

# WHAT YOU NEED TO KNOW

## SEX TRAFFICKING AND SEXUAL EXPLOITATION

### A TRAINING TOOL FOR

# MENTAL HEALTH PROVIDERS

ASU School of Social Work

**Office of Sex Trafficking  
Intervention Research**

**ASU** School of  
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Human Trafficking and terms like “modern day slavery” usually conjure images of young girls being sold to sex tourists in faraway countries. Movies and documentaries often feature scenes of tourists being kidnapped and forced into sexual servitude.

**Human Trafficking is a real problem all over the world, including here in the United States. It defies stereotypes and experts continue to build new knowledge about the issue.**

The sex trafficking market is driven by the laws of supply and demand. As long as there remains a demand for a commercial sex industry, there will remain a supply of individuals willing to profit from its sale.

Sex trafficking is a high profit, low risk business where the commodity, a human body, can be sold repeatedly, unlike drugs or weapons, where the product can only be sold once.

Consequently, those looking to profit will continue to recruit, abduct, and exploit

young people for the purpose of supplying the demand (Harris, 2012).

Although there is limited data to quantify the exact number of human trafficking



often co-occurring with sex trafficking victimization include domestic violence, child abuse and neglect, HIV and other Sexually Transmitted Infections, unwanted pregnancies, unmet preventative healthcare needs, drug and alcohol abuse and addiction (Williamson et al 2009).

### **SEX TRAFFICKING OF MINORS IS A FORM OF CHILD ABUSE.**

According to the National Coalition to Prevent Child Abuse and Exploitation, the sex trafficking of minors is a severe form of child abuse with lasting effects on the health and wellbeing of individuals, family and society (National Plan 2012).

*In 2013, multiple cases of human trafficking were reported all 50 states and Washington, D.C. (Polaris Project, 2013).*

incidences, we know that the sex trafficking of minors happens and has devastating physical and mental health consequences on victimized youth. It can be difficult to detect unless people who interact with victims are trained to recognize the signs.

Sex Trafficking is now being treated as a public health crisis, and has become the source of research and debate across all sectors. Common public health concerns

Young people can be commercially sexually exploited through prostitution, pornography, stripping, erotic entertainment or other sex acts. The commercial aspect of the sexual exploitation is critical to separating the crime of trafficking from sexual assault, molestation or rape (Shared Hope, 2014).

Worldwide, forced sex trafficking generates over \$30 billion a year in profit annually (Belsler, 2012).

**IF YOU SUSPECT  
HUMAN TRAFFICKING,  
CALL THE NATIONAL  
HUMAN TRAFFICKING  
HOTLINE AT  
1-888-3737-888**

In a recent study of Emergency medicine residents, ED attendings, ED nurses, and hospital social workers, only 4.8% felt some degree of confidence in their ability to identify and 7.7% to treat a trafficked patient (Chisolm-Straker, 2012).

## THE MAJORITY OF MENTAL HEALTH PROVIDERS HAVE A LIMITED UNDERSTANDING OF THE ISSUE OF SEX TRAFFICKING AND HOW IT MAY PRESENT WITH THEIR CLIENTS.

### MISSED OPPORTUNITIES

With increased knowledge about the topic, and new screening tools and intervention strategies, you can begin to ask the right questions and help your clients avoid further exploitation and abuse.

### DESPITE CHANCES FOR INTERVENTION, MENTAL HEALTH PROVIDERS CAN EASILY FAIL TO IDENTIFY VICTIMIZED YOUTH.

Vulnerable youth can be lured into prostitution and other forms of sexual exploitation using promises, psychological manipulations, provision of drugs and alcohol, and violence. The trafficker's main purpose is financial gain and will make every effort to establish trust and allegiance by wooing the victim in what feels like a loving and caring relationship.

**TARGETED** Pimps shop for their victims online, in shopping malls, bus stops, at schools, at after school programs, foster homes and other places where teens gather.

**TRICKED** Pimps invest a lot of time and effort in forming a bond with their victim. They often buy gifts, provide a place to stay, and give affection before revealing their true intent to sexually exploit them. Traffickers use a powerful technique pioneered by religious cults known as "love bombing" in which a girl is showered with affection as a means of manipulating her (Dorais & Corriveau, 2009).

