

6-2014

## WHAT CLINICAL APPROACHES HAVE SERVICE PROVIDERS OBSERVED TO BE MOST EFFECTIVE WHEN TREATING YOUNG SURVIVORS OF HUMAN SEX TRAFFICKING?

Elisa Lopez

Follow this and additional works at: <https://scholarworks.lib.csusb.edu/etd>



Part of the [Social Work Commons](#)

---

### Recommended Citation

Lopez, Elisa, "WHAT CLINICAL APPROACHES HAVE SERVICE PROVIDERS OBSERVED TO BE MOST EFFECTIVE WHEN TREATING YOUNG SURVIVORS OF HUMAN SEX TRAFFICKING?" (2014). *Electronic Theses, Projects, and Dissertations*. 27.

<https://scholarworks.lib.csusb.edu/etd/27>

This Thesis is brought to you for free and open access by the Office of Graduate Studies at CSUSB ScholarWorks. It has been accepted for inclusion in Electronic Theses, Projects, and Dissertations by an authorized administrator of CSUSB ScholarWorks. For more information, please contact [scholarworks@csusb.edu](mailto:scholarworks@csusb.edu).

WHAT CLINICAL APPROACHES HAVE SERVICE PROVIDERS  
OBSERVED TO BE MOST EFFECTIVE WHEN TREATING  
YOUNG SURVIVORS OF HUMAN SEX TRAFFICKING?

---

A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

---

In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

---

by  
Elisa Veronica Lopez

June 2014

WHAT CLINICAL APPROACHES HAVE SERVICE PROVIDERS  
OBSERVED TO BE MOST EFFECTIVE WHEN TREATING  
YOUNG SURVIVORS OF HUMAN SEX TRAFFICKING?

---

A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

---

by  
Elisa Veronica Lopez

June 2014

Approved by:

Dr. Cory Dennis, Faculty Supervisor, Social Work  
Dr. Rosemary McCaslin, M.S.W. Research Coordinator

© 2014 Elisa Veronica Lopez

## ABSTRACT

Human sex trafficking of minors is generally thought of as a problem that occurs in third world countries; however recent incidents have begun to shine a light on domestic sex trafficking happening in the United States. Qualitative interviews were conducted with seven participants who work with this population and explored treatment approaches they have observed to be effective when treating victims. The common theme was the use of Trauma Focused-Cognitive Behavioral Therapy (TF-CBT), especially when gathering information surrounding the trauma. It is important to note that although TF-CBT has been observed to be effective it does not meet all of the complex needs of the victims as reported by the participants. This population can be challenging to treat, but positive changes have been observed, such as increased use of coping skills to manage symptoms. There is a great need to educate service providers and the general public on this matter in order to boost advocacy, and improve and increase resources for this group.

## ACKNOWLEDGMENTS

To my family: Thank you so much for the love you have given me and for the unwavering support and encouragement that got me through this long process. I am so grateful for the bond and love we share, but I'm especially thankful for all the times you guys were there to pick me up, I could not have done this without you. I love you!

Mami y Papi: Les agradezco infinitamente todos los sacrificios que han hecho por mi y por nosotros. Los adoro y espero poder seguir haciendolos orgullosos.

To my friends: Thank you so much for being understanding of my "perfectionist disease" and allowing me to vent on a daily basis. I appreciate all the kind words and encouragement along the way, as well as the guidance.

To my cohort: You guys are the best! I am so grateful to have met all of you and to have made some great friends. To my Sake Bombs, thanks for always being there!

To my co-workers: Thanks for putting up with me and my craziness! It's so nice to work with an amazing group of people. Thanks for all the support and understanding.

I would like to give a special thank you to everyone at Riverside County Department of Mental Health, the encouragement and support I received from everyone is incredible.

To my advisor Dr. Cory Dennis, thanks for putting up with me, my procrastination, and my rants. Thanks for not letting me burn my thesis and quit.

Thank you to the participants who were graceful enough to assist in the completion of this study.

And last, but not least, to my amazing boyfriend who helped me get through my last year of graduate school. You may be on the other side of the world serving our country, but you still managed to take care of me and make me smile when I most needed it. For that I am forever grateful.

## TABLE OF CONTENTS

ABSTRACT .....	iii
ACKNOWLEDGMENTS .....	iv
LIST OF TABLES .....	ix
LIST OF FIGURES .....	x
CHAPTER ONE: INTRODUCTION	
Problem Statement .....	1
Purpose of the Study .....	5
Significance of the Project for Social Work .....	7
CHAPTER TWO: LITERATURE REVIEW	
Introduction .....	11
Illusive Estimates .....	11
Smuggling versus Trafficking .....	12
Risk Factors .....	13
Physical, Emotional, Psychological Repercussions .....	14
Law Enforcement .....	16
Theories Guiding Conceptualization .....	17
Summary .....	19
CHAPTER THREE: METHODS	
Introduction .....	21
Study Design .....	21
Sampling .....	22
Data Collection and Instruments .....	23
Procedures .....	24

Protection of Human Subjects .....	24
Data Analysis.....	25
Summary .....	26
<b>CHAPTER FOUR: RESULTS</b>	
Introduction.....	27
Demographics of Participants.....	28
Qualitative Data: Thematic Report.....	30
Qualitative Analysis.....	30
TF-CBT as an Effective Approach .....	31
Solution-Focused.....	31
Meeting the Victim Where They Are .....	32
TF-CBT as a Personal Choice .....	32
System's Theory .....	33
Psycho-Education .....	33
Resistance and Inconsistency.....	34
Coping Skills .....	35
Thinking Process .....	36
Open to Get Help.....	36
Education and Awareness .....	37
Outreach Work.....	39
Advocacy .....	39
Satisfied with Services Rendered .....	40
Therapists Lack Awareness.....	41
Awareness in General Public is Low .....	42

Summary .....	43
CHAPTER FIVE: DISCUSSION	
Introduction .....	45
Discussion .....	46
Limitations and Recommendations.....	50
Conclusions .....	51
APPENDIX A: QUESTIONNAIRE .....	53
APPENDIX B: INFORMED CONSENT .....	55
APPENDIX C: DEBRIEFING STATEMENT .....	57
REFERENCES.....	59

## LIST OF TABLES

Table 1.	Descriptive Statistics of Participant Characteristics.....	28
Table 2.	Types of Specialized Training .....	29

## LIST OF FIGURES

Figure 1. Correlation between Groupings and the Effect on Treatment.....	31
--	----

## CHAPTER ONE

### INTRODUCTION

This chapter discusses the impact domestic sex trafficking has on young survivors and the minimal attention it has received. Due to low levels of awareness public service agencies have not been able to provide survivors with adequate treatment in the past and have recently begun to implement programs geared towards this population.

#### Problem Statement

Kotrla (2010) notes that “cases of international sex trafficking have increased public awareness about human trafficking in the United States” (p. 181). Human trafficking in other countries has received attention through various media outlets creating a greater awareness in the general population. In recent years more exposure has been given to human trafficking taking place in the United States as it has become more evident and problematic. Human trafficking has been defined by the Department of Justice (2012) as a “modern form of slavery” and “it involves controlling a person through force, fraud, or coercion to exploit the victim for forced labor, sexual exploitation or both” (p. 15).

The prevalence of human trafficking for purposes of sexual exploitation is greater than that of forced labor. According to Kotrla (2010), minors who have run away from home or have been kicked out, minors who are homeless,

have a history of abuse, or are in the foster care system or in child protective services are at higher risk of becoming victims of sex trafficking in the United States because they make up a vulnerable group. Minors who endure long periods of sexual slavery can be affected in numerous ways, such as developing posttraumatic stress disorder, substance abuse problems, malnutrition, anxiety and self-destructive behaviors which can include suicide. Rafferty (2008) adds experiencing symptoms of depression, hopelessness, guilt, shame, flashbacks, nightmares, loss of confidence, low self-esteem as well. Fong and Cardoso (2010) state that issues and treatment goals for children who are sexually abused by a single perpetrator are different than those for sexually exploited children and require different approaches. The American Psychological Association (2014) website defines as “unwanted sexual activity, with perpetrators using force, making threats or taking advantage of victims not able to give consent” (p. 1) and usually the victim knows the perpetrator as opposed to children who have been sold numerous times to perform sex acts for strangers and pedophiles and are held against their will. Most children seeking treatment for sexual exploitation are treated with the same interventions used for children who have been sexually abused, which is not effective because it does not address other traumas suffered.

