Division 56 Webinar:
Understanding and Treatment of Sexually Trafficked Children and Young Women

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Webinar Schedule: Sexual Trafficking

• 20 minutes - Prevalence and Understanding of Sexual Trafficking
• 15 minutes - The Effects of Trauma and Sexual Trafficking Research
• 20 minutes - Assessment & Therapeutic Considerations
• 5 minutes - Questions and Answers

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Prevalence and Understanding of Sexual Trafficking
Abuse through prostitution
STEALS CHILDREN’S LIVES.
EVERY YEAR, 100,000 CHILDREN ARE AT RISK OF BEING COMMERCIALLY SEXUALLY EXPLOITED IN THE UNITED STATES

i'm not for sale

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HOW DOES YOUR STATE RATE ON HUMAN TRAFFICKING?

States are evaluated on the strength and inclusion of the following 10 statutes on: (1) Sex trafficking (2) Labor trafficking (3) Asset forfeiture for human trafficking crimes (4) Training on human trafficking for law enforcement (5) Human trafficking commission, task force, or advisory committee (6) Posting of a human trafficking hotline (7) Safe harbor (8) No requirement for force, fraud, or coercion for minors (9) Victim Assistance (10) Civil remedy

Map is current as of July 2010

Polaris Project’s U.S. Policy Program provides support to policymakers through model anti-trafficking legislation, analyses of human trafficking-related bills and facilitation of trainings and briefings for legislators, law enforcement, and the public. For more information, please contact us at policy@polarisproject.org, 202-745-1001 x134 or visit www.PolarisProject.org.
Sexual Trafficking

**Commercial Sex Act** = Any sex act for which something of value is given or received by either person.

**Sexual Trafficking** involves Force, Fraud, and Coercion

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How big of a problem is this really?

- UNICEF - 2 million children globally
- 20.9 Million Estimated victims of human trafficking globally
- 4.5 Million sex trafficking victims worldwide
- Between 50-60% of children trafficked are under the age of 16
- Average age of entry into prostitution in U.S is 12
Trafficking

– The US Office of Juvenile Justice and Delinquency Prevention (OJJDP) estimated that 1.6 – 2.8 million youth run away each year in the United States.

– The gender demographic is practically even.

– 80% of runaway and homeless teen girls reported having been sexually or physically abused on the run.

– 34% of all runaway youth reported sexual abuse before leaving home and 43% of all runaway youth reported physical abuse before leaving home.

– 28% of all street youths report having “survival sex”

– There is an 85% chance a runaway teen girl away will be trafficked and about 15% chance for boys (believed to be significantly higher)
Supply and Demand

- 75-95 percent of prostitutes were sexually abused before the age of eighteen.
- 12-14 average age of entry into prostitution.
- 2.5 billion emails per day are pornographic.
- One in every four internet searches are pornography related.
- One in ten men in the world have purchased a prostitute.

Source: Hookers for Jesus
Source: HealthyMind.com
Increasing Demand for Children

- Rise in child porn
- Open advertising on Internet
  - Backpage.com
  - Craigslist.com
  - Myredbook.com
  - FaceBook
- Can purchase a child in less than a minute
Types of Traffickers

**Finesse Pimp**
- Acts like boyfriend
- Treats them special
- Traps them in the relationship
- Buys them gifts

**Gorilla Pimp**
- Minimal effort to sweet talk
- Uses brutal force and threats
Media Distorts Reality

Popular Pimp Messaging

Actual convicted
Recruitment

- Kidnapping
- Sold by family members
- Forced or enticed into prostitution by boyfriends or husbands.
- Born in brothels and/or born to pimps and prostitutes
- Recruited from schools, malls, parties, bus stops
- Survival sex
- Gang control
Where do you find victims?

- Massage parlors
- Brothels
- Escort services
- Online
- Korean hostess bars
- Strip clubs
- Pornography
- On the street
- Hotels
- Juvenile Justice System
- Foster Care
- Mental Health Facilities
- Schools
- Emergency Rooms and Urgent Cares
Stigma of Prostitution-
“perception of what she DID to get there”
The Reality of Prostitution
(Dr. Farley- prostitutionresearch.com)

- She was just age 13 when she entered into the sex trade.
- She is a victim of incest. (65% to 90%)
- She is the most raped demographic on the planet. (80%)
- She will die within 7 years after entering into prostitution.
- She has a trafficker selling her as a commodity and keeping all or most of the money. (70%-90%)
- She is or has been homeless. (72%)
- At some point she has considered suicide. (75%)
- She is 40 times more likely to die than the national avg.
- She is two times more likely than a solider in a war zone to have Post-Traumatic Stress Disorder. (68%)
- She is classified by the US Center for Disease Control as having the highest HIV prevalence in the United States
Breaking in Process

