FACTS FOR POLICYMAKERS
Commercial Sexual Exploitation of Youth

OVERVIEW

Commercial sexual exploitation of children and adolescents (CSEC) is not a new social prob lem, but our understanding of it has changed in the past decade. The World Congress Against Commercial Sexual Exploitation of Children defines CSEC as "sexual abuse by an adult and remuneration in cash or kind to the child or a third person or persons."[1] Examples of CSEC include exploitation of minors in prostitution or other sexual activity of minors that is controlled by a pimp in strip clubs, massage parlors, internet sex sites, or through pornography. CSEC is sometimes termed "sex trafficking of minors" which is included in the broader definition of sex trafficking within the Trafficking Victims Protection Act of 2000: "the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act . . . in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age" (22 USC § 7102; 8 CFR § 214.11(a)). Unlike other forms of human trafficking, no proof of force, fraud, or coercion is needed when the person is under age 18 (i.e., youth under 18 years cannot consent to commercial sex).[2]

KEY POINTS

- Exploitation in commercial sex may inflict psychological trauma on youth, beyond the impact of sexual assault alone.
- Screening for commercial sex exploitation may be most effective when conducted by a clinician who has developed rapport with a youth. Such screening should occur routinely in child welfare, juvenile justice, emergency medical care, and substance abuse treatment/ recovery settings.
- Targeted screening, eventsensitive measures, tailored intervention protocols, and a ban on criminalizing CSEC survivors are important clinical and policy approaches to improve care.

According to a 2015 Congressional Research Service report, the exact number of child victims of sex trafficking in the United States is unknown because of the differences in definitions and methodologies. The report provided one snapshot of the child victim population (while emphasizing that it was incomplete), based on the Department of Justice-funded Human Trafficking Reporting System (HTRS). The HTRS includes data from investigations opened by federally funded human trafficking task forces and do not represent all incidences of human trafficking nationwide. The report stated that "Between January 1, 2008 and June 30, 2010, the task forces opened 2,515 investigations of human trafficking; 82% of these were classified as sex trafficking. Of these sex trafficking cases, 83% involved U.S. citizen victims and 40% involved prostitution or sexual exploitation of a child."[3]

The majority of youth who have been identified as being exploited in commercial sex had prior child welfare involvement due in part to exposure to sexual abuse.[4,5,6,7,8] Sexual abuse has consistently been identified as a robust risk factor for involvement in commercial sex.

Youth who are exploited in commercial sex are likely to be involved with the adult or juvenile justice system, either directly because of their exploitation in commercial sex, or indirectly, because they have committed a "status offense" (i.e., conduct that would not be a crime if committed by an adult, such as truancy), or a public offense that is related to their involvement in commercial sex (e.g., illegal drug use).[4,9] However, many youth who are commercially sexually exploited may not be involved in public systems, but instead may live at home and thus be more difficult to identify.

Exploitation in commercial sex inflicts psychological trauma on youth, negatively affecting development and future attachments. Research has documented that CSEC is associated with complex trauma reactions, posttraumatic stress disorder (PTSD), damaged sense of self, compromised interpersonal boundaries, distrust of others, suicidality, anxiety, depression, and substance abuse.[11,12] Sexual exploitation or trafficking inflicts social deprivations including stigmatization and mistrust of others.[13]

Before sexually exploited youth can receive appropriate services, they must be identified as survivors of commercial sexual exploitation. Since behavioral health providers treat youth who present with trauma exposure and/or behavioral problems, these providers are often in a key position to identify youth who have been exploited in commercial sex activities.

This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

STUDY RESULTS

This study used data from the National Child Traumatic Stress Network Core Data Set (NCTSN CDS) as a starting point to understand the histories, mental health symptoms/needs, and service utilization patterns for a clinical sample of youth exploited in commercial sex. Since prior sexual abuse/sexual assault is a known risk factor for CSEC, this study compared the types of trauma exposure, trauma-related symptomatology, functional impairments, and problem behaviors of a clinical CSEC cohort (defined as youth in the CDC who reported involvement in prostitution) with a clinical group of youth who had no reported involvement in prostitution but had a history of sexual abuse/assault. The ultimate purpose of this study was to aid in screening and treatment protocols for youth exploited in commercial sex.

The CSEC cohort of youth in the NCTSN CDS had significantly greater involvement in juvenile justice and child welfare systems, more functional impairments and risk behaviors (including substance abuse), more clinical problems (including higher rates of PTSD), and greater levels of trauma symptoms compared to the matched sample of sexually abused/assaulted youth.

