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Practitioners Views on Effective Interventions for Victims of Domestic Minor Sex Trafficking

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PRACTITIONERS VIEWS ON EFFECTIVE INTERVENTIONS FOR
VICTIMS OF DOMESTIC MINOR 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
Tracy Chioma Nibo

June 2016

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Approved by:

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ABSTRACT

The purpose of the present study was to explore methods of effective treatment interventions for victims of Domestic Minor Sex Trafficking (DMST) from the viewpoint of practitioners. Although risk factors are present the secretive nature of the DMST population make victims difficult to identify. The sensitivity of the trauma victims experience also make it difficult to determine effective interventions to utilize for treatment of this population. This study seeks to gain the perspectives of practitioners who work with the DMST population in order to overcome these barriers. This study utilizes a qualitative design in which 10 practitioners were interviewed to determine effective methods of intervention. In doing so risk factors for identification, psychological impact of victimization and various interventions were highlighted to determine the most frequently used and most effective methods of intervention. Findings of the study indicate sexual abuse, homelessness, vulnerability, physical abuse and neglect as risk factors directly related to victimization. Findings of the study also indicate CBT, trauma focused and interpersonal psychotherapy as effective methods of intervention. The implementation of training programs specifically tailored to the DMST population is a necessary solution to bring awareness to DMST, assist in the identification of risk factors to prevent victimization and identify effective interventions for victims.

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CHAPTER ONE

INTRODUCTION

This chapter will outline and highlight issue concerning domestic minor sex trafficking (DMST) by discussing the history of this social issue, its prevalence in communities, and its relevance to social work policy and practice. The purpose of this study will also be discussed, which is to explore practitioners views on effective interventions for DMST victims.

Problem Statement

Human sex trafficking is at epidemic proportions with adolescents on the streets. Research suggests that youth in America are the most vulnerable to become victims of trafficking within this country. Although there are many forms of human trafficking, including domestic work and forced labor, it has been primarily linked to sexual activity and prostitution carrying the label of “modern day slavery.” This abuse of one’s human rights can involve men and women, however, the most predominant target are young children. According to the National Report on Minor Sex Trafficking (2009), “Domestic minor sex trafficking (DMST) is the commercial sexual exploitation, recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act, in which the person is a U.S. citizen or lawful permanent resident under the age of 18 years” (p. 14).

A 2006 study of the relationship between suspect and victim of human sex trafficking have determined the presence of high levels of intimacy along with intimidation, control, and violence. These factors have a large impact on the success of social work practice and chosen intervention for coping and recovery. The lack of successful interventions, as a result, contributes to the high recidivism rate of minors willingly returning to a life of sex trafficking. Although the assumption is the receipt of services and proper intervention reduces the risk of recidivism, little empirical evidence is available to support the efficiency of interventions and which are considered most effective. This supports my focus on practitioners views of effective interventions for victims of domestic minor sex trafficking.

Many studies have determined that the victims of these acts experience a range of psychological issues including post-traumatic stress, depression, helplessness, and feelings of worthlessness as a result of the sexual, physical and psychological abuse. The exploitation of minors whom are victims of sex trafficking also negatively impacting development and future attachments (Gozdziak & Bump, 2008). Research has documented that domestic minor sex trafficking is associated with complex trauma (Graham & Wish, 1994), posttraumatic stress disorder (PTSD; Farley, Baral, Kiremire, & Sezgin, 1998; Tsutsumi, Izutsu, Poudyal, Kato, & Marui, 2008), damaged sense of self, compromised interpersonal boundaries and distrust of others (Curtis, Terry, Dank, Dombrowski, & Khan, 2008; Smith et al., 2009), suicidality (Greene et al.,

1999; Van Brunschot & Brannigan, 2002), anxiety and depression (Tsutsumi et al., 2008), and substance abuse (Nadon et al., 1998). As sex trafficking of minors increases in commonality healthcare and mental health professionals will require knowledge of sex trafficking patterns and successful interventions for victims. The various interventions are used to assist victims with coping with realities and with the physical, psychological, social, and sexual abuse they experience, however, the determination of which interventions were most effective for this particular population remains unclear.

The contrasting perspectives of social work professionals and sex trafficking advocates is one explanation for the lack of empirical evidence available about which interventions are successful for rehabilitating sex trafficked victims. Some highly believe in the victim-centered approach which focuses on compassion and sensitivity, placing much emphasis on the needs and concerns of the victim. This approach also “seeks to minimize re-traumatization associated with the criminal justice process by providing the support of victim advocates and service providers, empowering survivors as engaged participants in the process, and providing survivors an opportunity to play a role in seeing their traffickers brought to justice” (Williamson, 2015 p. 20). Others believe greatly in trauma-informed services which is an evidence-based treatment approach guided by practitioners understanding of trauma and trauma-related issues that can present themselves in victims. Unlike the victim-centered approach trauma informed care

does not treat the symptoms of the victimization but rather identifies and accommodates the vulnerable state of the victims.

In contrast to the difference in perspectives it is generally agreed upon that the therapeutic approach must address trauma-bond, also known as “Stockholm Syndrome”. According to the Commercial Exploitation of Children (CSEC) curriculum, Stockholm syndrome is classified as the continuous thought or presence of threat to physical or mental survival. Also present must be the belief that the perceived threat will be executed by the abuser. The victim must be isolated and from others and the inability to escape the situation must be present in order for Stockholm syndrome to occur. For example, a specific case study conducted in London, England shed light on three women whom were victims of sex trafficking. In this study the victims had means of escaping victimization, in this case access to a phone, but did not utilize it to call for help. “Traffickers recognize and use their victim’s desire for love and protection and use it as a source for manipulation” (Hardy et al., 2013, p.13)

As discussed, human minor sex problems trafficking victims experience an array of mental health and psychological issues. In regards to research pertaining to mental health needs of this population majority research focuses primarily on post-traumatic stress disorder (PTSD) (International Organization for Migration, 2006; Pico-Alfonso, 2005; Zimmerman et al., 2006). These physical and mental health consequences are not a side effect of trafficking, but a central theme which requires specific strategies and concepts in order to restore the

well-being of victims. If an intervention is unsuccessful or left untreated problems with functioning may occur resulting in difficulties controlling emotions, sudden outbursts of anger or even self-mutilation. The use of alcohol and drugs to escape these emotional states is also a result of this type of trauma.

The most common social work practice issue of working with this population to determine proper intervention is screening and identification of victims. Many victims do not self- identify as victims and as a result of trauma bonding may even identify their abuser as a lover. The involvement of child welfare agencies, social service agencies, as well as law enforcement agencies are vital for effective case management and as a support system in order to successfully break the trauma bond and prevent the return to the abusive situation.

According to the National Academy of Sciences' (2012) report on child sexual exploitation and sex trafficking in the United States, "very few evaluations of specific victim and support interventions have been conducted, and there are few published reports and even fewer peer-reviewed studies on the interventions considered most effective" (p. 236).

As a result, "victim and support service professionals and programs lack a critically reviewed evidence base for practice" (Clayton et al, 2011, p.253).

The macro perspective of the effective interventions has a primary focus on child protection. The Polaris Project (2013) and Shared Hope International (2009) moved towards a more victim-centered approach to human trafficking response,

and began publicly highlighting the gap between federal law and practice resulting in the passing of safe harbor laws. The Safe Harbor Law provision, which was enacted in 2011, protects the way sexually exploited youth should be treated under the law. The two primary components of the Safe Harbor Law is Legal Protection and Provision of Services.

It may be argued that one way to determine the most effective and successful interventions for domestic minor sex trafficking is to empirically explore practitioners views on which practices resulted in substantially minimized psychological and physical problems and led to full integration back into society. In addition, given the disproportionate representation of African American girls whom experience sexual exploitation from human trafficking, it is important to investigate whether there are unique relationships present within this population that would be better served by culturally sensitive interventions.

