

**Reaching the Vulnerable:**  
**The Intersection of**  
**Predatory Relationships, Human Trafficking, and the Pregnancy**  
**Help Movement**



## Overview

Many of the women served by the pregnancy help community have been involved in the commercial sex business, often under the heading of strip clubs, fake massage parlors, escort services, or prostitution. When force, fraud, or coercion -- namely, acts or lifestyles against the free will of the individual -- is a part of the commercial sex business, it is considered sex trafficking and is illegal. All minors engaging in commercial sex acts are victims of sex trafficking. Sex trafficking frequently includes a "grooming" dimension, where vulnerable individuals are convinced into the work by someone already involved.

Implicit to the work, the arena of sexually-oriented businesses is a place where women are especially vulnerable to pregnancy and hence, abortion (sometimes by force), sexually transmitted infections, and other reproductive issues. As shown in related research, this is also true of those trapped in sex trafficking. In light of these factors and driven by the Gospel message, many pregnancy help organizations are discerning the appropriate and necessary response.

When speaking about the clients being seen by Foundation House, a maternity home in Cleveland, TN, Suzanne Burns reported, "The vast majority of the women we are working with have some degree of involvement in the sex industry, whether that is prostitution, trading sex for safety, or doing sex acts to make money or pay off a debt." Susan Barrett of Aid for Women in Chicago agreed, "We knew that we were already serving women vulnerable to sex trafficking so we knew we needed to organizationally respond and figure out the resources on how to best serve these emerging needs."

Some responses from within the pregnancy help movement include:

- Increasing training on and networking with organizations with missions related to human trafficking
- Increasing screening and assessment within the organization when interacting with clients
- Establishing protocols on appropriate responses related to reporting and law enforcement
- Providing referrals and information to equip clients via many creative methods
- Programming to protect young people from the dangers of predatory relationships and/or pornography
- Conducting outreach to individuals in sexually-oriented businesses to be recognized as a trusted resource
- Bringing mobile services to offer programming in high risk environments (i.e. jails, strips clubs, truck stops)
- Residential services to individuals with prior involvement in commercial sex business

As one example of an expanded approach, Choice Medical Services in Joplin, Missouri, began doing outreach to women in the sexually-oriented business in the area. "For us, it was the next level of providing care to the most vulnerable," Karolyn Schrage described their organizational decision to enter the mission field of human trafficking. "By expanding our services to include ultrasounds and STI testing, we were already inviting those with sexual exploitation vulnerabilities into the building. It was a real 'a-ha moment' when we realized that many of the women working in the strip club had already been clients in the pregnancy center," she continued.

### ***Relationship to Pornography and Predatory Relationships***

Catherine Woods of Relationships Under Construction summed the relationship between pornography and human trafficking this way: “When pornography is used frequently, it becomes addictive. To get the same effect, the addict must up the dose, looking for something stronger and stronger. In this way, pornography is a gateway drug into criminal behaviors. At a certain point, those addicted to porn are vulnerable to abusing children, whether it’s their children or their girlfriend’s children. Abused children end up running away and then are extremely susceptible to being picked up by pimps and traffickers. Those kids get used to create more porn and are farmed out to johns who request children of specific ages and sexes. Porn creates the market for human trafficking.”

Based on this understanding, Catherine encouraged those within the pregnancy help movement to include exploratory questions into their intake process (i.e. “Is your boyfriend involved in pornography? Is he asking you to be involved?”) Catherine asserts that it is crucial prevention work to help women being served by the pregnancy help movement understand the potential risks to their children.

Another way of speaking about the pathway into human trafficking is the language of “predatory relationships”, namely the grooming that takes place by another person via a trusting relationships and often false promises. In essence, grooming is slow coercion into sexual acts. There are a variety of factors that make children and young people vulnerable to predatory relationships. Commonly cited risk factors include unstable housing, childhood sexual abuse, domestic violence, undocumented legal status, poverty, and family or personal addiction. “Young women who have been sexually abused as children and have felt abandonment, especially due to fatherlessness, are seeking affirmation from a male.” Cindy Collins of SpeakHope added. “With these factors, in her early teens to 20s, she is set up emotionally for a predatory relationship and especially vulnerable to programming and brainwashing that takes place within human trafficking.”