The study found that trauma exposure was extensive in both the CSEC group and the sexual abuse/assault groups, with both groups reporting an average of five types of trauma exposures compared to three types in the overall CDS sample. Most of the frequently reported trauma exposures—with the exception of sexual assault—were within the caregiving social environment, including sexual abuse and emotional abuse by a caregiver, domestic violence, and traumatic separation, loss, and bereavement. Thus, the two groups had experienced complex patterns of trauma exposure, defined as "children's experiences of multiple [traumatic] events that occur within the caregiving system—the social environment that is supposed to be the source of safety and stability in a child's life."[14]

POLICY AND CLINICAL IMPLICATIONS

- **Screening for commercial sexual exploitation should occur routinely in child welfare, juvenile justice, emergency medical care, and substance abuse treatment/recovery settings.** Studies have shown that delinquency and substance use are correlates of commercial sexual exploitation of children youth; thus, there is a need to screen for commercial sexual exploitation in child welfare, juvenile justice, emergency medical care, and substance abuse treatment/ recovery group settings. Traffickers often use the substance use of a youth or the youth's caregiver as a means of inducing youth to engage in commercial sex. Furthermore, youth who are involved in commercial sex often use alcohol or drugs to cope with the emotional pain of commercial sex involvement.[16]

- **Screening for commercial sex may be most effective when conducted by a clinician who has rapport with a youth.** Increasingly, there is a call for providers who work with at-risk youth, such as those in the juvenile justice system, to screen for trauma histories. Although using a trauma inventory such as the Traumatic Events Screening Inventory[17] and the Child Welfare Trauma Screening Tool[18] could conceivably identify a youth's exploitation in commercial sex, youth may not disclose involvement in commercial sex that the juvenile justice system has not already identified. Youth also may not perceive their involvement in commercial sex as relevant to the questions that assess sexually exploitive experiences. Clinicians who have rapport with youth may be more effective when screening for CSEC involvement, and thus training on engagement and rapport building—e.g., asking questions in a non-judgmental, open-ended manner—could help with more accurate screening. Loyola's Center for the Human Rights of Children and the International Organization for Adolescents (IOFA) have published a more comprehensive and rapid screening tool for child trafficking.[19]

- **Sensitivity to the impact of complex trauma on youth will greatly improve professionals' ability to engage with and respond effectively to youth exploited in commercial sex.** Service providers report that it is particularly challenging to work with youth who are trafficked in commercial sex.[17] Effective treatment of trauma occurs in the context of a trusting

interpersonal relationship with a qualified professional. Unfortunately, the developmental injuries imposed by this type of experience in childhood or adolescence can create a barrier to effective therapeutic engagement. Sensitivity to the impact of complex trauma on youth, in particular the role of disorganized memories, inability to self-soothe, attachment problems, engagement in risky behaviors, difficulties with appropriate interpersonal boundaries, and understanding how to implement evidence-based treatments for youth with complex trauma will greatly improve professionals' ability to engage with and respond effectively to youth exploited in commercial sex.[13,21]

If recovery is to occur, treatment goals must target the issues of trust, intimacy, and safety, and service environments must offer refuge from exploitive, unsafe conditions. Juvenile justice facilities should pay particular attention to the policies and practices that may exacerbate symptoms and interfere with recovery in commercially sexually exploited youth. Youth may experience the loss of privacy, the use of seclusion and restraints, and verbal and physical aggression as reminders or re-enactments of previous sexual trauma.

CONCLUSION

In summary, when entering mental health treatment, youth identified as being exploited in commercial sex had higher rates of involvement in juvenile justice and child welfare and had more functional impairments and risk behaviors, more clinical problems, and greater levels of trauma symptoms compared with a matched cohort of youth who were sexually abused/assaulted but were not identified as being exploited in commercial sex. The use of targeted screening methods, event-sensitive measures, and tailored intervention protocols—and a ban on criminalization of these survivors—are approaches that can improve prevention and intervention efforts and support recovery.

NCTSN BACKGROUND

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 United States. The broad mission of the NCTSN includes treatment and intervention development, training, data analysis, program evaluation, policy analysis and education, systems change, and the integration of traumainformed and evidence-based practices in all child-serving systems.

The NCTSN has grown from 17 to nearly 300 participating university, hospital, and diverse community-based organizations and members, in partnership with thousands of organizations throughout the country, and is coordinated by the UCLA-Duke University National Center for Child Traumatic Stress (NCCTS). Funded and formerly-funded (affiliate) Network centers in 43 states and the District of Columbia address a broad range of trauma types and serve age groups ranging from early childhood to early adulthood. The centers provide trauma-informed evidence-based mental health treatment services in child-serving systems, including child mental health, child welfare, schools, health services, juvenile justice, and emergency response.

The NCTSN's current Core Data Set (CDS), developed in the interest of quality improvement, includes child-level data on over 14,000 children and adolescents receiving treatment at NCTSN-affiliated centers between 2004 and 2010.

REFERENCES

1. Mutarbhorn, V. (1996). *Final Congress Report, World Congress Against Commercial Sexual Exploitation of Children*. Stockholm, Sweden (Aug. 27-31).

2. Boxill, N. A., & Richardson, D. J. (2005, Winter). A community's response to the sex trafficking of children. *The Link: Connecting Juvenile Justice and Child Welfare*, 3, 1, 3, 9.

