U.S. Catholic Sisters Against Human Trafficking Sponsors of "Stop Trafficking"

- Adorers of the Blood of Christ
- Adrian Dominicans
- Benedictine Sisters of Chicago
- Benedictine Sisters of Mount St. Scholastica, Atchison, KS
- Cana’cle Sisters, N. Amer. Prov.
- Congregation of Notre Dame
- Congregation of Sisters of St. Agnes
- Congregation of St. Joseph
- Daughters of Charity, Province of the West
- Daughters of Charity, Prov. of St. Louis
- Daughters of the Holy Spirit
- Dominican Sisters of Mission San Jose, CA
- Dominican Sisters of Peace
- Dominican Sisters of San Rafael, CA
- Dominican Sisters of Sinsinawa, WI
- Dominican Sisters of Springfield, IL
- Felician Sisters
- Franciscan Sisters of Little Falls
- Franciscan Sisters of Peace
- Franciscan Sisters of Perpetual Adoration
- Franciscan Sisters of the Sacred Heart
- Holy Spirit Missionary Sisters
- Marianites of Holy Cross
- Maryknoll Sisters
- Medical Mission Sisters
- Northern California Catholic Sisters Against Human Trafficking
- Our Lady of Victory Missionary Sisters
- Presentation Sisters, San Francisco
- Religious of the Sacred Heart of Mary
- Religious Sisters of Charity
- School Sisters of Notre Dame, North America
- School Sisters of St. Francis
- School Sisters of St. Francis of Christ the King
- Servants of the Holy Heart of Mary
- Sisters of Charity of Cincinnati
- Sisters of Charity of Halifax
- Sisters of Charity of Leavenworth
- Sisters of Charity of Nazareth
- Sisters of Charity of New York
- Sisters of Charity of St. Joan Antida
- Sisters of Charity of the Blessed Virgin Mary
- Sisters of Charity of the Incarnate Word
- Sisters of Christian Charity
- Mendham, NJ & Wilmette, IL
- Sisters of Mercy of the Americas
- Sisters of Notre Dame, CA Prov.
- Sisters of Notre Dame de Namur, USA
- Sisters of Providence, Mother Joseph Province
- Sisters of Providence of St. Vincent de Paul
- Sisters of St. Francis of Clinton
- Sisters of St. Francis of Colorado Springs
- Sisters of St. Francis of Dubuque
- Sisters of St. Francis of Mary Immaculate
- Sisters of St. Francis of Redwood City
- Sisters of St. Francis of the Providence of God
- Sisters of St. Francis Rochester, MN
- Sisters of St. Joseph of Carondelet
- Sisters of St. Joseph of Chestnut Hill Philadelphia
- Sisters of St. Joseph of Cluny, USA & Canada Provs
- Sisters of St. Joseph of Orange
- Sisters of the Divine Savior
- Sisters of the Good Shepherd
- 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
- Society of the Holy Child Jesus
- Society of the Sacred Heart
- U.S. Ursuline Sisters of the Roman Union
- USCSAHT Partner
- Society of the Divine Savior USA

Stop Trafficking!
Anti-Human Trafficking Newsletter

June 2018 Vol. 16 No. 06
This issue highlights the trauma suffered by victims of sexual exploitation and the issues involved in their treatment and healing.

Abusive Childhoods

According to the Trafficking Victims Protection Act, the sex trafficking of minors is the recruitment, harboring, transportation, provision, obtaining, patronizing, or solicitation of a person under the age of 18 for the purposes of a commercial sex act, i.e. a sex act for which anything of value is given or received by any person.

Child sex trafficking is a growing concern across urban, suburban, and rural communities in the U.S., including in Native American communities. It transcends racial, ethnic, gender, and socio-economic boundaries, although some youth appear to be at greater risk, including those who are: racial and ethnic minorities; Lesbian, Gay, Bisexual, and Transgender; runaway and homeless; and economically disadvantaged. In addition, male survivors appear to be under-identified and under-served compared to female survivors.