Because the sex trafficking industry is estimated to produce profits in the range of \$32 to \$91 billion dollars annually (Kotrla, 2010) those involved in this business take extra precautions to ensure their continued success. This

poses a problem for law enforcement and people in the helping professions; according to Hodge (2008) it is easier to estimate trends in international trafficking than it is domestic trafficking because of poor public awareness and lack of reporting on the victim's part. This has made it difficult to get a real sense of the severity of the problem and to establish appropriate and needed services.

The issue of human trafficking affects many people and many agencies want to take proactive steps in the fight against it. Many young lives are being affected and destroyed by this epidemic. One of the areas that needs to be addressed and evaluated is the types of services available to this population and the effectiveness of the available treatment. These minors will eventually grow up and become adults and they will require support in order to reintegrate into society. One of the biggest challenges survivor's encounter, as reported by Kotrla (2010), is that society in general views these children as criminals and not as victims. This has a negative impact on a child's perception of themselves, which can prevent them from viewing themselves as victims and seeking help. This could cause some resistance on the part of the client when it pertains to seeking mental health services or assisting law enforcement prosecute their captors and perpetrators because they would see themselves as willing participants having consented to the acts committed.

By seeking further understanding in regards to how the multitude of abuses endured affects these victims emotionally and psychologically and the

impact it has on their development, agencies can begin to implement more effective interventions and therapies. This would ensure that social workers in general would have more knowledge and background when working with this high risk population. As a social worker, one has the responsibility to render services in the areas one is specialized in, otherwise one runs the risk of causing more harm than good. Further understanding of this issue would also provide a wealth of information that can be utilized to advocate for harsher punishment for those involved in this business and protect survivor's from additional victimization.

The Riverside County Anti-Human Trafficking (RCAHT) Taskforce recently hosted a training for mental health service providers where they discussed the pervasiveness of this issue within the county. There were no specific estimates on the number of victims within the county but it was stated that there have been over 4,000 reports of runaway children since October 2012, who are part of a vulnerable group. In particular the Inland Empire has several interstate highways that intersect, making it easier for these illegal transactions to happen. It was reported that the average age for a minor to be forcefully subjected to this sex trade is 12, which can cause significant physical, emotional, psychological and social damage. The taskforce is relatively new and was formed about three years ago to battle this growing epidemic. There is a strong effort being put forth in raising awareness in the

community and educating first responders and service providers on the signs to look for to identify these young victims.

### Purpose of the Study

The purpose of this study is to gather qualitative data from social workers providing services to children who have been victimized and referred to them for services, including the types of services that are offered and what they consider the most effective clinical intervention or approach utilized. In the instance of Riverside County Mental Health Department there is one social worker assigned as the lead person to work with sexually exploited juveniles in the western region area of Riverside County. This may pose a problem when working with minors from different ethnic backgrounds or an individual who may not feel comfortable working with someone of a different gender.

Minors who have been subjected to the various types of trauma encountered in this sexual trade have difficulty opening up and building trust with others, Macy and Johns (2011) noted that the consensus is that “one dedicated case manager should serve as the liaison between the survivor and various providers” (p. 91). It is imperative to make use of the time one has with them and implement strategies that will aid in their recovery and mental well-being. Social workers in public service agencies are beginning to become more aware of this problem; however they still need to be educated on how to treat them and the use of proper language and terminology. Referring to victims as a prostitute or stating that they had a choice adds to the

victimization and stigma they experience. Aside from exploring the services currently available in different agencies, it is beneficial to discuss services that have been observed by social workers to be lacking.

This study provides a good indicator of how many social workers are currently working with this population. They will indicate if there are an adequate number of social workers available for the area they serve. It would be imperative to have clinical therapists available to this young population as they may lose the nerve to seek the help they need if they are made to wait. Information was gathered on the training they have received to determine if they are indeed qualified to work with these fragile individuals and will illustrate areas where training is still needed.

As aforementioned, the scope of human trafficking and sexual exploitation is becoming more understood, and its expansive reach is becoming more apparent. Larger metropolitan cities have been more cognizant of these activities taking place in their communities and have had an earlier start on implementing preventative measures and effective services to assist those affected. The Inland Empire has been slower to respond to the need of its communities. San Bernardino's CASE has been in effect for over five years now and Riverside's RCAHT for over three years. The data collected through this study could provide valuable information to these agencies and any other surviving victims of human trafficking.

This study gave clinical therapists who are already working in the field the opportunity to give their opinion as to what they have observed to be most effective treatment approach when working with this population. Their opinions were valuable because they have firsthand experience in working with this population and have been able to observe the effectiveness of the various approaches. The current literature does not provide much guidance in this aspect, providing other clinical therapists and social workers with a guideline of possible effective treatment approaches. The proposed study would also bring more awareness to the problem in our local communities and hopefully encourage those providing services to become more informed and educated and get additional training for assisting those seeking treatment. Being more conscientious and aware of signs to look for could also help identify victims who may still be at risk or in danger.

#### Significance of the Project for Social Work

As stated in Okech, Morreau, and Benson's article (2011) "given the profession's values, it is surprising that social work literature has featured little discussion on one of the most prominent human right abuses" (p. 496-497). They went on to add that "the lack of a strong voice from the profession regarding trafficking issues is indeed a curious omission" (p. 497). Social workers have to be informed on the problems in their communities, cities, states, nationally and globally to be efficient in the work they do. This could

increase advocacy for this underrepresented group of victims and possibly build a strong collaboration with law enforcement and other public agencies.

Fong and Cardoso (2010) reported that funding is usually geared towards victims of international trafficking, whereas victims of domestic trafficking usually end up in the custody of child protective services. Rafferty (2008) noted that “qualitative research would allow victims to share their experiences so that we might learn about the types of support and protection services that children need” (p. 16). Kotrla’s (2010) article discussed the benefits and effectiveness that dialectical behavioral therapy, cognitive behavioral therapy or eye movement desensitization and reprocessing can have when working with trauma victims. However, these findings appear to be limited in the articles that were reviewed. Macy and Johns (2011) noted that the literature illustrated the needs of the victims but does not give practice recommendations, but did cite another article which encourages the use of trauma focused therapy to be implemented.

This study focused on the services available to victims of sex trafficking in the Riverside area since there seems to have been an increase in the number of minors who have been exploited. The RCAHT is a fairly new task force that is collaborating with several other agencies to combat this issue. Due to the recent inception of the taskforce there have not been extensive studies to examine the problem, its prevalence and services needed. Changing the perception people have about victims who have been forced into

a life of prostitution and the terms used to refer to them would also be important, which this project could help accomplish.

As referenced in Kalergis' (2009) article, it is important for the service providers who come in contact with these youth to understand and treat them as victims. Caution should be used in terms of the language used when interacting with them or treating them as it could further victimize them. Terms such as child or teenage prostitute have a negative connotation associated with them and give the impression that these minors have had a choice in their situation. Viewing them as commercially sexually exploited children (CSEC) or prostituted children can be useful to the therapist and the client. This is especially important when engaging the client to build rapport in the early stages of treatment. The proposed study will look to identify the most effective clinical interventions to implement in treatment; however the language used can significantly impact the receptiveness and willingness of a victim to be receptive to the help.

The purpose of this study was to identify clinical approaches service providers have observed to be most effective when treating young victims of human trafficking as it pertains to sexual exploitation. The damage and repercussions that the extensive trauma these children and adolescents have endured on their overall mental health and well-being is significant as aforementioned. It is essential to provide CSEC with services and effective treatment, especially in the implementation phase of treatment. This could be

a determining factor in their ability to overcome some of the trauma they have experienced and to become functioning members of society, but overall having the chance to heal and reduce symptoms of depression, anxiety, PTSD and suicidal ideation to name a few.