**TRAUMATIZED** The pimp's use of psychological manipulation, physical violence and rape can make the victim feel trapped and powerless. The "trauma bond" is very difficult to break and may require intensive long

term treatment and counseling (National Center for Missing and Exploited Youth, 2014).

### WHO ARE THE VICTIMS?

While there is no commonly accepted profile for victims of minor sex trafficking, certain populations are more vulnerable than others.

### HOMELESS, RUNAWAY THROWAWAY, AND FOSTER CHILDREN ARE THE MOST VULNERABLE POPULATION OF YOUTH AT RISK FOR SEX TRAFFICKING (ECPAT USA, 2013).

Pimps/traffickers target runaway or "throwaway" teens or those who are having trouble at home. Runaway and homeless youth are at increased risk for predators as they have few resources, may not be old enough to legally get a job, and are often running away from difficult situations.

It is common for these adolescents to trade sex to meet their basic survival needs of food, clothing or shelter. According to a recent survey of homeless youth in New York, of those engaged in commercial sex, they said they did it for shelter because they needed someplace to stay (Bigelsen, 2013).

How do individuals become victims of trafficking?

- Recruitment by "Romeo/boyfriend" pimps who convince them that they love and care for them
- Kidnapped by "guerilla" pimp and forced into the life
- Gang related prostitution
- A parent or family member pimps their child for drugs or money
- Running away and living on the streets and are forced to exchange sex for survival

You can begin to ask the right questions and help your clients avoid further exploitation and abuse.



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# THERE IS NO SUCH THING AS A WILLING CHILD PROSTITUTE

The Federal Trafficking Victims Protection Act (TVPA) defines the crime of trafficking as the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act where such an act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age. The most important thing to understand from the federal definition is that anyone under the age of 18 who is induced to perform a commercial sex act is automatically a trafficking **victim**.

Across all mental health care settings, from the school counselor to the child welfare agency caseworker, mental health professionals have a unique opportunity to identify, report and assist victims of sexual exploitation and abuse.

Victims are often reluctant to come forward because they have been taught by their victimizer that if they attempt to seek help, no one will believe them, and they will be treated like a criminal and a prostitute (Bigelsen, 2013).

**“A lot of victims of trafficking do not identify themselves as being a victim. Some may feel that they got themselves in this situation and it’s their responsibility to get out.”**

*– Jane, a survivor*

It is helpful to understand that there are many similarities in victimization between domestic

violence and sex trafficking. Victims of sex trafficking and domestic violence tend to hide their situations and both victim groups are hesitant to disclose their victimization in medical or clinical settings (Roe-Sepowitz et al, 2013).

Mental health care providers can apply their knowledge about domestic violence, trauma and sexual abuse to better understand a trafficking victim’s fear and reluctance to leave the relationship, and grasp the severity of mental health consequences.

In addition, common myths and stereotypes about sex trafficking can affect judgment and response. Common myths include “that only happens abroad” or “it was consensual.” The more mental health providers know about this population, including the mindset of a victim, the better equipped they will be to identify victims and focus on prevention strategies.

