

# Research to Action:

Sexually Exploited Minors (SEM) Needs and Strengths



WESTCOAST CHILDREN'S CLINIC



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**WestCoast Children's Clinic**

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- Alameda County Juvenile Justice Guidance Clinic
- Asian Health Services
- Banteay Srei
- Community Violence Solutions
- Contra Costa County Mental Health
- Contra Costa County Probation Department
- Covenant House
- DreamCatcher Youth Shelter
- Interagency Children's Policy Council of Alameda County
- MISSEY
- STARS Behavioral Health

We are also grateful to Dr. John Lyons, whose work on the Child and Adolescent Needs and Strengths (CANS) and input into this project has been instrumental.

## Executive Summary

This study describes the characteristics of sexually exploited minors (SEM) by building a body of knowledge around SEM in the larger community. The data collected for this project represent 113 youth ranging in age from 10 to 24 and receiving services at nine service providers in Alameda and Contra Costa counties. Situating the youths' experience within the framework of complex trauma, we illustrate how their characteristics and behaviors are adaptations to trauma and symptomatic of ongoing abuse. More than 75% of the youth in this study experienced child abuse or neglect, with most experiencing multiple episodes of trauma and family disruptions that leave them vulnerable to exploitation. Most (84%) have problems with judgment that place them at risk of significant physical harm, including severe substance use (31%) and frequent episodes of running away from home (62%).

**Mental Health Needs and Strengths.** Children exposed to multiple traumatic events experience some of the symptomatology of posttraumatic stress, including depression and other mood disturbances, anger control, anxiety, and attachment difficulties, each of these symptoms affecting over half the sample. Most are unaware of the dangerousness of their situation. Fewer than half recognize that their pimp or exploiter is not operating in their best interest. Despite these challenges, many also demonstrate strengths, such as creativity and positive cultural identity, which help them cope. With therapy, clients also begin to see a reduction in some of their impairments and experience improved functioning in various life domains, such as in school behavior, school attendance and school achievement.

**Practice Recommendations.** Service providers require different knowledge, perspectives and support when working with youth who experience ongoing trauma. Efforts to engage youth in treatment must be intensive and treatment progress may occur at a slower pace than with other client populations. It is essential to respect the skills that the youth have developed to survive, while teaching more adaptive coping strategies. Creating multidisciplinary teams comprised of the various members of the youth's system of care improves the ability of service providers to respond to the youth's needs across service domains and promote a positive experience for the youth. Including caregivers in the treatment team can empower them to participate in the treatment process on behalf of the youth. Treatment teams must advocate for appropriate educational support and collaborate with schools to address educational needs of the youth. Also, promoting placement stability is essential to creating safe living environments for youth in foster care.

**Policy Recommendations.** There are several considerations specific to the trafficking of minors for sex that require special attention in policy. Assisting youth to escape exploitation requires a system of services that is not yet in place in most communities and that coordinates the efforts of child welfare, behavioral healthcare, and juvenile justice. Decriminalizing victimization is necessary so that the legal status of SEM reflects their victimization. Without legal tools to treat child victims of trafficking as victims and to prosecute traffickers and johns, child sex trafficking will persist.

**Future research.** To establish a comprehensive picture of the needs of SEM youth, we must continue this research collaboration and expand the geographical scope of service providers. We must also study further the mechanism by which youth are initially exploited, as well as what interventions work well for specific subsets of youth.

## Introduction

The sexual exploitation of children and youth occurring in Oakland and its surrounding communities is alarming. Though the hidden nature of the crime means it is difficult to accurately estimate the number of children exposed to this form of abuse, the FBI has designated the Bay Area as a “High Intensity Child Prostitution Area” (Department of Justice, Office of the Inspector General, 2009). Local law enforcement estimates that approximately 100 children are being sold for sex on Oakland streets each night (Grady, 2010).

Increased media coverage in recent years has called attention to the scope of the problem and the law enforcement practices surrounding the commercial sexual exploitation of youth. The press has reported on the size of the problem in terms of number of children affected, the amount of dollars involved in the trafficking industry, and the nature of the relationship between pimps and the youth they exploit (Amber, 2010; Youth Radio, 2010; Winshell, 2012; *San Francisco Public Press*, Spring 2012).

There is also a growing body of published literature describing the basic characteristics of youth who become exploited, such as age at the onset of exploitation, foster care status, and high risk behaviors of youth who are exploited (Clawson, *et al.*, 2009; Estes and Weiner, 2001; Lloyd, 2005; Spangenberg, 2001). A few studies also describe treatment options and outcomes for sexually exploited minors and those at risk of exploitation (Saewyc, Solsvig and Edinburgh, 2008; Edinburgh and Saewyc, 2009; Saewyc and Edinburgh, 2010). Two outcome studies for youth in residential treatment programs also exist (Twill, Green and Traylor, 2010; Thomson, *et al.*, 2011). These studies are crucial to developing a body of knowledge about what works for preventing exploitation and what interventions are most effective to assist youth who have been exploited to recover from their trauma.

Knowledge of the characteristics of sexually exploited minors (SEM) and youth at risk for sexual exploitation is built on a case-by-case basis, where individual programs or individual communities describe the population of youth that come into contact with their service providers or child welfare and juvenile justice systems. For example, the studies by Saewyc and her colleagues describe the characteristics of teenage girls in a program in Minnesota; Twill, *et al.* (2010) describe characteristics of SEM in a metropolitan, southeastern American city; Thomson, *et al.* (2011) describe youth in a residential treatment program in Massachusetts. The number of youth included in these studies is frequently small due to the case study nature of the research.

This study aims to contribute to the literature that describes the characteristics of SEM in three ways. First, this study adds a portrait of SEM in and around Oakland, CA, a community that is home to a large number of sexually exploited youth. However, this study aims to go beyond a program-level case study to build a wider body of knowledge around SEM in the larger community. The data collected for this project represent nine different service providers. Though all the participating agencies provide services to youth who are sexually exploited, they are based in different neighborhoods, interact with child welfare or juvenile justice departments differently, have varying outreach, engagement and referral methods, and provide different

services. For example, an emergency shelter may come into contact with youth at a different point in their life or stage of their development than an outpatient mental health clinic. As such, the youth may present with different needs and strengths.

While WestCoast Children's Clinic (WestCoast) certainly sees a large number of SEM, the participation of other providers is essential to building a more complete picture of the characteristics of youth who experience sexual exploitation. We expected to see some commonalities and some differences in the types of youth seen by different providers. Unless otherwise noted, the data we present is based on combined data by all the participating agencies (including WestCoast). However, where there are notable differences, we present those differences to show the diversity of experiences and needs presented by this population.

