

Helping victims of prostitution and trafficking: It takes a community...

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Abstract: *Child sex trafficking and adult women involved in street-based prostitution are two problems affecting the city of Toledo, Ohio. While various agencies worked independently to address these problems, there was no collaborative effort. We decided to organize a year-long roundtable that included people from Toledo-based social service, criminal justice, and health care systems, as well as concerned citizens, church groups, and survivors of prostitution. Our intent was to develop responses that were specific and sensitive not only to the needs of prostituted women and trafficked teens, but also to service providers and members of the community. In this article, we report on our project, its accomplishments, and lessons learned.*

Key words: *child trafficking; prostitution; human trafficking; sex work; groupwork; community practice*

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Introduction

While prostitution as a community based urban problem is not new, recruitment of children into the sex trade by traffickers has recently been recognized by the US government under the Trafficking Victims Protection Act (2000) as an act of modern day slavery. When attempting to address the well-being of children in a community, the use of broad based community strategies empowers the collective to build strategies that work. The purpose of this article is to describe our project that addressed female adult prostitution and child sex trafficking in our community using a consensus based organizing strategy. We also discuss our accomplishments and the lessons we learned.

The Toledo scene

Toledo, Ohio, a city with a population of 295,209 citizens (City-Data, 2008), is grappling with two major social problems, child sex trafficking and adult prostitution. According to Wilson and Dalton (2007), the city 'is an integral part of the sex-trafficking business, supplying the top management (the pimps), the middle management (adult prostitutes who train and discipline the other prostitutes), and the product (young girls lured, kidnapped, or sold into the business' (p. 26). What may contribute to the ease of trafficking is the intersection of two major highways, US 80 (from California to New York) and US 75 (from Michigan to Florida), in the southern part of the city.

Child sex trafficking involves the recruitment, harbouring, transportation, provision, or obtaining of a person under the age of 18 for the purposes of a commercial sex act (Wilson & Dalton, 2007). In December 2005, the community was first alerted to this problem through a story in the local newspaper about a federal investigation that resulted in the arrest of a number of Toledo connected pimps involved in a national child sex trafficking ring. Nine of the rescued victims were from Toledo (Erb & DeBoer, 2006). Since then, several front-page articles in the *Toledo Blade* and the *Indianapolis News*, as well as interviews on local and national news stations, have discussed the issue of child sex trafficking in this city. The Federal Bureau of Investigation (FBI) and the National Center for Missing and Exploited Children have

identified Toledo as a major hub in the country for the trafficking of vulnerable teens by child sex traffickers.

Toledo children, typically recruited through force or manipulation, are shipped to various destination cities in the US for the purpose of prostitution. If rescued by the FBI or local police, child victims are often incarcerated by these authorities and thereby re-victimized by the system theoretically designed to help them. From the juvenile detention center, they can be shipped to a program in another state. There is no guarantee, however, that this program can help the young person overcome the trauma of being victimized by traffickers and customers. If not rescued, these young victims typically endure recurring rapes, beatings, and other emotional and physical assaults at the hands of their traffickers, as well as the numerous customers they are forced to service. Some children begin to self medicate with illegal drugs. Over time, and without intervention, many of them become drug addicted and prostitution becomes a way of financing their habit. As adult women, many of them end up back on the streets of Toledo to face continued drug abuse, stigma, and repeated involvement with the criminal justice system (Williamson, 2005).

Adult street prostitution involves women who trade or sell sexual services for money, items, or a place to stay. Adult women involved in street prostitution in our community typically are substance abusing, independent workers, who are not controlled by traffickers (Ventura et al., 2007; Williamson, 2004). The city's response to prostituted women is to arrest, release, and provide them with a court date that street savvy women do not keep. Some women are also mandated to drug treatment programs that take too long to access, do not speak to their needs based on their past experiences, and do not respond to the often co-occurring issues related to violence, trauma, and mental health concerns.

