

In Harm's Way: Child Abuse, Child Rape, Sex Trafficking

This briefing paper considers sex trafficking through the lens of child abuse and child rape. Accurately defining and naming the heinous acts of violence that are perpetrated by adults against our children is crucial to effectively addressing and eradicating this crisis in our state. The State of Florida is at crossroads about how we will treat victims of child abuse, child rape and sex trafficking.

“Until all forms of child abuse are eradicated, the most profound thing you can do for abused or neglected children—or for all children—is to tell and show them that they matter. Keeping children out of isolation is the single most revolutionary act we can take in a world where shame, isolation, and disconnection cause indelible amounts of suffering in our families, neighborhoods, and around the world.”¹

According to an Institute of Medicine Report (IOM) (2013), sexual exploitation and the trafficking of minors in the United States has far reaching consequences and is an overlooked, misunderstood and largely unaddressed form of child abuse.²

The pattern of “trauma, abandonment and disruption that begun in childhood are central to the narratives of adolescent girls trafficked into commercial sexual exploitation” and is also a common experience for girls involved in the child welfare system.³ In essence, victims of sex trafficking have been failed by the very people and systems intended to protect them. More than half (at least 60%) of exploited children are sexual abuse survivors.⁴ In Broward County, of the 63 children who were staffed

Clarification of terms: A declaration of the World Congress against Commercial Sexual Exploitation of Children, held in Stockholm in 1996, defined **Commercial Sexual Exploitation of Children (CSEC)** as sexual abuse by the adult and remuneration in cash or kind to the child or a third person(s) whereby the child is treated as a sexual object and as a commercial object.

Similar to the IOM committee findings, the terms “**victim**” and “**survivor**” are both used in this concept paper to refer to minors who are commercially sexually exploited or trafficked for sexual purposes. The IOM committee determined that both terms are important and need not be considered mutually exclusive as the terms can be applied to the same individual along a continuum of experiences.

¹ Price, 2012 *Longing to Belong: Relational Risks and Resilience in U.S. Prostituted Children*. Work in Progress paper, No 111: Jean Baker Miller Training Institute at Wellesley Centers for Women.

² Institute of Medicine and National Research Council. 2013. *Confronting commercial sexual exploitation and sex trafficking of minors in the United States*. Washington, DC: The National Academies Press.

³ Department of Health and Human Services (2009) *Human Trafficking Into and Within the United States: A Review of the Literature*. Washington, DC: H. Clawson, N. Dutch, A. Solomon, and L. Goldblatt Grace. Retrieved from <http://aspe.hhs.gov/hsp/07/humantrafficking/final/index.pdf>

⁴ Silber, M and Pines, A (1981). Child sexual abuse as an antecedent to prostitution. *Child Abuse and Neglect*, 5:4, 407-411; Price, K. (2012) *Longing to Belong: Relational Risks and Resilience in U.S. Prostituted Children*. Work in Progress paper, No 111: Jean Baker Miller Training Institute at Wellesley Centers for Women.

in 2013, 90% had prior abuse history, 76% had experienced sexual abuse and 42% had previous child welfare system involvement.⁵ “We have been collectively afraid, raped, beaten, sold, discarded....Most of us were also children who were forgotten, neglected, abused, used, led astray, abandoned... and not protected.” - *Quote from a survivor*⁶

In a 2010 conference at Loyola University, a panel of law enforcement professionals revealed that garnering victims’ trust remains the greatest challenge in working with victims of sex trafficking. A victim’s individual cultural upbringing, their trafficker’s coercion and prior negative experience with child welfare or law enforcement systems frequently leads to distrust of the “system” and authority figures.⁷ Several studies have indicated that between 50% and 97% of identified sex trafficking victims had previous involvement with the child welfare system.⁸ Girls are coached by traffickers to distrust/evade authorities and therefore may have histories of runaway behavior(s). Young women who have been trafficked “express distrust of official systems and note institutional violence that they experience from police and hospitals particularly directed towards girls of color and those seen as gender non-conforming.”⁹

Florida at Crossroads: Implementation of Safe Harbor Law

Safe Harbor legislation passed by the Florida Legislature and signed into law by Governor Rick Scott in 2012 provides the framework for the creation of a comprehensive system of care informed by both the developmental and therapeutic needs of victims. The failed implementation of the 2012 Safe Harbor Act prompted the introduction of two bills during 2014 session that represent a serious departure from the original intent of Safe Harbor legislation. House Bill 7141 and Senate Bill 1724 call for the investment of tax-payer dollars to involuntarily lock-up and isolate victims of CSEC, a practice that experts in the field of human trafficking strongly oppose. “A locked unit, by definition, cannot be a healing environment.”¹⁰

Successful therapeutic models to address the needs of victims of sexual exploitation call for provision of a continuum of services within a relational/cultural model that facilitates trusting relationships. Within this model, victims of CSEC determine when and with whom they will develop trusting relationships- not when and with whom adults tell them to. This “readiness” to engage in a therapeutic alliance cannot be based on a prescribed timeline or through involuntary or forced confinement.

