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An Analysis of Sex Trafficking Support Services in Mental Health Care for Survivors

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An Analysis of Sex Trafficking Support Services in Mental Health Care for Survivors

Abstract

This study is an examination of the current mental health care services for sex trafficking survivors. Sex trafficking is a growing epidemic in the United States and the need for mental health care for survivors is growing. This study examines the mental health disorders and consequences survivors face due to prolonged trauma. This study also examines current shortterm and long-term interventions that are suggested in the literature for care for sex trafficking survivors. Additionally, this study explores any current mental health treatments and programs and looks at any current resources available to sex trafficking survivors. This study examines options for mental health treatments and programs not found in the literature and suggests options regarding sex trafficking policies and training of the healthcare workforce to spot signs and symptoms in potential sex trafficking survivors. Lastly, the study suggests collecting quantitative data regarding different therapy treatments to determine which is best for survivors in further research.

AN ANALYSIS OF SEX TRAFFICKING SUPPORT SERVICES IN MENTAL HEALTH
CARE FOR SURVIVORS

A Research Paper
Submitted
in Partial Fulfillment
of the Requirements for the Degree
Master of Arts

Darian Marie Alexandria Auge

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ABSTRACT

This study is an examination of the current mental health care services for sex trafficking survivors. Sex trafficking is a growing epidemic in the United States and the need for mental health care for survivors is growing. This study examines the mental health disorders and consequences survivors face due to prolonged trauma. This study also examines current short-term and long-term interventions that are suggested in the literature for care for sex trafficking survivors. Additionally, this study explores any current mental health treatments and programs and looks at any current resources available to sex trafficking survivors. This study examines options for mental health treatments and programs not found in the literature and suggests options regarding sex trafficking policies and training of the healthcare workforce to spot signs and symptoms in potential sex trafficking survivors. Lastly, the study suggests collecting quantitative data regarding different therapy treatments to determine which is best for survivors in further research.

Keywords: sex trafficking, sex trafficking survivors, mental health care services, mental health disorders, mental health consequences, short-term interventions, long-term interventions, mental health treatment, mental health programs, resources

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Chapter 1

Introduction

Sex trafficking has become a global pandemic and is growing at an alarming rate (Human Trafficking Institute, 2023). Every year, “millions of people are trafficked globally” (Miller et al., 2021, para. 3); however, the exact amount of how many people trafficked yearly is unknown (Miller et al., 2021). It is estimated that roughly 21 million people are in “modern slavery, including forced labor and forced sexual exploitation (exchange of sex or sexual acts for drugs, food, shelter, population, other basics of life, and/or money)” (Miller et al., 2021, p. 96). Regionally, in Iowa, the state saw 161 survivors of sex trafficking in 2021, according to The National Human Trafficking Hotline (2023).

According to the U.S. Department of State (2022), the United States identifies two main forms of human trafficking: forced labor and sex trafficking. Forced labor entails a person using force, fraud, or coercion to exploit the labor of another person. The traffickers use a three-tiered system to acquire their goal which includes “acts, means, and purpose” (The U.S. State Department, 2022, p. 32). The acts component is fulfilled when the trafficker recruits, transports, or obtains a person for labor. The means component includes a trafficker’s use of force, fraud, or coercion. This can include “threats of force, debt manipulations, withholding of pay, confiscation of identity documents, psychological coercion, reputational harm, manipulation of the use of addictive substances, and/or threats to other people” (The U.S. State Department, 2022, p. 32). Lastly, the purpose component focuses on the trafficker’s goal to exploit a person’s labor. There is no limit to the type of industry forced labor takes place in. According to the U.S. State

Department (2022), traffickers will commit this crime in any job sector, legal or illegal, including agricultural fields, factories, hotels, massage parlors, retail stores, fishing vessels, mines, private homes, or drug trafficking operations.

There are two types of forced labor, and they are often differentiated because they are widespread according to the U.S State Department. The two types include domestic servitude and forced child labor. Domestic servitude is a type of forced labor where the trafficker requires the victim to perform labor in a private residence (The U.S. State Department, 2022). Domestic workers are often isolated and work alone in a home. Their employer controls their access to food, transportation, and housing. Often what happens in the private home is isolated and hidden from the community, law enforcement, and labor inspectors, which creates barriers and difficulties to any victim identification. According to the U.S. State Department, foreign domestic workers are vulnerable to abuse due to language and cultural barriers, lack of community ties, and isolation. “Forced child labor” (The U.S. Department of State, 2022, p. 33), entails labor where traffickers pressure children to work. Children are most often targeted because they are the most vulnerable. Even though some types of child labor are legal, such as the typical high school jobs, forcing or coercing children to work is illegal (U.S. State Department, 2022). Forms of slavery, such as the sale of children, forced or mandatory child labor, and debt bondage, where a child works off a parent's debt, and serfdom, or overworked and underpaid labor, of children, continue to exist today (U.S. State Department, 2022). Indicators of forced child labor include but are not limited to “situations in which the child appears to be in the custody of a non-family member and the child’s work financially benefits the child’s family; or the denial of food, rest, or schooling to a child who is working” (U.S. State Department, 2022, p. 33).

Sex trafficking requires a trafficker to use force, fraud, or coercion to pressure another person to engage in commercial sex acts or forces a child to participate in a commercial sex act (U.S. State Department, 2022). Much like forced labor, sex traffickers use a three-tiered system to reach their goal which includes “acts, means, and purpose” (The U.S. State Department, 2022, p. 32). The acts component of sex trafficking is fulfilled when the trafficker “recruits, harbors, transports, provides, obtains, patronizes, or solicits another person to engage in commercial sex” (The State Department, 2022, p. 32). The means component happens when a trafficker uses force, fraud, or coercion. When it comes to sex trafficking, coercion often includes threats of serious harm, psychological harm, reputational harm, threats to others, and debt manipulation (U.S. State Department, 2022). The purpose component is the commercial sex act. Sex trafficking can take place anywhere, including in private homes, massage parlors, hotels or brothels, as well as on the internet. Victims of sex trafficking often endure high levels of trauma. Victims are forced to engage in horrific sexual acts and use substances and traffickers utilize recurring beatings, rape and even murder as a strategy to control their victims (Hopper & Gonzalez, 2018).

Problem Statement

Much like there is confusion between the terms of human trafficking and sex trafficking, there are multiple misconceptions when it comes to sex trafficking (Miller et al., 2021). These misconceptions often lead to sex trafficking victims not being identified properly by law enforcement or emergency department personnel, leading to a lack of intervention, proper mental and physical care, and scarcity of trafficking prosecution (Farrell et al., 2019). According to Miller et al., (2021) one of the biggest misunderstandings is that human trafficking and human smuggling are the same crime, which is not the case. “Human smuggling can be thought of as a

crime against borders, where a person is illegally transported across state or national borders and agrees to be smuggled” (Miller et al., 2021, para. 96). Human smuggling provides a service such as an individual gaining entry to another country. However, human trafficking is a crime against a person or people (U.S. Department of Immigration and Customs Enforcement, 2022).

