Meeting the Needs of Childhood Victims of Sex Trafficking

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NACBH
National Association *for* Children's Behavioral Health

Emerging Best Practices Conference

December 5-6, 2019
St. Pete Beach, FL

Learning Objectives

At the conclusion of this learning activity, participants should be able to:

- Understand risk factors for the Commercial Sexual Exploitation of Children (CSEC)
- Identify and assess potential CSEC victims
- Inform treatment approaches, program design and outcomes for CSEC programs
- Understand trauma bonding and the stages of change of recovery
- Articulate the importance of multi-agency collaboration, advocacy and prevention

Definition

Child sex trafficking is the recruitment, harboring, transportation, provision, obtaining, or advertising of a minor child for the purpose of a commercial sex act, which involves the exchange of anything of value – such as money, drugs or a place to stay – for sexual activity (NCMEC).

CSEC includes:

- Street trade
- Pornography
- Stripping
- Erotic/nude massage
- Escort services
- Phone sex lines
- Private parties
- Gang and organized crime-based prostitution
- Familial pimping
- Forms of internet-based exploitation

Scope of the Problem in the U.S.

- At least **100,000** to **300,000** youth are at risk for commercial sexual exploitation annually in the U.S. (Estes and Wiener, 2001; SHI 2010)

- In 2018, the National Human Trafficking Resource Center hotline, operated by Polaris, received reports of 7,859 sex trafficking cases inside the United States; 5,173 were minors

- 1 out of 5 girls and 1 out of 10 boys will be sexually exploited by the time they reach adulthood (SHI)

- Up to 50% of commercially sexually exploited children in the U.S. and Mexico are boys (Estes & Weiner, 2002; EPCAT, 2013)

- The most common age of entry into the commercial sex industry in the U.S. is **15** years old (SHI)

Demand

- Sex trafficking is demand-driven and the product for sale is most commonly local (domestic) children (SHI)

- Sex trafficking is a lucrative industry, making an estimated $9.9 billion a year (Equality Now)

- Traffickers can sell children for $400/hr or more, an average of 10-15 times a day, 6 days a week

Risk Factors

- **Runaway**
  - 1.6 million children run away from home each year in the U.S. (The National Incidence Studies of Missing, Abducted, Runaway, and Throwaway children)
  - In 2018, an estimated 1 out of 7 endangered runaways reported to the National Center for Missing and Exploited Children were likely victims of sex trafficking
  - **41%** were approached by an exploiter **within 24 hours** of becoming homeless
- **Abuse**
  - 95% had a history of child maltreatment (49% sex abuse; 33% physical abuse); UPenn 2018
- **Social Services Involvement**
  - 63% reported involvement with social services or foster care and 86% were in the care of social services when they ran
- **LGBTQ Identity**
  - 40% of LGBQ youth and 60% of trans youth reported sex trafficking

Pathways to Entry

- Peer recruitment (bottom girl/victim offender)
- Seduction and coercion ("boyfriend")
- Internet enticement through chat rooms or profile-sharing sites
- False advertising for modeling, acting or dancing opportunities
- Violence and force (guerilla pimp/gang involvement/kidnapping)
- Parents selling children

CSE Power and Control Wheel

Trauma Bonding (Stockholm Syndrome)

- The presence of a perceived threat to one's physical or psychological survival and the belief that the abuser would carry out the threat
- The presence of a perceived small kindness from the abuser to the victim
- Isolation from perspectives other than those of the abuser
- The perceived inability to escape the situation

Complex Trauma Bonds in CSEC

- Used to describe CSEC victims by Farley et al. in 2000
- Emotional bonding to the victim's pimp occurs during periods of captivity; they stop viewing themselves as captives and begin to see their pimp as their boyfriend
- Identification with the pimp's perspective creates an emotional bond where the victim may feel guilty if they attempt to escape
- Victims feel that they "owe" their pimp and cannot be disloyal by leaving; believe if they even think a disloyal thought, exploiter will know and retaliate

Complex Trauma Bonds in CSEC

- Victims cannot see themselves returning home or to the "system" where they were desperate to escape the rules, structure, or abuse

- Victims fear for their safety if they attempt to escape

- Victims fear for the safety of their family members if they escape

- Victims are brainwashed to believe that their families will disown them if they return; that they are worthless now

Complex Trauma Bonds in CSEC

- Hyper vigilant to exploiter's needs
- Sees world from exploiter's perspective
- Seeks to keep exploiter happy to decrease violence
- Sees outside authorities/people trying to win release (escape) as bad guys
- Sees pimp as good guy, protector, victim
- Is thankful and grateful that the pimp/trafficker/customer has not killed them

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Assessment

- Look for warning signs: history of abuse, runaway/homelessness, secrecy about living situation, truancy, dates older people, controlling relationships, unexplained tattoos or branding, possession of large sums of money or hotel key cards, lies about identity, lifestyle related language, substance abuse

- Screen all youth in mental health and healthcare settings, social services, and juvenile justice settings using a standardized tool (this includes boys)