- **Step 1**-
  - **Seduction**- “looks for needs and fulfill the void”
    - Victim will look back on this phase when the relationship turns violent and will do anything to get back to this phase
Breaking in Process

- **Step 2**
  - **Isolation** - create emotional, financial, mental reliance on the pimp
    - Brainwashing - no one cares about them like the pimp
    - Safety net is removed
Breaking in Process

- **Step 3**
- **Coercion/ Violence/ Control** - manipulates to get the child to prostitute as a display of love
  - Payback
  - Physical and emotional abuse begins and is made to be her fault
Breaking in process

- Step 4-
- Reframing
  - Given a new name
  - Branding
  - Shapes worldview and how world views them
  - Assigns shame, degradation, humiliation and guilt
  - Builds a sense of “family”/becomes daddy
Psychosocial Indicators

- False ID’s
- Lying about age
- Older boyfriend
- Hotel room keys
- School absences
- Restricted communication
- Won’t make eye contact
- S/S Exhaustion
- Large amounts of cash, jewelry, new clothes
- Multiple foster/group home placements
- Substance Abuse
- Anxiety
- Depression
Physical Indicators

- Poor hygiene
- Frequent pelvic pain
- Dysuria (pain in urinating)
- Irregular menses
- Vomiting
- Sore throat
- Pelvic infections
- Lubricant residue
- Chronic headaches, pain
- Recurrent injuries or burns
Physical Indicators

- Inappropriate dress
- Tattoos on neck, lower back with man’s name or initials/branding
- Drug abuse/use
- Multiple health care visits
Injuries in Assault Victims

- **Perioral or intraoral injuries**, especially erythema/petechiae near junction of the hard/soft palate (voice muffling), forced penile-oral penetration
- **Neck Bruises or “hickies”**: Choke by hand or ligature, suction /bite
- **Oval or semicircular bruises to neck, chest, breasts or extremities** [Bite(s)]
- **Impact Bruises** to face, body, especially lips, and eyes; intra-abdominal hematoma or organ rupture due to penetrating blow with fist.
Injuries in assault victims

- Impact bruises to extensor surfaces of upper/lower arms, knuckles [Defense Injuries]

- Traumatic alopecia/subgaleal hematoma [Hair Pulling]

- Numerous small (2-3cm) bruises on the shoulders, arms, thighs, face [restraint/grabbing injuries]

- Ligature marks to wrists/ankles [restraints w/ rope or wire]

- Abrasion, friction injuries to body, prominences of back
  Victims struggle while restrained in supine position or firm surface
The root causes of sex trafficking in Southeast Asia are twofold: (1) pervasive poverty, and (2) the cultural and historical status of women and girls as second-class citizens.
• Over 160 countries across the world are known to be affected by trafficking.
• Based upon statistics of global convictions and prosecutions for that took place in 2006 (3160 convictions and 5808 prosecutions), the ratio of trafficked to convicted for trafficking shows a depressing ratio of 800:1 (one person convicted for every 800 persons trafficked).
Boys are also Sexually Exploited!

The Commercial Sexual Exploitation of Children (CSEC) in New York City estimates that as many 50% of the victims of sexually exploited children in the United States are boys (Curtis, Terry, Dombrowski, & Khan 2008).
Four Factors for Lack of Identification of the CSEC of Boys

• The unwillingness of boys to self-identify as sexually exploited due to shame and stigma about being gay or being perceived as gay by family and community.

• A lack of screening and intake by law enforcement and social services agencies rooted in the belief that boys are not victims of CSE.

• Lack of outreach by anti-trafficking organizations to areas, venues and tracks known for male prostitution.

• Oversimplification of the reality that boys are not generally pimped hides the needs and misinforms potential services.

(End Child Pornography and Trafficking, “ECPAT”, 2013)
Definitions

• Pimp- One that profits off the sexual exploitation of another person.
• “John”- also called a buyer, a customer. A person that purchases/trades something of value for sex.
• Track- The area that one sells/trades their body for sex.
• Runway/Kiddie Stroll- area that has underage children for sexual hire/trade
• Trick- The act of prostitution or the “buyer” of the sexual act.
Definitions

• Child sex tourism (CST) refers to a particular kind of tourism organized to satisfy the need among certain customer segments for establishing commercial sexual relationships with children.

• Survivor Sex- Trading a sex act for basic needs such as shelter and food.

• The Game- The subculture of prostitution

• Choosing Up- Eye contact with another pimp and he takes control.

