

Human Sex Trafficking: Recommendations for providing treatment for the victims

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## **Abstract**

Human Sex Trafficking: Recommendations for providing treatment for the victims

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Under the Supervision of Dr. Susan Hilal

### **Statement of the Problem**

Human trafficking for sexual or labor exploitation is a multi-billion dollar industry that involves 2.5 million victims worldwide at any given time (Adams, 2011). There has been an increase in awareness of human sex trafficking over the past decade due to movies, the implementation of new laws, and more trainings for law enforcement on the topic (Jordan, Patel, & Rapp 2013). However, though there has been an increased awareness of human sex trafficking there are many barriers and challenges in providing treatment for the victims of human sex trafficking (Jordan et al., 2013). One major barrier is many victims go unidentified because victims are taught to fear law enforcement authorities, their trafficker, and arrests and/or deportation (Jordan et al., 2013). Another challenge in providing treatment for victims is that there has been no specific intervention modality developed to assist (Jordan et al., 2013). The purpose of the paper is to address these challenges by focusing on effective ways to identify human sex trafficking victims and provide recommendations on effective treatments specific to these types of victims.

## **Method of Approach**

Information for this paper was obtained from various secondary sources. These sources included academic journals, agency websites, and newspaper articles. The key components of treatment programs are compiled in order to provide recommendations for overcoming the barrier of identifying human sex trafficking victims and providing treatment specifically designed for human sex trafficking victims. Life course theory, age-graded theory of social control, and expectancy theory were utilized to help ground recommendations.

## **Findings**

The findings of this research highlight what appears to be the most effective when it comes to identifying victims of human sex trafficking, interacting with victims, and treatment options. Despite the numerous studies on human sex trafficking, there is no consistent approach. Recommendations in this research focus on a human-rights-based approach to provide a comprehensive framework whereby victim-focused and law enforcement responses can be developed and implemented. The treatment model will be a five-phased approach. This approach will be able to be used on local, state, and federal levels, as well as worldwide, given consideration of cultural differences. It is important a more successful and effective partnership between law enforcement agencies, hospitals, social service agencies, human sex trafficking victims, and the community as a whole are formed.

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## Section I: Introduction

### Statement of the Problem

The United Nations defines human trafficking as follows:

Trafficking in persons shall mean the recruitment, transportation, transfer, harbouring, or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation of the prostitution of others or other forms of sexual exploitation.... (as cited in Harlan, 2012, p. 1122)

Harlan (2012) recommends to adopt the framework of the United Nations definition that the trafficking of children requires two elements: 1.) the existence of a trafficker or pimp and 2.) the trafficker or pimp's exploitation of a child (p. 1124). The simplicity of this definition encourages law enforcement officials to ask the appropriate initial question: "Is this person a child?" rather than, "Did this person consent?" (p.1124).

Human trafficking for sexual or labor exploitation is a multi-billion dollar industry that involves 2.5 million victims worldwide at any given time (Adams, 2011). There has been an increase in awareness of human sex trafficking over the past decade due to movies, the implementation of new laws, and more trainings for law enforcement on the topic (Jordan, Patel, & Rapp, 2013). However, though there has been an increased awareness of human sex trafficking there are many barriers and challenges in providing treatment for the victims of human sex trafficking (Jordan et al., 2013). One major barrier is many victims go unidentified

because victims are taught to fear law enforcement authorities, their trafficker, and arrests and/or deportation (Jordan et al., 2013). It is impossible to provide treatment if victims go unidentified (Jordan et al., 2013). Laws have been implemented to help catch predators of sex trafficking, however, there has been little done to help in providing treatment for the victims.

Another challenge in providing treatment for victims is that there has been no specific intervention modality developed to assist (Jordan et al., 2013). Instead current trends have been borrowed from interventions used for those with PTSD, domestic violence, and implemented and taught to those in the helping field to help better provide for human sex captivity victims (Jordan et al., 2013). It is essential a specific treatment design for trafficking victims be developed as well as to provide awareness to victim so they can receive these essential services. There is a lack of information concerning how trafficking victims are reintegrated back into the community and a model of reintegration for this specific population is needed (Jordan et al., 2013).

## **Purpose of Research**

The primary purpose of this paper is to provide recommendations for a comprehensive ideal treatment approach for human sex trafficking victims. Current approaches including ways to identify victims, interact with victims, and provide treatment to victims from across the United States and the world will be analyzed to determine what components of the programs are most beneficial to human sex trafficking victims and should be implemented nationwide. This paper will address the challenges faced in providing treatment to this specific population by focusing on effective ways to identify human sex trafficking victims and provide recommendations on effective treatments specific to sex trafficking victims.

## **Method of Approach**

Information for this paper was obtained from various secondary sources. These sources included academic journals, agency websites, and newspaper articles. The key components of treatment programs are compiled in order to provide recommendations for overcoming the barrier of identifying human sex trafficking victims and providing treatment specifically designed for human sex trafficking victims. Life course theory, age-graded theory of social control, and expectancy theory were utilized to help ground recommendations.

## **Significance of Research**

Many human sex trafficking victims are not seeking safety or rescue from their traffickers as they fear a greater uncertainty if they leave their traffickers, being without means of transportation, a place to live, or resources for food and clothing (McClain & Garrity, 2011). This paper will address ways to help victims feel a sense of security as well as discussing the importance of ensuring basic needs, such as housing, are met for victims. Human sex trafficking victims often need multiple supports and assistance to become reacquainted to a structured environment free of violence, including internationally trafficked victims who have added fears of navigating a social service system with their unique cultural and language barriers (McClain & Garrity, 2011). There is no single system which can combat trafficking. Therefore, preventing, identifying, and serving victims of trafficking require a multi-system, coordinated approach within and across local, state, tribal, and federal levels (U.S Department of Health and Human Services, 2013).

## **Limitations**

There are three main limitations to this research. The first limitation is the lack of uniform data collection. Even though there are mandates in the Trafficking Victims Protection Act (TVPA), uniform data collections are not occurring at the local, state, and federal levels.

The second limitation is it is unknown how much public workers' awareness there is in properly identifying human sex trafficking victims. While there have been studies to gauge how much awareness there is among public workers, they have been constrained to metropolitan areas (Cole & Sprang, 2015). It is unknown how much awareness and knowledge there is among public service workers in smaller communities, yet this crime is not constrained to smaller communities.

The third limitation is addressing how these human trafficking programs will be funded, especially in smaller communities. It is important to ensure that all community stakeholders are invested in all aspects of the treatment, including providing training to assist law enforcement officers and social service workers in identifying victims and interacting victims, as well as funding for the sex trafficking victim's including but not limited to housing, food, clothing, and treatment.

## **Section II: Literature Review**

The following literature review is divided into three sections. The first section will discuss the history of human sex trafficking and legislation implemented to help eliminate the rise of sex trafficking. Also, programs and organizations designed to deal with the issue of human sex trafficking. The second section will discuss the approaches utilized to help to identify human sex trafficking victims. The third section will discuss the various treatment methods that have been utilized in dealing with human trafficking sex victims.

## **History**

Human sex trafficking is not a new phenomenon and can be traced back to the 1400's. Rutger's University: Campus Coalition Against Trafficking (2011) provides an outline of the more significant points in history related to human sex trafficking. The 1400's marked the start of European slave trading in Africa with the British joining in 1562. Throughout the 1600's, more countries became involved in the slave trade, such as Spain, Holland, Sweden, and North America. In 1904, the International Agreement for the Suppression of "White Slave Traffic" was put into action with the purpose to protect women, young and old, from being forced or deceived into prostitution. However, it was believed that this was put into place to control the number of European women who were seeking jobs abroad. Regardless, this was one of the first stands against human sex trafficking of women.

