clinicians, recognize the care trajectory that they have been hired to work within that asks them to assess degrees of deservingness (Willen 2012). They do not receive their role passively and work within a system of a legally dominated psycho-legal care in order to provide care that aligns with their vision. The clinicians produce a preferred landscape in which all clients are deserving of care that enables them to extend beyond a role of identifying and assessing. Providers at the HORIZON Program recognize the limitations of their preferred care and with this recognition enact their own agency. Where they cannot form long-term therapeutic relationships, these clinicians find ways for psychological care provision with what time they have. Outreach Inc. staff, despite their encouragement for long-term relationships, recognize the limitations inherent in their care model. They do not passively accept a burdensome workload that could lead to stress. I argue that their recognition of a lack of institutional support for potential burnout leads life coaches to transform their office space – a space that my only be used administratively – into a space of staff community and relationship-based self-care.

Identified trafficked people have agency in their understanding of what they are deserving of and navigate and produce channels that begin to foster the care that they

deserve. Omar recognizes his male identity as a limitation within the formal hierarchies of human trafficking care. Through familiar spaces of purpose and meaning, Omar creatively produces his own landscapes of care with informal support as he works towards formalized, long-term goals. Sasha does not passively accept her identity as a criminal nor does she back down when community perceptions shifted. Creatively identifying school as a space that translates her as "student" and provides a platform for advocacy, Sasha creates her own landscape that again includes formal support while she more directly supports herself.

Finally, the young people in Harvard Square recognize the constant imposition of authority figures in the form of law enforcement and business owners. With formal support looking on, these young people respond to how their spaces have been mapped with the formation of community that supports and reconfigures the places in which they live. Rather than acting as "deviants" causing trouble, the young people form their own landscapes of care less bounded by physical geography and more emplaced within the informal networks that they have formed themselves. Together, providers and individuals largely recognize the limited and fixed systems of care that they exist within and actively rearrange and assemble a landscape that provides and works for a vision of themselves.

Limitations

One limitation to this research is the small number of identified trafficked participants. While I "interacted" with many identified trafficked people through case reports, conversations with clinicians and informally talking with them on the streets, Omar and Sasha were the two who agreed to sit down for a formal interview. Part of this

had to do with the vulnerable nature of this population and the spaces in which I worked. Both the HORIZON Program clinicians and Outreach Inc. life coaches engage in formal and highly intimate relationships with their clients. This led to an initial reluctance on their part to allow me to request interviews. Granted permission to make initial contacts, I would go through providers who would assess those who they felt to be most stable to talk with me about their lives.

Another reality is that identified trafficked people, and those vulnerable to exploitation, have busy and chaotic lives – as illustrated throughout the preceding chapters. These individuals were in the midst of rebuilding their lives and establishing a place in a life without exploitation. Often, this would include seeking whatever jobs they could get, or finding homes with family, friends, or communities in order to build these foundations. The individuals that received care from the various field sites were still in legal, social and economic limbo. Those working with the HORIZON Program had yet to receive a T-Visa or any formal legal status. Those working with Outreach Inc. were still often without jobs or homes. When contacting for interviews, potential participants would agree or ask to think about it, which led to no further response. They were facing challenges in attempts to (re)establish themselves.

Sasha and Omar, however, provide unique perspectives into the lived reality of a post-exploitative experience. Omar, as a man, and Sasha, as a trafficked person prosecuted as a trafficker, tell stories that clash with the master narrative of those conceptualized as being trafficked. Their experiences, while unique, do not exist in a

vacuum, and thus their voices help shine light on others with a burdened trafficking identity.

With only two interviews among identified trafficked people, their experiences may not be generalizable to all who have been trafficked. However, I argue that the distinctiveness of their narratives emerges as a strength to this project. A human trafficking identity is complex and influences the production and receipt of care in these landscapes. Thus, I do not seek to identify a "universal" or "large-scale" trend in a particular care experience. Rather, I found that it is in the particularities of a human trafficking identity where we see important interactions with discourse, identity and care. Identified trafficked people each may encounter unique care experiences because of the layered means of identification, and the apparently disparate narratives shared by Omar and Sasha strengthen this argument.