Second, this study aims to situate the characteristics of youth, especially aspects of their trauma histories and risk behaviors, within the framework of complex trauma. We do not want to limit our description of these youth to "at risk" or "high needs." Rather than pathologize sexually exploited youth, we hope to inform the policies and practices of our current social systems with the goal of improving systemic approaches to providing safe and healthy environments where they can thrive. To that end, we illustrate how their characteristics and behaviors are adaptations to trauma and symptomatic of ongoing abuse. In addition, we hope to further the understanding of SEM as victims of abuse, as they are frequently mislabeled as prostitutes, which does not convey the degree of coercion or lack of choice they encounter.

The third aim of this study is to provide a fuller description of the mental health needs of these youth and how they experience their exploitation. Though early intervention and prevention of exploitation is critical, often a child is only able to access services after suffering years of abuse at the hands of an exploiter (Walker, 2012). Because of this, service providers and systems (child welfare, behavioral healthcare, and juvenile justice) must understand their mental health needs and the long-term efforts required in order to respond effectively.

Building knowledge about the characteristics of and successful treatment interventions for SEM requires accumulating practice-based evidence across different settings, and in turn using that evidence to develop best practices. At WestCoast, our understanding of the specific needs of SEM evolved over time as an extension of the way we use data to inform our practice and create new programs. After noting that many of the youth we serve in all of our programs are victims of sexual exploitation and realizing the lack of mental health services available to them in our community, we created the *C-Change: Transforming the Lives of Sexually Exploited Minors* program in 2000. The program has grown in size and scope to serve over 70 clients per year and to include case management services in addition to mental health treatment.

The practice-based evidence generated in the course of our clinical work with SEM and the involvement of program staff in local efforts to understand the issue of sexual exploitation of minors led directly to this study. This paper presents findings from data collected as part of the *Sexually Exploited Minors Research-to-Action Project*. Along with our partner agencies, we collected data on sexually exploited youth in order to develop a clinical profile of this population. In addition to the description of needs and strengths of SEM, this paper presents practice recommendations for serving these youth, a policy agenda that promotes identification and protection of SEM, and directions for future research.

## SEM Research-to-Action Project and the CANS-CSE

The *Sexually Exploited Minors Research-to-Action Project* is a two-year collaborative research and training project intended to leverage the collective knowledge of agencies in and around Oakland, California to better understand the clinical issues faced by sexually exploited minors. WestCoast collaborated with our eight partnering agencies to design and implement the first SEM mental health assessment tool by creating a SEM-specific Child and Adolescent Needs and Strengths (CANS) instrument, namely the CANS-Commercial Sexual Exploitation (CANS-CSE). A widely used measure, the CANS organizes clinical information collected during a behavioral health assessment to guide treatment decisions, measure outcomes, and improve communication among those involved in planning care for children and their families. The CANS-CSE version goes further to identify and measure the unique needs of and risks to sexually exploited youth.

WestCoast met with participating agencies to develop a data collection strategy and support implementation of the tool with training and technical assistance. Clinicians in WestCoast's C-Change program, as well as clinicians and case managers at the partner agencies, collected data using a secure, web-based version of the CANS-CSE. The project received initial IRB approval in December 2010, at which point data collection began. Informed consent was obtained for each client whose data is used in this study.

The CANS-CSE allows providers to document their suspicions regarding the youth's history of exploitation or present circumstances, however in this study, we only report data that is confirmed by the provider with the client or through other documentation, whether it be clients' past history of abuse or parents' characteristics. It is therefore possible that the figures presented here underestimate true prevalence rates.

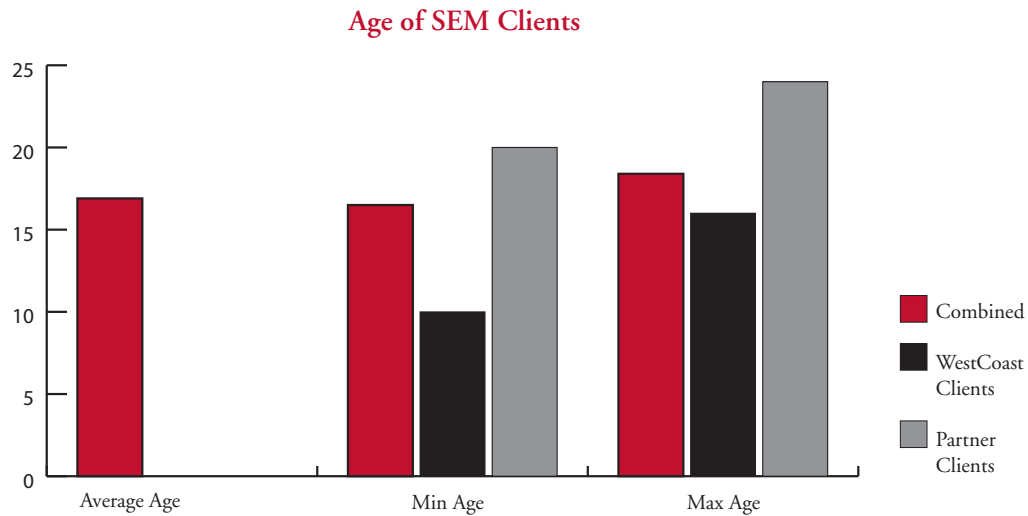
## A Needs and Strengths Profile of Exploited Youth

This study presents the experiences and clinical profile of 113 youth, 90 of them clients at WestCoast and 23 clients at partner agencies. These 113 youth are all girls. Though we know that many boys are exploited, and some of our clinicians have worked with boys in the past, the youth who came in for services and agreed to participate in this study between December 2010 and March 2012 are girls.

The average age of the youth in the study is 16 years and 11 months old. However clients at WestCoast are younger overall than clients at our partner agencies. WestCoast clients are on average 16 and a half (ranging from age 10 to age 20), while among partner agencies the average age of youth is 18 and a half (ranging from age 16 to age 24). Most youth are between 14 and 16 years old.

Regarding ethnicity, 58% of youth are African American, 29% are multiracial, and 5% or fewer are Caucasian, Asian, or another ethnicity. The experience of clinicians who have worked with exploited youth in other settings





suggests that the racial and ethnic profile of clients can vary dramatically by city, even by neighboring cities. The agencies participating in this study are located in Alameda County and Contra Costa County, both located on the east side of the San Francisco Bay. We recognize that the demographic profile of youth would look different if youth in San Francisco and other neighboring counties were also included in the study.

## Exposure to Trauma and History of Abuse

Because the job of working with a sexually exploited minor is so often focused on crisis management, stabilization, and getting the child off the streets and into a safe environment, practitioners do not always have the opportunity to delve into a child's history prior to their exploitation. Also, many youth do not want to disclose past experiences right away (Summit, 1983; Kogan, 2005).

