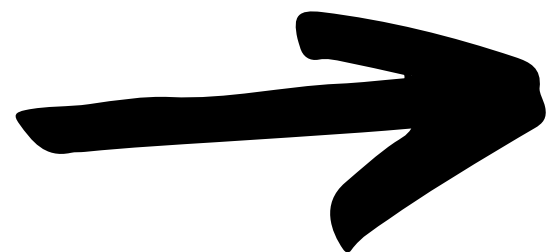




MATTIE CRITCHFIELD DODDS LMSW, THE FORMATION PROJECT
ANNA SMALLING LMSW, DEE NORTON CHILD ADVOCACY CENTER



JOINING SURVIVORS IN THE TRENCHES

REAL TALK FOR
PROVIDERS WORKING WITH
HUMAN TRAFFICKING SURVIVORS
IN THEIR TRAUMA RECOVERY

OBJECTIVES



1

DEFINE SEX TRAFFICKING AND COMMERCIAL SEXUAL EXPLOITATION AND THE CURRENT TRENDS IN OUR LOCAL COMMUNITY.

2

UNDERSTAND SURVIVOR VULNERABILITIES AND THE SOCIETAL ISSUES THAT CONTRIBUTE TO THEM.

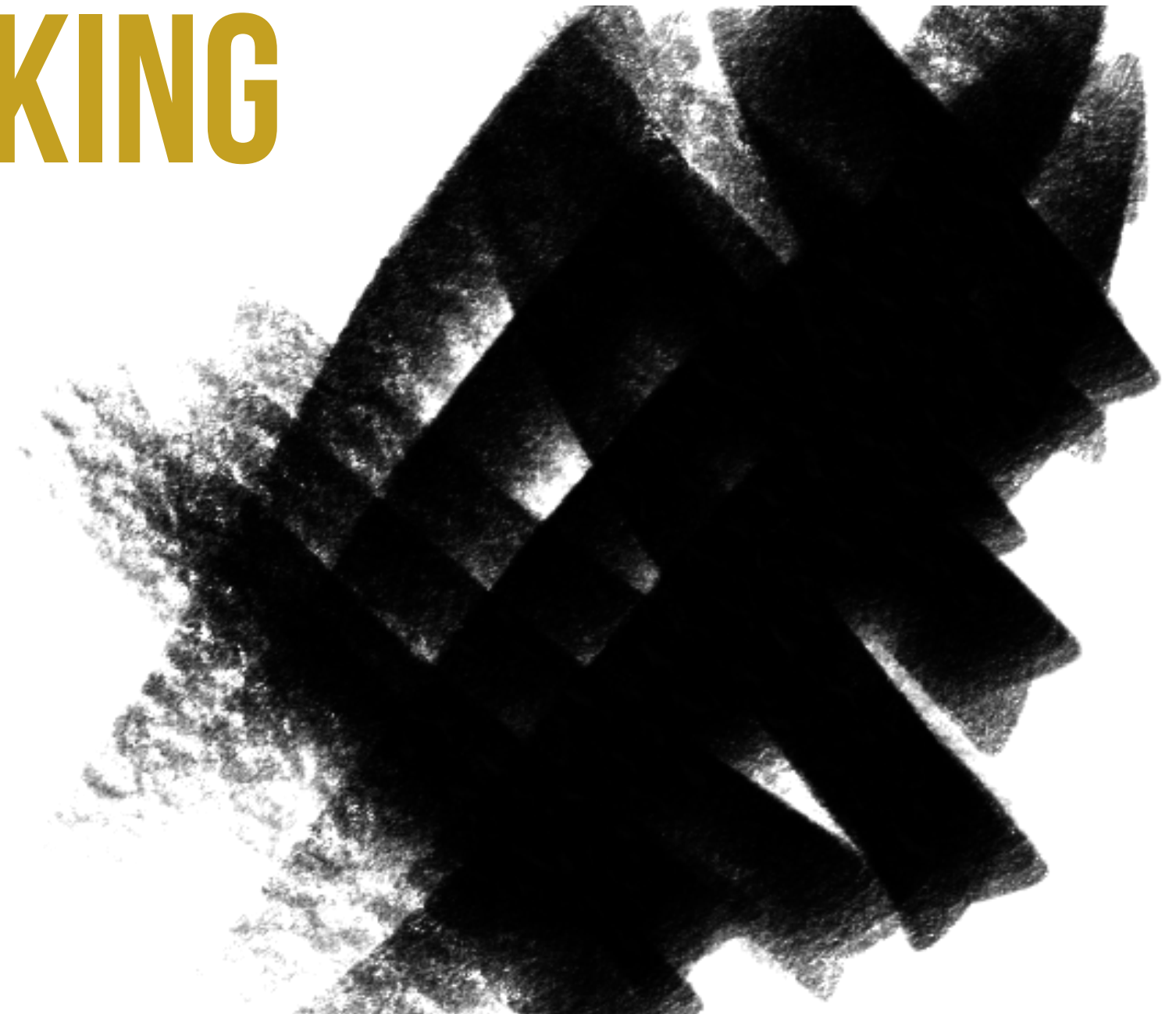
3

DISCUSS RESOURCES FOR TRAUMA RECOVERY;
INCLUDING, THE IMPORTANCE OF COORDINATION OF CARE AND HEALTHY COMMUNITY.

TODAY'S
AGENDA

DEFINING SEX TRAFFICKING

Sex trafficking is the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purposes of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age (22 USC § 7102).





DEFINING SEX TRAFFICK ING



FORCE



physical abuse or assault, sexual abuse or assault, or confinement

01

FRAUD



false promises of work/living conditions, withholding promised wages, or contract fraud

02

COERCION



threats of harm to self or others, debt bondage, psychological manipulation, or document confiscation

03

VALUE DEFINED

DRUGS, SHELTER, FOOD, CLOTHIN

G

ETC.

*GIVEN, PROMISED OR RECEIVED; DIRECTLY OR
INDIRECTLY*



HUMAN TRAFFICKING IN THE TRI-COUNTY



- The Department of Defense has characterized human trafficking as the world's fastest-growing crime.
- We estimate there are 3,000 victims of sex trafficking a year in South Carolina, 14% of those are being identified.
- Charleston County is the fourth highest county for reported HT victims in the state
- 24% of HT victims in the Lowcountry are minors
- There is one service provider in South Carolina providing shelter for males

WHAT INCREASES RISK?



CHILDHOOD
SEXUAL
ABUSE →

Estimated around %80 of
HT survivors have CSA hx

POVERTY →

Lack of resources, lack of
OPTIONS

RACISM/
SEXISM →

How are these things
connected to HT?

TRAUMA INFORME D SERVICE PROVISIO N



RAPPORT



Disclosure is a process; trust is key; unconditional positive regard; non-judgemental interactions; leaving the door open

01

LANGUAGE



