

Michelle Day: Good afternoon everyone, and welcome to the Fletcher Group Rural Center of Excellence's webinar series. Today's session is scheduled to run from 2:00 PM to 3:00 PM Eastern Standard Time. My name is Michelle Day and I'm your moderator for the session, along with Janice Fulkerson and Erica Walker. A couple of brief housekeeping items and then we'll begin.

You entered today's session on mute and your video was off and will remain so for the entirety of the webinar. Your chat feature is located at the bottom right of your screen. Use the drop down feature to communicate with either the panelists only or panelists and attendees. Please direct all questions regarding the webinar content to the Q&A section. Be advised that this meeting is being recorded and will be available to you on our website once it has been transcribed. You can access our website at www.fletchergroup.org. Also, at the conclusion of today's session, [00:01:00] there will be a short survey regarding the webinar content. Your participation in that survey is greatly appreciated and will only take a few moments to complete.

Today's presenter is Sarah Medina, Director of Emergency Services with Refuge for Women Pittsburgh. Sarah has served victims of human trafficking and domestic violence in various roles over her professional career. Sarah has earned a Bachelor of Arts degree in Criminal Justice with a minor in Bible and went on to earn a Master of Social Work degree. Sarah is a licensed social worker in Pennsylvania. Sarah is passionate about serving others, especially those who have experienced severe forms of trauma and are often overlooked. Sarah, the floor is yours.

Sarah Medina: All right, well, good afternoon, everybody. Thank you for joining our session today. Um, so I will get us started here, but, um, as the team suggested, there is the chat option for any questions, so we will have a Q& A at the end for any questions that you may have. So [00:02:00] to get us started here, um, so this session is on how recovery homes can help those who've escaped sex trafficking or sexual exploitation.

Um, so in talking with, uh, the Fletcher Group, uh, which I want to thank today for having me on this presentation, um, we just deemed this an appropriate and very timely, um, topic that needed to be covered, um, especially to spread the education of what trafficking is and how prevalent it could be in recovery homes that you have. So we thank you again for joining us. So, for Refuge for Women, um, which is the organization that I work with as the Emergency Services Director in Pittsburgh, uh, we are a national organization, um, so I will talk about our specific work, um, at the end of the presentation, um, but just to give a very brief overview, so we have a unique mission in that we provide aftercare specifically Uh, for those who've been sexually trafficked or exploited, um, in our communities.

And then we have a God given vision to provide residential healing [00:03:00] experience for these women in order to pursue their dreams. Um, so we help them in the now, um, to help them prepare for, you know, lifelong success after all the trauma that they have experienced. So some objectives today, just wanted to go over kind of what sex trafficking is, um, how it can be identified in your recovery homes, some of the impacts, um, of what we see, especially in our work. Um, some of the rural vulnerabilities that happened, um, especially

with when substances are involved, and then how you can respond, um, as an individual and as an organization with your recovery homes. So, for a general, um, kind of definition, just to get everyone on the same page. So what is human trafficking?

Um, so in basic terms, it is a form of modern day slavery that involves some sort of force, fraud, or coercion. A lot of times, you know, society pushes us to really think about the force, [00:04:00] the physical force part, um, of trafficking. So, what You know, the bonds that you see, the physical locking somewhere, but a lot of times it is the coercion that's holding someone, and so we'll talk about that, but it's forced fraud or coercion, um, to obtain some sort of labor or sex act in exchange for money or goods. Um, so one little key asterisk in that, in that any, um, in the U. S., any minor under the age of 18 who's engaged in a commercial sex act is automatically considered a victim of sex trafficking. Um, so federally, a minor cannot consent, um, to a sexual act, um, so it, for exchange for something of good. So that's why it is automatically considered a sex trafficking act.

And so, specifically, sex trafficking, um, as I just said, is that exchange of a sexual act for money, drugs, housing, you know, anything that could be, um, have a financial cost to it. [00:05:00] Um, so it's that exchange of a sexual act for that, um, something of value. Um, and then obviously it's with that forced fraud or coercion that I mentioned at the beginning, um, that compels a person to do this in order to receive that, um, so quote unquote benefit, whether it is money, drugs is what we'll focus on today. Um, but anything of value can be defined under here. Um, so some of the numbers, I know we are number people, just as humans, um, so we'll disclose this from the beginning, that existing estimates, um, do suggest a human rights tragedy. However, some of the numbers that are out there have been controversial as to their source or where they came from, um, so just wanted to put that kind of disclosure out from the beginning, but these are studies that were done, um, internationally by different groups.

Um, and then locally obviously have different impacts. So, uh, the one study was that there are approximately 30 million people at risk for being trafficked in the world today. [00:06:00] Um, this again goes back and forth about its accuracy, but the key point here was the people that could be at risk, and we'll talk about some of those vulnerability factors, um, in the presentation. Um, human trafficking is now the second largest international crime industry, with profits over \$150 billion a year. Um, this used to be the third largest international crime, but it surpassed, uh, gun trafficking. So now the top international crime is drug trafficking, followed by human trafficking, and then weapons.

Um, so human trafficking is now moving up, unfortunately. And then this number also varies, but the average age of entry into the sex industry in the United States is 12 to 14. Um, here locally in Pittsburgh, we work with our, um, our Child Protective Services, um, and some of their case workers have said that, you know, our average is probably closer to 9 to 11 [00:07:00] here in, um, the Western Pennsylvania region. But again, those numbers could vary, um, depending on your kind of local numbers and what your, um, you know, groups or task force are seeing. Um, but just some of the numbers that are commonly thrown out there, again, um, with that disclosure that, you know, these are, um, so it could be controversial, but these are the numbers that we have.

