

# Stop Trafficking !

Anti-Human Trafficking Newsletter



Awareness

Advocacy

Action

April 2019 Vol. 17 No. 04  
This issue highlights issues around housing  
for trafficked survivors and the long-term  
healing that is needed.



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- Sisters of the Holy Cross
- Sisters of the Holy Family
- Sisters of the Holy Names of Jesus and Mary
- Sisters of the Humility of Mary
- Sisters of the Precious Blood
- Sisters of the Sacred Hearts
- Society of the Divine Savior
- Society of the Holy Child Jesus
- Society of the Sacred Heart
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## Sheltering & Healing

### Victim to Survivor to Thriver

In 2010 Ronny Marty was 33 and a front desk manager at a hotel in the Dominican Republic when he paid a recruiter \$4,000, borrowed from family and friends, for a visa and a flight to Kansas City, MO.

When Marty arrived with two dozen other job aspirants, they were told no jobs were available. They were packed into two vans and driven to Alabama. He was charged \$50 for the van, \$250 for a visa extension and \$300 as a deposit for a small one-bedroom apartment he shared with two other workers. They worked packing DVDs at a manufacturer.

Once the money to reimburse the "agency" was deducted from his pay, he netted just \$40 a week. "In my own country, I was living in better conditions," he said. "I cried like a baby."

Marty found another agency online and agreed to pay \$650 for a visa extension. Again he got a string of poor jobs with minuscule pay and had to put up with the first trafficker repeatedly calling him, making threats.

Eventually, on the advice of a volunteer at a faith-based organization where he went to get food, he was put in contact with an unlikely savior — an agent with U.S. Immigration and Customs Enforcement. The agent helped



him get a work visa and directed him to a legitimate charity that helped

him find housing. He studied English while working in hotel housekeeping, then moved to a Florida resort, where he rose to assistant executive housekeeper.

Eventually he was joined by his wife and two children. Now he has a green card and has become a U.S. citizen. He also serves on the U.S. Advisory Council on Human Trafficking. (see pg. 5 & 7)

Few human trafficking victims have such a happy outcome. He said, "I might be one in 100. I got all the help I needed. It doesn't happen to everyone. My case was out of this world."

Now, whenever he checks into a hotel, he asks the staff about their jobs and their lives, looking for people he can help. "My mission is to encourage other survivors; to make them realize there's a way out," he said. "We can help to combat human trafficking."

([https://www.washingtonpost.com/world/national-security/human-trafficking-survivors-recommend-changes-in-us-policies/2016/10/18/07dbc408-955f-11e6-bb29-bf2701dbe0a3\\_story.html](https://www.washingtonpost.com/world/national-security/human-trafficking-survivors-recommend-changes-in-us-policies/2016/10/18/07dbc408-955f-11e6-bb29-bf2701dbe0a3_story.html))



Awareness

## Guidelines for Collaboration Between Law Enforcement and Placement Facilities

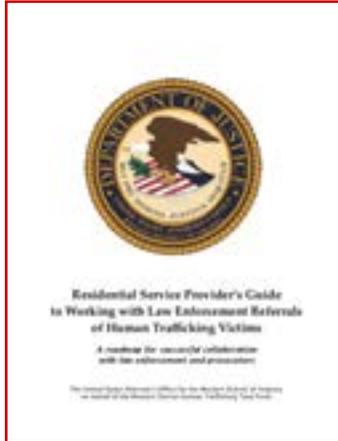
In 2017 the U.S. Attorney's Office for the state of Virginia provided a document entitled, "Residential Service Provider's Guide to Working with Law Enforcement Referrals of Human Trafficking Victims: A roadmap for successful collaboration with law enforcement and prosecutors."

It provides detailed expectations from the side of law enforcement for assuring an effective collaborative relationship with service providers.

"The purpose of the guidelines is to facilitate the successful prosecution of traffickers, the effective rehabilitation of victims, and the collaboration between law enforcement and service providers to accomplish these two goals. In any victim placement, an involved party must expect to confront challenges that could further damage the victim, or negatively impact the criminal investigation and prosecution. The guidelines provide a common ground for understanding how partners can work to overcome these challenges, while respecting the independent missions of the agencies involved." (pg. 1)

**Emergency Placement:** Any residential facility that provides temporary housing (up to five business days) for a victim of human trafficking. The facility may provide additional assistance to the person during the placement, such as food, clothing, etc.