## Understanding the Mindset of a Victim

VICTIMS OFTEN DO NOT SEE THEMSELVES AS VICTIMS

VICTIMS MAY FEEL SHAME, SELF –BLAME AND FEELINGS OF UNWORTHINESS OF A BETTER LIFE

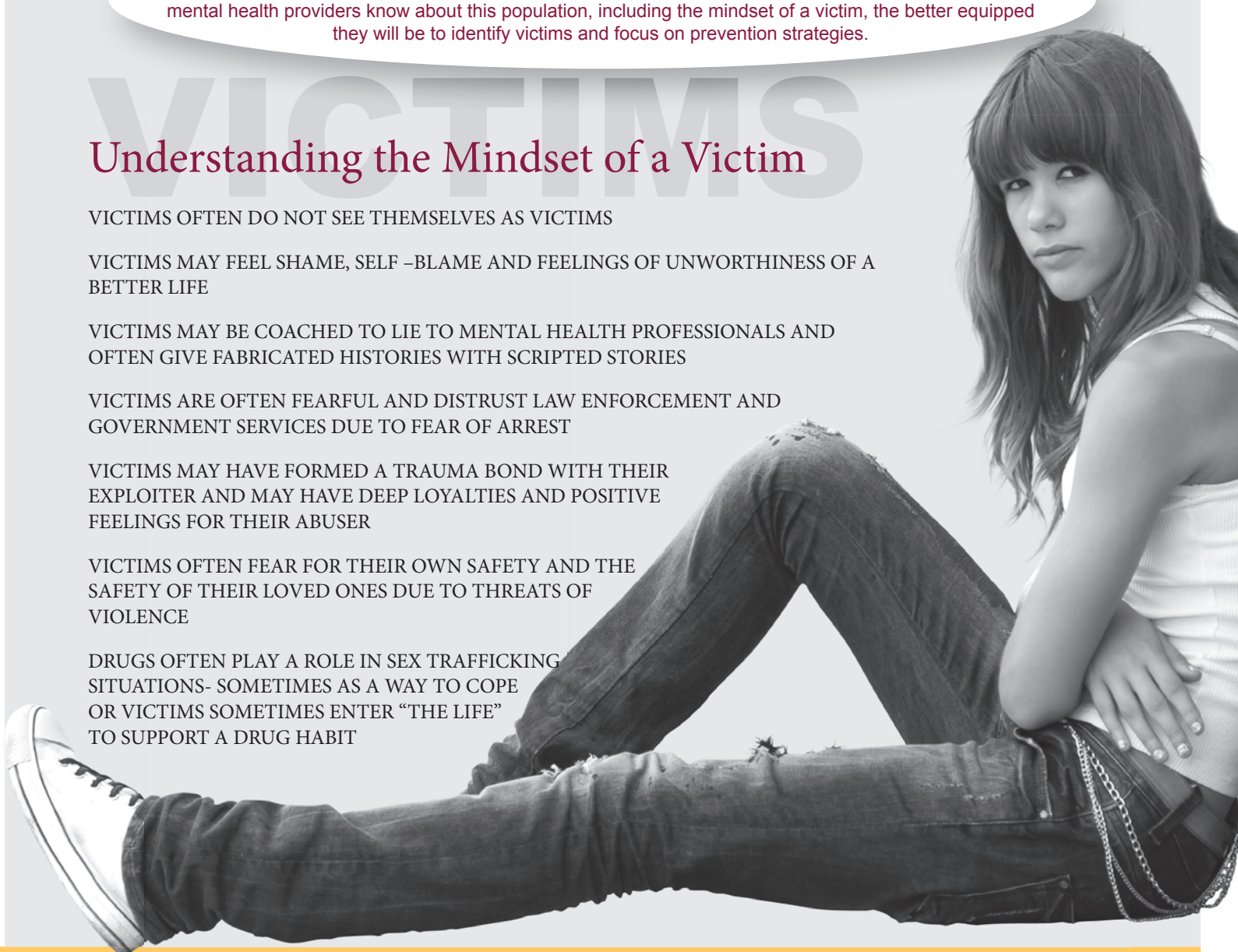
VICTIMS MAY BE COACHED TO LIE TO MENTAL HEALTH PROFESSIONALS AND OFTEN GIVE FABRICATED HISTORIES WITH SCRIPTED STORIES

VICTIMS ARE OFTEN FEARFUL AND DISTRUST LAW ENFORCEMENT AND GOVERNMENT SERVICES DUE TO FEAR OF ARREST

VICTIMS MAY HAVE FORMED A TRAUMA BOND WITH THEIR EXPLOITER AND MAY HAVE DEEP LOYALTIES AND POSITIVE FEELINGS FOR THEIR ABUSER

VICTIMS OFTEN FEAR FOR THEIR OWN SAFETY AND THE SAFETY OF THEIR LOVED ONES DUE TO THREATS OF VIOLENCE

DRUGS OFTEN PLAY A ROLE IN SEX TRAFFICKING SITUATIONS- SOMETIMES AS A WAY TO COPE OR VICTIMS SOMETIMES ENTER “THE LIFE” TO SUPPORT A DRUG HABIT