⁵ PACE Center for Girls (2014). Turning Around the Lives of Survivors of Sex Trafficking: A Perspective from the PACE Center for Girls. Available at: http://www.pacecenter.org/images/stories/AO_Files/PACE_Center_for_Girls_Position_Paper_on_Trafficking.pdf.

⁶ Natasha Falle, Founder/Executive Director, Sextrade 101.

⁷ Loyola University Chicago School of Law (2010) Human Trafficking and Exploitation of Children and Youth in the United States outcomes of the proceedings of the national conference on child trafficking and exploitation in the United States. Chicago, IL: K. Kaufka Walts, Jd, C. Lee. Retrieved from http://www.luc.edu/media/lucedu/chrc/pdfs/Outcome_Document_2012%20Update.pdf.

⁸ U.S. Department of Health and Human Services Administration for Children, Youth and Families (ACYF) (2013) Guidance to States and Services on Addressing Human Trafficking of Children and Youth in the United States. Available: http://www.acf.hhs.gov/sites/default/files/cb/acyf_human_trafficking_guidance.pdf.

⁹ Sherman, Francine T., Justice for Girls: Are We Making Progress? (July 20, 2012). UCLA Law Review, Vol. 59, 2012; Boston College Law School Legal Studies Research Paper 275. Available at SSRN: <http://ssrn.com/abstract=2126753>. Quote from staff at Young Women’s Empowerment Project in California.

¹⁰ Personal conversation with Dr. Michele Contreras, March 25, 2014.

Solution: Apply Lessons Learned from Successful Models that Promote Therapeutic Alliances and Healing

Survivors of human trafficking develop an important ability to emotionally disconnect from others. Understood within the context of child rape and sexual exploitation, emotional disconnection from others is a reasonable and adaptive coping mechanism. What does it look like when a girl exhibits emotional detachment and disconnection? It might appear that she is angry and withdrawn. Her anger may be interpreted as a lack of gratitude for having been rescued from traffickers. Her withdrawal may appear to be an act of non-compliance. Policymakers and staff often fail to recognize that a “rescue” framework of therapy doesn’t work for victims of CSEC because it fails to recognize that victims are strong individuals who have successfully garnered resources to navigate their survival.¹³ For victims of human trafficking, establishing a trusting therapeutic alliance with a member(s) of a team of support professionals is a process that *necessarily* includes the testing of boundaries and rules as well as the authority figures associated with them.

Indeed, successful therapeutic models recognize that victims have adapted coping mechanisms such as detachment and disconnection as *necessary* means for surviving repeated rape and abuse. Long term success for victims of CSEC in a therapeutic alliance is possible when sexually exploited children are allowed to make mistakes, to resort back to using coping mechanisms that helped them survive and where victims are allowed to define when and how the therapeutic relationship begins. This context provides victims with the necessary environment in which they can develop a trusting, consistent relationship with someone who walks alongside a survivor as she begins the difficult process of healing. The lessons learned from therapeutic models provide the foundation to guide programming components in Florida.

First Responders/Cross Disciplinary Collaboration and Training

The IOM infographic (see Appendix) illustrates how schools, police, victim services, businesses, the legal system and health care providers might collaborate in order to prevent, identify and respond to CSEC.¹⁴ Other states have developed protocols for first responders that include a case coordinator whose role it is to help victims navigate the various public systems involved, encourages collaboration amongst the interdisciplinary partners, and ensures a centralized, coordinated and prompt response.¹⁵ The Support to End Exploitation Now Coalition (SEEN) is a partnership between 35 public and private agencies that provide services for exploited children. As a multidisciplinary anti-trafficking team in Boston, the goal of SEEN is to “aid in the recovery of survivors, to identify sex trafficking victims, improve survivors physical and psychological security, to enable access to services and to hold exploiters accountable.”¹⁶

¹³ Epstein, R., & Edelman, P. (2014). Blueprint a multidisciplinary approach to the domestic sex trafficking of girls. *Center on Poverty and inequality: Georgetown Law*, 4-5.

¹⁴ <http://resources.iom.edu/BCYF/sex-exploitation-sex-trafficking/infographic.html>.

¹⁵ Epstein, R., & Edelman, P. (2014). Blueprint a multidisciplinary approach to the domestic sex trafficking of girls. *Center on Poverty and inequality: Georgetown Law*, 4-5.

