



# Beyond Trauma

**The Role of Mental Healthcare in the  
Post-Trafficking Journey of Adult Survivors**





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# About Restore

Restore exists to make freedom real for survivors of trafficking in the United States. Since 2009, Restore has served close to 3,000 adult survivors and people at risk of 116 nationalities, delivering long-term, trauma-informed, and culturally-sensitive interventions in the three areas survivors have said are essential for sustained freedom from trafficking: housing, economic empowerment, and wellbeing (counseling and case management).

Based in New York City, Restore activates strategic cross-sector collaboration to promote impact-driven solutions. Examples include referrals to Restore from over 150 sources across 20+ states; emergency housing delivered through alliances with 60+ hotels and shelters; and partnerships with 85+ businesses which have provided 250+ service contracts and direct hire jobs in a 9-year period. Federal government agencies such as the Office of Victims of Crime (OVC), the Office on Violence Against Women (OVW), and the Trafficking Victim Assistance Program (TVAP) also enable Restore to access and inform best practices in the field.

In recognition of its work and partnerships, Restore received the 2024 Presidential Award for Extraordinary Efforts to Combat Trafficking in Persons.

This report is the next in a series of white papers that Restore has published to serve as resources to the anti-trafficking field:

- **Funding Freedom (2025)** discussed the impact of cash assistance on survivors' housing, employment and well-being outcomes.
- **Spotlight on Direct Service Gaps (2024)** identified target geographies and services to expand coverage to meet survivors' needs.
- **Impact Unlocked (2023)** focused on best practices for impact assessment and program outcomes evaluation.
- **Path to Freedom (2022)** shared best practices in economic empowerment through survivor entrepreneurship.
- **Road to Recovery (2021)** brought to light the impacts of COVID-19.

For more information, please visit our website: [restorenyc.org](https://restorenyc.org)



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# Executive Summary



## The Issue

Human trafficking impacts an estimated 1,090,000 people in the United States<sup>[1]</sup>, and its mental health consequences are profound and enduring. Even after exiting exploitation, research shows that 96% of survivors report at least one psychological issue, and 21% of survivors have attempted suicide after trafficking<sup>[2]</sup>.

When survivors exit exploitation, they face a crushing gap: 75% say trauma-informed mental health care is their top need<sup>[4]</sup>, but qualified therapists who understand trafficking dynamics are scarce, diagnostic criteria and licensure requirements create barriers to access, and evidence-based practices lack trafficking-specific validation.

Furthermore, without addressing trauma, it can be hard for survivors to maintain housing, hold jobs, or build a supportive social network. Providing them best-in-class mental health services is thus foundational to ensuring that survivors can achieve stability, are protected against revictimization, and thrive long term.

## What's Working

Drawing from interviews with lived experience experts and leading practitioners, this report identified the following replicable approaches to deliver effective care:

- **Crime Victims Treatment Center** offers various highly individualized modalities, including AEDP\*, that emphasize healing through safe relational connection.
- **Eleison Foundation** uses PhotoVoice, training survivors to take photos and tell their own stories, to deliver both rigorous research and a healing intervention.
- **EMPOWER Center** facilitates access and holistic care by partnering with hospitals to deliver multi-disciplinary services in one trusted location.
- **Restore NYC** provides group therapy for navigating recovery within culturally-specific gender, faith, and family dynamics, with a curriculum created by leveraging AI\*.
- **Sanar Institute** trains therapists through a 40-hour certification program and integrates somatic experiencing rooted in cultural culinary practices.
- **Shobana Powell Consulting** equips practitioners through its survivor equity and inclusion framework, and guide to trauma-informed interpreting and translating.
- **You Are More Than** leads a national network of vetted trauma therapists and sends "wellness boxes" to survivors not yet ready for formal therapy.

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\*Accelerated Experiential Dynamic Psychotherapy (AEDP), Artificial Intelligence (AI).

# Executive Summary

## Use of Technology

The emergence of AI and how it could contribute to addressing the field's persistent barriers was also explored. Practitioners are proceeding with caution given the complex relational trauma survivors experience and their safety needs. However, AI-powered apps such as [ComingHome.ai](#), founded by survivor leader Dr. Brook Parker-Bello, can deliver emotional regulation and mindfulness tools to augment therapeutic interventions.

## The Path Forward

Closing the gap in the availability of mental health services is required for healing trauma from trafficking and requires action across the field:

- **Service Providers** need to implement survivor-led evaluation methods, explore innovative approaches like wellness boxes, peer support and culinary/pottery somatic experiencing, and prioritize survivor choice and safety when integrating AI tools.
- **Funders and Government** should fund multi-year trafficking-specific initiatives—including trauma therapy that is not disrupted mid-treatment, research to establish evidence-based practices, and substance use treatment programs.
- **Academia** must incorporate trafficking trauma into core curriculum for social work and counseling programs, and advocate for expanding the DSM-5 criteria to capture the reality of complex trauma from trafficking.
- **Clinicians** need to pursue specialized training like Sanar's certification program, and join national directories to provide accessible trauma care.

Survivors are clear about what they need. The expertise exists. What's missing is the infrastructure, funding, and trained workforce to deliver at scale. With coordinated investment and commitment to survivor-centered care, we can ensure that every survivor has access to the specialized therapeutic support essential to their healing and long-term freedom.

# Executive Summary

## Leaders Interviewed



**Mitha Choudhury**  
Program Director  
EMPOWER Center |  
Sanctuary for Families



**Gabrielle Masih, LCSW**  
Director of Client Services  
Restore NYC



**Dr. Laura Cordisco Tsai**  
Founder and Executive Director  
Eleison Foundation



**Dr. Shobana Powell, DSW, LCSW**  
Chief Executive Officer and Founder  
Shobana Powell Consulting



**Kate Keisel, LCSW**  
Co-Founder and Co-Chief  
Executive Officer | Thrive Initiative  
Sanar Institute



**Ashante Taylorcox, MA-MHC, LPC**  
Founder and Executive Director  
You Are More Than



**Taylor Loomis, LCSW**  
Sexual Assault Program Coordinator  
and Bilingual Staff Therapist  
Crime Victims Treatment Center



**Sarah Lott, MPA**  
Co-Chief Executive Officer |  
Wellness Center  
Sanar Institute

# Introduction

Human trafficking impacts an estimated 1,090,000 people in the United States<sup>[1]</sup>, with survivors facing severe challenges to their health, housing stability, and economic security, all of which increase their vulnerability to revictimization.

The mental health consequences of trafficking are profound and enduring. Even after exiting exploitation, research shows that 96% of survivors report at least one psychological issue, and that 21% of survivors have attempted suicide after trafficking<sup>[2]</sup>. A recent comprehensive literature review<sup>[3]</sup> also summarized the most common mental health challenges survivors face, including post-traumatic stress disorder (PTSD), depression, and anxiety, alongside high levels of dissociation and emotional dysregulation. It indicated that survivors frequently struggle with low self-esteem, self-blame, difficulty trusting others, self-harm, and suicidal ideation.

These staggering realities underscore a critical truth: addressing trauma is not simply one component of survivor support, it is foundational to a survivor's ability to achieve stability and rebuild their life. Mental health directly impacts a survivor's capacity to secure and maintain safe housing, sustain employment, build healthy relationships, and ultimately thrive in their post-trafficking journey. Without adequate mental health support, survivors face significantly higher risks of returning to exploitation or experiencing other forms of violence.

In Polaris' National Survivor Study<sup>[4]</sup>, 75% of survivors reported that accessing behavioral or mental health services with trauma-informed providers was their top need when exiting exploitation—higher than any other service category. Even years later, 39% still identified this as a current unmet need. Survivors also recognized the power of therapeutic support: when asked about their most valuable resources for rebuilding their lives, 48% cited counseling and therapy, second only to their own resourcefulness.

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**96%**  
of survivors report at least one psychological issue, even after exiting trafficking

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**75%**  
of survivors indicated that accessing mental health services was their top need when exiting trafficking

This report examines the landscape of mental health services for adult survivors of human trafficking. Drawing from interviews with leading practitioners, program data, and survivor perspectives, it explores effective practices, innovative approaches including the use of AI in trauma care, and persistent challenges in the field.

Our goal is to provide actionable insights to support the entire anti-trafficking field, ranging from service providers aiming to strengthen their mental health interventions, to funders looking to invest strategically, to therapists wanting to build trafficking-specific competencies, to academic research seeking to advance the evidence base and enhance practitioner training. Together, we can ensure that survivors have access to the therapeutic support essential to their healing and long-term success.

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**48%**  
of survivors cited  
counseling and therapy,  
second only to their own  
resourcefulness, as their  
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for rebuilding their lives.



# The Trauma From Trafficking

Human trafficking inflicts a form of trauma unlike any other: it is chronic, interpersonal, and carried out over months or years in ways that permeate every aspect of a person's life. This trauma is not a single event, but a sustained experience of control, coercion, and violation that reshapes survivors' relationship to their bodies, their safety, their identities, and their ability to trust others. Without understanding this complexity, services often miss the full scope and urgency of survivors' mental health needs, limiting opportunities for healing. However, despite this devastating reality, survivors demonstrate remarkable resilience, which supports profound healing and growth when met with specialized, trauma-informed support.



## A Distinct Form of Trauma

Unlike single-incident trauma, trafficking leads to complex trauma due to a person's exposure to multiple, prolonged and severe events that are not contained to a single dimension of their life; it is economic, psychological, relational, physical, and often sexual. The violence is pervasive and fundamentally disrupts survivors' relationship to work, earning, career goals and autonomy. For survivors who experience sex trafficking or unwanted sexual contact as a condition of employment, every aspect of their sexuality and intimacy may be impacted.

According to Dr. Shobana Powell, what distinguishes trafficking from other forms of violence is the involvement of multiple perpetrators and the experience of societal abandonment. Survivors often report feeling that their entire community witnessed their exploitation and chose not to intervene. This creates a profound sense of betrayal that extends beyond individual relationships to encompass society itself. The resulting trauma is not simply about what happened, but about the erosion of trust in humanity and in systems meant to protect vulnerable people.

Ashante Taylorcox from You Are More Than (YAMT) highlighted that survivors consistently dissociate and present other trauma responses as appropriate adaptations to the type of violence they experienced, yet such behaviors cause clinicians who lack training on working with survivors to shy away from providing treatment.

Sanar Institute's clinicians also note that many clients have received incorrect or inappropriate mental health diagnoses from providers who met them only briefly and lacked the full context of their trauma and trafficking experience, frequently pathologizing normal responses to traumatic circumstances.



# The Mental Health Toll

Restore's intake data provides stark evidence of the mental health crisis facing survivors of trafficking. **Survivors report alarmingly high rates of trauma-related symptoms and behaviors that far exceed those of the general population:**

## Depression Indicators

At baseline assessment, the 263 clients enrolled in clinical counseling, group therapy, or case management scored an average of 38.4 on the SF-12 mental health component. More than half of those 263 survivors (57%) had scores below 40, the SF-12 threshold indicative of clinical depression. This data shows that survivors enter services requiring immediate mental health intervention.