- Screening Tools:
  - CANS-CSE
  - CSE-IT (WestCoast Children's Clinic) http://www.westcoastcc.org/wp-content/uploads/2017/09/WCC-CSE-IT-ImplementationGuide-FINAL.pdf
  - Child Sexual Exploitation Screening Tool (UK) https://www.solihull.gov.uk/Portals/0/SocialServicesAndHealth/CSEScreeningtoolkit.pdf
  - Quick Youth Indicators for Trafficking (QYIT) https://www.covenanthouse.org/charity-blog/blog/new-help-human-trafficking-victims
  - Statewide tools

Assessment of Runaway Risk

Predicting running away in girls who are victims of commercial sexual exploitation,
[Child Abuse Negl. 2018 May; 79: 269–278.](#)

- Youth Level of Service/Case Management Inventory
  - clinician-rated instrument often used in the juvenile justice system to evaluate risk and needs of adolescents aged 12–18
  - valid means of predicting recidivism
- Girls in CSEC group were more likely to have experienced sexual abuse, an STI, post-traumatic stress disorder diagnosis, and a substance use disorder diagnosis than high-risk girls
- YLS/CMI scores significantly predicted future running away among the CSEC group but not the high-risk group
- May help determine level of care needed

Treatment Best Practices

- Provide care in the least restrictive environment, except when to do so increases risk
- Continuum of services: case management, drop-in, specialized foster care, community group homes, residential
- Engagement: Develop trust/show respect, address immediate needs
- Peer- or survivor-led resources
- Develop competency in language, lifestyle/culture, LGBTQ competency
- Multi-agency collaboration
- Motivational Interviewing

Treatment Best Practices

- Mandatory reportable form of child abuse, be clear on limits of confidentiality
- Screening for mental health symptoms at multiple points in time
- Use of evidence- or research-based CSEC-specific curriculum (e.g., STRIVE)
- Use of other evidence- or research-based curricula based on presenting symptoms (e.g., Trauma-focused/Cognitive Behavioral Therapy or Dialectical Behavior Therapy)
- Individual, family, and group therapy; ***Group therapy is an important component**
- Substance abuse treatment
- Medical services
- Use of medications may be necessary (e.g., anxiety or depression)
- Adjunct therapies (music, art, yoga, experiential)

Treatment Phases

Assessment Phase (30 Days)

- Assessments: CANS, CSE-IT, SASSI, Trauma assessment (TSCC, CPSS, UCLA, THQ), ACES, URICA
- Psychiatric assessment
- Medical screening
- Biopsychosocial assessment, social determinants of health
- Family assessment
- Life story/Sexual history
- Corroborative information

Treatment Phase (8 Months)

- Individual, Family, and Group Therapy
- Experiential Therapies: Adventure based, animal-assisted therapy, art, yoga
- STRIVE curriculum, TF-CBT, DBT
- Substance abuse treatment
- Life skills training
- Relapse prevention plan
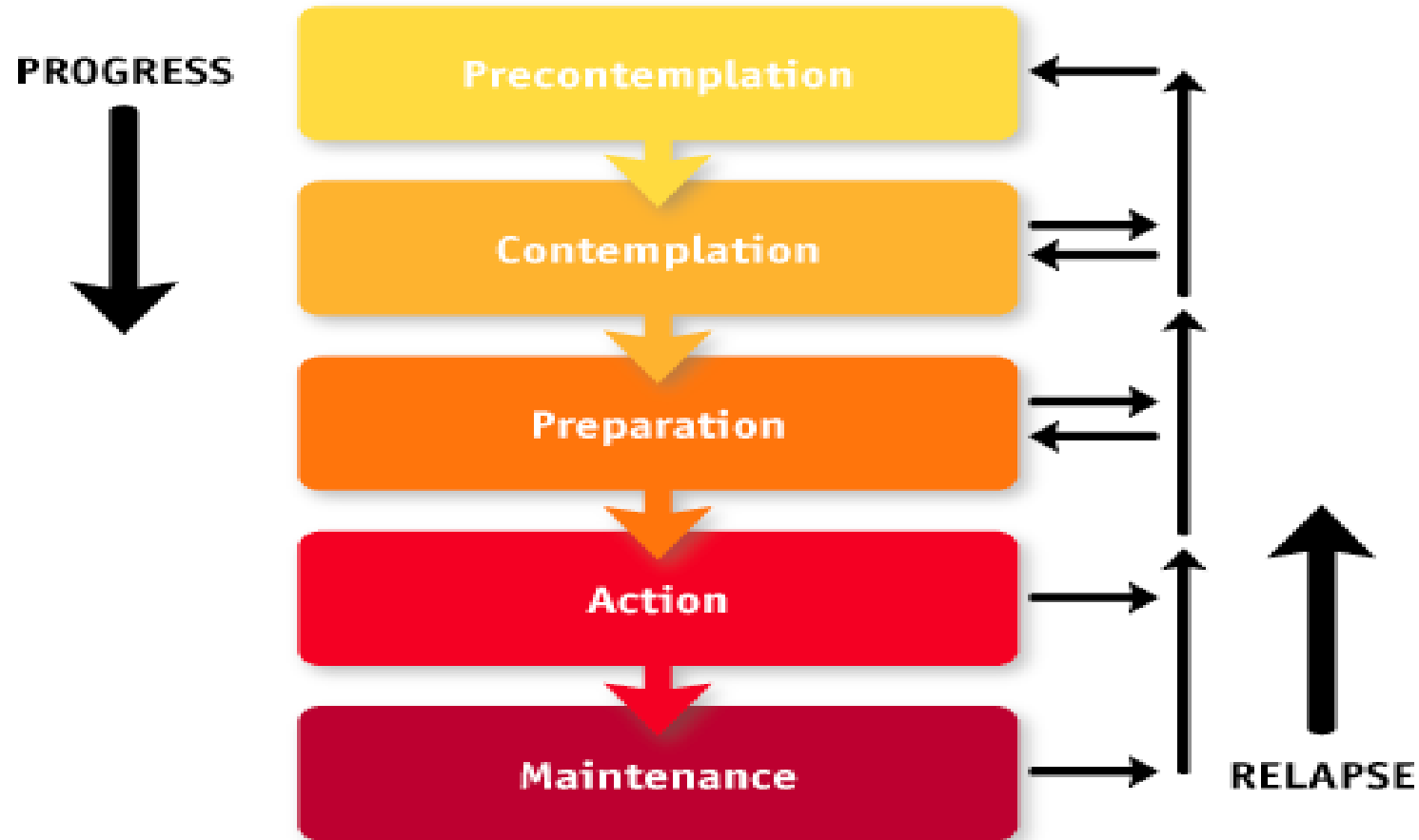
Stages of Change Model