Recognizing this, Cindy Collins introduced education about predatory relationships into various aspects of their existing program including the school-based education outreach, the client advocacy sessions at the center, the printed materials that were distributed, and general speaking engagements. “There is a relationship between predatory relationships, sex trafficking, and pregnancy,” Collins asserted. “The message of predatory relationship prevention--grooming, risk factors, and more-- needs to be given to young people, to the women who come into the center, and to our supporters.”

### **Related Data**

In a research study<sup>1</sup> on identifying victims of human trafficking, it was found that 87.8% of the victims had been in contact with a healthcare provider while being trafficked. In addition to injuries, illness, and psychological problems, the study cited reasons for healthcare engagement as reproductive health issues including pregnancy, STD/STI, abortion(s), miscarriage, and urinary tract infections. Of those making contact with a healthcare

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<sup>1</sup> <https://www.globalcenturion.org/wp-content/uploads/2014/08/The-Health-Consequences-of-Sex-Trafficking.pdf>

provider, 57.1% described care at a clinic (as opposed to a hospital or emergency room). From this, we know that there is a distinct opportunity to speak to women in active trafficking situations within the medical context.

With numbers of sexual exploitation, predatory relationships, and sexually risky behaviors at an all-time high, women are seeking help for reproductive concerns. Within the pregnancy help movement, many offer free services to meet immediate needs such as pregnancy testing, ultrasounds, and STI/STD testing. Pregnancy help centers may be perceived as having a lower threshold of entry than other medical services, especially community organizations that are linked to government or large medical institutions. Generally, the culture of the pregnancy help community is focused on creating safe and caring environments that are both deeply relational and professionally competent. For all these reasons, pregnancy help organizations are poised to be a place of encounter with women who are vulnerable to or caught up in the web of human trafficking.

### Discerning Mission

Betty McDowell of Heartbeat International, describes it in this way, “In order to help women who are vulnerable to make life affirming decisions, ministries now have to be somewhat versed in domestic violence, addiction, and mental illness.” She continued, “And, with what we are learning, we realize that they also have to be versed in human trafficking.” For organizations serving vulnerable women, especially those with a specialized mission related to pregnancy help, general awareness of indicators related to trafficking and resources specializing in trafficking is necessary and appropriate.

*“...the data merits concluding with confidence that pregnancy, miscarriage, and abortion were all common experiences for survivors in the study. Even without accounting for possible underreporting, forty-seven of the sixty-six women (71.2%) who gave an answer for the number of pregnancies they had during trafficking reported at least one pregnancy while being trafficked; fourteen of these (21.2% of respondents) reported five or more pregnancies. Of the sixty-four respondents who gave an answer for the number of miscarriages they experienced, thirty-five (54.7%) had at least one miscarriage and nineteen (29.7%) had more than one. Similarly, more than half (55.2%) of the sixty-seven respondents who answered reported at least one abortion, with twenty respondents (29.9%) reporting multiple abortions. Without accounting for possible underreporting, this subset of responding survivors reported a total of 114 abortions.*

The prevalence of forced abortions is an especially disturbing trend in sex trafficking. Prior research noted that forced abortions were a reality for many victims of sex trafficking outside the United States and at least one study noted forced abortions in domestic trafficking. The survivors in this study similarly reported that they often did not freely choose the abortions they had while being trafficked. While only thirty-four respondents answered the question whether their abortions were of their own volition or forced upon them, more than half (eighteen) of that group indicated that one or more of their abortions was at least partly forced upon them.”

Source: <https://www.globalcenturion.org/wp-content/uploads/2014/08/The-Health-Consequences-of-Sex-Trafficking.pdf>

Many within the pregnancy help movement have already begun in that process. In a 2020 Charlotte Lozier Institute survey<sup>2</sup> of 580 medical and non-medical pregnancy centers, 44 percent (253 centers) responded to an optional question at the end of the survey. Of these, 54 percent, (137 centers), answered that their center has received trafficking training, and 39 percent (98 centers) indicated that they had provided services to a victim of human trafficking in the same open-ended question. Training can encompass assessing for indicators of trafficking and predatory relationships, partnering with anti-trafficking organizations, practicing a trauma-informed care approach, as well as posting the national human trafficking resource center hotline.