Despite this, more than 75% of the youth in this study describe having experienced child abuse or neglect. Moreover, the history of trauma experienced by nearly all of these youth (or 70% of all clients) includes *multiple* episodes of maltreatment; many experienced trauma as a chronic condition of their childhood, including severe or repeated episodes of neglect (56%), sexual abuse (53%), emotional abuse (53%), physical abuse (52%), and family violence (39%).

Previous victimization puts children at risk of subsequent victimization, including sexual exploitation (Gidyez, *et al.*, 1993). These ongoing traumatic experiences are due to a number of factors, including living in violent neighborhoods and exposure to family violence, resulting in a continual risk for victimization; being poorly supervised or socially isolated; accepting and normalizing the violence and exploitation that has happened to them; and through the impact of initial traumatic experiences on emotional dysregulation and risk behaviors. The combination of these factors leaves children especially vulnerable to subsequent trauma exposure, including sexual exploitation.

## Family Disruptions

Any child or young person may be at risk of sexual exploitation, regardless of their family background or other circumstances. However, some groups of youth, including those experiencing severe disruptions in their early life, are particularly vulnerable. Nearly all of the clients in this study have experienced many of these disruptions.

Most clients experienced abandonment and lack of supervision by their parents or primary caregivers, leaving them at risk of harm due to the absence of supervision. Supervision problems may be due to parents being incapacitated by substance use. Some youth are also exposed to or participate in their parents' criminal or prostitution activities. Some youth live in transient households, where many family members, acquaintances, and a large number of strangers either lived in the home for periods of time or would come and go from the home sporadically. Many youth are involved in the foster care system, and even then have no stable place to call home, experiencing two or more placements in a 90-day period.

**Table 1. Prevalence of Known Family Disruptions among SEM Clients**

Abandonment by parents or primary caregivers	55%
Lack of supervision by parents or caregivers	50%
Living in transient household	21%
Out-of-home (foster care) placement disruptions	48%
Parent or caregiver substance use	11%
Contact with or involvement in parents' criminal activities	23%
Involvement with or exposure to parents' prostitution activity	15%

Lack of food, shelter, safety and love leaves children and youth especially vulnerable to the varying degrees of coercion, intimidation, and grooming for exploitation on the part of their exploiters. Pimps or traffickers are known to target areas where children and young people might spend time without much adult supervision (CEOP, 2011), making early family disruption a serious risk factor for this form of abuse.

## Risk Behaviors

The absence of a reliable caregiver to protect and nurture children coupled with exposure to complex trauma, or exposure to multiple or simultaneous traumatic events in early childhood, has an impact on the behavioral patterns of youth. Many SEM clients are involved in activities that threaten their health and safety, with 84% having problems with judgment that place them at risk of significant physical harm. These behavior patterns “represent children’s defensive adaptations to overwhelming stress” (Cook, *et al.*, 2003) – that is, they are a result of early trauma – while also increasing the likelihood of continued trauma exposure as they place the child at continual risk.

For example, children who suffer from complex trauma frequently lack the skills they need to negotiate interpersonal relationships and thus may engage in unhealthy or violent intimate relationships. Among all clients in this study, 79% are currently in unhealthy partner relationships.

In response to overwhelming stress, many SEM turn to maladaptive coping strategies. While most use alcohol or drugs at least occasionally, 31% have a substance abuse problem that is severe enough to require treatment; interacts with and exacerbates their mental health needs or psychiatric illness; interferes with their ability to function; and for some, substance use prevents the success of other treatment efforts. Among youth with a substance use disorder, nearly all have been using severely (94%), have been doing so for over one year (86%), deny the existence of problems or need for recovery (86%), and are in environments that encourage substance use. Most of these youth (94%) are in peer groups that consistently engage in alcohol or drug use; 83% are in environments where they are exposed to alcohol or drug use; and 49% have been with or used substances with their parents while their parents were using drugs or alcohol.

Many also engage in self-injuring behaviors. According to Cook, *et al.* (2003), children engage in these self-harming behaviors as a way to cope with their internal experience and deal with the intolerable emotions they endure. For example, 35% of youth in our study have engaged in moderate to severe self-injuring behavior requiring medical assessment or intervention (e.g. sutures or surgery), such as cutting, burning, piercing skin with sharp objects, or repeated head banging. Twelve percent have had a suicidal gesture, attempt, or plan to commit suicide within 30 days of their assessment with their therapist or case manager.

Running away from home or foster care placements is common and perhaps most clearly demonstrates how early trauma results in behavior that places a child at risk of subsequent abuse. Though most of the youth in our study have missed curfews, run from home for a few hours and returned, or expressed wanting to escape their present situation, fully 62% run multiple times per month. Among youth older than 18, we see behaviors similar to running away, but it is not necessarily counted as such because the youth are no longer minors. Nonetheless, the behavior is similarly dangerous to their health and safety.

Among these youth who run frequently, most:

- run away often or at every opportunity (63%);
- run to different locations or to no planned destination (76%);
- run to unsafe environments that cannot meet their basic needs or where the likelihood of victimization is high (87%);
- engage in delinquent, dangerous activities (e.g. exploitation) while on the run (89%);
- make concerted efforts to hide and resist return if they are found (66%);
- are involved with others who help them hide or encourage them to run (71%);
- have unrealistic or even delusional expectations about the implications of their running (74%).

Clawson, *et al.* (2009) note that research “consistently confirms” the relationship between running behaviors and exploitation. Moreover, numerous service providers report that youth are approached to participate in exploitation within days of running away (e.g. Shahera, *et al.*, 2012). Our experience with youth who run away has been similar.

## Mental Health Needs

Though multiply traumatized children are often diagnosed as having Post-Traumatic Stress Disorder (PTSD), this diagnosis does not adequately capture the full range of impairments in children exposed to complex trauma. Nonetheless, children exposed to multiple traumatic events experience some of the symptomatology of posttraumatic stress, including moderate to severe forms of these symptoms that interfere with normal functioning.

The most prevalent mental health symptoms we observe include depression and other mood disturbances, anger control, anxiety, and attachment difficulties. Each of these symptoms affects over half of our clients. As with the risk behaviors discussed above, these mental health needs are both a symptom of past abuse and a factor in their continued abuse by their exploiters.

