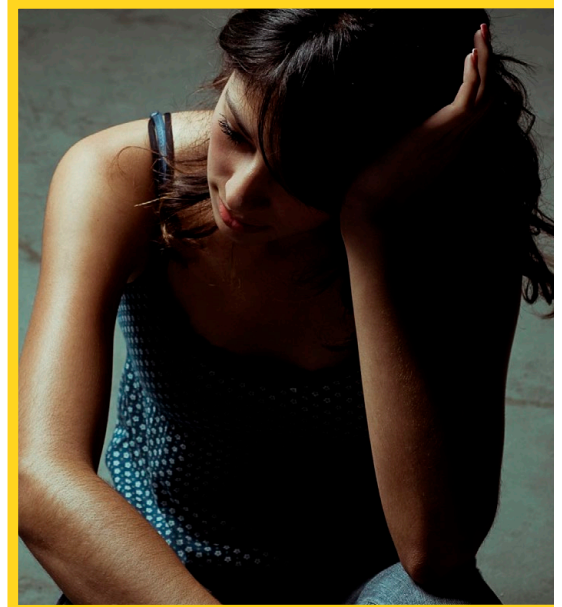


Child sex trafficking is a severe form of trauma exposure that has significant immediate and long-term consequences for survivors. According to the United Nations International Labor Organization, in 2016 more than 1 million children worldwide were victims of commercial sexual exploitation.¹ Currently, no reliable estimate of the prevalence of child sex trafficking in the US exists, in part due to its hidden nature, disparities in definitions, and methodological challenges.^{2,3,4,5}

What is Child Sex Trafficking?

According to the Trafficking Victims Protection Act, the sex trafficking of minors is the recruitment, harboring, transportation, provision, obtaining, patronizing, or solicitation of a person under the age of 18 for the purposes of a commercial sex act, defined as any sex act for which anything of value is given or received by any person.⁶



Who is at Risk of Child Sex Trafficking?

Child sex trafficking is a geographically broad-based and growing concern across urban, suburban, and rural communities in the US, including in American Indian communities.^{4,7} It transcends racial, ethnic, gender, and socio-economic boundaries, although some youth appear to be at greater risk, including those who are racial and ethnic minorities; Lesbian, Gay, Bisexual, and Transgender; runaway and homeless; and economically disadvantaged.^{5,8} In addition, male survivors appear to be under-identified and underserved compared to female survivors.^{9,10,11}

Exposure to childhood trauma and adversities contributes to subsequent vulnerability to being trafficked. Many trafficked youth have experienced childhood sexual abuse, physical abuse, neglect, traumatic loss, separation from caregivers, and family and community violence.^{5,12,13} Such experiences can profoundly impact social-emotional development in complex ways that affect the child's understanding of personal safety, sexual boundaries, and healthy relationships, leaving them vulnerable to exploitation and trafficking.^{12,13,14,15}

Trafficked youth often are involved with formal child-serving systems. Estimates suggest that as many as 50-90% have histories with the child welfare system, with particularly high rates of foster care placement and juvenile justice system involvement.^{5,8,12,13,16,17} Trafficked youth also often have significant histories of school truancy and educational disruption.^{5,8,12,13,16} These systems represent important prevention and intervention opportunities. However, many trafficked youths exit out of these systems at age 18. The associated loss of structural and financial supports puts them at high risk for further trafficking.

What are the Consequences of Child Sex Trafficking?

Child sex trafficking experiences can lead to sexual, physical, and emotional injuries and severe lifelong health, social, educational, legal, and economic problems for survivors. Survivors experience significant traumatic stress symptoms, as well as depression, anxiety, substance abuse, unplanned or forced pregnancy, sexually transmitted infections, malnutrition, suicide and self-injury, incarceration, social isolation, school drop-out, unemployment, and re-victimization.^{5,11,15,17,18,19}



Due to early chronic trauma exposure and trauma experienced while being trafficked, survivors often have challenges across an array of critical domains of development and functioning. These challenges include significant emotional and behavioral dysregulation; problems with attachment and relationships; problems with attention, learning, and planning; and distortions in self-concept.^{12,13}

Trafficked youth are often difficult to identify and engage in services. The commercial sex economy is largely hidden and survivors rarely acknowledge to others, especially authorities, that they are being trafficked.^{17,20} This may be out of fear, shame, a belief that others will not help or support them, or because they do not recognize their circumstances as exploitive. Survivors may fear for their own safety or the safety of their family; the loss of relationship with or protection of their exploiter(s); arrest, deportation, or return to an abusive home; or the inability to care or provide for loved ones. Many survivors have had multiple, often negative, contacts with formal systems and, due to their prior experiences, no longer view these systems as sources of support or safety.¹³

What Can Be Done to Address Child Sex Trafficking?

