

HUMAN TRAFFICKING

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HUMAN TRAFFICKING

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Abstract

With the rapid growth of trafficking in Milwaukee, the community needs to raise awareness about the psychological impact of trafficking. Most youth do not have social skills or supportive family to help process these experiences. To address, the problem victims of trafficking need to be aware and have access to community resources to seek the treatment needed. In addition, it will help the youth develop their skill to navigate through their obstacles

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Chapter One: Introduction

One form of human trafficking that has become profound and alarming in Milwaukee is child sex exploitation. It is the act of using minors for profit, labor, sexual gratification, or some other personal or financial advantage (Child Exploitation definition). It is estimated that 76% of transactions for sex with underage youth began on the internet (Children trafficking Statistics 2017). The Human Trafficking Task Force of Greater Milwaukee reported that 79% of human trafficking cases reported in Wisconsin occur in the City of Milwaukee. They further reported that 92% of these youths are females and is trafficked for sex. (Human Trafficking Task Force Greater Milwaukee) The span for sex trafficking ranges from 1 to 18 years old and most teens engages in sex trafficking at 14 years old (Children trafficking statistics, 2017).

Statement of the Problem

Human trafficking and Health: A survey of Male and Female Survivors in England, research shows that 40% of girls and 78% of boys reported that they suffered from depression, anxiety and or post-traumatic stress know PTSD due to the aftermath of sex trafficking (Oram & Bick,2016). Most teenage lack social support and did not have friends or family that they can trust, also they are unaware of community resources to improve quality of life. The point is we need to provide restoration to help them recover. According to the Bureau of Justice Assistance Human trafficking is reputed to be one of the most profitable endeavors of organized crime and is the fastest growing. They further reported that many U.S citizens are trafficked, usually runaway teenager girls, who are preyed upon by pimps for trafficked proposition (Human Trafficking task Force Initiative, 2012).

Sex traffic causes mental, psychosocial and physical issue in its victims 40% of and 78% of women reported that they suffered from depression, anxiety and or post-traumatic stress (Oram & Bick, 2016) without the proper intervention victims will turn to what they know to survive. To begin the healing process victims of sex traffic, utilize support groups to raise awareness for children: such as methods pimps use to gain control and the leading factor why children are vulnerable which put them at risk of trafficking (Pierce, A. 2012). Many of the victims are adolescents and need unique therapy to help. Many communities do not have the resources and/or experiences to help these victims.

Definition of Terms

Sex exploitation is defined as: It is the act of using minors for profit, labor, sexual gratification, or some other personal or financial advantage (Child Exploitation definition)

Schemas: is defined as: Is to help one organize and interrupt information. (Child Exploitation definition.

Purpose of the Study

According to the National Sexual Violence Resource Center (NSVRC) Trafficking Guide victim advocates have a deep understanding of complex needs of people who have been exposed to violence. However, it is recommended that they seek specialized training on human sex trafficking to assist in understanding the issues unique to this form of victimization. They further state that victims require an enormous range of services and must navigate complex bureaucracies and fragmented service delivery (NSVCR, 2012). The United Nations High Commissioner of Human Rights suggests the following guidelines and principles for physical,

psychological and emotional recover of trafficking victims (Office of High Commissioner of Human Rights, 2002):

- Counseling and information
- Housing/Independent living skills
- Medical care
- Material assistance (food, cloths, etc.)
- Employment
- Education /Training opportunities
- Social Support group formation
- Immigration assistance
- Reparation
- Legal

The purpose this research is to research and examine the resources available in Milwaukee County for youth victims of sexual assault.

Significance of the Study.

Trauma care and street outreach can provide children with tools to help them restore their life (Pierce, 2012). However, statistics shows that only 24% percent of organization screen for human trafficking and provide resources. 25% percent of those who had been a victim of trafficking had not been screened however, the information was later revealed in the intake. Victims of trafficking need to be aware and have access to community programs to help them reestablish trust, rebuild and assist with the transition. It is important to raise awareness so that one does not fall victim to trafficking (O’Leary, 2013). Furthermore, victim advocates and

social service organizations play a critical role in responding to victims of sexual human trafficking. (NSRVC, 2012). This research will aid the helping community with resources and best practice in helping these victims.

