

Polyvictimization and Developmental Trauma Adaptations in Sex Trafficked Youth

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Abstract Human trafficking in children is often part of a larger constellation of childhood adversity. Many trafficked youth have been exposed to multiple layers of traumatic stress, including physical, sexual, and/or verbal abuse; witnessing violence; emotional neglect; and family dysfunction. This paper is a qualitative analysis of the charts of 32 youth who were sex trafficked as minors, including both foreign national and domestic youth. It explores their history of early adversity and polyvictimization and reviews common coercive strategies used by the traffickers, including manipulation of these children's unmet physical and emotional needs. It identifies developmental trauma adaptations in these youth, including affect dysregulation and impulsivity; alterations in attention and consciousness; issues in interpersonal relationships; and impairments in self-perception and attributions. It concludes with recommendations based on these findings, including the development of developmentally and culturally appropriate trauma-informed services for sex trafficked children and youth.

Keywords Human trafficking · Complex trauma · Developmental trauma · Youth · Trauma-informed · Children · Polyvictimization · Sex trafficking

There is growing awareness of the problem of sex trafficking of children in the United States (U.S.), with an ensuing development of programs serving these young people. Research has shown that many at-risk youth or survivors of sex trafficking have a prior history of child maltreatment that includes childhood physical or sexual abuse; verbal and emotional abuse; emotional neglect and attachment disturbance; and/or exposure to family dysfunction, such as domestic violence, substance abuse, or mental illness in the home (Estes and Weiner 2001; Williamson and Prior 2009). This paper explores the polyvictimization experienced by many sex trafficked youth, the trauma that occurs within the trafficking situation itself, and the developmental trauma adaptations described by these young people.

The literature suggests that early developmental trauma, particularly interpersonal trauma, creates an increased risk of revictimization (Silbert and Pines 1981). Childhood adversity and early trauma exposure has also been linked to sex trafficking of children (Estes and Weiner 2001; Basson et al. 2012). Although limited research has been conducted with children in this area, retrospective research has found a high incidence of early abuse in adult women who have been sexually exploited (Farley 2003). In a study of 204 trafficked girls and women in seven countries, survivors commonly reported pre-trafficking exposure to both physical (52 %) and sexual (33 %) violence (Hossain et al. 2010). Initial research with domestic minor trafficking survivors has found similarly high rates of early abuse (Cole et al. 2014; Williamson and Prior 2009). A recent historical cohort study of trafficked adults and children in the United Kingdom (UK) found that childhood

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physical or sexual abuse was common among trafficked adults (43 %) but was particularly prevalent in trafficked children (76 %; Oram et al. 2015). Witnessing violence, including early exposure to domestic violence, has also been linked with increased risk for polyvictimization and trafficking in children (Finkelhor et al. 2009; Estes and Weiner 2001).

Some developmental trauma exposures may be overlooked because they are not as clearly defined as physical and sexual abuse; however, these early adverse experiences can be as prevalent and as pivotal for the development of trafficked youth. A qualitative research study interviewing domestic minor trafficking survivors found that, although physical and sexual abuse were prevalent in their histories, neglect was the most commonly reported form of maltreatment among these youth (Williamson and Prior 2009). Family dysfunction such as mental illness, substance abuse, or criminal/prostitution activities in caregivers is associated with an increased risk of polyvictimization (Finkelhor et al. 2009) and sex trafficking of children (Basson et al. 2012; Estes and Weiner 2001). Extensive family stressors including unemployment and lack of money can also disrupt caregivers' abilities to supervise children and to meet their physical and emotional needs (Felitti et al. 1998, 2009), sometimes leaving youth with the additional burden of taking on adult responsibilities (Williamson and Prior 2009). Youth who have run away, been abandoned, or been forced to leave their homes by their parents or guardians may be at particularly high risk of being trafficked (Estes and Weiner 2001). In a study of over 100 sex trafficked youth in California, more than half (55 %) of these young people had been abandoned by parents or guardians (Basson et al. 2012). Some of these children are in foster care or move between treatment settings, while others end up homeless or "couch surfing;" regardless, these children often lack a consistent, supportive caregiving system that could decrease their susceptibility to exploitation (Williamson and Prior 2009).

The emotional consequence of early developmental trauma can increase high-risk behavior and compromise the capacity of youth to engage in self-protection, making them prime targets for perpetrators (Finkelhor et al. 2009; Costello et al. 2002). A study of sex trafficked youth found that severe substance abuse (31 %), self-injurious behaviors (35 %), and multiple incidents of running away (62 %) were some of the most destructive maladaptive coping strategies for these young people, often leading to exposure to unsafe environments and engagement in dangerous or illegal activities (Basson et al. 2012). The use or selling of drugs can be a barrier to help, with some trafficked youth avoiding law enforcement and/or facing charges when they do intersect with the criminal justice system (Reid and Piquero 2014).

While some traffickers utilize force, other traffickers rely on psychological coercion to manipulate young people in trafficking situations (Hopper and Hidalgo 2006). To initially coerce victims, some traffickers use deception, false promises,

and the explicit or implicit promise to fulfill unmet physical or emotional needs. The level of control often escalates through a range of coercive strategies, including isolation, disorientation, exhaustion, monopolization of trafficked people's perceptions, demonstration of the trafficker's omnipotence, verbal abuse, enforcement of trivial demands, and forced repayment of debts. Traffickers often attempt to instill fear through intimidation, threats regarding law enforcement or immigration, and threats to harm the young person or their loved ones. Survivors may be forced to witness violence or to perpetrate criminal activities or violence towards others. Many survivors are also exposed to physical abuse, rape and other forms of sexual abuse, and torture (Baldwin et al. 2015; Reid 2014; Hopper and Hidalgo 2006).