¹⁶ Epstein, R., & Edelman, P. (2013, March). *Blueprint: A multidisciplinary approach to the domestic sex trafficking of girls* . Critical connections: a multi-system approach to the domestic sex trafficking of girls. For more info about SEEN, see website of Children’s Advocacy Center at: <http://www.suffolkcac.org/programs/>

Evidence suggests that multi-disciplinary teams (MDT) are well accepted and offer the best response to the challenge of child abuse and neglect investigations in child welfare.¹⁷ Florida would benefit from the creation of trauma informed MDT to respond to child sexual abuse and to victims of sexual exploitation.

The CSEC MDT is a small group of professionals with extensive and detailed knowledge about CSEC from diverse disciplines in the community and with direct responsibility for creating a plan for the identified victim. Best practices for CSEC MDT includes meeting within 24 hours of the identification of a victim to make sure the victim's immediate needs are met, that the victim is assessed for safety and placed accordingly and that needed services are identified and offered. The CSEC MDT should continue to meet regularly on each case, for as long as needed, to assess the child's situation, to address problems, barriers or other challenges as they arise, to offer support as the victim and the victim's family navigate complex systems and to make other services available as needed. In situations involving law enforcement recovery stings and operations, CSEC MDT may also be useful in providing critical support to victims of CSEC identified in the course of such operations.

Cross-disciplinary collaboration and training of first responders benefits all who can identify and who interact with child victims of sexual exploitation. Training curricula has been evaluated including the CSEC Community Intervention Project (CCIP) in Chicago, Atlantic City, Denver, Washington, D.C. and San Diego. As a result of the training, participants learned more about the scope of the problem, the reframing of those who have survived commercial exploitation as victims and not criminals, the relationship between sexual abuse and CSEC, methods used to exploit children, why people exploit children, risk factors associated with CSEC and warning signs. Most importantly, participants learn about the coping mechanisms used by CSEC survivors, post-traumatic stress disorder (PTSD) and trauma reenactment. As a result, all participants increased awareness about the investigative and legal aspects of working with CSEC survivors as well as victim identification and effective service delivery techniques. Participants experienced a significant shift in attitude as all participants **disagreed** with the statement, "Persons in prostitution are there by choice."¹⁸

Survivor Mentor Program/Peer Support Models

The peer support process is grounded in established psychosocial models that include social support, experiential knowledge, helper-therapy principle, social learning theory and social comparison theory.¹⁹ In one study, the addition of a peer specialist to a care management team resulted in improvement in quality of life measures, fewer significant life problems and improved self-esteem and social support.²⁰ According to Phyllis Solomon, "evidence indicated that peer-provided services can improve the effectiveness of the traditional mental health delivery system."²¹

¹⁷ Clawson et al., *supra* note 6, at 28; Mark Ells, Office of Juvenile Justice and Delinquency Prevention, U.S. Dep't of Justice, Forming a Multidisciplinary Team to Investigate Child Abuse 4 (2000), available at <https://www.ncjrs.gov/pdffiles1/ojdp/170020.pdf>.

¹⁸ Ferguson, K. M., Soydan, H., Lee, S. Y., Yamanaka, A., Freer, A. S., & Xie, B. (2009). Evaluation of the CSEC community intervention project (CCIP) in five U.S. cities. *Evaluation Review*, 33(6), 568-597. doi: 10.1177/0193841X09346132.

¹⁹ Salzer, M., & Shear, S. L. (2002). Identifying consumer-provider benefits in evaluations of consumer-delivered services. *Psychiatric Rehabilitation Journal*, 25, 281-288.

²⁰ Felton, C., Stastny, P., Shern, D., Blanch, A., Donahue, S., Knight, E., & Brown, C. (1995). Consumers as peer specialists on intensive case management teams: Impact on client outcomes. *Psychiatric Services*, 46, 1037-1044.

²¹ Solomon, P. (2004). Peer Support/Peer Provided Services Underlying Processes, Benefits, and Critical Ingredients. *Psychiatric Rehabilitation Journal*, 27, 392-401.

The goal of this work is to shift away the blame, shame, discrimination, isolation and trauma experienced by victims towards a model that offers validation, support, unconditional acceptance and relational safety. Children need to be able to trust a healthy adult figure in order to establish healthy bonds. According to Kate Price, “mentoring offers those very supports in a community or program based context to keep kids connected.”²² Once a survivor is able to develop a trusting healthy relationship, they stop running away. The mentor relationship is a safe space, “where both connection and disconnection can occur in a safe space without the fear of persecution.”²³ The other advantage that survivor mentors can provide is support in navigating new experiences, systems and relationships. To be successful in creating a therapeutic alliance we need individuals that are able to honor and not shame the coping mechanisms and tactics that sexually exploited children use to survive. A survivor mentor can understand what a particular child is experiencing and is able to build a trusting alliance.