Delimitations of Research

In this study the research is limited to resources and social service agencies in Milwaukee County, as it relates to helping youth victims of sex trafficking.

Method of Approach

The research includes a review of literature, articles, empirical studies, statistics and community resources that highlight best practices for therapy and interventions for sex abuse victims.

Chapter Two: Review of Related Literature

The 13th amendment, which formally abolished slavery in the United States, passed the senate on April 8, 1864 and the house on January 31, 1864. On February 1, 1865, President Abraham Lincoln approved the joint Resolution of Congress submitted the proposed amendment to the state legislatures. The necessary number of states ratified it by December 6, 1865. The 13th Amendment to the United States constitution provides that neither slavery nor involuntary servitude except as a punishment for crime whereof the party shall have been duly convicted, shall exist within the United States, or a place subject to their jurisdiction. In 1863, President Abraham Lincoln had issued the Emancipation Proclamation declaring all persons held as slaves within any State, or designed part of a State, shall then be in rebellion against the United State, shall be then, thenceforward, and forever free” (The House Joint Resolution Proposing). However, slavery in the form of sex trafficking has recently emerged across the world and in the US. Statistics show that the majority of sex trafficking victims are young children. In Wisconsin, the State Legislature categorize trafficking of a child if is a class (C) felony if the person is found guilty for soliciting or recruiting sex from a minor (Trafficking of a Child, 2015).

Just as slavery affected American slaves in various ways that has caused psychological and physical pain; sex trafficking is no different. Anytime trauma is endured it can impact the victim’s mental health. Claudine O’Leary an Outreach Advocacy Worker for young adults, states that post-traumatic stress disorder and anxiety were the two most common mental health illness seen among youth in Milwaukee due to psychological trauma of the event. (O’Leary, 2017)

Randi and Manglam (2016) recruited 39 sex traffic victims between the ages of 10 to 14 years old to research sexual abuse experiences and mental health of victims who had been

trafficked. Their research shows that 82% of sexual abuse was due to rape and 90% of the victims were unable to identify the perpetrator nor did they receive treatment. In addition, 71% of the victims suffered from depression, 79% had anxiety and 81% exhibited stress (Randi and Manglam, 2016).

Treatment and Interventions

Henriksson and Anclair (2016) reports that 64 % of victims saw improvement for depression and anxiety after 11 therapy sessions of Cognitive behavior therapy. The clinical handbook of Psychological Disorder, outlines the structure of cognitive behavior therapy as:

The Initial Session

- In the first session, both the therapist and the client will establish a rapport and then develop the problem and identify strategies to deal with problem at hand.
- Once the problem has been identified the therapist will set priorities to help the client accomplish their goals
- Self-help homework is provided to enhance moods and motivate change.
- Another goal is to help the client process the relationship between cognitive and emotions (Barlow, D 2014).

Progress of a Typical Therapy Session

- Each session the therapist will write an agenda and ask about any new experiences since the last session.
- The therapist will ask the client what it is they want to discuss during the session.
- When the client determines the topic, the therapist will ask probing or clarifying question to dissect the problem. The therapist will then be able to determine if the client has

realistic expectations and if the behavior is appropriate in order to come up with an appropriate solution to the problem.

- At the end of the session, the client will be given a summary of the session and homework will be distributed (Barlow, D 2014).

Progression of Session Content Over Time

The first phase of treatment consists of helping the client overcome the feeling of hopelessness by identifying the problem and setting goals (Barlow ,2014).

The second phase of treatment consist of helping the client change schemas. Schemas help one organize and interrupt information. In doing so, the therapist will help to explore how schemas bring about behaviors. As an example, Barlow (2014) offers a technique of eliciting automatic thoughts in order to help victims reduce the pain of a bad experience. To do this the therapist and the client will work together to identity a particular thought that will encompass emotions such as anxiety, sadness or anger. Or the therapist will use role playing and questioning to trigger the automatic response. This technique causes the person to have an emotional reaction, thus aiding in the changing of their schemas (Barlow, D 2014). Also in this phase, the client will continue to receive homework, to help identify problems, come with solutions and then implement those solutions (Barlow, D 2014).