Factors that contribute to risk and vulnerability to trafficking are complex, as are the consequences and pathways to recovery. Comprehensive and targeted interventions are needed within and across the systems with which trafficked youth are often involved (e.g., child welfare, law enforcement, juvenile justice, runaway and homeless youth; refugee and immigrant services; educational, mental health, and medical services). Trauma-informed care and trauma-focused treatments that are adapted to trafficking survivors' unique needs are essential.^{21,22,23,24}

Policymakers can help ensure the needs of survivors of child sex trafficking are part of all relevant national and state policies and programs. Specifically, policymakers can expand support for the following:

- **Multi-pronged services** to address an array of needs, such as housing and placement, educational and vocational supports, mentoring programs to foster engagement with caring adults, and evidence-based trauma-focused mental health treatment, medical care and reproductive health, and parenting support
- **Flexible services** and reimbursement structures that recognize the greater intensity and complexity of the trauma-informed intervention needs of child sex trafficking survivors
- **Training and education** of the full spectrum of professionals in child- and family-serving systems and professionals working with refugees, immigrants, and asylees to institutionalize awareness of child sex trafficking, its traumatic impact, and linkage to trauma-informed evidence-based services and treatments
- **Inclusion of child sex trafficking survivors** in the development of policies, community response protocols, and delivery of comprehensive trauma-informed services

- **Child Welfare** efforts to improve early identification, intervention for at-risk youth, and support for survivors through enhanced investigation, linkage to comprehensive services that address safety needs and trauma history and impact, and specialized foster care programs that provide training and support for caregivers with whom high risk or trafficked youth are placed and broadly educate all foster parents and youth
- **Law enforcement and juvenile justice** programs that include universal screening for child sex trafficking and traumatic stress, incorporate a trauma-informed survivor-centered and restorative justice approach, offer alternatives to detention and incarceration, prevent transfer of youth into the adult criminal justice system, decriminalize the commercial sex and related acts of trafficking survivors, remove third party control requirements, and establish a streamlined trauma-informed process for expunging related criminal records
- **Improved identification and response to under-identified and underserved populations** including trafficked boys, LGBTQ, homeless and runaway, American Indian, and refugee, immigrant, and undocumented youth
- **Policies and practices that support transition-age youth** and ensure continuity of services into adulthood through the full process of disengagement from trafficking and recovery
- **Evaluation** of all publicly-funded child sex trafficking programs and research that establishes and expands the evidence base of effective interventions, including newer efforts such as specialty dockets designed to decrease child trafficking activity, promote alternatives to detention, and improve youth health and mental health outcomes, with accelerated dissemination of findings to the field

How Does the NCTSN Serve as a Resource?

Authorized by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) is a federally funded child mental health service initiative designed to raise the standard of care and increase access to services for traumatized children and their families across the US. The broad mission of the NCTSN includes assessment, treatment and intervention development, training, data analysis, program evaluation, policy analysis and education, systems change, and the integration of trauma informed and evidence-based practices in all child-serving systems. The UCLA-Duke University National Center for Child Traumatic Stress (NCCTS) coordinates the work of the NCTSN, a national network of 100 funded and over 150 affiliate members, and hundreds of national and local partners.



The NCTSN has developed resources for professionals, policymakers, and the public, including a series of webinars that assist stakeholders in understanding the complex nature of working with and providing services for child survivors of sex trafficking and provide guidance on effective collaboration with key child serving systems, including medical, mental health, juvenile justice, and child welfare; the *12 Core Concepts for Understanding Traumatic Stress Responses in Children and Families—Adapted for Youth Who Are Trafficked*, which covers a broad range of considerations for practitioners and agencies as they strive to assess, understand, and assist survivors; and the *NCTSN Bench Card for the Trauma-Informed Judge to Address Child Trafficking and Trauma*, which assists judges in their work with youth who have been trafficked.

For more information about child trauma and the NCTSN, visit www.nctsn.org or contact the NCCTS Policy Program at policy@nctsn.org.