My Life, My Choice is a model that exists in Boston that has had immense success.²⁴ The program is housed in the building with law enforcement which helps break down barriers of suspicion that typically exist between law enforcement and victim. The extensively trained mentor is the first person who connects with the victim. The mentor is available to support the victim 24 hours a day, seven days a week. Whenever a survivor is struggling or is having a difficult time, that child will know that they have someone by them who will not condemn or punish them. The survivor mentor can also assist with assimilation to their new community. The survivor mentor is available as a support to the survivor’s caregiver in multiple community settings and to participate in the MDT staffings.

In one program in California, Standing Against Global Exploitation Project (SAGE) staff explained that a “peer support model” means peers can more easily build a natural rapport with one another whereas clinicians typically take longer to build rapport with survivors. It is estimated that clinicians spend 75% of their time establishing trust with their client whereas a mentor survivor can convey hope in a way those of us who haven’t been trafficked cannot. Hearing the life story of someone who has been trafficked for sex often paves the way for girls to begin to trust others with their own story.²⁵

Dr. Michelle Contreras, Post-doctoral Clinical Psychology Fellow, Harvard Medical School, recently relayed in training the story of a young woman who developed a strong therapeutic alliance with a trusted adult with whom she was able to work through the healing process. The biggest barrier the survivor faced was community acceptance. “As a culture, we still hold extremely negative perceptions of girls involved in sexual crime, making acceptance back into her community very challenging for her. This particular young woman was eventually coerced back by her abuser who reminded her that she was accepted in his world and that the rest of the world would never accept her.”²⁶ This compels us to develop a model that accounts for the rejection she will likely face when returning to her community.

²² Price, 2012 Longing to Belong: Relational Risks and Resilience in U.S. Prostituted Children. Work in Progress paper, No 111: Jean Baker Miller Training Institute at Wellesley Centers for Women. (Page 5)

²³ Ibid, page 5

²⁴ My Life My Choice, a program of the Justice Research Institute in Boston. Website: <http://jri.org/services/behavioral-health-and-trauma-services/community-based-behavioral-health-services/my-life-my-choice/about>.

²⁵ Clawson, Heather J. and Goldblatt Grace, Lisa (2007). "Finding a Path to Recovery: Residential Facilities for Minor Victims of Domestic Sex Trafficking" <http://aspe.hhs.gov/hsp/07/humantrafficking/ResFac/ib.htm>.

²⁶ Psychology of Human Trafficking, Jacksonville, Florida, February 27-28, 2014, training by Dr. Michelle Contreras

Key Elements of a Community-Based Continuum of Care

The following outlines key elements of a comprehensive continuum of care that includes prevention, intervention, treatment and community reintegration.

1. *Provide a drop-in safe house.*

Recognizing the importance of replacing unhealthy relationships with healthy ones, we must understand that a healthy relationship cannot be predicated on coercion, control or detention. Successful programs around the world include models that are similar to drop-in centers or domestic violence and runaway shelters combined. To make them successful, they must include experts in the field who are available any time of day or night to meet the needs of exploited children. Advocates and outreach workers walk the streets and distribute cards with the address of the safe house. Drop in models provide free meals, a place to shower and a safe place to sleep . The drop-in center should include a staff nurse to provide free medical treatment with no questions asked. This is a house/residence that police officers, advocates and community members can bring sexually exploited children knowing that experts are available to provide support and protection. Of note is that safety measures are designed to keep perpetrators out but does not lock victims inside. Residents may leave the program, but they leave knowing that a safe place where they will not be rejected will be available to them at the drop in safe house. Locking up sexually exploited children mirrors the domination and control of the abuser. This would be another place that survivor mentors could be present to build healthy/safe relationship and therapeutic alliances.

2. *Implement specialized therapeutic services that utilize the Relational Cultural Therapy model.*

“Trauma is a long-term, chronic state that can only be managed; not cured.”²⁷ Working through trauma is challenging. When an individual starts mental health/therapeutic services, emotional pain may initially worsen before improving. As a result of experiencing extensive and ongoing trauma the brain of the child growing up in an abusive environment may present differently than that of a child who grows up in a healthy environment.²⁸ Professionals who work with trauma survivors understand that physical, physiological and emotional healing is a journey. When we are in pain, we avoid the triggers that caused the pain. A victim that has gone to therapy and experienced mental and emotional pain may be reluctant to return to therapy therefore we must shift our therapeutic model to one that is based on developing a therapeutic alliance. Examples of current practices that are *not* therapeutic include closing cases due to a missed therapy appointment or shaming victims when they eventually return. Therapists need to be specially trained, flexible and open to working differently. Trained therapists understand the importance of relational development and are able to walk the individual through each stage of healing. As explained by Kate Price, “As relationships stabilize, shame begins to heal and isolation dissipates, sexually exploited children can really begin to flourish and find ease in life that may not have been possible previously.” This is an additional area where the survivor mentor can provide ongoing support.