The Child Welfare Information Gateway (2012), provides evidence that adding the focus on trauma is an effective way to treat victims. They report that Trauma-focused cognitive behavioral therapy (TF-CBT) is an evidence -based treatment approach shown to help children overcome trauma-related difficulties. Berliner and Elliott (2004) reports that in the aftermath of exposure to trauma, children are at risk of developing significant emotional and behavioral

difficulties that can impact the child’s daily life, affect behavior, school performance attention, self-perception and emotional regulation. For example:

- Maladaptive or unhelpful beliefs and attributions related to the abusive events, including:
 - A sense of guilt for their role in the abuse
 - Anger at parents for not knowing about the abuse
 - Feelings of powerlessness
 - A sense that they are in some way “damaged goods”
 - A fear that people will treat them differently because of the abuse
- Acting out behaviors, such as engaging in age-inappropriate sexual behaviors
- Mental health disorders, including major depression
- Posttraumatic stress disorder (PTSD) symptoms, which are characterized by:
 - Intrusive and reoccurring thoughts of the traumatic experience
 - Avoidance of reminders of the trauma (often places, people, sounds, smells, and other sensory triggers)
 - Emotional numbing
 - Irritability
 - Trouble sleeping or concentrating
 - Physical and emotional hyperarousal (often characterized by emotional swings or rapidly accelerating anger or crying that is out of proportion to the apparent stimulus)(Child Welfare Information Gateway, 2012).

Child Welfare Information Gateway further explains that TF-CBT integrates several established treatment approaches and combines elements drawn from:

- Cognitive Therapy, which aims to change behavior by addressing a person's thoughts or perceptions, particularly those thinking patterns that create distorted or unhelpful views
- Behavioral therapy which focuses on modifying habitual responses (e.g., anger, fear) to identified simulation or stimuli
- Family therapy, which examines patterns of interactions among family members to identify and alleviate problems.

Child Welfare Information Gateway (2012) further explains that TF-CBT is a short-term treatment typically provided in 12 to 18 sessions of 50 to 90 minutes, depending on treatment needs. The intervention is usually provided in outpatient mental health facilities, but it has been used in hospital, group home, school, community, residential, and in-home settings. The treatment involves individual sessions with the child and parent (or caregiver) separately and joint sessions with the child and parent together. Each individual session is designed to build the therapeutic relationship while providing education, skills, and a safe environment in which to address and process traumatic memories. Joint parent-child sessions are designed to help parents and children practice and use the skills they learned and for the child to share his/her trauma narrative while also fostering more effective parent-child communication about the abuse and related issues.

Additionally, Child Welfare Information Gateway (2012) states that the goals of TF-CBT are to:

- Reduce children's negative emotional and behavioral responses to the trauma
- Correct maladaptive or unhelpful beliefs and attributions related to the traumatic experience (e.g., a belief that the child is responsible for the abuse)

- Provide support and skills to help nonoffending parents cope effectively with their own emotional distress
- Provide nonoffending parents with skills to respond optimally to and support their children

Dr. Sherry Falsetti and Dr. Jeffery Bernat (2000) states that there are several treatments available for rape victims and that effective treatments are those that address post-traumatic stress disorder (PTSD). They further explain that empirical studies have been conducted to determine that treatments that are effective in reducing PTSD symptoms associated with rape and sexual assault are behavioral and cognitive behavioral. They conclude that studies show that Prolonged Exposure (PE) and Stress Inoculation Training (SIT) are effective in reducing symptoms of PTSD in female rape victims. Moreover, combination treatments, such as Cognitive Processing Therapy (CPT) and Multiple Channel Exposure Therapy (MCET), appear to be promising interventions for reducing rape related-PTSD, but await further empirical scrutiny. Finally, EMDR enjoys modest empirical support for the treatment of rape-related PTSD, but it is unclear at this time the specific mechanisms responsible for its efficacy (Falsetti and Bernat, 2000).

Stress Inoculation Training

Stress inoculation training (SIT) is a behavioral treatment developed by Meichenbaum (1974) and adapted by Kilpatrick, Veronen, & Resick (1982) to treat the fear and anxiety symptoms often experienced by rape victims. SIT consists of three phases: education, skill building, and application.