Um, so some of the, here in Pennsylvania, um, our human trafficking hotline, The National Human Trafficking identified about 650 calls that came from Pennsylvania last year with over 450 cases that were identified through those calls. So while here locally in Pennsylvania that doesn't seem like a lot, about those 600 were people that actually made it to a phone to be able to report what was happening. So imagine all the people that are not able to leave their trafficker or their situation or get to a phone to be able to call for help. Um, so just some numbers [00:08:00] there, um, but the National Human Trafficking Hotline does have some statistics per state as well if you want to look up locally what is, uh, your numbers.

So sexual exploitation, it is a national epidemic and tragedy. Um, again, on estimate, 100,000 people are currently being trafficked in the U. S. alone, with only about 5 percent of cases officially reported. So this was done by one group that wanted to try to get an estimate of the numbers that were reported, um, and actually made it to law enforcement or to someone with credibility to file that police report. And then 75 percent of prostitutes were sexually and or physically abused as children, and those ended up, um, most times going into sex trafficking by this one report. And then 92 percent of women involved in sex trafficking want out, but feel that they can't leave. For whatever reason. And so we'll go over some of those reasons, um, in this presentation as [00:09:00] well, but just some more numbers to throw at you.

Uh, so who can be trafficked? Uh, this is a trick question because it can be anyone. Um, there are various risk factors, um, but it doesn't matter race, age, gender, everyone, um, anyone can, it can happen to anyone. And so I've seen it throughout my career over 10 years now with trafficking, working with trafficking survivors. Um, it literally can be any race, age, gender, orientation, um, you know, income level, suburb, rural, city. It can be anyone truly. And then where does it occur? Um, sex trafficking can occur in many places. Here are some of the common ones, um, whether it's, you know, formal brothels, escort services, massage parlors, strip clubs are big ones for sex trafficking as well as, uh, prostitution on the streets.

Um, and so that is pretty common. That's probably the [00:10:00] highest in our area is street prostitution and hotel prostitution, um, where, you know, the traffickers are forcing them to have this, um, these encounters on the street or in hotels. Um, but we did have a pretty big case here in Pittsburgh a couple years ago, um, where it was massage parlors and strip clubs that were involved in a sting, um, that resulted in over 40 women, um, being pulled out of a chain of massage parlors, um, that were involved in a sex trafficking ring.

Um, so it can happen anyway. Truck stops is also a big one, especially we'll talk about in rural, rural areas, um, where truck stops can be common as well. And so, identifying a victim very briefly, um, we'll talk about some screening questions as well, but looking at their working and living conditions, some of their mental health and abnormal behavior, is there a significant number of diagnosis or things that are going on that haven't been diagnosed or treated? Um, [00:11:00] physical health, so are these, um, victims coming into, you know, hospitals or medical settings or into your recovery homes with an abnormal high amount of physical health issues? Um, lack of control, so not having access to documents, um, or, you know, their medical history or not knowing where certain things are, um, and many other factors as well.

And so some of those other risk factors, um, we've seen some of these, especially higher here in Pennsylvania, um, run away and homeless youth are a big one, um, so they are in and out of the foster care system, um, and then they run away, um, and are at high risk. Previous abuse we talked about, um, 92 percent had that higher, um, had that risk, or 75 percent had that high risk for sexual abuse. Um, low self esteem and identity. Uh, Foster Care Involved Youth, the LGBTQ youth, um, well, Youth and Adults. [00:12:00] Addiction is especially high and one, again, we'll focus here and many others that are, um, on this slide, but those are just a lot of the ones we've seen with, um, our populations here. And then understanding the mindset of a victim, um, the first thing to note is that they do not see themselves as victims.

And so they're not going to come up and tell you, you know, I've been a victim of trafficking. Um, a lot of times you'll see that as a flag. If someone tells you that right from the beginning, either that means they've been coached or that they've just been involved in so many programs that they've been taught the language, but they do not see themselves as a victim, um, especially because the amount of shame and self blame that is there, um, and many feelings of unworthiness. And so they're stuck in that kind of, uh, way of life. Um, they may have been coached to tell lies to any kind of professionals that they encounter, um, whether it's mental health, medical, you know, law enforcement, [00:13:00] even friends and family. They often fear, um, and distrust law enforcement and government officials, um, especially in rural areas with the immigrant population.

Um, they're going to, you know, run the other way when it comes to law enforcement. Um, even if they do have, you know, valid visas or, um, work permits. Um, there's still that high distrust of law enforcement just because that's how they've been coached by the trafficker. Um, and especially, I will also say this with youth, um, or transitional aged youth that haven't had much exposure to the system. Um, they are, You know, looking at their histories, whether, you know, they have a minor theft or something, and the trafficker will use that theft against them and say about reporting it. Um, many have formed a trauma bond with their exploiter, and so they've become extremely loyal to their trafficker.

Um, so one of the things we talk about later is how we talk about the trafficker with this person that's in front of you. [00:14:00] Um, but trauma bond is very real, um, in this situation. Uh, they fear for their own safety and their loved ones, so a lot of times there's the, again, the coercion or manipulation that's happening with the trafficker saying, um, you know, you have a younger sister. Um, I can pull her into this situation if you don't do what I say. Or, you know, those pictures I took, I will share those with your church, or with your friends or family, or post them on social media, you know, larger audience. And so there's always a threat of their own safety. Mental, mental safety or physical safety and their loved ones, um, whatever the trafficker can use, um, against them.

