



**PART II**

**SEX TRAFFICKING  
IN HAWAI'I**

**The Stories of  
Survivors**

**January 2019**

ARIZONA STATE UNIVERSITY OFFICE OF SEX  
TRAFFICKING INTERVENTION AND THE HAWAI'I  
STATE COMMISSION ON THE STATUS OF WOMEN

# Sex Trafficking in Hawai‘i: The Stories of Survivors

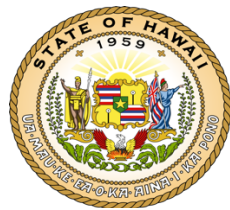
Executive Summary  
January 2019

By

Dominique Roe-Sepowitz, MSW, Ph.D.  
Arizona State University, Office of Sex Trafficking Intervention Research.

Khara Jabola-Carolus, J.D.  
Hawai‘i State Commission on the Status of Women

Funding for this study was provided by the Kaimas Foundation.



## Sex Trafficking in Hawai‘i: The Stories of Survivors

*“I didn’t ever feel like a victim. I never felt victimized until I started listening to other things that people were saying. And then questioning, what is victimization? That is someone like me. Someone took advantage of me. Someone coerced me. That is somebody like me. And it is so obvious I am a victim. It was because when I was 15 and I thought I had it together and I knew what I wanted and I knew what I was doing and I was down for my man.”*

*“When we called law enforcement to report her missing, they told me “if she wants to be out by herself, then let her.”*

*“You just don’t get out of this. That doesn’t happen. I would get my ass beat.”*

*-----From the participants in this study.*



*“Using sex for power or punishment, or for symbolically punitive purposes...punishing, or bargaining for power through sex – these don’t appear at all in Hawai‘i’s old terms. Nor, for that matter does ‘selling sex.’”*

*-Mary Pukui Kawena, Nānā I Ke Kumu, 1972*

*“Sexual violence is not only a means of patriarchal control, it is also a tool of colonialism and white supremacy. It is not deployed evenly and is not felt equally. It is unevenly deployed against indigenous/colonized women and transgendered individuals as a means of control. Colonialism changed how we value, treat, and think about women.”*

*-Nadezna Ortega, Sexual Violence and Colonized Bodies, 2018*

This report is dedicated to the twenty-two brave people who told their stories of pain and survival.

## Executive Summary

Sex trafficking has been found in every state in the United States including Hawai‘i and in most countries around the world. The global and national dimensions of sex trafficking have functioned to obscure the unique and intertwined colonization of bodies and land in Hawai‘i. The normalization of human trafficking in Hawai‘i starting with European and American sailors and soldiers, on plantations, Chinatown and Iwilei has meant that sex trafficking remains a hidden and silent phenomenon or portrayed as an issue affecting only foreign-born women. Sex trafficking, which is the forced prostitution of an adult or the sexual exploitation through prostitution of a child, is present in Hawai‘i but the scope of the problem is unclear. This study examines in depth the experiences of victims of sex trafficking in Hawai‘i.

Today, various circumstances in Hawai‘i have created an environment where sex trafficking exists with little interference from authorities. These include:

- Scant attention from law enforcement about sex trafficking, including not having any specialized human trafficking units in Hawai‘i.
- Geographic isolation from national sex trafficking service resources and tools.
- A lack of confidentiality, especially on neighbor islands and in rural settings where ‘everyone knows everyone here’ when in programs serving persons who experience addiction or violence.
- Disincentives to address the sex trafficking problem, fearing it may disrupt tourism and militarism or change the image of Hawai‘i being an attractive visitor’s destination.
- A dominant discourse that emphasizes individual choice over collective empowerment and that distracts the public and policymakers from institutional and systemic issues that lead to entry into the sex trade.
- Growing pressure from pro-sex trade groups to focus on short-term solutions that do not recognize male accountability for the objectification of women and the harms that flow from dehumanizing women as both individuals and as members of a group.
- Robust and easy access to drugs in particular alcohol and amphetamines.
- The tacit acceptance of teens running away as part of growing up.
- Cultural pressure to be silent about experiences of childhood abuse and family violence within families and communities.
- Lack of comprehensive training for criminal justice personnel and mandated reporters on sex trafficking state law to identify and report cases of suspected sex trafficking.
- The low ranking of “women’s issues” in the hierarchy of progressive causes and activism in Hawai‘i.
- Lack of awareness of a larger patriarchal system as a contributing factor.