Outcome Measures

- Child and Adolescent Needs Assessment (CANS)

- Child Behavior Checklist (CBCL)

- Trauma Assessment:
  - The Child PTSD Symptom Scale (CPSS)
  - Trauma History Questionnaire (THQ)
  - Trauma Symptom Checklist (TSCC)
  - UCLA PTSD Index

- University of Rhode Island Change Assessment (URICA)

- Post-Discharge Surveys (3, 6, and 12 months)

Managing in Congregate Care Settings

- Monitor and closely supervise all computer use including internet searches
- Monitor firewalls for accessing social media sites
- Do not allow individuals to print anything from the internet that is sexually suggestive or explicit
- Do not let individuals have access to your cell phone
- Adhere to rules regarding dress code
- Avoid doing favors
- Be aware of individuals who go out of their way to make your job easier
- Monitor for grooming behaviors, victim-offenders

Delta Program (FL) Outcomes

- Admission Criteria: Ages 6-18 years, history of sexual exploitation, FSIQ 60 or above, ability to benefit from cognitive behavioral treatment, reports of significant exposure to trauma
- Unlocked, residential program
- 95 individuals served between 2013 and 2018, mean age 15 years
- 53% black, 23% white, 16% Hispanic, and 8% multi-racial or other
- Diagnoses: Depression 28%, PTSD 28%, Bipolar 21%, other 23%
- Mean length of stay 249 days (8 months)

CBCL Outcomes

There was a decreasing trend in all domains of social/behavioral difficulties among participants. Changes in somatic complaints, thought problems, and rule-breaking behaviors were statistically significant.

There was a decreasing trend in all internalizing problems, externalizing problems, and overall problems among participants. In particular, changes in internalizing problems and overall problems were statistically significant.

CBCL Social Behavioral Difficulties

	Anxious/depressed	Withdrawn/depressed	Somatic complaints	Social problems	Thought problems	Attention problems	Rule-breaking behaviors	Aggressive behaviors
Baseline	61	62	58	63	62	64	74	68
Post-treatment	59	61	54	61	58	62	69	65

■ Baseline ■ Post-treatment

CBCL Internalizing, Externalizing, and Overall Problems

	Internalizing problems	Externalizing problems	Overall problems
Baseline	61	69	66
Post-treatment	57	66	63

■ Baseline ■ Post-treatment

CBCL Outcomes

All youth experienced improvement, but youth with mood disorder showed statistically significant improvement between baseline and post-treatment.

All youth experienced improvement in thought problems, but youth with PTSD showed statistically significant improvement.


CBCL Somatic Complaints

Disorder	Baseline	Post-treatment
Mood disorder	59	53
Bipolar disorder	55	55
PTSD	57	54
Other disorders	62	54