As noted above, some pregnancy help organizations have moved in the direction of expanding services to be more deliberate about outreach in the arena of human trafficking. As with any expansion of mission, Heartbeat recommends a very deliberate discernment process involving the Board. “What is your core mission and who is your primary client?” Betty McDowell noted, “These issues must be kept at the forefront of any organization, especially in times of growth or change.” Organizations who are not thoughtful and deliberate about mission expansion can slip into mission creep and mission drift.

Here are a few elements to consider when thinking about the role of your pregnancy help organization related to human trafficking.

- *Knowing Your programmatic arena.* For training purposes, Heartbeat has divided the work of pregnancy help into four areas: interventions related to decision-making, long-term support, prevention, and reconciliation/healing. Understanding which of these areas in the core intervention of your program may help ministries discern a response related to human trafficking. For example, helping a woman flee the area or an abuser is a crisis, decision-making response. Offering parenting classes to women in a post-trafficking residential program is a long-term support program. Speaking to young people about predatory relationships is a prevention strategy and providing an ongoing support group to women who have completed a program is a healing strategy.
- *Healing elements.* With a Biblical worldview we know that persons thrive in the conditions that God lays out and are harmed when they or others act against those conditions. Research and Scripture agree that elements like relationship, purpose/meaning, positive personal identity, and freedom within structure are important to the health and restoration of people. Said simply, reaching out to hurting people using basic principles of Christianity is good. Scripture tells us this and research on effective practices affirms it. We need not be “perfectly trained” to bring love into a situation.
- *Training elements.* Recognizing the above, there is also great value in learning from those who have specific areas of expertise. Again and again, those involved in the work stressed the importance of ongoing training and noted that the field of human trafficking is evolving and changing. Of special note, training on indicators of trafficking help pregnancy help organizations be aware and able to be responsive. Some indicators include:
  - Runaways

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<sup>2</sup> [https://lozierinstitute.org/wp-content/uploads/2020/10/Pregnancy-Center-Report-2020\\_FINAL.pdf](https://lozierinstitute.org/wp-content/uploads/2020/10/Pregnancy-Center-Report-2020_FINAL.pdf)

- Multiple abortions or multiple STI's
- Tattoos / Branding
- Prior assault
- Minors
- Relationship with phone / Receiving a large number of communications
- Understanding who she lives with (i.e. foster care group homes, homelessness)
- Assessing who came to the center with her.

Cindy Collins asserted, "At minimum, a pregnancy help organization needs to be able to do three things. First, they need to know red flags and indicators of vulnerability. Next, they need to know when and how to report, if needed. And finally, they need to know how to access helpful resources."

- *Discernment on "scope of services."* "Scope of services" is the term for defining the characteristics of who you serve and with what services. But, it also includes understanding the limits of services that the ministry has. (e.g. Who are you not able to serve effectively?) Within the pregnancy help movement, the scope of services for ministries can depend on organizational lifecycles, staff experience, availability of training, needs within the community, and more. Revisiting scope of services in light of changing realities, both within and outside of the organization, is a good practice and part of the renewal process for organizations.
- *Program Design.* As organizations moved more deeply into the work related to human trafficking, there were several programmatic shifts or things that needed to be re-designed within the operations. Below they are touched upon briefly as a reference point for your consideration and discernment process:
  - Increased safety issues and more money related to security measures within the budget.
  - Shifts in marketing. Organizations reported having to hold some aspects or outcomes of the program as "hidden work" vs "public work" (e.g. which is more difficult to protect). This was for the physical protection of the women and the organization and also protected the capacity of the organization to do the work.
  - Increased awareness of mental health and a trauma-informed perspective. "The mental health issues with human trafficking are so severe," Cindy Collins described, "Some of these girls haven't been treated like humans and they've lost a sense of self."
  - Increased readiness, responsiveness, mobility and preparedness. This included shifts to how staff operated as well as having "go-bags" at the ready (i.e. material aid) and offering services (i.e. testing) upon request. Several organizations noted that increased trust with law enforcement lead to an increased need to be responsive to their requests for support. Karolyn Schrage summed up, "Having a mobile unit, having material aid that was 'prepackaged', and being able to do testing in a responsive way, like when law enforcement calls, were significant changes."