Trauma bonding, also termed "Stockholm syndrome" (Julich 2005; Briere and Elliott 1994) or "identification with the perpetrator" (Cecchet and Thoburn 2014), strengthens the trafficker's ability to exploit the child and creates barriers to exiting the trafficking situation. Some traffickers alternate threats and violence with occasional indulgences and acts of kindness. Young people may feel love, indebtedness, or another strong connection to the trafficker and be grateful for any attention and affection that they receive, despite the abuse. They may become hypervigilant to the trafficker's moods and desires in order to predict or avoid violence. As they attend to the trafficker's cues, these young people may begin to view the world through the trafficker's lens, perceiving the perpetrator as a protector or even as a victim of the system. Shame and self-blame can strengthen this bond, furthering the young person's sense of isolation and alienation from larger society (Cecchet and Thoburn 2014). One study of trafficked youth found that about a quarter of the sample exhibited Stockholm syndrome, and 11 % actively protected their trafficker from accusations of exploitation (Basson et al. 2012).

The extensive trauma exposure that many trafficking victims face prior to and throughout their trafficking experiences suggests a high likelihood of negative psychological outcomes (Farley 2003). The Adverse Childhood Experiences (ACEs) study (Felitti and Anda 1997) has documented a host of negative long-term outcomes associated with an increased number of adverse life events during childhood. Multiple stressors tend to accumulate and interact, leading to more severe and harmful outcomes (Felitti et al. 1998). Repeated victimization can contribute to a "broken radar," in which a person has difficulty assessing the safety of people and situations (Hodgdon et al. 2013). Some trafficking victims experience a cyclical pattern of exploitation in which they are able to escape the trafficking situation only to face psychosocial or environmental barriers, which leave them vulnerable to being re-trafficked (Baker et al. 2010) or re-victimized in other ways.

Research into the mental health consequences of human trafficking has identified high prevalence rates of a variety of mental health conditions, including posttraumatic stress

disorder (PTSD), anxiety and mood disorders, dissociative disorders, and substance abuse disorders (Ottisova et al. 2016; Kiss et al. 2015; Hossain et al. 2010; Williamson et al. 2010; Farley et al. 2008; Zimmerman et al. 2003; Zimmerman et al. 2006). Although there is very limited research on mental health of trafficked youth (Rafferty 2008), a recent large-scale health study included children who were sex or labor trafficked; the results of this research highlighted the high incidence of depression (57.3 %), anxiety (32.3 %), and PTSD (26.5 %) amongst these children (Kiss et al. 2015). A study of trafficked people who had accessed secondary mental health services in the UK found that, consistent with adults, the most common diagnoses in trafficked children were PTSD, severe stress, or adjustment disorder (27 %) and affective disorders (27 %; Oram et al. 2015). Further, trafficked youth often struggle with multiple emotional and/or behavioral issues. One study noted that trafficked youth present with a variety of mental health disorders, including: substance abuse disorders; dissociative disorders; impulse control disorders; conduct disorder; attention-deficit/hyperactivity disorder; antisocial personality traits; and mood and anxiety disorders, such as obsessive compulsive disorder and PTSD (Alexander et al. 2005). Another study of commercially sexually exploited youth served by nine agencies in California found that these young people were frequently diagnosed with multiple disorders, with diagnoses of depression, anxiety, anger control issues, and attachment disorder occurring in more than 50 % of the sample (Basson et al. 2012).

More recently, attention to the mental health of trafficked youth has begun to acknowledge the role of developmental trauma (Hopper 2016a, b; APA Task Force on the Trafficking of Women and Girls 2014; OSCE 2013; Clawson et al. 2007). Instead of labeling trafficked youth with a series of isolated “disorders,” a trauma-informed approach conceptualizes these struggles as a set of psychological, biological, and behavioral responses that stem from efforts to cope with repeated or chronic trauma (Cloitre et al. 2009; Herman 1997; van der Kolk et al. 2005). With healthy attachment relationships, children learn to recognize and regulate their own internal physiology and emotions, develop a well-defined sense of self, and learn how to negotiate intimate relationships with appropriate boundaries (Cook et al. 2005; D’Andrea et al. 2012; Herman 1997). However, when children are exposed to multiple adversities, particularly without such a supportive caregiving environment, they may show trauma adaptations influencing their affect and impulse regulation, attention and consciousness, interpersonal relationships, and self-perception and meaning-making (D’Andrea et al. 2012).

While theoretically, the field is beginning to acknowledge the impact of complex trauma on trafficking survivors, there is very limited research in this area. In particular, there is a lack of research examining the developmental impact of trauma amongst trafficked youth and associated adaptations of

services for these young people. This paper reviews experiences reported by youth who were the victims of sex trafficking as minors to better understand their trauma exposure prior to and during their trafficking experiences, to identify impacts of this trauma exposure, and to make recommendations for services for sex trafficked youth.

Methods

Participants

The results of this paper are based on a qualitative analysis of charts of 32 youth, including children, adolescents, and young people under the age of 25, who were the victims of sex trafficking in the U.S. as minors. This sample includes a random selection of charts of trafficked youth who received services from a program called Project REACH (described below) between 2009 and 2014. The trafficking experience began when these young people were, on average, 15 years old (range = 10–17) and lasted an average of 1.5 years (range = 3 days to 6 years). At the time of evaluation, they were, on average, 19 years old (range = 10–24). The majority of the sample (88 %) was female, but males (6 %) and transgender youth (6 %) were also represented. Sixteen percent of this sample self-identified as gay, lesbian, bisexual, transgender, or queer (GLBTQ). Two-thirds of these youth were Latina/Latino, with 22 % identifying as Black or African-American and 13 % as White. They came from a wide number of regions around the world, including: Mexico and the Caribbean (44 %), the United States (25 %), Central and South America (16 %), Africa (13 %), and Eastern Europe (3 %).

