Of Abolition, Aftermath and Aftercare:

The Restoration of Former Sex-slaves in the

United States of America

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Abolition

An estimated 27 million individuals are living in slavery around the world. The devastating weight of this number reaches a new gravity when compared with the dark history of the Trans-Atlantic slave trade. It is double the number of Africans enslaved, bought and sold for forced labor during the 19th century (www.love146.org). There is no definition of human trafficking that is universally agreed upon, and criteria qualifying a situation as trafficking are heavily debated. The Polaris Project, one of the largest anti-trafficking organizations based in Washington, DC, defines human trafficking broadly as "the modern day practice of slavery" (www.polarisproject.org). Nonetheless, there are characteristics that are generally accepted as indicative of incidence of trafficking. According to Save The Children, a nongovernmental organization based in Nepal, these characteristics include "violence, deception, coercion, deprivations of freedom of movement, abuse of authority, debt bondage, forced labor and slavery-like practices, and other forms of exploitation or use of force" (www.savethechildren.net). Trafficking involves the exploitation and abuse of a human being, the modern manifestation of slavery, according to the Victims of Trafficking and Violence Protection Act of 2000. The most recent Trafficking in Persons Report from June 2009 defines the severest forms of human trafficking as sex-trafficking and trafficking for labor:

> *sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age; or the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud or*

coercion for the purpose of subjection to involuntary servitude, peonage, debt, bondage, or slaver (TIP report 8-9).

Sex-trafficking is the second largest industry in the world (www.love146.org), following drug trafficking. And its global, epidemic nature has gotten the attention of a dynamic team of abolitionists: from high school students to lobbyists, musicians to presidents. The movement to abolish the modern slave trade is inspiring and has received attention globally (www.notforsalecampaign.org).

A question arises: How do former slaves reintegrate and achieve healthy wellbeing after severe trauma experienced during bondage? This paper will give an overview of the sex trafficking industry from a general and psychological perspective, analyze problems and needs of trafficked girls and assess the practices of aftercare treatment for young female former sex slaves. At its end, this paper will offer an analysis of the effects of trauma on individuals and the existence and effectiveness of aftercare programs for former sex-slaves in the United States, that future programs may be built on best practices of these programs and shortcomings may be avoided.

Human slavery is a "universal institution" that crosses cultures and time periods and continues today. Human trafficking was identified as an international issue during The United Nations Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others of 1949. It became legally binding to all those who ratified in 1951, though because prostitution is criminalized in the legislation, it has had a low ratification rate of 66 countries. Following this groundbreaking legal step, steps toward fighting trafficking in persons focused on trafficking women. There was a surge in nonbinding instruments in the international community, but over 50 years passed

before the next legislation was constructed and passed in the United Nations dealing with trafficking in persons entirely. In 2003, the UN Protocol against Trafficking in Persons was passed as the only comprehensive legal instrument that addresses both law enforcement and the rights of victims. The understanding of human trafficking as the modern form of slavery has evolved and broadened, with the acceptance that anyone can be trafficked and that enslavement can have many different forms (Short, 2009).

According to the Polaris Project,

> *sex trafficking is one of the most lucrative sectors regarding the illegal trade in people, and involves any form of sexual exploitation in prostitution, pornography, bride trafficking, and the commercial sexual abuse of children. Under international law, any sexually exploited child is considered a trafficking victim, even if no force or coercion is present* (www.polarisproject.org).

Current statistics show over 27 million individuals being trafficked in slavery around the world, and many are mobilizing in response in order to reestablish the abolition of human slave trade. Non-governmental organizations, human rights lawyers, activists, medical professionals, law enforcement form the modern abolitionists who daily work to free slaves. The dynamic roots of the problem are being met with an equally dynamic force of individuals seeking the re-abolishment of slavery in the world through means of rescuing those being trafficked and establishing sustainable law enforcement, policy and community practices that will eventually destroy the industry (www.notforsalecampaign.org, www.unicef.org).