And then again, a big one is drugs. So drugs often play a big role and we'll talk about that too. So either as a way to cope, um, or to enter the life, to support the drug habit. So some of the impacts psychologically, um, there's a diagnosis that come out of [00:15:00] this, um, but depression, anxiety orders are top of the list with PTSD, um, and then along with that kind of, most times an after effect where the substance use disorders, um, and where they come into play. But there's always going to be some sort of mental health, um, that needs addressed with this population, um, because of what they've been through, because of the trauma and,

um, the either new or old, uh, substance use that's come back. Um, so one of the biggest questions, um, that I hear or many couple questions that we get out there from people that are learning about this news is, you know, why don't they leave?

If they're not chained, if they're just, you know, verbal threats against someone, why don't they just walk out? Or why don't they ask for help? Why don't they leave after the first time they were able to get away? Um, so very common questions that we get. Um, and then we're always addressing the barriers, um, in these [00:16:00] questions as well. So some perspectives to keep, um, it's, you know, they say after a certain amount of times or a certain length of time that you do something, it becomes normal, a habit, it becomes a habit. So the same thing with trafficking in this life. So for 70, this, uh, study that was done out in California, um, 75 percent of the, those involved with the study had the exploitation continue for two or more years.

So if you imagine, you know, doing something for two or more years, it's, it's become normal. It's become, you know, the way of life, the standard. So anything outside of that is not going to be standard. And I think about that with like my coffee, I'm drinking coffee every day for two years. It's going to be very hard to stop that coffee, um, suddenly. And so that's my kind of little splur of there, but, um, 75 percent don't see themselves as being exploited. Again, this has become normal for them. This is how [00:17:00] the traffickers explained it to them. And so they don't see themselves as being exploited. And then 50 percent of this group that was, uh, part of this research, um, had the trafficking, um, start when they were under the age of 14.

So if you think about it, at that point in life, you're looking at, you know, higher ups, you're looking at authority, um, you're still a child in a sense, so you're asking, or you're looking to people older than you for what's normal and what to do, um, to, you know, progress in life. And so, with the trafficking starting so young, it's, it's simply normal, and it's expected, and so it's just some perspective to keep there from this study. And then to get into some of the more substance use, um, information, um, so the role of substance use disorder in human trafficking is beyond powerful. Um, and you'll begin to kind of understand why our specific program decided [00:18:00] to go the recovery house manner. Um, but addiction can increase a person's vulnerability in general to many things, but especially to being trafficked.

And like I already kind of hinted at, it can either be initiated, um, and manipulated by the trafficker as a means of coercion and control. Um, and so they get them hooked onto it before the trafficking has happened. So then they want it more, or it can be used by the, uh, victim or survivor as of means of coping after the trauma. So either the trafficker gets them hooked to begin with, and then in order to get more of that drug, they need to do these certain sex acts to get more of the drugs or you know, after the trauma has happened, now the survivor is using it as a way to cope because they can't deal with all the trauma and, um, the amount of rape that is happening.

And so, um, I should have actually started with this. This is a hard topic. Um, so we do understand, sorry, this should have been my [00:19:00] disclosure at the beginning, but If you do need to step away from this presentation at any point, or if you do need any guidance, you

can feel free to put in the chat and we can reach out individually, but again, acknowledging this is a hard topic to fully kind of wrap our brains around, so just wanted to kind of throw that in there at this point.

Other vulnerabilities, so substance use disorders involves the biochemical changes to the brain, and so it adds, you know, various risk level for decision making, uh, for processing, um, and so there's actual physical changes happening to the body and how a person, you know, moves forward with their life as far as, especially with decision making.

Um, the societal stigma surrounding both the condition of substance use disorder and the sufferer is pervasive. So, we see it all the time, especially here in hospitals, and I was talking with this presentation, uh, with, uh, some of the other, um, [00:20:00] panelists or presenters before this, but, um, even in our hospitals, I've done a, a number of hospital trainings just because of how, um, even nurses and doctors are looking at, you know, some of the substance use disorder, um, that are coming into their hospitals and how they treat them.

And so stigmas there even in professional settings. Um, societal stigma can prevent health care providers, law enforcement from identifying these victims because they're so focused on either the drug seeking behavior they think they're seeing in front of them, um, and some of the red flags, so they're dismissing some of the trafficking red flags that should be seen, um, because they are focusing on kind of their mindset on This person's only here because they're drug seeking.

Um, and again, we've seen that here in our hospitals, which is why we've started doing a number of extra trainings with our nurses and EDs in the area. Um, and then because of this, the stigma and society and self stigma, it can deter that individual from [00:21:00] receiving help. And so trying to educate the community at large and awareness is huge. Um, especially regarding the trafficking and substance use pieces and how they co relate and co exist. Um, because these are the individuals that are most likely coming into the, you know, hospital rooms or trying to seek help and help in outreach centers or even ending up in our recovery homes because of the substance use.

So spreading that awareness and why, you know, this presentation, we're excited to have this presentation through Fletcher Group is to be able to provide that awareness of how it, how it is ending up in our recovery homes. Um, Or for those interested in starting, you know, specific recovery homes, um, that focus on trauma and trafficking. And then, perpetrators use addiction as a tool of coercion. I've mentioned this already, but they either entrap the victims or they initiate that dependency, um, which then leads to the continual threat of this, of [00:22:00] withdrawal. And that's what keeps these victims in this kind of cycle of the commercial sex because they don't want to deal with the withdrawal, and so they are, um, more vulnerable to continuing that trafficking, um, because of that, you know, fear of withdrawal and the symptoms.