Procedures

This analysis is based on data drawn from psychological evaluation reports from a program called Project REACH that serves survivors of labor and sex trafficking throughout the U.S. This program has been in operation for over a decade and has served over 500 survivors of human trafficking. Direct client services provided by this program include evaluation, brief and longer-term intervention, and advocacy. Psychological evaluations were conducted by master’s and doctoral-level clinicians from a range of cultural and linguistic backgrounds who had completed an advanced certificate program in traumatic stress and who provided national training and technical assistance in the area of human trafficking and trauma.

The youth in this sample participated in mental health assessments that were used for treatment planning and advocacy. These young people were referred by a variety of sources, including: social service providers, mental health providers, attorneys, law enforcement agents, a trafficking hotline, and

caregivers. Informed consent was obtained from each participant, including information on Project REACH, the purpose of conducting the evaluation, the potential risks and benefits, information on confidentiality and its limits, and follow-up that would occur after the evaluation was completed. Participants provided written consent to release the results of the evaluation to their legal and/or service providers, as well as to the U.S. Citizenship and Immigration Services when appropriate. Participants provided written consent in order to have their records included in the current review. For participants who were minors at the time of the evaluation, a guardian provided consent, and the minor provided assent.

The evaluations were conducted by seven clinicians using similar methodology but with unique interviewing styles. The semi-structured assessment interviews covered a standard set of topics, including: basic demographics, early developmental history, trafficking experiences, physical health issues, psychological symptoms, coping, current life situation, and future planning. The queries used were primarily open-ended; thus, the content included in the charts includes information spontaneously offered by these youth and their providers. Participants were observed for distress, and affect regulation tools were utilized during the evaluation process as needed. Verbal feedback, psychoeducation, and brief intervention focusing on coping skills were also provided to each client. Clinicians took detailed notes during these 2–4 h interviews, with an emphasis on direct quotes from survivors. Notes were transcribed and then utilized as the basis of psychological evaluation reports. In addition to material shared by participants, these reports also included behavioral observations conducted by clinicians, an analysis of the trafficking situation and psychological state of each participant, and conclusions made by each clinician. Clinicians worked collaboratively with each person's service network, providing feedback and recommendations, and made referrals for additional services as needed.

The results are based on thematic analysis, a common method of analyzing data in qualitative research. A team of program evaluators from the Research and Evaluation department at the Institute for Community Health worked with Project REACH clinicians to review previous evaluation reports and to identify common patterns that emerged from that data. Program evaluation meetings were utilized to generate initial codes and labels, systematically break data into meaningful chunks, and translate qualitative data into numeric format (for instance, *no* = 0, *yes* = 1). Program evaluators tested the coding system with several test reports, identifying problems in the system, establishing inter-rater reliability, and collating codes into themes. Themes were reviewed in the team meetings to ensure that they were consistent with the selected test reports and with the larger data sample, generating a thematic “map” of the analysis. Ongoing analysis was used to

further define each theme. In order to retain the complexity and diversity of experiences shared by survivors, individual quotes from participants were linked to related codes, amplifying the voices of these youth to impact service delivery.

Results

The data in this study were divided into the following categories: pre-trafficking adversity and developmental trauma; pre-existing emotional and behavioral dysregulation; recruitment and initiation patterns; abuse experiences within the context of sex trafficking; physical health issues; developmental trauma adaptations; and systems barriers for sex trafficked youth. The youth in this sample had, by and large, experienced trauma prior to their trafficking experiences, often including multiple layers of adversity. Many had struggled with emotional and behavioral dysregulation that increased their vulnerability to trafficking. Systematic patterns of deception and manipulation were identified during recruitment and initiation of these young people, along with extensive physical, sexual, and psychological abuse during the trafficking experience. When these young people got out of the trafficking conditions, they frequently continued to struggle with physical and psychological sequelae of their trafficking experiences. In addition to the anticipated common experiences of depression and PTSD, these young people also commonly experienced developmental trauma responses, including difficulties with regulating their emotions and impulses, attentional difficulties and dissociation, challenges within their interpersonal relationships, and negative consequences to their self-perception and views about the world. Results of this study also identified a number of systemic barriers facing these young people that may interfere with their ability to access help.

Pre-trafficking Adversity and Developmental Trauma

Pre-Trafficking Childhood Adversity The youth in this sample reported experiencing extensive early adverse life experiences, often including polyvictimization. Because of the documented long-term impact of multiple adverse childhood experiences (Felitti and Anda 1997), this study analyzed the overall number of pre-trafficking stressors and traumatic events reported by these youth. Early adversity was coded into 13 categories, including: death, loss, or abandonment of a caregiver; death or loss of another close relative; loss of income/resources; movement or displacement; poverty; substance abuse in a caregiver; physical abuse; sexual abuse; verbal or psychological abuse; witnessing violence; physical neglect or withholding of basic necessities; emotional neglect or attachment disturbance; and other. This group of trafficked youth described an average of seven adverse early life experiences prior to their trafficking experience (range = 1–11).

Thus, trafficking was typically one additional layer of traumatic stress overlaid on a history of exposure to significant adversity and polyvictimization.

Physical, Sexual, and Psychological Abuse Consistent with previous research, the large majority of youth in this sample (91 %) reported a history of victimization prior to the trafficking experience, including directly experiencing physical, sexual, or verbal/psychological abuse, as well as witnessing violence. Polyvictimization was the norm for this group, with over three-quarters of the sample experiencing more than one form of pre-trafficking abuse.

About half of the current sample reported experiencing child physical (50 %) and/or sexual (53 %) abuse. Physical violence included beatings and other forms of physical violence, primarily from parents and step-parents (75 %), but also from other relatives (e.g., aunts, uncles, grandparents, siblings), caregivers, or previous partners. Survivors described a range of early sexual abuse, including: sexual harassment and sexual boundary-crossing; sexual assault during childhood; incest; and statutory rape. Sexual victimization by multiple perpetrators was noted in 22 % of cases. One survivor noted she felt she was “going crazy” as a result of extensive abuse.