Other misconceptions directly affect sex trafficking victims when they are out in public with their trafficker or on their own. One of the biggest misconceptions is that traffickers target victims they do not know. Many survivors have reported that they have been trafficked by romantic partners, their parents, their uncles, and siblings (The Polaris Project, 2023). According to the U.S. Department of Justice, as of 2023, the top type of sex trafficking recruiter in the United States is familial sex traffickers. Another misconception is that only females can be victims and survivors of sex trafficking. According to the U.S. Department of Health & Human Services (2019), anyone can experience sex trafficking, including men. Traffickers look for anyone who is vulnerable. “Risk factors often include prior history to abuse or sexual violence, generational trauma, poverty, unemployment, and unstable living situations, or homelessness” (U.S. Department of Health & Human Services, 2019, para. 8). Lastly, a large misconception is that victims will be desperate to escape their trafficker and ask for help when they need it. There are many reasons a victim of sex trafficking may not seek help if given the opportunity. This includes feelings of shame, self-blame, intense fear, a formed trauma bond, or even instructions given to them by their traffickers telling them how to behave around others (U.S. Department of Health and Human Services, 2019). Victims also may not self-identify or realize they are a victim of sex trafficking, may not realize they have rights, or may not know of a safe life outside of the world they have been living in (U.S. Department of Health and Human Services, 2019).

Sex trafficking victims and survivors are often not identified properly by law enforcement and health care providers due to lack of training and understanding which directly correlates to the lack of intervention and prosecution of sex traffickers. Shared Hope International, a nonprofit focused on the policies and safe harbor laws in the United States, has given a report card to each U.S. State to highlight the problem areas in each state. These report cards are based on criminal provisions, identification of and response to victims, continuum of care, access to justice for trafficking survivors, and tools for a victim-centered criminal justice response (Shared Hope International, 2023). The state of Iowa received an F grade on the 2022 report card. While Iowa does have a state law that allows for prosecution of traffickers, Iowa fell short in every other category. Iowa also has safe harbor laws that are especially problematic. A safe harbor law grants protection to sex trafficking survivors from the justice system (Green et al., 2019). Iowa's safe harbor law focuses on diversion or diversion programs which allows deferred prosecution if the survivor completes a therapeutic treatment program. However, if not completed, the survivor could still be prosecuted for prostitution and any related charges (Green et al., 2019). This type of law in Iowa makes it more difficult for survivors to come forward or to be identified as traffickers often tell their victims that law enforcement will arrest them as a form of coercion (The Polaris Project, 2023).

On top of sex trafficking survivors not being identified properly by law enforcement and health care providers and there being a lack of intervention, survivors of sex trafficking face a multitude of mental health disorders and the consequences related to experiencing the trauma of being sex trafficked are dire (Yakushko, 2009). Research shows that a majority of survivors are diagnosed with depression, anxiety, and posttraumatic stress disorder (PTSD) and may also suffer from secondary psychological issues such as drug and alcohol abuse or substance abuse

disorder (Levine, 2017). These mental health disorders often require some type of therapeutic intervention, and the therapy process could last years. While there are a multitude of mental health services available, how many of these services have been trained or are specific to meet the needs of sex trafficking survivors? To help sex trafficking survivors heal and thrive, it is imperative to know what mental health resources are available for them to access (Litman, 2017). This study will explore support services in mental health care for survivors of sex trafficking.

Purpose of the Study

The purpose of this study is to explore the support services in mental health care for survivors of sex trafficking. Specifically, this study will examine the mental health consequences of sex trafficking. Additionally, this study will examine what long- and short-term interventions are in place for sex trafficking survivors. The study will also look at what therapy treatments and mental health treatment programs are recommended for sex trafficking survivors. Lastly, this study will explore any current resources in place for sex trafficking victims and survivors.

Research Questions

Several research questions have been formulated to guide this research. The following questions are offered to guide this study:

1. What are the mental health consequences that sex trafficking survivors face?
2. What short- and long-term mental health interventions are in place for sex trafficking survivors?
3. What are the recommended therapy treatments and mental health programs recommended for sex trafficking survivors?
4. What types of resources currently exist for sex trafficking victims and survivors?

Significance of Study

The author of this study is a survivor of familial sex trafficking and prolonged severe mental, physical, and sexual abuse and has undergone lengthy and intense trauma therapy and treatment to be able to live a healthy and full life. Trauma therapy and treatment had a significant impact on the author even though it was not easily accessible. The author of this study intends to earn their PhD in Psychology and go on to treat sex trafficking survivors and combine their Master of Arts in Nonprofit Development to help train other mental health care providers in how to properly treat sex trafficking survivors.

Reviewing the types of mental health services available to sex trafficking survivors can help health care professionals when determining treatment plans, therapy modalities, and programs to assist sex trafficking survivors. The results of this study will offer insight into what types of mental health services are accessible to sex trafficking survivors and how accessible those services may be. This study may help mental health care professionals determine which therapy modalities, treatment plans, and programs may best help sex trafficking survivors. The overview of the mental health services available may assist future nonprofit and healthcare organizations when creating treatment options and programs for sex trafficking survivors.

This study is important because sex trafficking has become a major epidemic in the United States, and it is imperative to ensure that healthcare providers are properly trained to identify trafficked people and provide proper assistance to those who are rescued or escape sex trafficking. There are various mental health consequences a sex trafficking survivor faces and knowing the best way to treat those consequences may help aid a trafficked survivor immensely.

Chapter 2

Introduction to Literature Review

Survivors of sex trafficking face a multitude of physical and mental disorders and consequences (Levine, 2017). The purpose of this study is to explore the support services in mental health care for survivors of sex trafficking. Specifically, this study will examine the specific types of therapies and mental health treatment programs recommended for sex trafficking survivors. Furthermore, this study will examine what long- and short-term interventions are in place for sex trafficking survivors. The study will also look at what therapy treatments and mental health treatment programs are recommended for sex trafficking survivors. Lastly, this study will explore any current resources in place for sex trafficking survivors.

Chapter 2 provides a review of the relevant literature surrounding the mental health disorders and consequences sex trafficking survivors face, the therapy modalities, treatments, and programs that exist and are suggested to survivors in both short- and long-term interventions, treatment programs that are recommended, and what resources are available to sex trafficking survivors.

The topics mentioned above are the four main sections of the literature review. The first section focuses on what sex trafficking survivors face both as they are being trafficked and after they have survived the prolonged, ongoing trauma, otherwise known as the mental health consequences. This includes six citations. The second section focuses on short- and long-term mental health interventions that are in place for sex trafficking survivors. This section contains seven citations. The third section focuses on therapy treatments and mental health programs for survivors of sex trafficking. This includes seven citations. The final section focuses on resources

available to sex trafficking survivors. This includes three citations. Table 1.1 is split into four sections to show a visual representation of the literature review.