And again, this is how they end up in, you know, recovery homes or in rehab centers or detox centers or in hospitals because, you know, they might end up in withdrawal. They go to the hospital just to get through the withdrawal. And then because of the cycle of threats, um, the

perpetrator brings them back in and, you know, starts the cycle again. And so I will say, you know, perpetrators, especially in this sense, traffickers are extremely smart. Unfortunately, in how they use, you know, different vulnerabilities, especially addiction, with this population. And so, with the coping mechanism, again, with the substance use, it's used both [00:23:00] during captivity and after.

And again, captivity, I see whether it's physical or just the mental coercion captivity, but they use the substances during captivity and after exiting the trafficking situation because they don't want to deal with the nightmares that they're getting. Or, you know, the trauma or the, you know, whatever it is, the triggers that they're experiencing. So even after they leave the trafficking experience, they are still showing signs or signs or symptoms of all the trauma. And so they end up reverting back to their substance use just because that's what they know will quote unquote get them through. Um, and again, there's no other option that's been given to the perpetrator, that has been given to them, um, so that's just substance use, um, and it's used to numb physical pain and escape reality.

And then going into, so on top of all that vulnerability that we already have with the substance, with, well, first of all, with people in general, and [00:24:00] then with the substance use, um, being involved in, then you also add in rural. And so this is, um, highly vulnerable areas are, are rural communities, um, that tend to have the substance use, um, uh, have substance use at a high in their areas. And so some of the rural vulnerabilities, um, these do sound, um, you know, are quite normal things we hear about the rural community, but how they relate to trafficking is also important to understand is, uh, the isolation. Um, with being physically isolated from other people, um, and resources. Um, poverty, a lot of the, you know, rural communities have less jobs for people.

And so, people are more willing to do things that they might not normally do, um, in order to gain that money or the drugs if there is substance use involved. Uh, lack of awareness and education, um, you know, just more, [00:25:00] I, in one way, naive or not understanding of some of the larger, broader issues that are out there like human trafficking, and so spreading that awareness in our, in our rural communities as well is important. And then, um, just the matter of truck stops, like I said, um, with the truck stops being in a lot of those rural communities along the highways, those are also a high vulnerability spot for, um, because of the less amount of jobs, you know, a lot of people being willing to go to truck stops to do what they can, um, in order for money and drugs.

So definitely even more higher vulnerabilities, um, in the rural communities. And then to address that, some of the barriers, specific barriers to getting help. First is the one, um, Everyone Knows Everyone. So you know your doctor could be your next door neighbor. Your teacher could be the one that lives across the street because you are in a more rural area. So everyone knows [00:26:00] everyone and their business. And so, um, the chances of you reporting a crime to the police officer who just so happens to be the best friend of your parent or your teacher or whoever it is, um, is very low because you know people talk, um, and it's just, you know, you know, how it is. I hate to say it in that sense, but it's how it is in rural communities.

It's small, tight knit communities, um, and a lot of times it's, you know, family and friends, um, who just have been there for years living and growing up together. Um, lack of transportation, so not able to physically be able to access, um, resources because they don't have a car, um, or public transportation to get to them.

A lack of funds, again, because of the poverty level, um, lack of funds to pay for someone to, you know, drive you to this place for help. Um, cell phone coverage is spotty, and so a lot of times it's, you know, landlines or, you know, jumping from spot to [00:27:00] spot for that cell phone coverage. in order to call for help, um, or be able to look for resources as well. Um, lack of resources in general. So is how far is the closest hospital? How far is the closest, you know, outreach center or social services center type of thing? Um, and then with that is the lack of training for law enforcement, um, and a lot of our other professional systems that are there. Um, whether it's the lack of training of just identifying trauma or identifying trafficking specifically.

Um, but just a general, you know, lack of training, um, in that area for help. And then, don't know that what is happening to them, is not normal. Um, so again, you know, it just has become habit. It's what they grew up with, and so it's become normal. So it's not something that they feel they have to talk to someone because this is just how it is. Um, and it could be also that this is what their parents also went through. [00:28:00] This is, you know, my mom is doing this to me because it happened to her. And that's what happens in a lot of our rural communities. So one of the big cases I first had here when I moved to Pittsburgh was a familial, in a rural setting, and it was a familial trafficking, um, which was exactly what I just explained.

Um, a mother had been trafficked by her uncle for drugs. And then the mother, just because that's what she knew, um, was also, um, addicted. And so she also then sold her daughter. in order to get drugs as well. So it was just a chain. It was what was normal for that family. Um, and not something that was talked about outside of that until one day an educated teacher who moved into that area was able to identify what was happening and spoke up. And so again, education is key, especially to break some of that, um, norms that have been happening in the rural community. And then, again, I've already said, but fewer services in the areas in general. [00:29:00] And so how this impacts our work, um, with victims. So mistrust is prevalent. And so, you know, they've been taught by the traffickers that, you know, you can't trust anyone.

You can only trust me. Um, remember that, you know, small shoplifting that you did back then. I can, like, if you get found out about what's going on, they're going to lock you up. Or whatever they're doing, um, to kind of keep that coercion there. Um, but mistrust is prevalent. Survivors may be unable to remember certain events or may confuse things, um, especially if they end up in your, you know, your social services center and your outreach centers and your recovery homes.

Um, if you're asking about certain traumas that they've been through, they might not be able to tell you when it happened. Or might be confusing people just because that is what trauma does to the brain. Um, we see this all the time in our home, unfortunately, but it's again, the

understanding [00:30:00] behind it. Manipulation and dishonesty are adaptive trafficking survival strategies. So they have learned, um, with this population specifically. Because of what they've been through, they've learned how to get what they need. And so, it's what they've needed to survive. And so, even after they leave the trafficking situation, that doesn't mean they stop that.