Childhood verbal and psychological abuse were described by 78 % of youth. One young woman described running away from a troubled home and seeking help from a relative who ended up being “always abusive.... she would torture my brain, emotionally.” Some survivors described verbal abuse and victim-blaming that occurred in relation to early sexual abuse. For instance, one young woman described how, when she told her parents about an experience of sexual abuse when she was 10 years old, she “became the devil of the family... the prostitute, the whore.” Another survivor described being raped by a stranger at the age of 15, followed by a beating by her older brother when she finally disclosed this experience the following year. Witnessing violence was reported by 59 % of youth in this sample, including domestic violence in the home and growing up surrounded by community violence.

Emotional Neglect and Attachment Disturbance Historically overlooked as a form of traumatic stress, emotional neglect and attachment disturbance was the most common aspect of developmental trauma reported by the youth in this sample, described by 94 % of these young people. The causes for this attachment disturbance ranged from more benign separation from family members to emotional neglect in the context of hostility and mistreatment by caregivers.

Sixty-nine percent of the cases reviewed involved early losses, including death or abandonment by a caregiver. One young woman described the death of her mother at a young age due to an alcohol-related condition. Another reported that her father died of cancer, leaving the family financially

stressed. A number of the foreign national youth in this sample (22 %) had experienced early separation from caregivers due to a parent emigrating to the U.S.

Many of the young people in this sample described some impairment in their caregivers, including substance abuse or dependence (39 %), mental health impairment or trauma-related impacts (44 %), or physical health problems (13 %). One young woman recalled, “my house has always been stressful... My mother was crying all the time, or so overly happy, you could tell it was fake. I think my mother is bipolar. She will cry for a couple days, then be happy.” Not surprisingly, emotional needs (such as a desire for affection, love, or support) were referenced as vulnerability factors in 59 % of the trafficking cases in this sample.

Other Vulnerabilities Extensive family stressors were identified by many of these young people prior to their trafficking experiences. The majority of the youth in this sample (72 %) described growing up in conditions of financial stress or poverty. In some cases, family dissolution or the loss of family members’ employment created financial strain; in others, poverty was reported as a constant throughout these young people’s lives. Many (38 %) described some responsibility for financially contributing to the household as children.

One-third of this sample reported dropping out of school early. The reasons for this included: having to help financially support their families; loss of educational opportunities due to displacement; and dropping out of school due to emotional issues. Others described school truancy and difficulty engaging in school. Lack of school involvement increases the vulnerability of these youth due to the loss of structure that an academic environment often provides, as well as a decrease in educational attainment and potential work opportunities for these youth.

All of the youth who self-identified as GLBTQ (16 %) described vulnerabilities related to their sexual orientation or gender identification. One young woman was ostracized in her community and arrested by police due to her sexual orientation, fled her home country as a minor, and was then targeted by a trafficker. A young man described being kicked out of his home as a result of his sexual orientation, which left him homeless and vulnerable to exploitation by a pedophile that coerced him into a labor and sex trafficking situation. The transgender youth in this sample described being targeted, bullied, harassed, and experiencing threats and/or direct violence as a result of their gender identity.

Some youth (16 %) described or were identified as having disabilities, which may have increased their vulnerability to exploitation. One described a head injury in childhood that resulted in partial loss of vision and subsequent incidents of loss of consciousness. Two survivors were identified as having cognitive disabilities, and one reported that she was in

Special Education classes. One girl reported having impaired hearing.

Pre-existing Emotional and Behavioral Dysregulation

As might be anticipated with this level of early adversity, the majority (81 %) of the youth in this sample described emotional and/or behavioral dysregulation prior to being trafficked. They described depression, anxiety, and overwhelming emotions. Common pre-existing behavioral issues in this sample included: lack of engagement in school and poor academic performance; conflict with peers; resistance to authority; running away; early substance use and abuse; involvement with negative peer influence; early engagement in sexual activities and high-risk sexual encounters; self-harming behaviors; and suicidal ideation or attempts. Also noted were gang involvement, trichotillomania (pulling hair out), hoarding food, enuresis (bed-wetting), and shoplifting. One young woman recalled that she would “go on rampages. Not listening, doing whatever I wanted.” Another girl said she used to “argue a lot. I used to do bad things in school... I hung out with the wrong people – eighth graders when I was in sixth grade. I smoked and started drinking. I would fight with the girls and guys.” One girl recalled, “I wanted to be on my own... I said, ‘I don’t care.’ I’d run away... I’d go to friend’s houses... we partied.” In general, the youth described either a lack of treatment or multiple failed treatment attempts. When they did receive treatment, they were often given multiple diagnoses. Some youth had trials on multiple medications and repeated admissions into psychiatric hospitals and residential treatment programs; one girl describing feeling “abandoned” in treatment programs.

Recruitment and Initiation Patterns

Manipulation of a relationship was a common coercive factor in the sex trafficking of minors in this sample. The most typical experience was for these children to be trafficked by someone posing as a romantic partner (45 %) or by an older person initially offering to take care of them (19 %). Many of these youth did not self-identify as victims early on; instead, they tended to view the trafficker as someone who was going to help them, take care of them, and/or love them. One young woman recalled, “He said I could live with him... He said to run away with him, pack my stuff. That he loved me.” Another young woman said that her “boyfriend” told her, “‘I’ll send you out to practically ho yourself. If you love me, you’ll do it,’” noting, “I started doing it because he told me to... I loved him too at first.” One young woman described how she “decided to open up” to a man who approached her after she ran away from home, noting, “I explained everything to him - that I don’t have anybody to take care of me anymore. He told me he was going to help me... he would treat me like a

daughter.” One young man reflected, “I needed someone to love me and care about me, like my parents were supposed to.”

