Routledge
Taylor & Francis Group

Journal of Evidence-Based Social Work

ISSN: 2640-8066 (Print) 2640-8074 (Online) Journal homepage: https://www.tandfonline.com/loi/webs22

"It's All about Breaking down Those Barriers…": Exploring Survivors' Perspectives on Services and Treatment Needs following Commercial Sexual Exploitation during Childhood

Jennifer E. O'Brien, Brooke Jordan, Nina Honeycutt, Catherine Wilsnack & Clara Davison

To cite this article: Jennifer E. O'Brien, Brooke Jordan, Nina Honeycutt, Catherine Wilsnack & Clara Davison (2019) "It's All about Breaking down Those Barriers…": Exploring Survivors' Perspectives on Services and Treatment Needs following Commercial Sexual Exploitation during Childhood, Journal of Evidence-Based Social Work, 16:2, 160-177, DOI: 10.1080/23761407.2019.1572560

To link to this article: https://doi.org/10.1080/23761407.2019.1572560

JOURNAL OF EVIDENCE-BASED SOCIAL WORK
2019, VOL. 16, NO. 2, 160–177
https://doi.org/10.1080/23761407.2019.1572560

"It's All about Breaking down Those Barriers…": Exploring Survivors' Perspectives on Services and Treatment Needs following Commercial Sexual Exploitation during Childhood

Jennifer E. O'Brien[a], Brooke Jordan[b], Nina Honeycutt[b], Catherine Wilsnack[c], and Clara Davison[d]

[a]Department of Social Work, University of New Hampshire, Durham, NH, USA; [b]School of Social Work, University of North Carolina at Chapel Hill, Chapel Hill, NC, USA; [c]School of Social Work, University of Pennsylvania, Philadelphia, PA, USA; [d]School of Business, University of North Carolina at Chapel Hill, Chapel Hill, NC, USA

ABSTRACT

Purpose: In recent years, there has been an increase in funds and services available to address the needs of commercially sexually exploited children (CSEC). While previous studies have explored the mental, behavioral, and physical needs of CSEC victims and survivors, few studies have focused on the service needs CSEC victims and survivors themselves deem most important. The current study seeks to bridge this gap by garnering American CSEC victims' and survivors' perspectives regarding CSEC service strengths, weaknesses, and gaps.
Method: Semi-structured, in-depth interviews were conducted with 13 adult survivors of CSEC to examine their perceptions of current CSEC services in the United States. All interviews were recorded, transcribed verbatim, and imported into a qualitative data analysis program. Using an inductive approach, two major themes emerged: short-term needs and long-term needs.
Results: Short-term needs included victim identification, housing, and emergency medical care. Long-term needs included life-skills, community building, legal assistance, and medical care. The results point to the complex needs of CSEC victims/survivors.
Discussion: While CSEC services continue to develop, there remain many gaps in care in the services available. Study findings provide valuable insight to practitioners and researchers alike and identify the most critical needs of CSEC victims and survivors. Implications for practice and research are discussed.

KEYWORDS
Sex trafficking; minors; services; treatment; qualitative

Introduction

The commercialized sexual exploitation of children (CSEC), otherwise known as the sex trafficking of minors, may be defined as the purchase, sale of, or exchange of sexual services among individuals under the age of 18 (Busch-Armendariz, Nsonwu, & Heffron, 2018; Finklea, Fernandes-Alcantara, & Siskin, 2015). Unlike sex trafficking among adults, in the United States sex trafficking of minors does not necessitate proof of force, fraud, or coercion. This is because individuals under the age of 18 in the U.S. are not able to legally

CONTACT Jennifer E. O'Brien Jennifer.Obrien@unh.edu Department of Social Work, The University of New Hampshire, 55 College Rd., Durham, NH 03824

Color versions of one or more of the figures in the article can be found online at www.tandfonline.com/webs.

consent to commercialized sex. Accordingly, CSEC can take many forms including prostitution, pornography, stripping, live-sex shows, mail-order brides, military prostitution, survival sex, and sex tourism (Administration for Children and Families [ACF], 2012). Researchers and practitioners alike agree that the commercial sexual exploitation of children (CSEC) results in long-lasting mental, physical and behavioral health consequences (Clawson, Dutch, Solomon, & Goldblatt Grace, 2009; Kotrla, 2010). However, few studies have explored CSEC survivors' perspectives on service needs. The current study seeks to bridge this gap by garnering American CSEC victims' and survivors' perspectives regarding current CSEC service strengths, weaknesses, and gaps.

Commercial sexual exploitation of children (CSEC)

CSEC has garnered significant media and legislative attention in the past 10 years. Between 2011 and 2016, approximately $80 million dollars was dedicated to combatting juvenile sex trafficking (Administration for Children and Families (ACF), 2017). Further, U.S. lawmakers have passed legislation at the state and federal levels mandating that CSEC victims and survivors be properly identified and provided appropriate services to combat their victimization (Polaris, 2014; Polaris, ND).

Despite these laudable efforts, CSEC victim misidentification in the United States remains common, and victims are often criminalized for behaviors inherent to their victimization (e.g., prostitution) (Brittle, 2008; ECPAT, 2017). CSEC victim and survivor misidentification is problematic for a number of reasons. Specifically, misidentification hinders data collection thereby limiting our understanding of CSEC prevalence and scope (Lutnik, 2016). However, more importantly, misidentification hinders child victim/survivor access to justice by limiting their legal recourse and access to mental and physical health treatment (ECPAT, 2017; O'Brien, 2017).

General terminology

We acknowledge that in violence research generally there has been a debate about the use of the term "victim" versus "survivor." Although it is not within the purview of the current manuscript to weigh-in on this debate, we acknowledge that using the terms "victim" and "survivor" in conjunction or interchangeably may be taxing and/or confusing to the reader. Therefore, for the purposes of this manuscript, the term "victim" will be used to refer to individuals who are still being subjected to sex trafficking, or are being victimized. Conversely, the term "survivor" will be used when referring to individuals who have survived sex trafficking, and are no longer being victimized. If victim/survivor perspectives are being explored, the term used in-text will be the term the individual has specified either verbally or in writing. Importantly, the same individual may be both a "victim" and "survivor." For example, an individual may be a "survivor" of childhood sexual abuse, but a current "victim" of CSEC.

Prevalence of CSEC

The exact prevalence and scope of CSEC remains unknown (Lutnik, 2016). Extant estimates vary widely, and many have been obtained via "questionable assumptions and methods" (Stransky & Finkelhor, 2008, p. 2). Due to the hidden nature of the crime, methods typically used to obtain prevalence estimates do not work well for CSEC.