They may continue it even into your recovery homes after they leave, just because it's what they've been used to. Trauma bonding may be strong. Like I said, they've been with the trafficker. This trafficker has been that strong support for them. And that's actually one of the myths, um, I want to bring up is that with trafficking, it happens, you know, in those Walmart parking lots, um, where it's people tying, um, a zip tie to your car or putting, you know, a cover over your camera, whatever it is, um, I've, this is my personal [00:31:00] experience, but I've never had a situation of stranger, um, kind of relationship with, uh, human trafficking.

Yes, in some of those situations that happen, you know, it could be something bad. I'm not trying to downplay that, but specifically with human trafficking, again, the traffickers are smart. They know that in order to keep someone under their spell, quote unquote, um, they have to have a bond with them. And so a lot of times it's a family bond that they build up with them. They know that this person has not had a good father figure in their life. So now they are that father to them. Or it's a romantic partner. So they build up the romance first. And then say, well, you know, I can't make rent this month and so can you help me? So there is a bond there. It's not like it was a stranger relationship from the get go.

Um, and a kidnapping, like a kidnapping to trafficking. So I just wanted to break that myth first. There is always a relationship. So either they become friends and then it turns into family or romance, but [00:32:00] there is a bond there, um, that is started on good terms first before it turns manipulative and trafficking. Um, and then the survivor, and this is the hardest part of our jobs in this field. Is that the survivor may return to their trafficker multiple times before leaving for good. Again, that trauma bond is strong, it's what's normal for them, um, and so we see it in our recovery home too, like, we have women who come in and just have that strong bond with someone so they go back.

And it is the hardest part, I will say, of this job. And so it's critical to work from a strengths perspective. And so knowing what that person's strengths are and then instilling it into them and educating them on their strengths is key throughout this whole process. And so while they've had that relationship building with their trafficker, we're now trying to show them how to build a safe and healthy [00:33:00] relationship and what that looks like.

And so when these, um, most times it's women, but when this person, whoever it is, comes into your recovery home or into your outreach center, whatever type of situation you're in, it's, you know, you're building that rapport, that relationship right from the beginning. And so it's creating a safe space for them to talk, especially if you already suspect trafficking or some sort of, um, you know, domestic violence or trauma, but it's creating a safe space where they can talk, whether it's a physical space, mental space. Meeting their physical needs. And so, um, I know in our home, when we bring a new person in during the intake phase, you know,

we provide them snacks and food and water, um, just to start that, you know, physical healing because they might not have eaten for days. And so meeting some of those physical needs when they come in. Um, adopt open and non threatening body positioning.

And so looking at your body, um, and [00:34:00] seeing, are you too forward? Are you above them? Um, and so looking at your body position as you're talking to them, um, engaging the client in front of you, uh, not being distracted, but being engagement, engaging with them and having those, you know, basic active listening skills. Adapt the screening process to accommodate their needs. And so if you immediately see that this person has a hard time reading, um, that might be something that you have to, you know, work around. If the person obviously doesn't speak English, finding an interpreter. Um, if this person has a physical disability, you know, adopting, um, your circumstances for that.

Um, but looking at their needs and asking them what they need. Avoid temptation to probe into unnecessary details, especially right from the beginning. If you ask too many questions, it might be off putting and they just might go back to the trafficker. [00:35:00] And so, you know, get the basic information that you need at the beginning. Knowing that as you build the relationship, they will open up eventually to you. But just start with basics right from the beginning. Look for just the necessary information that you need. Use respectful and empathetic language. So there's a whole presentation I could probably do on just language with this population. But, you know, calling someone a prostitute would just trigger them to walk right out the door.

Or saying that this was their choice to go back to the guy or their trafficker. Um, that would just alienate them. And so looking at your language is huge, um, and there's resources on that. You can Google them. I could, depending on, um, the information and how it's spread here, I can share with Erica. But, um, just looking at your language. And then be prepared, and this is from the beginning, be prepared for potential trauma reaction. Uh, because you don't know their [00:36:00] situation, you don't know what their triggers could be. Um, you know, a certain, um, movement, or if they read a certain sign in your building, um, or what's in your building, a certain scent might trigger a reaction.

So it goes back to creating that safe space where it's not cold. It could be homey, but watching what, you know, scents you use, what um, pictures are up, and make sure everything's just neutral. Um, but be prepared that anything you say or do or look around and they see, um, could be a trauma reaction. So how do you um, you know, use some of those de escalation techniques to keep them safe and in the room with you. Um, some screening, um, questions just to start, um, to give you some ideas. So, can you leave your job or situation if you wanted to? Um, or do they feel stuck in the situation? Um, what are your working or living conditions like? And so these are questions you [00:37:00] can kind of mix in right into your intake processes that you have.

Um, so just some examples, there's plenty of examples, especially through the Human Trafficking Hotline and, um, Safe House Project, um, that have, you know, basic screeners that you can use. But, um, here's some of the questions. Where were you sleeping and eating prior to coming here? Especially if you're in a residential setting, um, what was their living

situations like before they got there? Had they ever been deprived of food, water, sleep? So not just that they couldn't access it, but been deprived of them. Um, has anyone threatened your family? Has your identification or documentation ever been taken from you? Um, and part of that is, do they have it to show you? Or does, um, you know, whoever, Bob next door have it?

Um, and so seeing what they have control of. Um, is anyone forcing you to do something that you don't want to do? Um, and that could be answered a [00:38:00] number of different ways, but you're looking again, for this population specifically, you're looking for that control, especially if there's a sexual act in place. And then, have you ever, if you're getting to the point of understanding that this might be a trafficking survivor in front of you, um, you know, have you ever had to exchange sex for money, food, clothes, drugs? Um, again, you never want to use just straight trafficking, um, the term trafficking. A lot of people don't know that.