During World War II (1937), Japan set up a horrific system where women all across Asia were forced into sexual slavery. The women were housed into "comfort stations" which were far from "comfort," as it was a small cubicle where the women would often receive beatings if they were defiant (Rutger's University, 2011). Soldiers gained access to these cubicles after paying a small fee. The government had set this up in hopes of preventing rape in public, prevent STD's, and provide comfort to soldiers with hope that they would not tell their military secrets. After

World War II the League of Nations was founded to focus on international issues, such as trafficking. During this time was when the first studies were done in an attempt to find out the prevalence of sex trafficking, as well as gaining information about traffickers.

In 1956, India developed the Immoral Traffic (Prevention) Act, which penalizes third parties involved in trafficking. Although this was initiation with good intentions, many of the arrests made were of the sex workers and many were forced from brothels into more dangerous areas. In 1995, the United Nations held the fourth World Conference to deal with this issue of trafficking women. A major accomplishment from this meeting was that trafficking was recognized as an act of violence against women. The most important part of this meeting was actions to be taken were developed to combat sex trafficking.

In 2009, one of the largest sex trafficking investigations was conducted in Taipei, Taiwan, which led to a total of 74 suspects from the trafficking ring being brought in by law enforcement for questioning. In 2011, President Obama declared January to be Human Trafficking Awareness Month and January 11, 2011 was named National Human Trafficking Awareness Day. The Alliance to End Human Trafficking began a campaign to request the government to take a serious look at the trafficking issue and initiate action, including reforming legislation involving trafficking (Rutger's University: Campus Coalition Against Trafficking, 2011).

### **Scope**

Human sex trafficking, a form of modern day slavery, affects a large number of victims in the world, the majority being that of women and girls (McClain & Garrity, 2010). Human sex trafficking is one of the fastest growing and most lucrative, as it is one of the most profitable illicit activities in the world (Rafferty, 2013). As referenced by Rocha (2012), "An ounce of

cocaine, wholesale, \$1200, but you can only sell it once. A woman or a child, \$50 to \$100, but you can sell them each day, every day, over and over and over again. The markup is immeasurable” (Stanley, 2005 as cited in Rocha 2012, p.381). It is difficult to obtain accurate data on the number of human sex trafficking victims and there is no common database tracking such information (Greenbaum, 2014). Rafferty (2013) refers to The International Labour Organization report published in 2012 with findings that there are approximately 20.9 million victims of forced labor at any time, whereby 25% (5.5 million) of those victims are below the age of 18. Additionally, the report indicated 22% (4,500,000) of those victims are victims of forced sexual exploitation (98% are female), with children under age 18 accounting for 21% of the total (Rafferty, 2013, p. 560). In 2014, the Urban Institute studied the commercial sex economy in eight U.S. cities and estimated this illicit activity generated between \$39.9 million and \$290 million in revenue depending on the city and pimps in one city earned an average of approximately \$32,833 per week (Polaris, 2015). The Polaris Project, which was implemented to help sex trafficking victims by providing the victims services, has identified nearly 6,000 sex trafficking cases in 2015 involving U.S. citizen survivors through operating the National Human Trafficking Resource Center (NHTRC) and the BeFree Textline (Polaris, 2015).

According to the U.S. Department of Justice, involvement in prostitution among youths are at great proportions with at least 75% of those involved in prostitution are controlled by a pimp (as cited in Kotrla, 2010). Pimps and traffickers target children at “bus stations, arcades, and malls, focusing on girls who appear to be runaways or without money or job skills” (p. 183). Some girls have reported that their traffickers groomed them while they were still attending school and living at home, which usually involved the pimp playing the role of the victim’s boyfriend, showering the victim with gifts and compliments to gain their trust and loyalty

(Kotrla, 2010). Some youths are becoming trafficking victims by being forced to perform sexual acts in exchange for drugs or money by a parent or relatives which is known as “familial prostitution” (p. 184). The process of “breaking down” a girl from healthy adolescent sexual boundaries to commercial sex with strangers is referred to as “grooming” or “seasoning” (Polaris Project, 2016, p.3). It is a systematic process, well known and used by pimps, aimed to achieve complete control over someone using a combination of physical, mental, and emotional means (Polaris Project, 2016). One sex trafficking victim discussed the control the trafficker had on her, “You will do anything to feel like his everything. And he promises you everything. And the things he convinces you to do, they don’t seem that bad if afterwards he shows you how much he loves you...And as long as your profits meet expectations, you will have what you’ve wanted your whole life: Love” (Polaris, 2015, p.1).

## **Legislation**

Human trafficking legislation is rooted in the Thirteenth Amendment to the United States Constitution which abolishes slavery and involuntary servitude (Rocha, 2012). Internationally, slavery was prohibited with the Universal Declaration on Human Rights (United Nations) in 1948, however, human sex trafficking continues to happen worldwide and is a growing epidemic (Rafferty, 2013). In the United States Supreme Court’s 1988 decision in *United States v. Kozminski*, it considered whether Congress intended to include psychological coercion within the definition of involuntary servitude (Rocha, 2012). Ultimately, the Court narrowly defined involuntary servitude, holding that the Thirteenth Amendment prohibits legal and physical coercion (Rocha, 2012). In 2000, Congress filled the gaps that *United States v. Kozminski* failed to do by enacting the Trafficking Victims Protection Act (TVPA), by including psychological coercion in the definition of coercion (Rocha, 2012). The TVPA criminalizes the trafficking of

person, provides protection for victims who were trafficked into the sex industry by force or coercion, and provides immigration relief to non-citizen victims (Rocha, 2012).

### **Policies/Programs**

These youths may become involved in illegal activities therefore those who work in social service agencies may fail to see these individuals as victims (Kotrla, 2010). However, it is imperative to understand why they may be engaging in illegal behavior as they may not necessarily have a choice if they are a sex trafficking victim (Kotrla, 2010). Illinois has “Safe Harbor” laws in which they can detain sex trafficking victims for prostitution for “reasonable investigation” but once determined they are under the age of 18, they are immune from prosecution (Barnert et. al., 2016). In Massachusetts, “safe harbor” laws allow for diversion and suspension of criminal petition if the victim is found to be sexually exploited (Barnert et. al., 2016).

Also, the TVPA requires the U.S. Department of State to issue annual reports on the status of U.S. and international anti-trafficking efforts and also mandates victim-recipients who suffered “severe forms of trafficking” to receive federal aid (Rocha, 2012, p.392). There have been reauthorizations made towards the expansion of the TVPA. In 2005, the reauthorization established a program to provide rehabilitative facilities for trafficked victims which included group residential facilities, shelter care, and independent living assistance (Rocha, 2012). The TVPA was revised in 2015 in which it clarified that local and regional child advocacy centers may provide assistance to victims of minor sex trafficking and it directed the Department of Justice to use its existing task force established through the Innocence Lost Initiative to focus on fighting demand for human trafficking (H.R.181, 2015).