Several other initiation patterns were noted, including being trafficked by a family member/caretaker(s), being recruited by neighborhood pimps, recruitment through fraud, and abduction by human smugglers. In 13 % of cases, the trafficker was a family member or caretaker. In these cases, the trafficking took place in the context of other abuse, including sexual abuse, physical abuse, or labor trafficking. Some youth (16 %) described being enticed into trafficking by people in their neighborhoods, then finding themselves in extremely abusive conditions. Two young people (6 %) described being tricked by a person representing an “agency” and promising work such as modeling or dancing. Two other youth (6 %), who were trafficked as they were being smuggled into the U.S., described being abducted and experiencing extreme brutality, highlighting the vulnerability of children migrating without a caregiver.

In close to half of these cases (47 %), survivors described the use of alcohol or drugs during the initiation process. One girl noted that her trafficker lived near her group home and regularly offered girls alcohol as they walked by. Some survivors described how substance use interfered with their ability to resist or protect themselves in the trafficking situation.

Abuse Experiences in the Context of Sex Trafficking

As might be expected, there was extensive abuse reported within the trafficking situations themselves. Because this is a sample of sex trafficking survivors, all of these youth described experiencing sexual abuse and sexual assaults while they were trafficked. Rape was a form of initiation and breaking down resistance reported by 41 % of this sample. The extent of the sexual abuse was largely related to how long these victims were held in the trafficking situation. Some victims escaped after a short period of time (a few days) and experienced several sexual assaults, while others were in their trafficking situations for a number of years and experienced repeated sexual abuse on a daily basis throughout that time (range = 3 days to 6 years).

There was considerable variability in the extent to which physical violence was used as a form of coercion. In the current sample, 47 % of the youth described being hit, pushed, slapped, or beaten as a means of control. One young person recalled how her trafficker “organized parties in our place where people would come over, use drugs you know, and girls would go. If I talked to other pimps at the party, he’d hit me.” Some youth described experiences of torture, including being burned, beaten with belts and hangers, and being hit with a baseball bat. One girl recalled, “It was an everyday thing to get beat, abused, raped. I spoke when I was spoken to. He took my innocence from me. I had to grow up in 2 months.”

In this sample, traffickers who posed as a romantic partner or caretaker used many of the same coercive dynamics as batterers, including alternating aggressive and controlling behavior with kindness. These traffickers reportedly made false promises about anticipated outcomes, such as having a better life, making a lot of money, or getting married. Gifts were used by some traffickers to enhance the illusion of a relationship, and substances were used as reinforcement for compliance in some cases. The majority of these youth (97 %) described some means by which they were monitored and controlled by the trafficker(s). One young woman reported, “The first 3 months were good, but then he showed his true colors. He was controlling. He was a monster.” Ninety-one percent of these young people described social isolation as a coercive factor used by their traffickers. Some described financial issues and a lack of a place to go as barriers to escape, with 78 % reporting resource deprivation as a means of coercion.

Threats, verbal abuse, and the instillation of fear were common forms of psychological coercion (84 %). One young woman recalled that she “felt very lonely, alone. I was scared he would do something to me—take me away, give me drugs, kill me. No one knew where I was. I thought anything could happen.” One survivor recalled, “I wanted to go home. He said I couldn’t because I was making him good money... He said he’d shoot at my house with his gang... I said, ‘Sorry, I’ll stay here. I don’t want to go home no more.’”

Other forms of abuse and exploitation were also described during the course of the trafficking experiences. Sixteen percent of this sample reported also being exploited through labor trafficking, including coerced participation in drug trafficking. Some young people were forced to witness abuse of other people or to engage in abusive acts themselves. One young woman acknowledged that she was coerced into recruiting other young women. Another described how she was coerced into the role of an enforcer and beat another victim. Twenty-two percent of these youth reported continued harassment after their escape from the trafficking situation, including being stalked by the trafficker or trafficker’s associates, family members being harassed, and a child being kidnapped and held by the trafficker as a form of coercion.

Physical Health Issues in Sex Trafficked Youth

In terms of physical health, general somatic complaints were described by 56 % of the current sample. The most common somatic complaint was frequent headaches. Other somatic concerns included: stomachaches, nausea, difficulty breathing, hair falling out, “nerves throughout my body,” inability to feel fingertips, frequent colds, and low blood pressure. These symptoms may represent somatization, a tendency to experience psychological distress through physical symptoms; they may be a consequence of impaired immune

functioning associated with complex trauma; or they may reflect undiagnosed medical issues.

Specific medical issues during trafficking were described by 44 % of this sample. Some of the youth in this sample (19 %) volunteered that they had not been allowed to go to a doctor despite requests. Instead, they went without treatment or treated themselves with home remedies or over-the-counter medications. More than 1 in 5 youth (22 %) reported sexually-related medical issues, including sexually transmitted diseases, frequent urinary tract infections, and issues with bowel incontinence. One survivor reported severe abdominal pain related to a cyst that burst. Forced abortions were mentioned by 13 % of the sample, and another girl reported having a stillborn baby after being severely beaten. Twenty-eight percent of the youth in this sample had a child during adolescence. Head injuries were reported by 19 % of the sample, with confusion, mental slowing, or other cognitive difficulties commonly noted in these cases. For instance, one young woman described losing consciousness around 45 times due to beatings. One-third of the youth in this sample endorsed struggling with substance abuse and/or dependence.

Developmental Trauma Adaptations in Sex Trafficked Youth

When the youth in this sample were asked about their current emotional states, the majority of them described symptoms of PTSD (89 %) and/or depression (72 %). As can occur in childhood depression, some of the youth in this sample did not endorse feelings of sadness or depression but described related symptoms, such as fatigue, anhedonia (lack of interest), and irritability. An alarming 59 % of the youth in this sample also endorsed experiencing suicidal ideation; many of these young people acknowledged a history of previous suicide attempts. As noted above, substance abuse issues were not uncommon. The majority of these youth also described other developmental trauma adaptations, including problems in the areas of affect and impulse regulation, attention and consciousness, interpersonal relationships, and self-perception and meaning (D’Andrea et al. 2012). Over half of these young people (56 %) described symptoms from all of these categories of developmental trauma.