And if I took a poll here, there might be, you know, a majority of you that might not know, um, you know, fully what trafficking was before this. But, breaking it down in kind of more simpler terms, um, to have them understand, you know, what their situation might be. And so asking those basic questions, especially the exchanging of sex for anything of value. A lot of people think it's just money, Um, but it's food or, you know, if they had to exchange a sexual act in order to sleep on the couch last [00:39:00] night, that would be, um, sexual exploitation or trafficking, depending on what happened. And so getting into those deeper terminology, um, or deeper questions, um, without, you know, saying the term trafficking.

Um, and so with all this, how to respond if you are getting some pretty hard answers back thrown at back at you. Um, don't act judgmental, you know, you will hear some horrible stories. Some of it might not be things that you agree with, with what's happened. Um, especially if someone's had to go back to the trafficker before, um, don't act judgmental. Watch your nonverbal communication and your language. So kind of prepare for that beforehand. You know, there's plenty of, you know, trainings out there, um, specifically on, you know, your, um, nonverbal communication, especially when it comes to, you know, trauma and trafficking. Um, don't talk bad about the [00:40:00] abuser trafficker.

Um, again, it goes back to that trauma bond. There's been a bond with that person, whether it's, you know, familial or friend or romantic most times, um, and so that trauma bond or Stockholm Syndrome, as it's been called, is there. So don't talk bad about the abuser or trafficker, it will just send them right out the door. Um, so use empowering words for how strong they've been to be able to get through the situations they've been. Um, so use, again, you want to empower them and show them their strengths that, you know, they've exhibited in order to get to the point that they are right in front of you at that point. Um, don't force them to get help. And this is hard, because when you see someone, I know especially for me, I'm more caring, want to help all the time.

Um, but don't force someone to get help. If the person has gotten to the point where they are sitting in front of you, sharing some of their information, that's already been [00:41:00] a huge step in their process. So by calling police over or, you know, forcing, um, you know, a social worker or an advocate down their throat is not going to help. So build that relationship

with them first. Offer resources. Um, but never force, um, help on that person. Um, and then be open to them saying no to your help, um, and that could happen over and over again.

Um, so this is just some examples of some of the protections in Pennsylvania, um, that were happening, um, in, so this came through our Act 105 that came through PA law. And so, my big question for you, um, I know we're, you know, nationwide on this presentation, so looking at your state's human trafficking laws and if there's any protections for you and your role, whether, again, it's recovery home or whatever type of setting you're in, but looking at the protections that the people in front of you, if they're admitting, you know, [00:42:00] traffickings happen to them. What are their rights? And so, and, um, just following through with that. And so, these are some of the Pennsylvania ones is offering, um, uh, this information to them. Sorry. So, identifying information might be free, um, may be free from public disclosure. And so, their names can never be reported publicly. Um, they have an affirmative defense against any prostitution charges if there was a trafficking component behind it.

Um, there's diversion programs that they can go through instead of being arrested if there were other crimes involved. Um, there's vacating the convictions. Um, civil action, so this is one specifically that came out through PA. Civil action against a perpetrator and those who profited from trafficking can happen. So in Pennsylvania, this was specifically passed in order to go after hotels that knew trafficking was happening in their hotel rooms and didn't do anything about it. [00:43:00] So there are civil actions, if it gets to that point. There's award for damages, attorney fees. And then the biggest one that I know affects us as a recovery home and anyone in Pennsylvania that works with a human trafficking survivor, is that we have the same confidentiality privileges as a sexual assault counselor in Pennsylvania, and in our state, those are the highest levels. I would say they even go over HIPAA in certain circumstances, in that we would never, as a human trafficking service provider, we could never be subpoenaed directly.

A subpoena would have to go through the victim or survivor themselves first and then come to us. And so that gives the survivor power over the information that's shared with people that have been serving them. So that is huge in our state, um, and something that, you know, protects us, um, because of how open the survivors have been in, uh, sharing [00:44:00] information with us. And so definitely look at what confidentiality laws are in your state. How they relate to HIPAA would be probably a biggest takeaway from this, especially with serving this population. Know your referral resources. So these are some of the national ones I've put in here. But we have, as part of Refuge for Women, we do have two emergency homes

nationwide. So we have ours in Pittsburgh, which we have a 24 7 number and an online application. We also have a site in Las Vegas for emergencies and that's online application. In both states, we do both locations, we do take in state and out of state referrals. Safehouse Project, um, if you've not heard about them, they have a national database, so anyone can call and say, I'm from Missouri, um, can you share any trafficking resources in my area? And so there's [00:45:00] Safehouse Project that can help with that, as well as National Human Trafficking Hotline also has referrals and information, um, and law enforcement contacts

specifically. Um, and then also just know your local resources. A lot of communities, especially now that as they're starting to do more awareness.

Um, have, um, you know, human trafficking coalitions or committees, um, whether it's at the city level, state level, or, you know, it just in your school district, for instance. And so getting connected to those local resources, um, knowing what those are in case you are not equipped to handle it, you can share that, um, information with them, um, so that they aren't, you know, completely left, uh, helpless. And so leading into specifically Refuge for Women, um, so like I said, we are nationwide. Um, so we have six sites in a few different states. Um, we are a network of homes, um, that can provide up to two years of free, safe [00:46:00] housing, uh, with 24 7 staffing at our three various, um, levels of housing. And so the, these, uh, women, um, so we specifically serve adult women that come into our homes.