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# COMMON MENTAL HEALTH INDICATORS OF TRAFFICKING

- Post-traumatic stress disorder
- Anxiety disorder
- Panic disorder
- Obsessive compulsive disorder
- Dissociative disorder
- Major depressive disorder
- Substance abuse disorder
- Explosive disorders/violence
- Intermittent Explosive Disorder

(Williamson et al 2010)



## Possible Physical Sex Trafficking Indicators

- Discrepancy in reported age and apparent age
- Evidence of sexual trauma
- Signs of self-inflicted injury or suicide attempts
- Cigarette burns
- Fractures
- Bruises and or contusions
- Tattoos found on the body may serve as a “brand” that the victim belongs to a certain trafficker
- Respiratory infections
- Drug related health issues such as asthma, Hepatitis C, skin infections
- Tension headaches, back pain, stomach pains
- Malnutrition and poor diet
- Dehydration
- Unexplained scars
- Injuries to head and mouth

(Dovydaitis, 2010)

## Possible Sexual Health indicators of Sex Trafficking

- Multiple Sexually transmitted Infections
- HIV infection
- Pregnancy
- Abortion complications
- Vaginal discharge and infection from using items inserted into the vagina to block menstruation
- Vaginal wall tears
- Traumatic Fistulas

(Issac et al, 2011)

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## RED FLAGS

Chronic runaway

History of abuse

Traveling with an older male

Presence of an older “boyfriend”

Unusual tattoos or branding marks

Involvement with the juvenile justice system through truancy,

curfew violations and other status offenses

Use of street lingo with references to “the game” “the life”

Lack of identification

Dominating or controlling “boyfriend” or female in the room who refuses to leave

Claim that the patient is “just visiting” the area and unable to provide a home address

(STIR TRAINING MATERIAL , 2013)

# THE ROLE OF TRAUMA

Sex trafficking victims have endured a high level of trauma and require services and interventions that do not inflict further trauma such as physical restraint, isolation or harsh verbal interrogation.

Traumatic experiences can be dehumanizing, shocking or terrifying and often include a loss of safety and the betrayal by a trusted person or institution (National Center for Trauma-Informed Care, 2013).



## Treatment needs of the Sexually Exploited

- Safety
- Stabilization of trauma symptoms
- Positive social support either through a mentor or someone they can trust
- Lifestyle change including addressing possible drug use or addiction
- Counseling, either individual or group, to deal with traumatic experiences
- Reconnect with family and address relationship issues
- Learn to feel safe and to develop self-soothing techniques
- Address core beliefs about self and the world
- Learn to anticipate future triggers
- Address the trauma bond between victim and trafficker

(STIR, 2014)

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According to the National Center for Trauma-Informed Care, trauma-informed care is an approach to engaging clients with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.

*Instead of:*

**“WHAT’S WRONG WITH YOU?” or  
“WHY ARE YOU DOING THIS?”**

*ask*

**“WHAT HAS HAPPENED TO YOU?”**

This change reduces the blame and shame that some people experience when being labeled. It also builds an understanding of how the past impacts the present, which effectively makes the connections that progress toward healing and recovery (Substance Abuse and Mental Health Services Administration’s National Center for Trauma-Informed Care).

According to one study out of the University Of Pennsylvania School Of Social Work, the majority of sexually exploited teens were victims of earlier childhood sexual abuse (Estes and Weiner, 2001).