- Building relationships with human trafficking specialists and increased care coordination. Cindy Collins referenced “active and ongoing participation” with task forces and networks in the field as crucial. She asserted, “To do this work, you must build trusting relationships with those already in the field -- law enforcement, justice department, homeland security, community organizations, victim organizations.” The need for deep programmatic connections was mentioned by multiple organizations. Virginia Brembeck, the Manager of Dayton’s Women’s Centers of Ohio, stated, “We are on a first name basis with folks that are the experts. It’s our responsibility to know all the resources to help these girls.” Karolyn Schrage described, “One relationship of trust leads to another.” For Karolyn’s organization, Choices Medical Services, some of those relationships lead to programmatic development within their services offered, others were simply added to their list of known referrals.
- Building protocols and revisiting them in light of experience. “We try to think in advance, think ahead about various situations we might encounter,” Karolyn Schrage shared. “And when we learn new things, we change our protocols on how to respond.” For example, a common point of evolving and learning practice across many ministries was how to address the dynamic of people accompanying the client.

## **Lifecycles of Engagement**

While it is rarely a linear process, over the course of conversations, there seemed to be themes that emerged that led organizations more deeply into the field of human trafficking. Those stages are briefly outlined here.

1. Receive introductory training and have basic awareness
2. Reflect and discuss the situations of past clients / residents. In light of training, think about what your organization has seen in the past.
3. Build relationships with local authorities & resources to be able to be responsive to some needs.
4. Come up with anticipated responses for the situations of new clients / residents via protocols.
5. Via ongoing training and connections, gain knowledge to identify & report and/or respond appropriately.
6. Become a trusted resource in community, especially with those involved in human trafficking.
7. Continue to adapt responses. Some organizations have done that within the existing services of the pregnancy help organization and others have done that by doing new forms of outreach in the community.
8. Help train and build up additional resources within the community and within the pregnancy help movement. Participate in the learning community associated with human trafficking.

## Intersection with Pregnancy Centers and Medical Clinics

Many pregnancy centers and medical clinics identified practices currently in place related to human trafficking. These are outlined below in brief.

### Communication with Clients

Posting information about hotlines or resources in bathrooms and/or counseling rooms

Having a flyer in bathroom with tear-off pieces. Women can give to staff the piece or hide on their person.

Including contact information on any “takeaway” or referral lists given to clients. Giving clients a small takeaway (i.e. chap stick) with hotline information and a message of “We are concerned about your safety. If you are ever in trouble, please call.”

Having a wipe board in bathroom or way to privately communicate with staff.

### Infrastructure

Having a back door exit available for safe removal of clients

Having appropriate protocol in place including when or how to involve law enforcement.

Designating some restrooms as “Women” only so as to be able to communicate with them

Having an internal system to “flag” chart or specimen cup (i.e. colored dot) to communicate with other staff members seamlessly without words

### Training & Networking

Attending trainings, both in-depth and on an ongoing basis.

Making human trafficking information a part of orientation for all new volunteers and/or staff.

Building relationship with law enforcement.

Offering services (parenting classes, STI testing) to organizations already working in the arena of human trafficking.

### Programming & Protocol

Having an assessment tool or intake questions to open conversation. Sample questions included:

Have you ever traded sex for money? For drugs?

Are you safe with your partner?

Do you feel comfortable with having \_\_\_\_ in the waiting room?

Are you being forced to stay somewhere against your will?

Do you feel safe at home?

Locating the mobile unit in high risk areas (casinos, intersections of major interstates)

Developing an outreach tool to appeal to high-risk clients (i.e. a coupon with “free STI testing”)

## Intersection with Residential Programs

Like centers, maternity homes need to wrestle with the dynamic of whether or not they can provide care to those in the early stages of escaping human trafficking. Specialized programs do exist but may not be adequate in number to meet the need. As of September 2020, according to The Institute for Shelter Care, there were 177 open residential programs that specialized in victims of trafficking.<sup>3</sup> Jeanne Allert of The Samaritan Women laid out the field of residential options for women coming out of sex trafficking using four ideas.