²⁷ Price, 2012 Longing to Belong: Relational Risks and Resilience in U.S. Prostituted Children. Work in Progress paper, No 111: Jean Baker Miller Training Institute at Wellesley Centers for Women. (Page 7)

²⁸ Putnam F. W. (2006), The Impact of Trauma on Child Development. *Juvenile and Family Court Journal*, 57: 1–11. doi: 10.1111/j.1755-6988.2006.tb00110.x

3. *Invest in initiatives directed at ending violence against women and girls.*

Because women and girls are most often victims of trafficking for the purpose of sexual exploitation, Florida should invest in initiatives directed at ending violence against women and girls. Men who pay to sexually abuse children must be prosecuted and held accountable for their crimes.

As Amy Rassen said in her congressional testimony for the United States Commission on Human Rights on Gender and Human Trafficking (2012, April), the message should be clear, “Our children are not for sale and anyone who tries to exploit them will face the consequences.”²⁹

National program models such as First Offender Prostitution Program (FOPP) have shown a substantial reduction in recidivism of men arrested for soliciting through a court ordered curricula that focuses on education about who those who enter commercial sex industry are, how traffickers groom victims, and how trafficking is experienced by victims.³⁰

Children cannot consent to their own sexual abuse. Lock up interventions legitimize the lie that victims can consent to their own sexual abuse, are a danger to society, deserve arrest, are criminals and should be locked up.

Florida has the opportunity to learn from the experiences of other states and local communities that are effectively addressing this critical issue through a comprehensive, multidisciplinary approach. The answer is not to invest resources in the experimental design of a pilot program that forces involuntary placement in locked facilities. This response does not address the complex needs of identified victims and is not supported in either research or practice. We must look at the successes and lessons learned of other states that have addressed the needs of this population through a multi-disciplinary, therapeutic approach that does not include lockdown facilities.

Unintended Consequences of Locking up Victims

Why the abuser locks his victim up	Why the State locks the victim up
To reduce risk of running away	To reduce risk of running away
To reduce risk of being stolen by another abuser	To reduce risk that victim will recruit others
To prevent attachment to anyone other than trafficker	To prevent attachment to trafficker
To maintain power and control	To attain power and control of the “therapeutic needs” that are prescribed
To prevent interactions with law enforcement	To control interactions with law enforcement

²⁹ Rassen, Amy (2012, April 13). Testimony on US Commission on Human Rights on Gender and Human Trafficking before the US Commission on Civil Rights. Available at SAGE Project: <http://sagesf.org/testimony-us-commission-human-rights-gender-and-human-trafficking>.

³⁰ Abt Associates. (2008). Final Report on the Evaluation of the First Offender Prostitution Program: Report Summary. Available at <https://www.ncjrs.gov/pdffiles1/nij/grants/222451.pdf>.

The Policy Center cautions policymakers to seriously consider the unintended consequences of locking up victims of sexual exploitation. Florida's rationale for locking up victims mirrors the perpetrators' rationale.

Research suggests that perpetrators create environments where victims are forced to form strong emotional, financial and physical attachments to their offenders in order to survive - even in the face of abuse and violence (also known as Stockholm syndrome).³³ Stockholm syndrome is a psychological phenomenon in which hostages express empathy, sympathy or other positive feelings toward their captors, sometimes to the point of defending and identifying with their abuser(s). Stockholm syndrome can be seen as a form of traumatic bonding whereby "strong emotional ties develop between two persons where one person intermittently harasses, beats, threatens, abuses or intimidates the other. Identifying with the aggressor is one way that the victim's ego defends itself. When a victim adopts the same values as the aggressor, the abuser *appears* to be less threatening. "Stockholm Syndrome is recognized as a self-preservation instinct on the part of the prisoner."³⁴

These existing relationships and bonds cannot be replaced within the context of a lock-down facility where victims' powerlessness is reinforced. The expectation that survivors will develop trusting bonds with adults when they have experienced previous abuse and exploitation by adults is unrealistic. It is important for us to honor sexually exploited children's strategies of disconnection and to recognize that the re-traumatization of being locked up inhibits the formation of therapeutic alliances.