Purpose of Study

The purpose of this study was to: (a) identify risk factors that place adolescent females at risk for trafficking, (b) examine practitioners views on the effectiveness of interventions for DMST victims, and (c) determine which were considered most successful for this population.

The objective of the study was to provide social work professionals and other social service providers with evidence based knowledge on the most effective and successful interventions for addressing adolescents who have been

victims of human sex trafficking. In order to provide the best practices and appropriate intervention for this population, professionals need to understand the factors that place this group at risk of being sex trafficked, the effects of sex trafficking, and best treatment options for this population. Social workers, youth serving agencies, child advocacy organizations, mental health, and child welfare organizations were all included in this study as targets to provide awareness. In order to bridge the gap of examining sex trafficking of adolescent and most effective intervention practices this study touched basis on screening protocols and systems designed to assess minors at high risk of being trafficked.

A qualitative approach was conducted in order to examine practitioner's views on effective interventions. Professionals from the Tessie Cleveland Community Corporation, which serves the greater Los Angeles County area, was interviewed in this study. The qualitative data collected from the interviews was recorded, with the consent of each participant, in order to retrieve verbatim information and ensure descriptive validity. The Tessie Cleveland agency is made of clinical social workers (LCSW), social workers (MSW), case managers, rehabilitation specialists, therapists, counselors, and survivor leaders. The specific individuals chosen for participation in this study were selected based on their expertise and knowledge of child trauma and their experience working with DMST victims and survivors. Selection of professionals was also based on constant contact with adolescents of human sex trafficking and experience with

the population of individuals who were considered to be vulnerable and at risk of victimization.

Significance of Study

Addressing the issue of lack of research on practitioner's views of effective interventions for DMST victims has important implications for social workers who are interested in improving life circumstances of survivors. On the individual level, victims burdened by human sex trafficking are at high risk for several negative outcomes. The development of psychological issues such as PTSD, physical, and also emotional problems can be a very traumatic experience victimized adolescents. Rather than compounding the traumatic experience through interventions that may potentially re-traumatize, professionals should work to identify which interventions are culturally sensitive and effective for successful rehabilitation. Therefore, effective interventions which aim to alleviate co-occurring problems, from the viewpoint of experienced professionals, may be better identified and better developed. This is extremely important given that there is a significant lack of empirical evidence on practitioner's views of successful practice.

This research study is significant because it explores best practice interventions for DMST victims from practitioners whom possess the knowledge and experience of working with this population. The information and viewpoints gathered from these professionals work to educate other social service agencies

on what works and stress the importance of grounding practice decisions in empirical evidence that supports specific treatment options for this particular type of population. The findings of this study, most importantly, provides a foundation and platform for the successful treatment of this population.

This study has also provided opportunities for research in assessing the knowledge of social workers and other social service agencies and providers on DMST and their ability to appropriately respond and administer services to victims. Predominantly, there was a pertinent need for research that examined the effectiveness of programs and interventions designed to treat DMST victims and prevent at-risk youth from becoming victims of trafficking. Finally, more exploration was essential in order to understand the diversity that exists within this vulnerable population and the use of culturally sensitive interventions that address this factor.

CHAPTER TWO

LITERATURE REVIEW

Introduction

Chapter two consists of discussion of relevant literature to the study and has provided an overview of several theoretical frameworks for evaluating practitioner's views on effective interventions for DMST victims. Basic tenets of The Attachment Theory (Bowlby, 1973), Psychosocial Development Theory (Erikson, 1959), and Cultural Competency (McPhatter, 1997) are provided followed by a discussion on its applicability and explanatory contribution, which help guide the conceptualization of this population.

Leading Factors

There are many factors which contribute to why some adolescents are prone to becoming victims of human sex trafficking. A great deal of research has indicated that studies conducted on the DMST population primarily focus on females. "While male youth are also vulnerable, they may be less likely to disclose their exploitation due to the stigma that surrounds male sexual violence victimization" (Holger-Ambrose, Langmade, Edinburgh, & Saewyc, 2013, p. 331). These factors arise early on within their lives making them more susceptible to being victimized. Abuse and neglect are primary factors adolescents' experience which is the need to be taken care of and loved. When these needs are not met the adolescent may then experience vulnerability. Environmental factors such as

poverty and homelessness are vulnerability factors relevant to victimization. Clawson and Dutch (2008) stated that the correlation between poverty and trafficking has been corroborated by qualitative reports from law enforcement, social service providers, and others working in the anti-trafficking movements. Children who were pre-exposed to these factors or who are dealing with their own personality or psychological disorders, emotional or school related problems, all help in creating that vulnerability that traffickers prey upon.

Sexual abuse is also a significant leading factor in the victimization of sex trafficked adolescents. “Studies show that 70% of domestic sex trafficking victims were sexually abused between the ages of three and fourteen” (Parker & Skrmetti, 2013, p. 1021). When the occurrence of sexual abuse is present in previous history it normalizes the effects of sexual abuse and human trafficking in adolescents and contributes to their susceptibility of false hope offered by their offenders. For example, Norton and Hawk conducted a study on 106 adult women with history of incarceration for prostitution related offenses. The study found that 68 percent of the women reported having been sexually abused before the age of 10 and almost half reported being raped before the age of 10 (Norton-Hawk, 2002, p. 8). In 20 recent studies of adult women who were sexually exploited, the percentage of those who had been abused as children ranged from 33 percent to 84 percent (Raphael, 2004).

Cobbina and Oselin (Reid, 2011) describe vulnerability and trafficking factors as having distinct psychosocial historical components that have led to

circumstances leading to vulnerability along with home life or environmental factors which have contributed to trafficking in an individual's life. Although vulnerability and risk factors are identified for victims prevention and early victim identification efforts for this population are severely limited or entirely absent resulting in very little attention in research, practice, and policy.

Effective Interventions for Treatment

The sensitivity and critical aspects of the domestic minor sex trafficking population has limited the literature on clinical interventions in the rehabilitation process of trafficking survivors. With the limited literature, no empirical studies have shown to evaluate practitioners' views on effective clinical interventions for the DMST population. However, Macy and John (2011) conducted a study which evaluated the effectiveness of specific aftercare services for this particular population. Lack of awareness of this issue has also resulted in only a few trafficking specific agencies that cater to this population, However, there are some treatment frameworks that researchers and clinicians recommend when working with trafficking survivors. Macy and Johns (2011) reviewed 20 documents in a study on the literature of aftercare services and concluded that a continuum of comprehensive aftercare services is needed to address the changing needs of survivors as they recover over time. This continuum of services includes immediate and crisis needs, ongoing needs, and long-term needs (Macy & Johns, 2011). Seven of the core service areas within this

continuum include basic necessities, secure housing, physical health care, mental health care, legal and immigration advocacy, job and life skills training, and substance abuse services (Macy & Johns, 2011). Mental health care falls into the ongoing needs section of the continuum (Macy & Johns, 2011).

Clawson and Grace (2007) conducted a research study focusing on the services provided to Domestic Minor Sex Trafficking victims by the U.S. Department of Health and Human Services (HHS). The participants of this study included directors and staff of residential facilities, housing programs, juvenile corrections facilities, programs for runaway and homeless youth, child protective services personnel, and law enforcement. The study was conducted using a qualitative approach to obtain data through interviews with the individuals and programs previously mentioned. Clawson and Grace (2007) also used the data collected from service providers to shed light on potentially effective intervention methods and strategies. The findings of this study determined that there was a significant need for integrated treatment approaches, specifically trauma informed practice and interventions addressing mental health issues.

A qualitative method of research design was utilized in a study conducted on the Minnesota Indian Women's Resource Center (MIWRC). This resource center was known for providing support services to American Indian and Alaska Native women, young girls and their families. Pierce (2012) collected data for this study and evaluated the services provided through a roundtable discussion with advocates of the center, as well as its affiliated programs. Pierce (2012) also

utilized feedback forms which were completed by individuals who were currently or had previously received support services from the MIWRC. A total of 30 participants were included in the study. Feedback from these participants indicated homelessness, abandonment, abuse, neglect and exploitation by family members or caregivers were all prominent risk factors for sex trafficking victimization. From the information gathered from the round table meeting Pierce (2012) determined that a harm-reduction approach would be most effective for DMST intervention.