CBCL Thought Problems

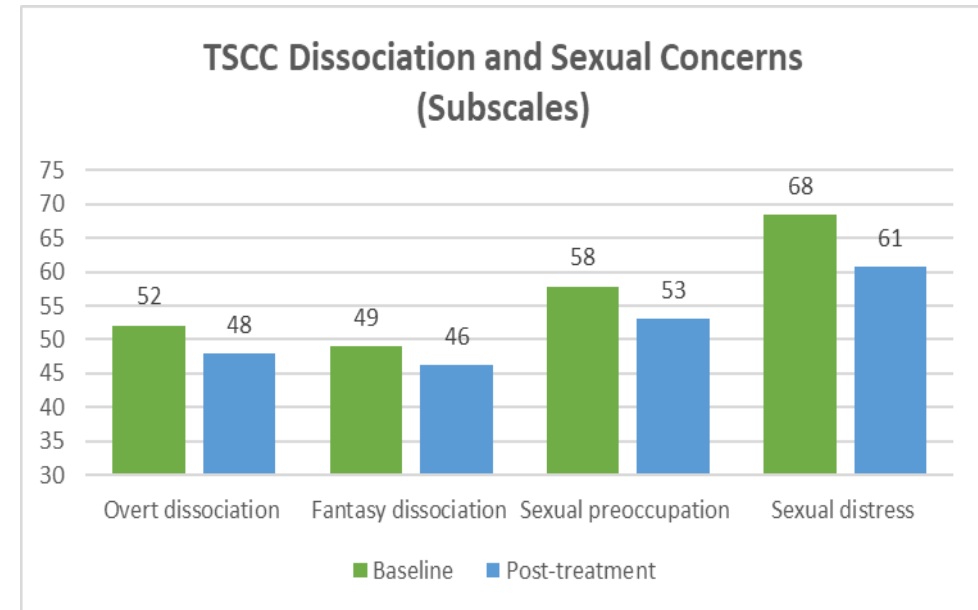| Disorder	Baseline	Post-treatment
Mood disorder	61	61
Bipolar disorder	61	59
PTSD	61	57
Other disorders	62	55
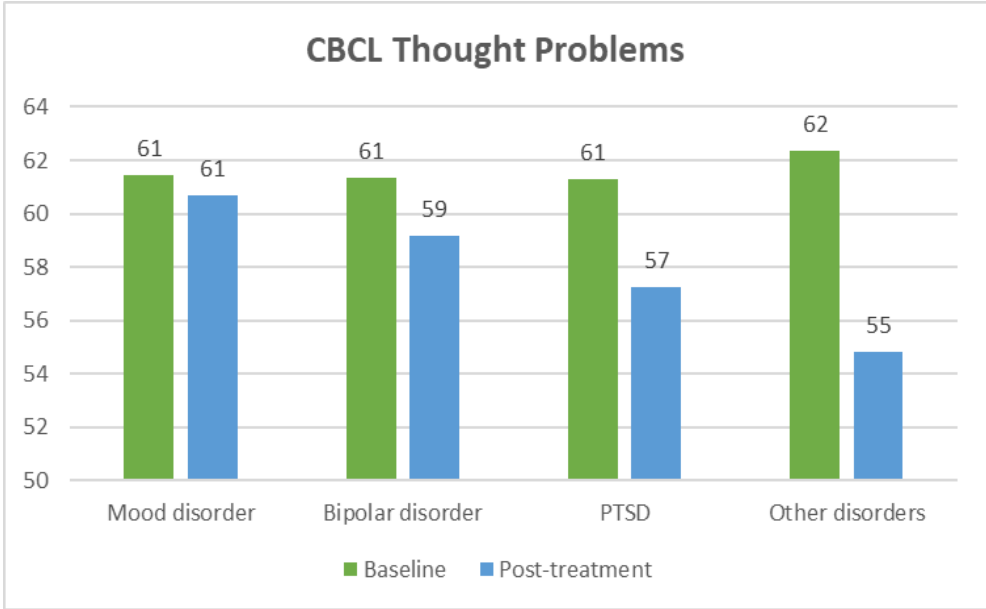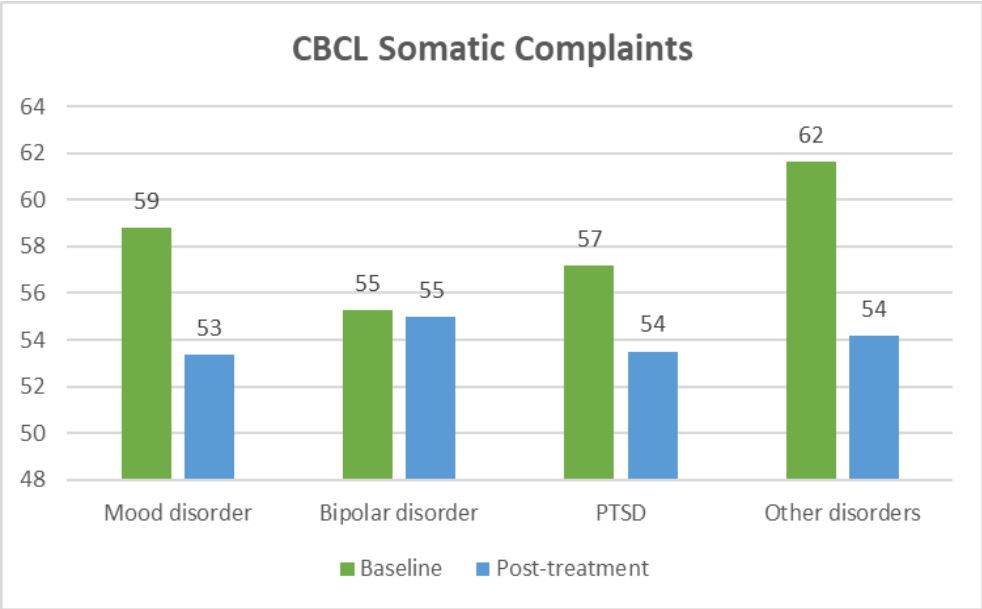
TSCC Outcomes

