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Anne's House: A residential program for trafficking victims

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Opened by the Salvation Army in 2010, Anne's House is the first long-term, residential program in the Chicago area for young women and girls who were victims of sex trafficking. The program offers comprehensive residential services to sex trafficking victims and was designed to address the limited number of shelters and services available for this unique population.

The Salvation Army is a Christian faith-based organization offering social service and religious programs in 118 countries. Since its inception, the organization has worked in communities around the world to ad-

dress human exploitation with a particular emphasis on prostituted women (Smith, 2010).

Anne's House is dually licensed by the Illinois Department of Children and Family Services (DCFS) as a group home and a child welfare agency and can provide residence for up to eight young women and girls who were victims of sex trafficking. The home helps these victims establish and maintain successful, independent lifestyles that are free from sexual exploitation.

Anne's House is part of a larger Salvation Army initiative, the Partnership to Rescue our Minors from Sexual Exploitation (PROMISE). PROMISE focuses on awareness, prevention, intervention, and service delivery for sexually exploited children. In 2005, the Chicago Salvation Army created a PROMISE task force that included individuals working in social service, education, legal and judicial systems, health-care, and law enforcement. Anne's House fulfills the PROMISE mission of providing services to victims of sex trafficking.

Anne's House partners with police and prosecutors, hospitals, the YMCA, and local schools.

Human trafficking: An overview

What constitutes human trafficking is often misunderstood. Trafficking of Victims Protection Act defines trafficking in persons as either one of the following:

Pat Quinn, Governor
Peter Ellis, Chairman
Jack Cutrone, Executive Director

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- Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age.
- 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 slavery.

This definition of trafficking does not require a victim to be physically transported from one place to another. However, a layperson may view trafficking occurring only when foreign-born individuals are transported to the United States. According to the U.S. Department of State, there is a “myth of movement.” According to the department’s *Trafficking in Persons Report 2007*, to define trafficking in persons on the basis of movement is to create an artificial and unfounded distinction between victims who are exploited without being moved and those who are moved prior to and during their exploitation (2007).

This report focuses on those who were “domestic” sex trafficking victims—those who were born in the United States—and services provided to those who voluntarily consented to receive assistance needed, at least in part, because of their involvement in trafficking, prostitution, or the sex trade.

Obstacles to obtaining services

Victims of sex trafficking who wish to seek help or treatment may encounter a wide range of obstacles. According to Clawson et al., (2009), many victims may have a lack of knowledge about the location or availability of services. Others may be limited by transportation issues or lack of finances. In addition, many trafficked individuals are unaware there are free medical services available for treatment and assistance (Clawson et al., 2009). Victims may also be reluctant to seek treatment out of fear of stigmatization and many are even unaware that they are victims. Others may fear they have broken the law by engaging in prostitution or, in the case of juveniles, may fear being returned to a bad home situation (Clawson et al., 2009). Furthermore, many trafficking victims feel responsible for their situations (Williamson, Dutch, & Clawson, 2008).

Another barrier is the control of traffickers. Traffickers target vulnerable populations and lure victims with false promises of money, protection, and emotional attachment (Hopper & Hidalgo, 2006; Shkurkin, 2004; Raphael & Ashley, 2008) and create environments of fear and dependency (Hopper & Hidalgo, 2006). They may constantly monitor their victims and rarely give them freedom to leave on their own even for short periods of time (Hopper & Hidalgo, 2006). Victims may be controlled through threats of violence, physical assaults, isolation from friends and family, and the withholding of their money. The victim then becomes dependent on the trafficker for basic needs such as clothing, food, and shelter (Hopper & Hidalgo, 2006). The trafficker may reduce his victims’ self-identity and self-worth with constant verbal abuse and degrading comments (U.S. Department of Justice, 2010).

Some victims may not want to exit their former lives because of a “trauma bond” with their trafficker (Clawson & Goldblatt Grace, 2007; Shkurkin, 2004; Reid, 2010). A trauma bond is similar to Stockholm Syndrome which explains the paradoxical psychological responses of hostages to their captors when threatened with death by a captor who is also kind in some ways. Hostages develop a bond with their captor and hostility toward authorities working for their release (Graham, Rawlings, Rimini, 1988). Similarly, women who experience violence along with some kindness from an abuser may form a bond with that abuser (Graham, Rawlings, & Rimini, 1988; Shkurkin, 2004).