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

This chapter focuses on the different aspects of human trafficking. It includes a distinction between human smuggling and human trafficking as they are often confused. Risk factors will be reviewed in order for service providers to be aware of them and be more alert in order to more effectively identify possible victims. The emotional and psychological effects on minors will also be explored and will highlight the importance of providing effective clinical treatment to ameliorate symptoms. Theories illustrating the impact trauma can have on a minor's mental health and well-being will also be visited to reinforce the importance of finding effective treatment practices.

#### Illusive Estimates

Issues of domestic human trafficking can be challenging to pursue as it is very difficult to get an accurate estimate on the number of victims. It is estimated that over one million youths across the world are trafficked each year for sexual purposes according to The Utah Minuteman Project (2007). Davis (2007) adds that "80 percent of them are women and girls, and up to 50 percent are children" (p. 2). Macy and Johns (2011) state that the United States has become a frequent trafficking destination and in a report released by the State Department it is estimated that there are about 17,500 individuals,

many of them children, brought to the US against their will yearly, mainly for sexual exploitation. Advocates for victims of sex trafficking estimate the numbers are higher and many victims go unnoticed. Logan, Walker and Hunt (2009) report that “critics suggest the estimates that are reported are blown out of proportion due to the faulty assumptions on which the estimates are based” (p. 7). Much of the literature is focused on victims of sex trafficking and research on victims of domestic trafficking are scarce which is also a notion supported by Macy and Johns (2011). Therefore, it is challenging to get an accurate picture of the scope of the problem in the United States and even more challenging when it pertains to estimates of victims in the Inland Empire. Regardless, it is evident that a problem exists and needs to be addressed.

### Smuggling versus Trafficking

There also seems to be some confusion in the distinction between human smuggling and human trafficking. This is an important factor because victims of human trafficking are usually treated as illegal migrant workers according to The Utah Minute Man Project (2007). Three important distinctions that were made: first getting consent from the individual, meaning those who are smuggled have usually come to an agreement and arrangement with their smugglers. In the case of human trafficking there was no consent given and if there was in the early stages it holds no value once the abuse begins and they are unable to leave on their own free will. Second is the exploitation aspect of it; those who are smuggled are released on their arrival to their destination.

Those who have been trafficked will be exploited to make profit and do not have a choice in the matter. The third distinction is that smuggling is always transnational and trafficking can be within the same state or country.

### Risk Factors

The literature discusses certain risk factors associated with minors who have fallen victim to sexual exploitation. Macy and Johns (2011) note that individuals living in countries affected by poverty, police and political corruption, high crime, gender inequality and war or conflict are at greater risk to be trafficked across the globe. Once captive to this slave trade, victims will surely endure further trauma, which can consist of “confinement, beatings, rape, confiscation of documents, debt bondage, false offers of employment, and threats of harm to the victim or the victim’s family” (Potocky, 2010, p. 373) as a form of control by their captors. Domestically, Kotrla’s (2010) risk factors include being runaways or having been kicked out of home, having a history of abuse, being homeless, or in foster care or child protective services. When encountering youth who meet some of these criteria it would be essential to be more cautious and a little more probing than normal to ensure victims can be accurately identified. Identification of victims is one way to combat this growing problem and sometimes it may be the only opportunity a minor has to escape this atrocious and petrifying world. The children and adolescents who fall victim to domestic human trafficking endure similar tortures to those who have been internationally trafficked. The severity of the trauma incurred during

these horrific experiences is extensive, causing symptoms such as “depression, anxiety, panic attacks, posttraumatic stress disorder (PTSD), suicidal ideation and suicide” (Macy & Johns, 2010, p. 88).

### Physical, Emotional, Psychological Repercussions

Before delving further into the effects on a minor’s emotional and psychological development it is important to take note on some of the physical effects. Macy and Johns (2010) report that victims are subjected to poor nutrition, dangerous working conditions and are exposed to infectious diseases such as syphilis, gonorrhea, Chlamydia, herpes, yeast infections and urinary tract infections. They also add that “preliminary research has found that sex trafficking may be a major contributor to the worldwide spread of HIV/AIDS among heterosexual populations and the World Health Organization has recognized sex trafficking as a form of violence against women that increased the HIV/AIDS pandemic” (p. 88). The Utah Minuteman Project adds that due to growing fears of contracting HIV/AIDS or other sexually transmitted diseases (STDs) offenders seek out children as young as six years old falsely believing it will decrease the likeliness of them acquiring a disease. Davis (2011) reported that in some extreme cases of trafficking victims have been violently forced to have multiple abortions with unclean instruments. In some cases girls as young as 12 have been so badly injured that they are no longer able to have children. These are only some of the physical damages possibly incurred by children forced into commercial sexual exploitation.

As aforementioned, the emotional and psychological trauma experienced by the young victims of sex trafficking are far reaching. Davis (2011) states that “traffickers are manipulative and the real slavery is psychological. Traffickers have a variety of methods to keep victims mentally controlled...and add to that the reliance victims have on their captors for basic necessities, and the traffickers create an immediate dependence” (p. 47). Rafferty’s (2008) article reported that the mental health effects are substantial and can include behavioral symptoms such as “attachment difficulties, mistrust of adults, antisocial behaviors, and difficulty relating to others, have been reported among children who were trafficked” (p. 15). In addition, a study cited in Macy and Johns’ (2011) article reported that 85 percent of women who were freed experienced sadness and depression years after their escape, which were similar to those reported by Kotrla (2010) and Rafferty (2008). In addition, being held captive and isolated from others exacerbated the adverse psychological impact on the victims.

Kalergis (2009) focuses her study on three women who work with victims of sexual exploitation and trafficking and identified types of grooming that take place with young women in the United States. Young women are being targeted by pimps across the nation who are fooling young girls into thinking they are in love with them as a form of manipulation. The pimps can then get them to do thing they want or make them believe they want them to model for them. Soon these girls find themselves out on the streets

prostituting, being forced to perform between 10-20 sexual acts a night. These young girls tend to be emotionally vulnerable because they either come from abusive homes or are runaways, which makes them easy targets; then they are later betrayed by those who are supposed to love them, adding to the psychological and emotional trauma. There is also a higher rate of substance abuse in survivors as this sometimes forms part of the way they were controlled by their captors and it creates an addiction (Macy & Johns, 2011). Survivors have a lot to work through in their recovery in order to improve their mental health and mental well-being.

#### Law Enforcement

The literature review indicated that victims are being treated like criminals and punished for actions they have no control over while their captors remain free. This further impacts the psychological and physical trauma experienced by these youths. Minors arrested for prostitution are taken into custody and held in juvenile hall. The way in which these victims are perceived by those “helping” them can impact the amount of trust they instill in others and more importantly it will determine if they accept the help that is being offered. According to The Utah Minuteman Project (2007), government agencies must be conscientious to the situations of the victims and treat them accordingly. The young women and men who are being forced to prostitute themselves have a negative view of themselves and this is further reinforced when they are punished and incarcerated. Many times resources are available

to victims through various government agencies under the condition they assist law enforcement in the capture and prosecution of their captors, children are omitted from this stipulation (Fong & Cardoso, 2010). This poses a serious challenge to the victims because they have been conditioned to fear their captors and the fear instilled in them could make it almost impossible to assist in this manner. The inability of a survivor to assist law enforcement should not determine whether a person can receive services or aid. Okech, Morreau, and Benson (2012) note that several agencies have helped enact anti-trafficking laws and statutes, including local law enforcement, CIA, FBI, and the Department of Justice and State Department.

#### Theories Guiding Conceptualization

Erikson's Psychosocial Development Theory (Erikson, 1959) would be an important theory to explore in this study. His theory identifies the different stages a person goes through from birth to death and how the completion of each stage builds on previous ones. Inability to master earlier stages of development does not keep one from going on and mastering the next stage; however issues may come up in the future pertaining to a disruption at a particular stage. Minors who are sexually victimized at a young age may have a difficult time developing confidence, building an identity, and forming intimate relationships. For example, a young boy or girl taken at the early age of 12, who is victimized numerous times a day for an unknown period of time, is unlikely to form an identity and it may result in a weak sense of themselves

and who they are. As reported by Rafferty (2008) “the negative messages they routinely receive can influence their sense of worth, leading to feelings of self-blame” (p. 14). Their experiences can later affect their ability to form intimate and loving relationships with others and can result in isolating or feeling alone. It would also be interesting if there was a way to measure how a youth’s personality can be affected by having such a big disruption in their development.