During the education phase, individuals learn how fear develops as a learned response to trauma; they learn to identify cues in the environment that trigger fear (e.g., dark places that resemble the location of the sexual assault; being alone); and they learn relaxation exercises such as progressive muscle relaxation (PMR).

In the skill- building phase, clients learn to control their fear reactions via exercises designed to reduce physiological sensations (e.g., diaphragmatic breathing,) and fearful thoughts (e.g., thought stopping, mental rehearsal, guided self-talk, and role playing) (Falsetti, 1997).

In the application phase, clients apply the skills they have learned to engage in fearful behavior, control self-criticism and manage avoidance behavior. Clients are taught to reward themselves for their progress.

SIT usually takes 10-14 sessions. Several studies have shown SIT to be beneficial for female rape victims. Two uncontrolled studies found that SIT was effective in reducing fear, intrusion, and avoidance responses in a group of female rape victims (Kilpatrick et al., 1982-Veronen & Kilpatrick, 1982). A controlled study (Resick, Jordan, Girelli, Hutter, & Marhoefer-Dvorak, 1988) also showed that SIT produced improvements in rape-related fear and anxiety compared to a wait-list control condition. Finally, SIT has been shown to be effective in reducing PTSD symptoms in rape victims compared to a wait-list control condition (Foa, Rothbaum, Riggs, & Murdoch, 1991) (as reported in Falsetti and Bernat, 2000).

Prolonged Exposure

Prolonged Exposure (PE), also known as flooding, is a form of exposure therapy that is based on learning and information processing theories. One of the primary goals of PE is to have individuals repeatedly confront fearful images and memories of their traumatic event so that fear

and anxiety decrease (Falsetti, 1997; Foa & Rothbaum, 1998).

During PE, the therapist helps the individual recount the trauma memory in an objectively safe environment (therapist office). Clients are encouraged to describe their rape experience in detail. The oral narrative is repeated several times during each session to reduce fear associated with the memory. Clients also are asked to tape record sessions and listen to the tapes to facilitate exposure. In general, the technique is similar to watching a frightening movie repeatedly. Although at first the movie may be very scary, eventually, after repeated viewing (i.e., 20 times), it is not as scary.

As part of exposure, clients are also asked to confront situations that are not dangerous but that have been associated with danger at the time of the trauma (e.g., dating, going out with friends- dark places). This is called *in-vivo* exposure, as it generally involves exposure to objects or situations in real life, whereas recounting the thoughts, memories, or images of the rape is called *imaginal exposure* (Falsetti, 1997).

PE has been shown to be an effective treatment for rape victims with PTSD. PE has been shown to be superior to no treatment, traditional counseling, and SIT in reducing PTSD symptoms in a group of rape victims (Foa et al., 1991). Foa, Hearst-Ikeda, and Perry (1995) also found that brief PE (in combination with relaxation training and cognitive techniques) applied shortly following sexual assault decreased PTSD symptoms in recently assaulted rape victims. More recently, Foa et al. (1999) compared PE, SIT, and their combination in a group of women who had experienced sexual or physical assault and met criteria for PTSD. Results showed that at follow-up, PE was superior to SIT and PE-SIT on measures of PTSD, depression, anxiety, and adjustment. It should be noted, however, that the exposure component of SIT was left out in this study (so as not to confound the individual treatments), which may have reduced the

effectiveness of SIT (as reported in Falsetti and Bernat, 2000).

Cognitive Processing Therapy

Cognitive processing therapy (CPT) is a multicomponent treatment package developed by Resick and Schnicke (1993) for treatment of rape victims suffering from PTSD and depression. CPT is based on an information-processing model and combines elements of exposure therapy and cognitive restructuring.

The goal of CPT is to help integrate the rape by processing emotions and confronting cognitive distortions and maladaptive beliefs concerning the rape. Exposure involves writing narratives of the rape in detail and reading the narratives aloud in session and for homework. Clients write about the meaning of the rape, and themes of safety, trust, power, esteem, and intimacy are addressed. Clients are provided basic education about feelings, given information about how self-statements affect emotions, and are encouraged to identify "stuck points" (i.e., inadequately processed emotions about the trauma) in their narratives. Specific cognitive strategies are used to challenge maladaptive beliefs about the rape (e.g., self blame), helping the victim accommodate her experience in a healthy manner and maintain a balanced and realistic perception of the world.