Specifically, traffickers are motivated to keep their acts concealed to avoid prosecution. Similarly, victims of CSEC are also motivated to stay hidden to avoid punishment from their traffickers, avoid prosecution for parallel crimes (e.g., drug use, truancy), and potentially avoid being mandated to return to their families of origin, which may be unsafe, abusive, or otherwise dysfunctional (Lutnik, 2016).

CSEC consequences

Rigorous research on the short and long-term effects of CSEC is sorely lacking (Diaz, Clayton, & Simon, 2014; Rafferty, 2008). Much of the information we have about the physical and mental health consequences of CSEC is based on case reports (e.g., Scarpa, 2005) and research associated with prolonged and severe child maltreatment (e.g., Rafferty, 2008). Overall, studies suggest that CSEC results in poor physical health (e.g., untreated sexually transmitted infections, chronic health problems, malnutrition, broken bones; McIntyre, 2005; Mitchels, 2004), mental health concerns (e.g., depression, posttraumatic stress disorder, complex trauma, anxiety, self-harm, and suicidal ideation and attempts; Kiss, Yun, Pocock, & Zimmerman, 2015; Logan, Walker, & Hunt, 2009), poor education attainment (Rafferty, 2008; Twill, Green, & Traylor, 2010), and social skill deficits (Twill et al., 2010).

CSEC services

Preliminary studies suggest that the needs of CSEC victims are unique, and that CSEC victims require services that are specific to their exceptional needs and account for their high risk for re-traumatization and re-victimization (Logan et al., 2009; Ursano et al., 2004). However, many of the services used to help CSEC victims are adopted and adapted from fields such as sexual assault and child sexual abuse. These promising practices, methods, and philosophies may eventually demonstrate high potential for producing desired outcomes. However, despite the programmatic efforts dedicated to combatting CSEC, to-date few CSEC programs or services have been rigorously evaluated (Clawson et al., 2009; Rand, 2009). Therefore, it is difficult to know if the treatments and interventions being offered to CSEC survivors are helpful at alleviating mental and physical health symptoms for these survivors, are equivalent to no treatment, or ultimately do more harm than good.

The stakes are high. When CSEC survivors' mental and physical health needs are unaddressed, traffickers may use survivors' symptoms (e.g., substance withdrawal, extreme anxiety/fear) to lure children back to CSEC upon the child's release from state-level systems (e.g., child welfare and/or juvenile justice; Clawson & Goldblatt Grace, 2007; Kotrla, 2010). Recidivism rates for CSEC are unavailable, but research has shown the return to prostitution for an adult following treatment is high (60% to 70%; Cimino, 2012). Accordingly, it is posited that a high percentage of CSEC survivors return to sex trafficking as a result of limited community supports/resources, the strong bond established with their pimps or traffickers, and insufficient treatment resulting in continued mental and physical health symptoms (ECPAT, 2012).

Current study

Given the social and legislative push towards CSEC victim and survivor identification and treatment, it is important to identify facets of treatment that may be important for

survivor health, well-being, and overall reintegration into their (non-exploitative) communities of choice. Although victims and survivors of CSEC abound, treatment options are still in the nascent stages of development and evaluation. Researchers have asserted that an important first step in future treatment program development and evaluation is to understand victim and survivors' perspectives on their experiences of current treatment programs including what they have found helpful, what they have found unhelpful, and what they see as unmet needs (e.g., Lutnik, 2016). Specifically, the current study aims to answer the broad research question: *How do U.S. CSEC survivors view the CSEC services they received?* Then, within the framework of this broad question, we explored services survivors have found particularly helpful, services that they found particularly unhelpful, and any unmet needs for future service development.

Methods

Study sample

Participants

Qualitative data were collected from 13 American CSEC survivors. In order to join in the study, CSEC survivors must have self-identified as having (a) U.S. citizenship when they were exploited for sex; (b) been under age 18 when they were exploited for sex; and (c) the ability to fluently read and write in English. Additionally, to ensure the safety of study participants, they also had to self-identify as (a) currently residing in a safe living situation, where they were free from danger; (b) being removed from any trafficking situation; and (c) having all legal/open court cases closed as it relates to their sex trafficking situation.

CSEC service providers and child welfare staff aided in the process of CSEC victim/survivor recruitment. Service providers had trusted relationships with victims/survivors that they had worked with and with whom they felt might be interested in this study. CSEC survivor peer advocates also assisted with recruitment. CSEC peer advocates are survivors of CSEC who are currently engaged in public speaking about their sex trafficking experience, have published literature about their post-trafficking recovery process, provide peer mentorship to other survivors of sex trafficking, and/or participate as activists for improving policies for other sex trafficking victims/survivors. CSEC peer advocates participated in the study, and also informed other CSEC survivors about this study. Service providers and CSEC peer advocates who helped recruit participants were given a study eligibility check lists and study fact sheets.

Given the vulnerability of the study population, the PI did not make the first contact with victims/survivors. Rather, service providers and peer advocates were urged to provide study fact sheets to individuals they felt might be interested in giving their perspectives on CSEC services, including strengths, weaknesses, and gaps. All fact sheets included the PI's study-specific email and phone number. Any individual interested in the study had to make the contact with the PI for more information. Therefore, the PI did not have information about any individual (or potential CSEC survivor) that did not specifically contact her with an interest in study participation.

Prior to beginning data collection, ethics approval was obtained from the institutional review board at the University of North Carolina at Chapel Hill. All research team

members completed the Collaborative Institutional Training Initiative (CITI) Human Subjects training prior to study involvement.

Data collection procedures

Semi-structured individual interviews were conducted with 13 American CSEC survivors. The PI, who at the time of data collection was an independently licensed social work clinician with expertise in trauma-informed care and a social work doctoral candidate, conducted all individual interviews and collected both qualitative and descriptive quantitative data. Participants had autonomy in the interview process. Specifically, they selected the day and time for the interviews, and were able to choose a private location in which they felt comfortable speaking. Notably, semi-structured interviews focused only on study research questions, and did not ask participants to detail their CSEC experience. Probes were meant to elucidate answers and prompt depth of response. At no point were participants asked to detail their exploitative experiences.

Rapport building is an essential aspect to interviewing trafficking victims/survivors, and many will not share certain details of their experience during a first interview (OVC TTAC, n. d.). To make sure participants were provided the emotional space to share their perspective and experience, they were asked to participate in a second interview. All 13 victims/survivors who completed the first interview were willing to complete a second interview. Second interviews were scheduled 3–4 weeks from the date of the first interview.