## Post-Traumatic Stress

Initial PCL-5 assessments for 59 survivors revealed a mean score of 42.1 at intake, indicating substantial PTSD symptomatology. These elevated scores reflect the complex trauma symptoms that interfere with survivors' ability to function in daily life, maintain employment, secure housing, and engage in healthy relationships.

## Suicidality and Self-Harm

The rates of such behaviors reveal the severity of trauma from trafficking. Twenty-four percent of 495 clients with intake data reported attempting suicide, and 39% said they have thought about committing suicide. An additional 31% had thought about hurting themselves. While general population statistics on these sensitive topics are likely underreported, available studies suggest rates of approximately 0.6% for suicide attempts<sup>[5]</sup> and 4.3% for suicidal ideation<sup>[6]</sup>, making rates for survivors of trafficking dramatically higher. These statistics underscore the critical need for specialized interventions that address complex trauma.

## Violence Exposure

The impact of trafficking on survivors extends far beyond psychological harm. Among 327 clients with intake data, the majority reported experiencing multiple forms of violence: emotional abuse (69%), physical violence (80%), and unwanted sexual contact or sexual violence (64%). Among the 200 sex trafficking survivors served, the rates of reported physical and sexual violence were even more pronounced, at 82% and 72% respectively.

Intake data  
for Restore  
NYC clients

57%  
had mental health scores  
indicative of depression.

39%  
had thought about  
committing suicide.

69%  
had experienced  
emotional abuse.

# The Ripple Effects

The impact of trauma from trafficking extends far beyond diagnostic criteria. It fundamentally disrupts survivors' ability to function in everyday life, creating obstacles to the very stability they need to heal. Yet practitioners consistently observe that survivors demonstrate remarkable capacity to overcome these barriers and rebuild their lives with appropriate therapeutic intervention.



## Employment & Economic Stability

Trauma symptoms directly impede survivors' ability to secure and maintain employment. Emotional dysregulation, flashbacks, and hypervigilance make it difficult to complete job applications, attend interviews, or maintain consistent work performance. Since all trafficking involves labor-based exploitation, working can trigger trauma responses and distort survivors' relationship with labor, compensation, and professional identity.



## Housing Stability

The anxiety, depression, and PTSD symptoms that survivors experience can interfere with their ability to maintain stable housing. Difficulty trusting others, managing interpersonal relationships with roommates or landlords, and navigating systems all become complicated by trauma responses. The intersection of housing instability and trauma creates a vicious cycle: without safe, stable housing, trauma processing cannot effectively occur, yet trauma symptoms make securing housing more difficult.



## Relationships & Community

Trafficking fundamentally erodes survivors' ability to trust others and form healthy relationships, especially since many survivors are trafficked by a boyfriend or a family member, according to Gabrielle Mash at Restore. The isolation that preceded trafficking and intensified as a form of control during exploitation continues long after survivors leave, as they struggle to build community and connect with support systems. Many describe spending years rebuilding their capacity for vulnerability and authentic connection.



## Intimacy & Sexuality

Survivors of sex trafficking in particular may continue to dissociate years after leaving exploitation, even during healthy sexual encounters. Dr. Powell mentioned that this disconnection is especially profound for LGBTQ+ and male survivors, and for those whose racial or gender identities were weaponized during trafficking through degrading race-based or identity-based sexual acts. Addressing the sexual dimensions of trauma is key for survivors to reclaim intimacy as a source of connection and healing.



**The complex trauma resulting from trafficking permeates every aspect of survivors' daily functioning.**

**Yet practitioners consistently observe that with specialized, long-term, culturally grounded treatment, survivors secure meaningful work, maintain stable housing, rebuild relationships, and reclaim their sexuality.**

**This capacity for healing makes addressing the gap between the need for mental health support and access to services all the more urgent.**





# Barriers to Treatment

Despite what practitioners observe is possible with proper treatment, many survivors cannot access the care essential to their healing. The mental health system in the United States was not designed with complex trauma in mind, and survivors of trafficking encounter obstacles throughout their journey toward healing. These structural barriers begin with how trauma is defined, a lack of providers with specialized training in trafficking and limited integration of co-occurring disorders. **Understanding them is essential to building a system that matches the scale of the need.**

## Gaps in Clinical Frameworks

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and the International Classification of Diseases (ICD) criteria for PTSD were developed primarily for acute, singular traumatic events or combat-related trauma, failing to encompass the full scope of the complex symptomatology that results from chronic, interpersonal violence such as trafficking.

Kate Keisel from Sanar Institute, who has written about the inadequacy of current diagnostic frameworks<sup>[7]</sup>, pointed out that the absence of a formal diagnosis in the DSM-5 for complex trauma creates significant barriers to accessing services, benefits, and civil case damages. Since insurance billing relies on ICD and DSM-5 codes, survivors cannot access sufficient evidence-based treatment sessions without appropriate diagnostic criteria. Plus, frameworks that fail to capture survivors' experiences lead to inappropriate diagnoses and ineffective treatment. Revising the DSM-5 and ICD models presents an opportunity to repair the harm created by the inequities in the development of trauma criteria.

These diagnostic limitations exist within a broader landscape of insufficient research. Limited evidence-based modalities have been specifically validated for survivors of trafficking, requiring clinicians to adapt interventions designed for other populations without clear guidance on effectiveness. Research that does exist often fails to include culturally inclusive lenses or study impacts on diverse populations, limiting applicability across survivor demographics. Survivor-led research remains rare, missing critical perspectives on what actually works from those with lived experience.

The research gap extends to promising complementary approaches that address trauma through body-based, creative, and culturally-rooted interventions. Trauma-informed yoga, expressive arts, and animal assisted therapy lack trafficking-specific validation studies despite practitioners' reports of effectiveness. YAMT's experience with their pottery/ceramics program is that tactile engagement with clay provides emotional release without requiring verbal expression or mindfulness. Sarah Lott from Sanar Institute mentioned that culturally specific healing practices (drum circles, culinary experiences, and restorative justice groups) are also effective for survivors from diverse backgrounds. Without trafficking-specific validation, clinicians remain uncertain about appropriate treatment beyond traditional talk therapy. The field needs incremental funding for research that provides the evidence base for both traditional therapeutic approaches and complementary modalities.

## Clinician Training Limitations

Systemic gaps in mental health care for survivors of trafficking are reinforced at the clinical level, where many providers lack the specialized knowledge necessary to serve this population effectively. These training deficits force traumatized individuals to spend their own therapy time on educating providers, and leave critical dimensions of trauma such as sexual violence and cultural context unaddressed or misunderstood.

### The Burden of Educating Providers

Dr. Powell highlighted the struggles that survivors experience when seeking relief for their trauma symptoms: "They spend a lot of their therapy sessions doing free training." When clinicians do not understand the dynamics of force, fraud, coercion, forced criminality, power and control, and trauma-coerced attachment[8], they may inadvertently reinforce

The field needs incremental funding for trafficking-specific research that provides the evidence base for both traditional therapeutic approaches and complementary modalities.

survivor self-blame and shame. Many others lack confidence working with survivors of trafficking, with some service providers feeling so unequipped that they terminate therapeutic relationships rather than risk causing harm. Dr. Powell noted the provider shortage is particularly acute for labor trafficking.

The intersection of sexual trauma with trafficking dynamics also requires specialized skills that most therapists do not possess. Survivors frequently report completing trauma therapy without ever discussing sex, leaving them dissociating during intimacy even with healthy partners. Clinicians consistently lack training, comfort, and competence in addressing healing from sexual violence related to trafficking, leaving survivors to navigate this aspect of healing without professional support or with providers who cannot hold space for these conversations. Knowledge gaps create a burden for survivors as they must navigate multiple providers before finding appropriate care.

### **Cultural and Linguistic Barriers**

Organizations serving foreign nationals face compounding challenges that extend far beyond translation. Restore noted that "a lot of curriculum that is developed out there for working with survivors of trafficking has been developed with the Western lens," reflecting U.S. and European approaches that do not translate to the experiences of survivors from other cultural contexts. Clinically validated assessment tools are scarce in languages other than English, and even those in Spanish must be carefully evaluated for appropriateness based on country of origin, as the same words can carry different meanings and cultural weight across Spanish-speaking communities.

Complexities extend beyond language to encompass culturally responsive care that cannot effectively occur through interpreters, particularly for trauma processing work. Cultural understanding must include views on violence, labor, sex, family dynamics, and systems of oppression. Without this depth of cultural competency, clinicians may misunderstand survivor responses, misinterpret symptoms, or fail to recognize how cultural factors shape both trauma responses and healing pathways.

Cultural barriers are intensified by external political factors. Crime Victims Treatment Center (CVTC) shared that "the political climate makes everything harder and more intense" for immigrant survivors, as it adds layers of stress that complicate healing. Fear of deportation may prevent therapeutic engagement, as survivors become wary of systems,

Clinicians' knowledge gaps create a burden for survivors as they must navigate multiple providers before finding appropriate care.

hesitant to share information, and afraid to travel to the office for in-person sessions. At the same time, YAMT reported significantly increased service demand, with referrals jumping from 5 per month to 15 per week.

## Intersecting Clinical Needs

Several co-occurring conditions such as substance use, psychiatric disorders, and housing and employment instability create additional barriers that prevent survivors from accessing or benefiting from mental health services.

### Substance Use

Substance use is a prevalent vulnerability to trafficking, a means of control, and a coping mechanism. Studies show that 62% of survivors struggled with substance use at some point in childhood[9], that 84% used alcohol, drugs, or both while being trafficked[10], and that 28% experienced forced substance use as part of their trafficking experience[11]. Yet trauma-informed substance use treatment programs remain extremely rare and often unaffordable, particularly for Medicaid recipients.

Taylor Loomis from CVTC elaborated on the philosophical disconnect that undermines treatment: "There is not always a full understanding that substance use is typically a way of coping with trauma symptoms that are otherwise overwhelming and intolerable. So we can't tend to one without the other, but we generally need to help stabilize the substance use before we can do more in-depth trauma processing."

### Psychiatric Monitoring

Highly symptomatic clients requiring intensive support or frequent psychiatric monitoring exceed the capacity of standard therapy models, yet more intensive treatment options are scarce. CVTC described a common scenario: clients who need close medication monitoring or recently left trafficking situations where "everything is so big and intense" often need more support to manage complex trauma symptoms in addition to urgent safety and/or basic needs.

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**84%**

of survivors reported that they used alcohol, drugs, or both while being trafficked

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**28%**

of survivors reported that they experienced forced substance use as part of their trafficking experience

"We generally need to help stabilize the substance use before we can do more in-depth trauma processing."