CPT can be conducted in individual or group format and completed in 12 weekly sessions. In an uncontrolled trial of CPT, Resick and Schnicke (1992) reported significant improvements on measures of PTSD and depression in female sexual assault victims compared to a wait-list control condition. For the CPT condition, rates of PTSD went from a pretreatment rate of 90% to a posttreatment rate of 0%. Rates of major depression also decreased from 62% to 42%. A large controlled study is currently underway to further test this treatment (as reported in Falsetti and Bernat, 2000).

Multiple Channel Exposure Therapy

Multiple channel exposure therapy (MCET) is a treatment adapted from CPT (Resick & Schnicke, 1992), SIT (Kilpatrick et al., 1982), and Mastery of Your Anxiety and Panic (Barlow & Craske, 1988). MCET is used to treat both panic attacks and PTSD, conditions that often co-occur in rape victims. MCET was originally developed for the treatment of civilian trauma in general (e.g., domestic violence, physical assault, rape), and may be adapted for rape victims specifically.

Because exposure therapy may cause initial high levels of physiological arousal (i.e., panic symptoms), individuals who experience panic attacks may not be able to tolerate this treatment initially. Thus, MCET focuses on panic symptom reduction before trauma exposure work begins. Clients are provided education about panic and trauma, taught diaphragmatic breathing exercises to reduce panic, and learn methods to counteract negative and distorted thinking.

Individuals are then instructed to bring about panic symptoms through structured exposure exercises, such as tensing one's muscles, holding one's breath, spinning in a chair, hyperventilating, and shaking one's head from side to side. Clients gradually learn that the sensations they fear (i.e., panic symptoms) are not actually harmful or dangerous, but rather the interpretations of these symptoms are problematic. Following successful panic reduction, individuals begin writing about their rape following the procedures outlined in CPT. Cognitive strategies are also adapted from CPT to facilitate emotional processing of the trauma. Finally, in vivo exposure to environmental cues associated with the rape (e.g., sights, sounds, smells, locations) is conducted after the rape has been processed emotionally.

MCET lasts 12-weeks and can be conducted in individual or group format. Although data

await publication, preliminary evidence shows that MCET is effective in reducing both PTSD and panic symptoms in female civilian trauma victims compared to a minimal attention control group (Falsetti & Resnick, 1998). Among women who received MCET in a group format, rates of PTSD went from a pretreatment rate of 100% to a posttreatment rate of 8.3%. Rates of panic attacks also decreased from a pretreatment rate of 100% to 50% one-month posttreatment. Treatment studies specifically with sexual assault and rape victims are needed (as reported in Falsetti and Bernat, 2000).

Seeking Help

Depending on a number of factors, such as age, length of exposure to abuse, and support system, one's ability and readiness for help or change varies. However, the Kapi'olani treatment center states that there are certain patterns of stages of recovery that are common:

1. *Immediate or Acute Phase* (lasts from days to weeks after the assault) During the first days following an assault, you may feel stunned or dazed. You may feel shock and a sense of numbness. You may actively try to block out the experience and associated feelings. Eventually, though, you may find it impossible to suppress the feelings, and a time of considerable distress may follow.

During this acute phase, you may experience fears about your personal safety, anxiety, sleeping and eating pattern disturbances, intrusive thoughts, flashbacks, and mood swings. There may be feelings of guilt, self-blame, shame, and anger. There may also be physical reactions such as a general feeling of soreness or pain in a specific body area that was involved in the assault. There may be such a flood of symptoms that you may

feel out of control and as if you are "losing it" or "going crazy." However, it is important to know that this is a normal reaction to trauma and it will subside.

