DOMESTIC MINOR SEX TRAFFICKING: THE IMPLICATION OF RESILIENCY FOR PREVENTION & INTERVENTION OF POTENTIAL RISK POPULATIONS

A thesis submitted to the Kent State University Honors College in partial fulfillment of the requirements for University Honors

by

Natalie M. Kopan

May, 2015
Thesis written by

Natalie M. Kopan

Approved by

______________________________________________________
Advisor

______________________________________________________, Chair, Department of Psychology

Accepted by

______________________________________________________, Dean, Honors College
# TABLE OF CONTENTS

ACKNOWLEDGMENTS ......................................................................................... iv

ABSTRACT .............................................................................................................. v

CHAPTERS

I. INTRODUCTION ........................................................................................................ 1

II. HUMAN SEX TRAFFICKING ................................................................................ 7

   Trafficking Locations ......................................................................................... 7

   Trafficking as a Business .................................................................................... 8

   Victims ................................................................................................................ 12

   Risk Factors ....................................................................................................... 16

   Traffickers: Acquisition and Recruitment ....................................................... 21

   Exploitation ....................................................................................................... 23

   Aftermath: Providing for Survivors .................................................................... 30

   Issues with DMST ............................................................................................. 34

III. WHAT IS RESILIENCY? .................................................................................... 38

IV. PREVENTION & INTERVENTION FOR POTENTIAL VICTIMS OF DMST .................................................................................................................. 49

V. FINAL NOTES .................................................................................................... 63

VI. CONCLUSION .................................................................................................... 64

REFERENCES ......................................................................................................... 66
ACKNOWLEDGMENTS

The journey of this research endeavor was made conceivable thanks to the brilliant individuals I have encountered during my undergraduate career. Rarely before have I experienced this passion of many to educate on the beauties and blemishes of society and the human mind. This passion of my professors, fellow students, and colleagues has overflowed onto me and into this research. With that gift of passion was the fire of motivation from my friends, family, and advisors.

Specifically I would like to thank my primary thesis advisor, Dr. James Shepherd. His patience, drive, and eye for detail has guided me through this research with confidence. I asked Dr. Shepherd to be my thesis advisor because I knew he would push me to higher standards. His critiques were always constructive, and greatly appreciated.

I would also like to give my deep gratitude to Dr. Leslie Heaphy, my honors advisor and co-advisor for my thesis project. I began my research with her, just as a presentation on human trafficking for some of the faculty and students at the university. Dr. Heaphy was my driving force on turning that 30-minute presentation into a thesis paper. Her dedication to students and their successes is impeccable and can never be honored enough in a short paragraph.

I would finally like to specially thank my thesis defense committee: Dr. Donna Lee-Fox and Dr. Kimberly Garchar. Their classes have offered me valuable perspective through this research and writing process. I also cannot be grateful enough for them to agree to take the time to join into this process with me.
ABSTRACT

Domestic minor sex trafficking (DMST) is a specific sector of human trafficking in which the victims are United States citizens and under the age of 18. This type of trafficking is widespread across the U.S. in every state and every major city. The harm caused by such exploitation is extremely damaging to victims, especially considering a high proportion of these victims have already faced some type of abuse prior to their trafficking experience. Many of these children come from abusive and neglectful backgrounds and often end up homeless, which makes them especially vulnerable to traffickers. Most victims, if they do escape from the industry, are severely damaged emotionally, mentally, and physically. Therefore, treatment for this population is difficult to provide. The following will propose a prevention program that could potentially be implemented into institutions that tend to populations of children that are at a higher risk for DMST (e.g., alternative schools, juvenile detention centers, inner-city community centers in high risk locations). This program will have a basis in the building of resiliency, in which children build on valuable character traits and life skills that can help them overcome adversity. This program has groundwork in evidence-based research and the study of resiliency.
Introduction

Greed is an interesting human characteristic. It leads people to crave a power beyond themselves. This power often requires sacrifice and, rather than sacrificing oneself, many who choose this route also choose to sacrifice others for their own gain. We understand this notion of greed pretty well, and it tends to carry a negative connotation in most cultures. This is because it damages societies. The sexual exploitation and trafficking of children is one of those means. The general media has made human trafficking a part of household conversation. Movies like *Taken* and television series such as *Bates Motel* have given us a horrendous picture of young girls in chains locked away for the use of psychopaths. As terrifying as this idea is for parents and children alike, these media portrayals often do not portray the full picture that is the trafficking of humans.