*—Taylor Loomis, Crime Victims Treatment Center (CVTC)*

## Housing and Employment Instability

Unmet basic needs create a catch-22 where survivors cannot stabilize without mental health support but cannot consistently engage in therapy without basic stability. When clinicians are unable to address basic needs as part of treatment, survivors are faced with the complexities of obtaining support from multiple agencies. EMPOWER Center provides one-stop services, explaining that clients who have just exited trafficking often need to focus first on concrete needs like housing and safety before they can engage in therapy. Once that foundation is established, mental health work "opens the doors for more long term stability" in employment and education.

## Capacity Strain

Shortages of trained professionals and funding scarcity create ongoing waiting lists across organizations serving survivors of trafficking. Sanar reported it consistently has a waiting list that, at times, has to be closed because demand is so great.

Funders often exacerbate this crisis when prioritizing quantity over quality, valuing the number of individuals served rather than sustained engagement. Thus, many organizations provide services only for limited durations (typically six to eighteen months) forcing transitions that disrupt healing especially when survivors experience new life events that challenge their trust and sense of safety. Time constraints mean survivors must repeatedly switch providers and retell their stories, re-traumatizing them at each transition. To mitigate these disruptions, CVTC actively helps insured survivors find referrals to services they can access long-term, and selectively makes referrals to other free programs.

Financial barriers further constrain access to clinical mental health care. Because mental health services have historically received lower levels of funding than case management, organizations face significant challenges in offering competitive salaries for clinicians with advanced trauma training. As Restore described, licensed professionals complete extensive education and supervised practice to develop specialized trauma expertise, yet nonprofit compensation structures often cannot reflect the depth of this training. This systemic funding discrepancy ultimately narrows the pool of qualified providers available and limits survivors' access to the level of clinical care required to address complex trauma.

Shortages of trained professionals and funding scarcity create ongoing waiting lists across organizations serving survivors of trafficking.

Organizations serving international survivors face acute funding challenges. The Eleison Foundation reported that donors increasingly say "we're not really funding mental health anymore...we're going to fund economic empowerment." Mental health-specific grants have become scarce. Insurance billing, while providing potential revenue, creates treatment restrictions and confidentiality concerns for survivors whose data becomes accessible to insurance companies controlling treatment decisions.

## Geographic Constraints

Physical and regulatory barriers restrict survivors' ability to access specialized trafficking services, particularly for those in rural or underserved areas and those experiencing geographic mobility challenges. Survivors may need to travel substantial distances to reach appropriate care, with some reporting the need to travel into major cities for services. Transportation costs create prohibitive barriers that prevent consistent engagement in therapy, even when the services themselves are free. YAMT developed transportation grants, recognizing that the ability to physically reach therapy sessions fundamentally determines whether survivors can benefit from services at all.

State-specific professional licensure compounds these geographic challenges by preventing clinicians from providing services across state lines, even virtually. Survivors of trafficking are frequently moved during and after exploitation, creating urgent needs for consistent clinical support that licensure restrictions prohibit. This barrier is particularly acute for survivors seeking culturally and/or linguistically matched providers or those with trafficking-specific expertise, as these specialists may not be located in the survivor's state. Dr. Powell mentioned that interstate compacts are slowly developing for some licenses, allowing cross-state practice in limited circumstances, but these remain incomplete and do not yet provide comprehensive solutions for this highly mobile population.

## Moving from Barriers to Solutions

Addressing these systemic barriers requires investment in trafficking-specific diagnostic criteria, comprehensive clinician training, expanded interstate compacts, and funding models that prioritize sustained engagement over quantity served. While systemic change unfolds slowly, organizations serving survivors of trafficking cannot wait.

Distances to reach appropriate care and transportation costs prevent survivors from consistently engaging in therapy, even when the services themselves are free.



# Service Delivery Insights

This section explores how practitioners are developing service models and innovative approaches that respond to the barriers while meeting survivors' complex needs for specialized, culturally responsive care.



# Service Providers & Their Replicable Practices

## **Sanar Institute** ..... 22

- Certified Trauma-Conscious Practitioner Training Program
- Culturally Rooted Somatic Experiencing

## **Crime Victims Treatment Center** ..... 25

- Accelerated Experiential Dynamic Psychotherapy (AEDP)

## **You Are More Than** ..... 28

- National Network of Trauma Therapists
- Wellness Boxes For Those Not Ready For/Cannot Access Therapy

## **EMPOWER Center** ..... 33

- Hospital-Centered Multidisciplinary Model

## **Restore NYC** ..... 36

- Culturally-Grounded Group Therapy Curriculum

## **Eleison Foundation** ..... 39

- Participatory Research as a Mental Health Intervention

## **Shobana Powell Consulting** ..... 42

- Survivor Equity & Inclusion Framework (SPI)
- Trauma-Informed Interpreting and Translating Guide

# Sanar Institute

## Services

- **Individual therapy** by clinicians with academic, lived, and clinical expertise, which matches the appropriate tools to the unique needs of the survivor.
- **Closed group therapy** for those already in individual services, integrating complementary modalities and culturally-specific practices.
- **Community education** provides non-therapeutic trauma response tools to the public, serving as gateways to treatment where mental health is stigmatized.
- **Training and technical assistance** to build trauma-informed capacity among providers across sectors.

## Scope

From January through mid-December of 2025, Sanar had:

- **Served 253 survivors** through individual and group services.
- **Reached 2,600 individuals** through workshops and community outreach.
- **Trained more than 680 professionals.**

Sanar provides transformative healing services for individuals and communities affected by interpersonal violence, with a particular emphasis on sexual violence and complex trauma.

## Approach

Guided by a **triphasic healing model** based on neuroscience-driven, evidence-based modalities, recognizing that survivors need different interventions depending on their stage in the healing journey and unique trauma experiences such as interpersonal dynamics, and adverse childhood events. The model is entirely client-defined with no time-bound service limits, recognizing that healing progresses at individualized rates, and is not a linear process.

1

### GROUNDING

Focuses on establishing safety (physical, emotional, psychological, and temporal) for survivors recently exited or exiting trafficking, emphasizing foundational skills like emotional regulation, self-soothing, and trauma symptom management that enable survivors to function in daily life and maintain employment. This phase can last several years as survivors address housing instability and basic needs.

2

### HEALING

Begins once safety indicators are established, involving processing traumatic memories through modalities including Eye Movement Desensitization and Reprocessing (EMDR), Dialectical Behavioral Therapy (DBT), and Somatic Experiencing (SE).

3

### THRIVING

Emphasizes post-traumatic growth and economic empowerment, often in partnership with other service providers like **Restore**.

## PROBLEM

- Most clinicians and professionals engaging with survivors lack confidence addressing their needs due to insufficient training.
- Understanding trafficking dynamics should be a baseline standard rather than specialized knowledge, yet well-intentioned service providers often lack the right tools.

## SOLUTION

- Sanar has developed a 40-hour trauma-conscious practitioner training certificate program delivered in cohorts through a blended format combining self-paced learning with live application sessions.
- Ongoing supervision and case conferencing, involving seasoned anti-trafficking clinicians and lived experience experts, builds confidence for working through complex cases as they emerge in real time.

## IMPACT

- Establishes baseline competency across sectors (mental health practitioners, social service staff, law enforcement, and prosecutors).
- Improves literacy about evidence-based modalities, and understanding of how therapy integrates with healthcare, legal, and education systems.
- Also equips survivors with guidelines for effectively interviewing therapists.

## PROBLEM

- Standard therapeutic interventions rarely address how forced migration and trafficking compound trauma through disconnection from homeland, familiar foods, and traditions.
- U.S./European-centric somatic techniques may not resonate with survivors whose bodily memories are intertwined with cultural practices from other countries.

## SOLUTION

- Sanar integrates cultural healing directly into clinical modalities through initiatives such as a somatic experiencing group for Latina survivors centered on cooking traditional recipes.
- Participants engage all the senses (smells, tastes, textures, sounds) while preparing nourishing meals and processing feelings about what was lost or inaccessible from home.
- Sanar is expanding this model to include healing circles rooted in Latino traditions.

## IMPACT

- Grounds body-based therapy in meaningful activities rather than abstract body-scanning exercises.
- Creates non-threatening entry points while simultaneously addressing individual trauma and collective dislocation.

# Crime Victims Treatment Center

CVTC provides a wide range of therapeutic services free of charge to anyone impacted by violence, including survivors of trafficking. They are dedicated to advocacy on behalf of survivors, collaboration with partners across a multitude of disciplines, and training for those who work with survivors.

## Services

- **Crisis intervention** for survivors of sexual assault or domestic violence who visit partner emergency departments. State-certified volunteer rape crisis and domestic violence advocates provide them crisis counseling, criminal justice advocacy, assistance with filing New York State Office of Victims Services (OVS) claims for reimbursement, shelter referrals, and many other supportive services. They can also receive treatment from specially trained sexual assault forensic examiners (SAFEs).
- **Individual therapy** using various trauma treatment modalities, including: Accelerated Experiential Dynamic Psychotherapy (AEDP), parts work such as Internal Family Systems (IFS), somatically based interventions, and DBT skills training.
- **Group therapy**, including DBT skills groups, psychoeducation groups, therapeutic art and writing groups, storytelling and processing groups, and groups for specific crimes such as DV, childhood sexual abuse or homicide survivors.
- **Complementary therapies**, including weekly auricular acupuncture groups for stress management and body reconnection. Equine therapy is offered periodically.
- **Psychiatric evaluations and medication supervision** for clients in individual therapy.
- **Legal services**, including support with orders of protection, uncontested divorce cases and immigration processes, advocacy and accompaniment for survivors making police reports or working with District Attorneys offices, and legal referrals and general legal advice.





## Scope

- **Serve survivors of any type of violent crime** ages 13 and up in the five boroughs of New York City, no matter when the crime occurred.
- At any given moment, **CVTC has approximately 30-40 survivors of trafficking engaged in services**, and its clinical and hospital-based intervention team has approximately 580 active clients.
- **No formal waitlist due to a prioritization approach** focused on survivors without insurance or access to services elsewhere.



## Approach

- Individual therapy is highly individualized, and **emphasizes healing through safe relational connection**. Engagement generally **lasts between 6 to 18 months**.
- CVTC uses **AEDP, parts work and somatically based interventions, including IFS, as its primary therapeutic modalities**. These approaches were chosen as they are specifically designed for attachment and relational trauma, emphasizing somatic awareness and emotion-focused processing.
- All clinicians have some training in AEDP, and some clinicians participate in **ongoing training and supervision** in this model, while other clinicians pursue training and supervision in IFS, EMDR, and other trauma treatment models.
- Offers referrals to a range of institutes and community-based programs such as **Karen Horney Clinic, Blanton-Peale, Psychoanalytic Training and Research (IPTAR), Institute for Contemporary Psychotherapy (ICP), National Institute for Psychotherapies (NIP), Callen Lorde, Roberto Clemente Center** and **Weill Cornell Center for Trauma and Addiction**, among others. Referrals are tailored to the survivor's specific needs.
- Also refers to programs like **Restore** or **Sanctuary for Families** for case management and economic empowerment services.