2. *Outward Adjustment Phase* (lasts from weeks to months following the assault) During this phase, you may experience pervasive feelings of fear or phobias specific to the circumstances of the assault such as fear of being alone or paranoia, and anxiety. You may find yourself changing your social lifestyle. You may limit time you spend outside your home, you may withdraw, move residences, or avoid being out alone. You may have dreams and nightmares. Initially these dreams may be of sexual assault scenes in which you are powerless, but as time progresses the dream material may change and there may be mastery in your dream. You may have feelings of guilt, shame and self-blame regardless of the circumstances of the assault, and you may find yourself replaying and reviewing in your mind what took place. Some people experience sexual dysfunction including fear and avoidance of sex, problems with arousal and desire, and even flashbacks during sex.
3. *Integration/Resolution Phase* (lasts from months to years following the assault) You may find that symptoms you experience during the phase before may last for quite a while and may overlap into the resolution phase. The most common long-term problems are fears about personal safety, anxiety, and intrusive recollections of the experience. But the images and feelings occur less often than during earlier stages. As you integrate the experience into your life, you may find yourself more cautious, and more aware. The goal is to find a new way of being in the world. While you may never be the same as you were before, you do not have to be less than you were before. With the right support, you can emerge with newfound strengths and insights.

In 1983, Prochaska and Di Clemente's developed Stages of Change Model which describes the process of changes individuals can possibly experience to bring about change.

The five stages include:

Precontemplation stage: it is when the person cannot see the solution, therefore you cannot see the problem. When problems are brought to your attention one will make other factors the problems such as genetics family or the jurisdictional system.

Contemplation stage: is when you are aware that you have a problem, and will begin to resolve it.

Preparation stage: is when you are ready to carry -out the action and make adjustments to change the behavior.

Action stage: it is when the behavior changes for the good and it is more apparent to those who are around.

Maintenance stage: it is when your old behaviors resurface and then return to precontemplation or contemplation stage. (Stages of Change, n.d).

Social Service Agencies

Social Services have a statutory obligation to safeguard and promote the welfare of vulnerable children and can provide a wide range of services to children and their parents. Social

service agencies can educate and improve the lives of others. Victims of sex trafficking can take advantage of community resources to aid in improving quality of life in a positive manner. The following agencies are located the Milwaukee, Wisconsin:

Sojourner Family Peace Center

Address: 619 W. Walnut Street Milwaukee, WI 53212

Phone :414 933-2722

Email: <https://familypeacecenter.org>

Sojourner Family Peace Center is another community resource for individual have experienced trauma from sex traffic. The assigned advocate will connect resources for therapy services, legal advice and safety planning to protect the individual from the perpetrator. Sojourner serves 9,500 clients each year and was established in 1975 (Sojourner, 1975).

The Healing Center

Address 130 W Bruce St Milwaukee, WI 53204

Phone: 414 671-4325

website: <https://www.aurorahealthcare.org>

When you are need of emotional support or guidance after experiencing trauma you can turn to that partnership with Aurora Health Care, it is an organization for victims who have experienced a sexual assault. The advocate worker will help the client determine counseling option. The services will help the person process their feelings in order to bring closure to the situation so that they can move forward. The healing hand, has an onsite specialize nurse will provide medical

care and collect the evidence from the victim to give to the courts. In 2016, more than 1,500 person received services for sexual assault There is also, 24-hour crisis in which the counselor an nurse can respond to the crisis based on the person needs (The Healing Center, 2017).

The National Human Trafficking Center

Address: None available

Phone: 1(888)-373-7888

Website: <https://humantraffickinghotline.org>

The National Human Trafficking Center could be utilized if person has witnessed and or has experienced sex trafficking. Business owners and community organization are encouraged to display the resource center hotline number to prompt awareness in the communities (National Human trafficking, 2016).

Convergence Resource Center

Address: 3975 N 68th Street Milwaukee, WI 53216

Phone, 414 979-0591

Website: <https://www.convergenceresource.org/>

Convergence Resource Center for women ages 18 and over. The facility has onsite case managers to work with victims of sex trafficking. Hygiene products and clothing to those who are in need (Convergence Resource, 2017).

Salvation Army Emergence Lodge

Address: 1730 N 7th St, Milwaukee, WI 53205

Phone: 414 265-6360

Website: <http://www.salvationarmy.org>

Salvation Army Emergence Lodge provides services to victims of trafficking for ages 11-17 and adults to 17-24. The victim will work with a case manager to plan and coordinate care, such as safety planning to help one obtain a restraining order or locate a temporary shelter and connect them to food and hygiene products. Survivors of trafficking also receive assistance in locating employment, obtaining a birth certificate and with finance to help one to restore their credit (O'Leary, 2013).