As means of gathering quantitative data in the study a Commercial Sexual Exploitation Risk Assessment Form (CSERAF) was utilized upon intake of victims and survivors. Pierce (2012) found that out of a total of 58 girls initially assessed during intake, only a total of 17 continued the study and participated in follow up interviews. Although limited the feedback information and responses gathered from the 17 girls during the follow-up indicated that their participation in abstinence-oriented and psych-educational programs were effective and had led to significant improvements to their quality of life.

Along with insight on effective intervention methods the most significant findings were gathered from 39 adolescent girls who attended Phoenix Project support groups. Over 75% report experiencing significant improvements in feeling confident in making their own decisions, being able to identify characteristics of exploitation, and avoid inappropriate sexual situations. Over

70% of the participants also reported the importance of the support they received including shelter and non-judgmental counselors and service providers.

According to the findings of this study, harm-reduction strategies, such as the psycho- educational and abstinence approach, along with positive support and empowerment had the most effective means of intervention.

A study conducted by Crawford (2010), examines the characteristics and outcomes of sex trafficking survivors. Crawford identifies that lack of empirical data exists on how often reintegration efforts succeed and what factors were related to positive outcomes of the reintegration process. Twenty case files of rehabilitated survivors, from an anti-trafficking agency, had been randomly selected. Each participant selected suffered from somatic and behavioral issues. This qualitative research used interviews to gather and clarify information. The results of the study concluded that the current rehabilitation and reintegration programs produced positive results for the participants. Records showed that 17 of the 20 survivors who participated in the study and underwent intervention successfully reintegrated back into society. Upon analysis of a random sample of cases from an anti-trafficking organization, data determined that girls were often trafficked at a very young age and endured forced prostitution for a time ranging from a few months to several years and that virtually all survivors experienced physical, psychological, and behavioral symptoms as a result of the trauma they were forced to endure (Crawford & Kaufman, 2008, p.72). However, there is a need for classification of race amongst the survivors whom successfully

integrated. There is also a need for examination of whether the practices and interventions were culturally sensitive in order to identify the factors of diversity.

Theories Guiding Conceptualization

Abraham Maslow (1943) developed a theory of human motivation which identified that humans have a hierarchy of specific needs. Maslow's Hierarchy of Needs begins with the most basic needs and goes up to self-actualization. The first tier, on the bottom of the needs triangle, is made up of physiological needs. These are the most basic needs including food, air, water, and sleep. The next tier is the need for security. Security needs for an adolescent victim include things like steady financial income and shelter. The next tier addresses social needs such as the need for companionship, love, and affection. After the social needs are satisfied, esteem needs become an important factor for successful growth and development of an identity. The final tier is self-actualization where individuals focus more on fulfilling their own potential. As a way to exploit the victim's dependence for need fulfillment, traffickers use this theory to identify and provide victims with basic needs, including food, shelter and clothing. These basic necessities are primary reasons why victims of sex trafficking develop a strong attachment to their abuser.

The primary researcher involved in the development of the Attachment Theory was Bowlby (1973). According to Bowlby (1973) this theory, referred to the lasting emotional connectedness between human beings, specifically

between child and caregiver. In Bowlby's view, "The quality of interactions between infant and caregiver(s), beginning at birth, motivated specifically by a child's needs for safety and protection, are central to lifespan development" (Bowlby, 1973, p. 31). Researchers Lesser and Pope (2007) have identified four factors contributing to the attachment level of child and caregiver: (1) amount of time spent caregiver spends with the child, (2) how caregiver reacts to the needs of the child, (3) emotional responsiveness and commitment provided to the child by the caregiver, and (4) long term availability of caregiver to the child.

In order to test the tenets of Bowlby's theoretical research Ainsworth, Blehar, Waters and Wall (1978) conducted various empirical studies. Their most recognizable study was the "Strange Situation." In this study the response patterns of infants were observed when they were briefly separated, and then reunited with their caregivers. As the caregiver left the room the infant's emotions and behaviors were observed and analyzed as they responded to the presence of a stranger.

Lesser and Pope (2007) concluded that although Bowlby and Ainsworth's work focused primarily on attachment in early childhood, subsequent research has shown correlations between attachment patterns in early childhood to attachment patterns in adolescence and early adulthood. Lesser and Pope (2007) also concluded that poor attachment patterns in adolescence and early adulthood had potential of resulting in negative self-concept, poor peer relationships, poor emotion regulation, and antisocial behavior. These factors

were most relevant in response to abuse and neglect experienced during childhood (Lesser & Pope, 2007). The finding of these experiments has placed a strong correlation that children who struggle with attachment are more susceptible to domestic minor sex trafficking. Page (2011) further determined that poor patterns of attachment are often internalized, which as a result can negatively affect a child's ability to have healthy interactions with peers and caregivers.

Joubert, Webster, and Hackett (2012) conducted a study which shed light on the importance of addressing attachment with trauma intervention. This study examined 60 adolescents with a history of maltreatment and analyzed the effects of disorganized attachment. The researchers of the study determined from the data collected that there was a significant association between disorganized attachment, symptoms caused by trauma and dissociation.

Although the literature regarding attachment theory did not specifically speak towards DMST intervention, it is evident that victims and survivors undergo a severe and traumatic experience. The theory of attachment plays a primary role in addressing trauma and symptoms that occur such as PTSD. In addition, PTSD also plays a significant role in the treatment plan and interventions, which were considered most effective for survivors.

Another theoretical framework used to guide this study is the Psychosocial Development Theory which was introduced by Erikson in 1968. Erikson's stages of human development has shown to be a significant factor to the recovery

process of DMST victims. This theory focuses on establishing a sense of trust in others and developing a sense of identity in society by placing a great deal of emphasis on the adolescent period, feeling it was a crucial stage for developing a person's identity.

Research has shown that Erikson's eight stages of human development closely parallels effective clinical interventions for treatment of the traumatic symptoms DMST victims possess as a result of victimization. According to Clawson (2004), victims of human trafficking have been described to exhibit traumatic symptoms and needs for service similar to other abused victims. These category of victims include torture victims, victims of domestic violence/sexual assault, battered immigrant women, migrant workers, refugees, and asylum seekers. Authors whom all possessed trauma related mental health issues including PTSD, depressive disorder, anxiety disorder and feelings of hopelessness, conducted a study which developed Erikson's stages in accordance with their personal intervention treatment. The strength-based and client-centered models used in the study offered a therapeutic framework that fostered hope, empowerment and self-determination in individuals. The authors proposed eight opportunities to resolve conflict in the service of personal growth and development, which aligned with Erikson's eight stages. The results of this study show that how far one has advanced in Erikson's schema before trauma or victimization has occurred plays a large role in the treatment plan and

intervention for recovery. This factor identifies why some intervention strategies are ineffective for DMST victims who have underlying developmental difficulties.

African American victims of DMST may face unique racial barriers that inhibit their help-seeking behaviors. Neville and Heppner (1999) stated that “the historical and contemporary realities of Black life in the United States have led to fundamental differences in the nature and quality of resources available to African American survivors, their willingness to access those services, and the treatment they receive when they do seek assistance” (p.57). “After receiving insensitive treatment, many survivors felt guilty, depressed, distrustful, and reluctant to seek further help” (Campbell & Raja, 2005, p.102). The cultural competence theory supports these factors and emphasizes the importance of providing effective treatment using practice disciplines that are consistent with cultural strengths and vulnerabilities. In social work, the term culture is not solely inclusive of a person’s race or ethnicity, but also includes persons with varying disabilities, religions and classes (NASW, 2001). The term competence describes a person and/or systems’ abilities to provide effective services to culturally diverse populations. The National Association of Social Work (NASW) uses Davis and Donald’s (1997) definition to operationally define cultural competence: “the integration and transformation of knowledge about individuals and groups of people into specific policies, practices, and attitudes, used in appropriate cultural settings to increase the quality of services, thereby producing better outcomes” (NASW, 2010; pp. 11-12).

