

HUMAN TRAFFICKING SERIES

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The Diverse Needs of Sex Trafficking Survivors

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Preparing Communities for Responsive Care

Studies with sex trafficking survivors have demonstrated their extensive and diverse trauma histories (Curtis et al., 2008; Farley et al., 2003; Muftić & Finn, 2013; Zimmerman et al., 2008). Survivors have reported multiple traumatic experiences prior to initiation into prostitution, such as childhood physical and sexual abuse, and multiplicative violence while in the sex trade from traffickers, sex buyers, and law enforcement (Gragg et al., 2007; Jeal & Salisbury, 2004; Nixon et al., 2002). As a result, the needs of domestic and international sex trafficking survivors are complex and often evolve over time, requiring a continuum of flexible, comprehensive care that is best achieved through a coordinated community response (Hammond & McGlone, 2014; Macy & Johns, 2011). The current issue in this trafficking series addresses the multifaceted needs of victims of sex trafficking. This report specifically outlines acute and long-term care needs, as well as the range of social services that serve as necessary scaffolding to aid survivors as they reintegrate to healthy living. Underscoring these needs aids communities in appropriately responding to any shortcomings in care for sex trafficking survivors.

Acute Care Needs

When a victim of sex trafficking presents for acute care, it is critical to first assess the safety needs of the survivor, while considering the potential for suicidal ideation or intent (Clawson et al., 2009). A victim advocate or peer mentor can provide emotional support and resources as a survivor navigates the social service and criminal justice systems. Whether an individual reports to law enforcement, medical staff, or a victim service provider, it is essential that he/she is provided with the option to speak with an advocate who has been trained in working with sex trafficking survivors. An advocate can assist survivors in evaluating their service options, clarify-



ing processes such as forensic medical exams and reporting to law enforcement, and understanding their rights under federal law and state statutes.

Given the significant power and control taken from sex trafficking survivors by traffickers and buyers, it is important they are given autonomy in determining their immediate needs. While each person is unique, survivors often present with acute medical needs and may benefit from a forensic medical exam that will allow for medical treatment in conjunction with the documentation of injuries and collection of evidence (Cole, 2009). Exams should be conducted by a forensic nurse examiner in order to mitigate secondary victimization. These nurses have received specialized training in the medical treatment of sexual violence, psychosocial responses to trauma, and victim-centered medical care.

Survivors are often isolated from their families and at risk of victimization by traffickers, so that lack of emergency shelter options remains a significant barrier in providing assistance. There are a variety of practical items a sex trafficking survivor may be lacking, including documents such as a birth certificate, state-issued driver's license or identification card, social security card, or passport, as well as food, clean clothing, toiletries, feminine hygiene products, and even eyeglasses (Macy & Johns, 2011). Victims of sex trafficking who are not U.S. citizens may have additional challenges when exiting the sex trade. Language barriers, coupled with the uncertainty of being in a foreign culture, exacerbate feelings of fear and isolation among international sex trafficking survivors (Clawson et al., 2009). The presence of translation services, informational materials in multiple languages, and culturally-specific community resources can be critical to survivors' well-being.

Mental Health Needs

In samples of sex trafficking survivors, there have been high rates of posttraumatic stress disorder (60-to-76% of samples),

anxiety and depression (50-to-86%), suicide and self-harm, substance abuse and dependence (48-to-100%), and emotional dysregulation (Farley et al., 2003; Farley & Barkan, 1998; Jeal & Salisbury, 2004; Kramer, 2003; Nixon et al., 2002; Tsutsumi et al., 2008; Zimmerman et al., 2011). The extensive histories of trauma that are common to survivors have increased risk for posttraumatic stress symptoms, such as sleep disruption, nightmares, reliving traumatic events, and elevated startle responses. Survivors have also reported feelings of low self-esteem, worthlessness, fear, and shame, which have contributed to frequent suicidal ideation and intent (Estes & Weiner, 2001; Mufić & Finn, 2013; Raymond & Hughes, 2001). Many trafficking survivors have reported using or abusing substances as a means to decrease inhibitions prior to engaging in commercial sex and also to cope with adverse experiences and mental and physical health problems while in “the life” (Arnold et al., 2000; Curtis et al., 2008; Farley et al., 2003; Jeal & Salisbury, 2004; Kramer, 2003). In other words, substances are used as a coping strategy in dealing with past and recurring trauma. Collectively, mental health concerns produce difficulty for victims who desire or attempt to leave the sex trade. When untreated, symptoms of mental illness can limit survivors’ ability to adapt to prosocial life and develop positive and/or healthy interpersonal relationships.