Hawai‘i, in 2016, was the last jurisdiction in the United States to pass state law addressing human trafficking. To date, no sex trafficking case has ever been successfully prosecuted under this law against a sex trafficker in Hawai‘i. However, no criminal justice data does not mean that sex trafficking does not exist in Hawai‘i. Also, agencies serving sex trafficking victims do not report or analyze information that could inform the community. This has made collecting the factors that facilitate and support sex trafficking difficult to track and analyze. Data collection on sex trafficking

is in its infancy in Hawai‘i. This data crisis is hindering the development of policy guidance, training, legislative reporting, and response and prevention programs.

Sex trafficking as a problem in Hawai‘i has been suggested in public discussions and in the media but little has been drawn from empirical research. This is particularly true of research on the experiences of sex trafficking survivors in Hawai‘i. Our previous report, *Sex Trafficking in Hawai‘i: Exploring Online Sex Buyers (September 2018)*, using decoy online sex advertisements, illustrated that there is a robust sex buyer market in Hawai‘i. Most of the customers contacts came from Hawai‘i’s 808 area code, and the other buyers appeared to have been in Hawai‘i when responding to advertisements as tourists or military members. Little is known about the sex traffickers and victims in Hawai‘i.

This study seeks to build a foundation of knowledge about the sex trafficking experiences among girls and women in Hawai‘i simply as a place to start. While transgender persons, boys, and men, are also victimized in sex trafficking, this study begins with research focused on non-transgender girls and women. As scholar Nadezna Ortega explained, “Colonialism in Hawai‘i, including its tool sexual violence, is not deployed evenly and is not felt equally.” Women-identified people are much more likely to be in the sex trade than men-identified people.

This study focuses on learning from sex trafficking victims how their sex trafficking happens, who bought sex from them, who sold them, where and how they were sold, and what familial and societal factors preceded their victimization. To find the answers to these questions we explored the experiences of 22 girls and women sex trafficked in Hawai‘i. Collecting lived experience narratives is an important first step method of data collection regarding a phenomenon with little empirical research. As Ann Russo recently wrote in describing feminist accountability, documenting the narratives of actual victims allows us to deepen our understanding of interlocking systems of oppression and violence within our communities, and clarifies “what might best serve our organizing efforts for real change and transformation.”<sup>2</sup>

Although not unique to Hawai‘i, researching sex trafficking in Hawai‘i has been complicated by the secrecy, shame, and stigma associated with disclosing experiences of prostituting, regardless of the individual’s level of coercion into the sex trade. Due to the hidden nature of sex trafficking, we worked with direct service providers and advocates within the anti-sex trafficking community to identify sex trafficking victims to build this knowledge base.

We used a mixed-methods approach to gather both standardized information and unstructured narratives from girls and women who had been sex trafficked in Hawai‘i. Victims of sex trafficking were identified and contacted from two islands only. This report does not attempt to apply the findings to all of Hawai‘i. As the first study on sex trafficking in Hawai‘i, it is a critical step towards building empirical knowledge about this phenomenon. The research team met with and interviewed 22 participants in June 2018, on the islands of Oahu and Hawai‘i Island. Fifteen women were identified as having been a sex trafficking victim in Hawai‘i and the seven others were

---

<sup>1</sup> Ortega, N., “Sexual Violence and Colonized Bodies,” 2018, <http://sites.google.com/views/pols/pols720fall18/home>.

<sup>2</sup> Russo, A., *Feminist Accountability*, New York University, 37, 2019.

parents, close family members, or guardians of a child who was a victim of sex trafficking in Hawai'i.