*"In a sense I made a choice. I could have left. But I didn't think I could survive on my own and I couldn't go back home. I didn't have anywhere to go, he reminded me of that again and again. He kept telling me I was free to walk out but also that I had no real choice, that I wasn't good for anything else. So I felt that I could've walked out and also that I couldn't."*³⁵

Involuntary Lockup/Forced Treatment Reinforces Forced Obedience

Utilizing detention or involuntary lock can lead to victim's further involvement with the juvenile justice system if a survivor is deemed non-compliant in treatment because the State can punish and criminalize a victim's "non-compliance", even when treatment services and interventions are inappropriate or worse, are traumatizing. Typical policies and procedures within the juvenile justice system that are re-traumatizing include forced strip searches, over-medication, loss of privileges and the use of isolation or confinement. Within this framework, the system continues to force her obedience, just like her trafficker. Further, symptoms of post-traumatic stress disorder (PTSD) and rage at betrayal can further ostracize and lead to discrimination against her.³⁶ When a victim does not meet treatment expectations, she may be

³³ Burke, M.C. (2012). Human trafficking: An overview for law enforcement. *Law Enforcement Executive Forum: Human Trafficking*, 12, 1-178.

³⁴ "Stockholm syndrome." Rebecca Frey, PhD. The Gale Encyclopedia of Medicine. Ed. Laurie J. Fundukian. 4th ed. Detroit: Gale, 2011. 6 vols. *Stockholm syndrome helps to explain certain behaviors of survivors of WWII concentration camps, battered wives, incest survivors, members of religious cults and physically and emotionally abused children.*"

³⁵ National Center for Missing and Exploited Children & Office of Juvenile Justice and Delinquency Programs, U.S. Department of Justice. 2002, "Female Juvenile Prostitution: Programs and Responses", 2nd ed. (as cited in ECPACT-UDA. Who is there to help us: How the system fails sexually exploited girls in the United States: Examples from four American cities). Available: <https://static.mopro.com/00028B1B-B0DB-4FCD-A991-219527535DAB/b5db40fd-d002-4be7-8645-55d60d33afb4.pdf>

³⁶ Price, 2012 Longing to Belong: Relational Risks and Resilience in U.S. Prostituted Children. Work in Progress paper, No 111: Jean Baker Miller Training Institute at Wellesley Centers for Women.

labeled as non-compliant, a high runaway risk, or treatment resistant. In exchange for safety, the system expects obligation and duties in maintaining an image which traumatized children cannot fulfill due to their abusive and violent histories.³⁷

The following chart compares the experiences of early trauma and sexual exploitation and the impact of system’s response through the experience of the child.

Early Trauma	Sexual Exploitation Experience	Involuntary Lock Up Experience (Under guise of “Treatment”)	Therapeutic Relational Models
Child sexual assault unheard, minimized, or silenced	Preys on unaddressed child sexual abuse and trauma	Focuses on “protecting” and “controlling” for victim’s own good.	Considers complexity of trauma and life experiences. Honors survivor’s ability to make own decisions
Isolated,, “Why me?”	Violence, condemnation isolation, abuse	Movement is restricted, isolated from the community	Freedom of movement, allowed to leave and come back
Defenseless against perpetrator who controls, coerces, manipulates	Perpetrator controls, coerces, manipulates	Strangers tell her what is best for her	Treatment starts when she is ready
Subject to retaliation if abuse revealed	Dominant/subservient relationship dynamics	Strangers make decisions on her behalf	Survivor makes decisions Right to be angry, right to be in pain
Attempts to tell met with denial or silencing	Distrusts system	Distrust Adults more, less prone to trust again	Builds trust, helps break trauma bonds
Blamed, spanked, confined for anger, screams and cries	Violence/threat if non-compliant	Criminalization if “non-compliant”	Honors survival/coping mechanisms
Lacks capacity to understand what happened to her	Likely not to recognize she’s a victim	Tells her she’s a victim and needs to be “fixed”	Hope for lifelong recovery and healing

³⁷ Ibid.