With the millions enslaved around the world today, 1.2 million children are trafficked for sexual exploitation annually (www.unicef.org). Sex trafficking typically

happens when a trafficker identifies a vulnerable victim, targets them and removes them from their community. The trafficker will then sell the child to pimps, owners of various places for commercial sex trade, such as strip clubs, brothels or massage parlors. The slaveholder then methodically works to take control of the victim's life by stripping them of all identification and keeping the child perpetually guarded. From here, the process of psychological manipulation begins. The trafficker will continually refer to the "account" to which the child's debts are being charged. Food, housing, and clothes are all charged to this account, though the child has no control over the amounts. This debt is constantly referred to in order to leverage control over the child and convince them that they are obligated to do whatever the trafficker orders. Additionally, the hallmark of traffickers is the use of violence to break a child's resistance and train them to be compliant (www.notforsalecampaign.org). The result of this psychological and physical abuse can be intense, and the significant life changes alter the individual's way of thinking, feeling and behaving.

From a psychological perspective, human trafficking is creating and maintaining generations of traumatized individuals. Among the need for significant policy changes, rescue operations, political advocacy, and law enforcement intervention, abolitionists seek to address the need for high-quality, effective, sustainable aftercare programs for victims of human-trafficking, specifically sex-trafficking and commercial sexual exploitation. With sex-trafficking comes the complexity of addressing and treating sexual trauma, and related posttraumatic stress. An analysis of post-traumatic stress disorder (PTSD), along with complex posttraumatic stress disorder and respective treatments will be incorporated, as will be other treatment and therapy employed.

As individuals and groups from many disciplines join the movement to abolish slavery, those scholars and practictioners in the field of psychology hold a unique position. Since the publishing of Pierre Janet's *L'Automatisme Psychologique* in 1889, psychological understanding of the nature and effects of trauma on the human cognition, emotions and behavior have been the subject of focused research. Those in psychology have developed effective, varied methods of addressing the needs of the traumatized, whose resilience may be insufficient for overcoming the impairing symptoms following the traumatic event (s). Trafficked individuals have survived trauma that often affects them negatively, even after the traumatic event (s) have ceased. Responding to the needs of those traumatized with effective aftercare is an area of abolition, in aftercare programs, that psychologists and psychiatrists can contribute significantly, in research, training and practice.

Aftermath

Abolitionists serve in various areas of addressing human trafficking including political and legal advocacy, policy, and fundraising. Additionally there are individuals who take the steps to enter communities where sex-trafficking is occurring and rescue the victims and bring traffickers to justice. An example of this heavily engaged method of abolition is in the work of the International Justice Mission, a nonprofit organization based in Washington, DC (www.ijm.org). After rescue and legal processes, another branch of abolition is the aftercare for victims. The trauma suffered by individuals trafficked in the commercial sex trade does not end after their rescue. The psychological and emotional pain can be a deep and complex obstacle to healthy restoration and

wellbeing. From a psychological perspective, the victims of sex-trafficking have been traumatized. The complexity of the trauma experienced must be addressed appropriately.

Women and children who enter an aftercare program face obstacles to reaching a restored, healthy life. Therefore aftercare providers face the challenge of addressing those needs in a secure environment. Of the young women prostituted in the United States, 90% have been sexually or physically abused before (www.gems-girls.org). Dissociation from the trauma is one coping method that many employ. One prostituted child from Kansas City, Missouri, referred to her experience upon being initially trafficked and forced to perform sex acts, " The first 20 or so times were the hardest. Then you sort of get used to it and you don't think as much about it" (Smith, 2009). The psychological, emotional and physical trauma associated with sex-trafficking is intense and complex (Smith, 2009).

According to Kessler et al. (1995), 40-60% of adults have experienced some sort of trauma, whether indirectly or directly. Of these individuals, 8% will develop posttraumatic stress disorder (PTSD). From emotional numbing and avoidance to intense psychological distress and outbursts of anger, the symptoms of PTSD can alter the life of a patient drastically, to the extent of negative work performance, social impairment, lower employment, physical limitations, decreased wellbeing, negatively impacted social relationships and daily activities (Malik et al., 1999; Johnson, 2009). Individuals suffering from posttraumatic stress are most likely to seek care from a doctor as a result of physical symptoms rather than psychological ones, often somatic symptoms resulting from the mental or emotional distress following the traumatic experience (Johnson, 2009).