• Renegade- A prostitute without a pimp.
Types of Sexual Trafficking

- Exotic Dancing
- Lap Dancing
- Pornographic Movies/Magazines/Websites
- Escort Services/Massage
- Brothels
- Track Prostitutes
- Call Girls
- Kidnapping of children/adults for a stable
- Kidnapping and selling of humans to stables
High Demand for Victims

• Victims have a limited useful life
  – Poor physical health; disease, infection, or injury; emotional collapse; addiction

St. Petersburg Florida Police Department
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High Demand for Victims

• Victims are murdered

Tiffany Mason, San Francisco, murdered by “john” at age 15 (August 2001)
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High Demand for Victims

• The Global Sex Trade: Victims are deported

Nigerian deportees from Italy
Demand for Victims

- Victims are lost due to illness, loss of appearance, and death from AIDS
- Mortality rate is 40 times that of persons of similar age and race

Ador, 23, Akha Hill tribe in Thailand
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The Effects of Trauma and Research

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What is Trauma?

• Trauma is a psychologically distressing event that is outside the range of usual human experience
• Trauma involves a sense of intense fear, terror, and helplessness
• Infants and children are among the most helpless in the face of abuse or neglect
What is Dissociation?

- To “associate” is to connect or to bring into a relationship. Dissociation is the thus the breaking or splitting off of that connection. In mental health we often look at dissociation as the splitting off of certain mental (physical, emotional) processes from the main body of consciousness. Dissociation can thus cause a lack of association with one’s inner world or even outer world. Dissociation can be a normal coping skill to an abnormal situation/stressor, such as trauma. The dissociation may then become dysfunctional for the person in their personal and interpersonal lives (Rhoades, 2006).
It is important to note that you are unable to have trauma without dissociation and it is also commonly seen that a person that experiences pathological dissociation has experienced trauma. (Rhoades, 2006)
How does Trauma Affect Children?

- Trauma activates stress-response systems in the brain
- Severe or chronic stress prevents the brain from returning to relaxed state
- Traumatized children are in constant fight, flight, or freeze mode
- Children are “taught” how to behave by trauma
How does Trauma Affect Children?

• Females tend to draw pain inward
• Males tend to express pain outward
• Children at increased risk for dangerous behaviors (alcoholism, drugs, suicide, etc.)
• Adults at increased risk for physical injury and pain sensitivity
Children Typically act out their Trauma

• Behavior is the language of trauma. Most children lack the language skills needed to describe how they are suffering, so they use behavior to express themselves. Most behaviors used by children to express themselves are considered “negative” behaviors.

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How does Trauma come out in Behavior of Children?

- Delayed motor or language skills
- Hyper-vigilance
- Psychological reactivity
Are Their Unique Ways that Teens act out Trauma?

- It is important to keep in mind that each person is unique in how they may handle trauma.
- Teens may become more active after a trauma, perhaps a way to not stop and think about the trauma as it would lead to depression or even suicidal ideation.
- Remember that teens may behaviorally appear immature, but want to be talked to as an adult or not as a child.
- The teen may appear “tough” or even show “Conduct Disorder” traits to cover emotional pain.

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• At birth, babies have almost all the neurons that they will ever have, more than 100 billion of them.

• At age three, a baby’s brain has reached almost 90% of its adult size, the growth being primarily synapses having developed between the neurons.
If the early development of the child is abusive or neglectful, our brains will create memories of these experiences that may adversely color our view of the world throughout our life.

i.e. the baby whose cries are met with abuse has neuronal pathways developed and strengthened under negative conditions and tend to prepare children to cope in that negative environment, and their ability to respond to nurturing and kindness may be impaired.
• Joseph “LeDoux’s main hypothesis is that long-term stress can cause permanent changes in brain structure as the brain becomes wired for survival rather than thriving (DeDoux, 1996, cited in Potter-Effron, 2005, p. 227)
“Excessive amounts of cortisol particularly reprogram one area of the brain—the hippocampus—that is responsible for much of conscious (declarative) memory function, the labeling of emotionally threatening events, and for signaling the adrenal gland to quit releasing cortisone. Therefore, the more stress damages the hippocampus, the more vicious spiral ensues;” (Potter-Effron, 2005, p. 228)
The Stressed & Traumatized Brain

• “Meanwhile, another nearby part of the brain, the amygdala, is an activator that tells the adrenal gland to keep releasing cortisone... Over time stress causes the amygdala to become smaller and hypersensitive to threatening situations”

• (Potter-Effron, 2005, p. 229)
The Stressed & Traumatized Brain

- Continuous trauma and stress damages the brain.
- Hippocampus (as much as 16 percent smaller than average for traumatized persons - responsible for memory. (Teicher, 2002)
- Continuous stress → An overactive, smaller amygdala. (Aas, 2012)
- Stress also appears to damage the corpus collosum (Teicher, 2002)” (Potter-Effron, 2005, p. 229)
A history of childhood trauma was associated with both worse cognitive performance and smaller amygdala volume.

This smaller amygdala appeared to mediate the relationship between childhood trauma and performance on executive function, language and verbal intelligence in patients with psychosis.
Emotional events are often remembered better than neutral events, a type of memory prioritization by affective salience that depends on the amygdala. The results indicated that brief activation of the basolateral complex of the amygdala (BLA) can prioritize memories for events by enhancing memory for some object encounters but not others and that this benefit to memory depends on interactions between the amygdala and the hippocampus.
The amygdala is a central target of emotion regulation.

