

Working with Victims of Human Trafficking and Sexual Exploitation: A Resource for Mental Health Practitioners



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**The Chicago Alliance
Against Sexual
Exploitation (CAASE)**

addresses the culture, institutions, and individuals that perpetrate, profit from, or support sexual exploitation. Our work includes prevention, policy reform, community engagement, and legal services.

CAASE envisions a community free from all forms of sexual exploitation, including sexual assault and the commercial sex trade.

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“Working with Victims of Human Trafficking and Sexual Exploitation: A Resource for Mental Health Practitioners” is a toolkit created by the Chicago Alliance Against Sexual Exploitation (CAASE) for clinicians working with sexually exploited populations. The toolkit is created for mental health professionals seeking to better understand the current issues, challenges, and treatment implications for girls and women involved in prostitution. This is not an exhaustive description of the clinical issues connected to prostitution but rather an overview of relevant information to assist in developing informed approaches and interventions for survivors of sexual assault and trafficking. This toolkit was developed through the integration of empirical information and the professional experiences of counselors, psychologists, and others in the helping profession. Data used to report on the prevalence and demand side of prostitution was provided by Chicago Alliance Against Sexual Exploitation (www.caase.org/research) and Prostitution Research and Education (www.prostitutionresearch.com).

This toolkit includes the following resources:

- Facts and statistics about human trafficking
- Information on systems and services to help best respond to the complex and multiple needs of trafficking victims

Introduction

Prostitution is a major problem with 16,000-24,000 women and girls impacted on any given day in the Chicago metropolitan area. About 62% of individuals in the sex trade entered prostitution before the age of 18 with the average age of entry between 12-14 years old.¹ In a study by the Center for Impact Research in Chicago, which interviewed 222 women in prostitution, 21.4% of individuals in escort services, 20.8% in prostitution in their own residences, 21.9% in street prostitution, and 24.4% in prostitution in drug houses reported being raped more than 10 times.² While not committing all of the violence, pimps are a major source for it; for example, women in escort services and hotel prostitution identified pimps as perpetrating up to half of the violence against them. Ninety two percent of people in prostitution want to escape the sex trade immediately, according to Prostitution Research and Education.

¹ C. O'Leary and O. Howard, *The Prostitution of Women and Girls in Metropolitan Chicago: A Preliminary Prevalence Report* (Center for Impact Research, 2001).

² J. Raphael & D.L. Shapiro, "Sisters Speak Out: The Lives and Needs of Prostituted Women in Chicago," *Center for Impact Research* (2002) assessed October 14, 2011.

Pathways to Entry & Barriers to Exiting

Individuals affected by the sex trade have often experienced some form of physical, mental, and/or emotional abuse. As minors, they often grew up in unstable homes where they may have been exposed to substance abuse and sexual exploitation. Minors in the sex trade are often runaways, sought out by predatory pimps.

There are often multiple barriers for people who want to leave the sex trade. Pimps employ fear tactics and threats of violence, adding to the lack of self-confidence associated with the shame, denial, and guilt individuals in prostitution feel. It is often hard to gain employment due to past criminal records, limited education, and work skills. Finally, there are limited resources and services to help them exit prostitution and build a life free of sexual exploitation.

Chicago School of Professional Psychology (2012). *Prostitution and Mental Health: A Toolkit for Clinicians in the Chicago Area*



Mental Health Counseling Spotlight: The SAGE Project

SAGE serves San Francisco Bay Area survivors of trauma, with particular expertise in sexual trauma services to women and youth from underserved population. They use Eye movement desensitization reprocessing (EMDR) and Cognitive behavior treatment (CBT) modalities in one-on-one sessions and in groups.

Outpatient treatment for individuals age 18 and older includes anyone who is or has been in the sex industry or who has suffered exploitation, coercion, molestation, ritualistic abuse, sexual assault, domestic violence or trafficking. In attempts to develop coping mechanisms, many individuals with such experiences have developed mental health disorders or had them exacerbated. They also may have engaged in self-destructive behaviors, e.g. substance use, abuse, and addiction. Many clients have current or past involvement with the criminal justice system. These clients are among the most underserved in both the criminal justice and public health systems.

The outpatient treatment program facilitates recovery and functioning of victims of sexual exploitation and violence. Treatment focuses on co-occurring disorders; a client's alcohol and/or drug use can also be addressed through working in tandem with SAGE's STAR Center. SAGE's approaches are sensitive to, and incorporate issues of, sexual trauma and the dynamics of violence, power and control.

(The Sage Project, http://sagesf.org/?page_id=1123, 2011)

Demand: Johns & Pimps

Prostitution exists because there is a demand from buyers. Johns, or men who purchase sex, say they seek out individuals in prostitution for several reasons including: fulfilling sexual needs that they are uncomfortable asking their partner to fulfill or that they refused to do; having sex without commitment; and seeking a way to exercise unexpressed power and manhood.³ They search for sex to buy in a variety of settings including the Internet, newspapers, brothels, strip clubs, escort agencies, private parties, and on the streets.