Another theory to explore in this study is system’s theory because the public’s general awareness of this phenomenon is something relatively new and the government and various agencies are becoming more proactively involved in the situation. As a service provider one has to be aware of the different systems the victims are involved with and help educate them and advocate for them. On the other hand, systems such as juvenile justice need to be educated on this issue in order to guarantee these victims receive the services and support they need and that they are not being criminalized. Agencies need to be better prepared for these types of clients and social workers and the helping professions in general have to be more conscientious about the experiences these children have gone through and the importance of implementing evidence based practices. Having unconditional support from the different agencies and systems the child is involved with would be conducive to their path to recovery and there has to be more collaboration and communication between the systems as well.

According to Maslow's (1943) Hierarchy of Needs one would be unable to begin working on their recovery until basic needs are met. In this particular case, minors need to feel a sense of security and have food and shelter available to them before they can begin working on the trauma they have experienced. Macy and Johns (2011) note that providers must focus on getting these needs met and ensure they are safe from their traffickers since they will continue to pose a threat to the victim even after they have escaped. They went on to add that providers should be culturally sensitive in meeting the basic needs of the victims as far as food and clothing are concerned. Language would be another barrier to explore as they may not be able to understand their current situation causing additional turmoil and confusion and adding to their overall stress. When working with this population it would be prudent to be mindful of these three theoretical frameworks. Addressing the victims basic needs and ensuring their safety is imperative, understanding the psychosocial developmental stage they are in can serve as a guide when providing treatment, and decreasing stigma on the part of the victim when dealing with other systems can be useful in creating a successful working relationship.

### Summary

Studies done on domestic sex trafficking are limited. Many of the studies have focused on issues related to international trafficking of persons. Due to the lack of research and literature this study was necessary in order to

enrich the knowledge and field of social work to be better able to provide these young victims with effective services and the clinical treatment they desperately need.

## CHAPTER THREE

### METHODS

#### Introduction

This chapter discusses the methods used to complete this study. An overview of the study design is presented in order to illustrate the types of treatment that are available to survivors and which have been observed to be the most effective. A description of the sample used in this study is given as well as the method used to obtain data. This chapter describes the instruments utilized to gather data as well as to explain the type of data this study collected and analyzed. The way in which data was gathered and the form in which participation was solicited is depicted. Confidentiality was ensured and care was taken to protect human subjects who chose to participate in this study, the chapter concludes with a section on data analysis and processes used to refine the data collected.

#### Study Design

The purpose of the study was to explore and evaluate the programs available to victims of human sex trafficking in the Riverside area. The effectiveness of therapeutic treatments was evaluated in order to better understand whether the clinical approaches being implemented across various agencies are helping these youth. The study also gives social workers an overall idea of how many service providers are available in the area as well as

any type of specialized training they have received in different forms of therapy.

By conducting a qualitative study using digitally recorded interviews, the study was able to gather additional rich data, such as a comparison between the number of female and male therapists and their ethnic background. This is important to consider because the youth seeking services may feel more comfortable speaking to someone of the same gender. Many cultural differences exist as well and it would be beneficial for rapport building and implementing interventions if a service provider is knowledgeable and understanding of the victim's cultural background. The study provides useful information for service workers, however due to the fairly recent inception of these types of services and treatments in the Inland Empire the data gathered was limited.

### Sampling

The sample from which data was obtained consisted of therapists providing services in public service agencies. The researcher obtained information and contacted a therapist identified as being a service provider for victims of sexual exploitation. Through her knowledge of the field she was able to provide other names of therapists who provided services. Through word of mouth additional participants were recruited and included as participants in this study. This approach helped increase the sample size and included service providers whom otherwise may have been overlooked. Due to the

purpose of this study a non-random, purposive sample was used; the goal was to produce a sample size of 10 to 20 participants, however it produced a small sample size due to the limited number of therapists who have had experience working with this population. The study also sought to explore the opinions of therapists in regards to services available to this target population and determine what other services are still needed.

### Data Collection and Instruments

The study strived to collect data that would demonstrate what clinical approaches service providers have observed to be the most effective when treating young victims of human trafficking; this is the dependent variable in this study. The dependent variable has a descriptive level of measurement as the questions the participants answered were open-ended. The instrument used to collect data for this study consisted of two parts (see Appendix A): an interview guide and a demographic questionnaire. The interview guide consisted of open-ended questions geared towards exploring clinical approaches the participants have observed to be effective when rendering services to this population. The questions provided an array of answers which were then categorized by clinical approach. The questionnaire used to collect demographic information included questions regarding gender, ethnicity, age, years of experience, bilingual skills and specialized training. When reviewing gender, ethnicity and bilingual skills of the participants a nominal level of

measurement was used. The participant's age and years of experience used an ordinal level of measurement.

### Procedures

The plan for data collection was to meet with the identified mental health service providers, speak to them, and give them some background information on the study. The researcher explained the reasons why this study was being conducted, as well as the potential data it could provide the field, and the benefit it could have for the youth they serve. Once the mental health provider agreed to be a participant in the research study they were given an informed consent form to read and sign as well as an informed release granting the researcher permission to use a digital recorder during the interview. Participants were notified that because the study was focused on gathering qualitative data the use of digital audio recording would facilitate the collection of information. Participants were informed ahead of time that the interview would take approximately 30 minutes to complete, but they could be afforded additional time as needed.

### Protection of Human Subjects

The interviews included questions about gender and ethnicity, however no other identifying information was collected. Due to the researcher directly collecting data from the participants, care was taken to guarantee the participants that their answers would remain anonymous. The projected

potential for risk or harm to the participants was minimal. All participants were provided with an informed consent statement (Appendix B) and a debriefing statement (Appendix C) prior to choosing to be a part of this study.

### Data Analysis

The study looked to answer the question: What clinical approaches have service providers observed to be the most effective when treating young victims of human trafficking. The information gathered from therapists across the Riverside and Corona areas provided a clear picture of the types of therapeutic approaches used when working with victims and which they believe have been most effective. The interviews of each participant were transcribed and their answers were analyzed, enabling the researcher to extract major themes. The data was descriptive and will be discussed in the Results section. The descriptive data will provide other therapists with a guideline of therapeutic approaches they can utilize when treating this population since most of the current literature lacks this information.

Collecting information about the participants' gender and ethnicity helped describe the demographics of the therapists rendering services in the Riverside and Corona area. With the data collected readers will have a clear illustration of the number of male and female therapists and the distribution of their ethnicities across the cities. Once all of the information was collected the participants mean age and years of experience was calculated to give a clearer depiction of the sample.

## Summary

The methods and study design have been depicted in this section as well as the type of sample that was sought. Due to the purpose of this study a nonrandom sample was used to produce qualitative and descriptive data. The data provided was analyzed in order to identify common themes amongst the participants.

## CHAPTER FOUR

### RESULTS

#### Introduction

The purpose of this research study was to determine the clinical approaches service providers have observed to be most effective when treating young victims of human sex trafficking. Seven participants were interviewed, who worked in the metropolitan areas of Riverside and Corona. Participants were asked a series of ten questions and they were grouped into similar categories. After the data was analyzed the major themes that emerged in each grouping were abstracted, yielding the results for this study. Majority of the participants opined that they had observed Trauma Focused-Cognitive Behavioral Therapy and meeting the victim where they were and being present with them. Participants discussed the challenges they experienced when working with this population and the changes they observed, and agreed the most of the time victims are open to receiving help. Overwhelmingly, the participants are in agreement that services and resources are still needed and suggested an outreach team designed specifically for this population. Lastly, the participants expressed a growing awareness of this problem, however shared there needs to be more education and advocacy for this group of individuals.

## Demographics of Participants

The demographics of the seven participants are illustrated in Table 1.

The mean participant age for the six participants who responded was 35 years old and the number of years of experience range from three years to 20 years, the mean being nine years of experience.