There was a decreasing trend in all domains, but changes in anxiety, depression, and sexual concerns were statistically significant.
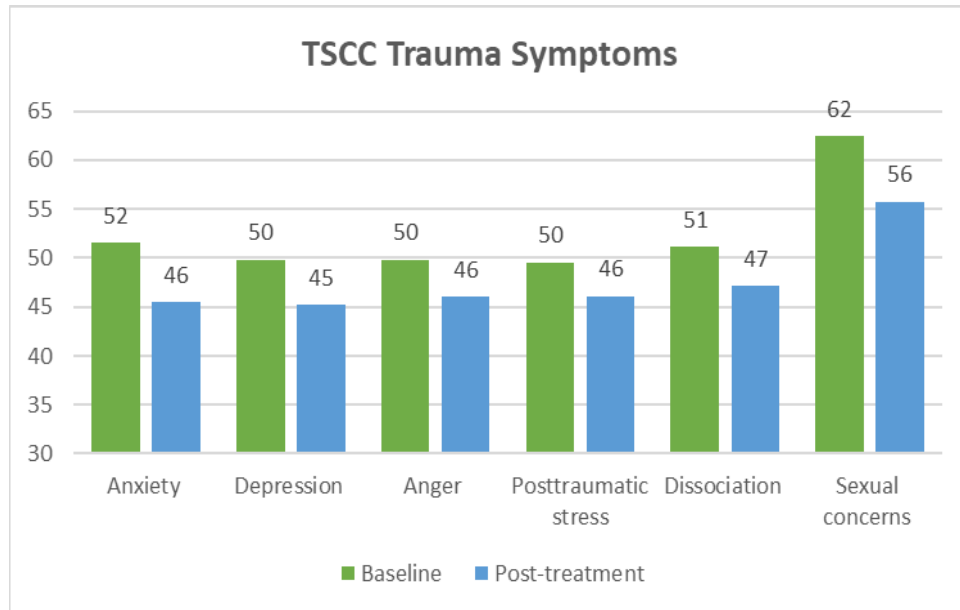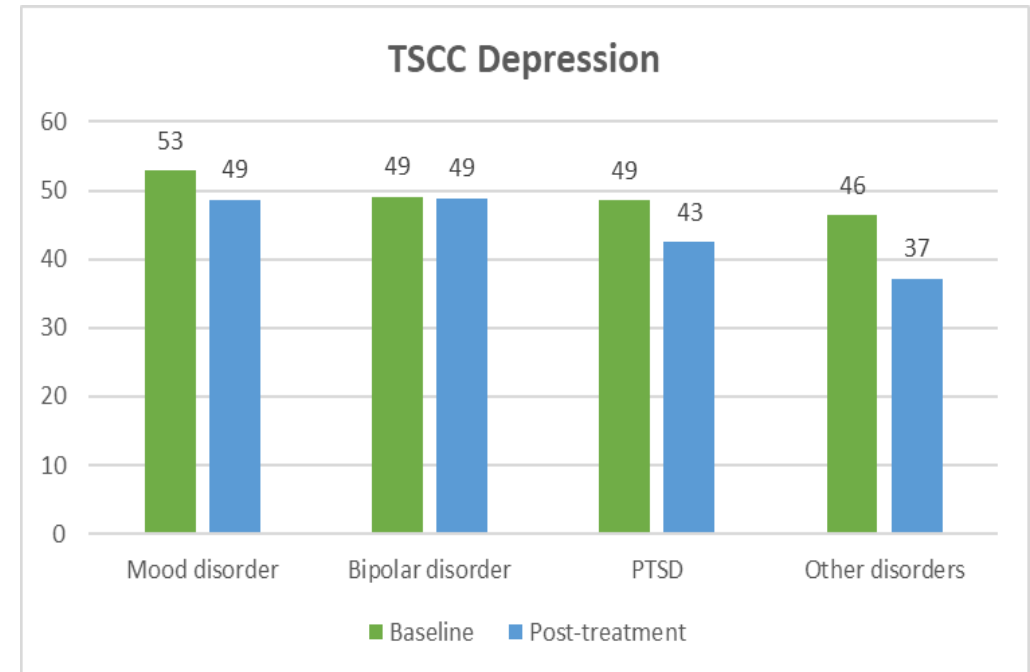
There was a decreasing trend in dissociation and sexual concerns among participants, but changes in sexual distress was statistically significant.