The greed of few has created this second largest criminal industry with a net worth of at least 32 billion dollars (Kortla, 2010). This trails behind the drug trafficking industry and is at a close tie with arms trafficking. This greed occurs worldwide on nearly every continent where women, children, and men are used as an enslaved labor force. The United States is one of the top 10 destinations for human trafficking (Hepburn & Simon, 2010).

Human trafficking can be broken up into two sectors: labor trafficking and sex trafficking. The lines dividing these sides can sometimes blur as some humans caught as
victims to this trade are used for both purposes. In one’s daily life, it is very likely, if not inevitable, that one come in contact with a remnant of human trafficking. Coffee and cocoa plantations have been known to enslave humans for a workforce. Human beings that are not getting paid for their work could have manufactured the tires on your car, the bricks that make up the foundation for your home, and the cellphone you use on an hourly basis. The possibilities of where human trafficking lie are endless.

One of the biggest misconceptions that arises when it comes to the general population’s knowledge of human trafficking is with sex trafficking. Wealthy Caucasian girls who are dragged away in chains screaming for help are not the majority of the sex trafficked population, especially here in the United States. The majority of this victim population is not made up of foreigners either. These are victims who are predominantly American citizens, often from impoverished backgrounds, and most commonly children. This type of trafficking has been labeled Domestic Minor Sex Trafficking (DMST; Kortla, 2010). It is estimated that at least 100,000 children are currently being trafficked for commercial sex and 100,000 to 300,000 more are at a high risk for this same exploitation (Hannan, 2014). These numbers are rough estimates for the true number of victims is unknown due to the underground nature of the industry.

Minors are often victims of human trafficking for a number of reasons. Most of them come from what are labeled in the U.S. as “broken homes.” These homes are often those in which guardians abuse their children, physically or sexually. They can also be homes that have become drug-ridden by parents, siblings, and other family members who
choose the use of drugs over properly caring for the children of the household. They can also be households living in poverty or suffering under other forms of severe familial dysfunction like serious mental illness (Williamson & Prior, 2008). Children from these types of homes often end up on the streets as runaways or throwaways. Once they are on their own, usually without money or any type of job skills, they instantly become more vulnerable to traffickers. It is estimated that 90% of youth on the streets become involved in the commercial sex industry (Hannan, 2014). Lesbian, gay, bisexual, and transgendered (LGBT) youth are at an especially high risk (Hannan, 2014). The average age of entry into this industry is 12-14, but some are much younger (Hardy, Compton, & McPhatter, 2013).

According to the Trafficking Victims Protection Act (TVPA) of 2000, sex trafficking is “the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age” (Kortla, 2010, p. 181). A commercial sex act is an encounter in which sex is exchanged for anything of value, such as money, food, or cigarettes. To define how victims are obtained, force can involve the use of physical harm. Traffickers can use fraud by making false promises to victims regarding a better home, job, or life. Coercion can be explained as the use of threats against potential victims. These can be threats of physical harm toward the victim or their family or even threats of legal harm.
Once victims are obtained, they are then exploited. This exploitation can subject them to debt bondage, physical abuse, sexual abuse, and disease. Debt bondage involves the trafficker creating a “debt” that the victim owes to them for living type expenses (e.g., food, clothing, housing). This debt is often impossible to pay off and only gets larger. This is just another method that traffickers use to keep their victims under their control for as long as possible (Hannan, 2014). Victims’ traffickers, as well as their clients can physically and sexually abuse them. Some suffer broken bones, internal damage, and even death. Disease is also a major factor of exploitation. Sexually transmitted diseases are rampant among sex workers, especially potentially fatal ones like HIV/AIDS. Drug abuse and brutal living conditions can also lead to disease and other physical ailments that may result in premature death. Victims are also more likely to be subjected to being cycled through the criminal justice system in which they are treated as criminals rather than victims by law enforcement.