While there were a number of independent service agencies in Toledo who worked with prostituted women and trafficked children, there was little acknowledgment of such, no specific programming, and no collaboration among them. Our approach was to work through the one prostitution-focused community organization that existed, called Second Chance that was founded by one of the authors (CW). The mission of Second Chance is to address the needs of those victimized through child sex trafficking and adult prostitution. Historically a micro-focused organization, consisting of social workers, helping professionals, and

survivors, Second Chance was growing increasingly frustrated by the lack of coordinated services that existed for women and youth who had been prostituted. The Second Chance Advisory Board, composed of social workers, therapists, juvenile court personnel, and university professors in Toledo, made the decision to spearhead a community based intervention to pull together service agency representatives and concerned citizens. The Board's intent was to educate the community and develop strategies to increase coordination to address more effectively the issues of child sex trafficking and prostitution. The authors volunteered to lead this organizing effort.

In selecting the type of organizing strategy that would promise the most success, we focused on using our collective professional strengths. Because of our unique experiences engaging this population, we knew of prostituted women who would participate in a monthly collaborative group. In addition, in our positions as university professors we had experiences working with politicians, administrators, and representatives of organizations, as members of community boards and coalitions, and therefore had positive working relationships with key community players. As a result, we saw consensus organizing as a positive strategy through which to achieve our goals.

Consensus organizers see both the 'internal' and 'external' players that surround a particular issue or problem as equal participants. With this in mind, 'a consensus organizer brings together interests of those within the neighborhood ['internal players']...while at the same time bringing together the political, economic, and social power structure from outside the neighborhood' (Eichler, 2007 p.7). Not only was it important for us to bring together those from diverse backgrounds, central to our strategy was the need to create a sense of equal and shared power within the group, valuing what each brings to the table to address the problem.

Women centered organizing refutes the need to shift power from one to another, as is typically the goal in community organizing, but instead works toward the idea of shared power. 'Through the healthy practice of power sharing, we nurture an environment that is peaceful, empowering and respectful' (p. 5). As a result, sitting next to each other were executive directors and representatives of social service agencies, church members, health care representatives, court personnel, and survivors. As facilitators, we were aware of the power differential and

consistently addressed it in ways that were skilled and kept the playing field as equal as possible.

Once our organizing strategy was in place, we needed a sound theoretical perspective in which to ground our upcoming group work (Trevithick, 2005). The ecological approach to group work focuses on the individual's relationship with his or her environment. Adopting this perspective helped the group emphasize shared responsibility for person and social environment (Pardeck, 1996). Our goal was to shift environmental and social resources to better respond to prostituted women and child victims of sex trafficking. We further structured our process using a task centered model that focused the energies of group participants to create responses to prostitution within one year.

Getting started

Prior to organizing and developing our year long project, we first focused our beginning efforts on understanding the experiences of women involved in street-based prostitution through the use of qualitative study. During this time, we began asking the women to describe their experiences and what they believed should be done to assist other women like themselves. Three previous studies were completed between 2000 and 2005 by the first author, Williamson, who interviewed a collective 53 women. Findings revealed that women and youth suffered frequent and often heinous violence from pimps, customers, and others. They often suffered from poor mental health and emotional trauma that, for some, manifested in diagnosed major depression, post-traumatic stress disorder and other mental health issues. They were consistently at high risk of HIV and other sexually transmitted infections. Most women had substance abuse problems and were less likely to obtain long term, supportive assistance from social services that addressed their mental health or basic living needs. They often did not receive justice in the courts when making complaints about their abuses to police officers and prosecutors. Similarly, they were less likely to receive sustained medical treatment or preventive care from health professionals and more likely to sporadically visit emergency rooms and clinics with little follow-up care. Collectively, women interviewed believed they needed a safe place to go, nonjudgmental support, and long-term treatment from

social service providers. Youth desired overall safety and wanted adults to help them reduce the stress in their lives related to family and to help their families address their problems so they could love and emotionally support each other. These findings were used as the foundation for our work and guided our efforts (Williamson, 2000; 2004; 2005a; 2005b).

The Prostitution Roundtable (PRT), a name originally coined by Hosey & Clune (2005) became the name of our project. Late in 2005, board members met to determine who should be invited to participate in the PRT. We recruited people from criminal justice, social service agencies, health care systems, local and state governments, churches, citizens, and survivors of prostitution. We wanted people who would lend their experiences, knowledge, talents, skills, and compassion to this project. Because they were from the community and understood it well, we believed these potential PRT members could develop responses that were specific and sensitive not only to the needs of prostituted women and trafficked teens but also to service providers and those in the community affected by prostitution.