TSCC Trauma Symptoms

Domain	Baseline	Post-treatment
Anxiety	52	46
Depression	50	45
Anger	50	46
Posttraumatic stress	50	46
Dissociation	51	47
Sexual concerns	62	56

TSCC Dissociation and Sexual Concerns (Subscales)

Subscale	Baseline	Post-treatment
Overt dissociation	52	48
Fantasy dissociation	49	46
Sexual preoccupation	58	53
Sexual distress	68	61

TSCC Outcomes
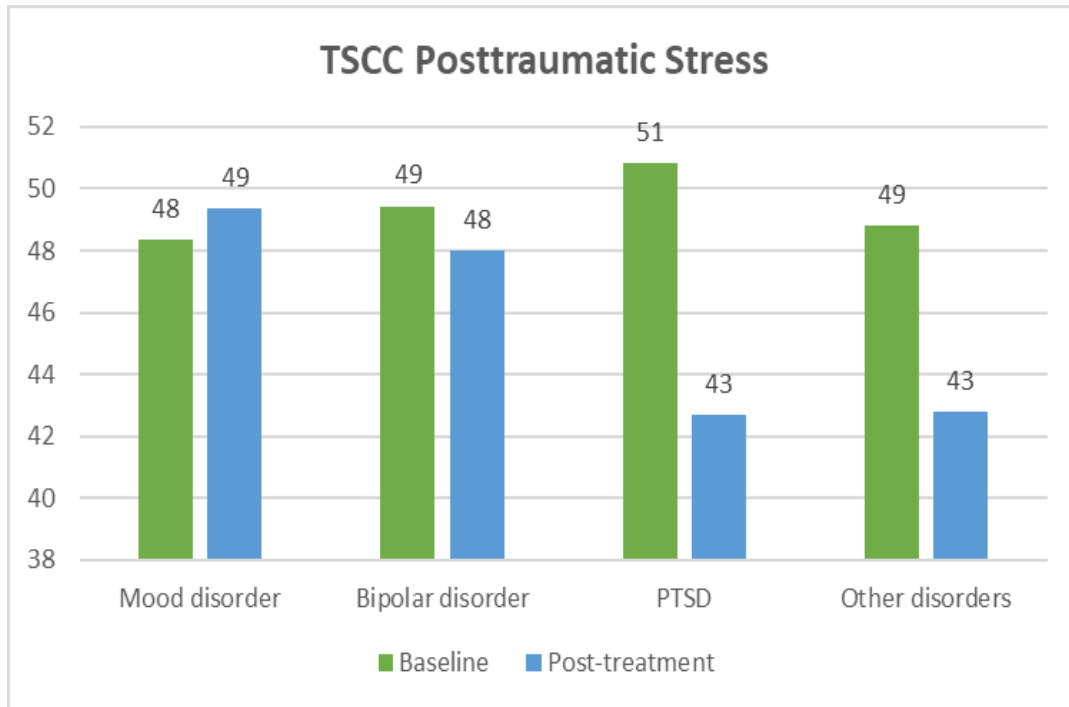
All youth showed improvement, but youth with PTSD showed a statistically significant improvement.

All youth showed improvement, but youth with mood disorder and PTSD showed statistically significant improvement.

TSCC Anxiety

	Mood disorder	Bipolar disorder	PTSD	Other disorders
Baseline	52	51	53	48
Post-treatment	50	47	43	37

TSCC Depression

	Mood disorder	Bipolar disorder	PTSD	Other disorders
Baseline	53	49	49	46
Post-treatment	49	49	43	37
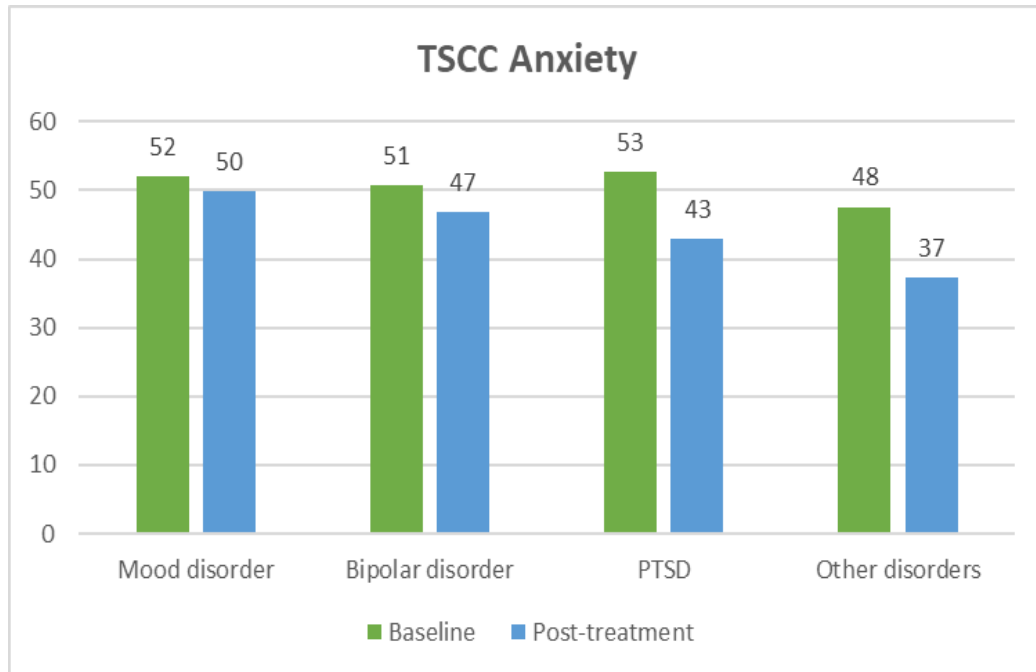
TSCC Outcomes

Youth with PTSD showed a statistically significant improvement in posttraumatic stress.