As for the victims that live through their experiences of being trafficked, most do not come out unharmed. Next to serious physical problems, psychological issues are nearly inevitable. Depression, post-traumatic stress disorder, severe anxiety, and major issues with adapting to mainstream society, like getting a job or being in a functional relationship, are just a few of the ways in which survivors are affected. There are currently very few shelters and programs aimed toward aiding these survivors, especially minors. The ones that currently do exist have little statistical evidence or factual research
to prove their effectiveness past just providing basic aid (e.g., food, water, shelter, job skills training).

One of the major factors that have been found to help individuals have a healthy and positive life after experiencing repeated trauma is resilience. Resiliency can take on a number of definitions, but is often described similarly to that of Campbell-Sills, Cohan, and Stein (2006) who define it as “a dynamic process wherein individuals display positive adaptation despite experiences of significant adversity or trauma” (p. 586). It has been believed to be the barrier between negative experiences and psychopathology. In other words, it helps prevent individuals from having long lasting psychological effects from their traumas, and enables them to still have a healthy lifestyle afterwards (Campbell-Sills, et. al., 2006). Resiliency is most commonly studied as a multidimensional set of individual characteristics and the relation of those characteristics with the environment. Some internal traits that were found to relate to high resilience in children can be a healthy self-esteem, good social skills, effective problem solving and coping strategies, and a number of other characteristics (Rönnau-Böse & Fröhlich-Gildhoff, 2009). At the environmental level, good parenting and peer relationships can become important in the development of a resilient child. Programs based on building resilience have been implemented in schools for young children, as well as treatment programs for victims of various forms of trauma and abuse.

There has been little documented research involving the study of resilience in human trafficking victims. This goes for the measurement of resilience in victims, the
possible use of resilience building as part of a treatment plan for them, and using resilience building as a primary prevention program to aid children in susceptible areas from falling victim to exploitation. My assumption is that human trafficking victims have lower levels of resilience, and children with higher ratings of resilience, despite childhood adversities, will be less vulnerable to victimization. I am also predicting that treatments and programs involving resilience building may have positive effects on decreasing the number of DMST victims by targeting populations of children that are believed to be at the highest risk.

The following will describe Domestic Minor Sex Trafficking in great detail so that the reader can understand the full scope of adversities experienced by victims before, during, and after their exploitation. This will help the reader understand the long-term effects of the trafficking experience on a child, and the difficulty with providing effective treatment for this victim population. It will also delve into the research behind resilience and what factors, environmental and contextual, seem to create such a resistance to the negative effects of adversity. Then we will discuss my implications for applying the current research on resilience-based programs as a method of prevention against victims to come, for it is my assumption that prevention is most effective method of lessoning the number of child victims to sexual exploitation.
Human Sex Trafficking

Trafficking Location

As discussed previously, human trafficking can come in two predominate forms: sex trafficking and labor trafficking. The focus here is sex trafficking, specifically that of minors in the United States. Trafficking has been reported in all fifty states and the national capital of Washington D.C. (Todres, 2012). It is estimated that 46% of the trafficking that takes place in this country falls under the label of sex trafficking (Hannan, 2014). In fact, the number of human trafficking cases that take place within the border of the country outnumber those considered cross-border cases, which take place across the border of the United States and other countries such as Mexico or Canada (Todres, 2012,). We can divide trafficking hot spots into three categories: recruitment locations, destination locations, and bidirectional locations.