Homeless Youth

In April 2018 the Field Center for Children’s Policy, Practice and Research at the Univ. of Pennsylvania reported on the prevalence of human trafficking among homeless youth in Philadelphia, Washington, D.C., and Phoenix. Results indicated:

- 20% of those interviewed were victims of human trafficking (17% sex trafficked and 6% labor trafficked).
- Among sex trafficking survivors, 41% were approached on their first night of homelessness; 14% engaged in ‘survival sex’ to meet basic needs such as food or housing; 44% were subjects of an online ad, with half of them reporting that they were advertised on Backpage.com; 67% did not graduate from high school; 95% reported a history of child abuse or neglect, with only 69% getting any help or services.
- When sex trafficking victims told adults about their childhood maltreatment, only 36% saw action on their behalf; 41% of those who were sex trafficked had at least one out-of-home placement in their lives.

Abusive Childhoods cont. pg. 2

Homeless cont. pg. 2

Runaway Homeless Youth Public Service Announcement (https://m.youtube.com/watch?v=uDojWAtbOzU)

This issue highlights the trauma suffered by victims of sexual exploitation and the issues involved in their treatment and healing.
Abusive Childhoods
cont. from pg. 1

Forms of child sex trafficking include: street prostitution; pornography; stripping; erotic/nude massage; escort services; phone sex lines; private parties; gang-based prostitution; survival trafficking; inter familial pimping; and internet-based exploitation.

Exposure to childhood trauma and adversity are risk factors for becoming trafficked. Many trafficked youth have experienced childhood sexual abuse, physical abuse, neglect, traumatic loss, separation from caregivers, and family and community violence. Such experiences can profoundly impact social-emotional development in complex ways that affect the child’s understanding of personal safety, sexual boundaries, and healthy relationships, leaving them vulnerable to exploitation and trafficking.

 Trafficked youth often are involved with formal child-serving systems. Estimates suggest that as many as 50-90% have histories with the child welfare system, with particularly high rates of foster care placement and juvenile justice system involvement.

 Trafficked youth also often have significant histories of school truancy and educational disruption. These systems represent important prevention and intervention opportunities. However, many trafficked youths exit out of these systems at age 18. That loss of structure and financial support puts them at risk for further trafficking.

Currently, no reliable estimate of the prevalence of child sex trafficking in the U.S. exists, in part due to its hidden nature, disparities in definitions, and methodological challenges. Trafficked youth are often difficult to identify and connect with services. The commercial sex economy is largely hidden and survivors rarely acknowledge to others, especially authorities, that they are being trafficked.

This may be out of fear, shame, a belief that others will not help or support them, or because they do not recognize their circumstances as exploitative. Survivors may fear for their own safety or the safety of their family; the loss of relationship with or protection of their exploiter(s); arrest, deportation, or return to an abusive home; or the inability to care or provide for loved ones.

Many survivors have had multiple, often negative, contacts with formal systems and, due to their prior experiences, no longer view these systems as sources of support or safety.

Child sex trafficking experiences can lead to sexual, physical, and emotional injuries and severe lifelong health, social, educational, legal, and economic problems for survivors. Survivors experience significant traumatic stress symptoms, as well as depression, anxiety, substance abuse, unplanned or forced pregnancy, sexually transmitted infections, malnutrition, self-injury or suicide, incarceration, social isolation, school drop-out, unemployment, and re-victimization.

Homeless cont. from pg. 1

more than half of those surveyed did not have a place to live at some point in their lives before their 18th birthdays.

• A disproportionate number of youth who were sex trafficked identified as LGBTQ.

(https://penntoday.upenn.edu/news/one-fifth-homeless-youth-are-victims-human-trafficking)
Biderman’s Chart of Coercion