Components of the Roundtable Model

In order to increase our chances for success, we incorporated four components into the PRT, each of which is described below.

Component 1: Increasing Awareness and Getting the Community to 'Buy In'

The importance of community awareness and 'framing' the issue for the general public cannot be understated and is critical to getting people to the table, opening doors to funding opportunities, and getting local politicians, officials, and county agency administrators to take notice.

To increase public awareness, we approached trusted newspaper, radio, and television journalists and asked them to release stories about local child sex trafficking victims in our community. These stories ranged from the experience of one anonymous victim to the release of local research on multiple anonymous victims. The media emphasized the tragedy, needs, and invisibility of the issue. At the same time, Second Chance Board members visited, telephoned, or emailed those key

agencies and individuals we wanted to be involved with PRT. A flyer and letter further explaining the purpose and objectives of the roundtable were provided and their commitment to attend the first meeting was secured in person or by telephone or email. In addition, other agencies and individuals we believed were not critical to the issue, but could be potentially helpful, received information by mail inviting them to call and discuss their interest or just to attend the first PRT meeting.

In our communication with potential participants, we outlined the seven major objectives of the PRT, including the need to develop

- Educational programs to promote awareness within the community of the plight of women and teens involved in the commercial sex industry
- Assessment tools that social service agencies could use to identify victims and refer them to appropriate agencies for a continuum of care
- Strategies to prevent women and adolescents from entering the commercial sex industry
- Early interventions for those involved in the commercial sex industry
- More prostitute-specific health and social service treatments
- Awareness of the need to prosecute traffickers more vigorously
- Ways to address the issue of 'johns'.

As a result of the publicity, approximately 75 people came to the first PRT meeting in January 2006. During the year, attendance ranged from 10 to 75 people with an average of 35 people per meeting. Because there was no external funding for this project, the authors volunteered their time to facilitate the PRT and secured space at a local church where free hot lunches were served each month for a year.

Component 2: Education and commitment

At the January meeting, the purpose and framework of the PRT were laid out in order to build trust and garner commitment from stakeholders to participate actively for 12 months. In addition, participants were given a factual overview of the commercial sexual exploitation of children (CSEC) and adult prostitution in our community. The aim of this

presentation was twofold: (1) to speak to the mission of the agencies and to the hearts of the individuals who aid, care for, and help those vulnerable and victimized populations; and (2) to pique the interest and draw in those who were not familiar with the issues. Time was allotted for questions, discussion, and interaction among the participants. At the conclusion of the first meeting, participants were asked to commit to attending the next eleven sessions that would be held from 11:30-1:00pm the last Thursday of every month.

Each month a new topic was addressed and speakers were brought in as necessary. In some cases, agencies (such as the FBI) addressed the PRT. In other sessions, individuals (e.g., survivors of prostitution, as well as the mother of a prostituted woman who was killed in Toledo) were invited to present. Topics were also culled from the participants' suggestions on the formative evaluations. As often as possible, participants were given supplementary materials on the various topics. Examples of materials included information on CSEC in the nation and in our community, the risks and experiences of survivors, and on traffickers and how they recruit victims and operate their businesses.

Component 3: Establishing Small Groups

To address the overall objectives of the PRT, eight small groups were formed at the February meeting: Children and Adolescent Group, Mental Health Group, Housing and Drug Treatment Group, Church Group, Criminal Justice Group, Health Care Group, Jobs/Training/Education Group, and Prevention Group. Concerned citizens, church representatives, and survivors were encouraged to join the group that interested them or to which they felt they could contribute the most.

These small groups met outside of the PRT meeting at least quarterly; however, a few groups met monthly or weekly. Their charge was to respond to the seven objectives outlined above. Group leaders documented and reported their activities at the monthly roundtable meetings.