Williamson and Prior (2009) discuss the differences between these trafficking subsectors with a focus on Toledo, Ohio, a major transit area known for its high reporting of trafficking activity. According to them, recruitment areas are locations where victims are manipulated or forced into trafficking, but are usually moved to another location to be exploited. Smaller cities in the Midwest of the United States have been identified as possible recruitment locations. Destination locations are where victims are often transported to work as trafficked humans. Here there is a demand for such services, as
well as other factors that make the ability to exploit children go unaffected by law enforcement. A pre-existing environment of prostitution can also lead to a relatively easy integration of child prostitution victims. Williamson and Prior (2009) describe bidirectional locations as areas where victims are both recruited and working. We can classify most of the larger U.S. cities in this way.

** Trafficking as a Business **

When looking at an extremely underground and discrete industry like human sex trafficking, we must understand more than just where it occurs, but how and why. We can examine this industry from a business model perspective where we can look closely at the supply, demand, and distribution that makes human trafficking such a profitable industry around the world. We can also examine the specific roles and players within the industry that keep it running for maximum profit. According to the International Labour Organization (2005) based in Geneva, human trafficking has managed to make a global revenue of 31.6 billion dollars each year. This profit is most obviously the driving factor for the industry’s existence. A cost-benefit analysis, as done by Hepburn and Simon (2010), tells us that this industry has a very high profit margin and low risk exposure due to the wide acceptance of the sex industry, such as in the United States. Americans spend approximately 10 billion dollars a year on adult entertainment (Hepburn & Simon, 2010). These profits do not only benefit the trafficking industry, but also major U.S. corporations such as Time Warner, Hilton, AT&T, and Marriott (Hepburn & Simon,
The lack of regulation in the sex industry leads to the ability for underage and trafficked individuals to be hidden under its umbrella.

The supply factor is a crucial feature for recruitment areas. Larger numbers of homeless youth in these locations provides a significant supply of vulnerable individuals that can be more easily exploited. It is estimated that there are currently 1.7 million homeless youth in the U.S. alone (Slesnick, 2014).

The demand factor can be of significant pertinence when exploring destination locations. Areas with high numbers of unattached and transient males can provide many potential buyers of sexual services from trafficked humans. These consumers can be military personnel stationed on bases across the country, truckers at popular truck stops, and even conventioneers (Hannan, 2014). Major sporting events, such as the Super Bowl, can also create an environment with high demand for sexual services (Hardy, Compton, & McPhatter, 2013). Areas with pre-existing adult prostitution can also provide an already tolerant area where trafficked humans can be integrated into the industry without much notice (Hannan, 2014). Internationally speaking, United States citizens make up 25% of child sex tourists worldwide. These are individuals who purchase services of trafficked children off U.S. land (Hepburn & Simon, 2010, p. 10). It makes sense to bring the supply to the demand to increase profits when this particular demand (i.e., American males) is already a major consumer of these particular services worldwide.

Examining distribution can show us how the supply meets the demand. This can be in the form of brothels, street prostitution, strip clubs, live sex shows, escort services,
and pornography. Trafficked humans are often transported across the country in order to make supply where demand is temporarily higher, like we would see in the case of the Super Bowl. Individuals can also be traded and sold between traffickers (Countryman-Roswurm, 2014).

Williamson and Prior (2009) identified a number of roles held within the trafficking industry through their work with trafficking victims taken out of Toledo, Ohio. These roles can be more easily viewed as links in a chain or smaller rings encompassed inside a larger circle. They are each necessary, in some aspect, for the industry to run fluidly. Even when some of these links are removed by law enforcement, they are quickly replaced. Some of these positions are labeled as such by law enforcement, the authors of the study, or within trafficking rings.

*Connectors* are classified as the preliminary link. This is a term created by Williamson and Prior (2009) to describe the individual who introduces potential victims with recruiters. They are often compensated for this task through cash, drugs, or just a general good standing with the trafficker.

The second link is the *recruiter* – a term used by the FBI. This recruiter can be the trafficker him or herself or an entirely separate person all together. They often practice what has been labeled on the streets as “knocking” or “knocking a bitch,” which means the presenting of new faces to the trafficker. Recruiters can sometimes have other roles under the trafficker such as being a former recruit themselves or selling drugs for the trafficker (p. 53).
Groomers can also be the trafficker or a separate link in the chain. They occupy the role of preparing the victim for prostitution. This person informs the victim of prices for specific services, methods to use in negotiating services, and can also buy clothing for the victim to prepare them for work. The groomers are often former or current trafficking victim themselves.