TSCC Posttraumatic Stress

| Disorder	Baseline	Post-treatment
Mood disorder	48	49
Bipolar disorder	49	48
PTSD	51	43
Other disorders	49	43

■ Baseline ■ Post-treatment

CANS Outcomes

Participants showed a statistically significant decrease in life domain functioning overall, and in the subgroup areas of social functioning and recreational.
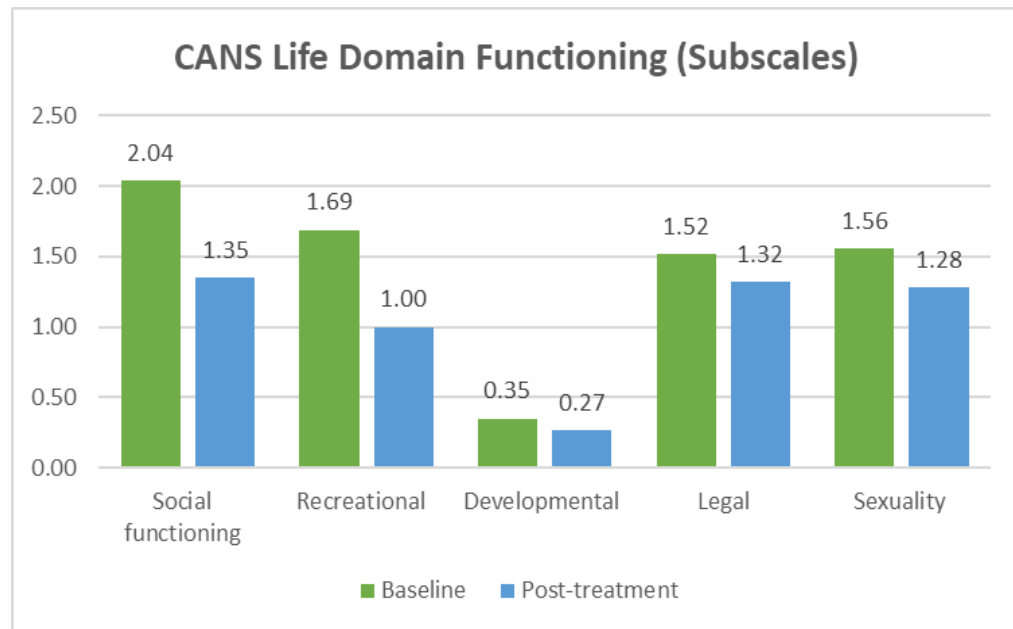
Participants showed a statistically significant decrease in youth risk behaviors domain score overall, and in the subgroup areas of runaway, judgment, and intentional misbehavior.
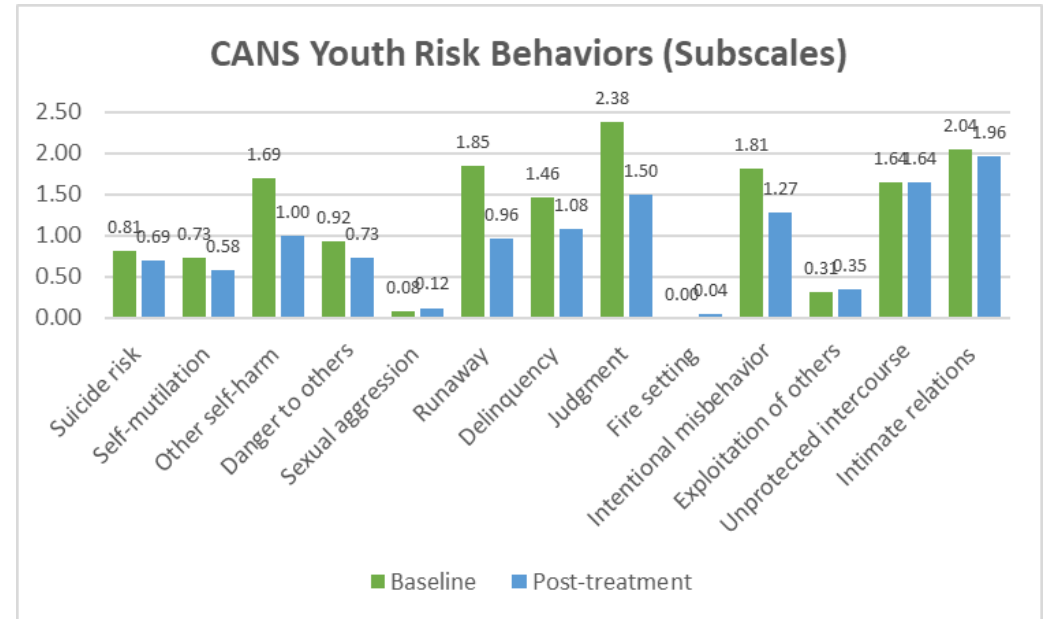
Prevention

- A21: Bodies are not Commodities - A high school curriculum to educate and prevent human trafficking

- Chicago Alliance Against Sexual Exploitation (CAASE): Chicago-based program to educate boys about the harms of prostitution and enlist them as allies for women

- Global Centurion: VA-based educational program for boys grades 6-12 to reduce demand