In response to the efforts put forth by TVPA and the growing acknowledgment that the criminalization of sex trafficking victims may be detrimental, several states enacted “Safe Harbor” laws to enhance protection to sex trafficking victims (Barnert, Abrams, Azzi, Ryan, Brook, & Chung, 2015). “Safe Harbor” laws are designed to “decriminalize” juvenile prostitution so victims cannot be convicted as well as establishing “diversion” programs to redirect victims from the criminal justice system into the welfare system and to receive appropriate resources (Barnert et al., 2015, p.250). The first state to enact this type of “Safe Harbor” law was New York in 2008. By 2014, 22 states had enacted legislation to protect sex trafficking victims with varying degrees of protections (Barnert et al., 2015). Currently, Congress is considering legislation in which federal grants would be used as an incentive to have all states adopt “Safe Harbor” laws within three years of passage of the federal act, “Stop Exploitation through Trafficking Act of 2015” (Barnert et al., 2015, p.250).

### **Approaches to Identify Human Sex Trafficking Victims**

Research has shown that victims are often times not identified by service providers who may have had contact with these victims. Therefore, this leads to human sex trafficking victims not getting access to services which may help to assist in escaping the tragedy of trafficking (Macy & Graham, 2012). Macy and Graham (2012) point out that there has been little attention on how human service providers might identify the sex-trafficking victims. They studied the limited number of publications on strategies for identifying sex-trafficking victims. The U.S. Department of Health and Human Services (2008) cited a list of trafficking indicators, including (a) signs the person is being controlled; (b) signs the person does not have the freedom to move or exit a job; (c) signs of physical abuse; (d) signs indicating that the person is depressed or

fearful (Macy & Graham, 2012). The following gives a more detailed list of indicators of sex trafficking:

Table 1.

*Indicators of Sex Trafficking victims*

Victim reports poor working conditions
Signs of addictions/substance abuse
Has not had educational opportunities
Does not have family support
Has been previously victimized (physically or sexually)
Has moved residences often
Does not have identification (held by employer)
Appears to have been told how to speak to officials (coached)
Has few belongings or financial records
Has little knowledge about community in which he/she lives
Has untreated sexually transmitted infection
Has trauma/stress reactions (loss of memory, engagement in risky behaviors, and/or poor sense of time/space)
Comes to service office with different individuals each time

(Source: Macy & Graham, 2012; U.S. Department of Health and Human Services:

Administration for Children, Youth and Families (ACYF), 2013)

Many law enforcement and service providers lack knowledge about sex trafficking of minors and therefore, victims go unidentified. In 2014, a study was done in Minnesota which

included a total of 187 law enforcement personnel. Forty-four percent of these law enforcement officers advised they had received some type of training on how to identify victims in sex trafficking cases (Minnesota Office of Justice Programs, 2014). Rocha (2012) recommends agencies sponsor training sessions designed to understand and identify human trafficking victims, as well as ensuring the curriculum is consistent across state law enforcement agencies.

Another approach which needs to be utilized in helping to identify human sex trafficking victims is for service providers to implement specific strategies in their interactions with possible sex trafficking victims (Macy & Graham, 2012). These strategies include (a) building trust and rapport; (b) improved procedures in conducting interviews, such as using indirect rather than direct questions (“I would be interested to hear..... or Can you tell me”); (c) question the victim when they are alone; (d) explain the role of the service provider to potential victims; (e) explain confidentiality policies, reassure the victim that the information the victim provides will be kept confidential and how the information will be used; and (f) focus on the potential victims safety and needs (Macy & Graham, 2012).

Table 2. Service Provider Interaction and Response Strategies

Be knowledgeable about legal trafficking definitions
Utilize culturally informed and trauma informed interview techniques
Call National Human Trafficking Resources Center hotline for information and assistance if possible victim is identified (this decision should be discussed with the victim prior to making the call)
Do not engage in interrogation

Utilize an intake process with multiple opportunities for victims to provide information
Conduct multiple interviews to build trust and rapport
Offer empathy
Be relaxed
Do not utilize checklists or take extensive notes
Discuss general topics and questions (victim's needs)

(Source: Macy & Graham, 2012)

The U.S. Department of Health and Human Services Administration for Children, Youth and Families (ACYF) recommends the use of universal, valid, and reliable screening for trauma history and/or symptoms as well as utilizing an assessment of social-emotional functioning for health service workers who may have contact with a potential human sex trafficking victim (U.S. Department of Health and Human Services Administration, 2013). The ACYF does not endorse any single instrument for assessments, but some reliable trauma screening tools include the Child and Adolescent Needs and Strengths (CANS) Trauma Version, the Child PTSD Symptom Scale, the Trauma Symptom Checklist (TSC), and the UCLA PTSD Index. Some examples of functional assessment tools include the Child Behavior Checklist (CBCL), the Behavioral and Emotional Rating Scale (BERS-2), the Emotional Quotient-Inventory, the Social Skills Rating System (SSRS), and the Strengths and Difficulties Questionnaire (SDQ). Physical health screening is also imperative for victims of sex trafficking (U.S. Department of Health and Human Services Administration, 2013).

Promoting awareness is important in helping to identify victims and this is not limited to those victims on the streets, but also through the Internet (Kotrla, 2010). Traffickers often recruit

their prey via the Internet or other new technologies, including social networking sites, chat rooms, and Voice-Over Internet Protocol (Rafferty, 2013). One recent news story involved a 28 year old man, Andrew Turley, from Dane County who was charged on November 16, 2015 on a sex trafficking case in Texas involving a 4 year old (Channel 3000, 2015). The Houston Police Department discovered an ad that Andrew Turley had placed in a section of Craigslist under “casual encounters”, offering a young girl for sex. Officers arranged to meet him and pay him \$1000 and subsequently took him into custody (Channel 3000, 2015). There are so many social media sites and programs that unfortunately it is easy for traffickers to prey on victims and to continue to victimize them, such as Craigslist and Backpage.com. Backpage.com is a host to online prostitution ads. Backpage accounts for approximately 70% of prostitution advertising among five websites in the United States, earning more than 22 million dollars annually solely from prostitution ads (Kristof, 2012). Many of the prostitution ads on Backpage are placed by adult women acting on their coercion, however, other ads are placed by pimps. An illustration on providing some insight of how this impacts a victim is from a sex trafficking victim who speaks out about her experience with backpage.com on how she met someone who advised he was a “rapper” and he showed interest in her, however, his sole intent was to “pimp” her out. She advised at the time that he had showed interest, she was intrigued as she had come from a poor and troubled household. She reported that she was sold from one trafficker to the next for approximately \$10,000. She indicated at one time, she had tried to escape just to be tracked down from her trafficker who beat her. She stated, “For a website like Backpage to make \$22 million off our backs, it’s like going back to slave times” (as cited in Kristof, 2012, n.pag).

## **Key components in treatment programs for sex trafficking victims**

As discussed previously, it is imperative to provide a safe environment for sex trafficking victims. There currently is a lack of appropriate placement and rehabilitative options (Harlan, 2012). Regardless of the type of treatment the victims are given, it is counterproductive to put them back on the streets (Harlan, 2012).

In discussing how a human trafficking victim is affected by the trauma they endure, a variety of diagnoses accompanies them (Jordan, Patel, & Rapp, 2013). These diagnoses include dissociative disorders, substance abuse/misuse disorders, conduct disorders, ADHD, PTSD, OCD, and a variety of AXIS V disorders (Jordan et al., 2013). The authors identify that there may also be signs of cutting, suicidal thoughts, and/or depression. Hossain, Zimmerman, Abas, Light, and Watts conducted a study in 2010 in Europe where they interviewed girls and women who were victims of sex trafficking and receiving treatment at a rehabilitation center, 76% were experiencing PTSD, however, they also found co-occurring diagnoses of depression and anxiety, making treatment more complex (Jordan et al., 2013). Treatment for PTSD is imperative in order to allow the victim to work through their trauma in a safe environment. The authors reported victims who suffer from PTSD can often be seen as unreliable when they are providing their testimonies due to several reasons such as lack of emotion, avoidance of discussing the trauma, and may be fearful as a result of seeing the perpetrator.