Although interview questions focused on treatment needs generally, the PI had some concerns about participant reactions and readiness for study participation. Previous researchers have asserted that trauma survivors, including CSEC survivors, may become emotionally overwhelmed if painful memories arise (Cole, Sprang, Lee, & Cohen, 2016). To ensure interviewer response and participant comfort, all initial interviews were conducted face-to-face or via Skype. Thus, if the interviewer saw that the participant appeared tearful, uncomfortable, or otherwise emotionally distraught the interview could be paused or ended. All participants were provided a list of area service providers with expertise in trauma-informed care at the end of their interview, in case intrusive thoughts or memories were brought up after the interview had been completed. Interview questions for the second interview were the same as the questions for the first. Prompts for the second interview were meant to gather more detail or clarify thoughts the participant had provided in the first interview. Since questions were not new and the interviewer was the same, participants were able to choose to have the second interview over via phone, live face-to-face, or live via Skype.

Before the either interview took place, the PI received participants' oral informed consent to conduct and digitally record the interview. Participants came from locations throughout the United States; however, the majority were currently living in North Carolina or Texas. Supports were provided to facilitate CSEC survivor participation including bottled water, a snack, childcare, transportation reimbursement, and a $30 gift card to Target, Amazon, or Starbucks. Participants were provided the same supports for each interview.

Data collection and analysis occurred concurrently so that the analyzed data could guide later data collection efforts (Cho & Lee, 2014). Semi-structured interview guides were used to conduct the individual interviews. The interviews consisted of open-ended questions and follow-up probes. Examples of open-ended questions include: (a) what

helped the survivor find freedom from their sex trafficking situation; and (b) what were the strengths, weaknesses, and gaps in their post-sex trafficking services. Importantly, this study is a part of a larger study focused on the perspectives and experiences of service providers as well as CSEC survivors. However, given the focus of the current study is on CSEC survivor treatment preferences, current results feature survivor voices exclusively. For more information about service provider interviews, please refer to previous publications that include service provider responses (e.g., O'Brien, 2017). Questions regarding the open-ended questions used in this study may be directed to the corresponding author.

Assessments and measures

In addition to the qualitative interview data, participants were asked to complete a brief demographic survey. To ensure equal access and inclusion regardless of literacy levels, disabilities, or education status, participants were given the choice to complete the demographic survey either as a self-report questionnaire or through oral interviews to ensure participation was inclusive of various. In the current study, all participants chose to complete the survey as a self-report measure.

Demographic surveys

The research team developed a 10-item survey to collect general demographic information from all participants, including age, race, gender, sex, relationship status, employment, insurance coverage, and education.

Data analysis

After the first round of interviews were complete, digital recordings were transcribed verbatim by an undergraduate student member of the research team. Transcribed interviews were then checked for accuracy by a separate undergraduate student member of the research team, and imported into ATLAS.ti (version 5.0; Muhr & Friese, 2004). There is limited information about the incidences of CSEC, and therefore an inductive approach was used for all subsequent qualitative data analysis. (Cho & Lee, 2014; Elo & Kyngäs, 2008). The initial codebook was designed by the PI and a member of the research team who was both a doctoral student and experienced anti-trafficking advocate. The codebook was developed using 3 representative transcripts from survivor interviews. To create the categories, an open-coding approach was used, and themes were drawn directly from participant interviews. Independent coding was conducted by two research team members (i.e., the PI and the doctoral student) to ensure the initial codebook captured participant experiences ("double coding"; Padgett, 2008). Two expert service providers subsequently independently reviewed the codebook to ensure all major themes and constructs were represented. Finally, two research team members (i.e., the PI and a masters-level graduate student trained in qualitative methods) independently coded each interview transcript. Interview transcripts were coded using the developed codebook. Coding disagreements were resolved through team meetings, in which all team members were able to discuss coding discrepancies until agreement was reached.

The methods to enhance the rigor of the project included project feedback from expert service providers, feedback on the semi-structured interview guide from an expert advisory group consisting of researchers and practitioners, and the use of thorough case notes capturing nonverbal participant cues (Padgett, 2008). The research team met weekly for the duration of the

project to discuss data collection, coding, and negative case analysis to ensure all divergent views were equally captured in analysis and presentation of findings. Finally, member checking was performed by sending all participants a copy of the manuscript draft with their personal quotes highlighted (e.g., Participant 1 had only Participant 1 quotes highlighted). Some participants chose to receive a copy of the manuscript electronically (e.g., via email). Other participants asked for a paper copy, which was mailed to an address they designated at the time of their individual interview. All participants were invited to read the manuscript, and were instructed to look carefully at the presented themes, as well as their quotes. If a participant felt their quote was used incorrectly or that the framing provided did not fit with their experience, the framing was changed to capture each survivors' personal truth. Survivors were provided one month to suggest edits or additions via email, phone, or letter.

Descriptive data were aggregated to detail the participant population.

Results

Participant characteristics

Survivor participants were predominantly recruited via peer network (84.6%, n = 11), and ranged in age from 29 to 66 years (M = 40.8, SD = 10.2). The majority of survivor participants self-identified as White (76.9%, n = 10). Overall, this sample of survivors were well educated, with just over half of the sample (53.8%, n = 7) indicating they had completed college or obtained a technical school degree, and just under a fourth (23.1%, n = 3) indicating that they had completed graduate school. All participants had received a high school degree or its equivalent. A large majority of survivor participants (84.6%, n = 11) were employed full- or part-time. The remaining 15.4% (n = 2) of survivor participants were unemployed or self-identified as full-time homemakers. Finally, relationship status among the sample varied, with over half (53.8%, n = 7) of the survivor participants reporting that they were currently single, 30.8% (n = 4) reporting that they were married, and 15.4% (n = 2) reporting that they were divorced (Table 1).

Table 1. Survivor characteristics.

Characteristics	Survivor
***N* = 13**	
% (*n*)	
Race	
Non-White	23.1 (3)
White	76.9 (10)
Education	
Completed high school/GED	23.1 (3)
Completed college/technical school	53.8 (7)
Completed graduate school	23.1 (3)
Employment	
Full-time employment	46.2 (6)
Part-time employment	38.5 (5)
Homemaker	7.7 (1)
Unemployed	7.7 (1)
Health insurance	
No health insurance/self-pay	7.7 (1)
Medicaid/Government insurance	38.5 (5)
Private insurance	53.8 (7)

Qualitative findings

Qualitative findings are presented below. Throughout these results, terms such as "many" or "few" are used to denote varying degrees of participant endorsement on a particular theme or sentiment. These terms were chosen because providing specific numbers of individuals who endorsed each theme could be misleading. For example, just because a participant did not specifically mention a concept does not necessarily mean that the participant would not agree or endorse the concept more generally. Rather, the absence is an indication that the concept did not arise organically from the semi-structured interview. In this manuscript, the term *many* denotes more than three quarters (>75%) of participants endorsed that particular theme or sentiment, and the term *most* is used to denote that more than half (>50%) of participants endorsed the theme or sentiment. In contrast, the term *some* indicates that less than half (<50%) of participants endorsed the theme or sentiment, and the term *few* is used to denote that less than one quarter (<25%) of participants endorsed the theme or sentiment. In addition, participant quotes are set to *italics* to visually separate these comments from the text.