Affect and Impulse Regulation The majority of the youth in this review (88 %) described difficulties with affect regulation and impulse control. They described getting easily upset, experiencing extremes of hyper- and hypo-arousal, and having difficulty calming down when distressed. Some youth described dysregulated emotions being expressed in incongruous ways; as one survivor noted, “I don’t know, I just start laughing, and I can’t stop.” Providers also noted signs of dysregulation, such as one survivor’s pattern of vacillating between despondence and cheerfulness regarding her relationship with

her mother and her peers. Cultural perspectives influenced the interpretations that these youth made about their dysregulation. For instance, one girl from Latin America described feeling dizzy when something “like a Satan makes its way into my head. I pull my hair. I break things. I scream, and I want to misbehave.”

Behavioral dysregulation was described as a result of uncontrolled emotions, including anxiety and anger. As one girl described it, “I do stuff without thinking.” Another girl reported, “I punched a wall a few days ago... A girl said I’m a ho... She kept talking. I said, ‘I’ll hit you.’ She touched me. I tried to control my anger... I went to my room and punched the wall. I did it to myself and not to her... I get out of control when I’m mad. I don’t care. I didn’t know how to control it.” One young woman reflected, “I’m getting worse. I’m always in a shitty mood and bitchy. I have anxiety attacks at the drop of a hat. I’m flipping out in public.” Another girl described her dysregulation as follows: “I have a switch. It scares me. It’s going to get me killed for f**king with the wrong person or land me in prison.”

Many of these youth described self-harming behaviors, including substance abuse, self-injurious behavior, and suicide attempts. As mentioned above, one-third of these youth endorsed substance abuse issues. One girl noted that, after escaping her trafficking situation, she was “getting f**ed up to numb everything, to block everything out.” Another young woman said, “I don’t want to feel the pain because that will make me go out and drink. If I think about it too much, I want to drink and then, even with drinking, it doesn’t go away.” One young woman who had multiple scars on her arms and legs reflected, “Sometimes I want to hurt myself. I feel very alone. I used to take drugs for 3 years. I didn’t want to live. I cut myself. I didn’t feel pain. I just saw lots of blood. It was like a necessity. When I was sad and lonely, it felt like, ‘do it, do it.’ Then I felt less rage and less pain.” Thirty-eight percent of this sample acknowledged one or more prior suicide attempts. One young woman noted, “I was so messed up emotionally. I kept thinking about killing myself. I tried to kill myself with drugs. I took a whole bottle of Nyquil.” Another youth described multiple attempts because “I didn’t want to live like that anymore.”

Attention and Consciousness Attention and cognition were impacted in this sample of trafficked youth. Fifty-nine percent endorsed attentional issues, while a number of these youth also described academic issues resulting from an inability to attend or process information in school. Memory disturbance was suggested in a number of the charts reviewed, including conflicting narratives, lack of memory for aspects of the trauma, or flashback-type memories.

Eighty-one percent of the sample described difficulties with dissociation, a coping mechanism in which thoughts, feelings, or experiences are not integrated into awareness. Several young people in this sample described depersonalization,

feeling disconnected from their bodies. One girl recalled, “I had something like an out of body experience. It was like I was watching myself. When it happened I didn’t want to sleep.” Some of these youth described not feeling pain during the abuse or from self-injurious behavior. Others showed a disconnection from current somatic states; one girl presented as “bubbly,” despite having a high fever, and another wore a winter coat in a room that was extremely warm. Emotional numbing was common; one young person said, “Sometimes I can’t feel my emotions. I have lost any ability to love another person. I don’t feel like I have the capacity to hate anyone. Sometimes, I feel empty inside. I can’t laugh or cry.” “Spacing out” and losing track of time were also common. One girl shared that she often doesn’t hear or respond when her friends call her name. Forgetting things, getting lost in familiar places, impaired access to memory, and being “in a fog” were other dissociative experiences described. Evaluations suggested the presence of dissociative parts of self in 16 % of these youth. One girl was described as switching into another state during the evaluation, with dramatically different appearance, engagement, tone of voice, and access to memories.

Interpersonal Relationships Given that sex trafficking is a form of interpersonal trauma, it is not surprising that the interpersonal relationships of the youth in this sample were impacted, described by 91 % of these youth. Individuals who have experienced developmental trauma may have difficulty establishing healthy relationships, which involve allowing trust and intimacy to slowly develop within the safety provided by clear boundaries. Records suggested vacillation in some survivors’ relationships with providers. For instance, one girl identified that she resists engaging with providers but then has a difficult time separating from them when they leave.

Alienation and social avoidance were commonly identified in this sample (88 %). One youth noted, “I didn’t feel like anyone understood me. No one cared enough to realize how big of a deal it was or what I was going through.” Hypervigilance and triggered reactions in relationships were also common. A young woman reflected, “I’m afraid at times—of everything, of people. I stay away from people. I think, this person wants to use me.” Several youth identified problems with sexual intimacy, including avoidance, involvement in unsafe sexual situations, and triggered reactions in sexual interactions. A young man described a pattern of becoming triggered during sexual intimacy, disclosing his trafficking experience, and then holding a knife to his wrist and threatening to hurt himself. Thirty-one percent of the youth in this sample described anger leading to conflict in relationships. Discussing her current relationship, one young woman said, “When we met, I would get really drunk and start a fight with him and then run away. I would say, ‘Leave me alone, don’t touch me, I’m mad at you’ for no reason.” Some reports

documented conflicts in peer relationships, bullying behavior, fighting with caregivers, and hostility or aggression towards authority.

Interpersonal safety concerns were noted in over half (56 %) of these cases. These issues included difficulty setting boundaries, sexual preoccupation and unsafe sexual practices, involvement in unhealthy and/or abusive relationships, and revictimization. Trauma bonding was a common experience for this sample of trafficked youth. One girl recalled that, when her trafficker texted her, “I was worried. At first, I missed him. Then I was worried that he’d go shoot at our house. I was scared. And sad. I missed him... I liked him.”