**Table 2. Prevalence of Mental Health Needs among SEM Clients**

Depression	76%
Anxiety	55%
Anger Control	58%
Attachment Disorder	51%
Oppositional Behavior	46%
Affect Regulation	43%
Attention Deficit/Impulse Control	26%
Somatization	8%
Psychosis	4%
Eating Disturbance	2%

While, in general, WestCoast and our partner agencies tend to see similar levels of mental health needs among exploited youth, there are some notable differences, possibly related to the setting where services are provided. For example, WestCoast sees many more youth with depression (86%, as compared to 39% among our partners) and anxiety difficulties (63%, as compared to 22% among our partners). These differences may be related to the fact that youth who are seen by WestCoast clinicians are referred here because they have these symptoms, or these youth may simply have symptoms that are severe enough to qualify them for the level of services provided by WestCoast. Conversely, partner providers see more youth with attachment disorder (70% compared to 47% at WestCoast). The reason for this difference is not clear but may be due to partner clients being older and therefore better able to articulate feelings and relationship patterns that demonstrate difficulties with attachment.

These differences are important to note. Different provider settings may encounter youth with diverse characteristics and needs, highlighting the need for larger-scale collaboration in information sharing among service providers. We might otherwise have a skewed portrait of the needs and characteristics of SEM. Understanding their diverse needs can help in designing appropriate interventions for youth in different settings and in making sure staff have the appropriate skills and training.

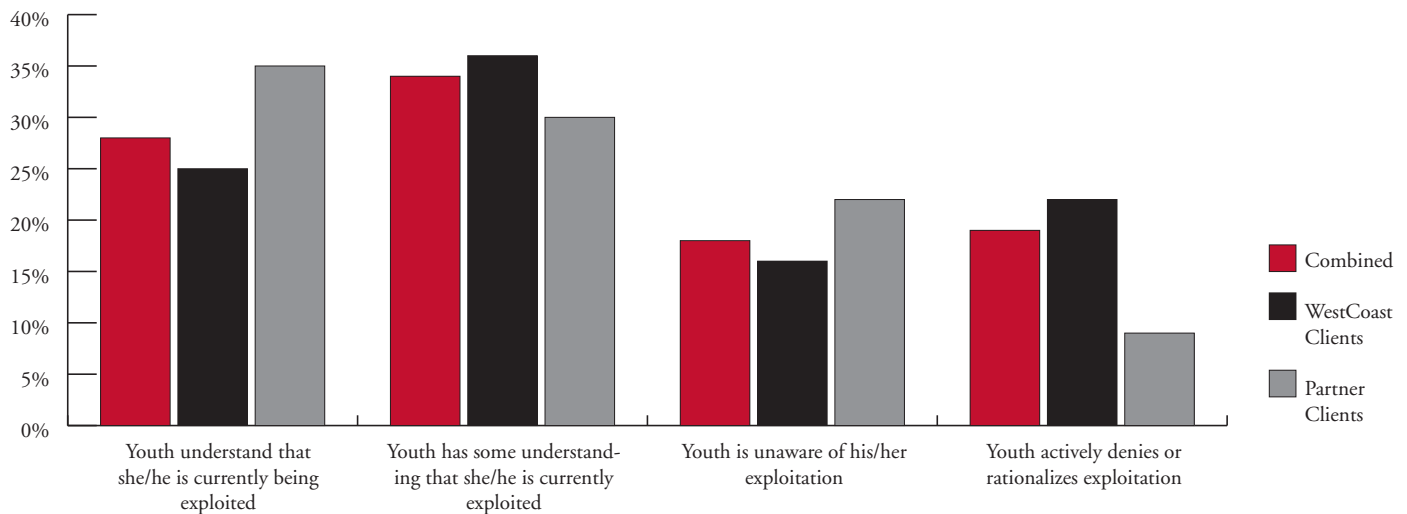
## Status of Exploitation

The combination of early trauma history, dangerous environments, lack of supportive caregiving, and severe mental health needs leaves children extremely vulnerable to exploitation at a very early age. Fully 60% of the youth in our study experience the onset of exploitation prior to age 14. Recently we have seen clients as young as 10 years old who have been exploited.

Emotional immaturity and desire for positive adult attention leaves these youth subject to manipulation. Most are unaware of the dangerousness of their situation and of the exploitative nature of their relationship with their pimp or exploiter. Here again we see differences in the profile between WestCoast clients and those seen by partners. Possibly because WestCoast clients are younger, many more of them actively deny or rationalize their exploitation. On the other hand, partner providers see more youth who understand that they are being exploited. Besides the emotional maturity related to age, this difference might also be related to the way in which clients are referred to services. For example, a younger child might be referred to WestCoast as part of a court-ordered requirement to go to therapy, whereas an older youth in crisis might go to a shelter of her own accord. At that moment in her life, the youth may have a different understanding of her exploitation.

Related to their understanding of their situation, fewer than half recognize that their pimp or exploiter is not operating in their best interest. Twenty four percent of youth in our study exhibit Stockholm syndrome, and 11% of all them actively protect their exploiter from accusations of exploitation. Sometimes referred to as trauma bonding, Stockholm syndrome

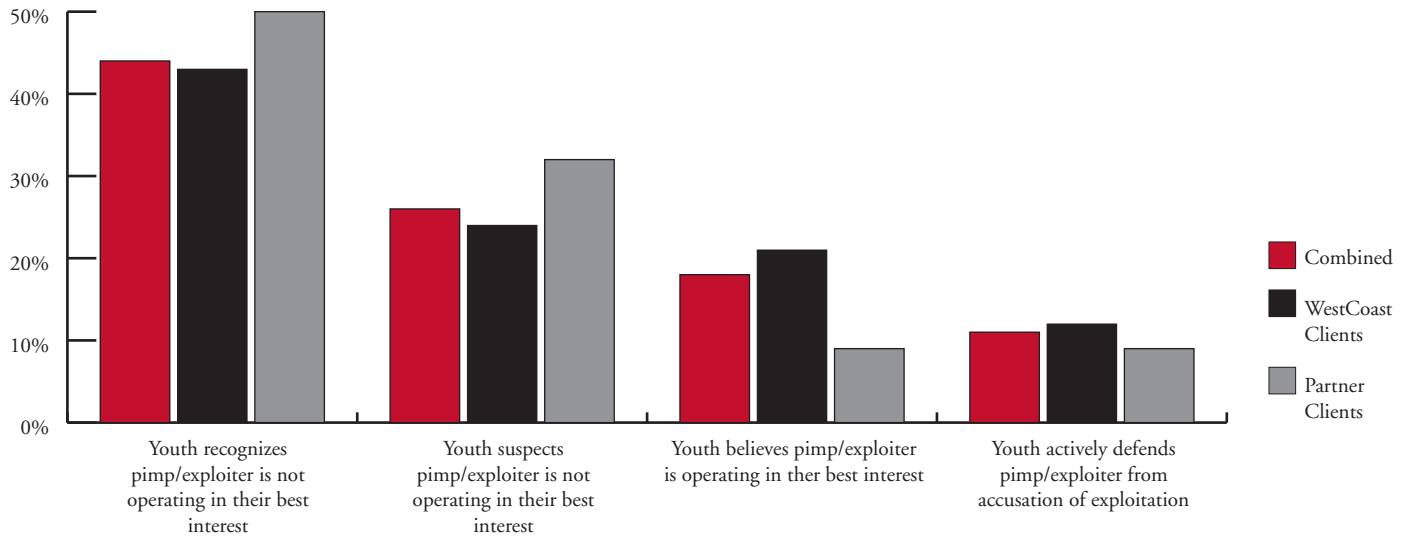
**Knowledge of Exploitation among SEM Clients**