**Stabilization Placement:** Any residential facility that provides short-term housing (from 30 up to 90 days) for a victim of human trafficking. The facility will provide housing, food, and other basic needs, as well as facilitate any additional or specialized services needed, such as substance abuse treatment, mental health treatment, legal services, and medical care.



**Restorative Placement:** Any residential facility that provides long-term housing, intensive case management, and comprehensive services specific to human trafficking. This placement will typically last until the completion of a program tailored to the unique needs of the person and focus on establishing independent living skills.

There are criteria under each placement category in the *Guide* to assure effective collaboration. Regarding *restorative placement*, some of the expectations include the following:

- The agency will provide to law enforcement written criteria for victim placement 30 days in advance of any placement, as well as inform law enforcement at least five days prior to discharge, should a person be uncooperative with the agency's requirements. This allows law enforcement time to find alternative housing.
- The agency has written policies in place, developed in collaboration with law enforcement, for ensuring victim stability and security, such as:
  1. Access to phones, internet, social media, electronic devices, etc.
  2. Restrictions on leaving facility grounds, facility curfews, etc.

3. Outside (i.e. non-law enforcement) visitor limitations at the facility.
4. Disclosure of facility location to outside individuals (i.e. non-law enforcement).
5. Minimum staffing levels and hours of staff supervision/presence at the facility.
6. Any facility-imposed restrictions on access to personal belongings or particular personal-care items.
7. Limitations on contact between persons placed at the facility.
8. Consequences for violations of facility policy.

Examples of conduct issues include: contact with individuals outside the agency; unsupervised/unauthorized access to the phone or internet; correspondence with anyone who is incarcerated; violation of policies or procedures of the agency; or conduct that facility staff find concerning or alarming.

Residential placement facilities may have expectations of the person that are specific to that particular program or facility, which are not commonly found in other programs or facilities.

These may be such issues as: restricting the use of cigarettes or consumption of certain types of food; limitations on a person's personal possessions such as prohibiting a certain type of clothing while at the facility.

The agency should provide any such rules and expectations in writing to law enforcement in advance of any intake discussions in order to allow both law enforcement and the victim referred by law enforcement the opportunity to review these guidelines before deciding to pursue a placement with the agency. The transition period



## Awareness

### Expanding Support to Facilities that House Trafficked Survivors

There are dozens of networks, coalitions, and concerned citizens wanting to help survivors. The problem is many of these lack adequate training, as well as utilize models of service that are not trauma-informed or survivor-centered.

To date there is very little research on best practices for therapeutically assisting adult or minor survivors of sex trafficking. Promising practices are often developed through trial and error.

The *National Trafficking Sheltered Alliance* (NTSA) intends to serve as an environment in which to discuss and test new effective approaches. The *Alliance* also wants to provide a like-minded community that would enable sharing of difficulties, frustrations, and successes, as well as be a resource to help deal with challenges in this service.

The mission of the *Alliance* is “to foster a community of service providers for survivors of human trafficking and sexual exploitation that work together to improve competency, increase credibility, and become a collective voice for change.”

(<https://www.shelteredalliance.org/who-we-are>)

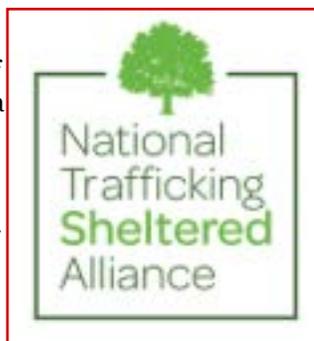
The *Alliance* offers *general membership* for those providing housing to survivors and *associate membership* for those engaged in anti-trafficking efforts. To be a member of the *Alliance*, there are minimum requirements which include: governance, ethics, risk management, safety, facility and staff, client care and services, public relations, faith-based considerations, and care of minors. For a detailed description of these requirements, go to: <https://www.shelteredalliance.org/minimum-requirements>

The *Alliance* offers a screening tool and rapid response placement process: <https://www.shelteredalliance.org/rapidreferral>

One issue that is not explicit in the *Alliance* approach is that of inclusion of survivors in various aspects of the services: evaluation of existing programs, training of front line providers, standards for program development. Survivors realize that women need not only services but also the means to be agents of empowerment for others. Only in this way will there be eventual social change.