Self-Perception and Attributions Finally, the large majority of this group of young people (91 %) described impacts on their sense of self. As a group, these young people had negative attributions about the world and about themselves. One young woman who felt “discarded” reflected, “When I feel angry or scared, I feel like I hate the people around me, and I want to hurt them. But when I’m feeling really bad, I want to hurt myself.” Several survivors reported being given false identities by their traffickers; one young woman noted: “I had to take on different identities, with different names and different back stories. It was too hard to try to remember the me that I had been.” Another young woman described how her self-perception was damaged by her trafficking experiences. She said, “I was looking for love and acceptance, but he ruined me... he brainwashed me, manipulated me, abused me... I’m a cold-hearted bitch now. I don’t have any sympathy for people.... I stopped caring because people didn’t care about me.”

Shame was a particularly prevalent response, leading these young people to withdraw from others and to feel hopeless about their futures. One young woman reflected, “I didn’t want to. I felt wrong about myself, like I’m dirty.” Several of the young people in this sample blamed themselves for not understanding or reporting the exploitation earlier. One young man questioned, “Why didn’t I see it...? What was I thinking? It’s disgusting. I could’ve done something about it then and nothing would’ve happened to anyone else. I feel stupid... I was young and naïve. I should have told someone.” One young woman said, “I hate myself so much.”

Systems Barriers with Sex Trafficked Youth

The young people in this sample identified a number of barriers in engaging with service and criminal justice systems. Several people described difficulties when interacting with systems that were not trauma-informed. One young woman described triggers within a substance abuse treatment setting, noting, “I left the program because I was having nightmares. I didn’t like it. Men and women were on the same floor.” Although some youth described positive experiences with

the criminal justice system, others described being charged with solicitation or other offenses during their trafficking experience, increasing their mistrust of law enforcement. One young woman recalled feeling “revictimized” after she met with an agent who discounted her story, leading to a suicide attempt and avoidance of further help-seeking. Some youth described behaviors that could be misinterpreted by professionals who do not understand complex trauma responses. For instance, one survivor reflected, “I start laughing. It is my way of protecting myself if I’m in front of the police or something. I just laugh because I’m scared.”

A number of the youth in this sample described a desire to participate in the criminal justice system; for instance, one young woman noted that she wanted her trafficker “to pay for what he did, because it’s not just. He did me very wrong. He should’ve realized I was a little girl.” Despite this, several youth described triggered responses during the investigation and prosecution of their traffickers. One survivor reported, “The nightmares started when I went to the police and started going back over everything.” Another youth recalled, “It was really weird. I was like reliving everything that happened. I didn’t realize how big it was ‘til I was looking back at it.”

This study highlighted cultural and linguistic barriers faced by some of these youth in accessing services. One foreign national survivor said, “Sometimes I can’t bear people not understanding me. And sometimes I feel like it’s too much to live here in the [residential] home. They yell. They don’t understand me. Sometimes I want to go back to [my home country].”

Mental health systems that are not trauma-informed are more likely to fail to meet the complex needs of trafficked youth. Many of the youth in this sample spoke about the importance of therapy for them, highlighting the therapeutic relationship (“It feels good that someone listens”) or role of therapy in affect regulation (“It helps to get my feelings out”). However, some noted that, although “therapy helps a lot,” it can be dysregulating without containment: “Every time, I cry too much. I talk too much about emotions. It makes me more emotional. Sometimes I don’t want to go because I feel stressed out.” One young person described relational triggers in therapy: “I go through therapists like I change my underwear. I find somebody who clicks, and then they piss me off or don’t understand me, so I just give up.” Another described an urge to avoid therapy because of emerging anger towards her family as she gained insight into their role in her exploitation.

Many of the young people in this sample were struggling with their self-concept and future plans and described difficulties feeling integrated within larger society. One young person described feeling alienated from providers that “wanted to fix me and didn’t let me just have my feelings” (including self-blame), while other young people described hopelessness within settings that did not support them in envisioning a different future, along with concrete skills to move towards

their goals; thus, a fine balance between acknowledging distress and supporting change is important in reaching these young people. Describing her desire to rebuild connections and improve her life, one girl said:

I know I have a future. People are trying to make me have a bright future. I'm trying to think about what I'm going to do. Will I be bad when I grow up? I will try to change. I may go to college and graduate. I'd be the first in my family. I want to be a doctor, to help people and save lives. I want to go to school, to high school, pass 8th grade. I want to do my best and help my mom, and go to church. I want to play violin again. I want to return home, change my life completely, and stay away from drugs forever... I think about how I'll change. It makes me smiley.

Discussion

Although developmental trauma has been highlighted as an important concept in understanding the experience of trafficked youth (APA Task Force on Trafficking of Women and Girls 2014), there is a lack of research regarding the impact of trauma on these young people. This study uses a developmental trauma framework to consider the experiences of sex trafficked youth within a larger context of adversity and often polyvictimization. Rather than to label or pathologize sexually exploited youth, we hope to highlight the adaptive core of many of the behaviors shown by these young people. Over half of the youth in this sample reported issues with affect and impulse regulation, attention and consciousness, interpersonal relationships, and self-perception and meaning. Affect dysregulation can result from chronic or repeated activation of the body's survival response systems, while behavioral dysregulation and changes in attention and consciousness can result from attempts to avoid or manage this overwhelming distress. Relationships are often impacted as a young person attempts to re-negotiate needs for intimacy and safety within the context of actual and/or perceived threats in their interpersonal environment. Changes in self-perception can result as a young person attempts to gain some sense of control over the world by taking on responsibility for negative experiences. It is important to honor the adaptive drive for survival at the root of these reactions as we support young people in building new coping strategies.