Have that safe space to start their healing process. Um, and, you know, move forward into their, you know, the rest of their lives. And so here are the three levels of programming that we have. So our specific site in Pittsburgh is our emergency housing program, where the key focus is safety and stabilization. And so we really, a lot of these women are either fresh out of the trafficking situation. Or those who, you know, it happened 10, 20 years ago, but they never dealt with the trauma. And so now they're, you know, having those triggers come back. Substance use is at a high, and so they're needing that help. And so that's the emergency housing level, um, of our, uh, continuum of care model.

Um, the next level is long term [00:47:00] programming. And so this, um, is all, this information is all on Refuge for Women, uh, website. Um, and there's different applications for long term and transitional living as well, but long term care is, um, up to 12 months of support in a home. Um, and again, these are in multiple sites across the U. S., where it really keys in on understanding the trauma that you've been through, processing that trauma, that restorative care and healing. And then the last step is transitional living, which is another 12 months of support. And this is where, you know, financial stability, they can start jobs, they can go back to school.

So it gives them that safe place to come back and lay their head at night. Um, while, you know, starting fresh in the world, getting jobs, school, all of that. And so that is our, uh, two year continuum of care model that we have as Refuge for Women, um, in the U. S. So our specific house um, I will say [00:48:00] we're even unique within our national model, um, with our specific emergency house here in Pennsylvania, we are a level 3.1, um, recovery home, and so we, um, do require substance use, so the other sites, um, through Refuge for Women do not require substance use. Um, but another thing we learned in Pennsylvania is there's a lot of, um, to say plainly, lots of hoops to travel through, um, with certain housing and licensing, um, regulations.

And so our biggest need that we saw in our community was, um, women who have experienced sex trafficking and exploitation and have that substance use because of the high, uh, correlation of it. And so our specific Pittsburgh house does require substance use in that person's history, it doesn't have to be current, but in their history, while the other Refuge for Women houses do not require that. [00:49:00] And so with that, we do provide temporary

housing for up to 90 days. Uh, we are a program. We are not just, you know, a shelter where they come and sleep and then go about their day. We are a full program. So we have, um, programming basically nine to four throughout the day to kind of mimic a day, um, just in regular life.

So they have, um, you know, groups throughout the day. They have individual therapy. Um, they have group therapy. They have life skills classes. They have case management, so our case manager meets with them at least weekly. Most times it's more than that, um, but we do a lot of advocacy and information sharing with them. Again, we're trying to empower the woman, um, to make decisions on their own, um, so when that they leave us, um, to go into their next level of programming, um, they have some of those skills, um, and information to help them in their decision making. Um, and so all of our resources, um, are free of charge. We do provide them, you know, food.

We have a boutique for clothing, [00:50:00] um, and a lot of just general support. Um, and then again, because we are, um, more substance use focused than the rest of, um, the other Refuge for Women programmings, we do have NA and AA, um, that they have an option of going to. Um, and then as a whole, Refuge for Women is a faith based organization. Um, in our emergency homes, we do not require, um, someone to declare a certain faith background. Um, and so we do have optional spiritual, um, services or Bible studies that they can go to, um, or church that they can be taken to if they want to on Sundays. Um, so there's a quote from someone who has, um, been through our Refuge for Women program nationally.

Um, "So having a safe place to heal has made a world of difference in my process of recovery. My night terrors are completely gone. My flashbacks do not control nor overtake me any longer. And my past no longer haunts me, which are all miracles I never even thought were a possibility." And so [00:51:00] this was someone who went through our long term program, um, was able to get through that trauma and move forward. And I do want to, um, also share, if you do visit our Refuge for Women website, um, specifically our Pittsburgh address, Um, we do also have what's called, I'll try to share here, but it's what's called In Her Own Words, and it is our specific Pittsburgh graduates, um, who have put, um, how our specific program has made a difference in their lives.

And so that's something that, um, we are just honored to have, um, these women sharing back. at the differences that, you know, they've seen or they've encountered as a result of being through our program. And so that's just our information there for who to contact if you ever need anything. Obviously, it's, uh, emergency response would be 9 1 1, um, and then we do have our, um, questions and referrals, our 24 7 hotline there, um, and then my direct email. So Janice or Michelle, I will take it to you guys. [00:52:00]

Janice Fulkerson: Well, Sarah, thank you so much for all of that information. As you can imagine, we've got a lot of questions, so I'll try to curate them in a way where we can get to all of them, um, and, um, provide the resources first. I would encourage everyone to snap a picture of this WhoToContact page.

Because, um, from a Fletcher Group perspective, we, um, historically have taken all of our webinars, and we post the resources and the information on our website. Um, Sarah, this is such a heavy topic, and it can be hard for some people, and it may require people to step away or seek support. So, I'm not sure, yet, how we're going to do that with this particular presentation to make sure everybody's safe and healthy. So we are, um, I would, I would make sure everybody snaps a picture [00:53:00] so they know how to get ahold of you and then also write down that hotline number, because that is really important. Also, I'll point to the chat because we have some resources that we've put in there, um, uh, you know, related to the hotline, uh, just the department of justice.gov has a whole page on human trafficking and resources. Um, so I would, um, suggest people do there. Okay. So now to the questions. It it, um, one responder says, I'm curious if the team has found any mechanisms to be able to bill Medicaid or Medicare for services related to human trafficking, or if it's being managed directly through philanthropy alone at this time.