Victims may view a trafficker’s provision of food and clothing or refraining from physical assault as acts of kindness (Hopper & Hidalgo, 2006). They interpret these actions as feelings of love and expressions of caring. As Reid (2010) found in a study of trafficking services across the county, “the grooming process that is used by traffickers [on minors] is a mixture of reward (allowing them access to the forbidden world of adults—drinking, drugs, independence) and punishment (physical or sexual violence), freedom and bondage, acceptance and degradation, all used to produce intense loyalty and trauma bonding to the trafficker. Especially for throwaway children and those in foster care, these moments of perceived affection have a great impact. The ‘good times’ prevent and keep the victim from acknowledging the abuse. The

trafficker may be the first person who ever bought the victim gifts or took him or her to a nice restaurant. Providing manicures and pedicures or a day at a theme park were repeatedly mentioned as popular ways sex traffickers would groom victims,” (p. 158).

Trafficking victims will often see traffickers as “boy-friends” and view them as their protectors rather than perpetrators (Williams & Frederick, 2009; Goodman & Leidholdt, 2011; Raphael & Ashley, 2008; Reid, 2010). The shame and feelings of guilt that result from the acts victims were forced into performing also may reinforce social isolation and increase their bonds with their traffickers. Those in short-term programs often return to the familiarity of the trafficker and prostitution (U.S. Department of Justice, 2010). Programs need specific protocols to work with those who are running away as part of each girl’s treatment plan, as well as intensive one-on-one case management during heightened risk periods for running away (Clawson & Goldblatt Grace, 2007).

Anne’s House overview

Program budget

The annual budget for Anne’s House is about \$400,000. The majority of the funding comes from one private anonymous donor. Other donations are received by Anne’s House through the PROMISE website and via smaller fundraising efforts. A variety of companies and small businesses also donate a portion of their sales to the home.

Program goals

The program has a number of short and long term goals to improve the health and welfare of its residents.

Short term goals for its residents include:

- Providing housing, daily meals, and clothing.
- Increasing awareness about the benefits of residential stability.
- Attending school, job readiness, or vocational programs.
- Increasing knowledge of consequences of high-risk sexual behaviors.

- Establishing positive relationships with Anne’s House staff.
- Increasing awareness of the need for treatment.

Long term goals for its residents include:

- Permanent housing.
- Securing and maintaining employment.
- Decreased high-risk sexual practices.
- Decreased involvement in abusive, exploitative relationships.
- Maintaining a healthy relationship with one responsible adult.
- Achieving sobriety and stable mental health.

Facility

Anne’s House is painted in neutral colors with bright and colorful artwork and rugs throughout the living spaces. Residents have access to the kitchen at all hours, a living room with a large television, a dining room where they eat meals together, and a quiet space where they can be alone. Residents at Anne’s House share rooms with each other but each girl has enough space to keep her things. Residents are allowed to bring their personal belongings and decorate their spaces.

The facility is staffed 24 hours a day and security cameras monitor all exits of the home. Residents are able to come and go during certain hours with permission, but the doors of the home are always locked and monitored. A buzzer system permits access and an alarm system alerts staff to any unauthorized entrance or exit. The address of the home is not disclosed to protect residents from being located by their traffickers.

A staff of 12 provide care around the clock, with two staff members on site at all times. All staff are given comprehensive training on the dynamics of trafficking to address the overlapping challenges faced by these victims, including domestic violence dynamics (bonding with trafficker), sexual abuse trauma, post-traumatic stress disorder, substance abuse issues, psychological issues, medical concerns, and life skills. Staff

are subject to local and national criminal background checks, DCFS background checks, and driving record checks. Staff may be subject to drug testing. Staff are mandated reporters of suspected child abuse and neglect and must report these to DCFS.

Program participants

Residents must be of ages 12 to 21 years old, female, and victims of sex trafficking or at risk for being sex-trafficked. Those who are pregnant and/or have children in their custody are ineligible for residency. Residents must voluntarily enter the program and abide by its rules and regulations and may leave the program at any time. Anne's House cannot accept individuals who are psychiatrically unstable. Those experiencing psychotic symptoms or homicidal/suicidal ideation are referred for more intensive treatment. Residents typically stay for about one year but are allowed to stay until the age of 21 years old. House capacity is eight residents.

Referrals to the program are made by government and non-government organizations across the country, such as correctional centers, local law enforcement, the FBI, health service agencies and hospitals, and social service agencies. Anne's House accepts parent referrals and requests by victims themselves to participate.

Upon referral, staff conducts an initial interview with both the potential resident, and the primary caregiver if the girl is under the age of 18, to determine eligibility for the program.

Following the initial phone screening, staff at Anne's House will collect collateral information about the potential resident, such as mental health records, medical records, and substance abuse treatment records. Anne's House staff then schedules an additional interview with the potential resident and primary caregiver for further screening and to complete the intake questionnaire. The second interview is ideally conducted in person, but exceptions are made if the potential resident or caregiver is unable to do so based on location or another barrier. Anne's House staff will then meet with case workers to determine if the resident is a good fit for Anne's House or if she is in need of other services first, such as substance abuse treatment, or would be better served by a different type of program.