Those who become the "right" kind of trafficked person do not have straightforward journeys to care. The landscapes of care for trafficked people, broadly, is fraught with limited resources, opaque laws and identification processes, and long service wait times. Omar and Sasha, in lending their stories and voices to this project, have provided us with new ways to think about how trafficked people receive care and have illustrated how people identified as trafficked become empowered to care for themselves and for others.

Recommendations

The results of this research suggest that building networks and better coordination of care within landscapes of care could improve overall experiences of care for trafficked

people. The numerous spaces of care explored in this project are largely distinct and disparate. A better understanding of local, regional and national resources, coupled with advanced communication technologies, could lead to not only effective care but also potentially better ability to recognize and connect those individuals left exploited but not identified.

Examples of this connected landscape do exist in the organizations ethnographically explored. Omar serves as one individual who benefited from coordination. Nadia, Omar's clinician at the HORIZON Program, constantly struggled with ways to expand her care after completing the trauma evaluation. While it remains difficult for the clinicians to follow up on their trauma evaluations, the interaction held during these sessions can potentially form strong enough relationships that extend care. Nadia explained to me:

> …I felt like his needs and the recommendations I had for him were so immediate that I wasn't going to wait until the recommendation section was written for that. So, I just went ahead and called his attorney's office and called an anti-trafficking case management program in [the city] to see if they could take him on and serve as a case management role because he's never accessed any of those service before. I know that that ended up happening and that involved more direct contact with me and the other providers versus the written sort of paper trail.

Nadia addresses a number of ways that her own self, Omar's self, and the overall care structure interacted in order to get Omar connected to what he needed. She recognizes that the trauma evaluations are necessary within a large political and legal structure. However, the clinicians' "direct" contribution in the form of recommendations is enshrouded in uncertainty of its total effects.

Compelled by Omar's situation and this uncertainty, Nadia acted with an understanding of organizational limitations to extend the reach of her care. Recognizing the physical landscapes that Omar existed within, Nadia used her clinical position to coordinate care between Omar and other service agencies that existed in Omar's local setting. As discussed, the organization was able to provide many short-term services while placing Omar, as a man, at the end of the line when regarding larger resources, such as an apartment. Again, this was less of the organization's fault and more of a by-product of systemic conceptualizations of who is a likely trafficked person. Nonetheless, this direct contact encouraged Nadia that her care was direct and did not become obscured behind bureaucratic walls or barriers. As a successful bridge built between Nadia, Omar and other organizations, Nadia recognizes her individual agency within Omar's landscapes. With a found sense of agency, Nadia likely will continue to find ways to extend her care with future clients.

Existing networks need expansion and explicit formation through the provision of care. It can be as simple as clinicians and social workers being aware of the resources in their own communities or in the communities where they provide distanced and digital care. Recall Daniel's ability to say to his clients, "…I know this doctor at this hospital and she's a cool lady…" Vocalizing and embodying these networks instills trust but also ensures a more complete care experience. Coordinating with the landscapes of resources and services can better enable providers, and trafficked people, to make better connections and experience care that is more effective. The pathways somewhat already exist, yet providers within them pay attention largely only to their specific part.

Recognition of provider position on these paths, and their ability to "activate" further travel or new paths altogether, could be a simple and powerful means of improving experiences of care.

Actors within less traditional spaces of care who play a role in identifying those experiencing exploitation, such as grocers or flight attendants on planes (Rosenblatt 2017), need to be brought into these landscapes of care. More profoundly, an established network has the potential of transforming the ways in which places are experienced. Understanding and building these networks, then, can contribute to the rebuilding of these people's sense of place and potentially sense of self.