The empirical findings from this study included the following key findings:

- All 22 participants were sex trafficked by a sex trafficker in Hawai'i.
- 77.3% of the 22 participants were Native Hawaiian.

### Childhood Experiences

- 59.1% reported childhood physical abuse
- 72.7% reported childhood sexual molestation and the average age of first molestation was 8.23 years old.
- 59.1% reported childhood rape. The average age of first rape was 11.3 years old.
- 50% reported childhood emotional abuse.
- 72.7% reported school problems resulting in suspension or expulsion.
- 40.9% were in special education school programs.
- 81.8% reported a close family member in jail or prison.
- 68.2% reported child welfare/child protective services involvement as a minor.
- 63.6% were placed in foster care during their childhoods.
- 21 (95.5%) participants reported having run away before they were age 18.
- Of the 18 interviews, 77.8% of the participants were children under age 18 in school in Hawai'i when they were sex trafficked.

### Drugs

- 72.2% witnessed drug use in their homes as children.
- 100% reported using drugs and the average age of first introduction to drugs was 12.7 years old.
- 45.5% reported that a family member was involved in prostitution or sex trafficking.

### Grooming and Sex Trafficking

- The age of first sex trafficking experience ranged from 11 to 20 years old with an average of 14.7 years old.
- 81.8% ( $n=18$ ) were children when they were first sex trafficked.
- 27.7% reported being raped or gang raped by their first trafficker as part of their grooming into the sex trafficking situation.
- The relationship the victim had with their first sex trafficker was as a boyfriend (13, 72.2%), drug dealer (3, 16.6%), cousin (1, 5.5%), and a stranger (1, 5.5%).
- Sex buyers included locals, visitors/tourists, military, law enforcement, doctors, politicians, and persons working in the criminal justice system.
- Four participants were taken to the mainland by their sex trafficker for the purpose of prostitution, all were under the age of 18.

- The victims were sold in multiple venues including
 

|                                |                     |
|--------------------------------|---------------------|
| Street prostitution            | Strip clubs         |
| Bar prostitution               | House parties       |
| Websites (Backpage/Craigslist) | Flop/drug houses    |
| Hotels                         | Telephone call girl |
| Brothel s                      | Game room           |
| Pornography                    | Hostess bars        |
| Massage parlors                | Webcam              |
| Escort company                 | Car shows           |
| Business offices               |                     |
- 44.4% reported being seen by medical providers during their sex trafficking experience, in only one case they were identified by medical personnel as a sex trafficking victim.

### Exiting

- The length of time from first sex trafficking experience to exiting ranged from 5.5 months to 32 years with an average of 13 years.
- Of the 13 interviews where exiting was discussed extensively, the victims reported trying to get out of the sex trafficking or prostitution situation a number of times ranging from one to 20 with an average of 5.8 times. These attempts included going into rehab, leaving their trafficker, going to church, getting counseling, going to 12-step meetings, and going to a domestic violence shelter.

**Pervasive abuse during the childhoods of the participants was a constant theme.** Sexual abuse was a regular experience with one victim reporting her abuse began with men visiting her alcoholic mother when she was three. Another was molested by her step-father starting at age four. Two women were forced to give birth to babies from incest, one from her brother and another from her step-father; they were both 12 when they gave birth. Another was sexually assaulted by her cousin when she was 11. Physical and emotional abuse was also pervasive in the participants accounts of their childhoods. Parental mental illness and drug addiction were present in many of the childhoods of the participants, often leading to instability and foster care involvement, and in some cases, long term homelessness. Numerous systems interacted with most of the victim including child protective services, criminal justice systems, school systems, and health care systems. Few recognized the complexity of the victim’s experiences. In many cases, schools and child protective services did not identify them as victims or didn’t know how to help the victims. The victims often had easy access to drugs and did not connect with their peers, or lived in a shelter or group home with no connections and often ran away. The criminal justice system interacted with only a few of the participants when they were children but many more as they grew older. Only one reported being arrested on prostitution charges. Being in jail for some participants was identified as a time to clean up and sober up and try to make a change. Yet once they were released with little support, particularly with their addictions, there were no other options other than to return to their trafficker.