## NOTICING THE WARNING SIGNS CAN HELP VICTIMS RECEIVE THE SERVICES THEY NEED SO THEY ARE NOT FURTHER TRAUMATIZED.

Extreme anger

Running away

Guilt and low self-worth

Self-harm and/or self-mutilation

Multiple sexual partners

Eating disorders

Mood swings

Difficulty forming relationships

Flashbacks and/or nightmares

Confusion

Depression

Withdrawal and isolation

Somatic complaints

Sleep disturbance

Academic decline

Suicidal thoughts

Dramatic change in behavior

Truancy or school avoidance

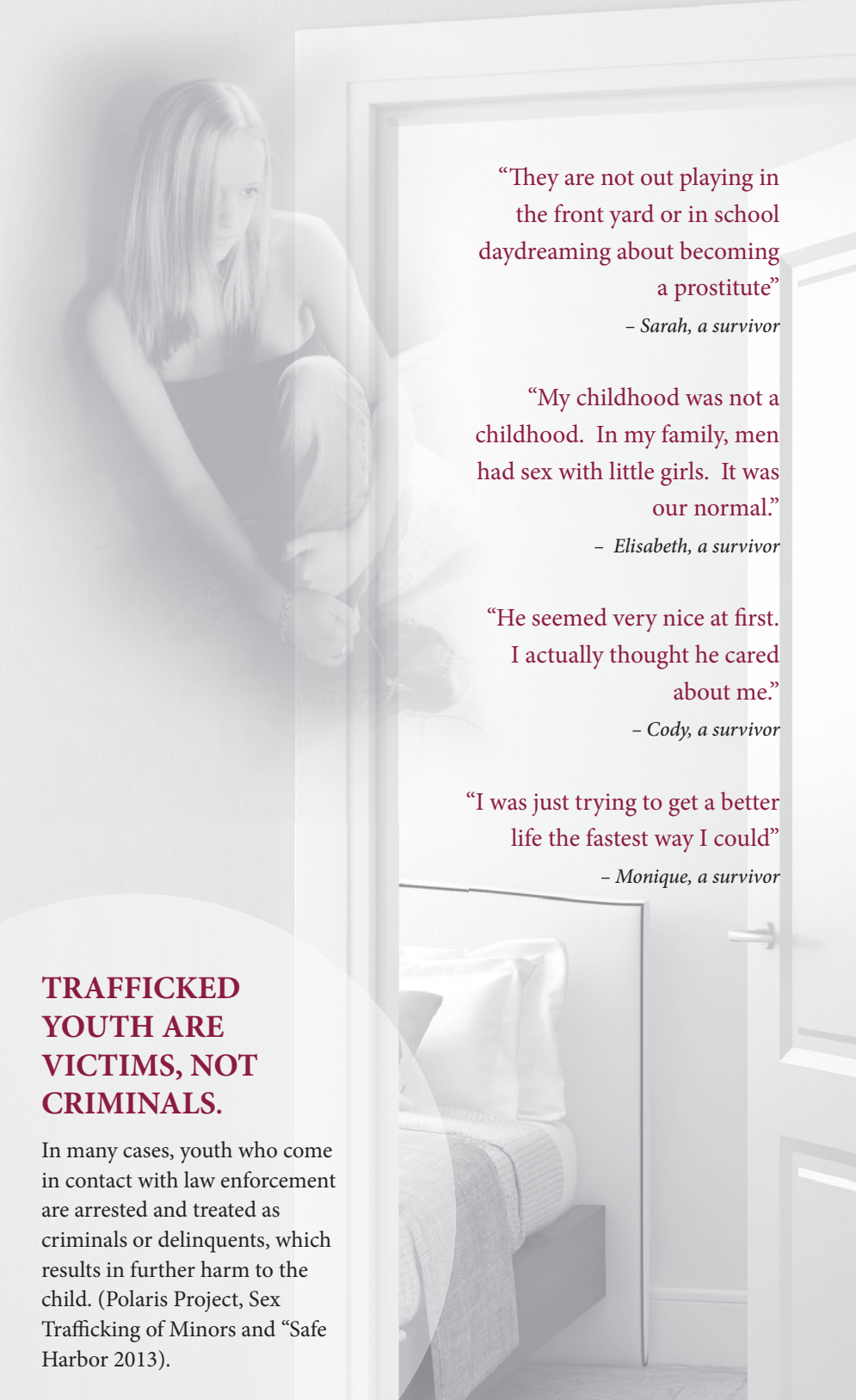
Substance abuse

Antisocial behavior

(National Institute of Mental Health)

(The National Child Traumatic Stress Network 2013)





“They are not out playing in the front yard or in school daydreaming about becoming a prostitute”

– Sarah, a survivor

“My childhood was not a childhood. In my family, men had sex with little girls. It was our normal.”

– Elisabeth, a survivor

“He seemed very nice at first. I actually thought he cared about me.”