Theme 1: short-term services

The theme "short-term services" encompasses the variety of services survivors felt were necessary for an individual during their initial exit from sex trafficking. A visual representation of this theme may be found in Figure 1. Specific services mentioned in this theme included increased availability of housing and shelters sensitive to CSEC survivors' needs, comprehensive trauma-informed medical care, and better screening/survivor identification protocols. Participants reflected that their experiences would have been substantially different had these needs been met.

Some participants noted that housing was a large and important short-term need among CSEC victims and survivors. Housing, including emergency shelters for survivors who have left their trafficker, are an important step for many in their journey towards emancipation. As one participant plainly stated, "*[Survivors] need more emergency drop-in safe houses*" (Participant 3). However, availability of housing is not enough. Universally, participants spoke to the importance of safety in CSEC survivor housing, and suggested that short-term housing options come equipped to prevent

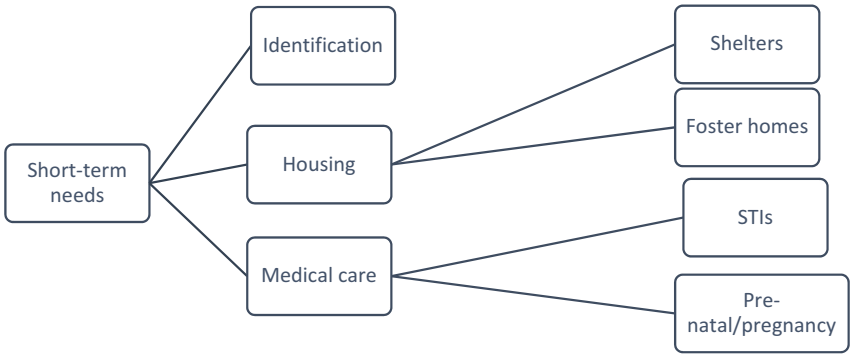

Figure 1. Short-term needs.

traffickers from entering the premises or contacting their victims. In the words of one survivor, "*Traffickers don't let you go. If you leave, they'll come for you*" (Participant 5).

In addition to shelters, many survivor participants had experience in the child welfare system and noted a need for short-term foster families that would be sensitive to CSEC survivors' unique needs and profound trauma. As one participant stated, "*The foster care or the home that a [trafficked] child is placed in should be safer than the home that you're going to put a molested child in*" (Participant 7). She expanded on the need for child welfare services specifically designed for CSEC survivors:

> *So the difference between removing a child from a home where molestation is going on and the difference between trafficking situation has to be that… trauma informed environment where you've got that [child] focused on something. You have to find out what their gifts and talents are, you gotta find out what their abilities are, gotta find out what their intelligence levels are so that they can be focused on something and get them going in a direction because otherwise, all those chemicals are still rolling around in their bodies. – Participant 7*

Many survivors also identified holistic medical care as a short-term service need that would be imperative to exit and recovery. As one survivor pointed out:

> *I think the medical needs probably would have been one of the biggest things [I] wish I could have, you know, had help with… Because, just like when this year when I qualified for Medicaid, I was able to um go and have physical therapy that I had um wouldn't have been ever able to afford um just so incredibly helpful um and it just kind of made me sad because I was like you know all those years I was trying so hard and I couldn't pay my bills. – Participant 11*

Pregnancy by a trafficker or john is not uncommon and several survivors identified maternal care- as well as support related to abortion, adopting, or parenting- as a service need. As one survivor pointed out:

> *We need services for…18-year-olds who are pregnant. …There's, like, no maternity homes, and they are pregnant because of a trafficking situation or exploitative situation. – Participant 6*

Another survivor cautioned that service provision must treat survivors holistically instead of addressing discrete symptoms or problems:

> *I mean, [a shelter] might meet the housing needs, but it's not going to meet the mental needs that this person is going to need. You know, placing me in a facility or what not – like again, it'll help with the housing aspect, but it's not going to help me. – Participant 3*

Some survivors shared that victims and survivors were often introduced to substances by their traffickers as a means of control, or they used substances as an escape from the trauma of being trafficked. Accordingly, many survivors struggle to recover from both their trauma as well as their addiction. In a statement echoed by many, one survivor stated:

> *I think that support and a very loving environment [is needed] just to welcome them, even if they don't want to be there. Even if they're yelling. Even if they're hooked on drugs. …Even if they're just coming off drugs, giving that support environment for them. Not treat them as a patient, treat them as a person. I think that's … important. – Participant 1*

Another gap found in current services was the lack of awareness among service providers in terms of how to identify and treat CSEC survivors. The issue of CSEC survivors not being properly identified during medical encounters is significant

because it could serve as an opportunity for proper intervention. A few survivors described that if service providers received training on how to identify potential CSEC victims, then perhaps their exploitative experiences would not have lasted as long. One survivor suggested that screening individuals could serve as an opportunity to identify a CSEC victim by stating, "*screening should be anywhere you come into contact with another human being*" (Participant 12).

In addition to screening, there are other important factors to consider when identifying and treating CSEC survivors. Some survivors reported how they faced unfair expectations by service providers, such as not being permitted to have a cell phone or to have contact with friends and family while in receiving services. These unfair expectations complicated their healing process by preventing them from receiving professional help. One survivor described her experience with frustration,

> *…When you start to heal and you start trying to even attempt using services, it's stressful, it's complicated if you don't know how to jump through the hoops or you don't have somebody who is willing to tell you what hoops to jump through, you can't get through so why even work on being sober, being a part of society or being alive? …No one wanted to try to help me. – Participant 5*

In addition to pointing out important areas for improvement, participant statements highlighted the dangers of identifying CSEC victims absent the presence of CSEC-sensitive services. In a sentiment echoed my many, one survivor stated,

> *When people say, 'Well if I find a girl in this situation and I can get her out of the situation, should I?' No. Do not. Because there's no help, she's just going to go back because there is no help here. You know there are a couple of little programs here and there, but they're all filled up and do I really believe in them? No. – Participant 2*

Indeed, participants highlighted that CSEC victim identification without CSEC-sensitive services incurred substantial risk for victims. Specifically, participants noted that traffickers may physically, emotionally, and/or sexually punish individuals who are seen as sympathizing or befriending law enforcement, service providers, or other individuals uninvolved in their exploitative experience.