**Contrary to the media depictions of abduction by strangers, all of the participants were lured into sex trafficking in intricate and intimate ways.** What looked like affection and nurturing, quickly turned to violent exploitation and emotional manipulation. The grooming and recruitment techniques of the sex traffickers were based on conditional affection, supplying drugs, and extreme dating violence. The sex traffickers were able to quickly identify what their victim's needs were, whether it was emotional, drugs, or a place to stay. One participant stated "he didn't have to groom me. I was living in a foster home and I was connected to no one. He turned me out the day after we met." Another stated that she was forced to recruit other girls for her trafficker and that he instructed her to "look for the ones that were runaways and were emotionally broken." Five victims reported that their trafficker used rape or had them gang raped as part of the grooming or preparing them to be prostituted. As part of the grooming process, most of the participants reported feeling love and connection to their trafficker even though he was violent and abusive. Most of the participants felt that their sex trafficker had chosen them, had somehow been watching them or spoken to their friends about them. One participant stated that when she was 16 years old her first trafficker, a male five years older than her, spent months talking with her friends about what she liked in music and interests and then when he was around her it seemed like he really knew her. She said it felt like 'fate.' He convinced her to move to the beach with him, told her what to wear and fed her drugs. He had her gang raped. He then made her prostitute at parties where he told her what customer to be with.

Another participant spoke about how easy it was for her sex trafficker to gain her trust. She said "he was like a cool uncle to all of us kids" about her sex trafficker who knew her and her family well. He knew that she was living with relatives and he gave her things that she wanted along with giving her drugs to feed her addiction.

**Intense violence while in the sex trafficking situations was present in every narrative.** The violence included beating so brutal the victim had broken bones and went to the hospital. One participant reported that her trafficker hit her so hard he knocked her "out of her shoes." Another trafficker pulled out the finger nails of his victim when she was 13 and refused to prostitute that day.

**Sex buyers were described as visitors, military and locals, and physical assault was not uncommon** There were high end customers with fetishes and customers at massage parlors who were looking for something fast. One described her customers when she was 16 as "local boys and men, cops off the clock, drug dealers and other street kids." Others described their customers from bars as "surgeons and senators" while another stated they were "business men, travelers, senators, judges, surgeons, and doctors." Many reported violence from a sex buyer; including one victim refused a specific sex act and was beaten by the customer who broke her nose.

**The exiting and healing process of the victims was for some circuitous.** In many cases, they dipped back into prostitution sometimes with and sometimes without a trafficker as a means of survival or to support a drug addiction. Most participants stated that finding something meaningful like helping others or working with people in recovery was important to their healing. Some participants were able to escape when they got pregnant, but others they were forced to give up their children to family members or child protective services. One client reported "being pregnant made everything different for me" which led to her sobriety and completion of an inpatient and then an outpatient recovery program. A number of clients used domestic violence shelters, drug



treatment, and counseling services and found that sex trafficking was not spoken about in the programs they attended. Most reported that it took a long time to be able to tell their stories and feel like they were healing. Informal and formal helpers were present to support the victims as they worked to heal and move forward. Some systems were more helpful than others and many needed supports simply didn't exist.

**The corruption of members of the criminal justice system reported by the participants in the study was pervasive in their stories of being prostituted.** Many reported that law enforcement officers either were unable or unwilling to identify sex trafficking in their communities and often looked away. When family members reported their child as missing to law enforcement they were rarely taken seriously, and little follow up was reported to the families. One participant reported that after a raid on a drug house where the victim, age 18, was living, a police officer told her "if you want pills, don't mess with this little kid, you call me." Others reported being in stings where everyone else was arrested and with no referrals or support the police told her to just leave. She had "hooked up with cops regularly and sold sex to many of the officers doing the stings". Another participant had dated an undercover cop and he would tell her when the stings would be at the strip club where she worked. Another stated "It is really easy to sell sex here and it is like they don't care because cops date. I know because they had their gun, badge and hat with them and would say, 'okay let's go date'. The same people that are charging you for prostitution are the people turning around and buying it from you."

