

# Commercial Sexual Exploitation of Adolescents: Gender-Specific and Trauma-Informed Care Implications

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## Abstract

The commercial sexual exploitation of adolescents is a critical social injustice that calls for extensive care and sensitivity in practice. Understanding the intricacies of the broad, yet disturbing, dynamics of trauma triggers, coupled with realities of sex trafficking, escalates the level of professional concern. Social work professionals need enhanced knowledge of the challenges involved in working with female adolescents who experience prolonged adverse reactions that result from this form of oppression. Services inclusive of gender-specific and trauma-informed strategies are essential for this form of complex trauma. This article highlights the interplay of sex trafficking, life stage, and service implications through an ethical lens.

*Keywords:* sexual exploitation, trauma-informed care, gender-specific strategies, social work

## Introduction

According to the National Association of Social Workers (NASW) Code of Ethics (2017),

social workers are to remain informed of current evidence-based practice and how to engage with diverse populations. Roby and Vincent (2017) further identify social workers as frontline professionals in responding to contemporary forms of oppression such as sex trafficking. Sex trafficking, as defined by the Trafficking Victims Protection Act (TVPA, 2000), is “when a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age” (22 U.S.C. § 7101). When the victim is under the age of 18, this is often referred to interchangeably as commercial sexual exploitation of children and adolescents, child sex trafficking, or domestic minor sex trafficking specifically when occurring in the United States.

Complex traumatic events such as sex trafficking can have an immense effect on how adolescents, ages 13 through 17, interact during relationships across interpersonal (Olender, 2018) and environmental systems. The NASW Code of Ethics (2017) notes that knowledge of gender in relation to human behavior is critical

when providing social work services due to the challenges that manifest differently based on the unique individual. For that reason, as social work professionals, it is critical to provide services inclusive of gender-specific and trauma-informed methods that recognize the specific experience(s) that has contributed to maladaptive shifts in the sex trafficking survivors' thoughts and behaviors. This article aims to provide recommendations for such strategies noted throughout professional literature for adolescent female survivors of sex trafficking.

### **Trauma-Informed Care**

Trauma results from an abnormal disturbance in one's environment. The triggering event elevates the mind to the automatic neurological responses of fight, flight, freeze, or tend and befriend (Miller-Karas, 2015). Trauma and its accompanying symptoms emanate from experiences that leave an individual with internalized feelings of insecurity, uncertainty, and perhaps inadequacy. Engaging in a fantasized world (also referred to as dissociation) as a way of escaping the emotional pain that is toxically overwhelming (DeCandia & Guarino, 2015) is common among adolescents who have experienced commercial sexual exploitation. Emotional and mental disconnection from relationships frequently results in survivors seeking to avoid their immediate environment. The consequences of physical, psychological, and emotional trauma may impact the adolescent's ability to distinguish between choice and manipulation, as well as the individual's sense of self-worth (Perkins & Ruiz, 2017). Hence, comprehensive services that respond to needs across the spectrum must be applied in a trauma-informed manner (Olender, 2018).

Trauma-informed care makes provisions toward precise trauma treatment for survivors of commercial sexual exploitation. While the age range of 12 to 14 is noted as the average entry period into sex trafficking (Bergquist, 2015), it is important for social workers to realize that the emotional and psychological pain stemming from the trauma may make it difficult for the adolescent to establish healthy internal and external growth

processes. Creating an opportunity for active interchanges between the survivors' cognitive structures and their social environments helps to address unconscious triggers. In essence, it is through the social structure that individuals seek to find value, meaning, and a sense of self-worth. Inevitably, the individual's perception holds a tremendous weight in the treatment outcomes (Joiner & Buttell, 2018; Ocen, 2015). The uniqueness of psychological and emotional trauma presents a challenge to establishing a strong identity (Greenbaum & Jakubiak, 2017; Joiner & Buttell, 2018). Further, Sprang and Cole (2018) note that sex trafficking "results in significant psychological trauma and negatively impacts development" (p. 186). Trauma-informed care is a bridge toward consistent approaches to treatment that envelope human behavior, the social environment, and the life experience of the individual.