Table 1.1

Literature Review Sources

Focus Areas	Sources
Mental Health Consequences	Casassa, Knight, & Mengo, 2022; Marburger & Pickover, 2020; Levine, 2017; Hardy, Compton, & McPhatter, 2013; Yakushko, 2009; Clawson, Salomon, & Grace, 2008.
Short- and Long-Term Interventions	Salami, Gordon, Coverdale, & Nguyen, 2018; Hopper & Gonzales, 2018; Levine, 2017; Litman, 2017; Greenbaum, Dodd, & McCracken, 2015; Hossin, Zimmerman, Abas, Light, & Watts, 2010; Bradley, 2008.
Therapy Treatments and Mental Health Programs	Coverdale, 2020; Salamai, Gordon, Coverdale, & Nguyen, 2018; Hopper & Gonzales, 2018; Levine, 2017; Powell, 2017; Hossin, Zimmerman, Abas, Light, & Watts, 2010; Clawson, Salomon, and Grace, 2008.
Resources	Levine, 2017; Litman, 2017; Yakushko, 2009.

Mental Health Consequences

Survivors of sex trafficking struggle with both physical and mental illness (Levine, 2017). Most survivors have been diagnosed with a multitude of mental disorders including depression, anxiety, posttraumatic stress disorder (PTSD) or a more severe diagnosis of disorders of extreme stress (DESNOS) which is also known as complex posttraumatic stress disorder (cPTSD) (Levine, 2017). Complex trauma is a term that refers to chronic or an increased exposure to trauma and often begins during important development periods. Complex posttraumatic stress disorder symptoms include emotional impulsivity, non-suicidal self-injury, aggression, disassociation, depersonalization, feelings of low-self-worth and hopelessness, headaches, stomach pain, and changes in relationships (Marburger & Pickover, 2020).

According to Levine (2017), many survivors of sex trafficking often are additionally diagnosed with secondary psychological issues including alcohol and drug abuse or substance abuse disorder along with comorbidity of physical illnesses. Physical illnesses can take a psychological toll on the survivors as well. Yakushko (2009) states that survivors of sex trafficking encounter many of the same symptoms that have been reported by those who have been tortured. These symptoms can include but are not limited to “psychosomatic reactions, psychological reactions, psychoactive substance abuse and dependence, social reactions and psychophysical consequences of STDs or physical injuries” (Yakushko, 2009, p. 161). Survivors also feel emotions that can range from fear, guilt, rage, sense of betrayal, distrust, helplessness, shock, suspicion and feeling lost (Yakusko, 2009). Yakusko (2009), also states that survivors may experience “a sense of apathy/resignation, extreme forms of submissiveness to any authority, maladaptation in all social situations, and loss of personal initiative or autonomy” (p. 161). Survivors additionally can turn to self-medication through substances and are much more likely to inflict self-harm or to commit suicide.

Research shows that many sex trafficking survivors come from families with a high genetic disposition for depression, schizophrenia, and/or substance abuse/drug usage. Sex trafficking survivors are often immersed in a cycle of violence such as crime, drug abuse, and poverty that has a negative impact on consequences and mental health according to Levine (2017). Additionally, many sex trafficking survivors experience a variety of mistreatment prior to being trafficked. This includes childhood physical abuse, psychological abuse, sexual abuse and neglect (Marburger & Pickover, 2020). These occasions of early abuse can leave an individual more vulnerable to trafficking or other forms of revictimization. While a sex trafficking survivor does not need to come from a background of violence or have mental illness

run in their family, it may contribute to the mental consequences they face due to the prolonged trauma they survived.

As stated above, sex trafficking survivors face physical consequences that are also associated and exacerbate mental illness. Levine's (2017) study found

Skin and hair may show evidence of cigarette butts, attempts of self-harm, rashes, evidence of intravenous drug use, vitamin deficiency, bruising from physical abuse and infectious diseases such as tuberculosis or lice. The teeth need to be examined for dental cavities and poor overall genital hygiene; methamphetamine and bulimia scar teeth too. Although survivors of sex trafficking can be malnourished, obesity may be present, and this should not dissuade a clinician from concern. Gynecological issues include evidence of sexually transmitted diseases (STD's), cervical dysplasia, non-menstrual vaginal bleeding, vaginal pain, dysuria (painful urination), dyspareunia (painful intercourse), traumatic scarring and ovulatory failure. The cardiovascular system can be impacted by hypertension and ischemic disease. In addition, survivors of sex trafficking with mental illness may have concomitant chronic pain syndromes, dizziness, fainting and fibromyalgia. Immune function may be impaired not only because of HIV but also because of malnutrition. Hepatitis B and C need to be screened for (p. 5).

The physical consequences of sex trafficking are expansive, often life-threatening, and exacerbate the mental health consequences sex trafficking survivors face. According to Levine (2017), the consequences do not end in the hospitals as survivors may continue to have drug, tobacco and/or alcohol abuse, and survivors often face stigmatization, are prone to become victims of violence again and are more likely to engage in criminal activity. Sex trafficking

victims go through an unimaginable amount of both physical and mental abuse during the years they are actively trafficked, and they suffer through ongoing and horrific trauma.

In addition to experiencing both horrific physical and sexual violence, according to Clawson et al., (2008), victims and survivors often experience many levels of trauma which includes “psychological damage from captivity and fear of reprisals if escape is contemplated, brainwashing, and for some, a long history of family, community, or national violence,” (p. 2). The emotional effects of trauma can be persistent, devastating, and long-lasting. Survivors of sex trafficking might suffer from anxiety, panic disorder, major depressive disorder, substance abuse disorder, and eating disorders as well as a comorbidity diagnosis or a mixture of these disorders. With some survivors, the trauma was instigated by someone they knew and trusted which results in an extensive mistrust of others and their potential motives. Trauma can make the job of first responders, emergency department personnel, mental health workers and those trying to help difficult as a sex trafficking survivor may not trust the person trying to provide help (Clawson et al., 2008).

With some survivors, the trauma results in posttraumatic stress disorder (Clawson et al., 2008). Posttraumatic stress disorder was a disorder originally classified for war veterans and disaster victims and is now applied to survivors of other traumas, including trafficking survivors (Clawson et al., 2008). For people who struggle with posttraumatic stress disorder, the symptoms include “intrusive re-experiencing of the trauma (e.g. flashbacks, nightmares, and intrusive thoughts, avoidance or numbing of trauma-related, or trauma-triggering, stimuli (e.g. avoiding certain places, people, and situations) and hyper arousal (e.g., heightened startle response, and inability to concentrate)” (Clawson et al., 2008, p. 3). Post-trauma response can cause problems with functioning, including difficulties regulating emotions, suicidal ideation and self-injurious

behaviors, dissociation, and increased risk taking. For some sex trafficking survivors, utilizing alcohol and drugs to escape these emotional states is frequent (Clawson et al., 2008).

