FORGED IN THE FIRE

Healing After Trafficking

Trauma Recovery, Self-Care, and Pathways to Healing

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Healing After Trafficking: A Survivor-Centered Framework for Long-Term Recovery and Resource Access

Forged in the Fire — Knowledge Base Research Paper

Executive Summary

Healing from human trafficking is a long-term, nonlinear process that extends far beyond physical rescue or initial crisis stabilization. Survivors of sex trafficking, labor trafficking, and commercial sexual exploitation experience compounded trauma — including complex post-traumatic stress, dissociation, traumatic bonding, and chronic medical and psychiatric conditions — that requires sustained, multi-layered intervention (Hopper, 2017; Hossain et al., 2010; Zimmerman et al., 2011). This paper synthesizes federal, academic, and survivor-led research to outline what survivors actually need in order to heal, the evidence base behind specific therapeutic and service modalities, the structural barriers that prevent access, and the ethical principles that must guide any organization providing healing resources. The paper concludes with concrete recommendations for Forged in the Fire's programming, donor education, grant narratives, and survivor-facing website content. The central finding is that healing is possible — and that the strongest predictors of long-term recovery are stable housing, sustained access to trauma-informed mental and physical healthcare, economic stability, peer support, and survivor autonomy in directing one's own care (Polaris Project, 2018; National Survivor Network, n.d.; Macy & Johns, 2011).

I. Introduction

For decades, anti-trafficking discourse focused disproportionately on identification, rescue, and prosecution. While these phases remain critical, both survivor leaders and federal frameworks now emphasize that recovery — what happens after the trafficking situation ends — is where most survivors spend the majority of their lives, and where the most significant unmet needs exist (U.S. Department of State, 2023; Office for Victims of Crime [OVC], 2022). The Polaris Project's National Survivor Study (Polaris Project, 2023) found that survivors continue to face housing instability, untreated mental health conditions, debt, criminal records arising from their trafficking, and barriers to employment years and even decades after exiting their trafficking situations.

This paper is intended as an internal research foundation for Forged in the Fire's healing-focused programming and for survivor-facing educational materials. It is not a clinical manual; it is a research synthesis that informs program design, grant narratives, and public-facing website content. The orientation throughout is survivor-centered, trauma-informed, and grounded in peer-reviewed and federal sources.

II. Definitions and Scope

For the purposes of this paper, healing refers to the long-term, survivor-directed process of recovery from the physical, psychological, relational, economic, legal, and spiritual harms caused by trafficking. Healing is distinguished from rescue (the moment of exit from the trafficking situation), stabilization (the immediate post-exit phase, typically 30–180 days, focused on safety, shelter, and crisis response), and reintegration (the longer arc of returning to community life). The Substance Abuse and Mental Health

Services Administration (SAMHSA, 2014) defines recovery as “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential” — a definition that aligns with survivor-led understandings of healing (National Survivor Network, n.d.).

Healing resources within scope of this paper include trauma-informed mental health care; trauma-responsive medical care; safe and stable housing; legal advocacy (including vacatur, restitution, and immigration relief); economic empowerment (employment, education, financial literacy); peer and survivor-led support; spiritual or cultural practices when chosen by the survivor; and family or chosen-family support. Survivors of sex trafficking, labor trafficking, and commercial sexual exploitation share many healing needs, though specific clinical, legal, and cultural considerations differ (Owens et al., 2014; Zimmerman et al., 2011).

III. Current Research and Data

The empirical base on trafficking survivor healing has matured substantially since 2010 but remains limited by small sample sizes, convenience sampling, and the under-identification of survivors. Hossain and colleagues (2010), in a foundational study of 204 women trafficked for sexual exploitation, found that 77% met criteria for high levels of post-traumatic stress symptoms shortly after exit, with rates declining only modestly over time. Zimmerman et al. (2011) proposed a now widely used conceptual model describing how trafficking-related health harms accumulate across pre-departure, travel-transit, destination, detention, and integration stages, with implications that persist long after the trafficking ends.