Sarah Medina: Good question. So, I don't know what state this is coming from. So we are actually that's one of my biggest projects right now is we are actually in the process of becoming enrolled [00:54:00] under Medicaid. So, in Pennsylvania, um, which is why we did go, um, just to give you some extra information there, that's why we did go the route of becoming a level 3.1 house, um, and licensed house for substance use is so that we could bill Medicaid. Um, so we will be, um, billing Medicaid, it looks like, for a per diem rate because of the amount of programming that we do specifically in our house. Again, that could be state to state. It could be different. Um, but with our home, we would be able to bill Medicaid, uh, for the services that we are giving these women. Um, and again, it's, we've learned it's different state to state, but also the types of services that you're giving these women as well. So we are, we have been mainly private donor and grant funded. Um, but like I said, I am currently in the process of getting enrolled in Medicaid now as well.

Janice Fulkerson: Okay, and I do believe it is state specific, um, depending on what's allowed and what the services are that are being [00:55:00] billed. If it's, you know, I don't, I don't know of, it doesn't mean it's not out there, but I don't know of a CPT code that applies to human trafficking or sex trafficking, but the mental health, The trauma, the counseling, you know, some of the other things may apply.

Sarah Medina: And that's how it is in Pennsylvania as well. It's per service. It's not like a human trafficking category.

Janice Fulkerson: Right, right. Um, there, uh, are some suggestions related to, uh, looking for resources and finding, um, out. It may be that looking for domestic violence. Or looking for a crisis center, or if there isn't anything in your community that this is a suggestion from one of the attendees, if there isn't anything specific to human trafficking, it may be under another category in your community when you're looking. Um, Sarah, let's talk about one of the conversations that we had earlier. Um, there are a lot of people that are interested in this topic and want to do [00:56:00] something. They want to make a difference. Um, I have found, um, as others, that when you start reaching out to law enforcement for training or reaching out to some resources in the community. A lot of times people might not be that welcoming because they don't know the intent or, you know, they don't want, and I'm going

to use air quotes, community do gooders involved in something so serious. Can you talk about a place to start? Where do you start?

Sarah Medina: Um, so it, it's again, depends on your community. So I would, if you can, even just doing a quick Google search to see if there's kind of human trafficking, um, organization or, um, coalition in your area. Um, so those are starting, as whoever mentioned, a lot of times, those are now starting out at, you know, crisis centers or DV shelters. And so that's how I actually started to get really involved was [00:57:00] through a domestic violence center who had a trafficking awareness program. And so I think it's getting connected locally to see who's, if anyone is doing already something about it. If not, it's then presenting that information to those people. If there's not a human trafficking group, You know, it's going and talking to your DV advocacy shelter or whatever crisis center in your area and presenting them with this information and seeing if you guys can put something together.

As far as law enforcement, it's also, um, you could also be, you know, talking to whoever would be in charge of that in your community against, again, that's specific, but that could be vice. Most times it's through your vice unit for law enforcement. Um, or it could just be, you know, through community, community relations and you start that way through the Community Relations Department of Law Enforcement. Um, and so it's really trying to just see if anyone's already doing this. I know in Pittsburgh, um, one of the [00:58:00] first groups to started with awareness was out of our University of Pittsburgh. So maybe it starts with a local college that has a program or advocacy center going on. And so it's just, you know, it could be just a simple Google search to see if anyone else is doing it. And then if not, it's, you know, bringing that information to them.

Janice Fulkerson: Yep, that's a great point. Don't duplicate. Join forces, the collaboration, um, it's, it's like financial investment, right? The power of compounding, um, when we can work together and collaborate in a community, we're stronger together. Um, one of the questions asked, what are the specific signs, uh, you can safely look for at a truck stop?

Sarah Medina: Um, so the clear signs would be, um, again, most times it's women, um, a lot of truck stops also have a lot, a higher, uh, chance of the trans, uh, population. And so it's looking to see if there is a lot of, you know, [00:59:00] people just hanging around, um, obvious signs would be people in and out of trucks, but, um, what I know, one of the big advocacy pushes, again, here in Pennsylvania, and it took a collaborative effort, was now along all our turnpikes. Every rest stop on a turnpike has physical signs up, um, in every bathroom. And so, um, to be able to identify, um, and read through and see if that's you. And so it's looking at those signs, seeing if there's people, you know, hanging around, longer than they should be at a truck stop. Um, and then if your, if your state does not have that type of campaign, then it's, you know, starting that advocacy with your turnpike, um, or Pennsylvania state turnpike, or sorry, state turnpike offices. Um, or highway control.

Janice Fulkerson: Yep, Sarah. Very good. It's almost like in the airports. Whenever you go into the airports, there are hotline, there's hotline information and signs posted in all the bathrooms. And you're right about the gender, uh, [01:00:00] you know, it is, you know, we typically talk in terms of gender, specific gender, um, areas when we're talking about this, but

it can cross all lines. All lines, all genders, all identities. So, we are at the top of the hour. Um, we had one question, um, from someone that I'd like to address, though. They ask, what about residents who are reportedly trafficked in recovery housing, where they're there for maybe SUD? But they're required to work or do some kind of work.

Um, I would encourage that person to reach out to Fletcher Group through our website and, um, we can talk more about that. Um, we always encourage all of our residents to be treated fairly. Um, and employment is employment with a wage and a salary, um, and it can be with a recovery house or anywhere else. So we want to make sure that we take the time to address [01:01:00] the evidence based practices around that. It's a big topic more than we can do in the Q& A here. Thank you, Sarah. Thank you for your time. Thanks for talking about such a heavy topic with our audience. It's important and there's a lot of resources out there. Um, we just need to look for them.

Sarah Medina: Yeah. And thank you guys for having me again.

Janice Fulkerson: Thank you.