Theme 2: long-term service needs

Service needs for survivors do not end once a survivor is out of his/her sex trafficking situation. Indeed, often long-term service needs can be necessary for years following a survivor's exit from the life. A visual representation of long-term service needs may be found in Figure 2. These long-term service needs range from tangible services (e.g., legal assistance) to more abstract life skills (e.g., community building). Furthermore, survivors noted that the physical and mental health consequences of childhood sex trafficking persist for years- far beyond the short-term health-care services offered by most CSEC programs.

The need for skills such as nutrition education and job skills were mentioned by many survivors during the interviews as long-term needs that are often not addressed. As one survivor stated,

> *Everybody's got their 'thing' that they can do, but when you've been trafficked, especially when you were young, you have no idea what that is…If I wasn't having sex, I was getting drunk, doing drugs, or just wandering around. I wasn't learning how to do anything. I didn't know*

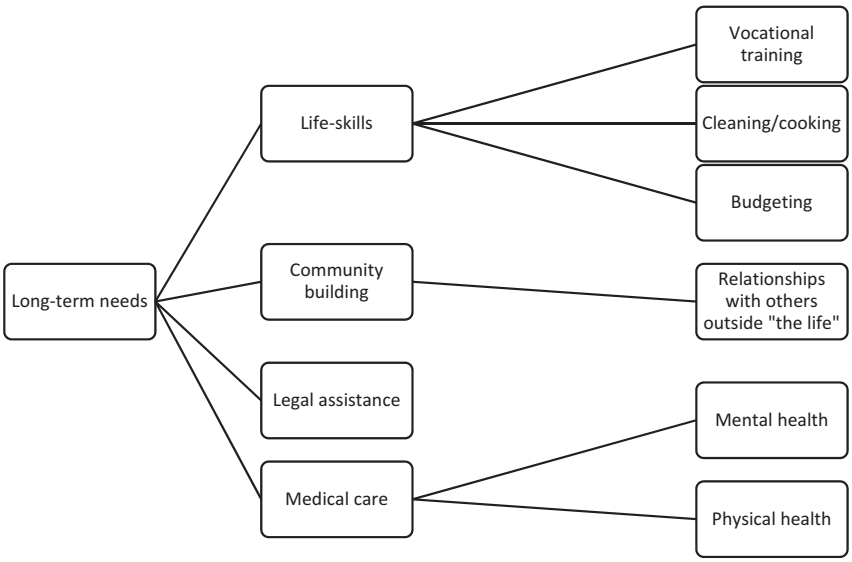

Figure 2. Long-term needs.

> *how to do anything and so when a victim comes out of trafficking…they have a whole new world – Participant 7*

Other skill sets mentioned by survivors included: cooking, budgeting, housekeeping, and parenting. For minors who may have had limited educational opportunities, a few participants mentioned that completing a GED can make a drastic difference in their self-esteem, future job prospects, and risk of recidivism. Overall, most participants highlighted that it is crucial for long-term services to assist survivors in the process of learning important life skills that can help them grow into self-sufficient individuals.

Another crucial service need universally identified by participants is the existence of a community that can welcome survivors and help them establish long-term, healthy relationships. For many people who have recently existed a sex trafficking situation, they do not have previous experience with a supportive community or healthy relationships. One survivor commented on the lack of relationships in her early life, saying, "*It's all about breaking down those barriers because our world was so small – it was our pimp, the other girls, and the tricks…You know, I was 32 years old before somebody said, 'let's go sit down, let's go talk in Starbucks*" (Participant 1). Another survivor linked community connectedness with self-discovery, saying;

> *That's why making a community available to the person as they find more and more healing, they're able to engage with that community at whatever level they feel safe…is the beginning point…to help them come away with the assurance that the process of what they're going through in healing will eventually help them understand who they really are. – Participant 13*

Many survivors noted that they had never had the opportunity to explore their interests, develop their personality, and expand their identity beyond the boundaries set by their exploiters. Accordingly, facilitating self-discovery was discussed by some survivors as a cruicial long-term service need. One participant said that for survivors,

"*…allowing them to rebuild their identities is really big…just let them build their identity 'cause that's been taken*" (Participant 1). One survivor summed up the importance of self-discovery, saying,

> *Let's just say, I started being trafficked at seven and I got rescued at eighteen. Well, I don't know how to be an 18-year-old. I don't have a clue what safe is…maybe she's never ridden in a forest, and maybe she's never seen a horse. Maybe she's never sat down and watched a movie. Um you know – that's – we can't teach her how to balance a checkbook when she's never even watched a movie. – Participant 8*

Importantly, a few survivors noted that the process of self-discovery and thriving looks different for each survivor and it is important for service providers not to place their own expectations and ideas over the needs of the survivor during this rediscovery process: "*It can't be about what someone else needs anymore, because for however long it's been about what the trafficker needs or the john…for recovery, I needed to find out what I needed*" (Participant 5).

The legal ramifications of sex trafficking can follow a survivor for years, and may hinder future job prospects. As one survivor stated,

> *One of the things that I've dealt with personally is I've now got a criminal record. I was trafficked for over ten years…we were raided many, many times and I have over twenty charges on my record, all related just to that [trafficking]…even with these laws, we still don't have an educated judicial system. – Participant 3*

While there is a long path ahead of the judicial and law enforcement systems as they begin to move past the stigma of prostitution and recognize survivors as victims of sex trafficking, survivors noted that the need for legal assistance highly necessary long-term service that must be addressed.

Finally, survivors noted the importance of integrated service provision as a crucial long-term service needs. For many survivors, treatment can be provided by a multitude of medical professionals. Unfortunately, it is sometimes difficult for these medical professionals to interact and coordinate with each other to better the treatment for a mutual patient. One survivors stated,

> *No one person can in any way, shape or form fix one person. But a team of people specialized in trauma and specifically in these types of traumas…providing service requires a team…we need to be effectively able to communicate for this person's wellbeing. – Participant 8*

Participants noted that integrated care from a variety of medical professionals was especially important for long-term care, as healing from trauma may manifest in a variety of medical ailments and influence treatment across multiple medical domains.

Discussion

The current study explored CSEC victims' and survivors' views on the services they received, including services they found particularly helpful, services that they had found particularly unhelpful, and unmet needs for future service development. Qualitative analysis revealed two overarching themes: (1) Short-term service needs, and (2) Long-term service needs. The short and long-term needs identified in this study provide

valuable insight into ongoing and future service needs that should be addressed by the service provider community- particularly practitioners.