Milwaukee Police Department

Address: 3626 W. Fond du lac Ave Milwaukee, WI 53216

Phone 414 933-4444

Website: <http://city.milwaukee.gov>

Another resource utilized is, The Sensitive Crime Division which is through The Milwaukee Police Department. They are responsible for investigating crimes that had been reported. It is in includes prostitution and human trafficking Milwaukee Police Department can direct youth to local community shelters to keep the youth safe and to have a temporality place to live (Milwaukee Police Department, n.d).

Pathfinders

Address: 1614 E. Kane Place Milwaukee, WI 53202

Phone: 271-1560

Website: <http://pathfindersmke.org>

Pathfinders is a temporary shelter for teens ages 11-17 years old who come from all walks- of life. The shelter provides a safe haven for youth who has a rocky past and needs assistance in remolding their life. Counseling services and resources are provided to help empower and motivate the youth back into the community. (Pathfinders, 2017). Although Pathfinders is a shelter for youth who is looking for a safe haven. The Healing hand, is another organization for youth to seek treatment. Furthermore, youth have the ability to work with an advocate who could provide support during a medical examination for an assault and while the youth is being interviewed by the police. The assigned advocate will respond to crisis within an hour help connect the youth to resources in the Milwaukee area. The advocates at Pathfinders are not mandated reporters, therefore what is transpired from both the advocate and the youth will remain confidential. According to Wisconsin State Legislature Statutes [s. 48.981 (2)] a mandate reporter is a professional who suspect or believes that a child had been abused or neglected by a person. Some of the professionals who are required to report includes, Social Workers, Counselors, medical examiners and a Nurse (Wisconsin. State Legislature Statutes, n.d).

Walker's Point Youth and Family Center

Address: 732 S. 21st Milwaukee, WI 53204

Phone: 414 672-8200

Website: <http://walkerspoint.org/contact-us/>

Walker's Point Youth and Family Center is another community shelter in the Milwaukee area for youth who experiencing homelessness, or have a history of running away from home or their placement such as a group home facility. Counseling services is provided to assist with stress or a trauma experience (Walker Point, 2016). Local shelters and hospitals are available to victims assist with quality of life.

Hospitals/ Clinics

Aurora Healthcare

Address: 945 N. 12th St Milwaukee, WI 53233

Phone: 414 219-5555

Website: <https://ahc.aurorahealthcare.org>

Aurora Healthcare provides treatment to victims of sexual assault and are trained to work with youth who have be trafficked for ages 11-24 years old and is home 24 hours daily. The staff are trained to work with youth who have been trafficked. The services consist of forensic exam in which evidence is collected with 72-96 hours. The youth is also, required to take a pregnancy test to detect implantation. To help the victim cope with the aftermath of the assault both the specialist and the youth will work together to find local community agencies to provide counseling services (O'Leary, 2013)

Mount Castle Transitional Living Center

Address: 3808 W. Elm St Milwaukee, WI 53209

Phone: 414 461-0216

Address: <https://www.mountcastlecorp.com>

Mount Castle is an independent living program that works with both male and female youth who are 17-year-old years and will soon age out a group home, treatment foster care or an out of home placement. To help prepare youth transition into adulthood programming is offered at the facility. It consists of: budget finances, learning how to communicate effectively with others vocational and employment skills as well as how to perform household duties. Prior to the youth acceptance it is a requirement for to have knowledge of how to carry out some independent living skills (O’Leary, 2013). Both independent living and Residential Treatment Center could provide the victim of sex trafficking with the tools and treatment to positively transition into the community.

Residential Treatment Centers

Milwaukee Academy

Address: 9501 W. Watertown Plank Road Milwaukee, WI 53226

Phone: 257-3141

Website: <http://www.cliniccare.com>

When victims of human trafficking present with trauma there are therapeutic treatment in Milwaukee to assist with this. Milwaukee Academy is a residential treatment Center for girls who have been sexual exploited. The program is My Life my Choice offers trauma informed care and preventative groups so that youth are informed about sex trafficking.

The program is designed to help youth, to recover for traumatic event so that they can have the tools to keep them in safe in the community (Milwaukee Academy, 2017).