describes the emotional bond a victim (whether adult or child) feels towards an abuser (Summit, 1983; Julich, 2005; Briere and Elliott, 1994). It describes the victim's coping behavior to increase his or her own safety and decrease pain during victimization. When exposed to constant threat, seeming acts of kindness on the part of the abuser create an emotional bond whereby the victim may see the abuser as a protector and begin to sympathize with and care for the abuser. Though this is an adaptive psychological phenomenon to situations of extreme physical danger and even terror (Barr, *et al.*, 2009; Sapolsky,

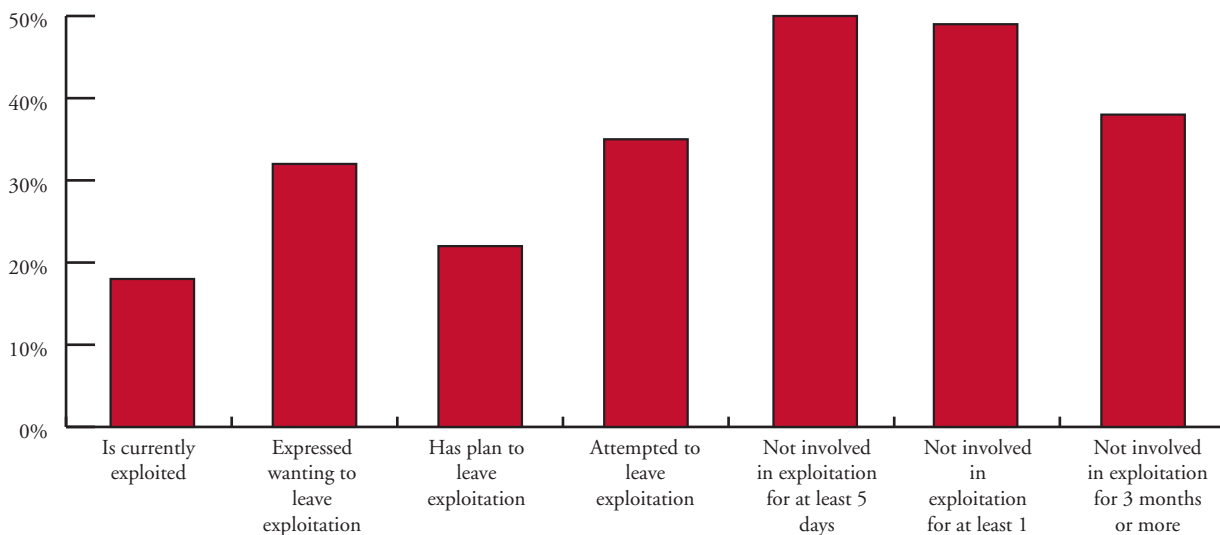
2009), this phenomenon makes protecting exploited children particularly difficult as they make accommodations to the ongoing abuse and resist others' attempts to free them from the abuse. Younger children are particularly vulnerable.

### Stockholm Syndrome among SEM Clients



For nearly three-quarters of all clients, exploitation has been intermittent or ongoing for two or more years. At any given time, we find nearly a third of youth express wanting to leave. For many, exploitation may be intermittent, with days, weeks, months, or sometimes years in between episodes of exploitation.

### Youths' Status of Exploitation



## Life Domain Needs and Functioning Impairments

The disrupted living situations, risk behaviors, and mental health needs experienced by these youth in combination with the active and persistent abuse they experience by their exploiters result in impairments to their ability to function in various life domains. Nonetheless, many do see improvements in their functioning once they are engaged in treatment.

In terms of health needs, 12% experience chronic physical or medical problems, 10% are under- or over-weight to a degree resulting in serious or deadly health outcomes, 31% have problems with sleep and are generally sleep deprived. While 14% are pregnant at any given time (and 56% of pregnant youth are using drugs or other substances known to cause harm), 25% are parenting a biological child and another 10% are parents but not participating in their child's care (e.g. the child is in protective or non-protective custody).

In terms of educational needs, 50% are making no progress toward their educational goals or have no goals. Twenty one percent of youth have problems with school attendance and have been out of school for one year or more. When attending school, 35% experienced limited or no successes at school, often due to shaming of their experience and harassment by their peers.

Currently, limited longitudinal data exists only for WestCoast clients. These data show that within a relatively short period of time in therapy, clients begin to see a reduction in some of their impairments and experience improved functioning in various life domains. For example, after six months of therapy:

- 50% of youth with sleep problems see improvements in their ability to get a full night's sleep or have only occasional sleep interruptions.
- 29% of those with medical impairments see improved ability to manage their medical problems.
- 51% see improvements in their school behavior.
- 30% see improvements in school attendance.
- 29% see improvement in school achievement.

Therapy may operate in a number of ways to help youth function in their daily lives and improve their symptomatology. At the very least, therapy provides the relationship many of these youth are lacking. Research has consistently shown the importance of a consistent, caring adult in helping youth regain the ability to regulate their emotions and behavior, understand themselves, and improve their life functioning (Unger, 2004). This process underscores that therapy is a long-term process.

## Internal and External Strengths

To counter the numerous vulnerabilities experienced by youth, many demonstrate internal strengths that help them survive their circumstances. Some also have external strengths arising from their family or social environments that help them cope. The CANS instrument measures and helps focus providers' attention on these protective factors to help youth develop healthier coping strategies and maintain adaptive behavior after their traumatic experiences. If resiliency helps youth

successfully work through the challenges of each stage of their development despite their exposure to harm, nurturing these strengths becomes important when working with youth.

The table below shows the internal strengths youth exhibit and the external strengths, or mitigating factors, in their environment. Most notably, around two-thirds of youth exhibit creativity and are skillful at self-expression and can identify and express their thoughts and feelings with others.