Pimps facilitate this demand through a significant use of power, coercion, and manipulating recruitment tactics. These include violence, kidnapping, seduction, grooming, Internet enticement, or through a parent or foster family who sold the individual.⁴

Unique Issues and At-Risk Factors

Human trafficking is defined as the recruitment and transportation of persons within or across boundaries **by force, fraud, or coercion** for the purpose of exploiting them economically. If the victim is under the age of 18, there is no requirement to

show force, fraud, or coercion.⁵ Individuals vulnerable to being trafficked exhibit some common at-risk factors. Typically they grew up or currently live in conditions that create low self-esteem, dependency on others, dependency on substances, and/or illusions of control stemming from feelings of powerlessness. These conditions can include sexual or physical abuse in the home, negative body image, substance abuse and addiction, homelessness, poverty, and lack of a family support system and/or positive role models.⁶ In the case of commercially sexually exploited children (CSEC), a prevalent at-risk factor is the absence of a reliable caregiver in the midst of experiencing complex trauma while growing up and then often running away from home.⁷ Victims of international trafficking have a set of common identifying features as well. Some include: the victim does not speak English or very little and someone else is speaking for them; the victim does not appear to know where he or she is; the victim appears to be under someone's control or is closely monitored; the victim does not have any identification or travel documents in their possession because someone else is holding them; the victim has no spending money; or the victim lives with his or her employer. In some cases you may notice that they are branded with a tattoo.

³ Durchslag, R., & Goswami, S. (2008). Deconstructing the demand for prostitution: Preliminary insights from interviews with Chicago men who purchase sex. Chicago Alliance Against Sexual Exploitation.

⁴ Raphael, J., & Ashley, J. (2008). Domestic sex trafficking of Chicago women and girls.

⁵ *Trafficking Victims Protection Act of 2000*, H.R.3244, 106th Cong., 2nd Sess. (2000)

⁶ Raphael, J., & Ashley, J. (2008).

⁷ WestCoast Children's Clinic (2012). *Research to Action: Sexually Exploited Minors (SEM) Needs and Strengths*. Oakland, CA: WestCoast Children's Clinic.

DON'T

- **React verbally/physically in a way that communicates disgust, disdain, or shock**
- **Switch between treating the person as an offender and victim**
- **Dispute facts or comment on their motivation**
- **Expect the person to recognize their situation as exploitative or present themselves as a victim in need of immediate intervention or rescuing**
- **Assume sole responsibility for meeting the myriad complex needs of the victim**

These factors contribute to a variety of unique mental health and medical issues individuals can experience before, during, and particularly after being trafficked and leaving prostitution.

Mental Health Issues Can Include:

- Post-Traumatic Stress Disorder
- Depression
- Eating Disorders
- Dissociation
- Anxiety Disorders
- Thoughts of Suicide
- Substance abuse/addiction
- Stigma from HIV/AIDS

Medical Issues Can Include:

- Sexually Transmitted Infections and Sexually Transmitted Diseases
- Exhaustion and Body Aches
- Bodily Injuries
- Vaginal Infections
- Concussions
- Burns
- Contagious diseases (like Tuberculosis)

Often, Post Traumatic Stress Disorder PTSD and Complex PTSD dominate any other mental health need for adult survivors of prostitution. These unique issues and at-risk factors are concerns mental health practitioners should take into consideration when creating a treatment plan for an individual.

“Survival Sex”

It is important to remember that many individuals are not engaged in prostitution by choice, but are forced to resort to survival sex periodically in order to meet basic needs. This differentiation is key in order to understand the best ways to help individuals eliminate or reduce sex trade engagement as a way for supplementing their income. According to clinicians, this sporadic behavior is seen in many of their clients since many people in prostitution engage in “survival sex”.

It is also important to know this in terms of how a mental health practitioner assesses how the sex trade has affected someone. Since not all individuals who have traded sex for survival needs will identify as having participated in prostitution, an effective way to probe

DO

- **Be nonjudgmental**
- **Recognize the various symptoms of trauma exhibited coping mechanisms**
- **Meet a sexually exploited person where they are and on their terms**
- **Improve a systemic response to the issue by creating inter-agency relationships to comprehensively meet victims' needs**
- **Use motivational interviewing**

for sex trade involvement is to ask “have you ever had to trade sex for something of value such as clothes, money, food, or shelter.”