According to NASW (2001), it is social workers ethical responsibility to strengthen their cultural competence level through training, education, and consultation. Further, it is important to note that although social workers can increase their level of cultural competence, the goal towards achieving cultural competence is a long-term and ongoing process that evolves with each diverse client's background and problems that social workers encounter (NASW, 2010; McPhatter, 1997). Although all agency workers and professionals are not social workers (i.e., do not have degree in social work) NASW's definition of cultural competence can be extended to all agencies and organizations working with African Americans victimized by sex trafficking.

Relevant Interventions

A significant part of the recovery process for sex trafficked victims are trauma-informed services (Clawson, Salomon, & Grace, 2008). This evidence based mental health intervention is guided by the understanding of trauma and trauma symptoms and issues that may become present in victims. In the trauma-informed framework, one qualitative study reported ten principles that define trauma-informed services and the implementation of those principles in eight service areas (Elliot, Bjelajac, Falot, Markoff, & Reed, 2005). Elliot et al. (2005) described the eight service areas as recognizing the impact of violence and victimization on development and coping strategies; identifying recovery from trauma as the primary goal; employing an empowerment model; maximizing a

woman's choices and control over recovery; emphasizing relational collaboration; creating an atmosphere of safety, respect, and acceptance. This framework also emphasizes strengths and resiliency; minimize re-traumatization; strive for cultural competence; and solicit consumer input in designing and evaluating services. These principles are important in guiding mental health practices and are important factors to the success and effectiveness of intervention treatments for trafficking survivors.

Recent studies have emphasized the use of complex trauma theory when working with victims of DMST. According to Macy and Johns (2011) complex trauma theory refers to a type of trauma that occurs repeatedly and cumulatively over a period of time and within a specific relationships and contexts (p. 91). Due to the repeated and prolonged traumatic events sex trafficked survivors encounter, this type of trauma was extended to survivors of trafficking from its original and primary use to understand child sexual abuse.

Amatya and Barzman (2012) conducted a study on the treatment of trauma and Post Traumatic Stress Disorder (PTSD) among children. In this study the importance of schemas were discussed, which they defined as "a conceptual framework based on life experiences that help the individual organize information and interpret and adapt to the environment" (Amatya & Barzman 2012, p. 2). Amatya and Barzman (2012) argued that experiencing trauma has the ability to negatively affect a child's schema, thereby leading to a negative outlook on life and a poor perception of self-competence (p.5).

However, there are several limitations with trauma-informed practices and complex trauma theory. According to researchers Macy and Johns (2011), “these theories were not specifically developed for trafficking survivors and have not been evaluated with this specific population” (p.97). They were suggested for this population because of the similarities between the experiences of trafficking survivors and the experiences of domestic violence survivors, child abuse survivors, and refugees (Yakushko, 2009). Some of the similarities between trafficked survivors and refugees lie in their migrant status and experience of severe trauma (Yakushko, 2009). Some similarities between trafficking and domestic violence include the current threat to the survivor’s life and the legal challenges in the prosecution of the perpetrators (Yakushko, 2009). Some of the guidelines for treatment that can be applied to trafficked survivors include establishing feelings of safety, reconstructing the trauma narrative, and reconnecting individuals to community and support (Yakushko, 2009).

A study conducted by researcher J. Williamson (2010) has proven that cognitive behavioral therapy has been shown to be effective in treating trauma and in ameliorating symptoms of PTSD, depression, and anxiety. It incorporated methods of cognitive restructuring and exposure therapy and focused on identifying and changing negative thoughts into more realistic or positive thoughts in order to reduce negative emotions. Specifically, cognitive processing therapy (CPT), a type of cognitive restructuring therapy, is more widely used in treating PTSD for trauma survivors (Castillo, 2011) which is a symptom almost all

sex trafficked survivors struggle with during their recovery process. Exposure therapy addresses PTSD symptoms by helping the client revisit the trauma memory repeatedly (Castillo, 2011). Studies have shown that the most developed model of exposure therapy for PTSD is prolonged exposure which, includes education and breathing retraining and consists of imaginal and in-vivo exposure (Castillo, 2011). Imaginal exposure helps the client to repeatedly describe traumatic memories to release emotional pain, while in-vivo exposure involves visiting places that have been avoided because of the traumatic experience (Castillo, 2011).

Summary

The literature review and theoretical frameworks discussed how sex trafficked minors are in need of specific services and interventions. Given the studies that suggest that domestic adolescent females are at high risk for being victims of sex trafficking, this paper is specifically concerned with the interventions DMST victim's best identified with. Theories derived from work with the populations at risk serve as the foundation for intervention services. Although researchers have identified key risks and barriers associated with sex trafficking victimization, few scholars have examined practitioner's views on effective interventions for treatment and rehabilitation of victims of DMST

CHAPTER THREE

METHODS

Introduction

In this chapter of the paper, an overview of the research method and design utilized in the study will be presented. Specifically, the participants involved, the methods of data collection and process, interview instrument, procedures for protecting the participants and the information provided, and qualitative data analysis are presented and discussed. Furthermore, I will outline the purpose of the research, the limitations, as well as the question it seeks to answer.

Study Design

This study employs a qualitative design utilizing social service practitioners as the primary participants. An evaluation of practitioners views of effective interventions for victims of domestic minor sex trafficking was represented. Data was collected through semi-structured face-to face interviews with eight practitioners who work directly with DMST victims in Los Angeles County. The data gathered from the open-ended questions also served as a source of information used to inform and bring awareness to child welfare social workers on best practice interventions for DMST victims. This approach was chosen in order to pursue in depth information from the subjects point of view. This approach also allowed freedom for the participants to express their views in

their own terms giving a more prominent meaning and understanding of their experiences with DMST victims.

Although a significant strength, this qualitative research method presented various limitations. The potential for observer bias through non-verbal gestures and queues or the simple presence of the researcher during data gathering had potential of affecting the subject's responses. The time consuming process of collecting data, analyzing and interpreting the information was also a significant limitation to this design. However, the primary limitation of this design was in regards to sample size. Only a total of eight social service practitioners were interviewed for this study. As a result, the generalizability of the information obtained from these interviews to the entire population of professionals was very limited making it difficult to conclude that the results obtained from such a small study sample generalized to a larger population size. For example, the professionals within the Tessie Cleveland Community Service Corp may all agree on a general method for successful intervention. However, this did not conclude that this method would be effective to other practitioners in other social service agencies. There may be other professionals working with the same population whom may have used this method and received unsuccessful results. Other practitioners and professionals may also have found this method successful coupled with various other intervention methods. The specific research question is: What is the perception of social service practitioners regarding effective interventions for victims of DMST?

Sampling

The sensitivity and underground nature of domestic minor sex trafficking made it difficult to locate agencies and professionals willing to provide feedback on victim interventions. In order to gather information from professionals on effective interventions purposive sampling was used to recruit participants for this study. This non-probability sampling technique is useful when research is expected to take a long period of time before providing conclusive results or where there is currently a lack of observational evidence. Eight professionals including case workers, social workers, counselors, and clinical therapists from the Tessie Cleveland Community Service Corporation was selected based on their expertise from working closely with DMST victims in Los Angeles County. Sampling criteria for the purpose of this study included only those professionals who have worked specifically with the DMST population providing clinical interventions.

Data Collection and Instruments

Data from this study had been collected by utilizing face-to-face, semi-structured interviews using an interview guide made up of 10 questions (Appendix A). The questions were structured around three primary topics: (1) skills and coping strategies helpful to DMST victims, (2) services provided and what their experiences and observed outcome of those services have been, and

(3) specific interventions that were effective in successfully removing DMST victims from the industry and keeping them from being re-victimized.