During the interview process the participants were asked how long they had been aware of the problem of minors being sex trafficked domestically and locally. The participants' answers are shown in Table 1. The number of years varies from two years to six years, with a mean of 3.7 years, demonstrating how new this issue is to the area and to the therapists treating the victims.

Table 1. Descriptive Statistics of Participant Characteristics

Participant	P1	P2	P3	P4	P5	P6	P7
Gender	Female	Female	Male	Female	Female	Female	Male
Ethnicity	Bi-Racial	Caucasian	Caucasian	Caucasian	Asian/P.I.	African American	Latino
Bi-Lingual	No	No	Spanish	No	Tagalog	No	Spanish
Age	42	36	32	28	32	?	40
Years Experience	17	3	6	4	5	20	8
Years Aware of Problem	2	5	3	4	5	5	2

The researcher was also interested in gathering information on any specialized training the participants may have received during their years as therapists. This information is reflected in Table 2. The most common specialized training the participants had received was trauma focused-cognitive behavioral therapy (TF-CBT) followed by multi-dimensional family therapy (MDFT), Seeking Safety, Wraparound, Dialectical Behavioral Therapy (DBT), Family Based Treatment for Eating Disorders, Pathways for Sex Offenders, PRICE Parenting, and Parent-Child Interaction Therapy (PCIT).

Table 2. Types of Specialized Training

Specialized Training	# of Participants
TF-CBT	5
MDFT	2
Seeking Safety	2
Wraparound	2
DBT	2
Family Based Treatment for Eating Disorders	1
Sex Offender (Pathways)	1
PRICE Parenting	1
PCIT	1

## Qualitative Data: Thematic Report

### Qualitative Analysis

The participants were each asked 10 questions and their answers were grouped by relevancy throughout the chapter. The first grouping addressed theoretical frameworks used and clinical approaches used when rendering services to this population. The second grouping pertained to changes participants had observed in the survivors they had treated and whether they were receptive to the services and treatment offered. The third grouping explores available services and resources to this population and inquired if the participants felt they were sufficient as well as the services they would like to see become available and whether they were satisfied with the services they provided. The last grouping explores the participants views on the awareness of therapists in regards to the problem of human sex trafficking and the awareness of the community in general. Figure 1 illustrates the correlation between the different groupings and its effect on effective treatment.

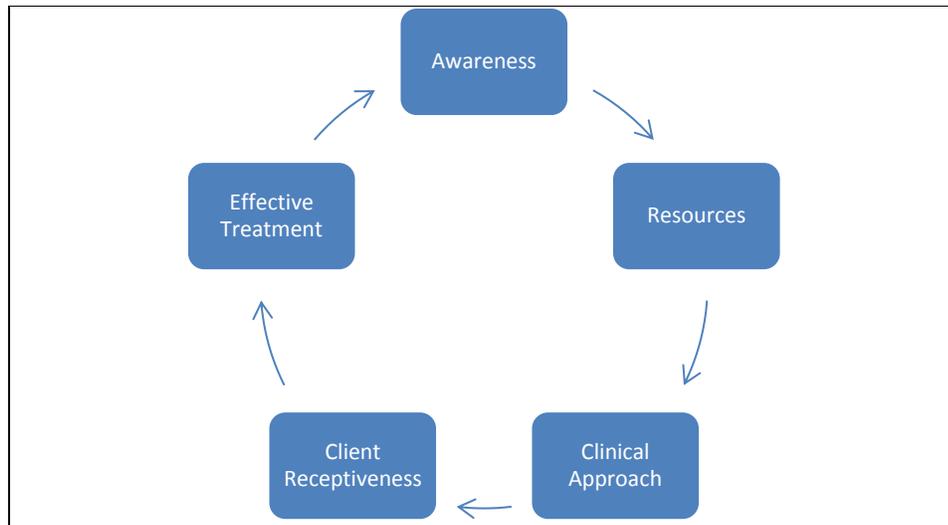


Figure 1. Correlation between Groupings and the Effect on Treatment

### TF-CBT as an Effective Approach

The first grouping of questions focused on clinical approaches the participants have observed to be effective during treatment. Five of the participants observed TF-CBT as the most effective clinical approach, making it the most frequent occurring theme. Participant 1 stated TF-CBT presented “different ways of thinking, which I think helped her make better choices and decisions” (Personal Interview, April 2014) and participant 3 added TF-CBT “is really helping people to reprocess and kind of tell their story.” (Personal Interview, April 2014)

### Solution-Focused

The second theme related to this is using a Solution Focused based approach. Participant 1 particularly thought this approach to be effective because it lead to and “*she didn’t have to dwell in the emotions and*

*experiences of her past and focus more on her future.*” (Personal Interview, April 2014) Participant 2 also thought this approach to be effective stating “solution focused, we did a lot of how can I survive and get through where I’m at right here in this moment” (Personal Interview, April 2014) and “clients had to relearn how to communicate with people, how to get a job, how to communicate with their family after being through what they’d gone through and kind of reintegrate into the community they were in.” (Personal Interview, April 2014)

#### Meeting the Victim Where They Are

Another theme that was noted was meeting the victim where they are and being present with the client. Allowing them the freedom to go at their own pace and not coercing them to do anything they are not ready for gives the victim a sense of control and a sense of respect. Taking the time to listen to them and what they want as opposed to meeting one’s own personal agenda demonstrates a genuine interest in helping them.

#### TF-CBT as a Personal Choice

When participants were asked about their personal clinical approach the common theme again was TF-CBT. Participant 6 remarked “I certainly use it as an introduction to gather information from them and to assess the history of trauma, which all of them have” (Personal Interview, April 2014). Participant 4 stated “I think a lot of them are fearful of being out casted, shamed all those kinds of things so the TF-CBT as the backbone and then you know adding an

additional interventions and theories” (Personal Interview, April 2014) as her approach. Participant 7 stated he used TF-CBT “approach with the belief that helping her identify, at least coping skills, to identify her trauma would help her through the process of dealing with what had happened to her.” (Personal Interview, April 2014)

### System’s Theory

The second theme that emerged was system’s theory, many of the participants noted that it was imperative to be conscientious of the various systems the minors were involved in. Participant 4 noted “what system’s were in place that put this kid in this position in the first place” (Personal Interview, April 2014) and participant 5 added “work within I guess a planning process where we work in system’s theory as well as person in environment so the approach is to make the client’s feel able and motivated to live and work and breathe within their own environment that they got in trouble in the first place.” (Personal Interview, April 2014)

### Psycho-Education

The third theme was using psycho-education as a clinical approach when working with this population. Participant 2 stated they used this approach “in trying to help them identify different ways they can maintain their safety” (Personal Interview, April 2014) and

psycho-education on domestic violence, what is sex trafficking and how at risk they were putting themselves and then psycho-education on

ways to get out of it, to get out of that life, how they could, and that proof that there has been a few people that have gotten out of that life, that they haven't died, or gone to prison. (Personal Interview, April 2014)

Participant 4 liked to use this approach to “normalize that experience” (Personal Interview, April 2014) and decrease shame and stigma. The last theme that emerged was the use of a strengths based approach. Participant 3 stated “I’m a firm believer in using a strength based approach, really creating a non-judgmental environment where people can share openly, validating their feelings of course” (Personal Interview, April 2014) and participant 4 added “strengths based approach is really important too because a lot of times there’s that shame and guilt associated with it and even that stereotypical numbness we tend to think of with trauma.” (Personal Interview, April 2014)

### Resistance and Inconsistency

The second grouping of questions discussed the changes participants had observed in their clients. Several of the participants reflected on how difficult it is to work with this population due to the trauma they have experienced, which leads to the first theme, which was resistance and inconsistency. Participant 1 noted she observed “small itty bitty tiny changes” (Personal Interview, April 2014) due to client’s not being consistent with treatment. Participant 3 painted a more clear picture of the usual baseline of the clients, stating “they’re very hyper vigilant, they’re experiencing

nightmares, exaggerated startled responses across settings, they're often easily triggered to have increased anxiety where they're hiding," (Personal Interview, April 2014) participant 5 added "honestly, they're very hesitant at first, they don't, they run, they run fast, as soon as the hard stuff starts coming up" (Personal Interview, April 2014) and later commented "it's very dramatic usually, they act out very dramatically when this hard stuff comes up." (Personal Interview, April 2014)