<table>
<thead>
<tr>
<th>Coercion METHODS and Effects</th>
<th>Prisoners of War</th>
<th>Victims of Domestic Violence</th>
<th>Victims of Human Trafficking</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISOLATION</td>
<td>Complete solitary confinement. Complete isolation. Semi-isolation. Group isolation.</td>
<td>Denies participation in leisure activities. Restricts contact with family and friends. Excessive jealousy that reduces social interaction or discredits the victim to friends and family. Controls or restricts use of transportation, phone, or finances. Confines to the home.</td>
<td>Restricts contact with family and friends. Excessive jealousy that reduces social interaction or discredits the victim to friends and family. Controls or restricts use of transportation, phone, or finances. Confinement.</td>
</tr>
<tr>
<td>INDUCED DEBILITY AND EXHAUSTION</td>
<td>Semi-starvation. Exposure. Exploitation of wounds. Induced illness. Sleep deprivation. Prolonged interrogation. Forced writing. Overexertion.</td>
<td>Assaults to body image. Restricts finances for food and other necessities. Withholds access to medical care. Disrupts meals and sleep patterns with physical and verbal assaults, e.g. “You’re going to stay up all night and listen to me.” Rape and assaults during pregnancy.</td>
<td>Assaults to body image. Restricts access to food and other necessities. Withholds access to medical care. Disrupts meals and sleep patterns Rape and assaults.</td>
</tr>
<tr>
<td>OCCASIONAL INDULGENCES</td>
<td>Occasional favors. Fluctuations of interrogation attitudes.</td>
<td>Apologizes for the battering, sends flowers and gifts. Promises to change or says “It will never happen again.” Becomes a “Disneyland” parent.</td>
<td>Apologizes for the battering. Promises to change or says “It will never happen again.” Buys gifts or expensive items. Gets favored status: sit in front seat, sleep with Daddy.</td>
</tr>
</tbody>
</table>

Psychologist Albert Biderman’s Chart of Coercion was a tool he developed in 1956 to describe methods used to break the will or brainwash American prisoners during the Korean War. Those who work with victims of abuse find the same methods used by the victims’ abusers.
Coercion Chart  cont. from pg. 3

<table>
<thead>
<tr>
<th>Coercion METHODS and Effects</th>
<th>Prisoners of War</th>
<th>Victims of Domestic Violence</th>
<th>Victims of Human Trafficking</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENFORCING TRIVIAL DEMANDS</td>
<td>Forced writing, Enforcement of minute rules.</td>
<td>Punishes for noncompliance with “the rules” which are rigid and unrealistic. These rules often govern the victim’s appearance, housekeeping, parenting, timeliness, etc. Frequently changes “the rules”. Plays “mind games”.</td>
<td>Punishes for noncompliance with “the rules” which are rigid and unrealistic. These rules often govern the victim’s appearance, housekeeping, parenting, timeliness, etc. Frequently changes “the rules”. Plays “mind games”.</td>
</tr>
</tbody>
</table>


Trauma-Coerced Bonding

In 2015 Chitra Raghavan, PhD and Kendra Doychak, BA of the John Jay College of Criminal Justice, NY, published a research study entitled, “Trauma-coerced Bonding and Victims of Sex Trafficking: Where do we go from here?”

The theory surrounding trauma-coerced bonding posits that victims of abuse can form powerful emotional attachments to their abusers, as a result of a complex interaction of abusive control dynamics, exploitation of power imbalances, and intermittent positive and negative behavior.

The attachment is marked by a shift in internal reality, whereby the victim begins to lose her sense of self, adopts the worldview of the abuser, and takes responsibility for the abuse.

The authors argued that trauma bonding should be reconceptualized as trauma-coerced attachment in order to adequately reflect the abusive dynamics at play. They show that relationships of sex-trafficking victims often involve complex dichotomies (e.g., romantic & coerced with enforcers and competitive & violent with peers) that warrant individual consideration.

Successful coercive control by a pimp creates an environment of fear, dread, and obedience even in the absence of physical violence. The invisibility of that power imbalance may contribute to mixed reactions to victims by law enforcement and/or the public when confronting sex-trafficked victims.

Finally, the authors argue that the unique role of sex within this victim population be explored using an integrated mind-body approach. “First, those entering commercial sex often have extensive histories of sexual abuse and trauma. They frequently enter into their coerced working and intimate relationships with a poor knowledge of healthy sexuality. Often they begin commercial sex from places of desperation (e.g., economic desolation or immigration status) or fear and coercion (e.g., threatened violence from a partner or pimp). The subsequent level of ‘consent’ these women exert over their sexual agency is seriously impaired—at best, and completely coerced—at worst. Women with sexual abuse histories can and do use sex to feel powerful. The very fact that men are willing to pay for their bodies creates a momentary empowerment. However, such empowerment can result in dangerous overreliance on the body and obscuring the original need to compulsively fend off feelings of shame and degradation. Thus, at the first level, ‘consent’ to have sex may not actually reflect the qualitative experience of the actual sex act. Under such conditions (conscious willingness but unconscious dread or fear or use of sex to repel powerlessness) and the repeated and consistent violation of personal bodily autonomy, regardless of ‘voluntary consent’ can lead to a host of negative outcomes. These include the routine use of dissociation to tolerate sex with paying clients, drugs to induce the dissociation or to re integrate the mind and body, and a cycle of shame and self-hatred punctuated by empowerment. All of these outcomes likely enforce, maintain, and/or strengthen trauma-coerced bonds, or contribute to such distress that the bonds cannot be severed. As such, the role of sex—separate from a moral stance associated with selling sex—should be explored in more depth.”