Results from the current study point to a dearth of short- and long-term service options for CSEC victims and survivors. This sentiment is strongly supported by previous literature. Though efforts are being made to identify and provide treatment to victims of CSEC (Clawson et al., 2009; Clawson & Goldblatt Grace, 2007), multiple studies have concluded that there is a deficit in specialized services for this population (Clawson et al., 2009; Friedman, 2005; Gragg, Petta, Bernstein, Eisen, & Quinn, 2007). Above all, research suggests that CSEC survivors require safety and security (Clawson & Goldblatt Grace, 2007; Smith, Vardaman, & Snow, 2009). Both service providers and survivors generally acknowledge that traffickers who gain knowledge of the location of a CSEC safe house could pose a real and imminent danger for the survivors who reside there (Smith et al., 2009). The staff at the safe house could also be at risk as well. Safety risks for both caretakers and survivors must be carefully considered, because traffickers often attempt to track down and re-victimize their former victims. As a result, residential facilities must be secure and hidden from predators (Hargitt, 2011; Scott & Harper, 2006; Smith et al., 2009).

Along with safety, current results indicate that CSEC victims/survivors desire holistic care that is physically and emotionally removed from their previous, traumatizing environment. Holistic care may be defined as health care that addresses mental and physical health needs simultaneously, thereby acknowledging that an individual's wellness is not confined to a single profession. Accordingly, there is a need for intentional and organized collaboration between the different professional disciplines that interact with CSEC victims such as child welfare, law enforcement, and medical practitioners. Researchers have suggested that multi-disciplinary partnerships might reduce the likelihood that CSEC survivors remain undetected and trapped in a perpetual cycle of victimization and oppression (Cusick, 2002; Halter, 2010). The effectiveness of multi-disciplinary teams in combating CSEC and helping CSEC victims has been demonstrated by the success of the human trafficking task forces launched by the FBI's Innocence Lost Initiative (Federal Bureau of Investigation (FBI), 2011). In only eight years, the efforts of this initiative have seen the recovery of over 1,600 children and the conviction of 719 traffickers and exploiters of children (Federal Bureau of Investigation (FBI), 2011).

Although the formation of successful multi-disciplinary teams has been well identified in the literature as a promising practice (Boxill & Richardson, 2007; Clawson & Dutch, 2008; Pearce, 2006), such teams can be difficult to create. Service providers involved in multi-disciplinary teams have noted territorialism, short-term funding for critical staff positions, and poor intra-agency communication as considerable barriers to effective collaboration and service delivery (Macy & O'Brien, 2014). Though each multi-disciplinary team likely functions differently, research reports suggest that having a well-organized team structure complete with full-time staff dedicated to ensuring regular communication is helpful in both developing and sustaining a multi-disciplinary team (Clawson & Dutch, 2008; Macy & O'Brien, 2014).

Finally, participants in the current study discussed life skill development as a pressing long-term need. Baker, Dalla, and Williamson (2010) explained that those leaving the sex industry experience structural barriers that exacerbate challenges for survivors. These structural barriers are defined as the societal circumstances that

negatively influence the breakaway and subsequent process of change. The barriers survivors experience include lack of employment opportunities, job skills training, and accessibility to education completion programs (Baker et al., 2010). The current study validates existing literature, as many CSEC survivors reported a gap in long-term needs that would help facilitate the process of becoming a self-sufficient adult; these include, life and job-skills training, GED achievement, assistance in building a healthy and safe community of support, legal aid to potentially help vindicate criminal records, and access to integrated physical and mental health care, including access to insurance to cover this care.

Limitations

Findings from the current study should be considered in light of their limitations. Specifically, results are from the current study are retrospective in nature and therefore may not necessarily be an accurate reflection of actual services received, or current services offered. Similarly, the large age range of the sample makes it difficult to know for certain the time/dates that services discussed by participants were received. Furthermore, findings from the current study reflect participant perspectives that may be different from the perspectives of the greater populations of CSEC victim/survivors. Recruitment for survivors was done via e-mail LISTSERVs, which limited recruitment to survivors with access to computers and a personal e-mail address. Though access to computers and/or e-mail addresses is widespread, there may have been some sampling bias towards victims/survivors with great material resources. In addition, English language proficiency was an inclusion criteria, thereby limiting the sample. Finally, survivors had to make efforts to directly contact the PI to express an interest in the study to be eligible for inclusion. Some potential survivor participants might have felt uncomfortable contacting an unknown person via e-mail.

Limitations for the current study are not dissimilar to limitations to the CSEC literature more broadly. While there are general acknowledgements by CSEC researchers, advocates, and scholars that access to populations of CSEC victims and survivors for study participation is a challenge, the use of survivor perspectives has been extended as a best practice in order to inform anti-trafficking efforts and research (Bromfield, 2016). Unfortunately, gathering in-depth qualitative data from victims and survivors of CSEC presents unique challenges and ethical dilemmas for researchers (Bromfield, 2016; Cannon, Arcara, Graham, & Macy, 2016; Cwikel & Hoban, 2005). A few challenges that have been specifically brought up in the literature include: DMST victims and survivors do not self-identify as victims or survivors of CSEC (Kotrla, 2010); complex trauma and/or traumatic response (Clawson & Dutch, 2008; Cwikel & Hoban, 2005); and the ethical responsibilities including mandated reporting when talking to individuals under the age of 18 (Cwikel & Hoban, 2005; Narang & Melville, 2014). We attempted to address these limitations by speaking exclusively with adult survivors, providing a check-list to service providers and advocates to ensure individuals who they referred to the study were emotionally prepared for study participation, and allowing survivor peer advocates to help with recruitment. We also addressed these potential limitations by gathering input from service providers and survivors on interview questions and study protocols.

Implications

Practice

Over the last decade, there has been an increased global attention brought to human trafficking. This attention has focused mostly on the sex trafficking of women and children (Zimmerman & Stöckl, 2012). Law enforcement, service providers, the judicial system, and health care providers have responded to this increased attention by improving the identification process of sex trafficking victims. Although CSEC victim identification is a critical first step to service provision, the availability of service options is critical to justify victim identification. Overall, the findings of this study underscore that the focus on victim identification and service provision must become better integrated. Programs that serve CSEC survivors must ensure that there are adequate services available after the identification process has taken place. The CSEC survivors highlighted that integration of identification and after-care services is the key to improving the short and long-term outcomes for commercially trafficked minors.