To choose group leaders, five important issues were taken into consideration. These factors included people's concern about the issues, their motivation to address them, the legitimate and influential power they held in the community or within their agency, their strategic and political placement in the community relative to the issues, their ability

to create systems changes, and their ability to carry out expectations. We handpicked some of our group leaders and accepted others who volunteered. Group leaders were asked to lead their groups in addressing commercial sexual exploitation of children and victims of adult prostitution. A brief description of each group is provided below.

The Children and Adolescent Group met weekly and was highly productive. With the shared understanding that child trafficking was child abuse, they took their roles and responsibility seriously and met to outline the problem, assess current resources, and make recommendations to establish an integrated community service system that involved the identification of core service components. They also developed some preliminary observations and interview questions professionals could use to better identify victims.

The Mental Health Group met six times throughout the year. They discussed mental health issues associated with this population and developed a screening question to be added to the data collection tool of the local mental health agency that serves as the portal through which all potential mental health clients must go to receive services.

The Housing and Drug Treatment Group met a few times, but found it difficult to work through all of the issues related to homelessness, shelters, transitional housing, and in-patient and out-patient substance abuse treatment programs. The Chair of this group visited individual programs to gain a better understanding of the agency's programming, the gaps in programming and services, and reported these gaps to the roundtable facilitator.

The Criminal Justice Group met once a month and focused on adult women involved in street-level prostitution. They outlined the process of the adult municipal criminal justice system and then incorporated areas where potential identification, referrals, and interventions could take place.

The Health Care Group met once a month for six months and developed a health assessment tool that could be used by health care professionals to determine whether a woman or child is involved in prostitution.

The Jobs/Training/Education Group met three times during the year and discussed the possibility of using current community programs that offer training in the areas of soft skills, job training, life skills, GED classes, university and college courses, and ways to develop more

user-friendly links with these existing programs.

The Church Group met monthly. They held a garage sale and solicited funds from church groups to purchase 'Silent Witness' statues of women, now deceased, who had been involved in street prostitution. A Silent Witness statue is a life-size, painted, wooden silhouette of a woman with a plaque on her chest that typically gives her name, age, the day she died, how or why she died, and some positive life experiences or dreams she had for her future.

The Prevention Group, through a local program called 'Run Tell That' that visits community centers and youth groups, incorporated information into their talks with kids. In their youth-led-skits, they incorporated components about the risks of child sex trafficking. In addition, this group discussed the possibility of developing a prevention and awareness video, along with a fact sheet and discussion guide for schools and area community centers that can be used to educate teens and parents.

Component 4: Monitoring and evaluation

From February to October, formative evaluation forms were distributed to all who attended the meetings to determine their level of knowledge about the day's topic before and after the presentation, their interest in the topic, the usefulness of that information to their practice, and their overall rating of that day's session. They were also asked if they had suggestions for other sessions or if they would be willing to do a presentation.

At the November 2006 meeting, a summative evaluation form was distributed to the 18 (13 females; 5 males) people who attended. The respondents ranged in age from 19 to 58 (median age = 43). Their self-reported ethnicity included 13 Caucasians, three African Americans, one Arab person, and one Hispanic person. Twelve people represented social service agencies and two others were from health care agencies. There was one person from the criminal justice system, a concerned citizen and a 'survivor of prostitution/sex trafficking.' Finally, one person indicated three different categories (a survivor of prostitution/sex trafficking; a concerned citizen, and a social service agency representative). As noted above, attendance varied throughout the year and the key reason for non-attendance was workload. Their

responses to questions about pre-and post-knowledge, usefulness to practice, and overall rating of the PRT were favorable. In January 2005, 38% of roundtable participants reported their level of knowledge about prostitution was neutral, 16.7% reported their knowledge was low, and 27% reported they had a high level of knowledge. By November 2005, 94.4% of participants indicated they had a high level of knowledge about prostitution. Approximately 88% of the participants rated the usefulness of the roundtable highly. Overall, the roundtable experience was rated high or somewhat high by 94.4% of the participants.

Participants were also asked to identify the strengths of the roundtable and their responses included bringing the community together, providing an opportunity to network, and educating and helping them to understand the issues of prostitution. Finally, PRT participants were asked for suggestions of people who should have been invited to the roundtable but were overlooked. Suggestions included hospital administrators, physicians and staff from the emergency departments and health departments, representatives from Big Brothers/Big Sisters, Girl Scouts and Boy Scouts, Toledo public schools teachers or administrators and Toledo public adult education, and male prostitutes.