There has not been an effective specific treatment intervention model specifically designed to treat sex trafficking victims. Current treatment trends are similar to trauma care such as those victims who have experienced PTSD, domestic violence, slavery, and captivity victims have been utilized to assist in treating trafficking victims. One issue which is specific to sex trafficking victims is reintegrating them into society (Jordan et al., 2013)

## **International Response**

It is important to analyze the international efforts that have been made to provide treatment for human sex trafficking victims to determine if some of their components would be helpful in a treatment model utilized in the United States. The country of Cambodia utilizes two main trauma-focused interventions to process the memory of trauma and its meaning: trauma focused cognitive-behavioral therapy (TF-CBT) which has been used successfully by a number of organizations with trafficking victims (Aberdein & Zimmerman, 2015). TF-CBT is designed for youth which integrates elements of cognitive-behavioral, humanistic, family, attachment, and empowerment therapies to deal and respond to trauma. The authors describe another intervention which includes eye movement desensitization and reprocessing (EMDR) which has shown to be just as effective as TF-CBT. EMDR is an information processing therapy which helps to alleviate PTSD symptoms that trafficking victims often experience by assisting them to process the meaning of the event through integration of memories (Aberdein & Zimmerman, 2015). They indicated cognitive based therapies have strong empirical support, however, it is imperative that these therapies are taught through skilled therapists/psychiatrists.

A study was conducted in 2008 in Moldova to describe the risk factors for diagnosed mental disorders among women survivors of human trafficking (Abas et. al., 2013). A total of 176 women participated in the study. Human trafficking women survivors who are assisted to return to Moldova are eligible to receive IOM crisis-intervention care. “Crisis-intervention care includes an assessment of medical, psychological, legal and social needs and the provision of residential care for up to one month” (Abas et al., 2013, n.pag). Follow-up of crisis-intervention care includes up to twelve months community rehabilitation for women who choose to receive further post-trafficking support from IOM. Over half (54.2%) of the human trafficking victims

met DSM-IV criteria for mental disorder at an average of 6 months post-return with 35.8% of women had PTSD (alone or co-morbid), 12.5 had depression without PTSD and 5.8% had another anxiety disorder (Abas et al., 2013). Some things found to be influential in delaying recovery from mental disorder were the characteristics of the trauma endured in the trafficking experience, such as the type and severity of violence. The study suggests individual care plans for survivors need to be based on individual needs, which would include applying clinical guidelines for the treatment of PTSD and depression. Trauma-focused cognitive behavior therapy would be beneficial; however, if a person cannot engage in this type of therapy or it is not available, or the victim has severe stressors, antidepressants are recommended (Abas et al., 2013).

### **Current treatment model in the United States**

There has not been an effective specific treatment intervention model designed to treat sex trafficking victims. The authors indicated one issue which is specific to sex trafficking victims is reintegrating them into society. They discuss how the International Organization of Medicine advises that for mental health treatment, there are three goals which need to be established and worked toward. The first goal is to examine and help victims feel that they are secure and have regained a sense of control in their lives as they have been told what to do and when to do it, including task such as eating. Once this goal is accomplished, exploring the trauma with the victim and how it has changed their mental health is pertinent. It is important to realize this will not be a short process and victims should be able to do this in their own time with support. The final phase/goal involves the victim's reintegration into society whether it may be back home or in new surroundings. This may be difficult given the lack of funding for this process.

Greenbaum (2014) states that the comprehensive medical evaluation of suspected victims of sex trafficking is similar to all evaluations in that it begins with a thorough screening. The provider focuses on immediate and prior physical and mental health and safety concerns as well as asking detailed questions regarding reproductive history, any recent or prior injuries and abuse, substance abuse, and mental health history in gathering a medical history from a sex trafficking victim. If the victim is willing to talk openly to the provider after the provider has taken time to build rapport with the victim, this medical interview will gather useful information important to the assessment and treatment of chronic conditions as well as assisting the provider in making the necessary referrals for care. Also, a detailed medical interview will assist in determining the overall impact the trafficking experience had on the victim's health and well-being. Greenbaum (2014) indicated the information from the detailed medical histories will help guide referrals for further treatment. He discusses how specialty medical care may be indicated as in the example of a pregnant victim who would need obstetric care or HIV follow up for infected patients. He advised many medical staff may be overwhelmed at the thought of providing a different assortment of treatment, therefore it is important for professionals to rely on help from the National Human Trafficking Resource Center, which is a 24 hour hotline (1-88-3737-8888) to assist in providing information on local resources throughout the United States. The U.S. Immigration and Customs Enforcement (ICE) can assist with international victims of trafficking with crisis intervention, victim advocacy, immigration issues, and counseling (Greenbaum, 2014). As discussed previously, the U.S. Department of Health and Human Services have developed tools to utilize to assist in identifying sex trafficking victims.

## **Recommended treatment methods**

Konstantopoulos et al., conducted a study in 2013 to understand the intersection of sex trafficking and public health to examine the practices in the health system and barriers to care for victims (2013). A total of 277 respondents from health and non-health sectors such as mental health providers, social workers, law enforcement officials, and community outreach workers were interviewed. The cities these respondents were from included Manila, Salvador, Rio de Janeiro, New York City, Los Angeles, and London. As discussed previously, the difficulty in identifying victims for several different reasons was a major theme in this study as well. The respondents identified similar key determinants of sex trafficking as indicated previously such as child sexual abuse, early exposure to violence in the home, low self-esteem, and lack of formal education. Respondents in all eight cities described their health care responses with sex trafficking victims as weak and limited due to the lack of the local government developing well-coordinating systems of health care for victims. Fortunately, all eight cities were able to identify various nonprofit free health care clinics, community health clinics, and emergency departments as local resources for providing care, however, no one in the eight cities believed that there were no single facility designed to meet all of the health and mental health needs of this special population, sex trafficking victims. The major concern was the victims' lack of access to health care as well as culturally sensitive mental health services for sex trafficking victims in all eight cities. Respondents in the cities Mumbai and Kolkata commented in their current approaches with providing treatment for victims that hospital workers often prejudge women in prostitution and treat them differently (poorly) compared to other patients (Konstantopoulos et al., 2013).

This study proposed a more expanded anti-trafficking role for local health systems (Konstantopoulos et al., 2013). Five areas were identified in how to provide for trafficking

victims in addition to illness-related episodic care including: 1.) prevention, 2.) victim identification, 3.) trauma-informed health and mental health care, 4.) rehabilitation and referral, and 5.) advocacy and policy engagement. Prevention strategies into women's health programs and existing disease prevention allow for intervention for women and girls at risk for trafficking. Other recommendations include programs to assist with training health care workers as first responders for trafficking victims presenting to health care facilities by providing workers skills to be able to identify victims, trauma-informed care, and suggesting guidelines for safe interventions in trafficking situations. The researchers recommend the health community to partner with local anti-trafficking stakeholders along with mental health providers to create a coordinated mechanism of referral to mental health, residential programs, social services, and legal services for trafficking victims with a preferences for possible services that are specifically designed to meet the needs of these victims. Finally, in order to effectively provide treatment for victims, advocacy and public policy are vital components in promoting these continued efforts and recommendations (Konstantopoulos et al., 2013).