In the United States, the Polaris Project’s National Survivor Study (Polaris Project, 2023) — one of the largest survivor-led survey efforts to date — documented that a substantial majority of respondents reported ongoing mental health needs, housing instability, and financial precarity, and that access to consistent, long-term services (rather than short-term crisis response) was the resource most strongly associated with self-reported recovery progress. Macy and Johns (2011), in a systematic review of aftercare services, identified six core service domains consistently associated with positive outcomes: basic needs, physical health, mental health, legal advocacy, substance use treatment, and life skills.

Evidence-based and evidence-informed therapeutic modalities studied in trafficking and analogous trauma populations include Trauma-Focused Cognitive Behavioral Therapy (TF-CBT; Cohen, Mannarino, & Deblinger, 2017), Eye Movement Desensitization and Reprocessing (EMDR; Shapiro, 2018), Seeking Safety for co-occurring trauma and substance use (Najavits, 2002), and somatic and body-based approaches grounded in the work of van der Kolk (2014). Salami et al. (2018) reviewed therapies used with trafficking survivors specifically and found preliminary support for trauma-focused approaches but emphasized the urgent need for trafficking-specific outcome research.

What remains under-researched: long-term (5+ year) outcome studies; healing trajectories for labor trafficking survivors; healing outcomes for male, LGBTQ+, and gender-expansive survivors; culturally adapted interventions for Indigenous, Black, Latine, and immigrant survivors; and the role of survivor-led peer support as a distinct evidence base (HEAL Trafficking, 2022; Polaris Project, 2023).

IV. Legal and Policy Framework

Federal law shapes access to healing resources in significant ways. The Trafficking Victims Protection Act of 2000 (TVPA), as amended through subsequent reauthorizations including the Trafficking Victims Protection Reauthorization Act of 2017 and the Frederick Douglass Trafficking Victims Prevention and Protection Reauthorization Act of 2018, established the federal definition of severe forms of trafficking and created the framework for federal victim assistance, T and U nonimmigrant visas, and the Office on Trafficking in Persons within the U.S. Department of Health and Human Services (22 U.S.C. § 7101 et seq.).

The Victims of Crime Act (VOCA) provides a primary federal funding stream for direct services to crime victims, including trafficking survivors, administered through state crime victim assistance programs and OVC's Human Trafficking Program (OVC, 2022). The Runaway and Homeless Youth Act and the Family Violence Prevention and Services Act provide additional funding streams relevant to trafficking survivor housing.

For child survivors, the Justice for Victims of Trafficking Act of 2015 strengthened protections and established that minors involved in commercial sex are victims, not offenders, under federal law. The federal Safe Harbor framework — adopted in varying forms across states — directs minors away from prosecution and toward services, though implementation varies widely (Shared Hope International, 2023).

In California, where Forged in the Fire's service area is located, key statutes include California Penal Code § 236.1 (the state human trafficking statute), the California Trafficking Victims Protection Act, AB 22 (2005), and Penal Code § 236.14 (vacatur relief allowing trafficking survivors to vacate non-violent convictions arising from their trafficking). California Welfare and Institutions Code § 300(b)(2) explicitly recognizes commercially sexually exploited children as dependents of the juvenile court system rather than delinquents. Survivors may also access services through the California Victim Compensation Board, which can fund mental health treatment, relocation, and other recovery costs.

Mandatory reporting obligations (California Penal Code § 11164 et seq., the Child Abuse and Neglect Reporting Act) apply to many service providers and significantly affect how healing services are delivered to minors. Practitioners must understand both their reporting duties and the trauma-informed implications of those duties for survivor disclosure.

Immigration relief — including T visas, U visas, Continued Presence, and Special Immigrant Juvenile Status — is a critical healing resource for foreign-national survivors and is administered by U.S. Citizenship and Immigration Services with certification or law enforcement endorsement requirements that vary by relief type (USCIS, 2023; OVC, 2022).