An individual suffering from posttraumatic stress can develop PTSD, complex PTSD or subthreshold PTSD. The latter two have not been established in the DSM-IV, though clinical field trials have been conducted and produced significant results, while extensive research on PTSD has resulted in a dynamic set of diagnostic criteria. According to the DSM-IV, PTSD is complex and frequently a chronic disorder, differentiated from acute stress disorder (ASD) in that symptoms are present for more than one month. Critical to understanding and correctly identifying PTSD is realizing that the individual's beliefs and cognitions attach significance to the feelings resulting from the trauma (Van der Kolk, 1996). A diagnosis of PTSD is complex because of such a large range of symptoms. According to the DSM-IV, to be diagnosed with PTSD, an individual must present with "at least 1 of 5 re-experiencing symptoms, at least 3 of 7 avoidance and numbing symptoms; and at least 2 of 5 hyperarousal symptoms" (Johnson, 2009). According to the DSM-IV, re-experiencing symptoms include

> Recurrent and distressing recollection of the events (images, thoughts, impressions); recurrent distressing dreams of the event; acting or feeling as if the traumatic event were recurring; intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event; and physiological reactivity on exposure to internal or external cues.

Emotional numbing and avoidance symptoms include:

> Efforts to avoid thoughts feelings, or conversations associated with the trauma; efforts to avoid activities, places, or people that arouse recollections of the trauma; inability to recall an important aspect of the trauma; markedly diminished interest or participation in significant activities; feeling of detachment or estrangement from others; restricted range of affect (i.e. unable to have loving feelings); sense of a foreshortened future (i.e. does not expect to have a career, marriage, children, or a normal lifespan).

And hyperarousal symptoms include: difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance, exaggerated startle response. Furthermore, the symptoms must impair the individual's important areas of functioning in clinically significant ways, such as occupationally or socially. The individual is suffering acutely if their symptoms last less than three months, and chronic if more than three months. PTSD can also be delayed, symptoms arising at least 6 months after the traumatic experience (Johnson, 2009).

The other variations of PTSD are subthreshold PTSD and complex PTSD. Subthreshold PTSD involves comorbid disorders and is demonstrated in an individual's "disability and suicidal risk" apart from the symptoms of PTSD (Marshall et al., 2001). Much research is needed to further an understanding of subthreshold PTSD. Complex PTSD is

distinct from PTSD in that it is likely the result of chronic interpersonal trauma that is "early, repetitive and severe" according to Johnson (2009). It is also referred to as type II traumatization and is likely associated with sexual abuse and domestic violence. Isolation also arises as a contributing factor in the research so far conducted (Johnson, 2009).

PTSD and complex PTSD are relevant to a discussion of the best aftercare programs for female victims of sex-trafficking for many reasons: Repeated, severe sexual abuse, such as is employed by traffickers, constitutes as a traumatic experience. Women are twice as likely to develop PTSD as men. Women present more frequently with symptoms of self-blame, suicide attempts, sexual dysfunction and revictimization than do men. Rape is most likely to be related to the development of PTSD, and sexual exploitation, among other methods of violent abuse, involves repeated rape. PTSD can develop at any time in the life cycle, potentially affecting victims in aftercare programs long after cessation of trauma and departing from the brothel or place where they are kept. Women and children coming out of intense, repetitive abusive environments will experience posttraumatic stress and may develop PTSD or complex PTSD (Courtois, 2004).

Individuals who have developed PTSD often struggle with cognitive alterations that impair their daily function. Tolin and Foa (2002) found that an individual's ability to adapt cognitively to the traumatic experience can serve as a "buffer" that protects or defends the individual against the negative event. However, if an individual possesses maladaptive cognitive processing, he/she is more likely to develop PTSD. This cognitive processing relates to the schemas, constant internal structures that serve to organize

incoming information in a significant or meaningful way, developed by people to derive meaning from their experiences (Simmons & Granvold, 2005). According to Tolin and Foa (2002), adaptive cognition can manifest in strong coping abilities, resilience and trust in others/environment. In contrast, an individual can express maladaptive cognition in intense fear, incompetence, unworthiness and vulnerability/weakness.