The amygdala could therefore represent a promising target for real-time functional magnetic resonance imaging (rtfMRI) neurofeedback. rtfMRI neurofeedback directly improves the voluntary regulation of localized brain activity.

Over a period of four training sessions, participants significantly increased down-regulation of the right amygdala compared to a passive viewing condition to control for habilitation effects.
Deep brain stimulation (DBS) of the amygdala has been demonstrated to modulate hyperactivity of the amygdala, which is responsible for the symptoms of post-traumatic stress disorder (PTSD), and thus might be used for the treatment of PTSD. However, the underlying mechanism of DBS of the amygdala in the modulation of the amygdala is unclear.
• There was a significant negative influence of stress on hippocampal volume. In addition, exercise engagement moderated effects of lifetime stress on both hippocampal volume and memory.

• Conclusions: These novel findings suggest that benefits of exercise in later adulthood may extend to minimizing detrimental effects of stress on the hippocampus and memory.
Psychologists have long observed that people who have been neglected or abused tend to use drugs and alcohol. New research suggests that this may be in part because social stress spurs neurological changes that make drugs feel more rewarding. (Klaus Miczek, PhD, 2008)

Michael Meaney, PhD (2002), found that rats that had been separated from their mothers early in life showed a stronger response to cocaine as adults, becoming more hyperactive after cocaine administration than rats that had not endured separation stress.
• Miczek and colleagues (2008) research suggests that stressed rats — those that had recently been attacked — had elevated levels of dopamine in their prefrontal cortices. In addition to these transient changes, the brains of violence victims may undergo long-term, structural changes, including an increase in glutamate receptors.

• "The stressed ones take more, they take it faster, and they don't stop," Miczek (2008)
Posttraumatic Stress Disorder (309.81)

How to Communicate with Traumatized Children

• Remember that all members of the family experience loss
• Love is not enough to heal trauma
• Give time, attention, and professional therapy to traumatized children
• Remember that children heal at different rates
• Talk at the child’s level both physically and verbally.
How to Communicate with Traumatized Children

• Talk about the traumatic event
• Provide consistent, predictable patterns
• Be nurturing and comforting
• Discuss expectations for behavior and methods of discipline with child
• Give age appropriate information
• Allow the child to express their trauma in the manner most comfortable to them, i.e. play therapy, art therapy, sand tray, etc.
What can you do to help the Traumatized Child?

• Watch for signs of reenactment
• Protect the child
• Give the child some control over decision making
• Ask for help when you need it
• Model appropriate behavior
• Look for stress, new behavior in child
• Validate children’s feelings
• Make age-appropriate explanations
• Maintain regular daily routine
• Be prepared for children’s questions
• Avoid too much TV coverage
Dissociative Disorders
• A. Disruption of identity characterized by two or more distinct personality states, which may be described in some cultures as an experience of possession. The disruption in identity involves marked discontinuity in sense of self and sense of agency, accompanied by related alterations in affect, behavior, consciousness, memory, perception, cognition, and/or sensory-motor functioning. These signs and symptoms may be observed by others or reported by the individual.

• B. Recurrent gaps in the recall of everyday events, important personal information, and/or traumatic events that are inconsistent with ordinary forgetting.
Brief Research on Sex Trafficking Trauma

• Used a dissociative (DS) disorders interview schedule and a DS experiences scale
• MPD Ss reported a much longer duration of both physical and sexual abuse, more abusers, and more forms of sexual abuse, which may account for MPD Ss meeting criteria for more DS disorders than the other 2 groups. Nevertheless, 7 dancers met the diagnostic criteria for MPD, and 7 prostitutes met the criteria for psychogenic amnesia. **Findings support a link between childhood trauma and DS symptoms in adulthood.**
Mental and physical health of sexually exploited girls in foster care (Smith & Briscoe-Smith, 2008)

- Clearly, abused and neglected girls who interface with the child welfare system and are involved in the sex trade are at risk for a myriad of deleterious outcomes due to the **incidence of major mental and physical health problems** they present with. (p.3)
- Child welfare and juvenile justice service providers must address this complex risk profile with a wide array of services designed to address major physical health concerns, mental disorders, and trauma recovery for these young girls. (p.3)
Abandonment, both literal and symbolic, was the overarching theme characterizing participants' lives during childhood and adolescence. The intergenerational trend of abandonment was evident in participants' descriptions of relationships with their own children. (p. 216)
In addition, these juvenile internet prostitution cases were significantly more likely to involve a family or acquaintance exploiter. (p.327)
Youth & Survival Sex Work
Miller, Fielden, Tyndall, Zhang, Gibson & Shannon (2011)

- This study demonstrates significant displacement of youth who engage in sex exchange to marginalized working and living spaces.
- The findings of this study bring to attention the critical need for targeted structural interventions including access to youth and gender-specific social housing, safe working spaces, reduction in the amount of harm caused to them, and addiction treatment services for youth engaged in survival sex work.