Networks and coordination within landscapes could reconfigure the political-economic landscape that currently holds power to define and distribute resources to trafficked people. If organizations such as The HORIZON Program and Outreach Inc. work more closely together, they would also work towards a more holistic understanding of exploitation and the care needed. Networking and knowledge building can bring patterns of structural trafficking into full view as more institutions come to understand the various forms that trafficking may take across spaces and places of care and non-care.

Finally, coordination need not only occur amidst those hired to provide care. Networks and bridges must include the voices and input among those identified to receive that care. Networks currently lack input and coordination from identified trafficked people, themselves. I have argued for the importance of identified trafficked people's experiences with care and non-care. Incorporating these experiences within a network of care would enable better understanding among organizations of the

landscapes of care and necessary resource flows. Regarding apparatuses, Erica James (2010) asks, “Where is the line between drawing attention to the suffering of others in order to assist them and appropriating the suffering of others for institutional or personal gain?” (481). I believe that currently neither organization within this project erred on the side of appropriating suffering. However, incorporating the voices and experiences of identified trafficked people within a coordinated landscape focuses on assistance through an identified trafficked person’s intimate understanding of needed assistance and thus produces an appropriate care apparatus. Having identified trafficked people involved in these agencies, formally or informally, would help providers understand the experiences and perspectives that have direct influences on care.

My role as a Program Evaluator at the HORIZON Program may act as an initial step towards including these voices. Collecting feedback from clients, I would turn these interviews into “data” that could help the clinicians better understand where and how they could improve their program. These instances should expand and include more in-depth conversations that extend beyond ten-minute conversations to understand not only program improvements but also profound improvements to care more broadly. This, of course, needs to recognize organizational realities that limit funding and time for these conversations. If these formal landscapes recognize the importance of including trafficked people, however, roles in the form of job opportunities could emerge in which trafficked people are conversing with each other, and with organizations.

Future research

Donald Trump, in his first few weeks following presidential inauguration has enacted bans and spoken about the nightmares of physical walls that have immediately begun restricting migration. These travel bans and wall plans are an attempt to narrow the legal ways in which people gain access to the United States, based on a platform of fear and exclusion. The executive order to build a wall along the US-Mexican border explicitly suggests that it will help combat human trafficking (White House 2017). Yet, reports illustrate a clear link between restrictive immigration policy, enhanced border enforcement, and increased vulnerabilities to human trafficking.

Difficulties in accessing legal migration channels lead to more risks by both migrants and those they may contract with to help them move. Increased risks lead to expensive operations and a higher likelihood of exploitation along their journey (Chacon 2010). While Donald Trump's executive order seeks to stop transnational criminal smuggling organizations, strict border enforcement encourages their growth and power, as these networks become the only groups willing to undertake risky journeys. Strict borders and immigration policies mean that one of the only means for individuals to seek better economic opportunities or flee violence, due to structural constraints and oppression is to attempt informal journeys that are extremely vulnerable to human trafficking. Finally, those in the United States who are born elsewhere and are experiencing exploitation will likely feel less empowered to speak up due to fear of deportation. The fear that anti-migrant rhetoric produces leads to restricted avenues of care for those already in the United States.

In a time of strong rhetoric against migrants, there is a constant need for continued research on political rhetoric and human trafficking. Sorely needed are investigations into historical immigration restrictions and their links to human trafficking and exploitation. This research then needs to match contemporary projects that continually trace and illustrate how policies today influence human trafficking. The strong anti-immigration sentiment occur alongside orders to stop refugee programs that grant legitimate support and protection to those who have suffered violence and oppression. This suggests that the moral imperative to assist those in serious need of safe shelter is eroding from our governmental institutions. This poses a threat to migration programs assisting those suffering and injured, among which are human trafficking programs. Further research needs intimate linkage of these global moralities in order to socially and legally protect those seeking safe and stable shelters in the face of these current threats on proper channels. While it is important to understand that these identities do not encompass a whole person's self, it is important they remain as they encompass so much of what human rights means.