### Coping Skills

The second theme that surfaced was the client's ability to better cope with feelings, thoughts and traumas. Participant 1 stated that a young woman she had worked with began "finding other outlets in the community or in their school instead of hanging out at the park where negative activities could be," (Personal Interview, April 2014) participant 3 added clients "learn improved relaxation coping strategies to use between sessions while they're experiencing a heightened state of anxiety, fear or terror in cases, and they start applying some of those coping skills" (Personal Interview, April 2014). Participant 4's comment paralleled this observed change, "I've seen improvement in coping skills, self-regulation, self-esteem, self-image, even like ego strength developing, insight into where that came from and why." (Personal Interview, April 2014)

### Thinking Process

Another theme that emerged was that of the change observed in the form of thinking in these young survivors. Participant 1 commented “getting her think about her life different and her goals like what she wants to do, where she wants to be, how she wants to do it, really trying to empower her to make those decisions,” (Personal Interview, April 2014) and participant 3’s comment was “empower them to take the self blame and guilt out of it and really emphasize that they were victims” (Personal Interview, April 2014). As participant reflected back she stated “there was change in well, hopelessness, was a common thing” (Personal Interview, April 2014) and along that same framework participant 6 stated some survivors “have moved back into as functioning members of the community” (Personal Interview, April 2014) and have been able to overcome many of their challenges.

### Open to Get Help

The second set of questions addressed the victims’ receptiveness to treatment and services. Five of the participants shared they felt the victims they had worked with were receptive; participant 1 attributed this receptiveness to “I think she felt respected and her opinions were valued. She never appeared to feel forced or you know cornered” (Personal Interview, April 2014). Participant 2 stated “yeah absolutely until they couldn’t be any more until something happened externally that they couldn’t share in the office, that they still didn’t feel comfortable” (Personal Interview, April 2014). This tied in

with participant 3's response, the participant stated that the minors were open to services, but it was important to remember that "treatment doesn't exist in a bubble where they come in here and then they'll share, but they're still being contacted by other girls, by former pimps so its mixed results." (Personal Interview, April 2014)

Two participants shared they did not feel like their client's had been open to treatment, partly because the client's were not ready to discuss trauma and experiences during therapy. Participant 5 noted "when the hard stuff, when it was therapy they just, it was too hard for them," (Personal Interview, April 2014) and participant 7 stated that the client's "didn't buy into it" (Personal Interview, April 2014). Although, this is a hard population to work with they have the ability to engage in the treatment process as long as the therapists are able to build rapport and create a safe environment.

### Education and Awareness

Another aspect this research study was interested in surveying was the available resources and those that are still needed. Six of the participants answered no and one participant was mixed answering "yes and no" (Personal Interview, April 2014). There was a consensus amongst the participants that more services and resources have become available to this population, however they are not sufficient. One theme that was extracted from this question was that several of the participants felt that there was a need to educate the public in general and make them aware of the problem.

Participant 1 noted “there isn’t enough dialogue” (Personal Interview, April 2014) occurring in the clinic setting or in the community and participant 3 commented “increased awareness needs to occur on a community, county, state and national level, internationally actually” (Personal Interview, April 2014) in order to increase resources and services. Participant 2 made an interesting comment regarding this topic:

yes and no. I think the services sometimes and the resources are just as hidden as this population is unfortunately in our communities. Cuz you really have to search them out, you really have to seek what they are and if you’re a person that’s living outside of societal norms anyways you’re not gonna a) know how to find them unless they find you and I think that’s what happens a lot of the times. (Personal Interview, April 2014)

This comment ties in with the sentiments of some of the other participants, depicting the need for additional education and awareness.

Participants also expressed a need for increased awareness in therapists and the community as a whole. Participant 3 noted “more interagency collaboration, larger efforts in educating communities at the local, state and national level” (Personal Interview, April 2014) and felt that increased awareness would facilitate collaboration between agencies as well as communication. Communities would be better equipped and prepared to combat this problem.

### Outreach Work

Another theme that emerged was developing an outreach team whose sole purpose would be to reach this hidden population. Participant 7 elaborated on this point and opined

I'd say more of a clinic or at least a unit within a clinic that specializes in just working with this population that maybe are mobile because it's very hard for even a particular kid to come in and expect them to sit in your office when they're out there trying to deal with the day to day struggles. (Personal Interview, April 2014)

The next participant also agreed that an outreach team would be beneficial for a slightly different purpose, participant 2 stated "police officers are so focused on one area and one thing you need somebody else that's trained in identifying and then crisis intervention kind of work to help" (Personal Interview, April 2014). This statement leads in to the following theme which was increased advocacy for the young survivors.

### Advocacy

There seems to be a consensus within the participants that these victims were not willing partakers in their exploitation, however are treated like criminals. Participant 2 felt passionate about this subject and stated "there's got to be increased advocacy for kids that are arrested cuz I don't know that I've ever met a 14, or 13, or a 12 year old who wanted to be a street walker or to be a prostitute or anything like that or be a sex slave or whatever" (Personal

Interview, April 2014) and participant 3 concurred adding “often times people look at someone who has been trafficked rather than looking at them as a victim they look at them as a prostitute or you know a person of low moral character” (Personal Interview, April 2014). By working on changing how these young victims are viewed or perceived in their communities it would create an investment in people and new programs and services could start being implemented.

#### Satisfied with Services Rendered

This study also explored the participants’ satisfaction with the services they provided. Four of the participants responded yes, noting that they felt they did the best they could with what they could provide or with the training they had. In particular participant 7 explained it in this fashion, “I mean I think I did what I thought was the best that I could do” (Personal Interview, April 2014) and later added, “I don’t think trauma focused targets them” (Personal Interview, April 2014). Participant 5 stated she was “somewhat” satisfied with the services she had rendered and it was partly attributed to most of the focus going to the treatment of the individual and not much work was done with the family which she thought was imperative to treatment. Two of the participants answered no, participant 2 seemed to struggle with this question and answered no, “especially the ones that would never identify to me, like I wish I could have done more to help them maintain safety and not have to go back to what they were doing” (Personal Interview, April 2014). Participant 4 had a

slightly different reason for not feeling satisfied with the services that were provided noting “we still work in this kind of medical model, old, old school outpatient therapy approach” (Personal Interview, April 2014) and thought it would be more effective to do field based type of work with this population.

### Therapists Lack Awareness

The fourth grouping of questions dealt with the participants’ feelings regarding awareness in the therapeutic community and the general public. Four of the participants felt the awareness of therapists in this region is “lacking,” as participant 3 put it. These participants felt that therapists in general do not understand the magnitude of the problem or the pervasiveness of it. Participant 1 said “they view it as a novelty, like it’s not as prevalent as it really is” (Personal Interview, April 2014) and added “they have probably worked with kids who have been in it but didn’t know” (Personal Interview, April 2014) due to their lack of awareness. Participant 7 stated “either they’re naïve about it or they think it’s not happening in this particular region or in this county,” (Personal Interview, April 2014) which as the literature shows is far from the truth. The other three participants had the perception that awareness was growing amongst mental health providers, however it could be improved. Participant 5 opined “within the last two years it’s becoming more of you know a populations that therapists are starting to realize is really out there” (Personal Interview, April 2014) and participant 6 commented “I think it’s growing, I think therapists are becoming more aware” (Personal Interview,

April 2014) and later added “most people are unaware of what sex trafficking really is,” (Personal Interview, April 2014) which is also congruent with the existing literature.

#### Awareness in General Public is Low

Six of the participants felt that awareness in the community was poor and needed to be remedied. Participant 2 noted “very low, I don’t think anyone really understands the impact or how huge it is,” (Personal Interview, April 2014) participant 5 added “they don’t know anything’s going on, that’s why we have the problem with the parents saying what? Is that really happening? I can’t believe it. I don’t think the community knows at all what is really going on with our kids and our girls out there at all” (Personal Interview, April 2014).