It is not uncommon to see in sex trafficking that survivors and their traffickers form a bond. This “trauma bond” (Casassa et al., 2022, p. 970) is noted as one of the many negative consequences of sex trafficking. A trauma bond is an emotional attachment formed between a victim and their abuser or captor. Trauma bonds occur in a multitude of exploitative relationships. (Cassassa et al., 2022). The trauma bond shows a dichotomy between control and dependency, admiration, deep feelings of gratitude from the victim toward the abuser, and ultimately fear (Cassassa et al., 2022). For a trauma bond to transpire, there are four conditions needed. There needs to be a perceived threat to one’s safety and survival, physical and psychological, at the hands of the abuser. There needs to be perceived kindness from the abuser. There needs to be isolation and lastly, there needs to be the inability to escape. All four of these conditions are often found in the relationship between sex trafficking victim and trafficker, making it unsurprising a trauma bond forms (Cassassa et al., 2022). It is imperative to help sex trafficking survivors break the trauma bond they feel with their traffickers. A survivor may feel it is necessary to protect the trafficker due to the bond that has formed (Hardy et al., 2013). The trauma bond also helps sustain survivors' physical, emotional, and mental victimization and impacts the survivors’ sense of safety, well-being, potential participation in the legal process, and use of services and other resources.

Short- and Long-Term Interventions

Early detection of sex trafficked victims and survivors is imperative so they can be properly identified, protected and treated for their physical and mental health. According to Levine (2017), The Polaris Project, a nonprofit, has identified a list of risk factors that indicate if

a person is at risk for being sex trafficked. These criteria have been and are being used to help identify potential victims by truck drivers, police, and health care workers.

Figure 1

Polaris Project. General indicators that a person may be at risk of being sex trafficked.

- Age < 18 years old
- Multiple sexual partners
- Multiple sexually transmitted diseases
- Inappropriate attire [e.g. lingerie]
- Tattoos or branding
- Sexual abuse, genital trauma
- Lack of official identification
- Vague answers to questions
- Inconsistencies in story
- No eye contact
- No control of money [some one else controls]
- Malnourishment
- Signs of physical abuse:
 - burns
 - bruises
 - broken bones
- Signs of Depression or, Post Traumatic Stress Disorder
- Drug/alcohol addiction

Note. This figure was produced by The Polaris Project summarizing the identified list of risk factors that indicate a person is at risk for being sex trafficked. From “Mental health issues in survivors of sex trafficking” by J. A. Levine, 2017, *Cogent Medicine*, 4(1), p. 5. Copyright 2017 by Cognet Medicine.

The most important facilities to intercept and start intervention on sex trafficking victims and survivors are health care facilities as medical assistance is most often necessary to keep a sex trafficking victim able to work. Greenbaum et al. (2015) came up with six questions to identify if a person, particularly minors, is at risk of or is being sex trafficked.

- 1) Is there a previous history of drug and/or alcohol use?
- 2) Has the youth ever run away from home?

- 3) Has the youth ever been involved with law enforcement?
- 4) Has the youth ever broken a bone, had traumatic loss of consciousness, or sustained a significant wound?
- 5) Has the youth ever had a sexually transmitted disease?
- 6) Does the youth have a history of sexual activity with more than 5 partners? (p. 35)

When the patient answers yes to four or more questions, “the positive predictive value for being sexually exploited is 88% and the negative predictive value, 88%” (Greenbaum, et al., 2015, p. 35).

Survivors of sex trafficking have lost their identities, had their self-esteem ruined, and have experienced horrendous physical and psychological abuse. Survivors have many immediate, short- and long-term needs that must be addressed to help assist resiliency and healing. Immediate needs include “ensuring safety, medical care, food, shelter, clothing, and counseling; and acquiring identification, language interpretation, and legal and immigration assistance” (Hopper & Gonzalez, 2018, p. 17). Once a sex trafficking victim has been identified by a healthcare provider, Levine (2017) recommends they be separated from anyone who accompanied the patient, the victim is spoken to directly, is asked questions to ascertain if the victim is independent (i.e. has control of their money and identification), and the provider should assess the patient’s mental health status, especially their risk for suicide. Lastly, protective services, law enforcement, and any other support services should be contacted.

Short-Term Interventions

Once a victim is identified, a mental health plan needs to be developed. Early intervention is imperative as psychiatric issues can be life threatening such as suicidal ideation. Additionally, underlying psychiatric disorders such as alcohol and drug abuse need to be treated

and observed as withdrawal can have health consequences, including death. General health issues need to be monitored closely as well.

All communication and treatment with the survivor should be trauma informed. According to Levine (2017), the communication style should be open, honest, safe, dependable, confidential, reassuring, knowledgeable, and non-judgmental. It is important to make sure the survivor feels safe at all times. Health professionals who treat survivors of sex trafficking should follow a set of general rules and principles. The general rules and principles are as follows. It is important to acknowledge the trauma. Explore the trauma at the survivor's pace. Explore the survivor's self-identity to avoid any re-victimization or stigmatization. Participate and assist the survivor with setting new life goals and helping them plan to meet those goals. Set in place continued mental health support and general health care. Encourage good quality sleep, physical activity and nutrition. Help the survivor reframe their experiences to identify their positive attributes and recognize their accomplishments. Establish support for life skills such as financial intelligence, healthy recreation and maintaining healthy relationships (Levine, 2017). Once the survivor has stabilized medically, a longer-term mental health treatment plan can be created.

Long-Term Interventions

A long-term mental health plan is crucial for sex trafficking survivors to have an opportunity to heal from the long-term trauma they endured. According to Levine (2017), there are no clinical trials or data that identify the best therapy modality or mental health treatment for survivors of sex trafficking. Therapists working with sex trafficking survivors should be prepared to utilize a variety of trauma-informed interventions and prioritize safety as the foundation for working with survivors to eliminate risks of self-harm, develop trustworthy relationships, overcome potential challenges, promote wellness and remove themselves from

potentially dangerous situations (Yakushko, 2009). The hope is for therapists to help survivors redefine their life's pasts and build their futures.

While there are a variety of therapy modalities for therapists to choose from, the most commonly used treatment trauma-based therapy is cognitive based therapy (CBT). Cognitive behavioral therapy typically entails 12 to 20 structured sessions and teaches patients coping skills, trauma narration, trauma processing, trauma consolidation and closure (Levine, 2017). Survivors can benefit from cognitive behavioral therapy due to their internalization of derogatory labels or believing public stigmatization and beliefs about oneself. Therapists working with trafficked clients can assist with identifying, challenging and reframing these derogatory labels and help decrease feelings of shame, guilt, and anger that comes with being a survivor of sex trafficking (Litman, 2017).