**PROBLEM****SOLUTION****IMPACT**

- Traditional cognitive-based therapies may not adequately address the deep relational wounds and the emotional and somatic disconnection experienced by survivors of trafficking.
- In addition to layers of physical, sexual, and emotional trauma, survivors of trafficking experience severe relational or attachment trauma, which requires approaches that prioritize emotion-focused processing, somatic connection and relational safety over cognitive restructuring.

AEDP is particularly well-suited for survivors of trafficking because it:

- Addresses relational trauma through attachment theory principles.
- Reconnects survivors with their bodies using somatic techniques to track physical sensations and restore a sense of safety.
- Prioritizes emotions over cognition, focusing on what survivors feel rather than what they think.
- Processes experiences in real-time within the therapeutic relationship, with clinicians explicitly exploring "How does it feel to do this together?" and "What are you noticing right now?"
- Allows therapists to respond flexibly to each client's unique trauma history and current needs.

A range of therapeutic interventions enhance this work such as DBT skills work, mindfulness and self-compassion, complementary therapies and art therapy interventions, all of which can support survivors in engaging in trauma processing work.

- Allows survivors to rebuild trust, reconnect with their bodies, and process trauma in a way that honors their pace and experience.
- The explicit processing of the therapeutic relationship itself becomes a corrective emotional experience, demonstrating that safe, attuned connection is possible.
- The relational nature of AEDP enables informal assessment of client satisfaction, as counselors continuously process the client's experience of therapy within sessions.

# You Are More Than

YAMT is a survivor-led organization that provides barrier-free access to survivor-centered support in 26 states, focusing on mental health, education, and economic stability.

## Services

- **Wellness center:** Provides access to survivor-centered, trauma-informed mental health services.
  - **Individual mental health counseling:** Free therapy for 18+ months for survivors in New Jersey and Pennsylvania (YAMT's licensure area).
  - **Nurture Forward directory:** Vetted national network of therapists who specialize in complex trauma and trafficking, and provide services on a sliding scale, or at low/no cost.
  - **Peer mentorship:** Compensates lived experience experts to provide low-barrier community support without requiring therapeutic engagement.
  - **Group therapy:** Free survivor-led virtual sessions primarily focused on familial trafficking. Also offer seasonal LGBTQ groups, and an in-person 16-week pottery/ceramics program for PTSD symptom reduction.
  - **Wellness grants:** Fund therapy co-pays for one year, transportation costs to/from sessions, and psychiatric assessments for official diagnoses.
- **Educational empowerment:** Enables survivors to achieve academic goals.
  - **Education support:** Assistance in completing application requirements, obtaining scholarships, and establishing disability accommodations.
  - **Education grants:** Facilitate investment in education by funding tuition, rent, childcare, transportation, and internet access.
  - **Advocacy and leadership development:** Program that was recently launched to focus on policy reform.

## Services (continued)

- **Economic empowerment:** Four-year program focused on developing survivor-led small businesses.
  - **Capacity-building:** Workshops in partnership with **Shobana Powell Consulting**, business plan creation, and a financial empowerment course.
  - **Small business grants:** Provided to survivors to fuel business growth.
- **Nurture Boxes:** Deliver coping skills exercises and connections to survivor-led businesses, supporting both individual wellness and survivor entrepreneurship.
- **External referrals:** Address survivors' case management and substance use treatment needs, and eliminate therapy waitlists by partnering with organizations such as **HR Recovery Initiative**, **Sanar**, and **Restore**.
- **Training and technical assistance:** Builds service provider expertise in trafficking-specific mental health interventions.

## Scope

- **Eligibility:** BIPOC and LGBTQ survivors of trafficking and sex workers who have achieved basic stability (housing retention, food security, and substance use that doesn't impede daily functioning).
- **Core programming:** 100 survivors annually (40 in individual therapy, 40 in the familial trafficking support group, 20 in economic empowerment).
- **Non-core programming:** 190 individuals through webinars, training, and technical assistance.
- **Nurture Boxes:** 420+ distributed since program launch.
- **Grants:** \$750+ per year for two years for education, \$1,000 per year for small businesses, \$2,000+ for businesses who participate in Pitch Fest, and coverage of a full year of therapeutic services outside of YAMT's licensure area.





## Approach

- YAMT's founder leveraged her clinical and lived experience perspectives to structure operations in line with a survivor-led, barrier-reduction model.
- This client-centered philosophy extends to their therapeutic approach, which focuses on addressing survivors' tendency to dissociate and difficulty articulating emotions by augmenting evidence-based interventions with embodied and storytelling approaches. For example, YAMT uses art therapy during EMDR to visualize and process traumatic memories, facilitates pottery experiences as a mindfulness technique, and emphasizes narrative therapy over Cognitive Behavioral Therapy (CBT) to challenge survivors' self-perception.

### Core principles:

- **Readiness focus:** Provide a wide range of choices for survivors to decide when and how to access mental health services, educational support, economic empowerment, or peer mentorship.
- **Rapid access:** 72-hour intake turnaround, and no waitlist for mental health services when internal capacity has been reached due to referrals to Nurture Forward network or partner organizations. This also ensures survivors can access care when they're ready. The only program with a waitlist is economic empowerment, due to its multi-year duration and grant funding limitations.
- **Cultural competence:** Programs are specifically designed for BIPOC, LGBTQ, and familial trafficking survivors, to address the intersectional experiences of racism, homophobia, justice system involvement, and trafficking.
- **Low/no financial barriers:** YAMT covers therapy co-pays, transportation costs, psychiatric assessments, educational expenses, and small business capital needs, recognizing that cost is often the primary barrier to service access.
- **Capacity-conscious staffing:** Caps mental health caseloads to prevent clinician burnout and maintain quality of care. Also equips its Nurture Forward network with professional development and case consultation to deliver a satisfactory therapeutic engagement for both survivors and clinicians.

## PROBLEM

- YAMT's 2021 research revealed survivors faced an average out-of-pocket cost of \$150 per therapy session.
- They also found that many survivors experienced re-exploitation by therapists lacking trauma-informed training.
- Finding therapists who specialize in severe trauma and understand trafficking dynamics is extremely difficult, leaving survivors to navigate trial-and-error searches during their most vulnerable moments.
- Survivors outside YAMT's New Jersey/Pennsylvania licensure area struggle to access quality mental health care.

## SOLUTION

- YAMT created the Nurture Forward directory, a carefully vetted national network of therapists who specialize in complex trauma and trafficking.
- Providers receive continuous free professional development from YAMT, including case staffing, consultation, and continuing education units (CEUs).
- Providers offer free or reduced-fee spots (\$50-75 per session), and YAMT sponsors survivors' therapy co-pays for a full year.
- The directory currently has 10 providers and is expanding to Southern states with recent grant funding.

## IMPACT

- Eliminates the dangerous trial-and-error process of finding qualified therapists and removes the financial barrier to accessing specialized care.
- Survivors anywhere in the country can be connected to vetted providers who understand trafficking dynamics and receive ongoing clinical support.
- Builds field capacity by providing continuous training to community therapists, expanding the pool of qualified providers.

## PROBLEM

## SOLUTION

## IMPACT

- Many survivors have barriers to engaging in formal therapy (ongoing exploitation, housing instability, substance use, service gaps in their area).
- Others are simply not at a place in their healing journey to process their experiences in therapy.
- Traditional mental health systems do not usually offer alternatives to therapy to support these survivors during critical moments.

- YAMT created Nurture Boxes, customized wellness packages sent to survivors who are not in the local community, lack access to a clinician, or are not ready for therapy.
- Each box is tailored to the survivor's specific needs (such as grief and anxiety) and includes journal prompts, self-care tips, and connections to survivor-led small businesses.
- Boxes provide tangible tools for managing trauma responses without requiring therapeutic engagement.

- Creates a low-barrier entry point to support, meeting survivors exactly where they are.
- Communicates "we see you and you deserve care" even when survivors cannot or will not engage in formal services.
- Over 520 boxes have been distributed since launch, extending YAMT's reach beyond their clinical capacity and geographic limitations.
- Creates economic opportunities for survivor entrepreneurs whose products are featured.

# EMPOWER Center

Provides comprehensive, multidisciplinary services for individuals with any experience in sex trafficking or the commercial sex trade, through a pioneering partnership between parent organization Sanctuary for Families and NYC Health+Hospitals (Woodhull Hospital in Brooklyn and Jacobi Hospital in the Bronx).

## Services

The **EMPOWER Center** is a program within the clinical department of Sanctuary for Families offering the following comprehensive, multidisciplinary services:

- **Medical care:** One primary care physician at Woodhull Hospital, and one obstetrics and gynecology (OB-GYN) physician at Jacobi Hospital.
- **Mental health care:** Individual therapy with one psychologist at Jacobi Hospital and outpatient psychiatric care with one psychiatrist at Woodhull Hospital.
- **Social services:** Case management and economic empowerment support (three staff), and one peer care navigator with lived experience from the sex trade.
- **Thriving group programming:** Virtual wellness workshops focusing on different areas to build community and self exploration.
- **Legal services:** One dedicated attorney handling immigration, T visa cases, and other legal needs.

## Scope

- Average of 50 active cases, with **~25 receiving mental health services** (in total Sanctuary for Families serves ~400 survivors annually plus ~75 family members in counseling).
- **Services typically span 1-2 years** with the goal of transitioning to long-term care outside the EMPOWER Center.
- **Up to 3-month waitlist for therapy services** due to limited mental health capacity.
- Also meet survivors' needs by referring them to other Sanctuary for Families departments, plus peer organizations.





## Approach

Holistic, trauma-informed program that integrates medical, mental health, legal, social, and economic services under one roof. The model recognizes that survivors cannot address trauma in isolation from housing instability, legal concerns, healthcare needs, or economic survival; all services must work in concert.

### Core elements:

- **Hospital partnership:** The NYC Health + Hospitals collaboration embeds services within trusted healthcare settings, reducing stigma. It also ensures that survivors can receive specialized treatment to address trauma from trafficking, inpatient psychiatric care, and other related mental health needs such as eating disorders and substance use.
- **No standalone therapy referrals:** By prioritizing cases where survivors will benefit from the full holistic approach, the Center ensures mental health treatment is integrated with addressing practical survival needs.
- **Weekly interdisciplinary meetings:** Medical providers, mental health clinicians, case managers, legal staff, and peer navigators coordinate all aspects of care, ensuring seamless access to services without requiring clients to repeatedly retell their trauma across multiple agencies.
- **Trauma-informed flexibility:** Accommodates the complex needs of survivors, who may disengage and reengage due to re-trafficking, housing crises, or other barriers. The program can hold space for clients to return when ready to pursue services rather than closing cases prematurely.
- **Peer care navigation:** Staff with lived experience builds trust with survivors, who may be wary of traditional healthcare settings. Peer counselors act as mentors, accompany survivors to appointments, facilitate wellness activities, and offer crucial insights about clients' needs and priorities in team meetings.