- Low social support, peri-trauma fear (occurring at the time of the trauma), perceived life threat, social withdrawal, comorbid psychological problem, poor family functioning, distraction, PTSD at time 1, and thought.

- This indicates that subjective peri-trauma factors and post-event factors are likely to have a major role in determining whether a child develops PTSD following exposure to a traumatic event.
Childhood trauma and adult prostitution behavior in 676 multiethnic heterosexual drug-using population (Medrano, Hatch, Zule, William, Desmond, 2003)

1. Women addicts in the sample were less educated, more likely to be in a common-law relationship, living with someone of the opposite sex or separated, and had lower incomes in comparison to men addicts.

2. Among male subjects, higher educational levels and older age were positively associated with prostitution activities.
Childhood trauma and adult prostitution behavior in 676 multiethnic heterosexual drug-using population (Medrano, Hatch, Zule, William, Desmond, 2003)

3. Single female subjects were three times more likely to engage in selling sex than married subjects.

4. Single women with higher incomes were more likely to be prostituting than single women with lower incomes.
Childhood trauma and adult prostitution behavior in 676 multiethnic heterosexual drug-using population (Medrano, Hatch, Zule, William, Desmond, 2003)

5. Black women reporting severe degrees of emotional abuse, emotional neglect, or physical neglect were more likely to engage in prostitution behavior than Hispanic or white women with similar levels of trauma.

6. Black men with a history of childhood physical abuse were more likely to use prostitutes than Hispanic or white men.
Childhood maltreatment and subsequent conduct disorders: The case of female street prostitution. (Van Brunschot & Brannigan, 2002)

• Results indicate that those who have been sexually abused are at no greater risk of becoming prostitutes than of becoming students. These findings suggest that rather than sexual misconduct, sexual abuse may be more likely to manifest itself in both suicide attempts and school expulsion. (p.219)

• [Backwards Correlation]
Childhood Trauma (CT), Post-Traumatic Stress Disorder (PTSD) & substance use disorder (SUD)  
Farrugia, Mills, Barrett, Back, Teesson, Baker, Sannibale, Hopwood, Merz, Rosenfeld, & Brady

- As expected, individuals with a CT history, as compared to without, evidenced significantly longer duration of PTSD.
- Those with a CT history also had more extensive lifetime trauma exposure, an earlier age of first intoxication and reported more severe substance use.
- In conclusion, we found that individuals with co-morbid SUD + PTSD who had experienced CT presented with a more severe and chronic clinical profile in relation to a number of trauma and substance use characteristics, when compared to individuals with adulthood only trauma histories. It is, therefore, important for SUD + PTSD treatment planning that CT be carefully assessed. (p. 314)
Severity of trauma exposure and complex posttraumatic stress disorder symptomatology in women who prostitute. (Mayfield-Schwarz, 2009)

• Research confirmed the following hypotheses: (a) a statistically significant positive correlation between severity of trauma and symptoms of Complex PTSD; (b) a significant association between early age of trauma onset and severity of symptoms of Complex PTSD; and (c) a statistically significant association was established between duration of trauma and symptoms of Complex PTSD.

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Abuse History & Trauma Symptoms & Successful Completion of Prostitution-Exiting Program
Roe-Sepowitz, Hickle & Cimino (2012)

• 90 Day Program for Prostitution-Exiting

• Women who completed 90 days of treatment were found to be older than the non-completers.

• Non-completers were more likely to report clinically significant trauma symptoms including dissociation, poor coping behaviors, sex-related issues, and dysfunctional sexual behavior than completers. (p.65)
These findings suggest the importance of incorporating trauma-focused intervention early in the services provided in the exiting programs as well as the need to address the traumatic symptoms related to childhood and adult trauma histories. Findings also indicate the importance of clinically addressing trauma-related sexual issues, concerns, and behavior. (p.65)
A closer look at residential treatment programs for women exiting prostitution (Harvey, 2009)

• “The majority of women leaving prostitution are faced with a multitude of issues including histories of abuse, trauma, substance abuse, homelessness, lack of job skills, unmet medical needs, and fear of pimps.” (p.9)

• “Results suggested that the most desirable design would be a long-term treatment program simultaneously addressing key therapeutic issues, educational components and social skills, while creating a safe and stable support system. The presence of secure funding and program flexibility also appeared to facilitate program operation.” (p.9)
Adult Prostitution Recidivism
Roe-Sepowitz, Hickle, Loubert, & Egan (2011)

• Participants who completed all program requirements less likely to have been rearrested.

• Future studies on risk factors for recidivism and program impact should include separating males and females as well as exploring those who began sex work before age 18 compared to those who began after age 18.