While there does not seem to be one clear therapy modality that will work best for sex trafficking survivors, there are many different options. Litman (2017) has multiple in-depth suggestions including creative interventions and group counseling on top of cognitive behavioral therapy. According to Litman (2017), creative-based interventions can be influential for sex trafficked patients as it provides opportunities for clients to make choices. When someone is sex trafficked, all control is taken away from them, and a newfound sense of control and opportunity to make choices can be overwhelming and difficult. Creative interventions can also help patients to reframe their ideas, externalize and feel their emotions, shift their perspectives, and gain a deeper understanding of the trauma they have endured (Bradley et al., 2008). While there is no research or clinical data showing that creative interventions help sex trafficking survivors, according to Litman (2017) there is a great deal of experiential support and research for patients who present with trauma. Art therapy, one creative intervention, has been shown to be a

constructive tool when working with clients who present with depression, posttraumatic stress disorder, anxiety, grief and loss, emotional disturbances, low self-confidence, and any feelings of guilt and shame (Litman, 2017). These creative interventions can help clients reframe their ideas, shift their perspectives, externalize their emotions and gain a deeper understanding of the events they have experienced (Litman, 2017). According to Litman (2017), survivors who struggle to find the words to describe the trauma they have experienced, might prefer creative interventions as a means of expression. Therapists can add the use of creative therapies, such as using different art mediums, to help support survivors to encourage openness while also providing a sense of structure and safety. According to Litman (2017), future areas of research are needed to determine the successes of creative interventions specifically to clients with a history of sex trafficking.

Another source of therapy to provide to survivors is group counseling or group therapy. Group counseling can help survivors build a sense of community and build support for those who have shared a similar lived experience. According to Litman (2017), peer support is a critical component for treatment since “bearing witness to the similar lived experiences of others provides a unique dimension of support and sense of universality” (p. 55). Therapists who work with sex trafficking survivors might focus on various treatment goals including “feeling identification, establishing safety, addressing substance abuse, countering internalized stigma and labels, providing psychoeducation and stigmatizing topics within a group setting” (Litman, 2017, p. 55). It is imperative for those who have experienced trauma to know they are not alone and that they are not the only ones with this lived experience. Survivors of sex trafficking often believe that they are the only ones who were trafficked whether it be by family, were trafficked by their partners, or that they have engaged in survival sex, when those are the most common

ways a person is trafficked (Litman, 2017). By addressing shame in the group setting, Litman (2017) says it allows sex trafficking survivors to recognize the commonality of their experience, build a relationship with their peers and grow trust, especially in group settings.

Cognitive processing therapy (CPT) and prolonged exposure therapy (PE) are interventions used for trauma survivors. Both of these therapy modalities have been found to be effective treatment for posttraumatic stress disorder. Cognitive processing therapy is a form of cognitive behavioral therapy and utilizes “cognitive restructuring techniques” (Salami et al., 2018, p. 89) to change maladaptive thoughts about oneself and the world in which they developed due to a trauma experience. Prolonged exposure therapy is used to alleviate distress due to trauma through “a habituation process,” (Salami et al., 2018, p. 89), where survivors are repeatedly exposed to both “internal (e.g., thoughts) and external (e.g., places) stimuli” (Salami et al., 2018, p. 89), that remind them of traumatic event(s). Avoidance of trauma sustains posttraumatic stress symptoms as survivors will never fully process their trauma experience. Cognitive processing therapy and prolonged exposure therapy assist to change maladaptive thoughts and posttraumatic stress symptoms and help survivors process trauma.

Survivors of sex trafficking often experience substance abuse in addition to trauma and mood disorders. Sex trafficking victims may develop substance dependence either as a means of coping with the trauma or their traffickers may have utilized substances to enslave and control their victims (Salami et al., 2018). For survivors who have simultaneous substance use and posttraumatic stress disorder, Salami et al., (2018) suggests designing or adapting cognitive modalities such as cognitive processing therapy to alleviate trauma and substance use studies. Some survivors may benefit from therapeutic interventions focused solely on substance use such as motivational enhancement therapy or twelve-step programs (Salami et al., 2018).

A range of other alternate therapies have been used to treat sex trafficking survivors. These have included “art therapy, narrative exposure therapy, music therapy, equine therapy, and eye movement desensitization and reprocessing therapy (EDMR)” (Levine, 2017, p. 7). However, there have not been any clinical trials or data that show the effectiveness of these therapies.

Therapists may experience feelings of extreme frustration and helplessness while working with sex trafficking survivors. According to Litman (2017), an intervention and therapy modality specific to sex trafficking survivors has not yet been decided. While a small amount of research exists on the physical health consequences associated with sex trafficking, there has been limited research explored on the mental health consequences of sex trafficking (Levine, 2017; Litman, 2017). According to Hossain et al., (2010) current treatment is borrowed from evidence-based interventions created for posttraumatic stress disorder and survivors of domestic violence, slavery, and captivity. However, according to Levine (2017), emerging research suggests that posttraumatic stress disorder is an inadequate way to define the repeated traumatic exposure that sex trafficking survivors have endured. The symptoms sex trafficking survivors face may fit better under complex posttraumatic stress disorder. Cognitive behavioral therapy may be inadequate to treat survivors suffering from complex posttraumatic stress disorder (Levine, 2017). However no clinical trials or data have been conducted to explore this theory further.

Therapy Treatments and Mental Health Programs

Survivors of sex trafficking often indicate they wish to receive therapy, especially as their sense of safety and normalcy is reestablished and they stabilize (Yakushko, 2009). Survivors who received therapy have reported a positive outcome which include “a stronger feeling of self

and a feeling of growing strength from having survived the trafficking and coping with the aftermath” (Yakushko, 2009, p. 162)

While there have been no direct services or treatment centers identified specifically for sex trafficked survivors, research suggests that any type of treatment given should be trauma informed and a trauma specific service (Clawson et al., 2008). Trauma informed services include two distinctly different things. According to Clawson et al., (2008), to be trauma informed means to know the history of your client’s past and potentially ongoing abuse of your client. Trauma informed care is fundamental and should incorporate survivor safety, a commitment to empowerment, and an understanding of the impact of these traumatic events (Salami et al., 2018). Trauma informed also means to understand the role that “violence and victimization play in the lives of most consumers of services” (Clawson et al., 2008, p. 6) and let services be delivered in a way that will allow the client to participate fully in treatment.

Trauma informed services are developed to treat primary problems other than trauma such as depression, substance abuse, or anxiety by “building capacity where survivors of trauma are present” (Clawson et al., 2008, p. 6) such as accessing homeless shelters, substance abuse treatment programs, mental health programs, and medical programs (Clawson et al., 2008). Trauma informed services are devoted to providing services in a way that is welcoming and appropriate to the needs of trauma survivors. Both identifying survivors and the treatment of their trauma can be improved by having trauma informed services provided (Clawson et al., 2008). However, not all medical centers, mental health programs, or other services are necessarily trauma informed (Clawson et al., 2008).