According to mental health clinicians at Beacon Therapeutic on the southwest side of Chicago, survival sex is a common way for vulnerable people to supplement minimal income. Often an individual who is precariously employed, living in insecure housing, and has young children will feel forced into prostitution by economic necessity and resort to this when money is tight. They will see this as a feasible and necessary avenue to take when money is low, but may hide it if asked. A therapist at Beacon Therapeutic gives the following example. “When we help our clients with their personal finances and bills, a sign of some prostitution occurring on the side is evident when they evade questions about their income. If we know their employment situation, and somehow they are able to afford new shoes for their children, our inquiries about their added income may be met with statements such as ‘Don’t

worry about it,’ or ‘I have ways.’” Using survival sex as a way of making an informal income may elicit feelings of guilt and shame, but complicit helplessness as well.

As a mental health provider, your role is securing as much safety as possible for your client and reducing harm. Accept them without judgment to establish trust so they feel safe coming to you in the future. Since this is a form of survival, forcing them to stop might push them away and make them not want to continue working with you. As a mental health provider, meeting the client where they are is your primary concern.

Trauma-Informed and Specific Services

The range of challenges to treating victims of prostitution and trafficking calls for unique services. A *trauma-informed* service is a framework

applicable to all forms of care that a victim may be receiving. A *trauma specific* service is unique to the victim and their treatment needs for symptoms of physical or sexual abuse. Applying these frameworks is essential since a trafficking victim presents multiple needs besides those that are trauma-related.⁸

The core component of providing a trauma-informed and specific service is being fully aware of the victims' history of trauma. This is broken down into smaller parts that help provide an individualized system of care for the victim.

While immediate trauma may be evident, often there are layers of trauma that will be triggered much later. A random and unpredictable factor can trigger painful memories of trauma. Survivors can respond to these triggers in many ways. Chicago area therapists agree that the trust that mental health practitioners build throughout therapy is essential for creating a space where the client can disclose those triggered episodes. As their primary support, they will rely on you to help them identify best practices for dealing with these triggers. Creating awareness that other survivors may experience painful memories through triggers will help them feel less isolated. Eventually, as a survivor progresses

⁸ U.S. Department of Health and Human Services. (2008). *Treating the Hidden Wounds: Trauma Treatment and Mental Health Recovery for Victims of Human Trafficking* (ASPE Issue Brief). Retrieved June 28, 2012, from <http://aspe.hhs.gov/hsp/07/HumanTrafficking/Treating/ib.htm>

through therapy, your goal will be to make them feel confident in dealing with triggers constructively on their own.

Approaches to Treatment

Above all, safety is the primary concern. Any approaches to treatment must occur in a safe environment. Assessing the client's basic safety is the first step before any treatment or therapy can begin. As outlined in CAASE's 2012 Proposal for Specialized Services for Survivors of Prostitution and Trafficking, therapists must use the core of the empowerment model throughout treatment, always treating the survivor with dignity and respect. The purpose of treatment is not to rescue the survivor, but allow them to chart their own destiny and goals and helping them move from victim to survivor, and from survivor to leader.⁹

Empowerment

A victim of trafficking or prostitution would most benefit from an empowering approach to treatment. The mental health practitioner should practice respect and acceptance in interactions with the victim. Focusing on encouragement and unconditional support for the victim is key, especially when relapses in drug use or returning to prostitution have a high incidence of occurring. These relapses should not be

⁹ Wright, J., Johnson, L., Sterling, B. (2012). *Proposal: A Statewide System of Specialized Services for Survivors of Prostitution and Sex Trafficking*. Chicago, IL: Chicago Alliance Against Sexual Exploitation.

Harm Reduction & Harm Elimination

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use, prostitution, and other destructive behavior. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who engage in this behavior.

In contrast to abstinence only methods, harm reduction motivates by recognizing progress in reducing the frequency or intensity of a destructive pattern. Even cycling through several relapses is considered necessary for a successful path of progress. Although prostitution is not an addiction that an individual chooses and consequently cannot recover from, the harm reduction approach is a nonjudgmental method many therapists use as a vehicle towards harm elimination.

Harm reduction incorporates a spectrum of strategies from safer use, to managed use to abstinence to meet clients "where they're at". (Harm Reduction Coalition, <http://harmreduction.org/about-us/principles-of-harm-reduction/>)

considered setbacks, but rather the path to becoming clean and fully exiting the trade.

Mental health providers should be mindful of never trying to correct a client's behavior. It is best to meet them where they are at, and eventually help them understand natural consequences of relapse or continuing survival sex. When appropriate, the therapist can ask neutral, non-judgmental questions like "How does that work for you?" in order to encourage their client to think about engaging in survival sex. Jill Wolf at Chicago's Haymarket Center stresses that establishing trust with the client, both in short and long-term treatment cycles, is crucial. They come from a

place with no support system, so forming a trusting relationship will help facilitate a harm reduction model.