• The program components could also be provided to women while incarcerated to compare risk factors and the impact on recidivism.
Assessment & Therapeutic Considerations
• Possible Indicators of CSEC
  – Signs that child is being controlled (domineering person accompanying child)
  – Fearful, withdrawn, depressed or submissive affect of child
  – Shows distrust of adults
  – Presents alone or in a group of children, with one adult
  – Signs of physical abuse
  – Has signs of substance use/abuse

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• Possible Indicators of CSEC (continued)
  – History of running away from home (esp. >3 times in last year)
  – History of involvement with child protective services, abuse/neglect
  – Reports ‘boyfriend’ who is significantly older than child
  – Has history of multiple STI’s, or pregnancy/abortion
  – History of multiple sexual partners in short period
  – Child provides information that appears to be recited
• Possible Indicators of CSEC (continued)
  – Child has tattoos, evidence of branding, gang insignia
  – Child has history of living outside of home, with ‘friends’
  – Child has large amounts of cash, or expensive items (jewelry, electronics, clothing)
  – Child has hotel room keys
  – Child has poor school attendance
  – Gives false or changing demographic information

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• Questions for CSEC identification
  – Have you ever run away from home? How many times in the last year?
  – Where are you living now, and with whom?
  – Can you come and go as you please?
  – Do you have to ask permission to eat, sleep or use the bathroom?
  – Do you go to school? Ever skip school?
  – Is anyone forcing you to do anything you don’t want to do?
• Questions for CSEC identification (Continued)
  – Has anyone ever touched you or hurt you in any way?
  – Has anyone ever threatened to hurt you or your family?
  – Do you have a boy/girlfriend? How old is this person and how did you meet?
  – Are you sexually active? How many partners in the last 6 months?
  – Ever had an STI or been pregnant?

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• Questions for CSEC identification (Continued)
  – How often do you or your friends use drugs/alcohol?
  – Are there pictures of you on the Internet? Are they in a social networking site? In a classified ad?
Assessment Tools for Children

- Hospital/Medical/Police/CPS Reports
- Projective Testing with sand trays, art work and various forms of play therapy.
- Trauma Checklists done by Parents/Caretakers.
  - UCLA Posttraumatic Stress Disorder Reaction Index (UCLA PTSD RI)
- “Child and Adolescent Trauma Measures: A Review”
- Child PTSD Symptom Scale (CPSS), ages 8-18.

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Assessment Tools for Teens

• **CSEC Identification Survey** (Rhoades, 2014)

• Adolescent Dissociative Experiences Scale-II (A-DES)

• Cumulative Trauma Survey (CTS, Rhoades)

• “Child and Adolescent Trauma Measures: A Review”

• **Child PTSD Symptom Scale** (CPSS), ages 8-18.

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Assessment Tools for Adults

- Dissociative Experiences Scale Taxon Version
- Impact of Experiences Scale-Revised
- Cumulative Trauma Survey (CTS, Rhoades)
- http://www.istss.org/AssessmentResources/4435.htm

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Basic Guidelines for Treatment of Sexually Trafficked Patients/Clients

• Remember that each session may be your last session, so it is important to leave an encouraging message of Hope with the client.

• Remember the basic Trauma Counseling Model:
  1) What is your story that you want to share and thus problem(s) that you currently have.
  2) Choose one of the problems and look at possible solutions for that problem.
  3) Choose one of the solutions and develop an action plan for that possible solution.
Treatment Issues for Trauma

• Most important element is direct exposure to traumatic memories and emotional processing of them

• Behavioral
  – Prolonged imaginal exposure
  – Reduce avoidance behavior
  – Emotionally process traumatic event
  – Habituate to trauma cues
  – Alter physiological responding (relaxation procedures) and cognitions (Cognitive Behavioral Therapy)
“BASIC-SID” (Assessment & Treatment)  
Modified Lazarus (1976, 1981)  

- B = Behavioral  
- A = Affective  
- S = Somatic  
- I = Interpersonal  
- C = Cognitive  
- S = Spiritual  
- I = Imagery  
- D = Drugs  

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- Prolonged-exposure therapy
- Cognitive-processing therapy
- Stress-inoculation training
- Other forms of cognitive therapy
- Eye-movement desensitization and reprocessing
- Medications

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Prolonged Exposure Therapy

- Cognitive-Behavioral
- Trauma-focused
- Evidence-based
- Manualized
- 8-15, 90 minute, Individual Sessions
Cognitive Processing Therapy

- A Cognitive-Behavioral Treatment
- This treatment includes an exposure component but places greater emphasis on cognitive strategies to help people alter erroneous thinking that has emerged because of the event.
References for CPT