Individuals who survive being trafficked for sexual exploitation and develop PTSD should undergo effective treatment in order to diminish the power of the trauma in the individual's life and minimize the effects of symptoms in their everyday functioning. Having established this aim, the process of treating PTSD can be accurately described as comprehensive. Aftercare programs that seek to address safety and medical needs, food and housing essentials, legal documentation issues and employment goals must also address the psychological distress of an individual who has undergone severe sexual, mental and emotional trauma. This can seem an overwhelming goal, but aftercare providers, many of whom are survivors of sex-trafficking themselves, aim to accomplish the restoration of the women and children who come into their care (Very Young Girls).

Because the symptoms of PTSD are varied and complex, there are many treatments used by therapists today. Patients may exhibit difficult behaviors in treatment, such as:

> Treatment ambivalence/avoidance, premature termination, rapid and unpredictable shifts in moods, inability to identify or describe feelings, difficulty regulating affect, avoidant/phobic about experiencing emotions, higher risk of self-harm and suicidality, confusion regarding the past

> with present environment, severe attachment issues, enmeshment with abusers, little expectation of being understood and helped, re-enactment of trauma in a therapeutic environment, risk of regression, risk of dependency, and attitude of entitlement (Johnson, 2009).

As dynamic as the symptoms of those struggling with PTSD, treatments offered are equally diverse. The goal of the therapist initially is to assess safety of the victim's situation, explore if there are medical issues, and investigate for substance abuse. Afterward, the psychotherapeutic intervention may begin and take many forms (Johnson, 2009).

According to the Expert Consensus Panel, the Veterans Administration, the National Institute of Mental Health, the International Society for Traumatic Stress Studies, the Academy of Family Physicians among other researchers, the therapist can provide external regulation to the patient, for whom PTSD can inhibit self regulation. Apart from the specific method of therapy offered, the therapist should offer general education on the nature of PTSD. Additionally, it is important to communicate to the patient that trauma-related symptoms, like those they are is experiencing, are normal and usual after a traumatic event and can be "overcome" (Johnson, 2009).

From the core components of the therapeutic perspective, treatments vary widely. Primarily, according to Foa et al. (2000a, 2009) the use of Cognitive Behavioral Therapy (CBT) as well as the use of selective serotonin reuptake inhibitors (SSRI) have been substantially supported by research in the last decade. Other therapies show meaningful results, but they have not been as extensively researched as CBT, and therefore are still

being tested. CBT is focused on addressing biopsychosocial elements of PTSD and the main elements are as follows:

> Establishing and maintaining a therapeutic relationship, psycho-education about trauma and PTSD, emotional regulation, stress management, identifying and connectin thoughts, feelings and behaviors related to trauma, developing a beneficial narrative of the self and the world associated with trauma, encouraging appropriate and gradual exposure to trauma memores and reminders/cues, cognitive and affective processing of the trauma, education and rehearsal of healthy interpersonal relationships, personal safety skills training, coping with future reminders… and relapse prevention (Johnson, 2009).

Furthermore, anxiety management, a significant part of CBT, equips individuals with PTSD to cope with the symptoms of posttraumatic stress rather than being overwhelmed by the emotions and memories. What is important to recognize is that anxiety management does not erase memories but facilitates coping strategies to make these symptoms manageable. This is one of the most useful treatments for individuals suffering from PTSD (Foa et al., 2000a, 2009). Anxiety management includes education about nervous system responses as well as dual awareness of the traumatic experience and techniques for coping with the resulting anxiety (Johnson, 2009).