**Table 3. Strengths Present among SEM Clients**

<i>Internal Strengths</i>		
	Involvement in Recovery	67%
	Creativity	66%
	Self-expression	64%
	Peer Relations	52%
	Leadership	46%
	Spiritual	46%
	Life Skills	42%
	Resiliency	42%
	Optimism	29%
	Talents	26%
<i>External Strengths</i>		
	Cultural Identity	83%
	Natural Supports	69%
	Resourcefulness	50%
	Community Resources	25%
	Family Strengths	23%

While strength levels do not differ on most items between WestCoast and partner clients, optimism is an area where differences are notable. Perhaps because partnering agencies see older youth, 52% of them (as compared to 23% of youth at WestCoast) are generally optimistic and able to articulate some positive future vision for themselves.

In addition to the internal strengths, some do have strengths in their external environments, despite deficits in their family and social life. Most notably, 69% of youth have natural supports, or friends and neighbors that provide support for the family or the youth in times of need. Also, the fact that cultural identity is a source of strength for so many youth highlights the need for culturally appropriate service provision to capitalize on this phenomenon and use it to support the development of positive self-regard in youth.



## Practice Recommendations

The family context, social environment, and mental health needs of SEM have direct implications for how service providers address treatment for youth who have been sexually exploited or are at risk of being sexually exploited. Below we make several recommendations for practice interventions that take into account that providing services to sexually exploited youth most often involves working with youth that are experiencing current abuse, as opposed to having experienced episodes of abuse in the past. The fact that abuse is ongoing requires different knowledge, perspectives and support for providers.

### Need for Intensive Engagement and Treatment

The intensity and complexity of the needs of SEM must inform the services and treatment provided to these youth, starting with how service providers effectively reach out to and engage SEM in services. The complex symptom presentation common among sexually exploited youth with histories of trauma calls for a thorough assessment of the youth's needs and strengths. However, this may only be possible once a strong enough therapeutic relationship is established between the clinician and the youth. Service and treatment efforts should therefore focus on youth engagement and outreach to increase their likelihood of remaining connected to providers.

Given the propensity of SEM or at-risk youth to engage in high-risk behaviors and their complex symptom presentation, it is essential that providers adopt a systems approach to intervention and use multiple intervention modalities (Cook, *et al.*, 2005). A collaborative approach between all members of a treatment team helps to uncover and address needs that emerge over the course of treatment. Community-based service provision, where clinicians and other staff have flexibility in where they provide services, facilitates this process.

Also, due to the chronic, pervasive stress to which SEM have been exposed at critical points in their emotional and cognitive development, their judgment is often impaired, resulting in difficulties accurately reading cues about what is safe or dangerous. As discussed earlier, they also experience difficulty regulating their emotions. These factors complicate the process of forming close attachments with adults, including therapists, making it difficult to establish and maintain therapeutic rapport. It takes time for the youth to understand that the therapeutic relationship is not another exploitative relationship.

These challenges require long-term work with youth, necessitating patience and commitment on the part of service providers. Providers must be able to withstand the slower pace of progress and to identify small successes over the course of treatment. They also need to adopt a non-shaming, strength-based approach to working with youth who have been exploited. Given youths' tendency toward mistrust, service providers must be authentic in interactions with youth. Further, treatment can be focused on encouraging the youth to process feelings, experiences and choices rather than trying to persuade the youth toward a particular course of action. Since many youth do not perceive themselves as victims of exploitation, they may not see the value in leaving their situation. It is essential to respect the skills that youth have developed to survive, while teaching new more adaptive coping strategies (Clawson, *et al.*, 2008).

## Training and Support for Service Providers

A core challenge to addressing the needs of SEM is the lack of appropriate or adequate services (Rand, 2009; Clawson, *et al.*, 2009; Reid, 2010). Several agencies, such as those participating in this research effort, do provide services that are informed about and address the special needs and challenges of SEM youth. However, many victims do not have access to these specialized services (Rand, 2009). Service providers need to be aware of the specific needs of the SEM population so they can draw from this knowledge to best inform treatment.

Therapists and service providers who work with SEM require intensive training. While providers may be trained to work with survivors of abuse, issues unique to sexual exploitation warrant additional practice and organizational capacity building. First, providers need training to identify youth survivors of sexual exploitation. The hidden nature of this crime, mistrust of adults by SEM, and misconceptions about this population make locating victims difficult. In addition, identifying youth who are at risk and using targeted techniques to prevent them from becoming exploited will facilitate early intervention and prevention efforts. Agencies may need to modify procedures to enhance providers' ability to identify SEM. This may include asking referral sources, such as social workers and caregivers, direct questions about sexual exploitation and other risk factors during the intake process.

Enhancing providers' knowledge base in issues specific to SEM is essential, including knowledge in working with complex trauma, specific training working with sexual abuse and neglect, and working with youth who engage in high-risk behaviors. Training in substance abuse, which often emerges secondary to trauma and sexual exploitation, is also needed. Before entering a treatment relationship with youth, providers need the skills necessary to work with attachment problems at different developmental stages, understand the concept of Stockholm syndrome, and how exploiter-victim power dynamics manifest. Additional training can include practical tips on talking with youth about sexual exploitation and recruitment into commercial sexual exploitation, including what vocabulary SEM typically use to describe their activities in exploitation.

Treatment progress may be less visible and changes may occur at a slower pace than providers are used to from their work with other youth. A harm reduction treatment model that emphasizes reducing rather than eliminating risk in a short time frame may support clinicians in setting realistic treatment goals. Additional useful treatment models include motivational interviewing, somatic or body awareness therapies, and relationally based trauma informed treatment.

Providers also need to be able to process material that emerges in the treatment relationship, partly for their own benefit as well as to improve the services they provide. Mindfulness techniques, increased support in case consultation, and access to vicarious trauma process groups are needed for service providers to manage the intensity of the traumatic material they encounter and manage compassion fatigue.

Clinical supervision plays a crucial role in supporting clinicians. Often the intensity of the traumatic material and relational difficulties youth bring to the therapeutic relationship impact the supervisory relationship as well. This highlights the need for supervisors to be similarly trained in working with SEM and to help identify the themes that emerge in treatment and impact the provider. Agency leaders also need to support providers. This can take the form of making supervisors more available (e.g. provide an on-call supervisor) and facilitating collaborative treatment teams to coordinate services.

## Collaboration and Participation of Systems Involved in Care

The development of multidisciplinary teams comprised of the various members of the youth's system of care will improve the ability of service providers to respond to the youth's needs across service domains and promote a positive experience for the youth. These teams can facilitate collaboration among treatment professionals involved with the youth, including caregivers and family members, medical providers, probation workers, legal advocates, housing providers, local grass-roots organizations, and social service providers. Multidisciplinary teams may also collaborate with other community resources, such as church and spiritual leaders, to meet the various needs of youth and build on their strengths.