Assessment & Treatment

The first step is recognizing signs that a client might have been impacted by prostitution. These include indications of trauma, depression, shame, guilt, and substance abuse. Once a client has been identified as a survivor and wants to engage in the treatment process, a plan to find a safe, supportive, and healthy environment for the individual is essential. Securing a safe living arrangement for your client

is your immediate concern. Without safe and accessible housing, your client will not be able to successfully proceed with therapy and treatment.

The mental health practitioner should be using a client-centered, motivational interviewing technique during assessment and treatment. It is important to avoid using terms that legitimize prostitution, such as referring to victims/survivors as sex workers or prostitutes or Johns as customers. However, Haymarket Center in Chicago stresses the importance of using the words the clients use. In order to create a trusting environment, the therapist should mimic the client's chosen language, taking care that their words

are not guarded. Some key things to consider:

- Promote an understanding of danger and exploitation by exploring the use of minimization, justification, rationalization (cognitive distortions)
- Promote concepts of healthy relationships to challenge illusions of love and concern from the pimp (often referred to as boyfriend)
- Promote the development of a balanced view of life choices (i.e. good and bad choices and not solely bad choices) to manage feelings of regret
- Promote a sense of self as capable and worthy to minimize dependency and unhealthy decision making¹⁰

While maintaining a trusting relationship with the victim, it is important for the clinician to identify

Therapy 101: Language

Being mindful of your language with a victim is crucial for developing trust. Use language that is not guarded, that makes them feel comfortable, that does not imply blame, and which eliminates the barrier between you.

- **Non-judgmental words**
- **Use language they use**
- **Do not be corrective**

Sample Screening Questions

- Where did you sleep last night?
- You seem afraid of your boyfriend/family member. Would you tell me about that?
- Surviving on the street is hard. How do you manage?
- How much older is your boyfriend?
- Has anyone ever asked you to (or made it seem like you had to) have sex for money, shelter, or food?

other outlets for the client to use for support as they establish independence. Therapy is long-term, even if formal therapy has ended. As a client enters different stages of recovery, the needs therapy fulfills will evolve. As you help them develop skills to cope, securing a support group or a natural mentor in the community will help them feel less isolated.

Wrap-around Services

In addition to assessing and treating the individual, the mental health practitioner should be prepared to provide access to other services to help address the individual's multiple needs. This may be the primary way to approach individuals who engage in "survival sex" since they lack other options for supplementing their income. Services such as education and vocational training, mentoring, housing

(crisis & long-term), food and clothing, transportation, childcare and/or parenting skills, legal representation and/or advocacy, medical and dental care are often needed by an individual exiting prostitution.

Sexually Exploited Minors

The mental health needs of children in the sex trade require a set of more complex and intense prevention and treatment approaches by mental health practitioners. A coordinated community response to the trafficking of minors is necessary.

Since exploited youth are sometimes unable to identify aspects of their situation, they may not recognize that their pimp or exploiter does not have their best interests in mind.

Breakthroughs are most successful with minors when the practitioner can recognize and use the strengths the minor has. Often, exploited youth can exhibit creativity and a positive cultural identity which can help them cope. Mental health practitioners should respect and build upon the skills that the youth have developed to survive, while also teaching them new adaptive strategies. Ultimately, a multidisciplinary effort on the part of all members of the child's system of care will promote the most positive experience.¹¹

¹¹ WestCoast Children's Clinic (2012). *Research to Action: Sexually Exploited Minors (SEM) Needs and Strengths*. Oakland, CA: WestCoast Children's Clinic.

Specific to CSEC victims, children who have been exploited and exposed to multiple traumatic events in their youth frequently exhibit Post-Traumatic Stress Disorder (PTSD) as well. However, this does not capture the range of impairments that affect children who have experienced complex trauma. An assessment of mental health needs is "both a symptom of past abuse and a factor in their continued abuse by their exploiters."

The most prevalent mental health needs among sexually exploited children include:

- Depression
- Anxiety
- Anger control
- Attachment disorder
- Oppositional behavior
- Affect regulation
- Attention deficit/impulse control
- Somatization
- Psychosis
- Eating disturbance¹²

Thank You

Thank you for using our toolkit. We hope that you found the resource helpful. As mental health practitioners, you are a substantial part of the healing process for victims of all types of sexual assault, exploitation, and trafficking. Your expertise and commitment throughout this process will help empower survivors to overcome their trauma and lead lives free from sexual exploitation. CAASE is always available

¹² *Id*

to answer any questions, receive suggestions, or hear concerns that you may have while reading and working with this toolkit. Please do not hesitate to contact us at info@caase.org.

We also encourage you to look at supplemental information provided in addition to this toolkit: These materials include:

- General information about sexual assault, prostitution, and trafficking facts
- Chicago-based organizations:
Direct service/outreach