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References

- ¹ International Labour Organization (ILO). (2017). *Global estimates of modern slavery: Forced labour and forced marriage*. Retrieved from <http://www.ilo.org/global/topics/forced-labour/statistics/lang-en/index.htm>
- ² Stransky, M., & Finkelhor, D. (2012). *Sex trafficking of minors: How many juveniles are involved in prostitution in the U.S.?* Durham, NH: Crimes Against Children Research Center. (CV279FS).
- ³ Finklea, K., Fernandes-Alcantara, A., & Siskin, A. Congressional Research Service. (2015). *Sex trafficking of children in the United States: Overview and issues for congress*. Retrieved from Congressional Research Service: Report R41878 <https://fas.org/sgp/crs/misc/R41878.pdf>
- ⁴ Mitchell, K.J., Finkelhor, D. & Wolak, J. (2013). Sex trafficking cases involving minors. Crimes against Children Research Center, University of New Hampshire: Durham, NH. (CV 313)
- ⁵ IOM (Institute of Medicine) and NRC (National Research Council) (2013). *Confronting commercial sexual exploitation and sex trafficking of minors in the United States*. Washington, DC: The National Academies Press.
- ⁶ Trafficking Victims Protection Act of 2000, 22 U.S.C. §7102 (9)(a) (4) (10) (2013).
- ⁷ Pierce, A.S. (2012). American Indian adolescent girls: Vulnerability to sex trafficking, intervention strategies. *American Indian and Alaska Native Mental Health Research*, 19(1), 37-56. doi: 10.5820/aian.1901.2012.37
- ⁸ Swaner, R., Labriola, M., Rempel, M., Walker, A., & Spadafore, J. (2016). *Youth involvement in the sex trade: A national study*. New York, NY: Center for Court Innovation.
- ⁹ Greenbaum, J. & Crawford-Jakubiak, J.E. Committee on Child Abuse and Neglect. (2015). Child sex trafficking and commercial sexual exploitation: Health care needs of victims. *Pediatrics*, 135(3), 566-574. doi: 10.1542/peds.2014-4138
- ¹⁰ Edwards, J.M., Iritani, B.J., & Halfors, D.D. (2006). Prevalence and correlates of exchanging sex for drugs or money among adolescents in the United States. *Sexually Transmitted Infections*, 82(5), 354-358.
- ¹¹ Ray N. (2006). *Lesbian, gay, bisexual and transgender youth: An epidemic of homelessness*. New York: National Gay and Lesbian Task Force Policy Institute and the National Coalition for the Homeless.
- ¹² WestCoast Children's Clinic. (2012). *Research to action: sexually exploited minors (SEM) needs and strengths*. Oakland, CA: WestCoast Children's Clinic.
- ¹³ Hopper, E. K. (2017). Polyvictimization and developmental trauma adaptations in sex trafficked youth. *Journal of Child & Adolescent Trauma*, 10(2), 161-173. <https://doi.org/10.1007/s40653-016-0114-z>
- ¹⁴ Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., ... van der Kolk, B. (2005). Complex trauma in children and adolescents. *Psychiatric Annals*, 35(5), 390-398.
- ¹⁵ Finkelhor, D., Turner, H., Hamby, S., & Ormrod, R. (2011, October). Poly-victimization: Children's exposure to multiple types of violence, crime, and abuse. *Juvenile Justice Bulletin*. Retrieved from <https://www.ncjrs.gov/pdffiles1/ojdp/235504.pdf>
- ¹⁶ Child Welfare Information Gateway. (2015). *Child welfare and human trafficking*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from <https://www.childwelfare.gov/topics/systemwide/trafficking/>
- ¹⁷ Lederer, L. J., & Wetzel, C. A. (2014). The health consequences of sex trafficking and their implications for identifying victims in healthcare facilities. *Annals of Health Law*, 23, 61-91.
- ¹⁸ Cole, J., Sprang, G., Lee, R., & Cohen, J. (2016). The trauma of commercial sexual exploitation of youth: a comparison of CSE victims to sexual abuse victims in a clinical sample. *Journal of Interpersonal Violence*, 31(1), 122-146. doi: 10.1177/0886260514555133
- ¹⁹ Hossain, M., Zimmerman, C., Abas, M., Light, M., & Watts, C. (2010). The relationship of trauma to mental disorders among trafficked and sexually exploited girls and women. *American Journal of Public Health*, 100(12), 2442-2449.
- ²⁰ Reid, J. (2010). Doors wide shut: Barriers to the successful delivery of victim services for domestically trafficked minors in a southern U.S. metropolitan area. *Women and Criminal Justice*, 20(1-2), 147-166. <http://dx.doi.org/10.1080/08974451003641206>
- ²¹ National Child Traumatic Stress Network. (nd). National child traumatic stress network empirically supported treatments and promising practices. Retrieved from <http://www.nctsn.org/resources/topics/treatments-that-work>
- ²² Bass, J., Bearup, L., Bolton, P., Murray, I., & Skavenski, S. (2011). Implementing trauma focused cognitive behavioral therapy (TFCBT) among formerly trafficked-sexually exploited and sexually abused girls in Cambodia: A feasibility study. Phnom Penh, Cambodia: World Vision.
- ²³ O'Callaghan, P., McMullen, J., Shannon, C., Rafferty, H., & Black, A. (2013). A randomized controlled trial of trauma-focused cognitive behavioral therapy for sexually exploited, war-affected Congolese girls. *Journal of the American Academy of Child & Adolescent Psychiatry*, 52(4), 359-369. doi:10.1016/j.jaac.2013.01.013.
- ²⁴ Cohen, J.A., Mannarino, A.P. & Kinnish, K. (2017) Trauma-focused cognitive behavioral therapy for commercially sexually exploited youth. *Journal of Child and Adolescent Trauma*, 10(2), 175-185. <https://doi.org/10.1007/s40653-015-0073-9>