Including caregivers and families in the treatment team can provide them with helpful resources and empower them to participate in the treatment process on behalf of the youth. While programs exist to provide some training for caregivers of special needs foster children, foster families and caregivers need specialized psychoeducation and support that goes beyond what is typically provided. Training areas for foster families may include parenting skills; strategies for behavior management to reduce high-risk behaviors (such as running away) and promote safety skills; strategies to improve youth functioning; how to support the development of self-regulation skills in the youth; facilitating adaptive coping; and knowledge in the concepts of harm reduction.

Caregivers need support to address their own reactions to traumatic material that may result from caring for sexually exploited youth. They may benefit from support groups with clinicians and providers who are experienced in working with sexually exploited youth. Foster parent mentors can also provide training and support to other foster care providers in the areas addressed above. Given the high level of needs of SEM, foster parents will benefit from having respite care available for youth placed in their homes.

Treatment teams need to advocate for appropriate educational support and to collaborate with schools to address educational needs of the youth. Since many SEM are behind academically due to episodic school attendance and mental health challenges, they may need Individualized Education Plans (IEPs). Youth experiencing frequent school changes or issues of truancy may need additional educational resources for learning needs that may be hard to identify.

Promoting placement stability is essential to creating safe living environments for youth in foster care. To accomplish this, child welfare workers could benefit from specialized training to identify appropriate services and foster homes. Multiple placement options (including foster family homes, group homes, shelters, and residential programs) should be identified so that workers are able to provide youth with a safe living situation appropriate to their needs. Developing specialized foster homes with caregivers that are trained in issues specific to SEM (such as the dynamics of exploitation, manipulation, and Stockholm syndrome), common behavioral issues of youth in out-of-home care, and interventions shown to support the youth's recovery will promote more stable foster care placements. It is also important to provide services to the families of youth in the child welfare system, especially when those youth are expected to return to their families.

## Prevention and Early Intervention

Many youth who have experienced prior victimization and family disruptions have entered the foster care system, often resulting in further disruptions to their living situation as the youth are placed in numerous homes over a period of time. Placing children with caregivers who are better prepared to support youth with complex trauma histories may prevent future exploitation. Sexual exploitation prevention efforts must therefore focus on stabilizing foster care placements, partly through increased support to caregivers to promote their ability to address the needs of youth. In addition to the specific training areas discussed above, families and schools should be engaged in prevention and early intervention efforts to interrupt the cycle of trauma.

Since schools play a critical role in prevention and early intervention, school administrators should invest in identification of and outreach to at-risk children, especially in schools in high-risk neighborhoods. School-wide initiatives should be implemented to train teachers, counselors, and other school staff to recognize signs that a youth is being exploited. For example, one common sign of involvement in exploitation is chronic truancy. School staff and truancy units should collaborate to identify these youth and consult with local agencies about how to reengage the youth in the educational setting. School staff that suspect a child or youth is at particular risk for sexual exploitation need appropriate resources for how to take action.

Culturally appropriate prevention curricula should also be taught to youth directly as early as elementary school. Peer mentoring programs where high school students provide peer training to middle and elementary aged students would actively engage older youth in prevention. Implementing a comprehensive initiative within schools that they can integrate into their curriculum will positively impact a school's culture and ability to address issues of sexual exploitation. Schools may also play a critical role in addressing how new media (e.g. Facebook, text messages) are used, as these media can increase risk for exploitation or enable exploitation that is already occurring. School initiatives that train and encourage staff to intervene can interrupt the dissemination of exploitative material.

Additionally, youth at risk for future victimization need access to community resources, such as food, shelter, school supplies, and personal hygiene supplies, as not being able to meet basic needs leaves youth vulnerable to exploitation. Drop-in centers where youth can receive food or clothing can help stem the extent of the exploitation. Identifying safe housing options is also essential in meeting youths' basic needs so they are not left vulnerable.

## Policy Recommendations

Legislative efforts on the state and federal levels to address sexual exploitation of minors have increased over the past decade. While commercial sexual exploitation of minors is often rightfully considered a form of domestic sex trafficking, as this report shows, there are several considerations specific to the trafficking of minors for sex that require special attention in policy. Our policy recommendations support the practice recommendations made above, and are consistent with the policy agendas of major state, national and international groups working to eradicate human trafficking, such as Polaris Project (<http://www.polarisproject.org/>) and Shared Hope International (<http://www.sharedhope.org/>). Like the recommendations of these organizations, our policy recommendations focus on identifying victims and providing specialized services. A recent issue brief published by the California Homeless Youth Project reinforces many of these recommendations (Shahera, 2012).

### Identifying, Serving, and Protecting Victims

Children and youth who have been sexually exploited have a very unique set of needs, namely they are often in unsafe physical situations; their mental health needs are severe; and more than any other population of youth, appear engaged in their own exploitation. Getting these youth out of their exploitative situation requires a system of services that is not yet in place in most communities and that coordinates the efforts of multiple systems, including child welfare, behavioral healthcare, and juvenile justice.

**Child Welfare.** Sexually exploited youth are victims of child sexual abuse (among other abuse occurring prior to their exploitation). As such, they are owed the protection mandated to the child welfare system. While SEM are often under the jurisdiction of the juvenile justice system after being arrested for prostitution, the appropriate system to serve them is child welfare. Guidance and direction from the federal Administration of Children and Families (ACF) would help states develop and implement appropriate child welfare responses to sexual exploitation. Such guidance or regulations should cover adequate social worker training, foster parent training, and foster care and group placements. Training should include the dynamics of exploitation, manipulation, and Stockholm syndrome; common behaviors exhibited by SEM that could challenge a stable foster care placement; and interventions shown to support the youth in engaging in treatment.

**Behavioral Healthcare.** Not every child who is sexually exploited comes into contact with the child welfare system. A response relying only on child welfare is therefore not adequate to serve all SEM. As our study indicates, many SEM demonstrate severe mental health needs, requiring engagement with behavioral healthcare services to help them cope and stabilize their functioning in various life domains. We recommend that behavioral healthcare systems establish programs specially designed to serve SEM. As discussed in our practice recommendations, such a program should offer its staff the specific training to respond to the unique experiences and needs of these youth and the additional support to cope with the vicarious trauma associated with them.

**Juvenile Justice.** Most SEM find themselves in the custody of the juvenile justice system as a result of being arrested for prostitution at some point in the course of their exploitation. In Alameda County, their identification at juvenile hall, often the only safe place some of these youth have, is frequently the entry point to the network of available services. As a long-term solution, a juvenile justice response is not appropriate or just for these youth, who are victims yet are treated as criminals under the law. However, given the reality of juvenile justice involvement and the lack of other existing services, strengthening the ability of this system to understand and identify SEM is an important component of a multi-system response to exploitation. In the short-term, juvenile justice systems should be empowered to collaborate with law enforcement, districts attorney, local service providers, child welfare, and behavioral healthcare to support these youth while they are in custody and to refer them to the appropriate place upon their release. In the long-term, juvenile justice, law enforcement and districts attorney should have the legal tools needed to divert SEM from criminal proceedings into supportive and protective services.

