

# Commonwealth Partnership for Women and Children Affected by Substance Use

Date of Meeting: 2-8-13

Minutes Prepared By: Cleriece Whitehill

## 1. Purpose of Meeting

Commonwealth Partnership for Women and Children Affected by Substance Use-Quarterly meeting

**2. Attendance at Meeting:** Martha Kurgans, Dawn Farrell-Moore, Arlethia Eaton, Matt Musgrave, Ursula Pegram, Shauna Christian, Stacey Ingram, Blanca Ansbro, Satara Graham, LaTonya Doctor, DeSeana Sutton, Ivy Moore, Peta Hearsey-McComas, Glenda Knight, Monica Cabell, Shantelle Wilson, Katalin Cannady, Anita Claiborne, Toni Halsey, Denise Lucombe, Linda Major, Julie Truitt, Patty Hartigan, Sandra Quarles, Deborah B. Cheatham, Janet Loving, Addie Rauschert, Emilie Phillips, Cleriece Whitehill

## 3. Agenda

1. Welcome and Introductions
2. Brief Overview of Commonwealth Partnership
3. Presentation: Human Trafficking – Richmond Justice Initiative and Hallmark

## 4. Meeting Notes:

Martha welcomed the group and introductions were made. Martha encouraged members to take information from the Resource Table. Martha mentioned that JMU students had created a video on human trafficking. Martha informed the group that the ATTC (Addictions Technology Transfer Center), which is funded by SAMHSA and offers information and training, has a new section focusing on human trafficking. Virginia is no longer served by the Mid-Atlantic ATTC; our new ATTC is the Central East ATTC.

Martha informed the group about the risk screening documents that were created and adopted by DBHDS, VDH and DMAS and encouraged members to do risk screening for women. The screen instruments can be located on the DBHS's website.

Brief Overview of Partnership: Started in 1996 when representatives from different agencies on the administrative level met to identify the needs of women affected by substance abuse. The Partnership provided services to providers, including education, support and networking. Martha asked the group what their needs are from the Partnership. Some members shared their experiences of working with clients victimized by human trafficking and substance abuse. The group expressed a need for more resources and training on how to work with victims; advocacy was also expressed as a need. It was mentioned that some rest stop bathrooms have signs posted on the doors about who to call if you are a victim of human trafficking.

Other suggestions for training included:

1. Teaching families – PEATC does trainings for families with or without a disabled child.
2. Outside trainings – a member expressed a need for training outside her own agency where she would feel free to ask questions.
3. Incest – treatment and resources-how to treat child trauma
4. Cultural competency
5. DSS-Child Welfare – aftercare, residential treatment, wraparound

6. Lesbian, Gay, Bisexual and Transgender issues
7. Clinician substance abuse and self-care
8. Boundaries
9. Vicarious trauma
10. Self-care; balance between work and personal lives
11. Resources – private providers do not take Medicaid clients
12. Autism
13. Pregnant SA women – methadone and suboxone
14. Intimate Partner Violence in the faith community
15. Bath salts and spice and other substances of that type

Martha suggested that members bring information about their own programs to future meetings to share with other participants.

**Presentation: Human Trafficking: Addie (?), Richmond Justice Initiative and Emilie Phillips, Hallmark YouthCare.**

Children under 18 – do not have to show force, fraud or coercion to be considered human trafficking.

Human trafficking takes many forms, including labor trafficking (forced street begging, forced construction work, domestic servitude; sex trafficking (commercial sexual exploitation of children, prostitution, etc.)

There are 800,000 cases of human trafficking each year across national borders

There are 100,000 exploited youth in the U.S.

300,000 children become victims each year. Children in foster care are at high risk.

12-15 is the average age of entry into prostitution.

Human trafficking provides \$32 billion in profits each year.

15-30% of homeless youth are exploited.

Large refugee communities – it is easy to hide international trafficking

Continuum of sex abuse: Child sex abuse – sexual exploitation – commercial sexual exploitation of children – linking of love, sex and abuse – violation of boundaries – guilt and shame – view self as sex object – low self-esteem – runaway – poverty and needs – unequal power dynamics – media influence – billion dollar sex industry – approached by recruiters. There is a cycle of power and control. Recruiting is done through high schools, truck stops, etc.

Red Flags that someone might be a victim –

- No Identity card – the pimps hold the ID cards, passports.
- Adult figure who speaks for the victim; doesn't allow her to speak
- Paranoia on the part of the victim – looks to the man to speak for her
- Older "boyfriends"
- Bruises, cuts, tattoos – ask questions
- Frequent STDs.

If victim is under 18, she/he cannot be labeled a prostitute-there is no legal basis.

Many victims exhibit PTSD symptoms.

Effects of trafficking and needs of survivors:

- Basic needs

- Psychological, spiritual, physical, social and emotional impacts

In Virginia, the purchasing of sex with a minor is a misdemeanor – lawmakers are in the process of trying to change to a felony.

Must use trauma-informed therapy which is survivor centered, culturally competent, and uses trauma-focused Cognitive Behavioral Therapy model.

**6. Next Meetings for 2013:**

<i>DATE</i>	<i>TIME</i>	<i>LOCATION</i>	<i>RECORDER</i>
May 10, 2013	10:00-2:00	TBD Richmond	Cleriece
August 9, 2013	10:00-2:00	TBD	
November 8, 2013	10:00 – 2:00	TBD	

***Agenda:***

Fetal Alcohol Syndrome – May 10

Screening Women for Intimate Partner Violence – Aug. 9

Perinatal Depression – Nov. 8