Avoid using the phrasing "sex trafficking" or "trafficked," "pimped out," or "prostituting." Sample language: "Sometimes people have to have sex in order to survive....sometimes people force them to do this...."

02

WHEN IN DOUBT



Rely on your experts- SURVIVOR VOICES, Tricounty Human Trafficking Task Force, DNCAC, DCC, TFP

03

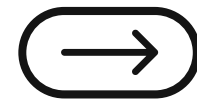
THEORY OF CHANGE

Despite increased attention to the problem of human trafficking in the U.S., research on impactful interventions is limited, as it has focused primarily on estimating the scale of the problem. Even this is challenging as human trafficking is an under-identified problem and victims often don't self identify. There are only a few empirical studies and only a handful of evidence-informed practice models have been tested. While there is little data on the issue and the effectiveness of specific interventions, Judith Herman's landmark book *Trauma and Recovery* outlines a continuum of care that applies beautifully to work with this population: SAFETY, STABILITY & REINTEGRATION.



Safety

When a survivor escapes exploitation, the urgent need is to secure a safe environment, food, clothing, and medical care.



Stability

Once safety is established, a survivor begins to stabilize through treatment for trauma and substances. They begin to "detox" from chronic overstimulation due to threat of violence and the constant need to stay alert. They also begin to identify a new, healthy community of support.



Reintegration

Finally, the survivor transitions into a new environment of independent living while continuing to maintain their mental and physical health. A survivor maintains their community of support and maybe even begins the process of "giving back."

COORDINATION IS KEY

- Minor care should be coordinated through the CAC CSEC program coordinators*
- Adult care has no structured MDT...how do we overcome this?*



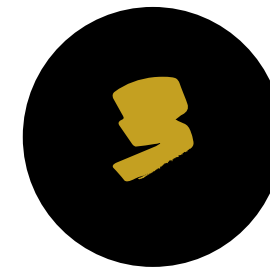
DOES COMMUNITY MATTER?



Risk Reduction



Prosocial Ties



*Long-term and
Sustainable*

RESOURCE SOURCING

01

*Trauma
Treatment*

02

Housing

03

*Career
Development*

04

Community

DO YOU HAVE
ANY QUESTIONS?

We love to chat.



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