Attending to group dynamics

Before and during this process, the authors consciously thought through the issues of physical space, the psychological atmosphere, and the level of interaction needed to accomplish the goals of this somewhat large task group. We were cognizant of the potential for extreme power differentials by more powerful agency representatives at the table, and/or the potential for community members to use this venue to air personal grievances with a particular agency in which they, a family member, or friend had had a less than desirable experience. The need to teach and model respect for the knowledge, experience, and expertise that each brought to the table and a priority for the work to be done, was central to the atmosphere, group culture, and tone we sought to accomplish. We purposefully chose a physical space (a local church) that worked on issues of social justice, had a reputation for being non-judgmental, was viewed by the community as a 'place that did for its community' instead of 'a place that prayed for its community', and a

church that had ethnically diverse members and a pastor who was a lesbian. Our physical space set the tone for our expectations of social justice, of 'doing', and of accepting difference. Because of the diverse range of participants, it was important to set the psychological tone for the work that needed to be done and for the way in which participants would be treated. As such, for the first two meetings, the authors took control by providing the agendas, controlling the discussion, and calling on those around the room who could lend expertise and information. During this time, survivors were often seen as the experts at the table, occasionally presenting and/or offering insight into particular issues. Once survivors were called on to speak, students began to leave their passive roles of listening and learning and began to join in, speak up more often, and provide their opinions on what they believed should be done. To avoid agency representatives from becoming easy targets for those roundtable participants, the facilitators spoke very highly of the agency representatives and attempted to separate them from the occasional mistakes that may have been made at their respective agencies. Those representatives became known and viewed as the 'good guys', even if their agency may have been thought of as less empathetic to the community. Once an air of respect was established, familiarity with each other increased, and relationships were built, the authors allowed for more free flowing discussion of particular issues each month.

Our accomplishments

The biggest accomplishment of the PRT was bringing together disparate groups of people in the Toledo community to learn and talk about the problems of female prostitution and child trafficking. Breaking people into small groups allowed them to become acquainted, learn about other organizations and the services they provide, and discuss how they could collaborate in order to provide a continuum of care for these women and children. Another accomplishment was learning from the PRT members what they believed the community most needed to complement Toledo's existing services. Table 1 outlines the 15 services that are need to address adequately the commercial sexual exploitation of children and adult women involved in street-based prostitution.

Table 1
Programs or Services Needed in Toledo

Drop In Center

A drop in center is a facility or home that is open 24 hours per day where girls and women can come, feel safe, and talk to qualified staff. This is a place that presents opportunities for victims to escape. For those women who have graduated into adult prostitution, a drop in center provides a safe refuge and place where they can build relationships and seek counseling from staff should they decide to seek alternatives. They are offered coffee, a snack, access to a telephone, referrals for services, and a comprehensive assessment.

Transitional House for Women in Prostitution

Women with experience in prostitution have unique needs based on past traumas. One local transitional house should be designated for women who have been involved in prostitution and should offer trauma treatment and prostitution-specific services.

John School

John School is a diversion program through the courts that allows first time offenders arrested for soliciting for the purpose of prostitution to choose prosecution or the John School program. The John School program is typically an all day event in which offenders are taught the dangers of engaging in commercial sex, exposed to the issues of the victims involved, and offered information about the neighborhoods they frequent and the real lives of the women they victimize and other relevant information. They are typically offered HIV testing and other screenings and assessments.

Intensive John Treatment

Members of our roundtable group suggested the need for something beyond a first time offender John School program. Members wanted guaranteed prosecution of repeat offenders. They also wanted repeat offenders to be mandated to counseling and to be required to give a DNA sample to be kept in a law enforcement database. Special attention should be given to those who purchased children as they should be treated as sexual predators or sexually- oriented offenders.

Prosecution of Pimps and Traffickers

Coordinating and organizing law enforcement is a critical component of addressing the issue of child sex trafficking. Educating and sensitizing the criminal justice system from first responders through successful prosecution of traffickers is essential. Links to any state and federal resources are desired.