In addition to CBT, researchers have developed many other methods of therapeutically addressing the needs of individuals suffering from PTSD. Cognitive

therapy (CT) is distinguished by its "structured, short-term, present-oriented psychotherapy", adapted by Beck (1964) to treat PTSD from use with depressed patients and focuses on the powerful impact thinking has on behavior and emotion. Furthermore, dialectical behavior therapy is most useful when PTSD is mediated by "destructive impulsivity, suidality, and a chaotic lifestyle" (Johnson, 2009) and is organized in stages with clear goals aiming to emphasize self-acceptance and self-awareness. Dialectical behavioral therapy employs various techniques including beanbag tapping, music with movement, repeat breathing, cue cards and journaling in order to facilitate the patient getting reconnected with their internal and external responses to stimuli and practicing healthier cognition and behavior. Trauma counseling addresses issues of control primarily in the context of setting up rapport and establishing a secure environment for the patient with the goal of facilitating survivors' ability to "manage their reactions, express and deal in a productive manner with their feelings, to come to terms with the difficult experiences they have lived through, and to solve associated problems with daily living" (Johnson, 2009). Exposure therapy addresses the primary clinical issue of avoidance by aiming to correct the pathological cognition associated with traumatic memory. The therapist will expose the individual to the traumatic event in a secure environment and integrating accurate information while the individual is re-experiencing the trauma. With imaginal and *in vivo* exposure, the therapist will aid a person in facing situations, people and emotions connected with the trauma as well as identifying, reordering and neutralizing the environmental cues (Johnson, 2009). Systematic desensitization is related to exposure therapy and was developed by Wolpe (1958). It couples an anxious response to re-experiencing the trauma with a relaxation technique

over time, equipping the patient to confront and overcome related anxiety. Self-regulation therapy is a mind/body desensitization process where the patient addresses elements of the trauma little by little in a secure environment. Stress inoculation therapy (SIT) was developed by Meichenbaum (1996, 2007) and is a complex CBT with the primary goal of having individuals able to communicate their history with a full awareness of the impact on themselves, their self-concept and the way they see the world and the future. SIT is implemented in three phases: conceptualization, skills acquisition, consolidation and rehearsal and application training.

With CBT and anxiety management being the most researched methods of treatment for PTSD symptoms and a variety of therapies offering various advantages to effective treatment, it is important to include psychodynamic therapy, which operates from a different philosophical foundation than cognitive therapy. Psychodynamic therapy operates from the view that the symptoms presented by patients suffering from PTSD are evidence of the individual trying to adapt to the traumatic event, not necessarily defective but a natural response to trauma. One of the foundational distinctions of psychodynamic therapy is that the symptoms are viewed as "compromises" made by the patient in response to the traumatic event. The task of the therapist is to engage the patient and find the meaning of these compromises and work to resolve them (Foa et al., 2009). This is accomplished in three phases, wherein the patient establishes a sense of safety, the traumatic event is explored thoroughly and the individual is able to re-connect meaningfully in relationships and with other sources of fulfillment and significance in their life (Johnson, 2009).

One challenge for therapists treating individuals with PTSD is the need to put aside one's own set of beliefs and offer themselves as a "tool of the moment," meaning being prepared to engage the patient on their own cognitive, emotional and functioning level (Johnson, 2009). This does not mean employing techniques or methods that neglect individuality, as that can be harmful to the trustful relationship necessarily established between the patient and therapist. However, this suspension does allow for "clinical flexibility" (Johnson, 2009) with a focus on the patient that honors their uniqueness and protects the therapeutic relationship from becoming focused on the therapist's needs. The stages of treatment for PTSD are complex but constant through the various types of treatments:

> Ensure safety, aim for stabilization-symptom containment and reduction, emphasize grounding-being in the here and now, allow remembrance and mourning, encourage the person to talk about their trauma- besensitive in inquiring about trauma, loss, or violence, be emotionally supportive-meet the person where they are (be careful to not push beyond what they can manage to process), create choices for management and control…, reassure them that it is not uncommon to experience distressing symptoms, while reinforcing skills development, progress, and mastery for managing those symptoms, aim for deconditioning of trauma memories, emotional responses, and somatic responses, relieve irrational guilt, provide education about

> acute stress and posttraumatic stress…, normalize their experience as a biological reaction which causes changes in the brain…, aim to restructure traumatic/personal schemas, aim to re-establish secure social connections and interpersonal efficacy, repair emotional experiences, and reintegrate rehabilitation (Johnson, 2009).