Interventions for Traumatized Children

According to the National Child Traumatic Stress Network (NCTSN), comprehensive and targeted interventions are needed within and across the systems with which trafficked youth are often involved (e.g., child welfare, law enforcement, juvenile justice, runaway and homeless youth; refugee and immigrant services; educational, mental health, and medical services). Trauma-informed care and trauma-focused treatments that are adapted to trafficking survivors’ unique needs are essential.

Policymakers can help ensure the needs of survivors of child sex trafficking are part of all relevant national and state policies and programs. Specifically, policymakers can expand support for the following:

**Multi-pronged services** to address an array of needs, such as housing and placement, educational and vocational supports, mentoring programs to foster engagement with caring adults, and evidence-based trauma-focused mental health treatment, medical care and reproductive health, and parenting support.

**Flexible services and reimbursement structures** that recognize the greater intensity and complexity of the trauma-informed intervention needs of child sex trafficking survivors.

**Training and education** of the full spectrum of professionals in child- and family-serving systems and professionals working with refugees, immigrants, and asylees to institutionalize awareness of child sex trafficking, its traumatic impact, and linkage to trauma-informed evidence-based services and treatments.

**Inclusion of child sex trafficking survivors** in the development of policies, community response protocols, and delivery of comprehensive trauma-informed services.

**Child Welfare** efforts to improve early identification, intervention for at-risk youth, and support for survivors through enhanced investigation, linkage to comprehensive services that address safety needs and trauma history and impact, and specialized foster care programs that provide training and support for caregivers with whom high risk or trafficked youth are placed and broadly educate all foster parents and youth.

**Law enforcement and juvenile justice programs** that include universal screening for child sex trafficking and traumatic stress, incorporate a trauma-informed survivor-centered and restorative justice approach, offer alternatives to detention and incarceration, prevent transfer of youth into the adult criminal justice system, decriminalize the commercial sex and related acts of trafficking survivors, remove third party control requirements, and establish a streamlined trauma-informed process for expunging related criminal records.

**Improved identification and response to under-identified and underserved populations** including trafficked boys, LGBTQ, homeless and runaway, American Indian, and refugee, immigrant, and undocumented youth.

**Policies and practices** that support transition-age youth and ensure continuity of services into adulthood through the full process of disengagement from trafficking and recovery.

**Evaluation** of all publicly-funded child sex trafficking programs and research that establishes and expands the evidence base of effective interventions, including newer efforts such as specialty dockets designed to decrease child trafficking activity, promote alternatives to detention and incarceration, and improve youth health and mental health outcomes, with accelerated dissemination of findings to the field.


https://www.gofundme.com/JoyBaltimoreendyouthhomelessness
### Types of Survivor Support and Housing