From Feb. 27 - March 2, 2019 the NTSA hosted, ‘*Sheltered 2019*,’ a national conference for agencies providing residential and affiliated services to survivors of human trafficking/exploitation/prostitution. Survivors did speak during that conference. For more information, go to:

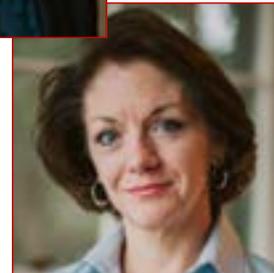
<https://www.shelteredalliance.org/events/sheltered-2019/sessions>



### Research on Long Term Housing for Survivors



Melissa Yao, the Director of NTSA, and Jeanne Allert, the Founder



and Executive Director of Baltimore faith-based ‘*The Samaritan Women*,’ a long term facility for trafficked survivors, are in process of assessing shelters around the country, in order to determine the effectiveness of their services.

### Collaboration *cont. from pg. 2*

from trafficking scenario to residential placement can prove very intense and stressful for victims. Restricting access to certain items the victim considers “comforts,” while it may be critical to the agency’s operating philosophy, may significantly add to that stress if the restriction comes as a surprise.

Additionally, discussing guidelines regarding behavior at the facility in advance allows law enforcement to prepare the victim for these restrictions, and gives the person an opportunity to process and weigh the impact of those restrictions in a more controlled environment.

The *Guide* contains many more examples for creating an effective collaboration between placement facilities and law enforcement.

To obtain the *Guide*, go to:

<https://instituteforsheltercare.org/wp-content/uploads/2018/09/Service-Provider-Guide-DOJ-1.pdf>



## Awareness

### Stages in Effective Healing

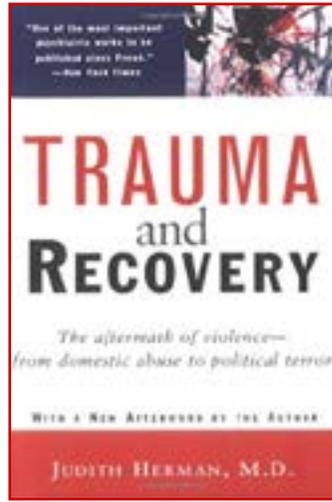
In *"Trauma and Recovery: The Aftermath of Violence - From Domestic Abuse to Political Terror"*

Judith L. Herman presents a model which describes the healing process of people who struggle with a combination of problems related to unwanted, abusive, or traumatic experiences in their past. Trauma from prostitution exhibits the same symptoms as those suffered by persons who underwent torture.

The problems may include: difficulty regulating emotions and impulses; emotional numbing; anger and aggression; substance addictions; behavioral addictions (porn, anonymous sex, gambling, etc.); self-harming behaviors (cutting, burning, etc.); dissociation (spacing out, blanking out, losing time, etc.).

**Stage One is about achieving goals of personal safety, genuine self-care, and healthy emotion-regulation capacities:**

- Getting a 'road map' for the healing process.
- Setting treatment goals and learning about helpful approaches to reaching those goals.
- Establishing safety and stability in one's body, one's relationships, and the rest of one's life.
- Tapping into and developing one's own inner strengths, and any other potentially available resources for healing.
- Learning how to regulate one's emotions and manage symptoms that cause suffering or make one feel unsafe.
- Developing and strengthening skills



for managing painful and unwanted experiences, and minimizing unhelpful responses to them. Once these have become standard operating procedures, great progress and many new choices become possible.

Importantly, the first stage of recovery and treatment is not about discussing or 'processing' memories of unwanted or abusive experiences, let alone 'recovering' them. However, everything may not always be so perfectly ordered and sequential. For example, during the first stage it may be necessary to discuss the contents of disturbing memories that are disrupting one's life. This may be required to help manage the memories, or to understand why it is hard to care for oneself (e.g., the abuser acted like or even said you were unworthy of care or love). However, in this case addressing memories is not the focus of therapy, but a means to achieving safety, stability, and greater ability to take care of oneself.

Depending on the person, the first stage of treatment may also involve:

- Addressing problems with alcohol or drugs, depression, eating behaviors, physical health, panic attacks, and/or dissociation (e.g., spacing out, losing time).
- Taking medication to reduce anxiety and/or depressive symptoms.
- Participating in *Dialectical Behavior Therapy* (DBT), a treatment for people having serious problems with tolerating and regulating emotions, interpersonal effectiveness, and/or self-harming behaviors.