## **Conclusion**

Sex trafficking is an international epidemic. One of the difficulties in providing assistance to sex trafficking victims is they often go unidentified. It is imperative for sex trafficking victims to be identified. Law enforcement officials and health care workers need to participate in training to assist with being able to identify victims through screenings and assessments. Sex trafficking victims need to have their essential needs met, such as shelter, food, and clothing. The apparent theme that occurs in these recommended treatment methods is for several agencies to be on the same page when working and treating sex trafficking victims. Also, an obstacle may be the funding and legislation for such programs. Finally, referrals to

treatment programs are essential for trafficking victims to effectively rehabilitate them back into the community.

### **Section III: Theory and Application**

The following section reviews three theories and applies them to the crime of human sex trafficking.

#### **Life Course Theory**

The life course paradigm geared the focus of social science research to a fuller and multi-dimensional framework for exploring the dynamic and interactional processes and the complexity of human development from the one-dimensional view of human behavior (Reid, 2012). There are four paradigmatic factors which influence human development and life course: 1.) historical and geographical context, 2.) social embeddedness, 3.) timing, and 4.) agency and personal control (Reid, 2012). First, life course theory provides insight into unique issues which arise as individuals develop within particular communities and historical periods (Reid, 2012). Residents in a specific location experience similar constrained life opportunities. Second, life course theory defines life stages, not as ages, but rather as a sequence based on the reproductive cycle, beginning with the birth of children, through their maturation, until they begin to have children themselves. This aspect of life course theory is considered to assist in understanding social ties and intergenerational links termed social embeddedness. Third, timing of life events or transitions in life is of interest in life course theory, whether they occur early or late compared to other people and normative expectations, as timing can significantly affect adaptation. Reid (2012) indicated within the given constraints of the historical, geographical, and social contexts, individuals make choices. These four elements of life course theory are predicted to come together to shape individual life trajectories.

Psychologist Moffitt who provided a developmental perspective on delinquency describes how across the life course, those individuals who begin a lifelong pattern of

delinquency have exhibited changing manifestation of antisocial behavior (Bartol & Bartol, 2011). Moffitt refers to these individuals as life-course-persistent (LCP) offenders, and reports these offenders continue their antisocial ways across all kinds of situations. Moffitt reports these individuals may possess judgment and problem-solving deficiencies. They miss opportunities to acquire and utilize prosocial skills at each stage of development (Bartol & Bartol, 2011).

### **Applying life course theory to human sex trafficking victims**

The life course theory when applied to studying criminal behavior allows an opportunity for understanding the initiation into delinquency and persistence in such behaviors (Reid, 2012). As discussed previously, sex trafficking victims are often viewed as offenders rather than victims due to the criminal behavior they are engaging in. However, life course theory is useful in explaining victimization, especially in ongoing and longer-term forms of victimization (Reid, 2012). Many have argued that theories that are useful for explaining crime and criminality should also be useful for explaining victimization as criminality cannot be completely understood in isolation from victimization (Reid, 2012).

The first factor of the life course theory studies the location of the individual and provides insight to unique issues which arise with individuals within particular communities. Human sex trafficking victims often have lower educational levels when compared to non-victims and tend to come from lower socioeconomic backgrounds (Jordan et. al., 2013). An overwhelming majority of sex trafficking victims are youth who live on the streets (Jordan et al., 2013). Many studies discuss how sex trafficking occurs at a higher rate in metropolitan areas. This is validated in a recent 2015 news report, which 57 adult victims were rescued in Wisconsin, in which the majority of the victims were from Milwaukee and West Allis, a suburb

of Milwaukee (15WMTV Madison nbc15.com, 2015). In regards to the timing of life events, research has suggested that the younger a girl is when she first becomes a victim of sex trafficking, the greater the likelihood that she has a history of sexual abuse (Jordan et al., 2013).

### **Age graded theory of informal social control**

Sampson and Laub's age graded theory of informal social control is an integration of life course theory and social control theory. Age-graded of informal social control have three main propositions (Reid, 2012). First, structural factors of an individual's childhood upbringing (e.g., poverty, parental deviance, family disruption) are predicted to be mediated by informal family and school social control (e.g., poor parental supervision, neglect, poor performance at school) that consequently influence both childhood and adolescent delinquency (Reid, 2012). The differences in an individual in regards to temperament and having a conduct disorder also influence childhood levels of informal social bonding in both the family and at school. Also, antisocial behaviors in childhood and adolescence are theorized to continue to impact individuals into adulthood. Finally, age graded theory of informal social control state that social capital such as job stability and marital attachment are to influence and change patterns in adult criminal behavior regardless of prior differences in criminal opportunity based in childhood or adolescence (Reid, 2012).

### **Application**

There have been numerous studies conducted outlining personal characteristics of sex trafficking victims. Those characteristics of trafficking victims that may have influenced informal social control processes may result in heightened vulnerability to sex trafficking (Reid, 2012). Reid (2012) reports how there is a disproportionate number of homeless youth who identify themselves as gay, lesbian, bisexual, or transgendered disclose they have been involved in

commercial sexual exploitation. Sampson and Laub predicted in the age graded social control theory that these individual characteristics of these youth appear to negatively impact informal social control processes which in turn increases the likelihood of rejection by family and peers, resulting in homelessness, a life in the streets. The isolation experienced by these youth's heighten their emotional need for belonging and acceptance, which some attempt to fulfill by engaging in commercial sex. Similar to this, researchers reported the strong need for love and belonging commonly felt by girls who have experienced past abuse prompt them to acquiesce to the demands of sex traffickers in hopes of gaining their acceptance (Reid, 2012).

Researchers have also noted that teenagers of both genders often are initially curious and intrigued by the idea of selling sex and the idea of making large amounts of cash in a quick manner (Reid, 2012). This curiosity can lead youth to experiment with dangerous or risky activities. Also, adolescents are generally impressionable, easily influenced by peers, and preoccupied with a strong desire for acceptance, therefore leading them to be more susceptible to becoming a victim of sex trafficking.

### **Expectancy Theory**

Expectancy theory was developed by Julian Rotter in the 1970's. Expectancy theory argues that a person's performance level is based on that person's expectation that behaving in the certain way will lead to a specific outcome (Bartol & Bartol, 2011). This theory is best known for drawing attention to the importance of expectations (cognitions) about the consequences (outcomes) of behavior, which in other words before we do something, we ask ourselves, "What has happened to me before in this situation, and what will I gain this time?" (Bartol & Bartol, 2011, p. 93). According to Rotter, whether a specific pattern of behavior occurs will depend on our expectancies and what kind of value we have of the outcomes. In

order to predict whether someone will behave a specific way, we must estimate the individual's expectancies and the importance to which they place on the rewards gained by the specific behavior. Many times an individual will develop "generalized expectancies" that are consistent across similar situations (Bartol & Bartol, 2011, p. 93).

### **Applying expectancy theory to human sex trafficking victims**

Applying Roter's theory to criminal behavior, one would say that when people engage in unlawful conduct, they expect to gain something whether it be in the form of status, power, security, affection, material goods, or living conditions (Bartol & Bartol, 2011). Many times both internationally and domestically trafficked individuals have been described as ambitious and motivated by a desire to build a better life for themselves and their families (Reid, 2012). Ambition is considered a positive quality that is reflective of the innate need in all individuals "to direct our own lives, to learn and create new things, and to do better by ourselves and our world" (Reid, 2012, p. 267). However, this positive quality and strong desire for something better may be preyed upon by traffickers, heightening youth and young adults' likelihood to manipulation and exploitation. As Reid (2012) points out, it is these positive qualities that can also produce resiliency and enduring hopefulness in victims of sex trafficking, sustaining them as they rebuild their lives when they are given the opportunity to receive treatment and other assistance.