<table>
<thead>
<tr>
<th></th>
<th>Anti-Trafficking (Coalition or Task Force)</th>
<th>Outreach</th>
<th>Drop-In Center</th>
<th>Emergency Housing (Safe House)</th>
<th>Short-term Housing (Transitional or Assessment Ctr)</th>
<th>Long-term Housing (Restorative)</th>
<th>Graduate Housing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose</strong></td>
<td>Promote social change; increase awareness; build unity of approach</td>
<td>Create relationship</td>
<td>Create relationship</td>
<td>Diffuse threat</td>
<td>Assess needs and readiness</td>
<td>Rehabilitate lives</td>
<td>Promote independence</td>
</tr>
<tr>
<td><strong>Duration</strong></td>
<td>Ongoing</td>
<td>A few minutes</td>
<td>A few hours</td>
<td>24 to 72 hours</td>
<td>2 weeks to a month</td>
<td>A year or more</td>
<td>6 months to multiple years</td>
</tr>
<tr>
<td><strong>Impact of Location</strong></td>
<td>Usually identified by jurisdiction or geography</td>
<td>Agency often has no location but the target and venue of the outreach is specific</td>
<td>Often serves just “walking distance” clientele</td>
<td>Often undisclosed</td>
<td>Extended stay hotels; Apartments; Residential home</td>
<td>Advantageous to be remote; access to direct services</td>
<td>Any</td>
</tr>
<tr>
<td><strong>Clientele Disposition</strong></td>
<td>Actively working</td>
<td>May be actively working; may be actively addicted</td>
<td>Highly volatile; High flight risk</td>
<td>Ambivalent, undecided. Sometimes under legal pressure. Self sabotaging</td>
<td>Anxious, desiring to change but uncertain</td>
<td>Growing in responsibility; still needs mentoring and social connection</td>
<td></td>
</tr>
<tr>
<td><strong>Question to Client</strong></td>
<td>Do you want this to stop?</td>
<td>Do you want this to stop?</td>
<td>Do you want something else?</td>
<td>Do you want something else?</td>
<td>Do you want to change?</td>
<td>Do you still need support?</td>
<td></td>
</tr>
<tr>
<td><strong>Considerations</strong></td>
<td>Client may be under scrutiny</td>
<td>Highly variable population Clients are in control</td>
<td>Often in coordination with LEAs The Program is in control</td>
<td>Control is determined by program</td>
<td>Control shifts over time from the Program to the Client</td>
<td>Control is with Client; emphasis on personal accountability</td>
<td></td>
</tr>
<tr>
<td><strong>Services Offered</strong></td>
<td>Services are primarily information to the public or specific industries</td>
<td>Food Toiletries Small gifts Safety measures</td>
<td>Food Clothing Shower First Aid Referrals</td>
<td>Safety Basic Needs</td>
<td>Safety Basic Needs Legal Assistance Spiritual Community</td>
<td>Safety Basic Needs Legal Spiritual Academic Vocational</td>
<td>Ongoing life skill support Mentoring Drug testing</td>
</tr>
<tr>
<td><strong>Staff Impact</strong></td>
<td>High volume, high adrenalin. Difficulty relating to them. No closure or feeling of “success”.</td>
<td>High volume, high adrenalin. Difficulty relating to them. No closure or feeling of “success”.</td>
<td>“Bus stop” level relationships; Witnessing the struggle but being limited in one’s ability to help; Wanting it FOR her.</td>
<td>Dealing with all the demons and dramas; constant warfare Being the “bad guy”</td>
<td>Long-suffering Attachment and loss of boundaries Becoming overly invested in her success Taking it personally when she relapses or regresses</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Strategies for Overcoming Coercive Behaviors When Working With Trafficked Persons