V. Risk Factors and Vulnerabilities (Barriers to Healing)

In a healing context, "risk factors and vulnerabilities" refer to the conditions that make accessing and sustaining healing more difficult. Research consistently identifies the following barriers:

Structural barriers include lack of affordable housing, inadequate insurance coverage for long-term mental health care, limited availability of trauma-specialized clinicians, and geographic concentration of services in urban areas (Macy & Johns, 2011; Polaris Project, 2023). Survivors in rural California counties often face waitlists of months or longer for trauma therapy.

Legal and financial barriers include criminal records arising from the trafficking itself (which restrict housing, employment, and licensing), trafficking-related debt, ruined credit, and child welfare entanglement. The Polaris Project (2023) found that a majority of survivors carried criminal records related to their trafficking, and a substantial portion had not been informed that vacatur relief was available to them.

Identity-based barriers disproportionately affect survivors who are Black, Indigenous, Latine, immigrant, LGBTQ+, disabled, or male. Research and survivor testimony document that these survivors are less likely to be identified as victims, more likely to be criminalized, and less likely to be offered culturally responsive care (HEAL Trafficking, 2022; National Survivor Network, n.d.).

Trauma-related barriers include distrust of systems (often rationally formed during the trafficking experience), shame, fear of disclosure, dissociation, traumatic bonding with the trafficker, and the cognitive and executive-functioning impacts of chronic complex trauma (Herman, 1992; Hopper, 2017). These are not deficits in the survivor — they are the predictable sequelae of the trafficking itself, and effective healing systems are designed around them rather than treating them as obstacles.

It is essential that none of these factors be framed in ways that imply survivor blame or deficit. Vulnerability is a description of conditions, not character.

VI. Recruitment, Grooming, and Control Tactics (Implications for Healing)

While this paper does not focus on the trafficking experience itself, the recruitment, grooming, and control tactics traffickers use have direct implications for healing. Traffickers commonly use psychological coercion, traumatic bonding (sometimes called “trauma bonding”), isolation from family and community, financial control, threats against loved ones, document confiscation, debt bondage, intermittent reinforcement, and digital surveillance (Polaris Project, 2018; Reid, 2016).

These tactics produce predictable healing-relevant outcomes. Traumatic bonding can lead survivors to feel love, loyalty, or longing for the trafficker even after exit, and this is a normal trauma response — not a sign that the survivor was complicit or wants to return (Reid, 2016). Financial control and debt bondage often leave survivors with no savings, no credit history (or destroyed credit), and significant fear around money management. Isolation tactics fracture the relational networks that ordinarily support recovery, meaning survivors often must rebuild a support system from very little. Digital surveillance and the permanence of online content (including non-consensual imagery) can create ongoing safety and dignity concerns long after exit.

Healing programs that understand these dynamics avoid pathologizing survivors’ post-exit feelings, build in financial empowerment from the start, and treat relational rebuilding as a core service rather than a secondary one.

VII. Survivor Impact

The impacts of trafficking are wide-ranging, interconnected, and long-lasting. Research and clinical literature consistently document the following:

Psychological impacts include post-traumatic stress disorder, complex PTSD (per Herman, 1992 and the ICD-11 framework), major depressive disorder, anxiety disorders, dissociative disorders, substance use disorders, and suicidality (Hossain et al., 2010; Hopper, 2017; Salami et al., 2018). Complex trauma symptoms — including emotion dysregulation, disturbances in self-concept, and interpersonal difficulties — are particularly prevalent and often persist longer than classic PTSD symptoms.

Physical health impacts include injuries from violence, sexually transmitted infections, reproductive health complications, dental problems, untreated chronic conditions due to denied healthcare during the trafficking, traumatic brain injury, and chronic pain (Lederer & Wetzel, 2014; Zimmerman et al., 2011). Many survivors enter recovery with years of deferred medical care.

Cognitive and neurobiological impacts of chronic trauma include changes in executive function, memory, and stress response (van der Kolk, 2014). These are real and measurable, but they are also responsive to treatment and to safe, stable conditions over time.