Demographic information including age, gender, ethnicity, education, number of years in the social service profession, and number of years working with this population were collected from each participant. The questions from the interview guide were also open-ended in order for the participants to fully express their viewpoints and build on their personal experiences. The use of audio recording was utilized in the study for detailed transcription of the interview allowing more familiarity with what is being observed. Due to the circumstances that these anti-sex trafficking agencies specifically provides services to female victims, the study primarily focused on interventions effective for female DMST victims. All participants were social services professionals with a history of serving the DMST population.

The limitations of the use of this method included issues with accuracy of the data. The question of reactive effects was also anticipated as a result of this method of interviewing. People's knowledge of the fact that they are being recorded may make them behave less naturally and less prone to disclose information (Whyte, 1995). During the interviews some participants became reluctant and overly cautious in answering specific questions due to the knowledge of being recorded. Some participants refused to consent to audio recording which, as a result, left room for inaccurate transcription.

Procedures

Eight research participants were recruited from an anti-sex trafficking agency, which serviced victims in various counties of Southern California. A letter was sent to the agency, which included detailed information regarding the study and the criteria for professionals who wished to participate. Upon approval from the Tessie Cleveland Community Service Corp participants were to be active social workers, counselors, clinical therapists, or case workers within agency. The participants selected were then contacted via email for scheduling of the personal person interview, which took place at the agency office located in the city of Los Angeles. Prior to the interview participants were provided with informed consent forms which thoroughly addressed confidentiality and the use of an audio recorder for the interview process. Each interview conducted by the researcher took approximately 30-35 minutes in length to complete and was based upon availability of each participant.

Protection of Human Subjects

Appropriate measures to ensure the protection of participants was carefully taken by the researcher. All participants were interviewed voluntarily and provided with an informed consent form, as well as an audio consent form. The consent forms informed participants on the purpose of the study, confidentiality, who the study will be conducted by, and information on supervision of the study. Participants were also advised, verbally and in writing,

that the interview would consist of open-ended questions and would be audio-recorded and later transcribed to an electronic document. Data collected from the interview was securely stored away allowing only the researcher to sole access to the information. Additionally, the interviewees were advised that they will be referred to, in the electronic transcription, as “participant” followed by a letter (A-J) in order to protect their confidentiality and identity. Participants were informed of the opportunity to withdraw from the study at any point of the research resulting in full exclusion of any information obtained without penalty. The participants in full agreement with the study terms gave their consent to participate by placing an X in the appropriate box on the forms. Upon completion of the interview each participant was provided with a debriefing statement.

Data Analysis

As previously stated a qualitative data analysis approach was utilized for this study. The data gathered from the audio taped interviews were then transcribed verbatim and analyzed in order to formulate themes and patterns from the interview statements in accordance to the explored topics: (1) skills and coping strategies helpful to DMST victims, (2) services provided and what their experiences and observed outcome of those services have been, and (3) specific interventions that were effective in successfully removing DMST victims from the industry and keeping them from being re-victimized. A qualitative coding method was developed for the purpose of organizing the retrieved data. This technique

was effective in converting the exploratory data collected into units and categories in order to categorize responses and identify recurrent themes.

Summary

In summary, this chapter presented the purpose of the study which was to explore best practice interventions for DMST victims from the perspective of practitioners whom administer services. Also presented were the procedures of the research study and appropriate measures taken for the protection of all participants. The methodology of this study included the use of a qualitative design utilizing an interview guide to conduct semi-structured, face to face interviews. Data collected from the eight practitioners whom worked directly with the DMST population were analyzed in order to identify common themes and formulate patterns. Lastly discussed in this chapter was the method of data analysis for this qualitative study.

CHAPTER FOUR

RESULTS

Introduction

In this chapter, a detailed description of the findings will be provided. I will also discuss the identified themes of the participant interviews. In the review of the transcript from the initial data collection, existing research and literature on risk factors of this population appeared to be consistent with those identified by practitioners in the study findings. Trainings and prior experience working with this population was also relevant to the identification of victims via risk factors and clinical interventions utilized by practitioners to service DMST victims. Furthermore, the most effective interventions for DMST victims from the perspective of practitioners were identified as trauma focused therapy, cognitive behavioral therapy, and psycho-education for the prevention of re-victimization. A discussion of each intervention will be guided by the statements made by the participants of this study.

Presentation of Findings

The purpose of this study was to utilize the findings to determine which clinical interventions were most effective for the rehabilitation of DMST victims

from the viewpoint of practitioners who used them. Relevant factors of the findings include demographics, risk factors, trainings, and screening tools which are further explained.

Demographic Information

The demographic information of the participants were important to note as it related to highest level of education, years of experience working specifically with DMST victims, and cultural/gender competencies and barriers when working with victims.

Out of the ten participants in the study 60% received their MSW and were practicing as social workers/case managers for over two years in the agency. Four of these participants had previous experience working with this specific population. One participant was a marriage and family therapist (MFT) with only one year experience at the agency and no previous experience working with this specific population. The three remaining participants of the study were Licensed Clinical Social Workers (LCSW) with atleast two years of previous experience working with the DMST population and over five years working with the agency. Of these participants, one was previously employed with CFS and had a vast range of experience with this population.

In regards to gender and cultural competencies and barriers, 80% of the participants identified as female, 10% identified as male and the remaining 10% did not identify as female nor male. In regards to culture and ethnicity of the eight

female participants, six identified as African American and two as Hispanic/Latino. As previously mentioned, the final participant chose not to disclose gender however, identified as Caucasian.

Risk Factors

Upon discussion of risk factors practitioners viewed to be most prevalent during their experiences working with DMST victims all ten of the participant's responses included vulnerability as a key component of DMST victimization. However, half of the participants specifically identified abuse and neglect as the leading factors of victimization due to the lack of affection received by the victim. For example, Participant 1 stated, "Victims I have encountered almost always show signs of some type of maltreatment as a child, from physical abuse from parents to just being uncared for (personal communication, February 2016)." Although three of the participants had over two years of previous experience working directly with DMST victims, the other two participants drew their conclusion from research and their experiences with victims they encountered in the agency. Participant 6 stated, I relied a lot on research and studies I had read on victims because the agency makes so many changes we were kind of forced to read up on all new information (personal communication, March 2016). Three other participants identified homelessness and lack of shelter as the precipitating factor and primary reason why victimization occurs. All three of these participants stated that most of the victims they have encountered had been run away

adolescents whom were left vulnerable. The final 20% of participants identified sexual abuse as the primary high risk factor. One participant, who seemed very passionate about this particular question on risk factors stated, “Victims are already traumatized from abuse that may have taken place in the past leaving them more susceptible to other types of abuse and victimization, in this case sex trafficking. (Participant 3, personal communication, February 2016).”

The risk factors identified above support the need for social service trainings specifically tailored to working with victims of domestic minor sex trafficking in order to properly screen and identify DMST victims, potentially prevent victimization, and also identify which specific services and interventions are effective for those whom have undergone victimization.

Training

Participants of the study were asked for their personal opinion and experiences with social service trainings for working with DMST victims. All participants’ responses were uniform for Question 8 indicating that trainings for working with this specific population was necessary to provide services.

Participant 2 stated, “Being an MFT you don’t often run into cases of DMST victimization so I think trainings and more education on the population would have personally helped me a lot more (personal communication, February 2016).” Participant 9 stated, “the that trainings attended while employed with CFS, I can honestly say, equipped me with a lot of skills I currently use here, not

all were on DMST but the ones that were seemed to be very accurate when I started working directly with victims (personal communication, March 2016).” The unanimous agreement on trainings being necessary supports the need for more awareness, research and also more education on the DMST population to better provide intervention services and even prevent victimization.