## PROBLEM

## SOLUTION

## IMPACT

- Survivors face fragmented care systems that require accessing services in various locations and retelling their stories to multiple providers.
- This fragmentation is not only retraumatizing but also creates barriers to care, particularly for those in active exploitation who may lack stable housing, transportation, or capacity to navigate complex provider systems.
- Medical providers rarely receive training in trafficking dynamics, missing opportunities for identification and referral.

- Sanctuary for Families formalized a partnership with **NYC Health + Hospitals**, co-locating comprehensive services within hospital settings to deliver primary and specialist care to survivors.
- The initiative was funded by a grant from New York City Council and championed by Dr. Victoria Ades, an OB-GYN specialist with deep expertise in working with survivors who serves as Co-Director.
- Weekly interdisciplinary team meetings bring together medical providers, mental health clinicians, case managers, legal staff, and peer navigators to coordinate all aspects of care.

- Creates natural, trauma-informed pathways for identification and referral within trusted healthcare settings.
- Ensures survivors seeking medical care can be seamlessly connected to comprehensive services that address multiple barriers to freedom.
- Eliminates the need for survivors to retell their trauma across multiple agencies, while building medical provider capacity in trafficking identification.

# Restore NYC

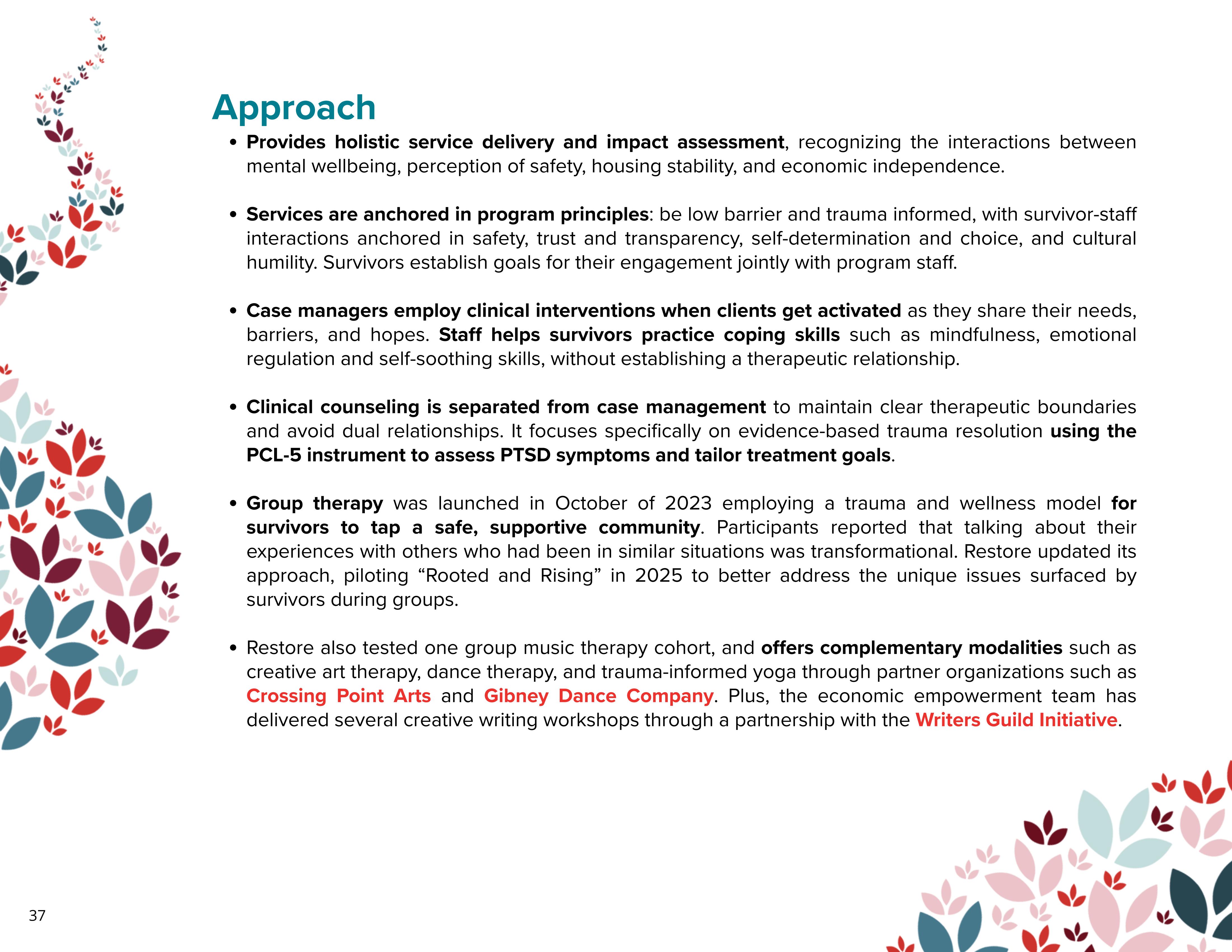
Restore provides comprehensive services that make freedom real for survivors of trafficking, facilitating access to safe housing, real jobs, and improved wellbeing—the three pillars for flourishing identified by survivors themselves and validated by program data.

## Services

- **Trauma-informed case management:** Intensive emotional support and referrals to tangible resources like housing assistance, employment support, and benefits navigation, delivered by Counselor Advocates with clinical training.
- **Individual clinical counseling:** Currently following a 12-week stabilization curriculum adapted from domestic violence (DV) models; staff experience with the limitations of using DV tools with survivors of trafficking led to developing enhanced services incorporating EMDR, CBT, Internal Family Systems (IFS), and Mindfulness-Based Stress Reduction.
- **Group therapy:** "Rooted and Rising" 10-week curriculum addressing trafficking dynamics, cultural implications, relationship patterns, and boundary-setting.
- **Housing:** provides survivors access to safe emergency housing, stable independent living options, and rental assistance for up to 24 months. Also offered transitional housing until November of 2025.
- **Economic empowerment:** creates pathways to economic security and professional growth through job readiness training, employment, career development, and entrepreneurship support.

## Scope

- **~185 survivors in case management per year**, with each survivor receiving 12-24 hours of emotional support services annually from a clinically trained professional
  - The percentage of core services enrollees (most of which receive case management services) that had **SF-12 scores indicative of clinical depression decreased from 63% at intake to 36% by 12 months.**
- **~35 survivors in clinical counseling and group therapy per year; 63% of clients exhibit reduced trauma symptoms** from intake to case closing based on PCL-5 assessments.
- Counseling enrollment and **wait lists are managed on a first-come, first-served basis**, while **case management also considers survivors' level of need**.
- **~60 survivors in the housing program per year**, with additional housing external referrals provided through case management.
- **~100 survivors in the economic empowerment program per year.**



## Approach

- **Provides holistic service delivery and impact assessment**, recognizing the interactions between mental wellbeing, perception of safety, housing stability, and economic independence.
- **Services are anchored in program principles**: be low barrier and trauma informed, with survivor-staff interactions anchored in safety, trust and transparency, self-determination and choice, and cultural humility. Survivors establish goals for their engagement jointly with program staff.
- **Case managers employ clinical interventions when clients get activated** as they share their needs, barriers, and hopes. **Staff helps survivors practice coping skills** such as mindfulness, emotional regulation and self-soothing skills, without establishing a therapeutic relationship.
- **Clinical counseling is separated from case management** to maintain clear therapeutic boundaries and avoid dual relationships. It focuses specifically on evidence-based trauma resolution **using the PCL-5 instrument to assess PTSD symptoms and tailor treatment goals**.
- **Group therapy** was launched in October of 2023 employing a trauma and wellness model **for survivors to tap a safe, supportive community**. Participants reported that talking about their experiences with others who had been in similar situations was transformational. Restore updated its approach, piloting “Rooted and Rising” in 2025 to better address the unique issues surfaced by survivors during groups.
- Restore also tested one group music therapy cohort, and **offers complementary modalities** such as creative art therapy, dance therapy, and trauma-informed yoga through partner organizations such as **Crossing Point Arts** and **Gibney Dance Company**. Plus, the economic empowerment team has delivered several creative writing workshops through a partnership with the **Writers Guild Initiative**.

## PROBLEM

- Existing trauma groups often fail to acknowledge how survivors from diverse cultural backgrounds understand trauma differently, approach healing through varied frameworks, and navigate recovery within specific gender, faith, and family dynamics.
- Survivors need psychoeducation about trafficking itself to reduce self-blame and understand systemic vulnerabilities.

## SOLUTION

- Restore developed "Rooted and Rising" by creating an outline with AI support, and refining it with clinical judgement and input from Restore's Survivor Advisory Board.
- The curriculum is designed to hold space for the complexities of healing from trauma.
- Ensures survivors, regardless of country of origin, can find belonging, understanding, and tools that resonate with their lived experiences.
- It blends psychoeducation, grounding techniques, and identity-focused discussions in a structured yet flexible format.
- The curriculum provides survivors a sense of rootedness in their own story and rising into a future where healing is possible.

## IMPACT

- "Rooted and Rising" was soft-launched in summer 2025 with high client engagement; an official pilot is scheduled in fiscal year 2026.
- Fills a critical gap in culturally-appropriate, trafficking-specific group therapy programming.
- Addresses the isolation many survivors experienced before entering trafficking and during exploitation, building the community connections that had been severed.
- Models how organizations can create culturally-responsive materials through internal development, centering the expertise of survivors, and transparent use of AI, rather than relying on generic resources.

# Eleison Foundation

Eleison provides direct services for survivors, conducts research, and provides capacity building for community stakeholders informed by survivor leadership, to advance evidence-based, client-centered programs for survivors of human trafficking and gender-based violence.

## Services

- **Community mental health and crisis intervention:**
  - **Mental health education:** Equips shelters, partner organizations, and survivors' support networks with preventive screenings, psychoeducation, and connections to services, helping to address mental health needs before they escalate into a crisis.
  - **Somatic interventions:** 12-week curriculum by the Healing and Resilience After Trauma organization (**Move with HART**), which integrates breathwork, yoga poses, meditation, and guided imagery with supportive group discussion. **Also offers drop-in trauma-informed yoga** for those not ready to commit to a structured group intervention.
  - **Clinical case management and counseling:** **One-on-one sessions** with a psychologist and a social worker on staff address acute depression, anxiety, and PTSD. **Plus, support groups** facilitated in residential settings, focusing on basic coping skills and processing concerns together.
  - **Crisis intervention:** Suicide Safety Planning Intervention (SPI) in partnership with Columbia University's Global Mental Health Program, appropriate for a low-resource context and not requiring dependence on external referrals.
- **Participatory research:** Uses arts-based methods and is co-led by survivors, to provide evidence of effectiveness and inform practice.
- **Capacity building:** Train other anti-trafficking organizations domestically and internationally on Motivational Interviewing and suicide prevention/intervention.
- **Survivor leadership:** Joint decision-making with an active council that is also involved in launching other survivor networks and doing advocacy around the importance of survivor leadership in the sector.