Participant 4 was more bold in her answer replying

I don’t think the community wants to believe that these young women and men are victims of sexual assault. I don’t think they want to believe that because that would mean that they are turning a blind eye to horrible injustices that are being committed daily. (Personal Interview, April 2014)

There is still a widespread stigma associated with this issue and participant 6 commented

I think they’re still believed to have made the choice to become prostitutes, most people don’t understand the impact of early childhood trauma what it does to these children, young women and young men. I

think they see the problem as these are delinquent kids they just, you know, they made the choice to sell their bodies and that's long standing obviously so it's a historical perspective so we need to do more education around the topic. (Personal Interview, April 2014)

One of the participants felt that the awareness in the community was growing and had improved. However, there is an overall agreement between the participants stating that more needs to be done to increase awareness and develop treatment programs specifically for this population.

### Summary

The results of this research study have demonstrated that the therapists working with this population tend to use Trauma Focused-Cognitive Behavioral Therapy to treat these minors along with some other clinical frameworks. Much work still needs to be done in finding a therapeutic approach that meets all of the needs of this population. TF-CBT is a good beginning, however based on the participant data integrating a solution focused approach to address other areas of need aside from the trauma may be a good beginning. Also, when working with this population participants believed it is important to be mindful of one's attitude's, prejudices and preconceived notions as it may affect the manner in which one delivers services or interacts with the minor. As some of the participants mentioned it is important to incorporate a strength based approach and convey unconditional positive regard.

In terms of services and resources, the participants believed there is work to be done in this area as well, beginning with changes in the survivors' communities and leading all the way up to the national level. Once more people become aware of the magnitude of this problem and its prevalence domestically, more advocacy work can be done to provide them with accessible and effective treatment, which would also help them feel supported and empowered. Participants felt that it would be imperative to educate those working in the legal system to help them change their mind frame when they come in contact with these victims. The findings indicated that increased education one would be more able to identify victims of sex trafficking and treat them like victims, decrease criminalization along with the stigma the survivors' experience.

## CHAPTER FIVE

### DISCUSSION

#### Introduction

The purpose of this study was to explore and determine the clinical approaches service providers consider most effective when treating young victims of human sex trafficking. The issue of human sex trafficking has generally been thought to only occur in third world countries. However in recent years, more attention has been brought to problem the United States is facing domestically. The research study was conducted in the metropolitan areas of Riverside and Corona, within Riverside County. Partly due to the proximity of several interstate highways and increased gang activity, as reported by one of the participants and the Department of Justice (2012), there has been an increase in the prevalence of human sex trafficking, which Kotrla (2010) defined as “the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act” (p. 181). Due to this being a relatively new issue that the nation and the local community is becoming aware of, service providers are for the most part inexperienced in treating this population and the layers of trauma they have experienced. The results of this research study are a good starting point for those providing services; however there is still a lot of work to be done.

## Discussion

The first theme that emerged from this study was the use of TF-CBT as a treatment approach. Five of the seven participants stated they felt TF-CBT was an effective approach to utilize when rendering services. TF-CBT is an effective tool to use when gathering information regarding the victim's trauma, but it is also important to remain present with the victim as this has been observed to facilitate the therapeutic process. Conversely some of the participants felt this clinical approach was not enough to address all of the victim's needs, Fong and Cardoso (2010) state that "few treatment and social service programs are equipped to address the complex needs of children" (p. 315). Rafferty (2008) reports that methods of maintaining control over the young victims include "physical, sexual, and psychological violence; isolation; deployment in areas unknown to them; dependence on alcohol or drugs; controlled access to food and water; and monitoring through use of weapons, cameras, and dogs," (p. 14) which supports some of the challenges when using this model.

Several of the participants discussed creating a safe and comfortable environment for the victims seeking treatment to decrease stigma and re-victimization. Along with this they also emphasized the importance of being approachable and creating rapport with the client in order for them to build trust and engage in treatment. One of the participants found motivational interviewing to be helpful because it helped meet the client where they were

and it could begin a dialogue about the things the victim was interested in working on. It is also important to keep in mind that aside from the trauma there are other areas the youth would need assistance in as well as developing life skills.

In regards to changes observed in the victims and their openness and receptiveness towards treatment there was an overall agreement that this is a challenging group to work with due to their distrust of people and struggle to untangle themselves from outside influences. As some of the participants stated the minors coming in to receive services may be “hyper-vigilant,” “overly-dramatic,” or “runners.” When and if the youth are ready and prepared to deal with their experiences and trauma, they will begin working on their treatment and slowly begin lowering their defenses. As mentioned by some of the participants, they can learn coping skills to manage their symptoms, whether it is anxiety, depression, nightmares or a heightened state of fearfulness, it just takes time. On the other hand a couple of the participants noted that it is not uncommon for the victims to run and/or terminate treatment on their own. Some of them may feel like they are beyond help (Kalergis, 2009). These behaviors could be misperceived to mean that they do not want to get better or are not invested. However it is imperative to be mindful of the complexity of the therapeutic process. Many who are able to escape the life are fearful of being found again, or may still be in contact with their pimps or other victims who are trying to pull them back (Macy and Johns, 2011). With

the proper support it is possible for them to regain control of their lives and reintegrate into society and become productive members.

Views regarding services and resources available in the participants' community were also surveyed, as well as their satisfaction with the services they provided. Five of the seven participants were satisfied with the services they were able to provide considering their available resources and training. As was expected due to the novelty of this issue and in congruence with the available literature, most participants opined that there were not enough resources available. Fong and Cardoso (2010) note that "many shelters and treatment programs do not provide services specific to sexually exploited youth" (p. 314) and Participant 2 felt there were resources available, however had this to say about it, "the services sometimes and the resources are just as hidden as this population" (Personal Interview, April 2014) which can make it challenging for these victims to locate them and access them. Some of the participants suggested outreach team whose sole focus would be locating these victims and linking them to services that cannot only provide therapeutic type services, but also assist in developing independent living skills, provide a safe and stable living environment, help with clothing and basic needs, and assist with job training (Macy and Johns, 2011). Another suggestion that surfaced was adding a component for the parents if they are still involved with the victims to help them process and understand the experience their child has

gone through. This could help strengthen their relationship as well as their support for one another.

In general more education is needed in this area for service providers, first responders, community members, and for the survivors themselves. As mentioned in Kalergis (2009), “everyone says you made a choice to do this,” (p. 318) which unfortunately is a common misconception. After hearing it so much these young girls and boys fail to see themselves as victims and begin to view themselves as criminals or worse, which may be a possible reason they abscond from treatment. Training service providers to effectively identify victims would decrease their criminalization. Instead of arresting these young victims and taking them to juvenile hall, they could be transported to a safe house where they can begin receiving services and be linked to additional resources. Educating the public in general on this problem could help decrease the stigmatization this population endures because their attitudes would change. This would hopefully lead to increased advocacy at all levels, creating a change in policy as well as stopping the criminalization of this population.

Finally, the study also examined the participants’ feelings regarding the awareness of therapists to this problem and the awareness of the community in general. Most participants noted that therapists are becoming more aware of this issue and are beginning to be exposed to this population, whether it is by providing services or attending trainings on the topic. There was a sense

that more dialogue is needed in this subject matter and although this population is out there it is not being talked about. The community in general is uninformed and oblivious to minor's being sex trafficked domestically, "U.S. children are being sold for sex not only on the streets, by pimps, but via craigslist and at truck stops across the country" (Kotrla, 2010, p. 182). It is important for the community to be knowledgeable, especially parents so they are able to protect their children from becoming potential victims. This is no longer a problem that can be ignored or thought of as a problem existing everywhere else but in the United States. More efforts need to be geared towards educating the public and making them aware of the horrors happening in their neighborhoods.

#### Limitations and Recommendations

This research study produced a small non-random sample size. The opinions gathered in this study are not reflective of the opinions and attitudes of other service members working with this population. As aforementioned, due to the lack of training it is possible that many therapists have worked with minors who have been sex trafficked and were unable to ask the right questions to properly identify them. This would increase the number of participants who would be able to participate in studies seeking to do more research in this subject matter.