• National Center for PTSD [http://www.ptsd.va.gov/](http://www.ptsd.va.gov/)
• 3 pages of references on CPT
  [https://cpt.musc.edu/resource info/research support.Pdf](https://cpt.musc.edu/resource info/research support.Pdf)
• “Cognitive Processing Therapy for Rape Victims: A Treatment Manual”
• PTSD Coach (iTunes and Google Play for Android)
• PTSD Coach: Online Tools to help manage stress

George F. Rhoades, Jr., Ph.D., 2014
Suggestions for Training in CPT

• Free on line courses that provide more training:
  – https://cpt.musc.edu/
  – http://www.deploymentpsych.org/online-courses/cpt

• International Socieity for Traumatic Stress Studies (ISTSS):
  – http://www.istss.org/Home.htm
Stress Inoculation Training
Meichenbaum (1996)

- Cognitive-Behavioral Treatment
- Three Phase Treatment
  - Conceptualization/Education
  - Skill Acquisition/Rehearsal
  - Application/Follow-through
• Where the therapist guides clients to make eye movements or follow hand taps, for instance, at the same time they are recounting traumatic events.

• It's not clear how EMDR works, and, for that reason, it's somewhat controversial, though the therapy is supported by research.
Specifically selective serotonin reuptake inhibitors. Two in particular-paroxetineline (Paxil) and sertaline (Zoloft)-have been approved by the Food and Drug Administration for use in PTSD. Other medications may be useful in treating PTSD as well, particularly when the person has additional disorders such as depression, anxiety or psychosis, the guidelines note.
“Play Therapy with Limits” (Landreth, 2002)

• Play is a common medium of communication for children and is often seen as a projective technique within itself. The child is able to play out his or her internal world, into the external world, through the toys in the play room. The use of play therapy to help children with agressive behavior is very effective, given realistic limits in the play therapy setting.
Art Therapy!

• Various Mediums, i.e. water color/oil base paints with brushes
• Finger Painting
• Collages with Magazine cut outs
• Used as part of diagnosis and/or to look at progress
Animal Balloons!

• “Every Child deserves to smile!”
• Teaching a child a new, fun skill
• Helping a child to visually picture and problem-solve.

Dr. George Rhoades 2014
Hope deferred makes the heart sick,
But desire fulfilled is a tree of life.
Sand Play!

- Very Portable with new sand trays from Western Psychological Services
- Utilized in diagnosis & treatment
2005 Children Psychiatric Hospital Trainings- Sri Lanka
Three Stage Treatment Model
For Trauma Survivors and Dissociative Disorders
George F. Rhoades, Jr., Ph.D.

1. Safety/Stability
2. Trauma Work
3. Integration
Interaction of the Three Stage Model
George F. Rhoades, Jr., Ph.D.

1. Safety/stability is foundational stage.
2. Tx process returns to first stage whenever de-stabilization occurs.
3. Tx is not complete unless pt. has finished all three stages.
4. The integration of presently known trauma is important to help lay foundation for future processing of dissociated trauma.
5. Remember to address past/present/future in course of treatment.
Action Plan against Trafficking

- Prevention
- Rescue/Escape
- Protection
- Rehabilitation
- Repatriation
- Reintegration
- Advocacy
- Raising Awareness
- Research
- Training
- International Initiatives
- Regional Initiatives
- Media
Working with Those Trapped in Sexual Trafficking
Evaluate Yourself

• Why do you want to be involved in this Work?
• Are you secure in your sexuality?
• Are you secure in your relationships?
  – With Your Religious Faith
  – With Family
  – With Friends
• What are your prejudices?
• What are your presuppositions?
Daily Goal

Instill Hope!
What Not To Do!

• Don’t make promises that you can not keep.
• Don’t make promises or give things that you are not willing to give to all the victims.
• Don’t give money or anything that could be construed as payment for services given.
• Don’t bring a victim into your car/home.
• Don’t judge or preach to a victim.
• Don’t challenge a pimp or handler.

George F. Rhoades, Jr., Ph.D., 2014
The Message for those Trafficked:
Time is Running Out

• The time is now for you and your healing.
• The promises of the pimp will never come true.
• The promise of a future on the track without a pimp is not true.
• Don’t believe the lie that you are trash, that nobody ever loved you in the past.
• Don’t believe the lie that you are trash now, that no one would ever want you.
• Realize every Trick could be your death
The Grooming Process

• The grooming process is a slow preparation of the victim for incest, sexual abuse, prostitution.
• The abuser/pimp gives attention, expresses love, gives many gifts and gives promises.
• The pimp makes you feel that it was your choice to do what he actually did to you and the eventual prostitution.
• The kidnapped victim (typically done by a gorilla pimp) does not typically have a long grooming process.

George F. Rhoades, Jr., Ph.D., 2014
Promises, Promises, Promises

• The promise of being loved
• The promise of having a new loving family
• The promise of quick cash
• The unlimited supply of drugs/alcohol
• The promise of future gain, i.e. in movies, modeling, etc.
What Traps A Person?