Group Home for CSEC

Establishment of a recovery and safe house for youth who have been trafficked into prostitution was a high priority for Toledo, particularly for those children who could not yet return home because of family issues, or for those who may be in danger if they returned home. A safe house would be able to provide the safety, security, and therapeutic treatment needed until survivors are ready to be re-integrated into their

families and community.

Outreach Services

The primary purpose of outreach is to support the safety of women and youth, to provide helpful information, and to develop trusting relationships. Outreach workers build a bridge to existing community programming. Outreach should be conducted on the streets, in jails, and in other community-based programs. Ideally, outreach workers should be survivors.

Observations

The creation of observation triggers or 'red flags' that criminal justice, social service, and health care staff could use to determine if they are working with a domestic trafficking victim are necessary. For instance, youth who disappear for long periods of time, have a much older 'boyfriend,' wear jewelry or other items not supported by the family income are a few observations from a potential list of many that may prompt professionals to ask questions.

Screening Questions

Professionals who are educated and observant may ask questions like, 'Can you tell me about your 'boyfriend?'; 'Do you know anyone that has ever traded sex for money, items, or a place to stay?'; 'What's your school attendance like?'; or 'What a nice bracelet, who bought that for you?'

Assessment Tools

The creation of assessment tools for children and adults could assist professional social workers and/or health care providers to understand better the needs of this population. Assessment tools should cover those risks particular to this population (e.g. violence, trauma, HIV risks, substance abuse, depression, and post-traumatic stress disorder to name a few) and would identify their strengths, history, goals, and issues.

Treatment

Therapeutic services exist in both agency and private practice settings. However, these women and children will need to be encouraged to enter treatment. An individualized approach is required with the treatment modality and duration specific to the client's presenting issues. Clinicians, working in partnership with other service providers, must have a working knowledge of approaches that work with this population including trauma-centered treatment, case management, long term follow-up, and support groups. These components were viewed as integral to any therapeutic intervention.

Mentoring

Mentors are an essential component of the treatment team and ideally should be provided by those who have first hand knowledge of navigating the system and/or who are survivors. A mentor provides 'moment to moment' assistance. The process of recruiting and assigning mentors must include mentor screening, a matching process that enables the women and youth to select their mentor, and ongoing training and supervision for mentors.

Education/ Training/Jobs

Providing opportunities for survivors to be successful in conventional job markets is critical. Training, education, and jobs could be accomplished through programming offered by county Jobs and Family Services programs.

Family Centered Services

It is important to break through family secrets and support both the survivor's and her loved ones' disclosure of any family problems and to address these issues comprehensively with both immediate, tangible, and emotional support services.

Separate Services for Children & Adults

Many participants believed services for children and services for adult women should be kept separate in order to respond and be sensitive to the needs of both and to incorporate the appropriate systems and linkages.

Listed below, according to our major objectives, are the milestones we achieved during the 12 months of the Prostitution Roundtable.

Education and awareness

- We conducted several public access television programs, hosted by our state senator, devoted to increasing awareness about child sex trafficking.
- We hosted our annual, two-day, national conference devoted to prostitution, sex work, and the commercial sex industry with 35 presenters from across the country and 250 people in attendance
- We hosted a community forum for businesses, politicians, and philanthropists to educate them on the issue.
- We hosted a play at our local university's 600 seat theatre called, 'My Real Name: Breaking the Silence on Child Sex Trafficking in Ohio' which played to a sold-out house.

Identification

- We developed a screening tool to be used in health care settings to better identify victims.
- We developed 'screening questions and observations' for helping professionals who suspect a child is a victim of commercial sexual exploitation.

Prevention

- We received a commitment from a production company to create a series of educational, awareness and sensitivity videos devoted to the issue of adult prostitution and child sex trafficking for a number of target populations.
- Some members conducted talks in local community centers to educate kids about the dangers of being trafficked and to encourage them to tell someone if they were being approached.

Early intervention

- We conducted workshops for various social service and health care agencies to educate and increase awareness among staff about trafficking. They can be the ears and eyes for the police. When working with children/adolescents, they need to be aware of potential signs that the young person may be a victim of trafficking. Particular attention should be given to those who are runaways or who are thought to be vulnerable in some way.