Screening

As a component of educational trainings on sex trafficking, participants agreed that the risk factors previously identified would work towards accurately screening for DMST victims and as a result preventing victimization. According to participant 9, almost 80% of all DMST victims encountered at the agency have previous history of CPS involvement, meaning an assessment was done prior to their contact with the Tessie Cleveland Agency (personal communication, March 2016). Presenting risk factors are discovered during assessments establishing vulnerability for potential DMST victimization. Considering the statements made by participants in regards to risk factors, if proper trainings were held or made available for all social service workers effective methods of screening may be developed for the identification of high risk individuals and prevention of victimization. The following statement demonstrates why screening is necessary for the identification of high risk factors which make individuals susceptible targets of DMST victimization:

My very first caseload consisted of a victim who had been removed from the home on two separate occasions, one was for possible sexual abuse

and the other was neglect by the caregiver. Both times she was returned back to the home. Eventually she ran away and began prostituting.

(Participant 5, personal communication, March 2016)

This statement suggests that some social service workers and agencies can benefit from the increased identification of those victimized and vulnerable to trafficking and improve the responses of service providers including; social workers, law enforcement, medical practitioners and school personnel, through more advanced protection networks.

All ten participants stated that more education and knowledge on the DMST population from training programs would be a beneficial component of preventing victimization. Three of the participants stated that the development of an actual screening protocol for identifying potential victims is more important for provision of services. Participant 7 claimed that an established screening tool designed specifically for the identification of DMST victimization was necessary for social service agencies and first responders to have a guideline on how to proceed (personal communication, February 2016).

Intervention

In order for social service providers to meet the needs of DMST victims, professionals must be educated on the DMST population and feel equipped to provide service interventions that address sex-traffic specific traumatic experiences. Through personal experiences, training programs, and education

each participant in the study identified with one particular targeted intervention which they utilize when working with DMST victims.

Engagement

Research has indicated that DMST victims typically have a high distrust for law enforcement and social service agencies which incorporate authority. Research also has indicated that victims receive varying labels as substance abusers and rape victims and even deny that they are being victimized. As a result, the engagement process when working with victims is important for understanding DMST victims and for effective provision of mental health services. All participants stated they encountered various DMST victims who were difficult to work with and even more difficult to provide interventions for.

It took two whole months for my client to respond and cooperate with me during sessions. After working with her and building rapport and educating her on what sex trafficking was I broke through to her. It was the way I approached her situation. (Participant 4 personal communication, February 2016)

Participant 7 also emphasized the need and importance of engagement when providing intervention services for DMST victims.

I've seen DMST victims be labeled as so many other things. Before they even reach our agency they have already encountered so many other positive or negative people and failed or successful services so it's an even more delicate situation when cases come in. It's the one on one with

the victim and how you participate or become involved in their situation that ultimately determines a successful intervention. (Participant 7, personal communication, February 2016)

All participants indicated that the trauma that victims undergo make working with DMST a sensitive subject which should be approached with an empathic and non-judgmental mindset. Another participant identified how gender and culture worked towards effective engagement with DMST victims. Participant 3, who identifies in gender as being neither female nor male explained an experience encountered at the agency in the following excerpt:

I was forced to transfer a client to a different case worker in the agency after a month of working with the victim and no progress. She wouldn't talk, she wouldn't even look up from the ground. Finally I brought in my supervisor for an evaluation and after only 30 min the victim finally stated she wanted a woman like herself to talk to her. She was an African American girl who refused to speak with anyone other than an African American woman. (Participant 3, personal communication, March 2016)

Psychological Impact

Participant's responses on psychological impact of DMST on victims were congruent with the research studies and literature in regards to therapeutic treatment and interventions. All participants agreed that DMST victims suffered severe, chronic traumatic events upon their victimization and require intensive mental health to address the trauma and establish a therapeutic path for

rehabilitation. However, participants disagreed on which psychological disorders were most prevalent. Participants stated that they had noticed an increased level of anxiety and severe symptoms of PTSD with victims. This is indicated in the following excerpt:

I've seen numerous victims struggle with anxiety disorder. During group counseling one victim completely lost herself. She was sweating, her heart rate almost tripled in a matter of minutes, and she was trembling and shaking..... it was a severe panic attack. After she recovered I spoke with the victim on the incident and she said she couldn't function properly being around a lot of people. She felt like she was being forced to interact.

(Participant 6, personal communication, February 2016)

Of all the participants, 70% of responses supported Erikson and Bowlby's theory of Attachment Disorder on Psychosocial Development. One participant's response stemmed from the negative attachment representations noticed over the years of experience working with DMST victims. Participant 2 stated,

I have victims who possess such a high sense of distrust for people that locating permanent placement for them is difficult, but then I also have victims whom have only been on my caseload for two months who call almost every day asking of whereabouts, as if my presence determined their functioning. (Participant 2, personal communication, February 2016)

Participant 7 also supported the Attachment Theory as she spoke on her experiences with victims whom were reluctant to self-identify as victims and denied psychological attachment to their abuser.

Victims are conditioned to believe that everyone else is against them because of the attachment they have with their abuser. They are so isolated from their normal social networks so they instantly begin to physically, emotionally and mentally rely on their abuser for survival.

(Participant 7, personal communication, March 2016)

Participant 1 stated that victims often run back and forth to their abusers repeatedly as a result of trauma bond and psychological control so the agency enacted an open door policy specifically for DMST victims (personal communication, February 2016). Other participants indicated other possible disorders common among domestically trafficked minors. Participant 8 and 9 whom identified Post Traumatic Stress Disorder (PTSD) and Depression, specified that due to the nature of DMST and the experience of multiple traumas it is common for victims to have a multi-diagnosis. This is indicated in the following excerpt:

I see symptoms of PTSD in almost every DMST victim I have encountered since I began working with them and it's not only due to sex trafficking victimization....other preexisting conditions like history of abuse, neglect, childhood experiences or any other type of exposure to trauma were all factors. One particular victim had recurring nightmares every day,

appeared to be afraid and withdrawn from almost everything that surrounded her and this was one year post victimization. (Participant 8, personal communication, March 2016)

Participant 5, who is also the only male participant, included learning disorder and conduct disorder as results of victim exploitation. Although all other participants disagreed and indicated that emotional disorders were more prevalent in DMST victims, participant 5 spoke more on behavioral development.

Victims lack rules and structure because they are taught to resist everything, especially authority. They have been controlled and abused so they are not accustomed to normal structure. I noticed with my teen victims that things like attending school and keeping a job were too difficult for them to handle so they rebelled and participated in manipulative behavior. (Participant 5, personal communication, February 2016)

Evidence Based Interventions

When asked question 12, what particular clinical treatment therapy or approaches were used and found to be most effective, 50% of participants agreed on cognitive behavioral therapy (CBT), 30% of participants agreed on trauma focused and informed care and the remaining 20% of participants indicated the effectiveness of the interpersonal psychotherapy for treatment. Although all participants indicated CBT as being the most utilized treatment intervention each participant indicated significant successful outcomes as a result

of the clinical intervention they had chosen. Despite the fact that majority of participants identified CBT as the most effective approach for treatment of DMST victims, the indication of trauma focused interventions by three participants was more parallel to the limited research presented on this population.

Cognitive Behavior Therapy

Participants who chose the cognitive behavior therapeutic approach indicated that practitioners must first identify, recognize, and assist victims in changing unhealthy thought patterns and thereby change the behaviors that are directly associated with the negative thought patterns. The following statement is an example of the effectiveness of using this approach:

CBT is different from other approaches because it doesn't work to remove the victim's problems, it works to help them deal with them in a positive way. If you're unable to cope with your problems, in this case victimization, then ultimately it becomes detrimental and can easily lead to re-victimization like an ongoing cycle. CBT cracks the cycle by breaking down overwhelming problems. (Participant 1, personal communication, February 2016)

The following excerpt is of another participant in support of CBT for DMST treatment sharing her experience working with young female victims using this approach.