Social, relational, and economic impacts include disrupted education, employment gaps, damaged or destroyed credit, criminal records, fractured family relationships, and difficulty trusting new relationships (Polaris Project, 2023; Macy & Johns, 2011).

Spiritual and meaning-making impacts are reported by many survivors and can include both wounding (loss of faith, betrayal by religious communities) and resilience (renewed faith, meaning-making, post-traumatic growth) (Bryant-Davis et al., 2015). Healing programs must be prepared to support both.

These impacts are responsive to time, safety, and care. Recovery is not linear, but the research base — and survivor testimony — establishes clearly that meaningful recovery is achievable.

VIII. Service Needs and Intervention Models

The strongest evidence base supports a multi-domain, long-duration, survivor-directed service model. The core domains are housing, mental health, physical health, legal advocacy, economic empowerment, and peer support, with case management as the connective tissue.

Housing. Stable housing is consistently identified as the foundation for all other healing (Macy & Johns, 2011; Polaris Project, 2023). Effective models include emergency shelter, transitional housing (often 6–24 months), and permanent supportive housing. Trafficking-specific housing programs operating in California include those funded under the federal Domestic Victims of Human Trafficking Program and the California Office of Emergency Services. Housing First approaches — which do not condition housing on sobriety or program compliance — have a growing evidence base for trauma populations (Tsemberis, Gulcur, & Nakae, 2004).

Mental health. Evidence-based and evidence-informed approaches include TF-CBT (Cohen et al., 2017), EMDR (Shapiro, 2018), Seeking Safety for co-occurring trauma and substance use (Najavits, 2002), Cognitive Processing Therapy, Prolonged Exposure (with careful adaptation for complex trauma), and somatic and body-based therapies (van der Kolk, 2014). The SAMHSA-funded Treatment Improvement Protocol 57, Trauma-Informed Care in Behavioral Health Services (SAMHSA, 2014), provides the foundational framework.

Physical health. The HHS Office on Trafficking in Persons SOAR to Health and Wellness training equips healthcare providers to identify and respond to trafficking, and HEAL Trafficking maintains

protocols for trauma-informed medical care (HEAL Trafficking, 2022). Survivors typically need comprehensive primary care, reproductive health care, dental care, and screening for the conditions documented in Lederer and Wetzel (2014).

Legal advocacy. This includes vacatur of trafficking-related convictions (California Penal Code § 236.14), restitution, civil remedies under the TVPA's civil cause of action, family law assistance, and immigration relief. Holistic legal services models — in which civil legal advocates are integrated into the service team — have demonstrated improved outcomes (American Bar Association, 2014).

Economic empowerment. Vocational assessment, education access (GED, college, vocational training), employment readiness with attention to trauma-informed workplace navigation, financial literacy, credit repair, and access to flexible direct financial assistance for stabilization are increasingly recognized as core healing services rather than ancillary ones (Urban Institute, 2014; Polaris Project, 2023).

Peer and survivor-led support. Peer support has a strong evidence base in recovery literature broadly (SAMHSA, 2017) and is reported by survivors as one of the most uniquely validating resources (National Survivor Network, n.d.). Survivor-led organizations occupy a distinct and necessary place in the healing ecosystem; they should be funded and partnered with, not replicated by non-survivor-led organizations.

Case management. Trauma-informed case management is the connective infrastructure that makes the other domains accessible. Effective case management is long-duration (often 12–36 months or more), low-caseload, and oriented toward survivor-defined goals.

IX. Prevention and Public Awareness (Within Healing)

Within the healing context, prevention focuses on preventing re-traumatization, re-exploitation, and secondary harm from systems that survivors interact with.

Re-traumatization prevention requires that all systems survivors touch — healthcare, legal, child welfare, housing — operate from trauma-informed principles (SAMHSA, 2014). This includes physical environment, intake practices, language, and policies around mandatory reporting and information-sharing.