Anne's House provides long-term, trauma-based care and rehabilitation to break the trauma bonds the residents have with their traffickers.

Victim service needs

Women and girls who have been sex trafficked are often in need of a variety of services. Human trafficking poses serious health and safety risks for its victims. Trafficked children often experience long-lasting physical and psychological trauma, as well as social ostracism (U.S. Department of State, 2010). A national needs assessment of services for trafficking victims found the greatest needs of sex trafficking victims were legal/paralegal services, medical services, and referrals (Clawson, Small, Go, & Myles, 2003).

Trafficking victims' physical health often suffers due to violence inflicted on them. Hughes (2005) reported that threats, beatings, and sexual assaults are experienced by the majority of women working as prostitutes. It is estimated that more than 75 percent of victims of sex trafficking were physically assaulted and more than 65 percent experienced sexual assault (Clawson, Dutch, & Williamson, 2008). Hunter (1993) found that 53 percent experienced sexual torture, including burning, gagging, hanging, being bound or pierced, and being penetrated with objects. In addition, women who are involved in the sex trade have a mortality rate that is 200 times higher than the average population. In addition, this population is 18 times more likely to be murdered (Hughes, 2005).

Trafficked individuals may experience reproductive consequences, including HIV/AIDS, STDs, pregnancy, and fertility issues (Clawson & Goldblatt Grace, 2007; U.S. Department of State, 2010). In addition, they may experience infectious diseases, such as hepatitis and tuberculosis, and other health problems, such as dental cavities, missing teeth, malnutrition, and general poor hygiene (Raymond & Hughes, 2001).

Trafficking victims need treatment for post-traumatic stress disorder, depression, anxiety, and dissociative disorders (Clawson et al., 2008). Trauma may

also cause physical ailments, such as chronic pain and headaches (Clawson & Goldblatt Grace, 2007). For some, substance abuse may ease psychological symptoms, with substances used as a way to cope. Others may be forced to use substances by traffickers who want to control and coerce their victims in order to “take more clients, work longer hours, or perform things they would otherwise find objectionable,” (Clawson et al., 2008, p. 9).

Service delivery

Anne’s House provides long-term, trauma-based care and rehabilitation to break the trauma bonds the residents have with their pimps or traffickers. Residents receive a variety of services to help them deal with the trauma they have faced. Staff at Anne’s House tailor the program to each resident’s individual needs. The program offers psychological services, medical services, educational and vocational services; and recreational activities. Anne’s House tries to provide its residents with the opportunity to better themselves and help them find ways to cope with their abusive past. Transportation to services is provided.

Anne’s House follows the four core principles for shelter programs serving trafficking victims provided by the U.S. Department of State (2010).

Principle 1: Rebuild a sense of empowerment, trust, and community

Traffickers deny victims their basic freedoms, leaving them feeling trapped, fearful, and ashamed. A shelter is often the first place victims are offered assistance to rebuild what was shattered by the trafficker. Effective residential programs adopting this principle create an environment offering victims:

- Access to family, friends, and the community outside the shelter.
- Power to cooperate in the process of developing their own plan.
- Comfortable accommodations resembling a family residence rather than an institutional setting.
- Respectful treatment as individuals with rights and not as criminal offenders.

- Respectful, caring, and qualified staff.
- Opportunities to work and the ability to leave the shelter at will.

Principle 2: Ensure safety and well-being of clients

The goal of a residential program is to provide a safe haven and move a trafficked person from crisis to recovery. Anything endangering a trafficked person’s safety or well-being is in direct conflict with this main goal. Trafficked persons have physical safety needs that require protocols and physical building enhancements for their protection. However, shelter programs must meet these safety needs in a manner that does not diminish the residents’ well-being.

Some believe that in order for homes to truly be secure—and referred to as a “safe home”—their location should never be disclosed.

Principle 3: Offer a combination of comprehensive services

Services should include psychological, medical, legal, educational, life skills, vocational, and translation/interpretation. Residential programs should be both a safe haven and a place where trafficked persons can access critical and comprehensive services beyond emergency assistance of food and shelter. These services help the trafficked person begin the process of healing body and mind and reintegrating into society. They may also serve a preventive purpose and decrease the likelihood of re-victimization.

Principle 4: Offer individualized services

Each trafficking experience is unique and affects individuals differently. Tailored recovery plans may include:

- Individualized case management.
- Intake as well as needs and risk assessments.
- Cultural and linguistic considerations.
- Confidentiality.
- Safety and safety planning.
- Reintegration services.

Clinical services

Residents are given psycho-social evaluations, comprehensive treatment plans, and individual counseling. In addition, psycho-educational groups covering topics such as healthy relationships, partner abuse, high-risk sexual behaviors, conflict resolution and problem solving, and managing emotions are provided. In October 2011, a survivor-led group was started, meeting for two hours twice monthly. The group was designed to give the residents a chance to talk with another survivor of sex trafficking.