<table>
<thead>
<tr>
<th>Coercion Methods and Effects</th>
<th>Mitigating Strategies to Increase Perception of Environmental Safety</th>
<th>Mitigating Strategies to Increase Perception of Personal Security</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISOLATION</td>
<td>• Restrictions on access to phone, Internet</td>
<td>• Educating the resident on her options for dealing with perceived threats or anxiety</td>
</tr>
<tr>
<td></td>
<td>• Undisclosed location</td>
<td>• Group therapies</td>
</tr>
<tr>
<td></td>
<td>• Protocols for outside visitors</td>
<td>• Chaperones, Companions, Mentors.</td>
</tr>
<tr>
<td></td>
<td>• Staff is visible and accessible</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Planned outings with managed freedoms</td>
<td></td>
</tr>
<tr>
<td>ISOLATION</td>
<td>• Restrictions on phone, Internet, social media</td>
<td>• Supervision of phone calls with family or other contacts</td>
</tr>
<tr>
<td></td>
<td>• Safe contacts list</td>
<td>• Focus narrative on survival skills, asset-based coping skills</td>
</tr>
<tr>
<td>MONOPOLIZATION OF PERCEPTION</td>
<td>• Restrictions on phone, Internet, social media</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Safe contacts list</td>
<td></td>
</tr>
<tr>
<td>INDUCED DEBILITY AND EXHAUSTION</td>
<td>• Consistent meal times</td>
<td>• Freedom to make choices about dress and other aspects of appearance</td>
</tr>
<tr>
<td></td>
<td>• Available “discretionary” foods</td>
<td>• Participation in menu planning and grocery shopping</td>
</tr>
<tr>
<td></td>
<td>• Make accommodations for proper sleep environment (light, music, bedding, etc.)</td>
<td>• Primary focus on consistency of sleep</td>
</tr>
<tr>
<td></td>
<td>• Naptime/quiet time</td>
<td>• Wellness activities</td>
</tr>
<tr>
<td></td>
<td>• Self-governed time</td>
<td></td>
</tr>
<tr>
<td>THREATS</td>
<td>• Signage</td>
<td>• Verbal reassurance of safety</td>
</tr>
<tr>
<td></td>
<td>• Images of family/children on her wall</td>
<td>• Use the language of “consequences for your decisions,” not threats</td>
</tr>
<tr>
<td></td>
<td>• Issue flashlights</td>
<td>• Train staff not to make promises</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Friendly relationship with LEAs</td>
</tr>
<tr>
<td>OCCASIONAL INDULGENCES</td>
<td>• Do not reward behaviors with gifts</td>
<td>• Focus on promoting intrinsic rewards</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Careful deployment of any hierarchy schema</td>
</tr>
<tr>
<td>DEMONSTRATING ‘OMNIPOTENCE’</td>
<td>• Zero tolerance for physical contact or posturing</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEGRADATION</td>
<td>• Zero tolerance for name calling or interpersonal condemnation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Allowing her complete control over her “story”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Teaching non-threatening assertions, e.g., “I’m not comfortable with that.”</td>
<td></td>
</tr>
<tr>
<td>ENFORCING TRIVIAL DEMANDS</td>
<td>• Resident Handbook written and accessible to all (include consequences)</td>
<td>• Use the language of “consequences for your decisions,” not punishment</td>
</tr>
<tr>
<td></td>
<td>• All chores, schedules, expectations in writing and posted as appropriate (e.g., chore board)</td>
<td>• Engage residents in defining those consequences</td>
</tr>
</tbody>
</table>

Adapted from BIDERMAN’S CHART OF COERCION. Remedies (two right-hand columns) designed by The Samaritan Women, 2015.
Curriculum to Help ‘At-Risk’ Girls

‘My Life My Choice’ is a successful program designed to help prevent the commercial sexual exploitation of children (CSEC). The ten-session Exploitation Prevention Curriculum provides concrete, well-researched methods for reaching vulnerable adolescent girls.

The curriculum challenges girls’ ideas about commercial sexual exploitation (including prostitution) emphasizing that the commercial sex industry is dangerous and debilitating, not glamorous. It provides information about what makes girls vulnerable to exploitation and what tactics pimps use to recruit girls. It empowers girls to identify and avoid recruitment tactics or to identify supports and resources to exit such exploitation.

The MLMC model for Exploitation Prevention pairs a licensed clinician or clinically trained service provider with a trained survivor of exploitation to lead groups. Girls benefit from hearing the survivors’ personal story and the expertise of two trained professionals who understand how to create a safe place for girls to share with one another. MLMC Exploitation Prevention groups can be held anywhere but are most commonly found in middle and high schools, group homes / residential treatment facilities, child protective services (CPS) offices, probation departments, juvenile justice facilities, and community-based organizations. (http://www.fightingexploitation.org/)

Family Reunification Resource

A 2016 Guide from the National Sexual Violence Resource Center (NSVRC) entitled, ‘Considering Family Reconnection and Reunification after Child Sexual Abuse: A Road Map for Advocates and Service Providers,’ is written for sexual assault program advocates working with families. It provides an overview of the reunification process and how to navigate the stages of clarification, reconnection and reunification.


Mental Health Training Resource

The National Human Trafficking Resource Center (NHTRC) developed an online training entitled, ‘Human Trafficking Awareness for Mental Health Professionals,’ which discusses trauma and the potential effects of human trafficking on mental health. This training helps equip mental health professionals with the tools to identify and respond to clients who may be victims of human trafficking. By understanding the barriers to both accessing treatment and victim self-identification, mental health providers can better meet victims’ needs.

To access the webinar, go to: http://traffickingresourcecenter.org/resources/human-trafficking-awareness-mental-health-professionals

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
To contribute information, please contact: jeannds@stopenslavement.org
Editing and Layout: Jean Schafer, SDS