Involuntary Lock Up Replicates Isolation and Stigma

Victims of sexual exploitation share narratives of isolation or abandonment and neglect by their personal families and/or by trusted caretakers. “Condemned isolation” is the experience of loneliness that leaves one feeling shut out from the human community. One feels alone, immobilized regarding connection and at fault for this state.³⁸ Involuntary locked placements or placements in the criminal justice system are inappropriate for sexually exploited children. The locked setting of these environments combined with staff insensitivity and lack of staff training routinely traumatizes youth and exacerbates feelings of loss and isolation. The controlled environment may also limit the recovery of the individual and impact their re-integration into society, create economic constraints and affect psychological well-being.³⁹ Other studies have included the voices of women who have said “[secure housing] is as controlling as an abusive relationship.” Many human rights organizations have raised attention to the inappropriateness of detention for victims and that “freedom of movement is an indispensable condition for the free development of a person.”⁴⁰ According to Brunovskis & Surtees (2007) strict regulations should have clear indicators and rationale for use to ensure all rights of the individuals are being upheld as well the provision of ethical treatment.⁴¹ Best practices suggest that victims must be willing to participate/enter a facility on their own terms and consent should be ongoing.⁴² Other service providers find voluntary placement imperative to victimization and trauma recovery. For example, one study of Children of the Night (an organization serving sexually exploited/trafficked youth) found a higher success rate for those who voluntarily entered their program versus those who were mandated by the courts to attend.⁴³

When we lock up girls in secure facilities, we take away her liberty and her freedom. We strip her of her human rights and her ability to make basic life choices for herself. We need to provide sexually exploited children the right to not only chose the program they want to participate in but also to decide the time when she is ready to participate. In building programs and services, it is imperative to recognize recovery will be a lifelong process.

“It is never an overnight process. Removing herself from the immediate trafficking environment is only a small step on a girl’s long journey toward health and healing. The commitment to helping a survivor find stability must be long-term

A child’s developmental trajectory is altered from the point at which they begin to experience a trauma. The younger a person is when she experiences a trauma, the greater the degree to which her

³⁸ Price, 2012 Longing to Belong: Relational Risks and Resilience in U.S. Prostituted Children. Work in Progress paper, No 111: Jean Baker Miller Training Institute at Wellesley Centers for Women.

³⁹ Surtees, R. (2008). “Why shelters? Considering residential approaches to assistance.” page 24. *Nexus Institute to Combat Human Trafficking*. Vienna, Austria.

⁴⁰ *UN Principles and Guidelines on Human Rights and Human Trafficking*, E/2002/68/Add.1).

⁴¹ Brunovskis, A. and R. Surtees (2007) *Leaving the past behind: why some trafficking victims decline assistance*. Fafo Institute (Oslo) and Nexus Institute (Vienna).

⁴² Hayward, R., Panzer, P. & M. Philip (2000) ‘Trends in Domestic Violence Service and Leadership: Implications for an Integrated Shelter Model’, *Administration and Policy in Mental Health*. 27(5): 339-352.; Brunovskis, A. and R. Surtees (2007) *Leaving the past behind: why some trafficking victims decline assistance*. Fafo Institute (Oslo) and Nexus Institute (Vienna).; Surtees, R. (2007a) *Labour Trafficking in SE Europe: Developing Prevention and Assistance Programmes*. Vienna: Nexus Institute; Surtees, R. (2007b) *Listening to victims: experiences of identification, return assistance in SE Europe*. Vienna: ICMPD.

⁴³ Clawson, Heather J. and Goldblatt Grace, Lisa, "Finding a Path to Recovery: Residential Facilities for Minor Victims of Domestic Sex Trafficking" (2007). *Human Trafficking: Data and Documents*. Paper 10. <http://digitalcommons.unl.edu/humtraffdata/10>.

developmental course is altered. The majority of trafficking victims experienced abuse prior to being trafficked which increases the risk of future abuse. **Traffickers prey on the vulnerabilities of children.** It is in childhood and adolescence that we learn how to view the world and ourselves as part of the world. If this period is spent being trafficked, the child will see the world and herself through a trafficking lens. Because of her impressionable age this view will be very difficult to alter.

Viewed through the eyes of someone who has been trafficked, a locked facility will reinforce all that the trafficker has told her- she is bad, she should be ashamed of what she has done, society will never accept her as she is but the trafficker will, society will punish and isolate her. If she wants to be free she should return to who and what she really is. The trafficker has made her believe that she deserves the hell she lives in, that she is nothing more than the behavior she is forced to do. Locking her up proves this to her.

Proposed legislation to lock up for a maximum of 10 months is longer than the average juvenile justice placement of six to nine months for a girl who has been adjudicated delinquent for a criminal offense in Florida. Further, while the current proposed bill affords “judicial review,” it does not afford legal counsel.

Call to Action

Research and practice inform what is needed to effectively prevent, treat and support the victims of child abuse and child rape. We urge the State of Florida to invest in a comprehensive approach that will protect our children from harm’s way. This comprehensive approach includes initiatives that:

- Prevent violence against women and girls
- Severely punish child rapists and persons who exploit and purchase children
- Prevent the involuntary lock-up of victims of sex trafficking
- Authorize the Departments of Children and Families and Juvenile Justice to establish a joint Human Trafficking Victims Task Force whose mission is to develop recommendations for specialized services and treatment of sexually exploited children that is based on research and best practice models. The Taskforce work includes the review of data, profile of victims, lessons learned from other states and input from experts including survivors.
- Invest in a comprehensive, multi-disciplinary approach that incorporates therapeutic models to address the needs of victims of sexual exploitation through the lens of child abuse and child rape. This approach incorporates a relational cultural model that facilitates the building of trusting relationships that foster healing and growth over the lifespan of the child.