### **Trauma-Informed Care and Sex Trafficking of Adolescents**

Minors have been identified as the most susceptible population for sex trafficking (Hartinger-Saunders, Trouteaud, & Matos Johnson, 2017; Reid, Baglivio, Piquera, Greenwald, & Epps, 2017). Female survivors of sex trafficking may experience extreme isolation and confinement, which affects how social work professionals should respond to their needs. For example, minors may have been recruited in environments that were previously perceived as safe or recreational, such as local stores or malls, targeted through foster care or group home placements, or even groomed and recruited through social networking media (Perkins & Ruiz, 2017). Figures including family members (Sprang & Cole, 2018), friends, and/or individuals unknown to the minor may also have been involved in the grooming and recruitment process (Hardy, Compton, & McPhatter, 2013).

Trauma-informed care promotes treating sex trafficking survivors by mapping a culturally sensitive approach. The needs of survivors vary based on factors including the complexity of experiences, coping ability, and support systems.

There are multiple barriers to addressing the needs of survivors including: (1) limited services designed to specifically respond to the trauma-based needs of minors (Muraya & Fry, 2016), (2) challenges in developing a trusting relationship between the survivor and the professional (Bergquist, 2015), and (3) issues pertaining to secrecy and shame resulting from the trauma (Muraya & Fry, 2016). Further barriers noted in the literature result from complications related to spiritual and cultural identity due to issues of shame, guilt, and stigma triggered by acts related to sexual exploitation (Hardy et al., 2013). Therefore, social service providers must consider how a survivor of sex trafficking may be reluctant to engage in services. The individual may perceive the professional as untrustworthy or hesitant to believe the survivor's story, question the provider's ability to arrange protection from the trafficker, or assume the provider will apply consequences rather than support (Bergquist, 2015; Greenbaum, 2017).

The transition to a trauma-informed care approach would require significant evaluation and adjustment within the service agency to meet the needs of the survivor (Olender, 2018). Recommended factors that would characterize these adjustments are:

- a realization of the impact of trauma on life stage development and coping strategies (Le, Ryan, Rosenstock, & Goldmann, 2018),
- a strengths-based perspective and collaborative efforts between the social worker and survivor in service decisions resulting in a "victim-centered approach" (Bergquist, 2015, p. 321),
- elements that establish rapport, enhance safety, and decrease chances of re-traumatization (Greenbaum, 2017),
- professionals with ongoing training in trauma-specific clinical interventions and training in trauma awareness for

- support workers (e.g., receptionist, foster parents) (Hanson & Lang, 2016),
- organizational policies and procedures with wording inclusive of trauma-informed practices (Hanson & Lang, 2016), and
- culturally relevant services in response to the life circumstances of survivors across racial and ethnic subgroups (Hankel, Dewey, & Martinez, 2016; Le et al., 2018).

The integration of these factors enhances consistency in response to trauma throughout the system of care.

### **Gender-Specific Services and Commercial Sexual Exploitation**

The NASW Code of Ethics (2017) Section 1.05b notes the importance of social workers both possessing and demonstrating knowledge specific to the client's culture as evidenced through service provisions. This extends to the unique experience of adolescents who have been sexually exploited. Although research is limited regarding commercial sexual exploitation of adolescents, the trauma and long-term consequences significantly impact the lives of the survivors (Le et al., 2018). The mental health issues that may result from sex trafficking include substance-related diagnoses, conduct disorders, posttraumatic stress disorder, self-injurious behaviors, poor impulse control, suicidality, and dissociative disorders (Edinburgh, Pape-Blabolil, Harpin, & Saewyc, 2015).

Sex trafficking of adolescents also places victims at a significant risk for infectious and sexually transmitted diseases as well as unplanned pregnancies (McClure, Chandler, & Bissell, 2015). Additionally, these individuals may have psychosocial histories that include homelessness, being cut off from families, and foster care involvement (Ijadi-Maghsoodi, Cook, Barnert, Gaboian, & Bath, 2016). Although research studies have suggested that the number of sexually exploited girls and boys is likely similar in numbers (Greenbaum & Crawford-Jakubiak, 2015), there

are unique differences in their experiences and treatment needs. Research further indicates that these populations share similarities in development, yet there are also distinctive issues related to the development of adolescent girls that require acknowledgment when designing goals and objectives for the treatment process (Cole, Sprang, & Cohen, 2016).