The story of identified trafficked people and their experiences with care is a story of struggles, conflict, tension, and displacement. It is also a story of empowerment, perseverance, and a desire to have a life and be human. These stories, some positive and some negative, intertwine and interact in these landscapes of care. The formal and informal care experiences illustrated here make up a large portion of identified trafficked people's lived realities. Broadened attention to care that extends beyond the clinical interaction illustrates how care occurs on a day-to-day basis. That is, formal care exists as

one part of health and care experiences. The individuals within these chapters illustrate their intelligent recognition of formal limitations and learn to define their own care.

In the formal institutional walls of clinics and care relationships and the informal experiences of swimming or sitting on the sidewalk, care emerges everywhere. In this regard, one could argue that we all experience care wherever we go. Those "identified" as trafficked have been through an experience of abuse, exploitation and violence, but that should not define them. They, just like all humans, seek care as a form of building relationships, connecting with humanity, and finding a sense of place. There need to be critical services and resources for trafficked people to be healthy and stable, yet their journeys of care exist alongside others. The human trafficking identity is important in its, albeit narrow, moral recognition of one's deservingness of necessary human rights. Recognition of this limited identity, that it produces a deserving body but only the body's existence as suffering, encourages the need to understand day-to-day realities where a human trafficking identity provides these rights and at other times falls short. As we look at the experiences of people who have been trafficked, we need to remind ourselves that they are people with different experiences and identities. Yet, they exist in the larger landscapes of humanity that each person navigates throughout their lives.

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AFTERWORD

It was my first winter storm while living in Boston, and the first I had experienced in my life. I sat at my desk staring out the window admiring the snow. It was the final stretch of writing these chapters and I was contemplating some last content edits when my email notification rang. Looking for further distraction, I opened my inbox and found an email from Dr. Deborah. Long after fieldwork had concluded, I was surprised to hear from her. Aside from checking in, she asked about my contacts at Outreach Inc. and if I had any information about Outreach Inc.'s program specifically for girls. Without hesitation, I opened a new message directed at Daniel, copied Dr. Deborah in and sent out an introduction. Daniel's reply was heartening in his clear excitement to be in conversation with the HORIZON Program. Within the sentences typed by Daniel lay an important word: "coordinate."

As anthropologists, we hope that our research will influence theory, policies, and/or institutions. This was my desire for the chapters written here. I knew I could not completely change the state of care nor "stop" human trafficking, but I constantly struggled with the best way to apply my research into practice. Participant observation involved my assisting both organizations in their operations and thus made me feel I was contributing on some level. In addition, through publications and dissemination I hope this writing will become a manuscript to influence its future readers. However, I never considered my simple presence as a catalyst for change.

Yet, here I sat during a snow day that closed schools and cancelled work looking at an email exchange illustrating the change I had hoped my research would inspire. The multi-sited aspect of this project engaged me in conversation with organizations about other organizations. Further, anthropology's presence produced the bridge between these organizations. Neither program directors had read my thesis nor did they understand my conclusions would consider the importance of collaboration. Yet, the anthropological role of engaging with specific life worlds and cultures, in this case two separate service organizations, proved to be the tool that could create a coordinated landscape of care.

It is important to consider the unexpected ways in which anthropologists can provide care. Lacking training in clinical or therapeutic skills or licensure, anthropologists can feel removed from "action oriented" service provision. This was a feeling I certainly felt during my time with various care providers. Our interview skills can sometimes emerge as therapeutic wherein the ethnographic position produces anthropologists as individuals separate from important and intimate social and cultural circles.

Anthropology may not prescribe pills or provide therapeutic education and healing, but that does not mean we do not care. As much as this project was an exploration of human trafficking care, it was also an exploration of how humanity defines care. My role at these two organizations provided a path between them where psychology, law, social work and life coaching may interact to produce new and unexpected forms of care. Separate from policy proposals, theoretical contributions, and

publications, anthropology should explore itself and, with expanded unconventional definitions, explore its potential to care.

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