## Section IV: Recommendations/Conclusion

As discussed before, ensuring human sex-trafficking victims receive effective treatment has been an obstacle, however, another major issue is the fact that many states do not have state legislation that will ensure that victims even receive treatment (Rocha, 2012). First, legislation needs to be enacted in all states to provide social services to victims while they await federal certification, allowing them the ability to remain in the United States to receive services (Rocha, 2012). For example, in New York, the Office of Temporary and Disability Assistance is permitted to enter into contracts with non-governmental social-service organizations to provide immediate care for pre-certified human trafficking victims (Rocha, 2012). Therefore, this law helps to take care for victims without forcing social service providers to find creative ways to house and feed victims (Rocha, 2012). California's welfare program, allows non-citizen trafficking victims to receive state-funded social services and health care for up to one year, and victims may continue to receive this care if they file an application with the government or apply for a T-Visa (Rocha, 2012). Peters (2013) pointed out that the issue with the T-Visa (Trafficking) is the victim must demonstrate they are willing to cooperate in the investigation and prosecution of their trafficker.

As indicated previously, human sex trafficking victims' basic necessities such as appropriate housing, physical and mental health care, legal services, food, and clothing need to be addressed first and foremost (Kotrla, 2010). Kotrla (2010) refers to a program specialist with the U.S. Department of Health and Human Services' Trafficking in Persons Program, R. Jones, who stated the end result in regards to providing housing to human sex trafficking victims is that the "best among worst choices" is often being made (p. 184). She advised one obstacle encountered by victim service providers throughout the United States is finding safe and

appropriate housing for victims because there are few housing options that meet this criteria for victims.

## **Identification**

Screening and assessment can help to identify victims of sex trafficking, understand their individual needs, and gain a full picture of their traumatic experiences (ACYF, 2013). Training is necessary for first responders (police officers or paramedics), including physicians, social workers, nurses (including school nurses), and community health workers to provide them with the skills necessary for victim identification along with trauma-informed care (Konstantopoulos et al., 2013). The National Human Trafficking Resource Center website ([traffickingresourcingcenter.org](http://traffickingresourcingcenter.org)) provides online training to assist professionals in strategies to identify human sex trafficking victims. Also, the organization Shared Hope International provides training programs and resources to service providers and justice systems as their goal is to increase the identification of those victimized and vulnerable to trafficking (Human Trafficking Training, 2016).

The ability for health care workers to understand the complexity of the physical and psychological trauma that the sex trafficking victim experienced will over time increase the likelihood of trafficking victim disclosures in the health setting. The introduction of trafficking-related curricula at health professional schools and clinical training programs would be a strategy for engaging health professionals in anti-trafficking efforts (Konstantopoulos et al., 2013).

The training provided would assist in knowing what kind of screening questions to ask an individual who possess possible sex trafficking warning signs. The screener would first ask general health questions and include questions about housing, work, school, and family (McClain & Garrity, 2011). Screening questions for adolescents would be asked to determine if

they are missing school or missing from home. Also, questions to address issues of personal safety, violence, commercial sex work, and/or forced sex work (McClain & Garrity, 2011).

Table 1: *Indicators of Sex Trafficking Victims* includes warning signs for possible sex trafficking, health issues commonly seen in sex trafficking victims, and specific screening questions for minor sex trafficking which are essential for health care workers to be familiar with in order to effectively identify and treat sex trafficking victims. Finally, it is essential that nurses are familiar with their state laws regarding mandatory reporting in cases of sex trafficking which is available in The U.S. Department of Health and Human Services A Guide to Current State Laws and Reporting Requirements (McClain & Garrity, 2011).

In order to provide safety for the sex trafficking victim, it is important for the health care worker to separate the victim from the accompanying person when they appear together at the hospital. One way the health care worker can accomplish this is by telling the accompanying person that it is hospital policy to examine the patients in private (Chesnay, 2013). Also, the health care worker needs to speak to the victim directly. If the victim does not speak English, it is imperative that the health care worker obtain the services of an interpreter even if the accompanying person offers to translate as this may lead to them inhibiting the victim from communicating the true situation. Next, the health care worker should assess for abuse. Examples of questions the health care worker can ask are: “Do you feel safe in your home?” “Do you have enough food to eat?” “Are the people you live with kind to you?” (Chesnay, 2013). After assessing for abuse, the health care worker should assess for mental status by asking questions such as what day it is or to name the current leader of the country. Next, the health care worker should treat the medical conditions. After the health care worker treats the medical conditions, they need to contact protective services and law enforcement. Finally, the

health care worker should refer the victim to a social worker for services who will then provide mental health services to the victim (Chesnay, 2013). The initial medical assessment which is asked of individuals who come in for care at the hospital are similar to the assessment given by first responders (EMT's). First responders would help to assist in identifying victims from asking those questions detailed above.

Initiatives, collaborations, and an advanced crime victim services network has helped the State of Minnesota, for example, develop and implement the No Wrong Door Model to serving juvenile victims of sex trafficking (Department of Public Safety, 2013). The No Wrong Door Model approach builds on Minnesota's network of homeless youth service providers, crime victim service providers, and other social service agencies to increase their ability and capacity to respond to the unique needs of sex trafficking victims. Police protocols are expanded to enhance Minnesota's ability to hold traffickers and commercial sexual exploiters accountable, while ensuring that sex trafficking victims are viewed as victims, and increase the capacity to house these victims to help keep them off the streets, as well as allow them the opportunity to receive victim-centered mental health services and trauma-informed care. The No Wrong Door model also guides those who work with victims to focus on and explore primary prevention activities (Department of Public Safety, 2013). In order to ensure that this is an effective approach, it is recommended that this model be evaluated to ensure positive outcomes.

### **Responsive Integrative Treatment**

Sex trafficking victims are in need of trauma informed care as they have endured complex trauma. Despite research evaluating a wide range of psychological interventions for clients with PTSD and other disorders consequent on experiencing trauma, there are conflicting messages which often leave health care workers and practitioners confused about how to provide

appropriate treatment (Edwards, 2013). An expanded evidence-based model that provides a basis for a model that offers broad framework within which to formulate cases is essential for sex trafficking victims as there is not a “one size fits all” in terms of specific therapies being effective for all victims. Many sex trafficking victims experience complex PTSD in that there is typically a history of repeated trauma (Edwards, 2013). It is important for clinicians to be trained and educated that it is not choosing between treatment brands, rather it is selecting and sequencing interventions in a way that is responsive to the changing needs of human sex trafficking victims as they cope with the aftermath of the trauma they have endured, often in complex and challenging life contexts (Edwards, 2013). The implementation of life course theory would be evident here in the clinician understanding the timing of life events or transitions in life to understand what led them to becoming victimized (Reid, 2012). The comprehensive framework organizes the interventions on five levels, representing a hierarchy of priorities which is in accordance with a phased approach to treatment (Edwards, 2013).