**Other takeaways from this study include understanding the places and spaces where victims came into contact before, during, and after their victimization.** Many of the participants were involved in child protective services and some were put into foster care. They all attended school. Some were allowed by their sex traffickers to attend school while being trafficked, at least at the beginning. A number of them were seen in emergency rooms as minors for injuries from violence by their sex trafficker. They were seen by hotel staff, law enforcement, business owners, sex buyers, and community members during their sex trafficking experiences. None of these bystanders offered support to the victims in this study. Many of the participants reported a sense of shame and stigma if anyone who knew them found out what they were involved in. Most of the participants ran away from everything. They ran from their homes, treatment programs, foster homes, shelters. There were plenty of predators who found them and provided them with drugs and a place to sleep, which then turned into a sex trafficking situation. One participant described her sex trafficker as "someone to run to and someone to run from when he got violent."

Other gaps that were identified by the participants of this study was a lack of services and helpers who understood the complexity of childhood sexual abuse, foster care, dating violence, and forced prostitution. Few of the participants found therapists who they felt understood the dynamics of sex trafficking. There were few programs for girls or women identified by the participants that had services that directly addressed the confluence of problems and challenges they experienced when they attempted to exit the sex trafficking situations. None of the programs that they went to had anyone that shared the same experiences as them. Survivor/peer involvement was completely absent which further confirmed that their experiences were totally different from everyone else's and that difference made them less likely to benefit from the services they were receiving. Those who used drug treatment programs reported complete silence during their treatment about prostitution or sex trafficking. There was no openness facilitated to discuss the sex trafficking.

The implications of this study include the following:

- This study indicates that sex trafficking is real and happening today in Hawai‘i. Establishing an incidence rate of sex trafficking in Hawai‘i remains complicated and is currently unobtainable.
- Sex trafficking is a problem of significant concern in Hawai‘i. Similar to the continental United States, Hawai‘i victims/survivors of sex trafficking have had very disruptive childhoods which were permeated with sexual abuse, substance/drug and alcohol abuse, and violence.
- The resilience of sex trafficking survivors is extraordinary, but it cannot be the only countervailing factor to address this issue. Stories that have been told to these researchers indicate girls and women who have been sex trafficked in Hawai‘i have endured extreme physical and emotional torture which has adversely affected their adult lives.
- Law enforcement officials throughout the criminal justice system have not been effective in addressing the crimes of sex trafficking and have been complicit in allowing and participating in sex trafficking.
- Health care professionals in a wide range of settings have routinely failed to identify sex trafficking victims.
- School personnel, particularly special education staff, did not identify that the victims were being sex trafficked while they were still enrolled in school.
- The paucity of services for addressing dating violence, domestic violence, neglect, substance and alcohol abuse, and sexual abuse contributes to the continued cycle of abuse in the lives of survivors.
- Geographic and cultural factors have allowed sex trafficking to continue with limited response from the government. Distance from the U.S. continent has made escape from dangerous settings difficult or impossible and has facilitated social isolation for victims/survivors. The acceptance of saving “face” and not bringing shame to the family provides shelter to abusers and traffickers in these narratives.
- Overrepresentation of Native Hawaiian women and girls in sex trafficking at present may be directly linked to the overthrow of the Kingdom of Hawai‘i—that is, land dispossession, exposure to sexual violence, hypersexualization, incarceration, cultural dislocation, inter-generational trauma, mental and emotional distress, racism, poverty, and ongoing inequities.<sup>3</sup>

Potential interventions to address sex trafficking in Hawai‘i were identified by the sex trafficking survivors interviewed. These interventions include but are not limited to:

- Establishing peer support services to help women who have survived trafficking and help to build a sense of a positive future.
- Involving religious and cultural leaders to address stigma and reduce shame among families who have loved ones who have been sex trafficked, or those who have predisposing factors that contribute to violence, sexual violence and substance/alcohol abuse.