As stated earlier, minors continue to be criminalized for behaviors inherent to their victimization in many jurisdictions (e.g., prostitution; Brittle, 2008; ECPAT, 2017). However, increasingly law enforcement and legal professionals have called for trainings about CSEC and restorative, trauma-informed victim advocacy (Busch-Armendariz et al., 2018). Restorative approaches to law enforcement urge officers to focus on the harm done to the victim(s) of the crime and how to repair that harm (Burkemper, Balsam, & Yeh, 2007; Musto, 2016). Furthermore, restorative approaches uniquely assert that crime is a violation of people and relationships, and the pursuit of justice involves the victim, offender, and community (Gal & Moyal, 2011). Multiple CSEC survivors in this study mentioned the need for healthy relationships, for which they had almost no barometer after their sex trafficking experience. Our findings suggest that law enforcement may be in the unique position to connect CSEC victims to appropriate services thereby helping to foster a therapeutic relationship between the CSEC survivor and the community of service providers around them. Trainings for law enforcement that focus on this restorative approach may be a meaningful next step.

Research

A call for the evaluation of CSEC survivor services has been extended in numerous government reports, organizational reports, and peer-reviewed manuscripts (Clawson & Goldblatt Grace, 2007; Kotrla, 2010; Lutnik, 2016). Indeed, rigorous intervention evaluation is an important tool to understand how current interventions are working (or not working) to ameliorate the negative survivor outcomes associated with CSEC. Without such rigorous evaluation, current interventions could be doing more harm than good, or even have unforeseen iatrogenic effects on survivor's long-term well being. Though intervention evaluation has been traditionally labeled as expensive and complex, basic intervention and service evaluation tools could be an important first step in evaluating need and initial tailoring of services. To ensure survivors feel safe in their current treatment environments, it is essential that service providers check-in with their clients. To facilitate a symbiotic relationship, survivors should have the opportunity to share their perceptions of services: what has been helpful, what has felt harmful or unsafe, and what the survivor wants from future services.

Overall, this study takes an important step toward better understanding CSEC victims' and survivors' views on current CSEC services. This research is critically important given the increased attention to CSEC nationally, and the federal mandates to identify and address the needs of sexually exploited youth.

Acknowledgments

The authors would like to thank and acknowledge all participants in the current study for the strength, patience, and candor. It was an honor to learn from each of you. We would also like to thank Drs. Rebecca Macy, Dean Duncan, Noel Busch-Armendariz, Cynthia Rizo, and Paul Lanier for their guidance and feedback on a previous version of the current manuscript. Finally, we acknowledge Stefani Baca-Atlas for her notes and contributions.

Funding

This work was funded by The National Association of Social Workers, Eileen Blackey Fellowship and The New York Community Trust, Fahs-Beck Fund for Research and Experimentation.

References

Administration for Children and Families (ACF). (2012). Fact sheet: Sex trafficking. Retrieved from https://www.acf.hhs.gov/otip/resource/fact-sheet-sex-trafficking-english#Types

Administration for Children and Families (ACF). (2017). Budget. Retrieved from https://www.acf.hhs.gov/otip/about/budget

Baker, L. M., Dalla, R. L., & Williamson, C. (2010). Exiting prostitution: An integrated model. *Violence Against Women*, *16*, 579–600. doi:10.1177/1077801210367643

Boxill, N. A., & Richardson, D. J. (2007). Ending sex trafficking in Atlanta. *Affilia*, *22*, 138–149. doi:10.1177/0886109907299054

Brittle, K. (2008). Child abuse by another name: Why the child welfare system is the best mechanism in place to address the problem of juvenile prostitution. *Hofstra Law Review*, *36*, 1339–1375.

Bromfield, N. F. (2016). Sex slavery and sex trafficking of women in the United States: Historical and contemporary parallels, policies, and perspectives in social work. *Affilia*, *31*, 129–139. doi:10.1177/0886109915616437

Burkemper, T. B., Balsam, N., & Yeh, M. (2007). Restorative justice in Missouri's juvenile system. *Journal of Missouri Bar*, *63*, 128–134.

Busch-Armendariz, N., Nsonwu, M., & Heffron, L. C. (2018). *Human trafficking: Applying research, theory, and case studies*. Washington, DC: Sage Publications.

Cannon, A. C., Arcara, J., Graham, L. M., & Macy, R. J. (2016). Trafficking and health: A systematic review of research methods. *Trauma, Violence, & Abuse*, *19*, 159–175. doi:10.1177/1524838016650187

Cho, J. Y., & Lee, E. H. (2014). Reducing confusion about grounded theory and qualitative content analysis: Similarities and differences. *The Qualitative Report*, *19*, 1–20. Retrieved from http://nsuworks.nova.edu/tqr/vol19/iss32/2

Cimino, A. N. (2012). A predictive theory of intentions to exit street-level prostitution. *Violence Against Women*, *18*, 1235–1252. doi:10.1177/1077801212465153

Clawson, H. J., & Dutch, N. (2008). *Addressing the needs of victims of human trafficking: Challenges, barriers, and promising practices*. Retrieved from http://aspe.hhs.gov/hsp/07/humantrafficking/Needs/ib.shtml #Innovations

Clawson, H. J., Dutch, N. M., Solomon, A., & Goldblatt Grace, L. (2009). *Study of HHS programs serving human trafficking victims: Final report*. Retrieved from http://aspe.hhs.gov/hsp/07/humantrafficking/Final/index.pdf

Clawson, H. J., & Goldblatt Grace, L. (2007). *Finding a path to recovery: Residential facilities for minor victims of domestic sex trafficking*. Retrieved from http://digitalcommons.unl.edu/humantraffdata/10

Cole, J., Sprang, G., Lee, R., & Cohen, J. (2016). The trauma of commercial sexual exploitation of youth: A comparison of CSE victims to sexual abuse victims in a clinical sample. *Journal of Interpersonal Violence*, *31*, 122–146. doi:10.1177/0886260514555133

Cusick, L. (2002). Youth prostitution: A literature review. *Child Abuse Review*, *11*, 230–251. doi:10.1002/car.743

Cwikel, J., & Hoban, E. (2005). Contentious issues in research on trafficked women working in the sex industry: Study design, ethics, and methodology. *Journal of Sex Research*, *42*, 306–316. doi:10.1080/00224490509552286

Diaz, A., Clayton, E. W., & Simon, P. (2014). Confronting commercial sexual exploitation and sex trafficking of minors. *JAMA Pediatrics*, *168*, 791–792. doi:10.1001/jamapediatrics.2014.1002

ECPAT. (2012). *Global monitoring status of action against commercial sexual exploitation of children: United States*. Retrieved from http://www.ecpat.net/sites/default/files/a4a_v2_am_usa_2.pdf

ECPAT. (2017). Through the eyes of the child: Barriers to access to justice. Retrieved from http://www.ecpat.org/wp-content/uploads/2017/04/Through-the-Eyes-of-the-Child_Barries-to-Access-to-Justice-thematic-report.pdf

Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing*, *62*, 107–115. doi:10.1111/j.1365-2648.2007.04569.x

Federal Bureau of Investigation (FBI). (2011). *Crimes against children: Innocence lost*. Retrieved from http://www.fbi.gov/aboutus/investigate/vc_majorthefts/cac/innocencelost

Finklea, K., Fernandes-Alcantara, A., & Siskin, A. (2015). *Sex trafficking of children in the United States: Overview and issues for Congress*. Washington, DC: Congressional Research Service.