Trauma specific services are most likely to be found within specialty mental health programs or providers who have been trained specifically in trauma. Usually, these programs or

providers are accessed by a referral. A variety of trauma specific techniques are in the wheelhouse of these providers and programs. Posttraumatic stress disorder symptoms may have stemmed from trafficking or pretrafficking events that might have increased the survivor's vulnerability of being trafficked. According to Salami et al., (2018) if a survivor suffers from multiple traumas, both therapist and survivor should collaborate to determine the most traumatic event for the survivor. Focusing on the most traumatic event will allow the survivor to learn coping skills to help decrease any ongoing trauma symptoms. This practice will also help survivors practice and learn to manage trauma symptoms related to any other traumatic events (Salami et al., 2018). Some methods include "grounding techniques to help manage dissociative symptoms; desensitization therapies to help make painful images more tolerable; and certain behavioral therapies which teach skills for coping with post-trauma effects" (Clawson et al., 2008, p. 7). These therapies can be implemented either individually or in a group setting and very often are added in other approaches and therapy modalities.

Additionally, therapists should include four essential practices when working with sex trafficking survivors. These practices include ensuring safety and confidentiality, trauma-informed care, completing a comprehensive needs assessment, and providing holistic case management that includes physical and mental health. Therapists should conduct a needs assessment to identify any physical, emotional, and spiritual needs of a survivor. Survivors often are resistant to seeking assistance from mental health providers due to fear of physical violence and threats from their traffickers if they divulge the abuse. Due to this, therapists should create a survivor-centered approach and are recommended to acknowledge and validate the survivor's experience, build safety and trust, and give the survivor back their control. (Hopper & Gonzalez, 2018).

Therapists can assist survivors with goals outside of the standard therapy role. Therapists can team up with other providers in examining the social and cultural influence of trauma (Yakushko, 2009). Therapists can also provide survivors “with a place to discuss their fears or hopes of re-connection with their families and cultural communities as well as what their trauma means within their cultural framework” (Yakushko, 2009, p. 164). Trained substance abuse therapists can address the effects of addiction, which some survivors have experienced due to being trafficked, either because of forced use of substances or later, because of an attempt to self-heal. According to Yakushko (2009), trained counselors may also assist with career guidance. They can aid survivors with the important steps of establishing their social and financial independence, which can help protect survivors from the possibility of being re-trafficked.

Research also shows that therapists should work alongside inter-disciplinary teams that include social workers, emergency room and primary care physicians, community advocates and law enforcement. By working as part of an inter-disciplinary team it will increase victim and survivor identification and ensure safe placements into the appropriate community settings such as hospitals, sexual assault centers, outpatient clinics and shelters (Salami et al., 2018).

When it comes to direct services and treatment centers, Yakushko (2009), notes that services for survivors can be approached either as assistance to someone who survived torture or as a victim of domestic abuse. There are no centers specific to sex trafficking victims or survivors and often victims and survivors of sex trafficking are serviced by organizations such as domestic violence shelters or refugee assistance programs (Yakushko, 2009). However, Yakushko (2009), notes that as the number of survivors is reaching “epidemic proportions “(p. 164), mental health services specific to trafficked survivors may significantly help aid in healing and re-integrating survivors into society. Mental health providers could be the key in addressing

the needs of sex trafficking survivors both separately and as part of an inter-disciplinary team (Yakushko, 2009).

Resources

Fewer resources and services exist for sex trafficking survivors than for victims of any other crime (Litman, 2017). Current guidelines for assistance highlight the significance of psychological help. Although psychological rehabilitation is stated to be vital and frequently highlighted as being important to survivors' healing, it often receives minimal attention and resources (Yakushko, 2009). Existing guidelines focus mainly on law enforcement, and humanitarian and social agencies who are seeking to provide survivors with basic needs, such as safety and shelter, as well as legal and economic resources (Yakushko, 2009), which is also important.

Therapists and health care workers should connect sex trafficked survivors to any necessary social supports, which can include “case management services, safe and stable housing, and services aimed at supporting the successful reintegration of clients into the community through education and job training,” (Litman, 2017, p. 56). This will assist survivors with reintegrating back into the community.

Chapter 3

Synthesis and Key Findings

While the literature does not give a clear picture as to which therapy modality or treatment is best for a sex trafficking survivor, the research shows that what a sex trafficking survivor endures is traumatic and has a long-lasting effect on the psyche. A sex trafficking survivor is often diagnosed with depression, anxiety, and posttraumatic stress disorder or complex posttraumatic stress disorder and often experiences comorbid diagnoses with substance abuse disorder, eating disorders, self-injurious behaviors, and severe physical health problems (Levine, 2017). Left untreated or ignored, survivors will have a difficult time with their daily lives and may even go back to sex trafficking or their abusers.

Throughout the literature, it is agreed that therapy is necessary for those in recovery from the trauma of sex trafficking. However, there is no consensus on which therapy modality or treatment is best for sex trafficking survivors and each researcher states that clinical studies need to be gathered. Levine (2017) and Litman (2017), both state that cognitive behavioral therapy may be the best modality for sex trafficking survivors as this therapy helps survivors develop coping skills and work on changing their negative (and possible inaccurate) thoughts and feelings. Litman (2017) has other suggestions for therapy including art therapy and group counseling. Levine (2017) briefly mentions art therapy, equine therapy, narrative exposure therapy, music therapy, and eye movement desensitization and reprocessing therapy as types of therapies for sex trafficking survivors, however, Levine does not go into further detail about these therapeutic modalities. Salami (2018) writes about the benefits of cognitive processing therapy and prolonged exposure therapy for those who suffer from posttraumatic stress disorder. Clawson et al., (2008), makes the argument that any type of treatment for sex trafficking

survivors should be trauma specific. Despite all these suggested modalities, no decision is made on which modality might be best for sex trafficking survivors. Due to the lack of studies that do not show any quantitative data, it is difficult for any mental health practitioner to know the best approach to take when working with a sex trafficking survivor. The research also shows there is little to no resources specifically for sex trafficking survivors and that survivors are often placed in domestic violence or refugee services (Yakshuko, 2009).

Implications of Practice

It is important in the upcoming years, as the sex trafficking epidemic continues to grow and affect people living within the United States, that clinical research psychologists begin to lead research and clinical trials on the various therapy modalities and determine which type of therapeutic treatments survivors respond to and prefer. There will never be a perfect answer to this issue, and it will always be evolving. With psychology there is never one answer that fits all and what may work for one survivor may not work for another. That is the frustrating reality of psychology and this work.

As stated above, some of the most explored and suggested therapy modalities for sex trafficking survivors is cognitive behavioral therapy. While cognitive behavioral therapy has its merits and place in treatment, it is in my opinion that cognitive behavioral therapy would not be the best therapy modality to pursue in treatment with sex trafficking survivors. While nowhere in the research supports this, in my opinion, the number one therapeutic method mental health professionals should utilize is dialectical behavioral therapy (DBT). Dialectical behavioral therapy is useful in treating mood disorders, suicidal ideation, and maladaptive coping skills such as self-injurious behaviors or substance abuse, and interpersonal conflicts. The difference between cognitive behavioral therapy and dialectical behavioral therapy is fairly simple.