Lad Lake Residential Treatment Center

Address: W350, S1401

S Waterville, Rd Dousman, WI 53118

Phone: 262 965-2131

Website: <https://www.ladlake.org>

Lad Lake Residential Treatment Center is another facility that provides treatment to youth ages 11-17year old. The program provides trauma informed treatment, individual and group counseling services. In addition, the facility has a safe place for the youth to sleep as well and can attend school on grounds (Lad Lake, 2013). If the youth is able to identify the perpetrator in treatment, one can seek out legal advice to begin the process of filing for sexual assault.

Legal Action of Wisconsin

Address: 230 W. Well St Milwaukee, WI 53202

Phone: 414 278-7722

Website: <http://www.legalaction.org/>

Legal Action of Wisconsin provides legal services to low income families to those who is 18 years old or older. In addition, parents who have a child that experienced a sexual assault can utilize them for support also the attorney can assist with low income housing discrepancies and issues with public health (O’Leary, 2017).

Wisconsin Sex Trafficking and Exploitation

Address: none available

Phone: none available

Website: <https://dcf.wisconsin.gov/files/aht>

Another community resource that could be beneficial is the person ability to effectively know how to respond to the crisis. According to the Wisconsin Sex Trafficking and Exploitation provides, step by step instructions of how individuals should respond to person who has been a victim of trafficking as well know who to report the suspected information to for each county in Wisconsin.

Chapter Three Conclusion and Recommendations

Claudine O'Leary is an Outreach Advocacy Worker, for victims of sex traffic. She reported that 83% of prostitution take place in district 1 and 3 in the city of Milwaukee. Teens are receptive to what it is she has say because self -disclose to establish trust, and also, she will meet the youth where they are by providing the youth with resources for survival purposes such as food, conceptive, jobs and access healthcare to seek treatment for a sexual transmitted disease (O, Leary ,2017). Before change can happen, one must acknowledge that the problem exists because people are in places and have experienced different thing in life such low self -esteem, poverty lack of resources or a person who can model leadership. 75 % percent of girls with low-self -esteem engaged in negative activities (O' Leary, 2017).

Based off literature review Trauma focused -Cognitive Behavior therapy (TF-CBT) and interventions is the best approach to help these young victims. Research shows children and adolescents experiencing severe emotional repercussions due to trauma frequently respond well to this technique. There have been 11 empirical studies conducted on the impact of TF-CBT on adolescent survivors of trauma have demonstrated its usefulness in reducing symptoms of depression, anxiety, and PTSD. Randomized clinical trials comparing TF-CBT to play therapy, child-centered therapy, and supportive therapy show TF-CBT to yield greater gains over fewer sessions. Studies done up to two years after the conclusion of TF-CBT demonstrated these gains to be sustained over time (GoodTherapy.org, 2017).

This model is designed to assist children, adolescents and their families in overcoming negative effects of a traumatic experience. The success of TR-CBT relies heavily on a trusting, genuine therapeutic relationship between therapist, child and parent. The therapist incorporates

individual child and parent sessions as well as joint sessions using family therapy principles and strive to give parents the resources and skills necessary to help their children cope with the psychological ramifications of the abuse or other trauma. However, more research needs to be done on how effective this model is for children who does not have supportive parents or parents in their lives. Many children of sex trafficking are runaways, homeless and/or do not have family.

For those that do have family and/parents, change does not happen overnight, however; raising awareness is the first step to identify that sex trafficking is a problem in the community. One way to bring awareness is to speak to youth in a school setting about the concerns of child exploitation. Some of the concerns to address is how the perpetrator will try to lure children into the sex trade making false promises such as a job, clothing and jewelry. Another key point to address, is that the preparator will prey on his/ her vulnerability as some youth come from a broken home, have been sexual abused or struggle from low self- esteem. Parents need to communicate with their children so that they are aware of the community challenges regarding sex trafficking. In addition, parent's need to beware of their child whereabouts in the community as well know their friends and their parent or guardian so that they are aware of who their child interacts with. This will also hold the child accountable of their whereabouts when visiting a friend. In addition, it is important for parents to monitor their children social media account and have access to their pass-word to do so. This is another preventative measure that can be implemented to decrease trafficking.

This study also provided many resources in the Milwaukee community that can help victims of trafficking. It is my recommendation that the resources are properly trained in helping this population of youth; at the very least know who they can make referrals.

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