I always ask my clients to give me an honest perception of the way they view themselves and majority responses are negative especially the

young female victims. The victimization caused them to think that way about themselves. My thoughts are if I can target their thoughts, emotions and physical feelings then I can improve the way they feel about themselves. (Participant 8, personal communication, March 2016)

Participant 9 stated, “I found myself using cognitive behavior therapy to tackle current problems victims were facing (personal communication, March 2016).”

This participant also explained how all the other clinical approaches used were effective but required a significant amount of sessions and processing. Factors included were the brief encounters victims have with various social service agencies, as a result limiting time for interventions. According to other supporting participants this factor required an intervention that works effectively and produces results in a shorter time span.

Trauma Focused Therapy

While five participants found CBT to be most effective for working with DMST victims, three other participants indicated trauma focused counseling interventions and services to be most effective for this population. The need for trauma focused service approach is illustrated by the following:

I have seen so many victims struggle with development because of the psychological impact from victimization. My concentration was mental health too so that might also have something to do with my choices. But the psychological effects from victimization can prevent all progress you may be trying to accomplish with the victim if it is not properly addressed.

PTSD, anxiety disorder, personality disorder....they all affect any type of development. (Participant 3, personal communication, February 2016)

Another participant further emphasized the need and effectiveness of trauma focused interventions when working with DMST victims.

My client had been with a different agency for six months and another for three months before attempting to commit suicide in the school bathroom. All the counseling services and resources he had received and none really targeted his depression or PTSD. He had begun attending school regularly and interacting with others, according to his CPS worker, but he was still experiencing adverse psychological effects from victimization.

(Participant 10, personal communication, March 2016)

Interpersonal Psychotherapy

The final two participants supported the use of trauma focused interventions and cognitive behavioral therapy for treatment of DMST victims. However, as Licensed Clinical Social Workers these participants indicated a more specific approach designed to improve interpersonal relationships. The following excerpt illustrates the need for this approach:

When I first started working with sexually abused victims I immediately noticed that the way they went about forming relationships was broken....and that can be the most damaging part of a child's development and well-being. Ultimately their mood and interpersonal connections they formed with other people is affected. If not treated

properly re-victimization could easily take place. (Participant 4, personal communication, February 2016)

Summary

Statements made by the participants in this study indicated that vulnerability is the primary risk factor of victimization along with abuse and neglect, homelessness, and sexual abuse. Participants indicated that staff trainings and education on the DMST population is necessary for social service agencies to better identify these risk factors to potentially prevent victimization and provide effective service interventions for identified DMST victims. Participants highlighted the implementation of a screening protocol for DMST victims as a component of trainings to assist in the identification of individuals whom are at high risk of being victimized due to risk factors or have already become victims of sex trafficking. Also indicated by participants was the importance of effective engagement process of working with victims necessary to provide effective interventions to victims. Psychological impact of DMST included anxiety disorder, attachment disorder and development, PTSD, depression, mood disorder, personality disorder, substance abuse and ADHD. As for treatment interventions, participants indicated CBT, trauma focused therapy and interpersonal psychotherapy. However, majority participants indicated CBT as the most utilized and most effective.

CHAPTER FIVE

DISCUSSION

Introduction

In this chapter, I will discuss the significance of the results presented in ch.4. The findings of this study highlight risk factors of DMST victimization, and identify the impact sex trafficking has on its victims. As a result, the findings support the need for social service trainings specifically tailored to working with DMST victims and have guided the treatment approaches for intervention chosen by practitioners working with this population. I will then discuss the implications for social work policy, practice and research.

Discussion

In this study participants highlighted risk factors that place individuals at risk for sex trafficking victimization. Sexual abuse, poverty, homelessness, abuse and neglect were all identified as relevant factors. These factors were consistent with the risk factors identified by Clawson and Grace (2007), and Clawson and Dutch (2008), which further supports my belief that vulnerability factors directly correlate with trafficking victimization. Participants all identified different risk factors as most prominent to exploitation. Sexual abuse as the predominant risk factor supports literature from Harlan, Rodgers, and Slattery (1981). This study, entitled the Huckleberry House Project, reported that 90 percent of girls involved

in trafficking had been sexually molested. Homelessness as the predominant risk factor of DMST victimization supports literature and research provided by The National Network for Youth, which found that approximately one in four youth had been a victim of sex trafficking or had engaged in survival sex, and that 48% of those who engaged in a commercial sex activity did so because they did not have a safe place to stay. Abuse and neglect identified as the predominant risk factor supports the findings of Wilson and Widom (2010). In the large cohort study, which matched abused and neglected children with non-abused and neglected children, Widom (1994) found that it was childhood physical abuse and neglect, not sexual abuse, which associated with increased risk for sexual trafficking. The risk factors indicated coupled with exploitation and victimization had significant psychological impact on victims and require close evaluation to determine effective treatment intervention.

To illustrate the psychological impact domestic minor sex trafficking has on victims, take into account excerpt included in Chapter 4. One participant disclosed that she had encountered DMST victims who had experienced severe panic attacks and social phobias. Additionally, the participant disclosed that she had observed a victim undergo increased heart rate, sweating, and trembling as an effect of an anxiety disorder diagnosis. Other participants disclosed their personal observations of symptoms of PTSD in almost all DMST victims they had encountered. PTSD as the predominant psychological impact in DMST victims, support the study conducted by researcher Cathy Zimmerman (2003). The two

year study on health risks and consequences of trafficking in women and adolescents found that PTSD was a highly common and complex mental health need DMST victims encountered. The International Organization for Migration (2006) also found that majority research related to mental health needs of the DMST population focused on the significant levels of PTSD. Therefore, understanding and being aware of the psychological impact victims experience will work towards the provision of effective treatment interventions by practitioners.

The findings of this study indicate there is a need for social service training programs specifically tailored to working with DMST victims. This is likely due to sensitivity and secret nature of this industry, which has resulted in the lack of education among social service agencies who provide services for this population. A review of literature reveals a lack of reliable and accurate information demonstrating the prevalence of DMST across the United States. A study by Farrell, McDevitt, and Fahy (2010) concluded that the low number of trafficking cases identified by law enforcement may also be attributable to lack of training programs on DMST, which further result in the lack of knowledge and ability to properly identify victims and risk factors of DMST victims. Due to these circumstances, social service trainings on the DMST population should be implemented as an interagency collaborative effort in order to educate all agencies, service providers and practitioners, whom encounter this population, on best practice interventions. Findings of a study by Clawson and Grace (2007)

and Pierce (2012) concluded that consistency was necessary among agencies for effective policy and practice of victim identification and delivery of effective services.

In regards to clinical interventions, the findings of this study indicate that the processing of psychological consequences of human trafficking requires comprehensive therapy. Participants indicated the effectiveness of CBT, trauma informed therapy, and interpersonal psychotherapy for the treatment of DMST victims. Although some participants agreed that the trauma informed approach and interpersonal psychotherapy were the most effective methods of treatment, review of literature on mental health therapy has shown that the most prominent theories of psychological treatment include behavioral, cognitive and psychodynamic. The findings of this study also concluded that the majority participants supported the literature and indicated that the most utilized evidence based mental health treatment for DMST victims is cognitive behavioral therapy (CBT). Research and empirical evidence on the treatment of mental health symptoms increasingly support the use of cognitive-behavioral therapy. Rauch and Cahill (2003) found CBT to be successful in the prevention of chronic PTSD as well as rapid recovery from PTSD when used with female victims sexually victimized. Researchers Birmaher, Weersing, Lyergar, Kolko and Brent (2006) also found that CBT is at the forefront of evidence based treatment for anxiety and mood disorders as a result of victimization. Lastly, a study by McIntosh et al. (2004) indicated that when offered by trained mental healthcare providers CBT

demonstrated long term effectiveness. The findings of the researchers previously mentioned were consistent with the findings of this study. However, knowledge and education on the DMST population and the provision of services, not limited to mental health, would be more effective if practice and policy were consistent. This would be possible through the development and implementation of training programs tailored specifically to working with DMST victims.