Cognitive behavioral therapy focuses on changing thoughts and feelings. While dialectical behavioral therapy also focuses on thoughts and feelings, it focuses more on regulating emotions, mindfulness, acceptance, and distress tolerance. In my own experience undergoing extensive trauma treatment, dialectical behavioral therapy was more helpful as it not only taught me to handle my thoughts and feelings, but also gave me numerous and vital coping skills that I still utilize. With cognitive behavioral therapy, I was taught to identify feelings or emotions and then change those thoughts or feelings. I often refer to cognitive behavioral therapy as gaslighting yourself. Changing the thought or feeling does not get rid of it, and as the research shows, sex trafficking survivors experience a wide range of negative emotions from shame to guilt, about their experience. Cognitive behavioral therapy does not give the patient the tools to deal with the thoughts or feelings and where they are coming from and deeply rooted in, making it difficult to truly learn how to cope and make progress on healing. Dialectical behavioral therapy helps the patient deal with the thoughts or feelings and teaches them vital coping skills to manage throughout the healing process.

Another therapy modality I would suggest is radically open dialectical behavioral therapy (RO DBT). Nowhere in the literature supports this, however, radically open dialectical behavioral therapy is a newer therapeutic method and is a sibling to dialectical behavioral therapy. Radically open dialectical behavioral therapy is for overcontrolled individuals or someone who struggles with perfectionism and maladaptive self-control. Radically open dialectical behavioral therapy is beneficial to patients who suffer from chronic depression, chronic anxiety, and anorexia. This is another therapeutic modality that benefited me greatly in my trauma treatment. I am an extremely overcontrolled individual and while not every sex trafficking survivor may fit into the overcontrolled personality, some survivors would. Radically

open dialectical behavioral therapy focuses on openness, flexibility, and social connectedness. Often when sex trafficking survivors first re-enter the world post-trauma, they struggle extremely with control and trust which would affect their openness, flexibility, and social connectedness. Radically open dialectical behavioral therapy would help survivors grow and build on their openness, flexibility, and social connectedness.

The last therapy modality I would suggest is acceptance and commitment (ACT) therapy. In acceptance and commitment therapy, the patient learns to utilize acceptance and mindfulness, alongside commitment to work through thoughts and feelings without judgment. Acceptance and commitment therapy was the third therapeutic method I was taught to utilize while in trauma treatment and it was another great benefit to myself. In acceptance and commitment therapy, the patient is taught a multitude of core principles to help work through maladaptive thoughts and feelings, including cognitive diffusion, acceptance, focusing on values, and committed action and goals to help the patient live a life that matches their values. The principles taught in acceptance and commitment therapy can be used for the rest of the patient's life and would be beneficial to sex trafficking survivors as the mental consequences of the trauma they have endured will most likely never fully disappear. Survivors would learn how to work on the thoughts they experience in a way that moves them towards healing.

In the research Salami (2018), briefly mentions other types of therapeutic modalities such as eye cognitive processing therapy or prolonged exposure therapy and Levine (2017) mentions eye desensitization movement and reprocessing treatment and narrative exposure therapy. These are types of therapeutic methods used to treat posttraumatic stress disorder or complex posttraumatic stress disorder which sex trafficking survivors offer suffer with. However, it is my opinion, that a survivor of any type of trauma but especially sex trafficking, would not be ready

for these types of methods, especially after having just escaped their trafficker and some may never be ready for these types of intense methods. Eye desensitization movement and reprocessing treatment involves a method where patients move their eyes a specific way while processing any traumatic memories. In narrative exposure therapy, the patient is asked to describe their traumatic experiences and relieve the emotions and feelings without losing their connection to the present. All four of these modalities are extremely intense and to participate in these intense methods, the patient needs to be stable and have learned coping skills and grounding techniques, as these more intense types of modalities can be destabilizing. It can take years for survivors to build up these skills and techniques. Once stabilized, a sex trafficking survivor can explore these therapy modalities with their therapist or team.

Creative interventions and group therapy are suggested in the literature by Litman (2017), and I agree these two types of therapies would be beneficial to sex trafficking survivors. While these two types of therapies would not be the main modality used, both would be good ways to supplement therapy. Creative interventions such as art therapy would give the survivor a chance to express themselves in a way other than speaking with someone about their trauma. Utilizing creating interventions not only would give the survivor back control by allowing them to pick the medium in which they are creative, but it also gives the survivor space to express and process the trauma they have experienced in a way that may feel safer to them. Group therapy, while difficult to participate in, would provide several benefits to sex trafficking survivors. It would give the survivor a chance to practice opening up to others and it would be an outlet to practice trust with those individuals in group. Group therapy would also give survivors a place to feel less alone. Often sex trafficking survivors feel they are the only ones who have been trafficked or trafficked in a specific manner. By being in a group of people with lived experiences, survivors

can learn and see that they are not alone in what they have been through and in the process of healing.

While dialectical behavioral therapy, radially open dialectical behavioral therapy, and acceptance and commitment therapy are the three therapy modalities I suggest, there are many modalities that have not even been mentioned or explored with sex trafficking survivors. One therapy modality may not be the answer for a survivor or in my case, the combination of three modalities may produce the best result. Ultimately, each survivor is different and there is no one size that fits all approach when it comes to psychology. It is imperative for mental health therapists and psychiatrists to remember this when working with a survivor to let them take the lead with what they need to heal.

When a sex trafficking survivor is identified in the emergency department or other health care facilities, mental health should take as much as a priority as physical health. Much of the focus for survivors is on safety and physical needs, which is extremely important. However, if mental health is also not prioritized, many issues might be missed. Starting mental health treatment once away will yield better results in a survivors healing. Once a sex trafficking survivor is identified and their physical health is stabilized, a psychiatry consult should be called and both a psychiatrist and therapist should be assigned to the survivor as soon as possible. A survivor may need to be put on psychotropic medications and due to how long it takes for these medications to show symptom relief, it is imperative a psychiatrist is brought in on day one. Additionally, a dietitian should be brought in if there is evidence of malnutrition or an eating disorder. Often survivors have not been properly fed by their traffickers, which can lead to both physical and mental health issues. Whether the survivor is malnourished or struggles with an eating disorder, allowing a survivor to go back to eating “normally” could result in refeeding

syndrome. Refeeding syndrome can be fatal and malnourished survivors need to be closely monitored for symptoms. A dietitian can help coordinate this along with the physicians working with the survivor. Lastly, if a survivor has a substance problem, providing support, if wanted by the survivor, via Alcoholics Anonymous or Narcotics Anonymous, is suggested. Depending on what types of drugs the survivor has been taking, medication assistant treatment, (e.g., methadone) should be prescribed if appropriate. If a survivor does not want help in that area, it should not be forced, as people who struggle with substances often will not accept help in that area until they are ready.

It is mentioned multiple times throughout the research that there is no type of treatment center or resources for survivors of sex trafficking. Often survivors are sent to domestic violence centers as a way of treatment (Yakushko, 2008). While there are some survivors whose trafficking situation closely intersects with domestic violence, not every survivor fits that criteria or necessarily would benefit from that type of treatment center or shelter. It is in my opinion, that sex trafficking survivors should not be treated in the same way as domestic violence survivor unless it is otherwise indicated.