Friedman, S. A. (2005). *Who is there to help us? How the system fails sexually exploited girls in the U.S.* Retrieved from http://ecpatusa.org/wp-content/uploads/2010/11/Who-Is-There-to-Help-Us.3.pdf

Gal, T., & Moyal, S. (2011). Juvenile victims in restorative justice: Findings from the reintegrative shaming experiments. *The British Journal of Criminology*, *51*, 1014–1034. doi:10.1093/bjc/azr052

Gragg, F., Petta, I., Bernstein, H., Eisen, K., & Quinn, L. (2007). *New York prevalence study of commercially sexually exploited children*. Retrieved from http://www.ocfs.state.ny.us/main/reports/csec-2007.pdf

Halter, S. (2010). Factors that influence police conceptualizations of girls involved in prostitution in six U.S. cities: Child sexual exploitation victims or delinquents? *Child Maltreatment*, *15*, 152–160. doi:10.1177/1077559509355315

Hargitt, K. F. (2011). *Development of a training model and curriculum outline for counselors/advocates of commercially sexually exploited children in the United States*. (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses database. (AAT 3457723).

Kiss, L., Yun, K., Pocock, N., & Zimmerman, C. (2015). Exploitation, violence, and suicide risk among child and adolescent survivors of human trafficking in the Greater Mekong Subregion. *JAMA Pediatrics*, *169*, 1–8. doi:10.1001/jamapediatrics.2015.2278

Kotrla, K. (2010). Domestic minor sex trafficking in the United States. *Social Work*, *55*, 181–187. doi:10.1093/sw/55.2.181

Logan, T. K., Walker, R., & Hunt, G. (2009). Understanding human trafficking in the United States. *Trauma, Violence, & Abuse*, *10*, 3–30. doi:10.1177/1524838008327262

Lutnik, A. (2016). *Domestic minor sex trafficking: Beyond victims and villains*. New York, NY: Columbia University Press.

Macy, R. J., & O'Brien, J. (2014). *Developing North Carolina's capacity to address human trafficking: A qualitative process evaluation*. Chapel Hill: School of Social Work, The University of North Carolina.

McIntyre, S. (2005). *Under the radar: The sexual exploitation of young men*. Retrieved from http://www.child.gov.ab.ca/home/documents/childintervention/undertheradar.pdf

Mitchels, B. (2004). Developing effective communication with children victims of violence and trafficking. Practical handbook for social workers, police, and other professionals. UNICEF and

UNMIK/Government of Kosovo Ministry of Labour and Social Welfare. Retrieved from https://www.crin.org/en/docs/Lets%20Talk.pdf
Muhr, T., & Friese, S. (2004). *User's manual for ATLAS. ti 5.0*. Berlin, Germany: ATLAS. ti Scientific Software Development GmbH.
Musto, J. (2016). *Control and protect*. Oakland: California University Press.
Narang, S. K., & Melville, J. D. (2014). Legal issues in child maltreatment. *Pediatric Clinics of North America*, *61*, 1049–1058. doi:10.1016/j.pcl.2014.06.016
O'Brien, J. E. (2017). "What does it matter how we define it?": Exploring definitions of CSEC among service providers and victims/survivors. *Journal of Human Trafficking. Online first.*, 1–18.
Padgett, D. K. (2008). *Qualitative methods in social work research* (2nd ed.). Thousand Oaks, CA: Sage.
Pearce, J. (2006). Who needs to be involved in safeguarding sexually exploited young people? *Child Abuse Review*, *75*, 326–340. doi:10.1002/car.954
Polaris (2014). Building a human trafficking legal framework. Retrieved from https://polarisproject.org/sites/default/files/2014-Look-Back.pdf
Rafferty, Y. (2008). Impact of trafficking on children: Psychological and social policy perspectives. *Child Development Perspectives*, *2*, 13–18. doi:10.1111/j.1750-8606.2008.00035.x
Rand, A. (2009). It can't happen in my backyard: The commercial sexual exploitation of girls in the United States. *Child and Youth Services*, *31*, 138–156. doi:10.1080/0145935X.2009.524480
Scarpa, S. (2005). *Child trafficking: The worse face of the world*. Global Commission on International Migration (GCIM). Retrieved from http://lastradainternational.org/lsidocs/484%20Working%20Paper-Child%20THB-SSUP2005.pdf
Scott, S., & Harper, Z. (2006). Meeting the needs of sexually exploited young people: The challenge of conducting policy-relevant research. *Child Abuse Review*, *15*, 313–325. doi:10.1002/(ISSN)1099-0852
Smith, L. A., Vardaman, S. H., & Snow, M. A. (2009). *The national report on domestic minor sex trafficking: America's prostituted children*. Retrieved from http://www.sharedhope.0rg/Portals/O/Documents/SHI_National_Report_on_CSEC_2009.pdf
Stransky, M., & Finkelhor, D. (2008). How many juveniles are involved in prostitution in the U.S.? *Crimes Against Children Research Center*, Retrieved from http://www.unh.edu/ccrc/prostitution/Juvenile_Prostitution_factsheet.pdf
Twill, S. E., Green, D. M., & Traylor, A. (2010). A descriptive study on sexually exploited children in residential treatment. *Child Youth Care Forum*, *39*, 187–199. doi:10.1007/s10566-010-9098-2
Ursano, R. J., Bell, C., Eth, S., Friedman, M., Norwood, A., Pfefferbaum, B., … Yager, J. (2004). Work Group on ASD and PTSD: Steering committee on practice guidelines: Practice guideline for the treatment of patients with acute stress disorder and posttraumatic stress disorder. *American Journal of Psychiatry*, *161*, 3–31.
Zimmerman, C., & Stöckl, H. (2012). *Understanding and addressing violence against women: Human trafficking*. Pan American Health Organization (PAHO): World Health Organization (WHO).