1. The first is *emergency care* and includes things like emergency rooms, jails, and safe houses. On the continuum of care, these programs focus on the point of rescue or escape as well as the point of apprehension by law enforcement. This may also include a network that helps move women out of the area and into a specialized program -- "like an underground railroad of sorts," Suzanne Burns of Foundation House described.
2. Next are programs that focus on *stabilization*, generally short-term programs (i.e. 90-days) where the woman may be living with a foot in the world of transformative care and a foot in ongoing connection to the world of her victimization. This often includes programs like domestic violence shelters or other types of short-term housing.
3. Long-term care takes place in *restorative care programs*, the third type of program. It is in these programs that Allert describes the focus as asking the question, "What is the new life you are aspiring to have?" She suggests that clients spend 90% of time on building that new life and 10% of time on dealing with "trauma residue" issues. In her experience, some of the important lessons of this phase are teaching the residents to have natural relationships and to assert boundaries.
4. The final stage is *graduate care* where the emphasis is on ongoing support during social re-entry and independent living. During this time, having a supportive and accountable community is a crucial tool.

There are many ways in which maternity housing program might find themselves within that framework or work in partnership with specialized homes related to human trafficking. Jeanne Allert also illustrated the 'book-ends of care quality' between her program (a long-term restorative care program for victims of human trafficking) and pregnancy help -- "48% of women coming into our program have children and 22% of our clients are pregnant within four months of leaving our residential program," she shared. "The pregnancy help movement is undoubtedly going to cross paths with these women."

Dixie Shannon, formerly trafficked and currently an advocate for those coming out of trafficking, summed up her opinion on key factors for residential programs with these recommendations:

- Have high-levels of availability to a trauma counselor with specialization in sex trafficking.
- Teach problem-solving and rationalizing, sometimes via DBT groups.
- Maintain a safe and quiet environment to help ground the victim.
- Allow the woman to integrate and transition slowly into the home
- Have someone on-call 24/7 to provide support and help access medical care when needed.
- Teach staff how to avoid secondhand trauma.
- Involve those who have successfully completed the program as peer advocates for current participants.

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<sup>3</sup> <https://thesamaritanwomen.org/research-library/> As of 9/9/2020 at 5:37 pm

- Provide access to ways that she can provide for herself (i.e. education and employment). Recognize that it is not easy to transition from making easy money to making minimum wage.
- Build trust in the process of the program.
- Have a survivor on staff or as a volunteer.

## Closing

The work of pregnancy help encounters vulnerable women in a wide array of circumstances. As we become more aware and trained, we recognized that some of those circumstance involve the sex industry and well as the illegal coercion associated with sex trafficking. Research tells us that women in human trafficking will experience pregnancy as well as other reproductive issues and that they will seek out medical care. In addition, we know that many of the risk factors associated with grooming and predatory relationships also make women vulnerable to abortion. As such, the pregnancy help movement is in a unique place to encounter and support women caught up in the web of the sex industry and human trafficking. Organizational discernment about the appropriate and Spirit-led response is necessary, taking into consideration a wide variety of factors. We look forward to seeing how the pregnancy help movement continues to respond in creative and effective ways!

## Interviews

Many thanks to all who agreed to talk with Heartbeat International in preparation for this White Paper. We were moved by your heroic responses and grateful for your open-hearted gift of time and expertise.

- Sue Barrett, Aid for Women
- Suzanne Burns, Foundation House
- Dixie Shannon (via Kesha Franklin)
- Karolyn Schrage, Choices Medical Services
- Cindy Collins, SpeakHope
- Jeanne Allert, The Samaritan Women (Oct 2019 Podcast)
- Catherine Woods, Relationships Under Construction
- Virginia Brembeck, Women’s Centers of Ohio (Dayton)
- Sylvia Johnson, Fifth Ward Pregnancy Help Center

Some of the notes taken in the interviews were profoundly inspiring and motivating. They are left in their completion below, as direct quotes from the persons involved.