- Dedication to the person (pimp) that loves them!
- Drug Addiction and/or Sex Addiction
- Identification with the Role of Prostitute.
- Threat of harm to the person, biological family or even their stable family.
- Stockholm Syndrome (Patty Hearst)
What Traps A Person?

• Dissociation
  – New Name, New Life
  – A loss of connection with your body, it is a product to be sold
  – If abuse started before age six, possible prostitute personality (DID) may be present

• Addiction to sex, fast cash drugs and alcohol

• Freedom! “I am treated as an adult and have money, clothes and freedom from my family!”

George F. Rhoades, Jr., Ph.D., 2014
Why Do People Return?

• They believe that they have no place to go/return to other than the Pimp.
• Fear that the pimp will find them and punish them for not immediately returning.
• They know that they will be punished for being arrested, but then it will be “all good” again.
• The fear that the girls left behind will be punished.
• The belief that the pimp will find them and hurt them and/or their family.
Difficult to enjoy a relationship, even first dates without becoming sexual.
Feeling, even believing that your body is not part of you, it is okay to “give it up.”
A sexual addiction, needing “rough” sex to even feel intimacy or to feel “alive” with one’s boyfriend or husband.
Don’t share your “past” unless the relationship is serious and then don’t share the details.
Remember the Past

• What is the name given to you at birth?
• Who loved you in the past?
• Who did you love in the past?
• Don’t believe the lie that you can’t return home.
• Yes, your life will never be the same, it can be better!
• “Stepping into the river illustration.”

George F. Rhoades, Jr., Ph.D., 2014
Prepare for the Future

• Recapture your name
• Recapture your dreams
  – What goals did you have before prostitution?
  – What goals do you have now?
• Remember that your body is totally new every five-seven years.
• Take care of your body:
  – Get full medical workup
  – Exercise
  – Get proper nutrition
Why Do We Care?

• You are a person, you are loved for who you are, not what we can take from you.
• If we were in the same situation, we hope that somebody would also reach out to us.
• This could happen to any of us that are groomed and/or kidnapped.
Additional Areas to be Addressed

- Outreach for Men caught in sex trafficking (eg. Emmaus Ministry).
- Safe Houses: A place for teens and adults caught in sex trafficking to have a safe place to escape from the trap of prostitution and to be safe.
- Aftercare: Helping teens and adults to have healing for issues before, during and after obtaining freedom from the sex trafficking.
After Care Needs!

• Drug Addiction
• Pregnancy
• Abortion Recovery
• Minor Children of Prostitutes (baby sitting while parent works/goes to school)
• Parenting skills for dysfunctional families
• Dealing with Child Abuse
• Continued Education (High School & Beyond)
• Mentorship
After Care Needs!

• New Job Skills
• Inner and Outer Beauty & Social Skills
• Relationship Building
• Education in the Schools and Churches
• Dealing with Sexual Addiction

• Transition Homes!!!!!!!!!!!!!!!!!!!!!!
Dealing with Demand

• Without “demand” there would be no reason to groom, kidnap or sexually exploit children, teens and adults.

• The “Johns” or buyers should be arrested and prosecuted for illegal activity, their names can be listed in the local newspaper.

• The buyers should be ordered to a class/program on sexual addiction and abuse of girls/boys.

• We need to teach boys/men that prostitution is the abuse and exploitation of humans.

George F. Rhoades, Jr., Ph.D., 2014
Dealing with Buyer’s Excuses

• “It was my first time officer!” (Do we release robbers/murderers the “first time.”)
• “It will destroy my family officer!” (That was the choice you made already!)
• “She trapped me, she seduced me!” (It is very hard for a woman to rape a man, it is and was your choice to continue.)
• “Well at least I am not fooling around on my wife or abusing my kid!” (A prostitute is another woman and someone’s child!)
Resources

- www.hoolanapua.org
- www.olahouclinic.com
- www.passhawaii.org
- www.roadstohope.org
- http://www.madein希望.org/
- www.traffickjamming.org/
- www.Humantrafficking.org/
- www.prostitutionresearch.com/
- www.barnardos.org.uk/beyondtheshadows
Psychology of Human Trafficking Video
A film produced by the American Psychological Association’s Society for the Psychology of Women

Information on this film and to download discussion guide
http://www.apadivisions.org/division-35/aspx
Questions and Answers:
dr.grhoades@gmail.com
Upcoming APA Webinar

• “"The effects of exposure to Domestic Violence and other child traumas on the brain and implications for biopsychosocial/bioecological approach"”
  – Dr. Robert Geffner, ABN, ABPP
  Distinguished Research Professor of Psychology; Alliant International University & Past President, APA Div. 56 Trauma Psychology
  – Friday, June 27th at Noon EST

• Cost- Free without CE Credits

• Cost- With CE Credits
  – $25- Non Member,
  – $15- Member, $10 Student