Because sexual and psychological trauma are core components of sex-trafficking (Schisgall, 2008), the aftercare for survivors must address the needs of individuals who may be suffering from posttraumatic stress. Depending on the program resources, structure and goals, a young woman or child who has been trafficked for sexual exploitation and developed PTSD or complex PTSD may be able to overcome her disorder and lead a healthy, functioning life. Aftercare program models vary across situations in availability, quality, resources, and results (www.projectrescue.org, www.love146.org, www.ijm.org).

Aftercare

> Children cannot be liberated from bondage only to end up at risk of starvation, homelessness, or being re-trafficked and exploited. At this very moment, children in brothels around the world could be set free if additional safehomes and trained caregivers existed. (www.love146.org)

In the United States, the number of children domestically trafficked is between 300,000 and 700,000, misidentification being a principal obstacle to accurate statistics (Smith, 2009). The Department of Justice estimates that those who enter the commercial

sex industry are between 12 and 14 years old on average. For the individuals who are freed, there are currently five residential aftercare facilities in the United States specific to those who have been trafficked for sexual exploitation (Smith, 2009). The Girls Educational and Mentoring Services (GEMS) Transition to Independent Living (TIL) in New York City, Standing Against Global Exploitation (SAGE) Safe House in San Francisco, Angela's House in Atlanta, the Letot Center in Dallas, and Children of the Night in Los Angeles (Smith, 2009). Another, Courtney's House in Washington, DC, is scheduled to open in Washington DC early in 2010 (www.courtneyshouse.org). The aftercare programs of these facilities offer an in-depth look at the way the psychological needs of those who have been trafficked for sexual exploitation, though they may differ from the most researched practices.

Love146 is a non-profit organization founded in 2004 with the goal of "the abolition of child sex slavery and exploitation" through prevention and aftercare programs (www.love146.org). Dr. Gundelina Velzco, a recognized international consultant in counseling psychology, serves as the Director of Aftercare at Love146. The philosophy of aftercare at Love146 is holistic, and their established Round Homes are constructed and directed carefully with the health of every child in mind. Staff operate the home with a focus on "the needs of the exploited and traumatized child, which include both the needs of ordinary children as well as children who have been wounded in many ways, lack hope, are broken, lack opportunities and self-worth" (www.love146.org). The round home model is literally a home constructed without corners that creates a physically and psychologically safe environment that fosters a community, home atmosphere. The round home reflects the attitude that staff seek to

maintain toward the children, “there are no sharp edges to the behaviors of the caregivers.” The issue of isolation is a contributing factor to complex PTSD, and the trauma of being removed from a family situation in any way and placed in a harmful, violent community within a brothel or sexually exploitative location is traumatic. To address this, each child has their own bedroom in the round home, and each leads into the center room, communicating that each child is involved and valuable to the group. The approach to care is holistic and dynamic, honoring the uniqueness of each child’s experience and needs. Caregivers focus on the physical, mental, psychological and spiritual needs. Their goals are outlined with the knowledge of the obstacles facing traumatized individuals: keeping the child physically safe, well provided for, psychologically safe, instilling hope, effecting healing and restoration, promoting growth and development, facilitating the release of potential, enabling liberation from trauma and realizing self worth, as well as enabling the child to realize their worth in society. The actions taken to achieve each of these goals are detailed in the Rounded Home Philosophy (www.love146.org). To address the need for effecting healing and restoration, for example, caregivers will develop a program and schedule for psychotherapy for each child, built on a team approach, in addition to employing play therapy, art therapy and music therapy. In addition to specific goals, objectives and action plans for achieving those goals and objectives, caregivers have a careful system of interventions for common problems associated with the children. Psychotherapy seems to be emphasized, though CBT is included in the interventions (www.love146.org).