### Common to All Stages

Throughout all stages of treatment, it is often necessary to address psychological themes and 'dynamics' related to one's history of unwanted or abusive experiences. Some of these are core issues that should determine the very nature and structure of treatment. These include: powerlessness; shame and guilt; distrust; and re-enacting abusive patterns in current relationships.

In the first stage of treatment, these themes and dynamics must be addressed when they are obstacles to safety, self-care, and regulating one's emotions and behavior. Therapy can help with recognizing habitual behavior patterns, beliefs, and motivations that maintain self-defeating and self-destructive behaviors outside of conscious awareness or reflection.

Increased awareness of these themes and dynamics brings greater understanding, greater ability to take responsibility for them, and greater capacities to choose new, healthier responses and actions. Mindfulness meditation practices can also help cultivate such awareness and freedom.

### Stage Two is about 'remembrance and mourning.'

The main work of stage two involves:

- Reviewing and/or discussing memories to lessen their emotional intensity, to revise their meanings for one's life and identity, etc.
  - Working through grief about unwanted or abusive experiences and their negative effects on one's life.
  - Mourning or working through grief about good experiences that one did not have, but that all people deserve.
- After establishing a solid foundation of understanding, safety, stability and self-regulation skills, one can decide – mindful of the potential pain and risks involved – whether or not to engage in the work of stage two.

In fact, once the first stage of recovery has provided such a foundation, some people realize that thinking and talking about painful memories is not necessary to achieve their goals, at least in the short term. Some find that



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## Healing Trauma *cont. from pg. 4*

the memories are no longer disrupting their life and no longer of much interest to them.

For those who choose to focus on disturbing memories, especially if those memories are still disrupting their lives, several 'memory processing' methods can be used during this stage.

In general, these methods involve re-experiencing the memories within a safe therapy setting. They can be very effective at ending the influence of such memories in one's daily life.

Most importantly, there are very effective therapy methods that have been proven, through years of clinical experience and research, to bring great relief and healing by transforming memories and responses to reminders of harmful experiences. None of these methods 'erase' memories.

One of the most research-supported approaches for processing traumatic memories is *Eye Movement Desensitization and Reprocessing* (EMDR). This method can rapidly transform traumatic memories into non-traumatic ones – and one does not have to talk about them in detail, if at all, making it a great option for many men.

Again, the main point here is that there are effective and relatively rapid methods for dealing with intensely distressing memories. People do not have to be tortured by them for years.

**Stage Three is about reconnecting with ordinary life** -- reconnecting with people, meaningful activities, and other aspects of life.

For further detail on these therapies, read "*Trauma and Recovery*":

<https://www.amazon.com/Trauma-Recovery-Aftermath-Violence-Political/dp/0465087302>

## Awareness

## Dangerous & Subtle Changes to the T Visa Process

Despite having originally exempted people who were applying for humanitarian visas, the Trump Administration announced that, beginning in mid-November 2018, applicants who are denied T visas may be required to appear in immigration court, the first step in deportation proceedings. Because the change was presented as a separate, bureaucratic shift in the rules, *U.S. Citizenship and Immigration Services* (USCIS) officials could state that the T-visa program itself had not changed.

But this minor change has already had an major impact on trafficked persons. As a result, victims who once freed themselves from trafficking with the support of the U.S. government, are now being forced to choose between staying with their traffickers or escaping to a life of working illegally and avoiding immigration authorities. Martina Vandenberg, the founder and president of the *Human Trafficking Legal Center*, said, "*Most of the non-citizen victims we work with come in on perfectly good visas.*" However, since the rule changed, Vandenberg has not filed an application for a single T visa. "*At this point, you have to ask yourself whether it is ethical to apply for a visa when you're putting your client in danger of deportation.*"

Now applicants for T visas who entered the country illegally are sometimes required to pay a \$930 filing fee to request that the government excuse their illegal entry. Under past Administrations, the fee was regularly waived if the victims were unable to pay. Lori Cohen, director of *Sanctuary for Families*, said, "*Trafficking victims were being asked to provide tax receipts to prove income. But brothels do not provide tax receipts to trafficking victims. Johns do not give receipts when they prostitute women.*"