#### Level 1: Crisis Intervention and Stabilization

This level reflects the need for an initial focus on safety, prioritizing the sex trafficking victim’s needs for stabilization as well as restoring a basic level of everyday functioning (Edwards, 2013). As discussed previously, many victims do not have their basic needs fulfilled, such as housing, food, and clothing. If these basic needs have been met, it is not appropriate to move the client onto the next level. A risk assessment which is a standard part of a psychological assessment needs to be done to make sure that the victim is not at risk for substance abuse or have suicidal thoughts. If the victim is at risk of either of these, then prompt action needs to be taken to prevent serious consequences. Resource building which refers to directive interventions that raise awareness, enhance impulse control, target avoidances, develop self-protection, increase

social support and the quality of social relationships, and promotes effective problem solving should begin at Level 1. The purpose of utilizing resource building is to support the establishment of safety for sex trafficking victims as well as de-escalating emotions and behaviors that are likely to trigger hopelessness which consequently would interfere with the engagement from the victim with treatment (Edwards, 2013).

## Level 2: Establish Necessary Conditions

This level outlines the essential conditions needed to be established before trauma-focused work can proceed. For instance, building the therapeutic alliance is imperative for working together on processing memories of traumatic events (Edwards, 2013). There will be different challenges for the therapist to face when building rapport and developing the therapist-client relationship. There will be different approaches with different victims as one victim may be more avoidant or another may be exceptionally anxious, mistrustful, and dependent. Therapists will need to spend time with the victims building a relationship within which the victim can feel respected and safe. It is important for therapists to continue to build the relationship throughout the phases as this is an ongoing process. Sex trafficking victims may be inconsistent and volatile and it is essential that therapists help the victim clarify what is happening in the relationship with the therapist. Establishing motivation is also part of this phase and cannot be taken for granted. It is important for victims to understand the nature of their problem and a rationale on how treatment can be expected to address their problem (Edwards, 2013). Therapists will need to be able to assess the victim's motivation by examining the readiness of the victim to work actively for change. In the event where a victim appears to not be as motivated or precontemplating, motivational enhancement interventions are to be utilized. Resource building in this level has the goal of establishing conditions that are supportive of the

trauma-focused work that occurs in Level 3 (Edwards, 2013). Special attention needs to be given to enhancing social support. Therapists need to evaluate whether a specific victim needs additional work on assertiveness, challenging negative assumptions and beliefs, and building a basis for self-esteem as these are imperative in providing the foundation for trauma-focused work.

### Level 3: Promote Processing of Trauma Memory and Integration into Autobiographical Memory

During this phase, the therapist will help the victim to identify triggers and working with the triggers. Therapists can help the victim identify the cues that trigger flashbacks and to see the flashbacks for what they are, vivid replays of the components of the trauma memory (Edwards, 2013). It is during this phase in which dissociated memory is addressed so victims will not remain vulnerable to flashbacks, nightmares, and other PTSD symptoms. It is important in this phase to target problematic appraisals associated with the various episodes of the trauma memory and its aftermath. Some of these appraisals and their emotions will self-correct through the process of re-experiencing the trauma and the victim feeling safe with the therapist, however, some associated emotions, such as guilt and shame do not automatically remit. These appraisals may need to be addressed by cognitive restructuring and can involve deep exploration of one's sense of meaning, integrity, and place in the greater scheme of things (Edwards, 2013).

### Level 4: Address Vulnerabilities and Consolidate Resources

During this phase, two categories of additional intervention may be needed. First, it may be necessary to address pre-existing vulnerabilities that impact on treatment as memories of earlier events that were traumatic or important attachment experiences that were disturbed will need to be addressed (Edwards, 2013). Resource building at this level elaborates the

interventions at Levels 1 and 2 as work with the trauma memory proceeds, it is helpful to enhance the victim's social support and assertiveness. There may be new problems that come into focus as the victim recovers. Edwards (2013) advises that social anxiety associated with self-consciousness that preceded the trauma may be heightened as a result of the trauma related anxiety and it may be necessary to address this using approaches to social phobia.

#### Level 5: Reclaiming One's Life

This is the last phase where the therapist will encourage the victim to think explicitly about plans, activities, both recreational and occupational, and relationships post trauma. It is imperative for the therapist to encourage and help the victim envision a meaningful future in the new life circumstances in which they find themselves (Edwards, 2013). There are five dimensions of posttraumatic growth: a new way of experiencing the world in which priorities are different and there is appreciation of the smaller things in life, a greater ability for human connection, an increased sense of one's strength, a greater appreciation of life as a source of new opportunities, and a sense of spiritual awakening or deepening (Edwards, 2013).

This model caters for longer treatments in complex cases such as those who are victims of human sex trafficking. Levels 1 and 2 may take months with a focus on building emotional awareness, and self-regulation. It is important to recognize that this model may not be linear and the therapist needs to be adaptable for the client as there may be times that the therapist will need to revisit certain aspects of previous levels covered. Victims may need to return to past levels in the event of a crisis or in the event of a break in the therapeutic relationship (Edwards, 2013).

This type of treatment model emphasizes that recovery is facilitated in part, by talking about trauma-related thoughts and feelings with supportive others which enable victims to re-establish

a sense of safety and self-worth, challenge distressing trauma-related appraisals, habituate to trauma theories, receive emotional support, and develop more accurate and consolidated memories of trauma (Belsher, Bongar, Ruzek, & Cordova, 2012).

An individualized and evidence-based model as outlined in Edwards' model needs to be used for sex trafficking victims to ensure successful reentry into the community as a healthy individual.

## **Conclusion**

Sex trafficking is a form of modern day slavery that has been a largely invisible pandemic affecting at least 27 million women and children (Chesnay, 2013). Fortunately, this pandemic is becoming more visible to health care workers and the community as a whole. Legislation has mandated services for sex trafficking victims in the United States. It is imperative for health care workers and first responders to be able to identify the warning signs of potential sex trafficking victims, in order to provide them with the treatment that they need.

There is a clear and present need for increased services for sex trafficking victims and like any type of treatment model, it is important for research to continue to be conducted to ensure that the treatment is evidence-based and effective (Kotrla, 2010). Due to the complexity of the trauma that a sex trafficking victim endures, the treatment provided will be for a long period of time and sufficient enough to meet the multiple needs identified. Social workers, law enforcement officials, and other social service providers need to possess the knowledge and ability to appropriately respond to victims. (Kotrla, 2010).

Finally, local health systems assuming a more active role in antitrafficking work and by developing a greater understanding of the potential roles of local health systems in mitigating the

devastating effects of sex trafficking, we may be able to catalyze greater health sector participation in the global efforts to eliminate sex trafficking (Konstantopoulos et al., 2013). As with every type of treatment, it is important for studies to continue to determine if the treatment provided to sex trafficking victims is evidence based and the best practices in the field (Konstantopoulos et al., 2013).

## Section VI: References

- Abas, M., Ostrovschi, N. V., Prince, M., Gorceag, V. I., Trigub, C., & Oram, S. (2013). Risk factors for mental disorders in women survivors of human trafficking: a historical cohort study. *BMC Psychiatry*, 13(1), 1-11 doi:10.1186/1471-244X-13-204
- Aberdein, C. & Zimmerman, C. (2015). Access to mental health and psychosocial services in Cambodia by survivors of trafficking and exploitation: a qualitative study. *International Journal of Mental Health Systems*, 9(1), 1-13. doi:10.1186/s13033-015-0008-8
- Adams, C. (2011). Re-Trafficked victims: How a human rights approach can stop the cycle of re-victimization of sex trafficking victims. *George Washington International Law Review*, 43(1), 201-234.
- Aponte, C. (2015). Diversion and deterrence: A practical and cost-effective approach to addressing the demand for commercial sex, sex trafficking, and the sexual exploitation of women. *UMKC Law Review*, 83(3), 747-768
- Barnert, E.S., Abrams, S., Azzi, V.F., Ryan, G., Brook, R., & P. J. Chung. (2016). Identifying best practices for “Safe Harbor” legislation to protect child sex trafficking victims: Decriminalization alone is not sufficient. *Child Abuse and Neglect*. 51. 249-262.
- Bartol, C. R., & A. M. Bartol. (2010). *Criminal Behavior: A psychological approach*. (9). 2011. Pearson Education. Upper Saddle River, NJ.
- Belsher, B., Bongar, B., Ruzek, J., & M. Cordova. (2012). Social constraints, posttraumatic cognitions,

and posttraumatic stress disorder in treatment-seeking trauma survivors: Evidence for a social-cognitive processing model. *Psychological Trauma: Theory, Research, Practice, and Policy*, 4(4), 386-391.