## Scope

- In 2025 Eleison Foundation **served 158 survivors and 1,308 community members.**
- **Eligibility for direct services:** individuals ages 13+ of all genders with lived experience of trafficking and/or gender-based violence in upstate New York and the Philippines.
- **No one is turned away if they meet eligibility;** if a cohort is full, other services are offered and the survivor is added to the waitlist.



## Approach

**Community-based, survivor-led model** that integrates direct services, research, capacity building, and survivor leadership as interconnected rather than separate functions. The organization was founded on the principle that effective reintegration support must extend beyond residential shelter models to meet survivors where they are in their communities over the long-term healing journey.

### Core elements:

- **Evidence-based + low-tech interventions:** Prioritize interventions that are both clinically effective and practically accessible, using techniques that don't require expensive equipment, extensive literacy, or advanced education. Mind-body skills, yoga, and safety planning can be taught and practiced in any setting, making them sustainable for survivors and replicable for other providers.
- **Integration of research and practice:** Rather than treating research as separate from service delivery, Eleison uses research as a tool to strengthen practice while ensuring research itself serves as an intervention that benefits participants rather than extracting their stories for academic purposes alone.
- **Survivor Leadership Council (SLC):** Survivors are part of the executive leadership team, co-lead all research, determine programming priorities, and drive advocacy initiatives, embodying the principle that those with lived experience should hold decision-making power, not just advisory roles.
- **Mental health crisis prevention:** By equipping providers, survivors, families, and communities support networks to destigmatize conversations around mental health, and implementing the SPI suicide prevention and intervention protocol, survivors' acute mental health crises can be met with immediate, accessible, and evidence-based responses.

## PROBLEM

## SOLUTION

## IMPACT

- Traditional research on trafficking treats survivors as subjects; researchers interview them, take their data, publish findings among academic peers, and survivors rarely see how their participation contributed to change.
- This extractive model can feel exploitative and provides no direct benefit to participants.
- Research findings often don't reflect survivors' own priorities or reach other survivors who could benefit from shared experiences.
- For survivors with lower literacy levels or limited formal education, traditional research participation may feel inaccessible.

- Eleison employs PhotoVoice, an arts-based participatory research method where survivors co-lead every stage.
- Survivors determine the research questions and receive photography training.
- They collect data by taking photos and writing narratives about their experiences, then share with peers.
- Survivors conduct the qualitative data analysis and disseminate findings through photography galleries and community presentations.
- The method requires no advanced education or literacy; it is accessible, creative, and centers survivors' own interpretations of their experiences.

- Functions as both rigorous research and psychosocial intervention.
- Participants experience enhanced self-efficacy, reduced shame, increased sense of belonging and community, stronger connections with others who share similar experiences, and enhanced bravery.
- Survivors speak directly to other survivors rather than through researcher intermediaries.
- Makes research more inclusive while producing findings that genuinely reflect survivors' priorities and perspectives.
- By training other organizations internationally in PhotoVoice and evidence-based interventions, Eleison extends both the research methodology and the healing modalities to reach more survivors globally.

# Shobana Powell Consulting

SPC are experts in culturally-specific responses to trauma who leverage their professional skills and lived experiences, equipping mission-focused organizations to address the intersectionality of gender-based violence, human trafficking, and systemic oppression.

## Services

The collective of clinicians, attorneys, direct service providers, and nonprofit executives, founded by Dr. Shobana Powell, empowers and enhances the work of nonprofits, government entities, and businesses engaged in the movement to end gender-based violence and human trafficking. Experts can be engaged through the collective or as independent consultants to deliver:

- **Training programs** to increase organizations' capacity to deliver culturally inclusive and culturally rooted approaches to healing.
- **Technical assistance** for practitioners to enhance program design, implement trauma-informed practices, and provide capacity building.
- **Community-led research** that delivers insights on how trafficking intersects with systemic oppression and its impact on marginalized communities.
- **Strategic planning and change management** stemming from an intersectional lens, and informed by culturally specific practices and survivor insights.
- **Supportive spaces** with interventions designed and facilitated by consultants in benefit of teams impacted by vicarious trauma.

## Scope

- **60+ organizations served** across more than 100 projects over 5 years.
- Approximately **30 projects annually**.
- Work primarily in the U.S. with some international projects.
- The collective does not provide direct mental health services; team members may maintain private practices separately.



## Approach

- In the area of mental health, SPC addresses a fundamental challenge in the anti-trafficking field: most clinicians lack confidence and competency in serving survivors, often turning away clients specifically because they feel unequipped to help, or expecting training from them on the nuances of trafficking for treatment. These well-intentioned but ultimately harmful responses leave survivors without care or re-exploited at the moment they disclose their experiences when seeking healing.

## Key elements:

- **Culturally-Rooted Healing:** Its experts emphasize that effective trauma healing must account for how trafficking intersects with racism, homophobia, transphobia, and other forms of systemic oppression. Thus, SPC's training moves beyond generic "cultural competency" to help providers understand how exploitation operates differently across communities and how healing must be grounded in clients' cultural contexts.
- **Interdisciplinary Expertise:** Their teams bring together diverse professional backgrounds with the lived experience of trafficking or other trauma of many of its members. This combination ensures services bridge academic knowledge with the lived realities of survivors and the practical constraints of service delivery.
- **Field Capacity Building:** Rather than growing their own direct service footprint, SPC has strategically built capacity across the broader ecosystem of providers. By training organizations that serve survivors as one of many populations (domestic violence agencies, community mental health centers, etc.), they expand access to competent care beyond specialized anti-trafficking programs.
- **Resource Sharing:** Their website provides access to SPC's publications, the Survivor Equity & Inclusion Framework (SEI)[12] developed by Dr. Powell, and a National Inclusive Wellness Resource Directory featuring traditional mental health services, and complementary alternative medicine (CAM) providers, that are culturally, linguistically, and/or spiritually-specific.

## PROBLEM

Undercompensating, undervaluing, & tokenizing Survivor Leaders in the anti-trafficking movement causes psychological & financial harm.

## SOLUTION

- The **SEI Framework** is an organizational development approach to replacing re-exploitation with survivor equity and inclusion.
- It centers three foundational values (intersectionality, trauma-informed, strengths-based) and six key pillars (preparation, compensation, support, safety planning, respecting expertise, and sharing power).
- It was developed through expert interviews with survivors and advocates, existing research on trauma, trafficking, intersectionality, equity and inclusion, and organizational change, and a pilot study at a large organization.

## IMPACT

- Results indicated organizational change in each of the six pillars of the SEI.
- Survivor Leaders also reported improvements in mental health, financial stability, professional development, sense of empowerment, and feeling valued at the organization and would recommend the SEI Framework to other organizations.

## PROBLEM

The exploitation of language barriers involved in human trafficking is perpetuated in the healing process, as standard interpretation practices fail to account for power dynamics, trauma responses, cultural context, and safety needs of survivors.

## SOLUTION

- Through collaboration between practitioners, interpreters, and survivors, this framework reimagines the interpreter's role from neutral conduit to trauma-informed advocate and cultural bridge.
- The **16 best practices guide** developed by Jingyu (Yuki) Chen and Dr. Shobana Powell equips organizations to build language access systems that center survivor safety, dignity, and healing.



## IMPACT

- Implementing trauma-informed language practices enables survivors to access services more safely while building trust in support systems and creating more equitable outcomes.
- These practices reduce retraumatization, improve communication accuracy, and help survivors feel genuinely seen and supported throughout their healing journey.



# Measuring Effectiveness

Understanding whether mental health interventions are working is critical, both for survivors seeking healing and for organizations striving to provide effective care. Yet measuring mental health outcomes for trafficking survivors presents unique challenges. The complexity of trauma, the non-linear nature of healing, and the intersection of mental health with housing, employment, and safety create a landscape where traditional clinical measures may miss important aspects of recovery.

**This section examines four approaches to outcome measurement used by organizations serving survivors of trafficking to assess service effectiveness**, each with distinct advantages: (1) comprehensive multi-method frameworks; (2) skills-based and relational assessments within the therapeutic relationship; (3) research-integrated practice involving survivor participation; and (4) practical data tracking within case management and administrative systems.

## Comprehensive Multi-Method Approaches

Combining clinical scales with survivor self-assessment provides both objective symptom tracking and survivor-defined success metrics, validating that the instruments reflect what clients themselves experience as meaningful progress. This approach requires significant infrastructure and staff capacity but offers the most complete picture of impact.

**Restore NYC** combines clinical assessments with survivor satisfaction surveys, finding that health measures show improvement while survivors perceive that services are helpful for addressing their mental wellbeing. Its program evaluation is based on:

- **12-Item Short-Form Health Survey (SF-12) Scores** for core services enrollees, most of which receive clinical interventions in case management.
- **The PTSD Checklist for DSM-5 (PCL-5) Scores** for survivors enrolled in clinical counseling or group therapy, to evaluate service impact on PTSD symptoms.
- **Bi-annual Client Satisfaction Survey (CSS)** which collects anonymous data on survivor perceptions of services received, using a scale from 1 to 5 (1=extremely dissatisfied to 5=extremely satisfied).

**Sanar Institute** tracks three types of data in a comprehensive Salesforce database, which enables real-time reporting and external clinical evaluations every three years:

- **Clinical assessment data (Recovery Assessment Scale [RAS24] for all clients; Beck Anxiety Scale and tools for depression and PTSD when clinically indicated).**
- **Individualized survivor feedback** (symptoms, quality of life, goals).
- **Progress milestones** (community, employment, education) where clinicians translate client achievements into trackable indicators. For example, when a survivor reports "I started going to church and enrolled in school," clinicians document this as increased community engagement and educational advancement.

**Crime Victims Treatment Center** has observed that "someone who was trafficked up until three months ago" may have vastly different therapeutic engagement than "someone who was trafficked ending 20 years ago".