Anne's House initially provided clinical services through two full-time, in-house therapists from the Children's Clinic, a community-supported health care organization. But in April 2012, Anne's House contracted with Cornerstone Counseling Center of Chicago (CCCOC) for therapy services outside the home. CCCOC incorporates evidence-based practices into their client work. Every client receives individualized care based on their needs and goals. All therapists working with residents are certified to provide trauma-based therapy.

Medical and psychiatric services

All residents are given referrals to doctors and clinics for comprehensive physical examinations, dental check-ups, and vision tests, and to follow up with prescribed care. When warranted, residents are given referrals to mental health facilities where clients can obtain psychiatric evaluations and follow up with prescribed care. Anne's House utilizes a clinic and hospitals in the area. Medications are locked and made available when needed.

Educational and vocational services

At intake, residents are given educational needs assessments that incorporate school attendance level, grades, and emotional stability. Residents are given referrals and placements in local public schools. Students are driven to school by Anne's House staff. Some of the residents are not placed in a traditional school setting because they do not meet the age requirements, are unable to read or write, or have limited ability to speak English. Anne's House offers tutoring services by community volunteers and access to a variety of coursework to help participants strengthen their academic performances. Residents that have graduated high school or obtained their

GED have the option of attending community college in the area. Residents also may be given referrals to vocational training and job readiness and placement.

Recreational and spiritual activities

Residents have access to a local fitness center and on-site fitness equipment, library, movies, and games. Residents at Anne's House may engage in gardening, errands, bike riding, movie nights, and other activities. Recreational activities are structured and used as a way to keep residents entertained and involved in the program.

Anne's House staff provide hands-on instruction on life skills, personal finance, and etiquette. Residents are given an opportunity to establish relationships with mentors and peers who can provide needed support, modeling, and guidance. Residents accompanied by staff use donated gift cards to go shopping at local retailers for lessons on comparing prices, budgeting, and purchasing appropriate clothing and personal items. Residents receive a weekly allowance of \$10 to spend freely.

Every morning for five minutes, there is a meditative/spiritual reading, which teaches values such as courage and faith. On Sundays, there is an optional trip to the local Christian church. Finally, there is a group led by a youth pastor.

Rules and regulations

Residents at Anne's House are required to follow the rules of the house. Violating the rules may result in disciplinary actions ranging from removal of privileges to dismissal. Cell phone usage is restricted for safety and confidentiality reasons. Drug and alcohol use is not permitted. Smoking is not permitted in the house. Residents must attend school, work, or educational/vocational services. All residents are expected to complete daily chores. Curfew is 9 p.m. Sunday through Thursday and 11 p.m. on Friday and Saturday. Other rules include maintaining personal hygiene, and wearing modest clothing.

Residents must inform staff about their comings and goings. Residents must fill out a sign out sheet which records the time they are leaving, the time they plan on being back, the phone number of where they will

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be, where they are going, who they are going with, and their means of transportation.

Phone calls are monitored through a phone log of the date, time of the phone call, the caller, and caller's phone number. When a resident wants to make a phone call, staff dials the number. During the call, the phone and resident remains visible by a staff member. Residents also have the ability to access the Internet while at Anne's House, but Internet usage is monitored by staff. Computer use is monitored.

Visitors must be approved and are typically limited to their legal guardian or immediate family members. Those who have had an active role in the exploitation or a history of abuse against the residents are not permitted visitation. Visitors are restricted to certain areas of the house and must follow all house rules. They are subject to security checks and must pass through a metal detector. Visits are limited to two hours. Residents may receive passes to visit family members outside of the home.

Friends are not permitted in the home, but residents may obtain a pass to visit with friends. When there is a special occasion such as a birthday party, Anne's House staff will accommodate the girl's friends by hosting the party in a neutral location, such as a restaurant, so school friends may attend. Staff work with residents to help them prepare a statement to give to friends about their living situation. Residents are encouraged to find a balance between being honest about their situation and disclosing too much information to friends.

Conclusion

Programs that assist trafficked victims encounter a steep learning curve as they address this unique and diverse group of victims (Brennan, 2005). Anne's House planned extensively prior to opening and made

necessary adjustments in its first year. The program has been able to creatively raise money through fundraising and donations and continues to seek corporate sponsors.

Anne House seeks to expand tutoring services by attracting experienced, graduate level tutoring volunteers, especially in the areas of math and reading. The program also would like to increase its community partnerships.

A long-term goal of PROMISE and the Salvation Army is to open other homes similar to Anne's House in locations in and around Chicago. In addition, plans are under way by organizations in Michigan and Florida to replicate the Anne's House program design.

Amy Sylwestrzak contributed to this report.

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