Channel 3000. Dane County man suspected in Texas sex trafficking case involving 4-year-old. (2015, November 18). Channel 3000. Retrieved from Channel3000.com

Chesnay, M. D. (2013). Psychiatric-Mental health nurses and the sex trafficking pandemic. *Issues in Mental Health Nursing*, 34(12), 901-907. doi:10.3109/01612840.2013.857200

Cole, J., & Sprang, G. (2015). Sex trafficking of minors in metropolitan, micropolitan, and rural communities. *Child Abuse & Neglect*, 40, 113-123.

Department of Public Safety Office of Justice Programs. (January 2013). No Wrong Door  
A Comprehensive approach to Safe Harbor for Minnesota's sexually exploited youth.

Retrieved from [https://dps.mn.gov/divisions/ojp/forms-documents/Documents/!2012%20Safe%20Harbor%20Report%20\(FINAL\).pdf](https://dps.mn.gov/divisions/ojp/forms-documents/Documents/!2012%20Safe%20Harbor%20Report%20(FINAL).pdf)

Dewan, S. E., (2014). Patterns of service utilization among pre-certified victims of human trafficking. *International Social Work*, 57(1), 64-74, doi:10.177/00208728/13507592

Elrod, J. (2015). Filling the Gap: Refining sex trafficking legislation to address the problem of pimping. *Vanderbilt Law Review*, 68(3), 961-996.

Edwards, D. (2013). Responsive Integrative treatment of clients with PTSD and Trauma-related disorders: An expanded evidence-based model. *Journal of Psychology in Africa*.

(23)(1), 7-20.

Farrington, D. P. (2011) *Integrated Developmental & Life-Course Theories of Offending. Advances in Criminological Theory. Volume 14.* Transactional Publishers. New Brunswick, U.S.A.

Greenbaum, J. (2014). Commercial sexual exploitation and sex trafficking of children in the United States. *Current Problems in Pediatric and Adolescent Health Care*, 44(9), 245-269.

Harlan, E. K. (2012). It happens in the dark: Examining current obstacles to identifying and rehabilitating child sex-trafficking victims in India and the United States. *University of Colorado Law Review*, 83(4), 1113-1147.

H.R.181. (2015). Justice for Victims of Trafficking Act of 2015. Retrieved from

<http://www.gop.gov/bill/h-r-181-justice-for-victims-of-trafficking-act-of-2015/>

Jordan, J., Patel, B., & Rapp, L. (2013). Domestic minor sex trafficking: A social work perspective on misidentification, victims, buyers, traffickers, treatment, and reform of current practice. *Journal of Human Behavior In The Social Environment*, 23(3), 356-369.  
doi:10.1080/10911359.2013.764198

Konstantopoulos, M., Wendy, R. A., Alpert, E. J., Cafferty, E., McGahan, A., Williams, T. P., Castor, J. P., Wolferstan, N., Purcell, G., & T. Burke. (2013). An International Comparative Public Health Analysis of sex trafficking of women and girls in eight cities: Achieving a more effective health sector response. *Journal of Urban Health*

*Bulleting of the New York Academy of Medicine*, 90(6), 1194-1204

doi:10.1007/s11524-013-9837-4

Kotrla, K. (2010). Domestic minor sex trafficking in the United States. *Social Work*, 55(2) 181-187. doi:sw/55.2.181

Kristof, N. D. (2012, March 18). Where pimps peddle their goods.

(prostitution advertising in Backpage.com, a classified advertising Web site owned by Village Voice Media)(Editorial Desk). *The New York Times*, p. 1.

Macy, R. J. & L. M. Graham. (2012). Identifying domestic and international sex-trafficking victims during human service provision. *Trauma, Violence, & Abuse*, 13(2) 59-76.

McClain, N.M. & Garrity, S.E. (2011). Sex trafficking and the exploitation of adolescents. *JOGNN: Journal of Obstetric, Gynecologic & Neonatal Nursing*, 40(2), 243-252 10p. doi:10.1111/j. 1552-6909.2011.01221.x

Minnesota Office of Justice Programs (September 2014). Human Trafficking in Minnesota.

Retrieved from <https://dps.mn.gov/divisions/ojp/forms-documents/Documents/2014%20Human%20Trafficking%20Report.pdf>

NBC 15. "149 Children rescued in nationwide sex trafficking bust." (2015, October 14).

WMTV Madison, WI. Retrieved from nbc15.com

NHTRC. (2016). Online Training.

Retrieved from <https://traffickingresourcecenter.org/material-type/online-trainings>

Peters, A. W. (2013). "Things that Involve Sex are Just Different": US Anti-Trafficking Law and Policy on the books, in their minds, and in action. *Anthropological Quarterly*, 86(1), 221-256.

Polaris. (May 2015). Sex Trafficking in the U.S.: A closer look at U.S. citizen victims.

Retrieved from <http://polarisproject.org/sites/default/files/us-citizen-sex-trafficking.pdf>

Polaris Project. (2016). Domestic sex trafficking: The criminal operations of the American

Pimp. Retrieved from

[https://www.dcjs.virginia.gov/victims/humantrafficking/vs/documents/Domestic\\_Sex\\_Trafficking\\_Guide.pdf](https://www.dcjs.virginia.gov/victims/humantrafficking/vs/documents/Domestic_Sex_Trafficking_Guide.pdf)

Rafferty, Y. (2013). Child trafficking and commercial sexual exploitation: A review of

promising prevention policies and programs. *American Journal of Orthopsychiatry*,

83(4), 559-575. doi,10.1111/ajob.12056

Reid, J. A. (2012). Exploratory review of route-specific, gendered, and age-graded

dynamics of exploitation: Applying life course theory to victimization

in sex trafficking in North America. *Aggression and Violent Behavior*, 17(3). 257-271.

Rocha, P. A. (2012). Our backyard slave trade: The result of Ohio's failure to enact

comprehensive state-level human sex-trafficking legislation. *Journal of Law & Health*, 25(2),

381-417

Shared Hope International (2016). Human Trafficking Training. Retrieved from

<http://sharedhope.org/what-we-do/prevent/training/>

U.S. Department of Health and Human Services Administration for Children, Youth and

Families (ACYF): Guidance to States and Services on Addressing Human Trafficking of

Children and Youth in the United States. (2013). Retrieved from

[https://www.acf.hhs.gov/sites/default/files/cb/acyf\\_human\\_trafficking\\_guidance.pdf](https://www.acf.hhs.gov/sites/default/files/cb/acyf_human_trafficking_guidance.pdf)

Varma, S., Gillespie, S., McCracken, C. & Greenbaum, J. V. (2015). Characteristics of child commercial sexual exploitation and sex trafficking victims presenting for medical care in the United States. *Child Abuse & Neglect*, 44, 98-105.