- Chosen: Documentary series of true stories developed by SHI to educate grades 6-12

- Deceptions: Washington-based program exposing the dangers of sex trafficking and internet dangers for grades 6-12

- Youth for Sale: NYC-based Frederick Douglass Family Initiatives - use of victim stories to educate youth on risk factors for being trafficked

- Tell Your Friends: Interactive teaching curriculum developed by Washington, D.C.-based Fair Girls

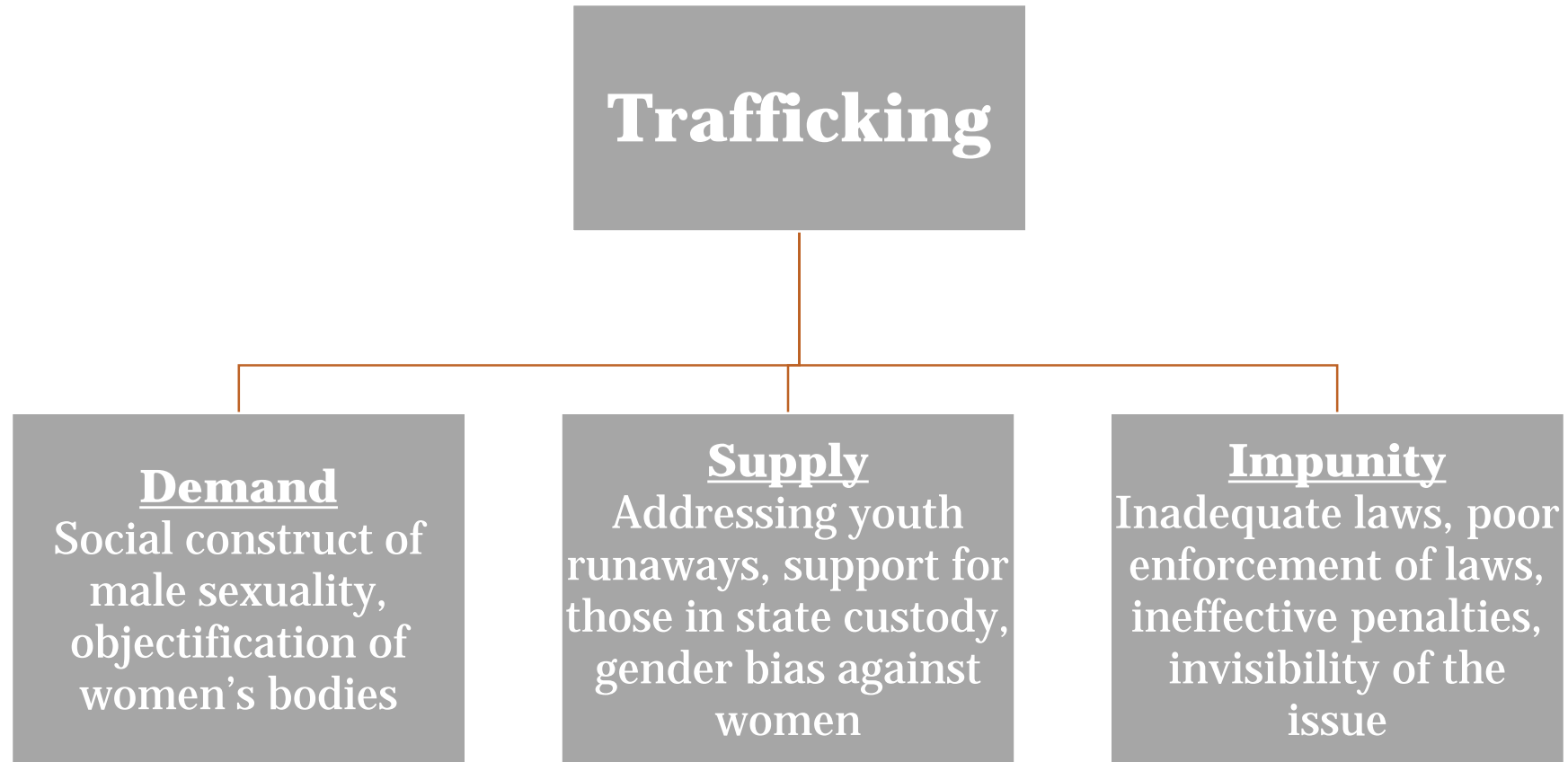- Not a Number: Interactive 5 lesson prevention curriculum

- My Life, My Choice

http://nesteducators.org/curriculum-and-resources/curriculum-comparison-chart/

Advocacy and Education

Trafficking

Demand
Social construct of male sexuality, objectification of women's bodies

Supply
Addressing youth runaways, support for those in state custody, gender bias against women

Impunity
Inadequate laws, poor enforcement of laws, ineffective penalties, invisibility of the issue

Resources

- Polaris Report ***https://polarisproject.org/human-trafficking***
- Shared Hope International *https://go.**sharedhope**.org*
- National Center for Missing and Exploited Children ***www.missingkids.com***
- Girls Education and Mentoring Services ***https://www.gems-girls.org***
- National Human Trafficking Hotline **1-888-373-7888**