For the purposes of this article, the term gender-specific will be used to refer to adolescent females. Since sexual traumatization has a significant influence on the developmental stages of adolescent females, gender-specific services are instrumental to substantively address the needs of this population (Cralle, Underwood, Parks-Savage, & Maclin, 2013). Further, understanding the role of gender in relation to human behavior is critical when providing social work services (NASW, 2017, Section 1.05a). When developing gender-specific services, it is essential to recognize that these are not adaptations of services that were intended for the male adolescent; in contrast, it is designed to address the explicit needs of female minors (Gerassie, 2015).

Gender-specific services for female adolescent trauma survivors focus on the importance of the female perspective, place value on the lived experience, consider the developmental process, and empower females to reach their full potential (Garcia & Lane, 2013). Furthermore, these services are designed to aid in the identification of protective factors that can assist in the development of a healthy identity during their formative years. Due to the pervasiveness of sexual traumatization and developmental and social changes that survivors experience, it is critical for providers to implement a female-specific treatment that is evidence-based when engaging with this population (Cralle et al., 2013).

Gender-specific group models have shown significant success with adolescents who have been sexually traumatized through methods including sex trafficking. Group therapy is one of the most commonly used treatment modalities because it assists in minimizing the shame and feelings of

isolation (Kenny, Helpingstine, Harrington, & McEachern, 2018). These groups have not only shown effectiveness with treating mental health and sexual trauma issues but also for addressing self-image conflicts and familial relationships (Le, 2012). Group therapy with sexually traumatized girls diminishes the challenges of establishing rapport and trust with the clinical professional which is often experienced in individual therapy. The presence of the group creates a safe environment which increases an openness for self-disclosure as well as the ability to identify with peers and build healthy social behaviors. A study focusing on adolescents who participated in group therapy reported a reduction in posttraumatic stress symptoms, poor coping strategies, internalizing and externalizing behavioral problems, and increased feelings of empowerment (Olafson et al., 2018). In a similar study, a gender-specific group conducted across school, group home, and agency settings showed positive outcomes including enhanced wellbeing and decreased self-harm (Le, 2012).

The Trauma Recovery and Empowerment Model (TREM) is a cognitive behavioral approach that addresses the long-term cognitive and emotional issues of female trauma survivors (Karatzias, Ferguson, Gullone, & Cosgrove, 2016). Also, TREM addresses the experiential and coping processes of females in relation to the traumatic experience(s). In turn, this intervention structure may enhance the survivor's ability to experience a sense of belonging and engagement which contrasts with the trafficking experience of isolation and exploitation. Furthermore, over time, it may contribute to enhancing a sense of safety and trust since this was most likely affected due to recruitment methods occurring in what were previously environments of safety and recreation (e.g., mall, internet) or by known figures (e.g., family, friends).

As previously noted, trauma can result in symptoms including internalized feelings of insecurity, uncertainty and inadequacy, and dissociating as a method of coping. This leads to mental disconnection from relationships. Expressive

therapies such as art, dance movement, and music have proven to be effective treatment modalities for females who have experienced sexual traumatization. Recent research supports evidence that music fosters a therapeutic healing intervention with children (Moynihan, Pitcher, & Saewyc, 2018; Okech, Choi, Elkins, & Burns 2018; Xu, 2017). In addition, this form of therapy is an effective treatment modality for adolescent females because it reduces symptoms of trauma and increases self-esteem, allowing them to express their emotions using musical instruments, voice, and movement (Porter et al., 2017). Specifically, this treatment modality allows the girls to have direct experiences with their emotions related to the abuse. Similarly, Dance Movement Therapy (DMT) allows minors to express themselves and process trauma by addressing the body and brain, both recognized as areas possibly affected by trauma, especially through commercial sexual exploitation (Levine & Land, 2016).

As described by Levenson and Grady (2016, p. 100), “Trauma-informed practitioners recognize the prevalence of childhood adversity in the general population, expect the majority of clients to have experienced early trauma, and understand the biological, social, psychological, cognitive, and relational impact of traumatic events” on the individual’s coping ability, daily life functioning, and behaviors. The traumatic effects of sex trafficking call for an array of services that will respond to the complexities of sexual exploitation during the early life stages. For this purpose, the following implications for practice are provided to guide social work professionals in responding to the sex, life stage, and trauma experience needs of this population.