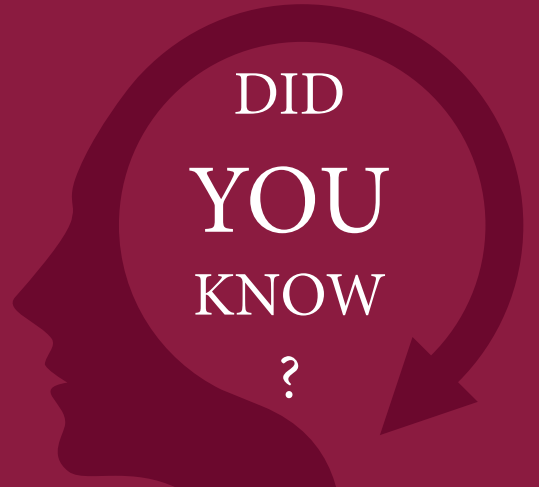
– Cody, a survivor

“I was just trying to get a better life the fastest way I could”

– Monique, a survivor

## TRAFFICKED YOUTH ARE VICTIMS, NOT CRIMINALS.

In many cases, youth who come in contact with law enforcement are arrested and treated as criminals or delinquents, which results in further harm to the child. (Polaris Project, Sex Trafficking of Minors and “Safe Harbor 2013).



# DID YOU KNOW ?

Between 244,000 and 325,000 American youth are considered at risk for sexual exploitation, and an estimated 199,000 incidents of sexual exploitation of minors occur each year in the United States (Estes & Weiner, 2001).

The average age at which girls first become exploited through prostitution is 12–14 years old (US Department of Health and Human Services, 2013).

Minors in sex trafficking nearly always have a pimp — someone who they view as their protector but who in fact is managing and benefitting from the sexual exploitation of the child (Shared Hope International, 2009).



Adolescent boys and lesbian, gay, bisexual, transgendered and queer/questioning (LGBTQ) can also be victims. According to recently released study, boys make up almost half of the victim population (Bigelsen, 2013).

Along with a means to recruit victims, traffickers use technology to reach a wide client base for prostitution services. The perceived anonymity of online transactions has emboldened traffickers to openly recruit, buy and sell their victims via the internet (Boyd, 2012).

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# Trust between the victim and the mental health provider is essential.

If you suspect your client could be a victim of sex trafficking, the first step is to get them alone in a confidential location for an interview.

If the client is in immediate danger, call 911.

Sample messages to use with a victim to gain trust:

*“You can trust me.”*

*“I am here to help you.”*

*“My first priority is your safety.”*

*“We will give you the care you need.”*

*“We can help you find a safe place to stay.”*

*“No one has the right to hurt you or make you do things against your will”*



## Important Interview Tip:

Mirror the language of the victim. For example, if she refers to her abuser as “boyfriend” then use this word instead of “pimp” or “abuser”.

Most sex trafficking victims run from treatment multiple times - it takes an average 3-7 attempts before actually leaving the life (Hernandez, 2013).

Treatment of sex trafficking clients may be intermittent. It is important to work on a safety plan with the victim’s input so she can have it in case she returns to the life.

According to De Chesnay (2013) **“Do what you can. Assume that the first visit is the last.”**

## SCREENING QUESTIONS TO ASK:

Can you come and go as you please?”

“Has anyone ever paid someone else to have sex with you (like a boyfriend, boss, manager, etc)”

“Tell me about that tattoo.”

“Do you have to work to contribute money to your “family”?”

“Do you have a boyfriend? If so, how old is he and what do you like to do together?” Where did you meet?”

“Have you ever run away from home? If so, where did you stay and who did you stay with?”

“Have you ever had to do things in order to stay somewhere that you did not want to do?”

“Has anyone ever taken pictures of you and put them on the internet?”

“Have you been physically harmed in any way?”

“Where are you staying?”

“Are you or your boyfriend a member of a gang?”

“Has anyone ever paid you to have sex with them?”

(Ohio Human Trafficking Task Force Human Trafficking Screening Tool, 2013)

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# AFTER VICTIM IDENTIFICATION, WHAT DO I DO?

If the victim is under 18, it is mandatory under federal law to report sexual exploitation of children. Notify the police, sex crimes vice squad, and Child Protective Services.

Call the National Human Trafficking Resource Center to report the incident and ask for help.

The center's phone number is 1-888-3737-888.

Contact the National Center for Missing and Exploited Children to report suspected sexual exploitation of a minor.

**1-800-THE-LOST (1-800-843-5678)**



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