In an ideal world, there would be trauma centers specifically for sex trafficking survivors. There are specific treatment centers for eating disorders and those treatment centers break it down even farther by treating anorexia and bulimia together and binge eating disorder separately. There are rehabilitation centers for alcohol, narcotics, and sex addiction. There are treatment centers for survivors of domestic violence. There are treatment centers for mood and anxiety disorders. There are treatment centers for generalized trauma. Lastly, there is even treatment centers for adult sex offenders. However, there is nothing for survivors of sex trafficking. If there were a treatment center or centers for sex trafficking survivors, it could become a haven for

survivors to get their physical and mental needs met holistically, learn coping skills and grounding techniques, work on sobriety if they struggle with substances, regain confidence, slowly re-enter the world, and start healing. While creating a treatment center for sex trafficking survivors would be a mighty task, it would be a beneficial resource for mental health providers when working with sex trafficking survivors.

When it comes to non-mental health centered resources, survivors need access to social services and a social worker trained specifically to help the needs of sex trafficking survivors. A social worker should also be assigned to a survivor while in the hospital and once a survivor is on outpatient, an outpatient social worker should be assigned to the survivor. Many survivors leave their traffickers and do not have access to money, food, housing, or even their identity papers. Social services can help assist with arranging housing, food stamps or other assistance such as applications for disability assistance, and financial and career services. Survivors need assistance to regain independence and not fallback into the trafficking or survival sex cycle out of desperation.

One resource that is potentially not helpful is law enforcement. It is my opinion that no survivor of any type of sexual assault, especially sex trafficking should be forced to talk to law enforcement about what happen. Sex trafficking survivors are going to be untrustworthy of everyone; however, survivors have often been told by their traffickers that law enforcement will never help. Some survivors have even had traumatic run-ins with law enforcement before. Many states, including Iowa, have been known to arrest survivors, especially child survivors, for various crimes including prostitution and to have the charges dropped or expunged from their records, the survivor must enter a diversion program and successfully complete that program. This feeds into the paranoia traffickers have placed in survivors' heads that the police will be of

no help and will arrest survivors. This also further feeds mistrust survivors experience. I am a big believer that survivors of sex trafficking and sexual assault do not owe anyone anything when it comes to reporting the abuse they endured, and it is not a survivor's job or obligation to report. That decision should be made by survivors and in a way that is best for their mental health and wellbeing. If a survivor does choose to speak with law enforcement, it should be someone of the same gender, either assigned female at birth or assigned male at birth. Again, survivors are not going to trust anyone, and it will be more difficult to report if talking to a law enforcement officer of the same gender as their traffickers and abusers. While sex trafficking prosecution needs to happen more frequently, current laws and policies, such as the diversion programs, make it difficult for survivors to come forward. I, unfortunately, have no good solution for this issue. All law enforcement, but especially those that may speak with and help survivors, should be trained and trauma informed.

While policy was not majorly touched on in previous paragraphs or in the research, it is an important aspect surrounding sex trafficking and survivors. When it comes to sex trafficking policy, it is wide and varied from state to state. It is my opinion that all sex trafficking policy and laws should be the same federally. Additionally, not all states have safe harbor laws and some of the states do have less than ideal policies. These safe harbor laws all vary, and some states have fewer safe laws than others. Currently in Iowa, a sex trafficking victim can be arrested for prostitution to make them cooperate with investigations. Again, traffickers often tell their victims that this will happen to them if they tell anyone, especially law enforcement. Often if the survivor is undocumented, they are required to assist law enforcement to obtain a visa. These policies are just ways to revictimize survivors. Undocumented survivors face additional burdens after being sex trafficked which include potentially being blamed by their family due to their

culture. Undocumented survivors should not be forced to participate in prosecution to obtain a visa. These types of laws and policies are not helpful or safe and could prevent future sex trafficking victims and survivors from coming forward.

Lastly, there needs to be universal training about the signs and misconceptions of sex trafficking. A lot of people do not know that sex trafficking could be happening in their neighborhood and that it does not look at all like it is portrayed on television. The misconceptions mentioned at the beginning of this study are widely believed and hinders professionals from potentially spotting signs or symptoms of sex trafficking. All law enforcement needs to be properly trained so they can identify victims and aid in prosecution. Emergency Medical Technicians and firefighters need to be trained as they are both called to scenes of a variety of emergencies including car accidents which could involve sex trafficking victims. Finally, healthcare workers need to be properly trained. Not just emergency room workers but all healthcare workers including urgent clinic workers, specialists, pediatricians, nurses, aides and therapists. All these healthcare workers could easily have contact with a sex trafficking victim. Therapists are most likely to find themselves sitting across from a patient who is a sex trafficking survivor. The survivor may not know or identify as a having been sex trafficked or they may not have ever told anyone. If this were to occur and the survivor opened up, it would be a crucial moment in the survivors' healing and the therapeutic relationship. If a therapist is not properly trained the wrong things could be said or done, causing the survivor to stop trusting the therapist and potentially any future mental health care workers. Most healthcare workers are never given any proper training on sex trafficking which is a massive problem as it causes a lack of intervention and treatment on behalf of the victims and survivors in their care. Universal training should be adopted for all organizations that see patients including hospitals,

treatment centers, and doctor and dentist offices. All healthcare organizations have universal training on multiple other topics such as HIPPA, an active shooter threat, and natural disasters. A sex trafficking training could be developed and implemented across the United States. By doing this, hopefully, identification, intervention and treatment would happen more frequently for sex trafficking victims and survivors.

Suggestions for Future Research

There is already little research or knowledge out there regarding sex trafficking survivors. Of the research that is out there regarding mental health care and sex trafficking, it has all come to the same conclusion that therapy is vital for the survivors. However, none of the research explored in this study had any data-specific suggestions for health care providers. The research also mentioned that no clinical trials or data had been collected in terms of deciding which therapy modalities and treatments are best for survivors.

Imperative next steps would be to gather quantitative data via clinical trials to determine which therapeutic modality would be best for sex trafficking providers. Running clinical trials and gathering quantitative data will give mental health care providers a starting point on how to help and treat a sex trafficking survivor. Researchers should also speak with consenting survivors about what they may want in their therapeutic treatment. Speaking with consenting survivors about their lived experiences will also assist health care workers with what signs and symptoms to look for in potential sex trafficking victims.

Concluding Comments

Sex trafficking is a horrific crime growing to epidemic proportions in the United States. As the numbers of sex trafficking survivors have grown in the United States, mental health care services have not grown to meet the needs of survivors. As a society we are failing victims and

survivors. Research clinical psychologists need to do the research, studies, and work to determine the best mental health treatments and therapy modalities for survivors and create mental health care and resources for sex trafficking survivors.

It is also imperative that universal training is begun with healthcare professionals. These healthcare professionals are the first outside contacts survivors may have and it is imperative healthcare professionals can recognize potential signs and symptoms in victims and survivors. We need to better prepare ourselves to help sex trafficking survivors reintegrate back into society, take their lives back, and begin to heal.

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