Girls Educational & Mentoring Services (GEMS) is one of a kind in New York City, an organization begun by a trafficking survivor, Rachel Lloyd, to serve girls who

have “experienced commercial sexual exploitation and domestic trafficking” (www.gems-girls.org). It was founded in 1999 and aims to “provide women with empathetic, consistent support and viable opportunities for positive change” (www.gems-girls.org). Founder, Rachel Lloyd was formerly trafficked as a sex worker and brings her personal story of survival and empowerment to girls and young women she serves. GEMS offers comprehensive help, from housing and social support to court advocacy and trauma based therapy. GEMS also operates from a holistic philosophy, with counselors providing individual support for those referred to their programs. Furthermore, individual and group counseling is provided by the clinical director of the program. The Youth Development Programming component offers recreational, educational and therapeutic groups that offer the girls and young women opportunities to engage in “health education, poetry, art therapy, photography, cooking, creative writing, grief and loss therapy, and drama” as well as leadership empowerment and training (www.gems-girls.org).

Standing Against Global Exploitation (SAGE) located in San Francisco, California, is operated by survivors of commercial sexual exploitation with the vision of “improv[ing] the lives of individuals victimized by, or at risk for sexual exploitation, violence and prostitution through trauma recovery services, substance abuse treatment, vocational training, housing assistance and legal advocacy” (www.sagesf.org). Caregivers at SAGE emphasize offering client-centered resources and identifies that the individuals being treated come from multiple cultural backgrounds and present with diverse needs. Their aim is to honor that diversity and provide trauma-sensitive services that offer individuals physical and emotional treatment, opportunities for vocational

empowerment, education and individual counseling (www.sagesf.org). Unique to SAGE is that 85% of their clients are diagnosed with substance abuse as well as mental health conditions. The Mental Health Program offered by SAGE is operated by therapists skilled in working with trauma, addiction and sexual exploitation. The first goal for many clients is sobriety, and from there treatment programs can be initiated to facilitate trauma recovery. Those in the Mental Health Program have access to a broad support system including "counselors, peers, and health practitioners" in addition to therapists (www.sagesf.org). Additionally, therapists are equipped to facilitate Eye Movement Desensitization (EMDR), one of the more recently developed techniques for addressing symptoms associated with trauma, emotional pain and anxiety (www.sagesf.org).

Angela's House in Atlanta, GA, is a residential facility for the sexually exploited in the city with the highest rate of sex-trafficking in the country. It was created in 1999 through the partnership of many female leaders from the Juvenile Justice fund, the Fulton County Juvenile Court and the Atlanta Women's Foundation. Angela's House is a safehouse for girls 11-17 years old who have experienced sexual exploitation. It serves as a residence for as many as six at a time, with a holistic, family-like atmosphere and professional treatment in individual and group counseling, as well as many other activities and recreation, such as skill and leadership workshops, the arts and exercise. Over 90 girls have been helped through the program (www.juvenilejusticefund.org/programs/cease/angelashouse.aspx).

The Letot Center is located in Dallas, TX and has been touted as the "most comprehensive facility in the country for runaways," most of whom end up at the center after being exploited by adults in trafficking (Hyde, 2008). The Letot Center is a 40-bed

residential home for children brought in by police for runaway, truancy and Class B misdemeanors. An anti-trafficking organization, Shared Hope International, reported on the response to domestic sex-trafficking by private and public agencies in Dallas in September of 2008, and praised the work of the Letot Center in offering protective placement and connecting trafficked children with community services effective in addressing the "extreme psychological, emotional and physical abuse by traffickers…" (Hyde, 2008). The report showed that of those individuals arrested for prostitution, 80% of them had run away from their homes. As sex-trafficking has become a significant problem in the Dallas area, the police department initiated the Child Exploitation/High-Risk Victims and Trafficking Unit in 2005. The unit focused on the root causes of children running away and addressing those issues principally. With this renewed focus, police began to send runaways to the Letot Center, whose statistics show that 73% of children who stay at Letot are not arrested for prostitution in the following year (Hyde, 2008). Letot works with both private and public providers in its program for residents, involving group therapy, individual and family counseling, life skill development and confidence-building workshops (Hyde, 2008).