---

<sup>3</sup> Office of Hawaiian Affairs, *Haumea: Transforming the Health of Native Hawaiian Women and Empowering Wahine Well-Being*, 2018.

- Drawing on the strengths of the centrality of family and kinship to many cultures in Hawai‘i, focus on the concept of family as central to life; the support of family as healing; victim acceptance; and efforts to not repeat victimization through generations.
- Increasing training and collaboration about sex trafficking between agencies that address domestic abuse/violence, child abuse and neglect, alcohol and substance abuse.
- Providing resources to support services to women who have been trafficked.
- Funding early intervention services that address some of the risk factors related to sex trafficking including substance and alcohol abuse and domestic violence.
- Increasing education regarding the identification and connection to services of trafficked women by medical, behavioral health, school personnel, and social service workers including teachers.
- Enhancing current laws to increase protections and services for victims of sex trafficking.
- Encourage prosecuting sex buyers and traffickers.
- Prosecuting police and other judicial professionals who participate in prostitution and sex trafficking.

### Next Steps

These findings indicate a strong need for intensive training on the risk factors and signs of sex trafficking to all persons working with youth and vulnerable adults. This includes child welfare workers, foster care placements, schools staff including special education staff, medical providers, drug and alcohol treatment programs, behavioral health providers, and community members. Specific focus on trauma-informed treatment should be provided to therapists and to college and graduate students training for the helping professions. Having contact with survivors as peer mentors or role models was a critical element missing from each participants’ exiting experience. Those who are most responsible for the safety of the community must be held accountable if they are either ignorant to, complicit with, or participating in the sex trafficking in their community.

To address the issues identified in this study regarding victims of sex trafficking in Hawai‘i, the state could benefit from the development of a cohesive, concerted, and data-driven strategic plan that begins with:

- 1) Develop a statewide training program on Hawai‘i’s human trafficking laws to those in the law enforcement, legal, educational, and healthcare community.
- 2) Develop a centralized data collection and statewide database.
- 3) Allocate funding for prevention and early intervention.
- 4) Create the legislatively funded position of a statewide coordinator on the trafficking in persons to provide trainings, coordinate cases, identify trends, and advocate for the needs for sex trafficking victims.
- 5) Conduct outreach to develop community and survivor problem-solving.
- 6) Create a network that serves adult victims of sex trafficking including housing, parenting support, and connection to other survivors.
- 7) Create targeted residential and outpatient services specifically for sex trafficked children to be able to serve their unique needs.
- 8) Conduct further research to build on this foundational knowledge to support prevention, intervention, and treatment programming.

Legislative action on prostitution law reform, as well as enhancements to sex trafficking law, are needed to curb sex trafficking. A number of budget-neutral measures would significantly boost the current response to sex trafficking. For example, additional monetary penalties for convicted traffickers and buyers in order to generate funds for investigations, and prevention and exit services that do not exclude those unable to prove “force, fraud, and coercion” and do not claim the legal status of “victim.”

The Legislature should also institute sexual abuse prevention intervention, including sex trafficking, training in all Department of Education schools by creating and appropriating funds for the Erin's Law Task Force to review policies, programs, and curricula for educating public school students about sexual abuse and sex trafficking prevention, and report recommendations for the establishment of a program to educate public school children on sexual abuse prevention through age appropriate curricula. Finally, the Legislature should appropriate funds for public awareness campaigns to prevent sex trafficking regarding risk factors and warning signs, signs of grooming and recruitment, recognizing the sex trafficking victims, penalties for sex buyers and sex traffickers, and explaining the complex pathways to exiting which differs from the common perception of “why doesn't she just leave”.

Presently, intervention is focused on identifying victims and guarding against victimization. This is important but only focuses on part of the problem of sex trafficking. Prevention efforts should also focus on perpetrators of sex trafficking and the sex buyers, the majority of whom are men.