### **Conversation with Karolyn Schrage, LifeChoices Health Network**

*The first time my friend and I knocked on the door of the strip club, it was with great fear and trepidation. Our husbands were in the car in the parking lot and we had goodie bags to offer. When the door opened, I said, “We’d like to show a little love to your girls...do you mind if we come in?” Over time, we started bringing meals. Now, five years later, those connections have led us into relationship with some of the most vulnerable people you can imagine.*

*Our goal is to cultivate the relationship. We go into strip clubs with meals and eat with the women working there. We take our STI testing into jails. Our platform isn’t ‘I’m from this clinic or that church.’ Our platform is just*

*genuine fellowship, just a simple message of 'We care about you.' We listen, learn, and ask 'what is it that these women need?'*

*Similar to the early days of pregnancy help, working with human trafficking is a new mission field. The work hasn't been around long enough to establish 'best practices mentality' and there is still a lot of trial and error and blazing new trails. We must learn from one another about foundational principles and good standards.*

*I see working with victims of human trafficking as the next level of service. Over time, our center has added ultrasound and STI services. Each of those had liability risks and things we had to figure out. By having these services, we've already invited human trafficking vulnerabilities into our building. I feel responsible to have a good response to meet the new needs that are presenting.*

*For us, our progression of services to include STI/STD testing put us on the radar with law enforcement and opened the door to begin programming in the area of human trafficking. In our case, we were able to respond as nurses within an independent non-profit rather than part of the law enforcement or government program so there was more openness to our presence.*

*As more and more of the medical field is becoming more versed in screening, those in the human trafficking world are looking for places that are "off the radar" -- and our centers have the opportunity to serve. Our centers can be the first responders to individuals caught in the web of trafficking! Like Mother Teresa challenges us, we are called to extraordinary love especially for those who are most vulnerable, for those who wouldn't come into a clinic or a church. We must be willing to be uncomfortable.*

*GO to the least of these....don't wait for them to come to us on our terms; go to them on their terms!*

### **Conversation with Cindy Collins, SpeakHope**

*The mission of the pregnancy help movement -- namely, helping mother and child through pregnancy and beyond -- hasn't changed. But the culture and needs may have shifted and organizations must adapt.*

*As a center, we were going into schools and community but we weren't going into the sex industry or sexually-oriented business. Looking at our community, we decided we needed to go out to the unreached people and take our services to them. We brought the services we thought they would receive, not just what we wanted to give them, and treated them as an image of God.*

*At the strip clubs, it started with meals, homemade cookies, roses, or chocolate covered pretzels, each with a business card and a message 'You are Loved.' Over time, we started offering STI testing, providing diapers, and helping coordinate health fairs with teeth extractions and drug & pregnancy testing. We saw that building relationship as people who could be trusted opened up other relationships.*

*Individuals get excited and want to strike out quickly...but, this impulse can be very dangerous. It is important to be a part of the team. Don't strike out on your own. Connect and network with your community to fill a gap. Do what you do best!*

### **Conversation with Virginia Brembeck, Women's Centers of Ohio (Dayton)**

*The first time we encountered trafficking, we had a young woman who was part of a gang; she jumped out of the bus and ran into one of our Centers for protection. As we worked with her, we realized we needed a lot more training in this area. In that initial training, they talked about the way tattoos are related to trafficking and then, the staff started seeing the tattoos on many clients. We realized that it's a huge thing--state-wide, nation-wide, a global problem--and we needed to be more informed. We are at the intersection of significant interstates and we are frequently seeing the signs of young women who are being trafficked.*

*It is our experience that small pieces of information might bring down an entire stronghold of trafficking. But we need to identify the signs and know where to call. Our whole staff goes through training with the Sheriff's department at least once a year. The women, and the people who come into the center with her, know how to work the system and what to say. It's our job to focus in and watch and notice when something is just not right.*

*Foremost, you need to get your people trained. And, it's constantly changing so the training has to be ongoing. Human trafficking has evolved; it's big money. From that point, you have to know what you are capable of. I don't overreach. I call in the residential program or the task force experts whenever needed.*

*I realized that there has to be more than just arresting the women. Our City Council is trying to close down the fake massage parlors but law enforcement says there seems to be an endless supply of women working there. We've got to reach these women. Our centers are on the front line; it's our obligation to respond. They are coming to us; the Lord has brought them here.*