Re-exploitation prevention recognizes that survivors face elevated risk of being trafficked again, particularly if housing, economic, or relational stability is not achieved (Polaris Project, 2023). Sustained, long-term services — not short-term programs — are the strongest preventive factor.

Public awareness for survivors and families should focus on (a) the message that healing is possible and takes time, (b) accurate information about available resources, and (c) reduction of stigma. Public awareness should explicitly avoid sensationalized imagery, fear-based messaging, and rescue narratives, all of which research and survivor leaders consistently identify as harmful (HEAL Trafficking, 2022; National Survivor Network, n.d.).

X. Relevance to Forged in the Fire

This research base maps directly to Forged in the Fire's mission and program areas. Several alignments are particularly clear.

The organization is well-positioned to operate or partner on long-duration, multi-domain services rather than short-term crisis programming, which the literature identifies as the most significant unmet need. A Forged in the Fire healing program model could include trauma-informed case management of 18–36 months, partnership with licensed clinicians providing TF-CBT and EMDR, transitional housing or housing navigation, holistic legal advocacy partnerships, and structured economic empowerment.

The organization's faith and community orientation, when paired with strict survivor autonomy and informed consent, can be a meaningful asset — survivors who choose spiritual support often report it as central to their recovery, while survivors who do not should never feel pressured. This requires explicit, written organizational practice that spiritual support is offered, not imposed, and that no service is conditioned on participation in faith activities (Bryant-Davis et al., 2015).

For website content, the organization's healing resources page should be designed to (a) communicate that healing is possible and nonlinear, (b) provide a clear, current directory of national and California-specific resources, (c) offer immediate crisis pathways alongside long-term options, (d) center survivor voice without exploiting survivor stories, and (e) be accessible, low-stigma, and free from fear-based messaging.

For grant narratives, this research base supports framing healing programming as evidence-informed, multi-domain, and aligned with federal priorities (OVC, OTIP, SAMHSA frameworks), which strengthens competitiveness for VOCA, OVC Human Trafficking Program, OTIP, and California Office of Emergency Services funding.

For donor education, the central message is that rescue is the beginning, not the end, and that the long arc of healing is where investment makes the most measurable difference in survivor lives.

XI. Ethical Considerations

Healing-focused work carries specific ethical obligations beyond general nonprofit standards.

Survivor autonomy is the foundational ethical principle. Survivors are the experts on their own lives and recovery, and services must be offered, not imposed (National Survivor Network, n.d.; HEAL Trafficking, 2022). This includes the right to decline specific services, to set the pace of engagement, and to define what healing means for them.

Informed consent must be ongoing, plain-language, and explicit about the limits of confidentiality, including mandatory reporting obligations and any data shared with funders or partners.

Confidentiality and data protection are particularly critical. Survivor records can become subject to subpoena, discovery, and inadvertent disclosure. Records should be minimized, securely stored, and never include identifying details that are not strictly necessary.

Non-exploitation of survivor stories is a non-negotiable ethical line. Survivor stories should never be used in fundraising, social media, or grant materials without informed, specific, revocable, and uncompensated-pressure-free consent. The default should be aggregate or anonymized data; individual stories require explicit, written, time-limited consent and should be drafted by or in close partnership with the survivor (HEAL Trafficking, 2022).

Trauma-informed language avoids terms that pathologize, infantilize, or sensationalize. Person-first language ("person who was trafficked," "survivor") is generally preferred, while recognizing that individual survivors may choose other terms for themselves.

Cultural humility requires explicit attention to race, ethnicity, immigration status, language, gender identity, sexual orientation, disability, and faith background, and recognition that the dominant trafficking narrative has historically centered white, female, sex trafficking survivors at the expense of others.

Avoiding savior narratives means that the organization is a partner in the survivor's healing, not the agent of it.

Boundaries and dual relationships require particular care in faith- and community-based settings, where the same individual may be staff, volunteer, donor, and community member.

XII. Gaps, Challenges, and Future Research

Several significant gaps in the research and service landscape should inform Forged in the Fire's strategy.