### **Implications for Practice**

In order to effectively integrate a gender-sensitive, trauma-informed care approach, those involved in the system of care must realize the effects of trauma across the life span. A significant aim is to promote a client-centered environment where maladaptive behaviors are interpreted within

the context of the traumatic experience. This way, social workers may develop an understanding that the maladaptive behaviors were established in a sexually exploitive environment (or previous traumatic experiences) and may have once been useful as survival skills. In other words, in order to sustain oneself in an atmosphere of severe oppression, sexual abuse, and maltreatment, the opportunity to develop healthy interpersonal patterns of behavior was elusive to the minor. With this knowledge, the provider can construct a stronger support network and implement interventions that will aid in: (1) illuminating the unhealthy cognitive and physical patterns of behaviors, (2) recognizing the role of gender, race/ethnicity, and life stage in coping abilities, and (3) promoting the development of productive skills across intrapersonal, interpersonal, and environmental systems.

It is essential that social workers avoid service environments that replicate the trauma of commercial sexual exploitation, such as practices that isolate, coerce, or have consequences that would re-victimize the minor. Further, social workers “should not engage in physical contact with clients when there is a possibility of psychological harm to the client as a result of the contact” (NASW, 2017, Section 1.10). A good environment would be one that creates a sense of privacy and safety, gender-sensitivity, and clear boundaries that govern forms of engagement. The provider should work to establish a coordinated a system of care including social services (e.g., mental health, case management), medical care, community and family reintegration, educational and career opportunities, legal support, skill development in activities of daily living and decision-making, and ways to fulfill basic needs (e.g., food, clothing).

In order to respond to the needs of sexually exploited adolescent females, social workers must remain current on evidence-based knowledge, practice recommendations, and ways to function in a trauma-informed environment (NASW, 2017, Section 4.01b). Clinical professionals must first foster an understanding of the role specific maladaptive behaviors played during sexual

exploitation. Probable maladaptive behaviors resulting from sex trafficking include, but are not limited to, self-harm, substance use, running away, or withdrawal. By obtaining insight into the meaning attached to the behaviors, the provider will be better able to explore with the survivor how the same behaviors hinder healthy functioning. Through a trauma-informed care approach and engaging with the individual through a holistic, gender-specific, and empowerment perspective, the survivor may gain the ability to decrease maladaptive behaviors and create effective responses for challenging life experiences.

Communicating in an empathic manner is critical in relationship building and nurturing an atmosphere of respect, nonjudgment, and validation. Likewise, the social work professional must engage in consistent self-awareness efforts in order to avoid responding negatively to difficult encounters with the survivor. As clinical professionals, it is necessary to recognize the responsibility of modeling healthy relationship exchanges and boundaries within the practice setting. The survivor's chance to witness positive outcomes and rewards from healthy relationship exchanges may help to decrease distrustfulness and fear that can trigger maladaptive defenses.

## **Conclusion**

Commercial sexual exploitation of adolescents often results in long term traumatic effects including posttraumatic stress disorder, substance use, developmental delays, health, and hygiene challenges, as well as hindrances to major life milestones (e.g., education, job attainment). Exposure to sex trafficking may result in maladaptive cognitive and behavioral coping mechanisms that once served as survival skills in the sexually exploitive environment. These maladaptive defenses may negatively impact the survivor's functioning across intrapersonal, interpersonal, and environmental systems and also result in apprehension toward receiving professional services due to feelings of distrust and fear.

An adolescent female survivor of sex trafficking may require a complex system of care in response to the diverse needs. To appropriately respond to these needs, a system of care entrenched in a gender-specific, trauma-informed culture is recommended. In order to integrate this approach, service providers must begin by evaluating their current practices in order to enhance their trauma-based performance and implement a roadmap of factors that would characterize a trauma-sensitive environment. All members of the system of care, including social workers, managers, receptionists, and foster parents, should receive training in trauma and its effects across the life span. Overall, this knowledge will contribute to a coordinated, gender-specific, trauma-based response to the survivor's needs, thus strengthening the individual's opportunities for enhanced functioning across systems.

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