Its highly individualized approach to evaluation includes:

- **Trauma Symptom Checklist (TSC-40), Behavior and Symptom Identification Scale (BASIS-32) and Difficulties in Emotion Regulation Scale (DERS)** to assess trauma symptoms at different points in a client's engagement in individual or group services.
- **Continuous relational processing:** Clinicians ask questions like "How is it feeling doing this with me?" and "What are you noticing?" providing ongoing informal feedback on client progress and satisfaction.
- **Observed qualitative markers of healing:**
  - Changes in tone of voice and body language.
  - Shifts in autonomy and embodied safety (e.g., clients noticing and demonstrating increased ability to assert their needs, share vulnerably in group sessions or ask for support needed).
  - Capacity to hold challenging moments in therapy without feeling overwhelmed.
- **Quality assurance exit survey** upon completion of the therapeutic engagement to assess client satisfaction.

Comprehensive multi-method approaches that combine clinical scales with survivor self-assessment provide both objective symptom tracking and survivor-defined success metrics.

# Skills-Based and Relational Assessment Frameworks

Focusing on clinical and therapeutic observations of the changes in how survivors present, engage, and navigate their lives (rather than symptom reduction alone) aligns with trauma recovery models emphasizing capability-building and the therapeutic relationship. These approaches assess progress through what clinicians process directly within clinical interventions, capturing changes that may better reflect the experiences of survivors facing pervasive barriers or not yet ready for symptom-focused work, while maintaining treatment integrity by embedding assessment within the therapeutic relationship itself.

**You Are More Than** measures effectiveness through a structured skills-based framework assessing five interconnected outcome areas:

- **Agency and Perseverance:** Ability to navigate challenges, set goals, articulate needs (e.g., exhibiting increased intrinsic motivation, hope, and focus on long-term plans).
- **Responsible Decision-Making:** Capacity to make autonomous choices without external pressure (e.g., progressing from "just tell me exactly what I need to do" or "everyone told me I need to talk about this" to "I can make that decision").
- **Engagement in Community:** Ability to seek out and cultivate positive relationships beyond the therapist (e.g., reaching out to a mentor or joining a community group and making friends).
- **Self-Sufficiency:** Moving beyond survival mode (e.g., recognizing that choosing which school to attend is a normal life choice rather than an existential threat).
- **Openness to Adaptation and Change:** Emotional regulation, recognizing strengths/limitations, identifying triggers (e.g., observing own reactions when experiencing failure).

Additional outcomes observed among survivors completing 18 months of services include:

- **Reduced susceptibility of relapse** into the commercial sex industry: 80% → 20%.
- **Reduced self-medication** (both illicit substances and misuse of prescribed medications).
- **Increased ability to maintain housing** beyond six months.

Skills-based and relational assessment frameworks capture changes observed by clinicians in how survivors present, engage, and navigate their lives, rather than symptom reduction alone.

# Research-Integrated Practice

Treating measurement as intervention, particularly through participatory research methods, addresses both the need for evidence and the therapeutic benefit of meaning-making and community connection.

**Eleison Foundation** integrates rigorous, academic research methodology into direct service delivery and training evaluations to establish an evidence base as follows:

- **Move with HART program research[13]** (12-week mind-body intervention):
  - **Mixed-methods study** funded by the Human Trafficking Research Initiative.
  - Used standardized psychological assessment tools (anxiety, depression, PTSD) alongside qualitative interviews.
  - **Outcomes:** Statistically significant decreases in symptoms of depression, PTSD, and anxiety sustained over time among survivors completing the program.
- **PhotoVoice participatory research[14]:**
  - **Survivors lead every step:** determining research questions, collecting data through photography and narratives, conducting qualitative data analysis, sharing findings.
  - **Outcomes:** Overcoming shame through shared storytelling; enhanced self-efficacy and heightened awareness of skills (especially from conducting data analysis); increased sense of belonging and community; feelings of inspiration and bravery that allowed survivors to share stories with wider audiences.
  - As Executive Director Laura Cordisco Tsai noted: "**It's a research method, but we also feel it's a psychosocial intervention in its own right**".
- **Suicide prevention training evaluation[15]** (14-week multi-modal program):
  - **Build knowledge and practical clinical skills** using asynchronous videos, role plays, interactive discussions, modeling of assessment tools, and case consultations.
  - **Three-phase study** including focus group discussions with anti-trafficking staff to inform culturally-adapted suicide intervention protocol; pre-post assessments measuring suicide knowledge, attitudes, and intention to use Suicide Safety Planning Intervention (SPI); and mixed inductive-deductive thematic analysis of qualitative input.
  - **Outcomes:** Decreased stigma and misconceptions about suicide (staff shifted from viewing suicidal behavior as "manipulative" to understanding it compassionately); lessened emotional burdens (reduced self-blame, guilt, and feelings of being overwhelmed); increased confidence through clear, structured guidance; reduced fear and anxiety when responding to suicidal clients.

Treating measurement as intervention, addresses both the need for evidence and the therapeutic benefit of meaning-making and community connection.

## Practical Data Tracking

Using existing administrative and case management systems for outcome tracking makes measurement sustainable when formal clinical assessment or research protocols are not feasible. This approach prioritizes service delivery while maintaining data infrastructure through regular team coordination, case notes, and multidisciplinary review processes that capture meaningful progress across a full spectrum of services.

The **EMPOWER Center**, as a fairly new holistic service model delivered by a small team, tracks service needs and outcomes through Salesforce. The group of multidisciplinary practitioners conducts regular case reviews and uses supervision feedback to assess effectiveness without requiring dedicated evaluation staff or complex research protocols.

- **Observed outcomes:**
  - Survivors engaging in mental health services demonstrate stronger progress achieving stability goals.
  - Reduced crisis recurrence and re-entry into exploitation.
  - Increased readiness to pursue long-term goals (employment, education, economic empowerment).
- **Evolving towards formal measurement:** In 2024, EMPOWER developed a survey to systematically track survivor satisfaction with services. While results are not yet available, this represents a shift toward more formalized measurement while maintaining the practical, sustainable approach that works for their small multidisciplinary team.

Using existing administrative and case management systems for outcome tracking makes measurement sustainable when formal clinical assessment or research protocols are not feasible.



**All organizations emphasized that healing from trafficking trauma is non-linear, deeply individual, and interconnected with housing, employment, and safety. No single measurement approach captures the full complexity of recovery, suggesting the field benefits from multiple methodologies that together paint a comprehensive picture of what helps survivors heal.**

**Providers indicated the need for more survivor-led research on culturally inclusive approaches, and examination of complementary therapies (trauma-informed yoga, movement therapies) specifically with survivors of trafficking. This would allow the field to move beyond educated guessing based on work for general trauma populations, to evidence-based practice for healing trauma from trafficking.**

**Furthermore, a capacity-building perspective highlights that effective measurement requires not just good tools, but ongoing training, supervision, and support for practitioners learning to adapt, implement, and assess them in the complex reality of trafficking trauma recovery work.**





# Use of Technology

The service models and interventions described in previous sections demonstrate the value of specialized, long-term, trauma-informed care delivered through human connection. Yet the persistent barriers of capacity constraints, geographic limitations, and training gaps have prompted some to look toward artificial intelligence (AI) as a potential tool to expand access and reduce provider burden. The question is not whether technology will play a role in supporting survivors, but rather how to ensure that it enhances rather than undermines the relational healing that practitioners know to be essential. The interviews conducted for this report reveal a field characterized by cautious skepticism, where practitioners recognize AI's potential to augment services and are beginning to identify appropriate applications, while remaining vigilant about risks that could re-traumatize survivors or compromise the human connection at the heart of healing.



# Concerns About Risks

The primary objections raised by practitioners cluster around four areas:

## Privacy and Security Risks

Survivors of trafficking have valid reasons to fear technology, as it has historically been weaponized against this population for surveillance, control, and re-trafficking. Though telehealth has expanded access for some survivors who face geographic or childcare barriers, others cannot feel safe engaging therapeutically through technology that resembles the tools used for their exploitation.

Practitioners also pointed to risks with AI record-keeping: "If someone hacks your system and your notes are out into the world, now someone can use your mental health against you." For survivors who may face legal proceedings against their traffickers, detailed AI-generated transcripts could be "twisted" by defense attorneys given the relational complexities involved with trafficking.

## The Irreplaceable Human Element

Perhaps the most consistent theme across interviews was the conviction that healing from trafficking trauma fundamentally requires human connection. Mitha Choudhury from the EMPOWER Center stated emphatically: "Trafficking is interpersonal trauma that happened in someone's body by another person. I think it's a disservice to not have another person be present for the therapeutic experience. I really believe that healing happens in relationships." The therapeutic relationship itself becomes a corrective experience, teaching survivors that safe, non-exploitative human connection is possible.

Several interviewees also expressed concern about AI-facilitated isolation at precisely the moment when "building community has been a really integral part of many survivors' healing processes." For a population already experiencing profound disconnection, technology that further reduces human contact runs counter to core healing principles.

## Abdication of Responsibility

Beyond theoretical concerns, practitioners reported actual harms from survivors' encounters with AI. The most disturbing example cited by Sanar Institute involved ChatGPT encouraging self-harm behaviors in youth. When asked about cutting behaviors, the chatbot responded: "You've mentioned this and it helps you. Why don't you do that again?" The system failed to recognize the nuances of safety planning around harmful coping behaviors. When this issue was identified, the company's response was to simply block such discussions rather than develop appropriate protocols. Sanar noted that the goals of technology companies result in abdicating responsibility in the hard moments, which is the antithesis of therapeutic services.



Similarly, AI business models are creating harms that go against the mission-minded focus of anti-trafficking service providers. Some are conscious of the environmental impact on marginalized populations, and see negative impacts from ChatGPT allowing “erotica” for verified adult users since it can further facilitate coercion and exploitation.

### **Access to Technology**

Eleison Foundation, which delivers services primarily in the Philippines, mentioned that lack of access to technology is itself a barrier. The survivors they serve don't have phones, devices, or Internet. While there may be many ideas about integrating technology, it would exclude a significant sub-segment of survivors.

## **Positive Applications**

Despite concerns about direct clinical use, interviewees and emerging innovations suggest three areas where AI may augment trauma-informed care:

### **AI-Augmented Self-Care Tools**

A promising development in trauma-informed care involves AI-powered apps that provide emotional regulation and mindfulness tools to augment therapeutic interventions. **ComingHome.ai**, founded by Dr. Brook Parker-Bello—a survivor and champion against human trafficking who also founded the anti-trafficking organization More Too Life—exemplifies this approach. The platform combines AI-driven and VR-powered solutions with case management capabilities, offering personalized pathways and measurable outcomes to support lasting healing. By centering survivor leadership in its design, the ComingHome app demonstrates how technology can be thoughtfully integrated to expand access to self-care resources between therapy sessions.

There are many other resources and tools available with similar services that can help survivors with supplemental support for addressing emotional and mental health.

### **Administrative Burden Reduction**

Multiple practitioners acknowledged that AI could help address the administrative workload that diverts time from direct client care. For tasks like formatting grant reports and managing complex compliance requirements, AI offers meaningful relief. Critically, practitioners emphasized these uses should never involve client data.