Treatment

- As a result of our roundtable coalition building, we were able to establish a toll free 24 hour crisis line for anyone victimized through prostitution.
- We developed an assessment tool to determine the needs of juvenile and adult victims.
- We were able to secure funding for a residential treatment program for trafficked youth.
- We developed programming for a prostitution-focused transitional housing program.

Better prosecution of traffickers and pimps

- We were able to secure an FBI task force who are actively involved in local investigations.

Addressing the Issue of Johns

- We conducted meetings with city council members and the adult municipal court, developed the john school budget and programming and stand ready to advocate for the program.

An unforeseen benefit of hosting the 12-month roundtable was the feeling of a job well done among community participants. The success of the roundtable brought with it a renewed sense of accomplishment among professionals involved for years in social services agencies. The collaborations that were built among agency representatives who heretofore had not taken time to learn about each other opened new doors to future collaborations.

Mistakes and recommendations

Our Prostitution Roundtable was completed without funding. All work associated with it was volunteer and in-kind efforts by university professors, social workers, health care providers, criminal justice personnel, a local church, and others. We recommend that, if possible, funds should be secured so that a roundtable coordinator can be hired and seed money is available to put programs and services into place. We found that holding meetings at lunch time and offering a free meal was an important motivator for busy professionals who would like to help, but cannot find the time. Collaborating with the local university and offering continuing education units for the various disciplines may be another incentive for people to attend.

Two weaknesses were identified in hindsight. We focused mainly on issues related to prostituted/trafficked women and children. We should also have focused on prostituted men and boys who may also be victims in our community. We also did not have representatives from public and private schools. This was a gross oversight because school personnel can actively participate in identification, prevention, and referral of young victims to helping agencies.

Conclusion

The practice of assisting each client to work to create interpersonal change in her life would continue to produce few results in our community without creating change within the larger social environment with which she interacts. The ecological approach we offered to address the lack of coordinated effort was through community organizing and social work group practice. Shared power within the group seemed the most respectful approach to use to empower the women at the table who were survivors, and to mentor the power structure to value the voices of the oppressed.

The model of practice we implemented to address the abuse of women in our community through trafficking and prostitution has been implemented before to address domestic violence over 30 years ago. What began as individual efforts to help each abused woman overcome her circumstance, became an organized effort to address domestic violence in a more coordinated way. Using the fundamental feminist principle of the 'person is political', advocates were able to shift the personal experiences of individual women to systematic responses from community advocates and the criminal justice and social service systems (Hanisch, 1969).

Much like the efforts of early domestic violence advocates, combating child sex trafficking and adult prostitution requires the community to act together. To attain this end, we began our efforts by talking with the women involved in prostitution and asking them about their experiences and what they would do to help other victims like themselves. We then formed the larger monthly roundtable group, followed by smaller groups that worked together and shared ideas based on their disciplines and past experiences to aid in addressing the issue of prostitution and trafficking in our community. We studied the group process each month and conducted an outcomes assessment at the end of our sessions. As a result of our meetings, we helped to both sensitize and empower a community to respond to its most vulnerable citizens. Armed with our results, we obtained federal funding to build a coalition that will soon focus on care coordination, program and service development, and building a referral and linkage system that will allow for an effective and comprehensive continuum of care for prostituted women and sexually-exploited children.

Notes

1. After interacting with women for several months on the streets as a researcher, Dr. Celia Williamson founded the Second Chance program in 1993 that continues to work with female survivors of prostitution in Toledo, Ohio.
2. Dr. Lynda Baker conducted research with prostituted women on the streets of Detroit, Michigan and did volunteer work with Alternatives for Girls Program, a program that works with prostituted women and girls.

Acknowledgements

The authors wish to thank the Second Chance Advisory Board, the people who attended the general PRT meetings, and those who also gave of their time to work in the smaller groups. They also wish to acknowledge Carol Rehm and the members of the Child and Adolescent Group for their detailed report. Finally, we want to thank the pastor and congregation of St. Mark's Church for believing in this effort, opening its doors, and providing free monthly lunches to the community members involved in the project.

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