In September 2018 Trump proposed "*public charge*" legislation that would penalize immigrants who have received government assistance. Visa-holders would have to apply for a waiver, which would be adjudicated by USCIS. "*They have debt, medical issues, mental-health issues, lost employment, no credit history, and now they are being told, 'If you access public benefits, you may end up being deported,'*" stated the executive director of *Freedom Network USA*. "*But if they don't access them, they are likely to go back into the underground economy, where, once again, they will be trafficked. It is like telling survivors of domestic violence, 'Here are these lovely shelters; if you come and stay in one, we will deport you.'*"

Criminal records keep victims from coming forward, or, if they do come forward, prevent them from getting jobs, affordable housing, and, crucially, visas and green cards. Grants from the *Office of Victims of Crime* (OVC) allowed lawyers to do the complex work of applying in a variety of jurisdictions to vacate records. T visas actually help stop trafficking. Most successful trafficking prosecutions involved victims who provided evidence and testimony with the hope—almost a guarantee under previous Administrations—that they would receive protection and services to help them. Lawyers now can no longer promise safety for victims who testify. These changes are perceptible to the victims and their advocates. It will be a long time before the shift in rules about T visas are reflected in USCIS statistics.

The *U.S. Advisory Council on Human Trafficking* under past Administrations had 12 members, but now there are eight, since a number resigned in light of the Trump Admin-

T Visa Changes *cont. pg. 6*



Advocacy

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## Assisting Human Trafficking Survivors Suffering Substance Use Disorders

Last year a team of six non-government service providers and six survivor leaders collaborated to develop recommendations on how to enhance services for survivors of human trafficking or those at risk of human trafficking by implementing trauma-informed practices and survivor-informed principles. The effort was part of the *National Human Trafficking Training and Technical Assistance Center's HT Leadership Academy*.

They asked, "How can service providers improve their support of human trafficking survivors who are struggling with co-occurring disorders?" The team recommended efforts in three main areas: *risk reduction; cultural competency, and supportive services, especially providing housing and support groups.*

Substance use disorders and vulnerability to human trafficking intersect. Because the opioid crisis is ravaging communities, trafficking victims are among the large number of fatalities. Human trafficking victims often require multiple attempts before successfully exiting their trafficking situation and their substance abuse.

Research indicates that emotional, mental, and physical trauma during childhood results in higher risks for many diseases that occur during adulthood, including coronary heart disease, depression, autoimmune disease, and drug addiction. Research terms such childhood trauma 'adverse childhood experiences' (ACEs). Children and adolescents who are victims of sex or labor trafficking experience the same types of trauma but to a greater extent and are thus at elevated risk for chronic diseases later in life. People with an ACEs score of 5 or higher are 7 to 10 times more likely to use illegal drugs and suffer addiction.

Among the housing recommendations were the following:

1. All staff involved in public and affordable housing and sober living homes should have training in serving HT survivors. This training should be conducted by members of a local anti-trafficking task force and include definitions of human trafficking, the red flags, and provide staff with connections to technical assistance and local direct service providers.
2. Public housing agencies could implement a voucher system specific to human trafficking survivors and provide financial support to sober living houses.
3. There should be affordable long-term and transitional housing designated specifically for survivors of human trafficking with co-occurring disorders. The housing should be affordable, safe, and convenient to transportation. Housing should not be in high crime areas.
4. Case management helps provide stable living conditions and achievement of long-term recovery.
5. Federal agencies should avoid policies that disqualify potential residents based on prior convictions, especially, drug convictions.

(<https://www.acf.hhs.gov/otip/resource/hsla2018>)

## Treating the Trauma



Abigail Judge PhD, in a 2018 article entitled 'Uncharted Waters: Developing Mental Health Services for Survivors of Domestic Human Sex Trafficking,' describes the challenges involved in assisting sex trafficked victims/survivors who suffer mental health issues. Mental health symptoms require more time for healing as compared to many of the medical problems that survivors experience. Meanwhile survivors also suffer stigma, legal and housing challenges, and lack of job skills — all of which compound their mental health challenges. Hence, mental health is now recognized as the most dominant health concern of this population.

Yet there remains inadequate research on best practices in assisting survivors to overcome trauma. Clinicians often do not have the expertise to adequately address the myriad of problems survivors exhibit. Without addressing the complete array of issues survivors face, progress in treating mental health can be impaired.

Locating services for sex trafficked survivors in teaching hospitals helps facilitate access to the multidisciplinary care that survivors require, such as trauma-informed primary care, emergency services, obstetrics-gynecology, and treatment for substance use disorders.