**Other Services.** In addition to the coordinated service response of the systems with which SEM come into contact, other services are needed. These include:

- **Primary health care:** SEM have serious physical health needs related to the sexual behaviors into which they are forced. Primary care providers need training to identify sexual exploitation and provide non-judgmental care. Also, including sexual exploitation in mandated reporting laws would bring more victims to the attention of child welfare, behavioral healthcare and law enforcement.
- **Tattoo removal:** Many pimps brand SEM with tattoos. Providing access to funds for tattoo removal makes an enormous difference for youth who are no longer being exploited.
- **Early intervention and prevention:** Elementary, Middle, and High Schools need funding to train staff to identify youth at high risk of exploitation, to deliver prevention training to students, and to provide early intervention services in collaboration with service providers. The “My Life, My Choice” curriculum (<http://www.jri.org/mylife/index.php>) at the Justice Resource Institute is an example of such a program. The curriculum includes a 10-week course of 75-minute sessions designed for adolescent girls, whether or not they exhibit risk factors.

One example of the type of coordinated community response to trafficking described above is the H.E.A.T. (Human Exploitation and Trafficking) Watch approach (<http://www.heat-watch.org/>) currently in place in Alameda County. H.E.A.T. Watch combines five strategies to protect victims of exploitation and investigate and prosecute exploiters. Those strategies are: 1) community education and collaboration, 2) law enforcement training, intelligence sharing, and coordination, 3) prosecution of offenders, 4) engagement with policy makers, legislators, and community decision makers and 5) coordinated delivery of essential services for stabilization of youth. The H.E.A.T. Watch approach has resulted in an increased ability to identify, serve and protect victims in Alameda County.

## Decriminalization and Addressing Demand

Despite being victims, the law in most states defines exploited youth (and young women who were recruited as minors) as criminals. Furthermore, it is easier for law enforcement to identify and arrest prostitutes than it is to identify pimps or to prosecute johns. The result is that victims are criminalized and re-victimized by the system while pimps and johns receive little to no penalty. Focusing law enforcement and prosecution efforts on the perpetrators as opposed to the victims is critical, and is similarly central to the policy approaches advocated by Shared Hope International and Polaris Project.

**Decriminalization and Safe Harbor.** Many states are moving to pass legislation that would decriminalize prostitution by minors, expunge records of crimes related to exploitation that were adjudicated as a minor, and to put into place safe harbor provisions that would divert minors from prosecution and into services. In combination with the establishment of an effective and adequate service system that can provide both protection and services, decriminalization is a necessary policy change. In their issue brief on legislation to protect minor victims of sex trafficking, Polaris Project states: “The law should protect child victim of trafficking and punish the abusers” (Safe Harbor Issue Brief, 2010). Without decriminalization, our law books continue to label child victims of sexual exploitation as ‘criminals,’ denying their victimization and need for support, services, and understanding.

**Addressing Demand.** Shared Hope International points out that “Buyers are not being recognized as a critical component in the sex trafficking of children, yet demand is the primary driver of the commercial sex industry within which children are being exploited.” The sexual exploitation of minors is reported to carry a lower risk and a higher rate of financial reward than other illegal activities like running guns or dealing drugs (Youth Radio, 2010). An effective policy response must include elements to decrease demand. By increasing jail sentences and asset forfeiture levels, in combination with decreasing the burden of evidence for proving sexual exploitation, it will cease to be as profitable of a criminal activity.

Furthermore, the lack of attention to prosecuting johns is in clear violation of legal and moral standards against adults engaging in sexual activity with minors. Yet, due to burden of proof and lack of evidence (victims often refuse to testify, either due to fear or psychological manipulation by their pimps), johns are rarely prosecuted. Legal avenues for proving and prosecuting child sexual abuse by johns will be key to reducing the stream of willing customers for sexually exploited children.

Without providing law enforcement and prosecutors with tools to treat child victims of trafficking as victims and to prosecute traffickers and johns, the problem of child sex trafficking will persist unrestrained. Approaches like H.E.A.T. Watch include increased prosecution of traffickers, though these efforts are often hindered by the burden of evidence to prove trafficking. Recently, New York has increased efforts to prosecute pimps for human trafficking, which carries increased penalties in the state. Besides the increased penalties, such actions often make the headlines, increasing public awareness of this largely hidden issue.



## Conclusion

Our aim in developing this project and writing this study was to gain a broader picture of SEM in our community that goes beyond understanding the individual youth we see. We also wanted to convey the complexity and intensity of service requirements for keeping youth safe, for keeping them engaged with service providers, and for providing effective treatment and other services. Our practice recommendations are aimed not only at serving youth who have been exploited, but also at supporting youth before exploitation begins in order to prevent this form of abuse from occurring. Our policy recommendations highlight the need for coordinated efforts across systems. Though past abuse rates, delinquency rates, and dependency rates are high among SEM, not all have been abused, arrested, or are in foster care. Thus no one system can catch all youth, but all systems need to work together.

Our study also raises many additional questions about sexually exploited youth. The issue of family histories with exploitation highlights that we do not capture in any systematic way the manner in which youth become sexually exploited. All of the participating providers in this study see many youth who are groomed into sexually exploitative relationships, but other forms of entry exist. Some youth exchange sex to meet basic needs; some are bullied and threatened; some are outright kidnapped. Youthfulness, fear, and lack of economic stability make them vulnerable to manipulation. Many are forced into sexual activity and then that activity is used against them as a form of extortion and to keep them compliant. We need to collect more systematically youths' initial experiences with exploitation.

Some youth, especially the older youth, have never received services as minors. By the time they access services, they have been exploited for many years. Therapeutic strategies that help severely traumatized youth recover and regain life functioning are critical. Future research needs to examine (and to share widely) effective strategies of working with youth: what works best and for whom becomes important. Additionally, the effect of pregnancy and parenting requires further study to understand when it helps youth exit their exploitation and when it perpetuates a multigenerational problem. Also, in order to see improvement, we need data collected over multiple time periods. Currently, we only have limited longitudinal data available from WestCoast clients, highlighting a need to collect longitudinal data from youth in different settings.

Finally, related to the variety of youth characteristics and needs in different settings, we need to expand our research collaboration to include the participation of additional agencies in neighboring counties. Besides Alameda and Contra Costa counties, it is important to collaborate with agencies in San Francisco County, Santa Clara County, and other further counties where youth frequently run to, such as Sacramento County. A larger collaboration is an important next step to gaining a more complete picture and to coordinating response efforts to this problem.



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