Recommendations for Social Work Practice, Policy and Research

Trafficking Trainings

Training programs on the DMST population would play a significant role in the identification and provision of services for victims. Social service agencies as well as practitioners who administer services to DMST victims would most especially benefit from attending DMST tailored trainings. The information gathered from the participants of this study revealed that very few practitioners who work with these victims have received some type of formal instruction due to the limited social service training on the population. Consequently, it is imperative that social service agencies, social workers, law enforcement, practitioners and all others who work directly with DMST victims to be able to identify risk factors which place individuals at risk for victimization and understand the physical and emotional impact of those victimized.

In addition, the attendance of DMST trainings would work towards the prevention of victimizations if agencies, social workers, law enforcement and

other service providers were educated on high risk factors connected to sex trafficking. One way this can be achieved is through the development of a screening tool. For example, the screening tool would assess for all possible risk factors including but not limited to physical abuse, sexual abuse, neglect, vulnerability and homelessness. Upon identification of these risk factors service providers can work towards the prevention of victimization.

Therefore it is recommended that social service agencies develop training programs tailored to identification and provision of services for DMST victims. It is also recommended that a screening tool consistent among all social service agencies be developed. Social work practice must move more toward an agent-of-change role in the spectrum of services provided to DMST victims. This development would also bring much needed awareness to this underreported population in hopes of more research and literature on effective resources and interventions.

Recommendation for Policy

A policy change recommendation is for all individuals in contact with social service agencies, law enforcement, CPS etc. whom identify with at least two risk factors associated with domestic minor sex trafficking to be screened and offered preventative services.

Further recommendation is to require social workers, service providers and practitioners working directly with the DSMT population to attend a formal

training program designed to educate, provide awareness and increase developmental skills for working with sex trafficked victims.

Recommendations for Research

Due to large gap in research and literature on the DMST population all areas of further research would be highly beneficial including prevention, intervention, recovery, engagement and various other topics. Further research on the needs and effective interventions from both the victim/survivor viewpoint and the practitioner and service providers' viewpoint would give much insight on what works best for this population. Questions such as which has the better outcome may work towards the development of effective treatment plans for victim rehabilitation.

Limitations

The limitations of this study include issues with generalizability. The use of only ten participants in this study resulted in the limited generalizability of the findings to the entire population of practitioners administering services to the DMST population. For example, the ten participants interviewed could only be accessed because they administered clinical interventions to DMST victims in the Los Angeles county area where sex trafficking is at its peak. They identified CBT, Trauma focused therapy and Interpersonal therapy as effective interventions for DMST victims. However, there may be other practitioners whom may not have found these interventions to be successful for DMST victims. Due to the

inaccessibility of practitioners who work closely with DMST victims there was a lack of effective sampling to provide other insight on interventions other than the information provided by the ten participants of this study.

Conclusions

This study explored the viewpoint of practitioners on effective interventions provided to victims of domestic minor sex trafficking. Ten participants provided information about their personal experiences working with DMST victims via personal interview. They identified risk factors of DMST victims, psychological impact of victimization and clinical interventions they found effective for recovery.

The generalizability of the findings to the entire population of DMST service practitioners was limited by the fact that the study only included ten participants. However, the majority reported significant vulnerability factors to victimization and how they correlate with sex trafficking if not effectively addressed. The majority also reported the effectiveness of cognitive behavioral therapy as the primary method of intervention for victims. Considering the limited information provided on DMST interventions further exploration and future studies are necessary.

APPENDIX A
QUESTIONNAIRE

Questionnaire

1. What is your gender? a. Female b. Male
2. How old were you on your last birthday?
3. What is your ethnicity?
 - a. African American
 - b. b. White
 - c. c. Asian Pacific Islander
 - d. d. Hispanic/Latino
 - e. e. Other
4. What is your marital status?
 - a. Never married
 - b. Married
 - c. Divorced
 - d. Widowed
 - e. Cohabitation
5. What is your profession? What job duties do your role include?
6. How long have you been working with victims of domestic minor sex trafficking?
7. What are your thoughts on the ability of social workers to provide intervention and/or services for victims of sex trafficking?
8. Do you feel special training is necessary to work with this specific population?
Did you complete any training courses in the past? Did you find them beneficial?
9. What risk factors can you identify that lead to sex trafficking?

10. What psychological effects can you identify as an impact of DMST? What mental health issues would you consider more prevalent?
11. What primary resources are needed for victims of sex trafficking?
12. What interventions and/or services are geared specifically for sex trafficking victims? How effective are the intervention and/or services?
13. How can social workers, and other professionals working with this population improve their ability to provide intervention and/or services for victims of sex trafficking?
14. What particular intervention have you specifically used that were most effective for this population?
15. What was the primary outcome of the clients who received this intervention?
16. Do you have any experience providing interventions for male DMST victims? Do they respond differently to the interventions provided than females?

Created by Tracy Chioma Nibo, 2016

APPENDIX B
INFORMED CONSENT

College of Social and Behavioral Sciences
 School of Social Work

Informed Consent

The research study in which you are asked to participate is designed to explore practitioners' views on most effective intervention strategies for victims of domestic minor sex trafficking. This study has been approved by the School of Social Work Subcommittee of the Institutional Review Board, California State University, San Bernardino. This study is being conducted by Tracy C. Nibo under the supervision of Dr. Herb Shon, Assistant Professor of Social Work at California State University, San Bernardino.

Participation in this research includes a brief audio recorded interview. If you agree to participate I will ask you questions about your experiences working with DMST victims, interventions you have provided to this population, and which interventions you felt were effective. This will take approximately 20-30 minutes.

Purpose: The purpose of this study is to examine practitioner's views on the effectiveness of interventions for DMST victims and identify which interventions were most successful.

Description: You have been asked to participate in this study because you are a practitioner currently working with victims of domestic minor sex trafficking. In this study, you will be asked a few questions about your experience working with the DMST population, interventions used for treatment, and interventions you found to be effective. The interview, which will consist of both closed-ended and open-ended questions, will be audio recorded should take no longer than 20-30 minutes to complete.

Participation: Your participation in this interview is totally voluntary. You are free to not answer any questions and withdraw at any time during this study without penalty.

Confidentiality: All of your responses will be held in the strictest of confidence by the researcher. Your name will not be reported with your responses. After the interview is complete, your responses will be coded in a numerical format. The only identifying information that will be included in the data analysis is your age, gender and ethnicity. All data will be destroyed June 2016, after the study has been completed.

Risks or Benefits: There are no foreseeable risks to the participants. There is no direct benefits to you also. However, your participation will be beneficial to social service agencies working with victims of domestic minor sex trafficking.

Contact: If you have any questions or concerns about this study, please feel free to contact Dr. Herb Shon at (909) 537 5532 and/or hshon@csusb.edu.

Results: The results of the study will be available June 2016. They can be obtained at the John M. Pfau Library at California State University, San Bernardino.

Confirmation Statement: I understand that I must be 18 years of age or older to participate in the study, have read and understand the consent document and agree to participate in the study.

Place a Mark Above

Today's Date

I consent to be audio recorded for the purpose of this research

YES

NO

APPENDIX C
DEBRIEFING STATEMENT

DEBRIEFING STATEMENT

The interview you have just completed was designed to investigate effective intervention strategies for victims of domestic minor sex trafficking. This research study

is beneficial because it has the potential to increase the number of rehabilitated adolescents victimized by improving the interventions and services provided to them by practitioners. Thank you for your participation and for not discussing the content of this study with other participants. If you have any questions about this study, please feel free to contact Dr. Herb Shon at (909) 537-5532. If you would like to obtain a copy of the results of this study, please contact the Pfau Library at California State University, San Bernardino (CSUSB) after September 2015.

Tracy Nibo, Student

Master's in Social Work, CSUSB

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