As has been discussed, this problem is domestically wide-spread yet its prevalence is still unknown. Because these young victims live in such a hidden

world it is difficult to fathom all that happens in this underworld. To increase awareness, education, and advocacy more communication and collaboration needs to happen between agencies, both locally and nationally. By working together there is a higher probability that this problem can be combated and the number of victims can be significantly reduced. Increased advocacy would also entail a change in policy, Potocky (2010) noted that “when U.S. attorneys decide to prosecute a trafficking case, the conviction rate is very high; 96 percent. However, U.S. attorneys decline to prosecute approximately 60 percent of trafficking cases, compared with only about 25 percent of all federal criminal cases. This indicates that prosecution of human trafficking is highly problematic” (p. 374-375). This is an injustice to the young victims who are treated like criminals and put in juvenile hall when they are arrested. Social workers need to be more proactive in becoming educated and educating others and advocating for social change and policy change. More research needs to be done in this area as well to get a better picture of the scope of the problem and work with the survivors and get guidance from them as to how to effectively treat and provide services.

### Conclusions

There is still a lot to learn, and a lot of work to do, when it comes to understanding this vulnerable population. With combined efforts, and increased collaboration, more effective treatment can be provided and needed services can be developed. The participants in this study have relied on

trauma focused-cognitive behavioral therapy and five of the seven participants have found it to be effective, which is in agreement with the literature. Aside from treating the trauma, these survivors also require assistance in other life domains to help them become productive members of society. As reported by the participants this is a challenging population to work with, but they have the ability to overcome their abuses with adequate support, develop appropriate coping skills to manage their symptoms, and most importantly are open to receive help.

More work is needed in terms of education and advocacy, social workers need to take a more proactive role in educating themselves on this problem and need to take action by advocating for the rights of these victims. The general public according to the participants in this study are generally oblivious to the horrors occurring in this country and in their communities.

APPENDIX A  
QUESTIONNAIRE

## Interview Questionnaire

What is your gender?

1. Female
2. Male

What is your ethnicity?

1. Caucasian
2. African American
3. Latino
4. Native American
5. Asian/Pacific Islander
6. Other please specify \_\_\_\_\_

Are you bilingual?

1. Yes
2. No

Please specify the language if your answer is yes. \_\_\_\_\_

What is your current age? \_\_\_\_\_

How many years of experience do you have as a therapist? \_\_\_\_\_

Do you have any specialized training?

1. Yes
2. No

If yes please specify: \_\_\_\_\_

Have you worked with minors who were survivors of sex trafficking?

1. Yes
2. No

If you answered yes, what clinical approach did you observe to be the most effective?

What is your clinical approach when helping survivors of human sex trafficking?

What changes have you observed in your clients?

Were they receptive to the services and treatment offered?

In your experience do you feel there are enough services and resources available for this population?

What services would you like to see become available?

Are you satisfied with the services you provided?

How do you feel about the awareness of therapists in relation to the problem of human sex trafficking occurring in the Inland Empire?

What about awareness in the community in general?

How long ago did you become aware of this problem?

Developed By: Elisa Lopez

APPENDIX B  
INFORMED CONSENT

## Informed Consent

We would like to ask for your participation in a study that is looking at the most effective clinical approaches to use when working with youth who are survivors of sex trafficking. This study is being conducted by Elisa Lopez under the supervision of Dr. Cory Dennis, a professor of Social Work at California State University, San Bernardino. This study has been approved by the School of Social Work Sub-Committee of the Institutional Review Board, California State University, San Bernardino.

**Purpose:** The purpose of the research project is to study effective clinical approaches when treating minor survivors of sex trafficking as well as to determine what resources are available and which are still needed.

**Description:** Please read this consent and sign with only an "X" if you choose to participate. After you are done with the consent form please provide the form to the interviewee. We ask you to please complete an interview where a questionnaire will be administered and digitally audio recorded by the researcher of this project. The process will then be completed.

**Participation:** By participating in the following interview we ask that you answer the questions as honestly as possible. Participation is voluntary; refusal to participate will involve no penalty. You may discontinue participation at any time without penalty.

**Confidentiality:** Please know that confidentiality is very important to us. All of the information you provide will remain confidential; this means we will not provide this information to any outside agencies and information collected will only be used for the purposes of this research project. Your identity will be kept private, as you will not be asked to provide your name. You will only be asked to mark an "X" as an indication of your agreement to participate.

**Duration:** Reading the consent form and completing the interview will vary, but should not take any more than 30 minutes.

**Risks:** There are no predictable ill effects associated with participating in this study. Answering some questions might create some discomfort as it may bring up past memories of working with a survivor. If at any time you feel uncomfortable you are completely free to refuse to answer any question without penalty.

**Benefits:** It is unlikely that you will directly benefit from your participation in this study. However, the knowledge gained from this study may contribute to the overall understanding of service providers and which treatment approaches to use when working with this population.

**Contact:** For any questions regarding this study or participants' rights please contact: Dr. Dennis at (909) 537-3501.

**Results:** Results can be obtained at the California State University, San Bernardino Pfau Library after September 2014.

I have read the information above and agree to participate in your study.

Signature: (Please just mark an "X", DO NOT put your name)

Mark: \_\_\_\_\_

Date: \_\_\_\_\_

APPENDIX C  
DEBRIEFING STATEMENT

## **Debriefing Statement**

Thank you for your participation in this research project. The goal of this research was to obtain a better understanding of the most effective clinical approaches to use when working with minors who are survivors of human sex trafficking. In this study we are interested in assessing the various therapeutic approaches therapists throughout Riverside use and which have been observed to be the most effective and successful. The study will also look at the gender of the participants and their ethnic background for demographic purposes and seeks to identify and determine available resources.

If you have any questions about the study, please feel free to contact Cory Dennis, Ph. D at (909) 537-3501 or Elisa Lopez at [lopee370@coyote.csusb.edu](mailto:lopee370@coyote.csusb.edu). If you would like to obtain a copy of the results of this study they will be available in the California State University, San Bernardino Pfau Library after September 2014.

## REFERENCES

- Sexual Abuse.(2014). *American Psychological Association*. Retrieved from <https://www.apa.org/topics/sexual-abuse/index.aspx>
- Davis, M.C. (2011). Human trafficking. *Hispanic, 20*(8), 46-48. Retrieved from Academic Search Premier database.
- Fong, R. & Cardoso, J.B. (2010). Child human trafficking victims: Challenges for the child welfare system. *Evaluation and Program Planning (33)*, 311-316.
- Hodge, D.R. (2008). Sexual trafficking in the United States: A domestic problem with transnational dimensions. *Social Work, 53*(2), 143-152.
- Human trafficking in North America. (2007). *Utah Minuteman Project*. 1-17. Retrieved from [http://www.utahminutemanproject.org/PDF/HUMAN\\_TRAFFICKING\\_IN\\_NORTH\\_AMERICA.pdf](http://www.utahminutemanproject.org/PDF/HUMAN_TRAFFICKING_IN_NORTH_AMERICA.pdf)
- Kalergis, K.I. (2009). A passionate practice: Addressing the needs of commercially sexually exploited teenagers. *Affilia: Journal of Women and Social Work, 24*, 315-324. DOI: 10.1177/0886109909337706
- Kotrla, K. (2010). Domestic minor sex trafficking in the United States. *Social Work, 55*(2), 181-187.
- Logan, T.K., Walker, R., & Hunt, G. (2009). Understanding human trafficking in the United States. *Trauma, Violence & Abuse, 10*, 3-30. DOI:10.1177/1524838008327262
- Macy, R.J. & Johns, N. (2011). Aftercare services for international sex trafficking survivors: Informing U.S. service and program development in an emerging practice area. *Trauma, Violence & Abuse, 12*, 87-98. DOI: 10.1177/1524838010390709
- Okech, D., Morreau, W., & Benson, K. (2012). Human trafficking: Improving victim identification and service provision. *International Social Work, 55*, 488-503. DOI: 10.1177/0020872811425805
- Potocky, M. (2010). The travesty of human trafficking: A decade of failed U.S. policy. *Social Work. 55*(4), 373-375.

Rafferty, Y. (2008). The impact of trafficking on children: Psychological and social policy perspectives. *Child Development Perspectives*, 2(1), 13-18.

The state of human trafficking in California. (2012). Retrieved from State of California Department of Justice Office of the Attorney General website: <http://oag.ca.gov/human-trafficking/2012>