Children of the Night is located in Los Angeles, CA, and is the only facility in the United States that serves only child prostitutes in North America. It is a 24-bed facility that offers child prostitutes shelter, food, clothing and services and education to help them restore their lives and become healthy, fully functioning adults. The program is significantly structured around on-site education and life skills training, followed by individual case management for child prostitutes 11 to 17. Each child receives their own bedroom, as long as space is available; and the curriculum is customized to their learning

level with the goal of reaching age-appropriate grade levels before departing from Children of the Night. Additionally, each forms a "life plan" and is involved in sports, recreational activities, arts and crafts workshops, 12-step meetings among others. The atmosphere is nonthreatening, supportive and structured, and residents are offered services to help them transition out of the home and back home to their families, or in a foster or group home, living independently or progressing on to college (www.childrenofthenight.org).

Courtney's House is scheduled to open in Washington, DC, in early 2010, serving girls who are 11 to 17 years old and have been involved in sex-trafficking. Founder and former child prostitute Tina Frundt envisions the residential facility to be a safe place with a nurturing home environment and "therapeutic and emotionally healing atmosphere." In this setting, she and a staff of fellow trafficking survivors seek to establish shelter for ten girls at time to go through a program involving psychological, mental, medical, and educational evaluation and services. Services include home schooling, building life skills, engaging in group therapy and support groups as well as individual therapy or counseling and case management (www.courtneyshouse.org).

With a summary of the available residential aftercare programs, it is important to note the absence of CBT or Anxiety management in most of the treatments discussed. Counseling, group therapy and individual therapy are the most used methods of treatment for trafficked girls in these facilities. Research indicates that complex trauma, which is repetitive and escalates over time, can lead to complex PTSD in the lives of those who have experienced human trafficking. Complex trauma can have very serious, intense consequences and must be appropriately addressed, and this is the reality of aftercare for

sex-trafficking victims. While the most researched and effective treatment for PTSD is CBT and Anxiety Management, Courtois asserts that the most effective treatment for complex PTSD involves a balance of psychotherapy and psychopharmacology, though treatment programs must be tailored to the needs of the patient. Treatment can be complex because the symptoms involved with posttraumatic stress are complex, ranging from dissociation to hyperarousal. Another important factor is a "whole-person philosophy" and an emphasis on safety and regulating the individual's emotional state (Courtois, 2004). This factor is being applied in most aftercare residential programs in the United States.

Aftercare programs serve as the restorative component of modern abolitionist movement to end sex-trafficking. Providers in residential programs, many of whom are survivors themselves, have proactively established safehomes with programs centered on counseling, skill development, emotional and social security, physical health, and mental development in response to the complex and severe trauma endured by the girls they serve. While the most effectively tested treatment methods for PTSD and related symptoms are CBT and Anxiety Management (Courtois, 2004), aftercare facilities around the United States are primarily operating on psychotherapeutic techniques and holistic philosophies, which may be more aligned with the needs of those who have suffered through complex trauma.

Conclusion

The needs of the traumatized have received the attention of the psychological community for over a century. The research conducted, diagnoses understood and treatments developed have resulted in many restored lives, with the symptoms of a

traumatic experience being resolved in a healthy manner. Sex-trafficking has traumatized a generation of people whose lives are impaired as a result of their repeated traumatic experience. Some have developed PTSD, subthreshold PTSD or complex PTSD, and face other obstacles to their mental, emotional, physical and spiritual wellbeing. The movement to abolish the sex-trafficking industry is dynamic and inspiring, uniting people from many disciplines and across many cultures. The efforts of aftercare providers in the United States source from largely a holistic, psychotherapeutic orientation. Though CBT and anxiety management are the treatments most researched, the aftercare residential programs in the United States focus primarily on psychotherapeutic or counseling intervention. With an overview of the sex trafficking industry from a general and psychological perspective, incorporating the reality of posttraumatic stress that may lead to PTSD or complex PTSD. The practices of aftercare providers in six major cities in the United States were analyzed and compared with literature on the most effective treatments for posttraumatic stress. Sex-trafficking is a reality affecting millions around the world everyday. With the hope of effective abolition of sexual exploitation, current generations must prepare to provide restorative aftercare to those freed from traffickers. With the best of psychological research on effective treatments for problems associated with trauma, aftercare programs can be enhanced in their effectiveness. With this review and analysis, future programs can be built on best practices of these programs and increased to offer aftercare programs to more survivors of trafficking.

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