The urgency and complexity of this challenge calls for a comprehensive and collaborative effort to identify a sustainable solution to the sexual exploitation and abuse of children in the State of Florida.

COMMERCIAL SEXUAL EXPLOITATION AND SEX TRAFFICKING OF MINORS IN THE U.S.

ARE COMMONLY OVERLOOKED, MISUNDERSTOOD, AND UNADDRESSED FORMS OF CHILD ABUSE

ESTIMATES RANGE FROM

1,400 — 2.4 million

There is no true estimate of these crimes in the United States.

Instances have been reported in all 50 states and the District of Columbia.

Many professionals who interact with youth are unaware that this abuse occurs in their communities.

HOW ARE WE PREVENTING, IDENTIFYING, AND RESPONDING TO COMMERCIAL SEXUAL EXPLOITATION AND SEX TRAFFICKING OF MINORS?

SCHOOLS

Teachers and school personnel are uniquely positioned to recognize changes in behavior and appearance — which may be a sign of underlying problems — among the youth they interact with each day.

WHAT COULD HELP?

- Appropriate training and established protocols to identify vulnerable youth and to intervene early.
- Broadening the understanding of child abuse to include commercial sexual exploitation and sex trafficking of minors.

POLICE

Law enforcement personnel often are the first to respond to commercial sexual exploitation and sex trafficking cases. This means that their ability to identify victims, investigate cases, and make appropriate referrals is crucial.

However, a review of case files in major U.S. cities indicates that police viewed 40% of youth involved in prostitution as offenders and 60% as victims.

WHAT COULD HELP?

- Dedicate a unit or personnel to handle commercial sexual exploitation and sex trafficking cases.
- Train officers about trafficking.
- Develop protocols for trafficking cases.
- Participate in human trafficking task forces.

VICTIM SERVICES

Victim and support service providers are likely to be working with youth vulnerable to and victimized by commercial sexual exploitation and sex trafficking.

However, there are too few services available to meet current needs of victims and survivors. The services that do exist are unevenly distributed geographically, lack adequate resources, and vary in their ability to provide specialized care.

SERVICE PROVIDERS CAN:

- Help prevent commercial sexual exploitation and sex trafficking among those they serve.
- Identify and assist victims and survivors who are in their care.

BUSINESS

Businesses, which are sometimes used to facilitate commercial sexual exploitation and sex trafficking of minors, can also fight against these crimes.

- HOTELS**
Hotels and hotel chains can adopt policies and train employees to help prevent commercial sexual exploitation and sex trafficking of minors at their hotels.
- FINANCIAL INSTITUTIONS/BANKS**
Matching purchasing patterns of exploiters to credit card transactions can alert law enforcement to these crimes.
- TRANSPORTATION INDUSTRY**
Employees can be educated about the dangers and warning signs of these crimes, which may occur at truck stops or involve the use of transportation services.

JUDGES, COURTS, AND LAWYERS

In 2013, just 8 states had laws to redirect victims away from the criminal or juvenile justice system and into systems or services that are equipped to meet their needs.

- With the attorney-client privilege, defense attorneys may be instrumental in identifying and assisting young people.
- Judges have considerable discretion and authority over the outcome and treatment of the minors involved in these crimes.

HEALTH CARE

Health care professionals may encounter victims who are seeking treatment for injury or illness in emergency departments, urgent care, clinics, and community health centers.

- However, health care professionals may not recognize youth in their care who are at risk of or are victims of these crimes.
- A health care workforce with appropriate training could help prevent further exploitation and negative health consequences.

WHAT NEEDS TO BE DONE TO PREVENT, IDENTIFY, AND RESPOND TO COMMERCIAL SEXUAL EXPLOITATION AND SEX TRAFFICKING OF MINORS?

COLLABORATION AMONG ALL OF THESE GROUPS IS ESSENTIAL IN ORDER TO:

Increase awareness and understanding

Strengthen research

Support information sharing

Strengthen the law's response

Support collaboration

ACCESS MORE RESOURCES FROM THE IOM/NRC REPORT

CONFRONTING COMMERCIAL SEXUAL EXPLOITATION AND SEX TRAFFICKING OF MINORS IN THE UNITED STATES

AT WWW.IOM.EDU/SEXTRAFFICKINGMINORS