# Recommendations

To close the gap between survivors' mental health needs and available specialized care, practitioners across the anti-trafficking field recommend the following actions for stakeholders to expand capacity, strengthen infrastructure, and support innovation:

## For Service Providers/Organizations

- **Augment clinical measures with survivor-led program evaluation**, such as photovoice research, and skills-based survivor feedback during therapy sessions.
- **Explore innovative approaches**, including wellness boxes with self-care tools, pottery or culinary somatic experiencing, hospital partnerships for integrated care, and peer support programs.
- **Approach AI integration intentionally**, ensuring survivors understand its purpose, have choice, and can see that safety measures are in place.

## For Funders/Government

- **Fund research on mental health interventions specifically for survivors of trafficking**, including both traditional modalities (e.g., EMDR\*, IFS\*, narrative therapy) and complementary approaches (e.g., mind-body practices, equine therapy), to create a robust set of evidence-based practices for treatment.
- **Make longer-term funding commitments (3+ years)** to prioritize quality of care and sustainable long-term treatment, recognizing that survivors often need more than one year of support to address the impact of trauma from trafficking.
- **Fund capacity-building initiatives and collaborative care models**, equipping staff to implement specialized treatment modalities, work in multi-disciplinary teams, and pursue hospital partnerships.
- **Fund trauma-informed substance use treatment programs** that integrate understanding of trafficking dynamics and trauma, addressing the critical gap in services for the significant percentage of survivors coping with substance use.
- **Create interstate licensure compacts for mental health professionals** to allow therapists to serve survivors who are moved across state lines or need culturally/linguistically matched providers in other states.



## For Academia/Educators

- **Incorporate treatment of complex trauma from trafficking as part of the core curriculum** of social work, psychology, and counseling degree programs, to ensure graduating clinicians have baseline competency.
- **Advocate for expanding the DSM-5 and ICD trauma criteria** to better capture the trafficking experience, removing barriers to insurance coverage, benefits access, and civil case damages.

## For Therapists/Clinicians

- **Pursue specialized training and case consultation**, such as Sanar Institute's Certified Trauma-Conscious Practitioner training program, to confidently treat trafficking trauma cases.
- **Join national provider networks** such as You Are More Than's Nurture Forward directory to provide survivors access to trafficking-specialized care at no or low cost.
- **Address sexual healing and intimacy during trauma treatment**, as survivors report this is often avoided despite being a critical need post-trafficking.

# Meet The Leaders



## Mitha Choudhury

Program Director  
EMPOWER Center |  
Sanctuary for Families  
[sanctuaryforfamilies.org](http://sanctuaryforfamilies.org)

**Mitha Choudhury** is the Program Director of the **EMPOWER Center at Sanctuary for Families** in New York City, a multidisciplinary program providing legal, social, medical, and economic empowerment services to survivors of commercial sexual exploitation (CSE) and sex trafficking. She holds a Master of Science in Forensic Psychology, where her thesis on online child sexual exploitation sparked her commitment to combating sexual violence. Over the past decade, Mitha has worked across the UK and the US in direct services, advocacy, and systems reform for survivors of gender-based violence and human trafficking. At EMPOWER, she oversees trauma-informed services, conducts outreach with law enforcement, facilitates coercion resiliency groups, and develops professional training on CSE dynamics. Since 2022, Mitha has led communications for **New Yorkers for the Equality Model (NYFEM)**, advocating for legislation to decriminalize people in prostitution and hold exploiters accountable. She has produced advocacy campaigns including "End Demand, End Sex Trafficking" featuring Terry Crews and "Can Money Buy Consent?" narrated by Ashley Judd. Mitha co-chairs the **Feminist Justice Committee at Sanctuary for Families**, leading initiatives on femicide and its intersections with gender-based violence. Her work unites survivor-centered care, advocacy, and public education.



## Dr. Laura Cordisco Tsai

Founder and  
Executive Director  
Eleison Foundation  
[eleisonfoundation.org](http://eleisonfoundation.org)

**Dr. Laura Cordisco Tsai** oversees all strategy, research, programming, training, and fundraising for **Eleison Foundation**. She is a social work practitioner and researcher with over 20 years of experience building more effective and empowering services for and with survivors of human trafficking and gender-based violence. Dr. Cordisco Tsai is also Visiting Professor of Human Trafficking and Gender-Based Violence at the **University of Nottingham Rights Lab** in the Health and Communities Program. She holds a BA from Brown University, an MSW and PhD in Social Work from Columbia University, is a registered yoga instructor (RYT-200), and has received postgraduate training on trauma recovery and researching gender-based violence from the London School of Hygiene and Tropical Medicine (LSHTM) and Harvard University.

# Meet The Leaders

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## **Kate Keisel, LCSW**

Co-Founder and  
Co-Chief Executive Officer |  
Thrive Initiative  
Sanar Institute  
[sanar-institute.org](http://sanar-institute.org)

**Kate Keisel** is the Co-Founder and Co-CEO of the **Sanar Institute**. With over 19 years of experience in the field, Ms. Keisel has become a recognized authority on trauma-specific mental health treatment, psychological evaluations, and clinical interventions for individuals and communities impacted by interpersonal violence. Under her leadership, Sanar launched a New Jersey based Wellness Center in 2015 which offers holistic mental health and wellness services free of charge. In 2018, she expanded the organization's reach through its Thrive Initiative's training and education programs throughout the United States, Latin America, West Africa, and South Asia. Ms. Keisel also oversees diverse partnerships with government and civil society organizations to improve system responses and integrate best practices in trauma-conscious care for diverse communities with a focus on all forms of human trafficking, sexual violence, and image based sexual abuse. A passionate advocate for systemic change, Ms. Keisel combines lived experience with an academic and clinical foundation to create trauma-conscious services that foster healing, resilience, and empowerment. Her leadership is rooted in an anti-racist, anti-oppressive framework that recognizes the importance of community-driven, person-centered care. With a career grounded in the intersection of human rights and trauma healing, Ms. Keisel continues to drive Sanar's mission to provide compassionate, evidence-based healing and training for trauma exposed and impacted spaces.



## **Sarah Lott, MPA**

Co-Chief Executive Officer |  
Wellness Center  
Sanar Institute  
[sanar-institute.org](http://sanar-institute.org)

**Sarah Lott** currently serves as the **Sanar Institute**'s Co-Chief Executive Officer overseeing the Wellness Center having served previously as Sanar's Chief Impact Officer and Sanar's Deputy Director. In her current role, she oversees the day to day functions of the Wellness Center in Newark, NJ including staff management, community outreach, workshop and training facilitation, partnership cultivation and coalition building. With more than a decade of experience in the non-profit sector, Sarah is deeply committed to social justice and equity. Sarah holds a Master of Public Administration – Nonprofit Management from Seton Hall University and a Bachelor of Arts in Political Science and History from Ramapo College of New Jersey.

# Meet The Leaders



## **Taylor Loomis, LCSW**

Sexual Assault  
Program Coordinator and  
Bilingual Staff Therapist  
Crime Victims  
Treatment Center

[cvtcnyc.org](http://cvtcnyc.org)

**Taylor Loomis** joined **Crime Victims Treatment Center** in 2020 and is the organization's Sexual Assault Program Coordinator and a Bilingual Staff Therapist. Taylor provides trauma-focused individual and group therapy to survivors of interpersonal violence in both Spanish and English for adolescent and adult survivors. Taylor also provides outreach and crisis support to survivors who visit CVTC's partner hospitals and works with hospital staff, law enforcement and other community partners to provide training and advocacy around working with sexual assault survivors. Prior to working at CVTC, Taylor worked with various other organizations in New York City serving survivors of human trafficking and other forms of interpersonal violence. Taylor completed her Master of Social Work degree from the Hunter College Silberman School of Social Work in 2021, with a specialization in clinical practice with immigrants and refugees. Taylor has completed Level 2 Training in Accelerated Experiential Dynamic Psychotherapy (AEDP) as well as training in other models often utilized to work with trauma survivors.



## **Gabrielle Masih, LCSW**

Director of Client Services  
Restore NYC  
[restorenyc.org](http://restorenyc.org)

**Gabrielle Masih** is a Licensed Clinical Social Worker, trauma-informed clinician, and human services leader with over a decade of experience supporting survivors of human trafficking and gender-based violence. She is the Director of Client Services at **Restore NYC**. Her expertise lies at the intersection of clinical practice, program development, and organizational consulting—helping both individuals and systems foster true healing. Using evidence-based modalities like EMDR, IFS, and CBT, she supports survivors in processing complex trauma, reclaiming their identities, and building resilience for the future. Beyond direct clinical work, she also equips organizations—from frontline teams to leadership—with the knowledge and tools to integrate trauma-informed principles into every aspect of their work. Her approach isn't just about treatment; it's about transforming the spaces and systems meant to serve survivors, ensuring that trauma-informed care is not just a framework, but a lasting cultural shift.

# Meet The Leaders

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## **Dr. Shobana Powell, DSW, LCSW**

Chief Executive Officer  
and Founder  
Shobana Powell Consulting  
[shobanapowellconsulting.com](http://shobanapowellconsulting.com)

**Dr. Shobana Powell** is the CEO and Founder of **Shobana Powell Consulting**, an international consulting firm consisting of clinical, legal, and survivor/lived experience experts who provide training, technical assistance, and research in multiple languages on the intersections of gender-based violence, human trafficking, and systemic oppression. She has provided child and adult trauma therapy, conducted court-ordered forensic mental health and sex trafficking evaluations, and developed and led human trafficking and gender-based violence programs across the country. Dr. Powell specializes in the impact of trafficking on marginalized communities, psychological coercion, language justice, lived experience/survivor expert inclusion, and vicarious trauma and vicarious resilience for impacted folks doing social justice work. Through her doctoral research, she developed the Survivor Equity and Inclusion Framework, a model for organizations to prevent the re-exploitation (tokenizing, undercompensating, undervaluing) of lived experience experts. Dr. Powell is driven by her deep-rooted belief that work in the field should be led by the communities served.



## **Ashante Taylorcox, MA-MHC, LPC**

Founder and Executive Director  
You Are More Than  
[yamt.org](http://yamt.org)

**Ashante Taylorcox** is the founder and executive director of **You Are More Than, Inc.**, a survivor-led organization supporting marginalized survivors of exploitation and domestic trafficking nationally. She is a Queer, dynamic speaker, clinician, survivor-leader, and Black changemaker from New Jersey with a passion to create safer environments and systems of care for BIPOC and LGBTQ+ survivors of trafficking. As the Founder and Executive Director of YAMT, she is a nationally recognized expert in racial and gender justice and, over the last ten years, has worked diligently to improve the lives of marginalized survivors of domestic trafficking and sex workers nationally. Ashante is a Licensed Professional Counselor with a master's degree in counseling for mental health and wellness and a post-master's advanced certificate in LGBT health, education, and social services from New York University.



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