Physical Health Needs

In addition to adverse mental health outcomes, sex trafficking survivors are at particular risk for physical health problems, including sexually transmitted diseases (STDs) and sexually transmitted infections (STIs), unwanted and high-risk pregnancies, gynecological problems, chronic illnesses, and physical injury (Gajic-Veljanoski & Stewart, 2007; Willis & Levy, 2002). Although many individuals in the sex trade have acknowledged the risk of STDs, of those surveyed, most reported that sex buyers do not want to use condoms for protection and will pay more for unprotected sex acts (Curtis et al., 2008; Loff et al., 2003; Nixon et al., 2002; Raymond & Hughes, 2001). Accordingly, victims may be forced by traffickers to have unprotected sex with buyers in order to acquire more money (Farley, 2007). Among available samples of survivors, there is a high prevalence of STDs, including HIV/AIDS, herpes, gonorrhea, syphilis, and chlamydia, with rates approximately 9-to-60 times greater than individuals with no involvement in the sex trade (Jeal & Salisbury, 2004; Raymond & Hughes, 2001).

Related, unprotected sex and repeated sexual victimization may result in unwanted and high-risk pregnancies among prostituted women (Raymond & Hughes, 2001; Willis & Levy, 2002). Studies have shown that between 40-and-75 percent of women and girls in the sex trade become pregnant as a result of prostitution (Parriott, 1994; Raymond & Hughes, 2001; Sloss & Harper, 2004). Sex trafficking survivors are also subject to chronic illnesses, such as neurological, cardiovascular, and musculoskeletal problems, as well as physical injury (e.g., head trauma, stabbings, broken bones, stitches). These injuries are the result of frequent abuse and lack of adequate health care and preventative and reactionary medicine (Curtis et al., 2008; Farley & Barkan, 1998; Farley et al., 2003; Jeal & Salisbury, 2004; Zim-

merman et al., 2008).

Practical Needs

In addition to acute care, victims have reported long-term practical needs, such as access to transportation, transitional or permanent housing, education, job and life skills training, financial assistance and management, and child care (Clawson et al., 2009). Sex trafficking survivors often need assistance in obtaining passports, birth certificates, and driver’s licenses, which have been frequently confiscated by traffickers as a method of control. Victims of sex trafficking may need legal assistance in accessing rights provided to them through reauthorizations of the Trafficking Victims Protection Act (TVPA, 2013), such as the ability to file civil lawsuits against traffickers, obtain protection orders, and have convictions for prostitution that were committed as a result of being trafficked vacated from their criminal records (Bruggeman & Keyes, 2009; Polaris Project, 2014). With regard to foreign victims, legal assistance may be necessary to obtain a T-visa or U-Visa, allowing for temporary legal immigration status, and opportunities to apply for work authorization and permanent residency (Bruggeman & Keyes, 2009).

Service Provision

The complex dynamics and diverse forms of sex trafficking have required long-term, multifaceted services that many communities lack the resources to develop and sustain. It is imperative, however, that survivors have access to inclusive services that do not prohibit involvement by undocumented persons, or individuals with substance abuse issues, criminal histories, or STD/STIs. In other words, service provisions developed for survivors must take into consideration the realities of victimization and the importance of inclusive care, despite many of the characteristics that would otherwise disqualify victims from social service provision.

Multidisciplinary statewide protocols, an example of which was developed in the state of Washington, can help to identify available resources and establish best practices for meeting the needs of sex trafficking survivors in a community. Training for key responders, including law enforcement, court system personnel, hospital staff, and advocates, is critical to facilitating a victim-centered, trauma-informed response, and for holding traffickers and buyers accountable. For example, relationships between traffickers and survivors can be complex and mirror the dynamics of violent intimate relationships (Stark & Hodgson, 2003). Victims may express the desire to reunite with their trafficker in the same way that survivors of intimate partner violence often experience psychological barriers to leaving violent relationships. Survivors may also be reluctant to engage with the criminal justice system and participate in the prosecution of their trafficker, often due to distrust of authority, feelings of guilt and shame, and fear of retaliation. It is important that service providers receive appropriate training in order to understand the complexities of this relationship, so that victims are not inappropriately stigmatized for being “uncooperative.” Ultimately, victims of sex trafficking will benefit most from compassionate, sensitive, victim-centered care. A coordinated effort among law enforcement, court personnel,

advocacy centers, shelter services, hospitals, mental health professionals, and survivor-led initiatives is essential to meeting the complicated and diverse needs of sex trafficking survivors.

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Resources

- The National Human Trafficking Resource Center & Hotline - 1-888-373-7888
- Girls Education and Mentoring Services (GEMS) - www.gems-girls.org
- Polaris Project
- www.polarisproject.org
- Shared Hope International - www.sharedhope.org
- Washington State Model Protocol for Commercially Sexually Exploited Children <http://www.k12.wa.us/safetycenter/CSEC/pubdocs/PROTOCOL-CSECMoelProtocolNov2012.pdf>

Relevant Readings

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