There are a number of limitations to the current study. Most notably, the results rely on a small sample size that is not demographically representative of all sex trafficked youth. Because all of the youth in this sample

had been trafficked in the U.S., were currently out of the trafficking situation, and had accessed social services and/or legal assistance, the extent to which the results are generalizable to a more general population of trafficked youth is unknown. The data was culled from files in which psychological evaluations were utilized for service planning and legal advocacy, not from research-based interviews. There was variability in the interviewing methods, which were largely open-ended; therefore, the statistics reflected in this paper are likely underestimates, due to the probability that there are some experiences and symptoms that went unreported by these youth.

Despite these drawbacks, the results of this study amplify the voices of youth who experienced sex trafficking as minors. Their stories build increased awareness of the issues facing sex trafficked youth and can inform systems change in agencies and organizations working with these young people. The following recommendations emerged from this analysis:

- 1) *Trauma-informed systems for trafficked youth.* Several young people in this sample described difficulties in working with systems that were not sensitive to the impact of trauma, highlighting the importance of developing trauma-informed systems for trafficked children and youth. Trauma-informed assessment can provide a groundwork for service planning for these young people (Hopper 2016a). The Multimodal Social Ecological (MSE) approach is a trauma-informed framework that emphasizes addressing trafficking survivors' psychosocial health using different types of intervention, targeted to the individual, social-environmental, and systems levels (Hopper 2016b). The ARC (Attachment, Regulation, and Competency) framework (Blaustein and Kinniburgh 2010) for working with complexly traumatized youth and their caregivers may also be helpful in developing trauma-informed systems for young people who have been trafficked.
- 2) *Safety planning.* Safety concerns were noted in a number of cases, with 59 % of youth in this sample endorsing suicidal ideation and 38 % acknowledging a history of suicide attempts. Other youth described high risk behaviors (such as driving under the influence, gang involvement, and unsafe sexual practices) and revictimization. Because of the common nature of these concerns, safety planning is an important element of service provision for trafficked youth.
- 3) *Structured, consistent comprehensive services for trafficked children.* The youth in this sample identified social support and structure as the most helpful resources and, conversely, social isolation and unstructured or

conflictual environments as the most difficult challenges. This structured support can be provided through comprehensive services (including shelter/housing, basic necessities, medical/dental, therapeutic, legal/advocacy, life skills, educational/vocational, interpretation, and case management services) that are easily accessed and that offer consistency in services and providers, regardless of current placement.

- 4) *Continuity of care for young adult sex trafficking survivors.* Similar to minors, the young adults in this sample were currently experiencing severe symptoms, had limited resources, and were vulnerable to revictimization. While the minors in this sample generally lived with family members or within a structured caregiving system (such as a shelter, foster home, or residential placement), the young adults tended to lack this type of systemic support. Instead, they were more likely to reside with a boyfriend or partner, with problematic dynamics identified in several situations, ranging from feelings of dependency and isolation to situations of domestic violence. The availability of more structured supports for young adults may prevent some situations of revictimization and alleviate the severity of symptoms for this subgroup of trafficking survivors.
- 5) *Additional support for victim witnesses.* Some of the youth in this sample described an increase in trauma-related symptoms as they participated in the criminal justice system. These triggered reactions suggest that youth may benefit from additional supports during involvement as victim witnesses in trafficking-related investigations and/or prosecutions.
- 6) *Culturally and linguistically appropriate services.* Several youth described barriers within service systems due to cultural differences, increasing their sense of alienation from the community around them. The availability of linguistically matched and culturally adapted services and caregiving environments is an important aspect of reaching all trafficked youth.
- 7) *Pacing and regulation in trauma-focused treatment.* Although many youth in this study described therapy as helpful, others struggled with becoming triggered or overwhelmed in therapy. Careful attention to pacing and affect regulation in trauma treatment may increase the likelihood that therapy will be a beneficial experience for trafficked children and youth.
- 8) *Address trauma and substance abuse concurrently.* Substance abuse was identified as an issue by one-third of the young people in this sample. Because of the role of substances as a regulatory tool, emotional regulation skills and substance abuse treatment should be addressed concurrently, and inter-relatedly, for trafficked youth with substance abuse issues.
- 9) *Parenting support.* About one-third of the youth in this sample had young children. Parenting concerns were raised in a number of these cases, ranging from extreme anxiety and hypervigilance regarding the safety of their children to difficulties in attaching to their children and parenting effectively, which can be potential contributors to the intergenerational transmission of trauma. Additional parenting support may be helpful for these youth. One young woman said she gave her daughter material things but was unable to hug her, kiss her, or emotionally attach to her, but after receiving counseling, she felt more attached and was able to play with her daughter.
- 10) *Opportunities for connection, empowerment, and leadership.* Several young people in this sample described wanting to make meaning out of their trafficking experience and to protect other potential victims. Some youth described their involvement in the criminal justice system as empowering, while others described positive experiences receiving education about trafficking, connecting with other survivors, and taking advantage of leadership opportunities. Opportunities for connection and empowerment can include becoming part of a survivor group, public speaking, lobbying, participating in awareness events, writing about life experiences, mentoring, developing materials and programs, serving on boards for programs serving trafficked youth, and following career paths in victim services or criminal justice.
- 11) *Identification of strengths and assistance with future planning.* Many of these youth were struggling to envision a path forward. Several young people noted that they were working on future planning in therapy, including trying to develop concrete short-term steps towards their longer-term goals. Educational opportunities, career building skills, and vocational programs were suggested for these youth in realizing their potential. Identifying current strengths and resources and developing a potential positive future self can help these young people build hope and a sense of direction in their lives.

This study highlights the layers of stress and trauma experienced by many sex trafficked youth. Not surprisingly, these young people often struggle across multiple domains, including emotionally, behaviorally, academically, and socially. When systems serving or interfacing with sex trafficked youth are not trauma-informed, these young people may slip through the cracks. It is important to understand their struggles as coping responses to developmental trauma exposure and to adapt to their unique needs, building more responsive systems within which these young people can reconnect, rebuild, and thrive.

Compliance with Ethical Standards

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Ethical Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed Consent Informed consent was obtained from all individual participants included in the study.

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