*Know your limitations but ultimately, the Lord uses who He wishes. Sometimes it's us!*

### **Conversation with Sylvia Johnson, Fifth Ward Pregnancy Help Center**

*We don't actively go out looking for them but we are located in the middle of a high human trafficking area and these are the clients we are helping on a daily basis. Our approach is to facilitate an environment where ALL women can be truthful with us, no matter what their situation. We educate our staff and create an opportunity on the Request for Services form to talk about human trafficking as well as lots of other things.*

*We helped one of the women leave her pimp and move into a maternity home. Out of nowhere, I told the staff to give her a \$150 gift card as a gesture of support as she was leaving the center. The staff were a little shocked and pushed back asking, "why are we doing this?" But, turns out her pimp tried to convince her to come back a few hours later and bribed her with \$100. That girl said to him, 'I got \$150 earlier today and didn't have to do ANYTHING. I'm staying here.' It was a reminder to me and my staff to be open to the Holy Spirit.*

*I remember having a client who was involved in adult entertainment and she was talking about how many times she was arrested. I asked her, "Did anyone ever give you about a way out? Was there ever a referral or opportunity to heave?" She said, "No one ever gave me anything." Can you imagine?!? Makes me ask: Who is brave enough to go in? Who wants to stand up and do the hard work so that we are really helping hurting*

*women? Where are our churches? People know where it's happening -- Why is the church not standing outside praying like they do at abortion clinics?*

*One of our clients was 3rd generation in prostitution...she was being pimped by her grandmother and her mother had died while prostituting. It was how the family paid the bills. It's hard to grasp how horrid it is and what it really takes to rescue a girl, a young man, a child from that life. Just today, a woman said to me, "I want to press charges against my pimp." I just said to myself, "Hallelujah! Thank you Jesus."*

*One of the girls that we placed in a maternity home was mentored by women in the church and has transformed her life. Now, we hire her as a consultant; she serves an interpreter to help us understand the culture the women are in. For example, she taught us that pimps are constantly looking at her phone and tracking her movements on the phone. We can't text, Facebook, or call her...we need to use apps where there isn't an easily accessible record. It's been extremely valuable to have her as a resource.*

*The pregnancy help movement has never strayed from a challenge. We are accustomed to crisis moments and difficult situations. We deal with crisis situations all day long! We have the compassion, we answer the calls, and we want to do what works. We've already been doing the work for 30 years so we should be leading in this area. Plus, the law is on our side with human trafficking. With abortion, we are used to working without the law to back us up. So, we've got the law plus the Holy Spirit working with us.*

*Her safety should be foremost: how can we help her to safety? Is she ready? What can we offer her? No one else is going to do it. These girls are probably the abortion industries best customers...they aren't going to help her.*

*In some cases, we have given women a portable, disposable phone with limited minutes on it. She can use it to contact us or get to safety. I've seen lipsticks where the numbers in the bar code sticker were actually a phone number. We are very watchful of anyone that comes into the center with her. We keep the right phone numbers handy.*

*In this work, my hope is built on nothing less than Jesus Christ, than the grace and power of God. We are called to reconcile women to God -- to glorify Christ and to meet their needs. Our motive is to set her free for a better life, for the Gospel. I am constantly telling my clients, "My job is to serve you, to help you, to give you resources. I'm available when you are ready. Let me introduce you to the other side of life. There is another way that can live!"*

## Key Resources

- Heartbeat’s Academy (Specialized training for PHOs)  
<https://www.heartbeatervices.org/resources/store>
- National Human Trafficking Hotline (1-888-373-7888) and online Referral Directory, both operated by Polaris Project (<https://polarisproject.org/>)
- Institute for Shelter Care (Specialized Residential Programs) (<https://thesamaritanwomen.org/shelter-map/>)
- National Trafficking Sheltered Alliance (Specialized Residential Programs)  
(<https://www.shelteredalliance.org/>)
- Shared Hope International (Various Resources, including prevention materials (<https://sharedhope.org/>))
- Relationships Under Construction (Prevention materials, especially for young people.)  
<https://www.relationshipsunderconstruction.com/>