The evidence base for trafficking-specific therapeutic interventions remains thin; most clinical evidence is extrapolated from adjacent trauma populations (Salami et al., 2018). Long-duration outcome studies (5 years and beyond) are largely absent. Outcome research on labor trafficking survivors specifically, and on male, LGBTQ+, and gender-expansive survivors, is significantly underdeveloped. Culturally adapted intervention research for Indigenous, Black, immigrant, and non-English-speaking survivors is limited.

Service gaps include the chronic shortage of long-term housing, the limited availability of trauma-specialized clinicians (particularly in rural areas), inadequate funding for case management at the duration the research supports, and limited integration between systems (housing, mental health, legal, child welfare).

Funding gaps include the structural mismatch between short-term grant cycles and the long arc of healing, limited support for survivor-led organizations, and limited general operating support that allows organizations to serve survivors flexibly rather than within rigid program parameters (Urban Institute, 2014; Polaris Project, 2023).

Legal gaps include uneven implementation of vacatur statutes across jurisdictions, limited access to civil legal services, immigration backlog, and inconsistent application of Safe Harbor protections.

XIII. Recommendations

For nonprofit leadership at Forged in the Fire and similar organizations, the following recommendations emerge from this research:

Build healing programming around long-duration, low-caseload, trauma-informed case management as the central infrastructure, with formal partnerships covering each of the six core service domains. Where capacity does not exist internally, partner with established organizations rather than build redundant services.

Invest in survivor leadership as a core organizational practice, including paid survivor advisors, survivor representation on the board, survivor-led peer support, and explicit processes for incorporating survivor

feedback into program design. Compensation for survivor advisory work should be standard, not optional.

Adopt and document explicit ethical practices around survivor stories, informed consent, confidentiality, and faith-based service delivery, and train all staff and volunteers in these practices on a recurring basis.

Build healing-focused public-facing content (website, donor materials, social media) that centers possibility, accuracy, and dignity, and that explicitly avoids sensationalized imagery and rescue framing.

Prioritize partnerships with survivor-led organizations rather than replicating their work; refer, fund, and amplify rather than duplicate.

Pursue diversified funding that includes federal (VOCA, OVC, OTIP), state (California OES), private foundation, and individual donor sources, with particular attention to multi-year, general operating support that matches the duration of survivor recovery.

Build data infrastructure for outcome tracking that is privacy-protective, survivor-defined where possible, and capable of supporting both grant reporting and the field's broader evidence base.

For policymakers and community partners, advocate for sustained VOCA funding, expanded vacatur access, Safe Harbor implementation, holistic legal services funding, and culturally responsive service development.

XIV. Conclusion

Healing from trafficking is possible, but it is rarely fast, rarely linear, and never the work of a single program. The research and survivor testimony align: the strongest predictors of long-term recovery are stable housing, sustained access to trauma-informed care, economic stability, peer connection, and survivor autonomy in directing one's own path. For Forged in the Fire, the implication is clear. The organization's most meaningful contribution lies not in the moment of rescue, but in the sustained, ethically grounded, multi-domain accompaniment of survivors over the long arc of recovery — the years in which healing actually happens. Building programs, website content, and funding models around that reality is both the right thing to do and what the evidence supports.

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Self-Audit Note (per project quality control rules): This paper prioritizes federal (OVC, SAMHSA, HHS, State Department, USCIS) and peer-reviewed academic sources, supplemented by established nonprofit and survivor-led sources (Polaris, HEAL Trafficking, Shared Hope, National Survivor Network, Urban Institute). All major claims are tied to citations. Statistics are described in cautious, qualitative terms because the underlying samples are limited. Legal claims are tied to specific federal and California statutes. Language is trauma-informed, non-sensationalized, and oriented toward survivor dignity. Limitations in the evidence base are explicitly named in Section XII. Several citations (particularly the National Survivor Study publication year and specific page references in legal statutes) should be verified against the most current version before external publication or grant submission.