At the same time, outpatient psychiatric clinics in medical settings seldom accommodate what survivors also

*Treating Trauma cont. pg. 7*

## T Visa Changes *cont. from pg. 5*

istration's incorrect profile of "typical trafficked victims" and their entrance into the U.S. over illegal borders.

Trump wished to have a survivor at a January 2019 press conference so as to "prove the need for a wall" because hundreds of trafficked victims were being brought into the U.S. at the southern border. No survivor was willing to be "used" in that way. Advocates explained that most non-citizen victims enter through legal ports of entry and are not chained. (Excerpted from: <https://www.newyorker.com/news/newsdesk/the-hypocrisy-of-trumps-anti-trafficking-argument-for-a-border-wall>)



## Advocacy

### Treating Trauma *cont. from pg. 6*

need: trauma-informed procedures; flexible drop-in hours; managing no-shows or cancellations without discharging patients from care; long-term treatment; etc.

Judge describes a treatment model being used in the Department of Psychiatry at Massachusetts General Hospital in Boston. The goal is to avoid a potentially re-traumatizing clinical response through the use of the following principles: flexibility, accessibility, multidisciplinary, trauma-informed, survivor-driven, responsiveness to stages of change, and enduring. In addition, healthy attachments and community involvement also play a central role in recovery from trauma.

Individuals exiting sexual exploitation often reside in settings (e.g., shelters, safe houses) staffed by paraprofessionals, who may not be familiar with the effects of trauma on self-regulation and behavior. Judge presents various clinical composites that show how clinicians could assist care givers in understanding mental health issues.

Her recommendation is that trauma-informed services need to be tailored to survivors' unique needs rather than conceptualizing them within a standard medical model.

The article by Abigail Judge is extensive and rich in data related to assisting survivors with mental health issues. For an abstract, go to:

<https://www.ncbi.nlm.nih.gov/pubmed/30188340>

To learn more, go to:

<https://journals.lww.com/hrpjournal/pages/videogallery.aspx>

To obtain a .pdf copy of the entire study, e-mail Dr. Judge at: [amjudge@partners.org](mailto:amjudge@partners.org)

## Survivors Provide Valuable Insight

The *U.S. Advisory Council on Human Trafficking* is comprised of eight survivor leaders, who bring their expertise and experience to advise and provide recommendations to the *President's Interagency Task Force to Monitor and Combat Trafficking in Persons* (PITF) to improve federal anti-trafficking policies.

In its first report in 2017, the Council recommended:

1. DOJ, HHS, DOS, USAID, and DOL provide comprehensive services for all survivors of human trafficking.
2. Establish housing preferences for survivors of human trafficking at the federal and local levels. The *Council* called for more money to create safe houses where survivors can stay while they overcome their trauma and prepare for an independent life. More money should also be made available for job training, education and financial counseling.

*"There should be more safe houses for survivors and support groups for victims of trafficking who are now adults but grew up being prostituted and were not considered victims, but perpetrators,"* said Nancy Cabrera-Chacon, a survivor from Miami who was quoted in the report. *"Instead of being seen as victims they were seen as prostitutes."*

Improvements are needed to overcome the fear that stops most victims of trafficking from escaping. *"People are afraid to report,"* Ronny Marty said. *"They're threatened by traffickers. They're afraid for their families and for their lives. We want them to know they won't be judged because of what happened to them."*

3. DOJ and HHS anti-trafficking grantees should use standardized screening questions developed with survivors' professional input.

In 2017, the Council focused on the second and third recommendations, citing the following implementation efforts.

The Council met with DOJ's *Office for Victims of Crime* (OVC), HUD,



HHS' *Office on Trafficking in Persons* (OTIP), and DOJ's *Office on Violence Against Women* (OVW) regarding a new national housing initiative to support human trafficking survivors. The agencies requested input from the *Council* on different housing assistance programs, partnerships with affordable housing providers, and challenges survivors experience in obtaining and maintaining long-term and permanent housing. The *Council* also shared guidance on the housing challenges experienced by foreign national victims and provided extensive feedback to the agencies as they develop this new initiative.

The *Council* members met with DOJ OVC and HHS OTIP to discuss victim identification and made recommendations regarding the use of standardized screening questions. They shared with the agencies that victims often do not self-identify and may go undetected when the right questions are not asked by service providers and other professionals. DOJ OVC and HHS OTIP shared that they do not require their grantees to use a standardized tool at intake to allow for flexibility in screening approaches in a wide range of settings. However, they have made efforts to improve detection of human trafficking victims across all programs.