3. Finklea, Kristin M., Fernandes-Alcantara, Adrienne L., and Siskin, Alison. (2015). *Sex Trafficking of Children in the United States: Overview and Issues for Congress.* Congressional Research Report R41878.

4. Gragg, F., Petta, I., Bernstein, H., Eisen, K., & Quinn, L. (2007). New York prevalence study of commercially sexually exploited children: Final report. Rockville, MD: WESTAT.

5. Raphael, J., & Shapiro, D. L. (2002). *Sisters speak out: The lives and needs of prostituted women in Chicago*. Chicago: Center for Impact Research.

6. Stoltz, J. M., Shannon, K., Kerr, T., Zhang, R., Montaner, J. S., & Wood, E. (2007). Associations between childhood maltreatment and sex work in a cohort of drug-using youth. *Social Science & Medicine, 65*, 1214-1221.

7. Tyler, K. A., Hoyt, D. R., Whitbeck, L. B., & Cauce, A. M. (2001). The impact of childhood sexual abuse on later sexual victimization among runaway youth. *The Journal of Research on Adolescence, 11,* 151-176.

8. Widom, C. S. (1995). *Victims of childhood sexual abuse: Later criminal consequences.* Washington, DC: National Institute of Justice, U.S. Department of Justice.

9. 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 & Criminal Justice, 20*(1 & 2), 147-166.

10. Gozdziak, E., & Bump, M. N. (2008). *Victims no longer: Research on child survivors of trafficking for sexual and labor exploitation in the United States* (NIJ Document No. 221891). Washington, DC: US Department of Justice.

11. Tsutsumi, A., Izutsu, T., Poudyal, A. K., Kato, S., & Marui, E. (2008). Mental health of female survivors of human trafficking in Nepal. *Social Science & Medicine, 66*(8), 1841-1847.

12. Van Brunschot, E. G., & Brannigan, A. (2002). Childhood maltreatment and subsequent conduct disorders, the case of female street prostitution. *International Journal of Law and Psychiatry, 25*(3), 219-234.

13. Smith, L., Vardaman, S.H., & Snow, M. (2009). *The national report on domestic minor sex trafficking: America's prostituted children.* Arlington, VA: Shared Hope International.

14. Cook, A., Blaustein, M., Spinazzola, J., & van der Kolk, B. (Eds.). (2003). Complex trauma in children and adolescents: White paper from the National Child Traumatic Stress Network, Complex Trauma Task Force. Los Angeles, CA and Durham, NC: The National Child Traumatic Stress Network.

15. Palmer, N. (2010). The essential role of social work in addressing victims and survivors of trafficking. *ILSA Journal of International & Comparative Law, 17*, 43-56.

16. Martin, L., Hearst, M., & Widome, R. (2010). Meaningful differences: Comparison of adult women who first traded sex as a juvenile versus as an adult. *Violence Against Women, 16*, 1252-1269.

17. Ippen, C. G., Ford, J., Racusin, R., Acker, M., Bosquet, M., Rogers, K., Ellis, C., Schiffman, J., Ribbe, D., Cone, P., Lukovitz, M., & Edwards, J. (2002). *Traumatic Events Screening Inventory—Parent Report Revised.*

18. Igelman, R., Taylor, N., Gilbert, A., Ryan, B., Steinberg, A., Wilson, C., & Mann, G. (2007). Creating more trauma-informed services for children using assessment focused tools. *Child Welfare, 86*, 15-33.

19. Loyola's Center for the Human Rights of Children and International Organization for Adolescents (IOFA). (2011).

20. Herman, J. (1997). *Trauma and recovery: The aftermath of violence—from domestic abuse to political terror.* New York: Basic Books.

21. Cohen, J.A., Mannarino, A.P., Kliethermes, M. & Murray, L.A. (2012). Trauma-focused CBT for youth with complex trauma. *Child Abuse and Neglect, 36*, 528-541.

22. Harris, M. & Fallot, R. (2001). Envisioning a trauma-informed service system: A vital paradigm shift. *New Directions for Mental Health Services, 89*, 3-22.

This policy brief is based on: The Trauma of Commercial Sexual Exploitation of Youth: A Comparison of CSE Victims to Sexual Abuse Victims in a Clinical Sample, authored by Jennifer Cole, Ginny Sprang, Robert Lee, and Judith Cohen (Journal of Interpersonal Violence (J Interpers Violence 0886260514555133, first published on November 6, 2014). Data analysis reported in the paper was supported by the Substance Abuse and Mental Health Services Administration's Center for Mental Health Services using data provided by NCTSN centers through a cooperative agreement (SM 3530249) and a supplemental grant (2U79SM054284) to the UCLA-Duke University National Center for Child Traumatic Stress. Ellen Gerrity, PhD, National Center for Child Traumatic stress, Duke University Medical Center, and Holly Merbaum, MPH, Capitol Decisions, Inc., developed the policy brief. The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS. Authors would like to acknowledge the 56 sites that have contributed data to the National Child Traumatic Stress Network Core Data Set, as well as the children and families who have contributed to our growing understanding of child traumatic stress.