This study is a first look at the experiences of 22 girls and women who have experienced sex trafficking. This study, while small in size, has important implications for what elements are missing that would help to create a system of prevention, identification and identifying treatment for sex trafficking victims in Hawai'i. Their interviews were overwhelmed with stories of childhood maltreatment and family problems, missed opportunities to stop the abuse and trafficking by school, law enforcement, and child welfare staff, and drugs and running away as teenagers,

This study is the second in a series of studies exploring sex trafficking in Hawai'i. The purpose of this study is to add empirical knowledge to the planning and implementation of programs and legislation working to prevent sex trafficking as well as to use data-driven responses. Further research on sex trafficking in Hawai'i is necessary to best navigate the strengths of Hawai'i. Future research could include a cross-sectional exploration of experiences of sex trafficking among high risk persons as well as more in-depth research of sex trafficking experiences with boys, men, and transgender victims. Developing and testing awareness campaigns targeted to reduce and address sex trafficking is also a critical next step.

There is hope. With tremendous resiliency, most of the participants are enjoying fulfilling and interesting careers and lives. Their relationships with their children and partners continue to be filled with challenges. Some have found some stability in their lives. This is particularly true of those who have been out of “the life” for a few years. Some have found a small community of other women who have experienced sex trafficking and have begun to build a survivor network on which to support each other to thrive.

Nearly six attempts on average were needed to exit sex trafficking, this study found. Once recognized, service providers and those providing support for these victims must have patience with the process of exiting and healing. This will take a special group of people who are well trained, have strong clinical guidance, and believe that this group of victims matter.

For questions please contact the authors at:

Dominique.roe@asu.edu

kjabola-carolus@dhs.hawaii.gov

### **About the Authors**

**Dominique Roe-Sepowitz**, MSW, Ph.D. is an associate professor of social work at Arizona State University. She is the Director of the ASU Office of Sex Trafficking Intervention Research. Dr. Roe-Sepowitz actively conducts research regarding sex and labor trafficking with specific focus on intervention studies for exiting, exploration of the sex traffickers regarding techniques and characteristics, evaluating deterrence activities for sex buyers, and developing interventions for healing for sex trafficking survivors. Dr. Roe-Sepowitz has been invited to be a subject matter expert for the White House, the U.S. Department of Health and Human Services, SAMHSA, and the Office of Victims of Crime. Dr. Roe-Sepowitz is an appointed member of the City of Phoenix Human Trafficking Task Force and the Arizona Governor's Human Trafficking Council. Dr. Roe-Sepowitz conducts research in partnership with the Phoenix and Las Vegas police departments. She is a co-creator and Clinical Director of Phoenix Starfish Place, a HUD funded housing program for sex trafficked women and their children with the City of Phoenix that opened in November of 2017. Dr. Roe-Sepowitz also co-developed and coordinates the Phoenix 1<sup>st</sup> Step pop up drop in center in Phoenix which has served over 200 prostituted/sex trafficked persons in Phoenix since 2014.

**Khara Jabola-Carolus**, J.D. is the executive director of the Hawai'i State Commission on the Status of Women. The Commission is a statewide feminist government agency legislatively mandated to function as a central clearinghouse for resources, services, and advocacy for women and girls. Previously, she served as the Public Affairs Director of Strategies 360 and led the Hawai'i Coalition for Immigrant Rights, where she secured the return of mobile immigration services for the neighbor islands and passed a landmark Hawai'i law that extended driver's licenses to undocumented immigrants. She also worked as an associate at the labor law firm of King, Nakamura, & Chun-Hoon. She earned her Juris Doctor from the University of Hawai'i at Manoa, specializing in Native Hawaiian law, and holds a bachelor's degree in politics from New York University. She dedicates this report to her child Laguna Kekipi Jabola-Ing.

### **Acknowledgements**

The research team for this study was collected by Dominique Roe-Sepowitz, MSW, Ph.D., Melissa Brockie, MSW, and Kimberly Hogan, MA, MSW.

This study was conducted with assistance from a number of people and groups including the Hon. Judge Karen M. Radius (Ret.), the staff and volunteers of Ho'ola Na Pua, Camille Boyce, Jan Vasilius, Ann Charles, Dr. Carol Galper, and the Arizona State University STIR Staff including Kristen Bracy and Bandak Lul.