HHS OTIP requested that the *Council* review screening guidelines it prepared for adult victims encountered in healthcare, behavioral health, public health, and social welfare settings. The *Council* provided feedback sharing that the length of the tool was appropriate and the content was clear and easy to follow. HHS OTIP incorporated their feedback.

(<https://www.state.gov/j/tip/276836.htm>)



Action

**Toll-Free 24/7 Hotline**  
**National Human Trafficking**  
**Resource Center**  
**1.888.3737.888**  
**Text "BeFree" (233733)**

**Informative Web Sites:**  
 (Each contains information related to human trafficking)

**Federal Law Enforcement Training Center**

<https://www.fletc.gov/human-trafficking-training-program>

**Serving Human Trafficking Victims: An Introduction for Domestic Violence Organizations**

<https://humantraffickinghotline.org/resources/serving-human-trafficking-victims-introduction-domestic-violence-organizations>

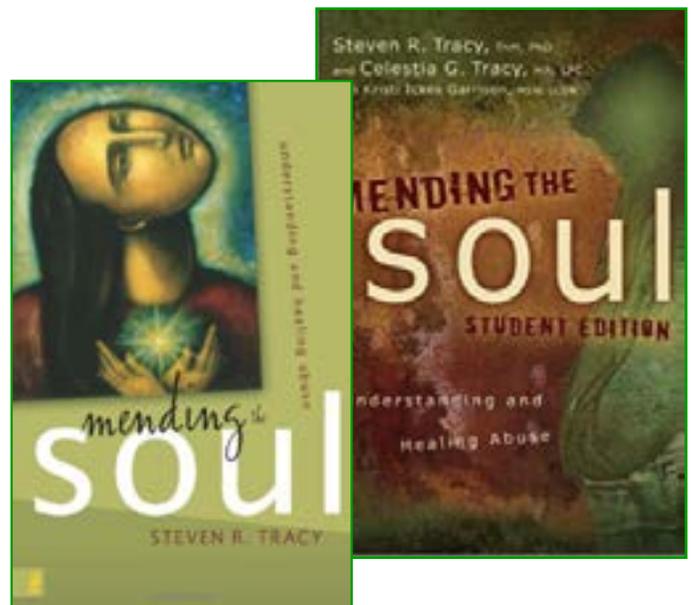
## Resource Materials: Healing

### "Hands that Heal"

The *Faith Alliance Against Slavery & Trafficking (FAAST)* offers the two resources (community-based and academic) as a comprehensive approach to serving victims of trafficking and educating caregivers so they provide appropriate and effective care and support.

(<https://faastinternational.org/hands-that-heal>)

Ed. Note: 'Stop Trafficking' does not explicitly endorse these resources, but offers them as a small example of materials in wide use among agencies addressing the healing of trafficked survivors.



**"Mending the Soul"** by Steven R. Tracy

(<https://www.amazon.com/Mending-Soul-Understanding-Healing-Abuse/dp/0310285291>)

**"Mending the Soul Workbook for Men and Women"**

by Celestia G. Tracy

(<https://www.amazon.com/Mending-Workbook-Fourth-Celestia-Tracy/dp/0984987118/>)

**"Mending the Soul Student Edition: Understanding & Healing Abuse"** by Steven R. Tracy (not shown)

(<https://www.amazon.com/Mending-Soul-Student-Understanding-Healing/dp/0310671434/>)

### "Ending The Game (ETG)"

ETG is designed to educate and empower survivors of commercial sexual exploitation and trafficking by providing a framework to uncover harmful psychological coercion (a.k.a. "The Game") to which victims were subjected during or before their exploitative experience.

ETG aims to empower victims to acquire skills and "End The Game" by revealing how traffickers, sexual abusers, media and other coercive agents employ a sequence of commonly-used, yet seldomly explained, mind control techniques.

Lessons include: False Promises, Isolation, Dissociation, Self-Defeating Thoughts, Emotional Intensity, Self-Defeating Behavior, Identity Disturbance, Phobias, and Shame.

(<https://www.endingthegame.com>)



**Stop Trafficking!** is dedicated exclusively to fostering an exchange of information among USCSAHT members, organizations and concerned persons, collaborating to eliminate all forms of human trafficking.

To access back issues, go to:  
<http://www.stopenslavement.org/past-issues-chronological.html>

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