A link that would sit directly underneath the trafficker is the bottom – a term used in trafficking rings. This person is usually a female and is the closest to the trafficker. They are the most trusted person in the stable, or the trafficking ring. She is often considered the girlfriend of the pimp and is viewed as the second in command. She can carry out punishment, set quotas for the victims regarding how much they need to make each night, and she can even be their primary caregiver within the ring.

The researchers also identified a link they termed the watcher. This person is the primary transporter and security for the victims. They make sure victims are where they are supposed to be, bringing in the money they are supposed to be making, and ensuring there is no escape. This person can walk individuals back and forth from truck stops, making sure they do not leave the clubs they are working when they are not supposed to, and guaranteeing they are returned back to the trafficker after performing services. This person’s main priority is not to protect the victims, but to protect the revenue in which they bring in.

Wife-in-law is also a term used within the trafficking industry. These are the victims themselves. They work under the same trafficker and hold some sort of loyalty to
him or her. They can be paired with one another to work together and often live in the same quarters.

Finally, the *Traffickers*, often called *pimps*, are the major authority in controlling and exploiting victims. They receive the money from their services and usually pay their bills and provide for victims’ basic needs. Trafficked individuals answer to this person and follow their rules or suffer their consequences.

It is important to understand that these roles can sometimes be combined and held by fewer individuals, but regardless, they are all necessary in the running of the industry.

**Victims**

Victims of human trafficking can range widely in age, ethnicity, gender, and backgrounds. Overall, it is estimated that 21 million people worldwide are victims of forced labor and 4.5 million of these are victims of forced sexual exploitation (Konstantopoulos, Ahn, Alpert, Cafferty, McGahan, Williams, Castor, Wolferstan, Purcell, & Burke, 2013). In the United States, 50 percent of victims trafficked into the country are children (Hannan, 2014). It is apparent that although the average age of entry into the trafficked population is currently around 14, it is declining due to a growing demand for and higher profits of younger children (Rand, 2009). Some of these victims are aware they will be prostitutes; however, many are unaware of the conditions they will face. It is important to keep in mind that most of these victims come from homes we
would label as abusive or broken, but some children from seemingly healthy families can also become victim to exploitation as well (Williamson & Prior, 2009).

Although the focus of this paper is on domestic victims, foreign victims can also be exploited and make up a large percent of trafficking victims. The United States is considered the third largest destination country in the world for the importation of trafficked humans (Jones, 2010). Here, there is a large demand for cheap labor and that is often the driving factor that attracts poverty-stricken communities to this country. However, it is harder for foreigners from such countries to get here legally in comparison to more wealthy and developed countries. This makes them especially vulnerable to criminal exploitation (Jones, 2010). The Trafficking Victims Protection Act of 2000 (TVPA) and the Department of Immigration and Customs Enforcement come to be at odds with one another in trafficking cases that involve foreign victims. Illegal immigration raids can lead to the deportation of critical witnesses and victims of human trafficking, which weakens the prosecution of such cases (Hepburn & Simon, 2010).

Male victims are also crucial to consider when studying human sex trafficking, because they are often a forgotten population of victims. In some countries, boys can make up 90% of child prostitutes (Jones, 2010). Even some of the larger cities in the United States are approximated to have an equal ratio of male and female prostitutes (Jones, 2010). There has been an overlap between boys forced into labor trafficking and being sexually exploited during their trafficking experience. The absence of noticeability and publicity of male victims to this type of exploitation makes them especially appealing.
to criminal networks. Not to mention, the media’s representation of men as invulnerable and almost always the victimizers, and females as only victims further hinders the probability that male victims are recognized as such (Jones, 2010). Boys are also going to be less likely to report abuse for they are expected to desire sex and be predominantly self-reliant. Male victims of sexual exploitation are going to be more likely to experience a sort of self-fulfilling prophecy and become victimizers as adults (Jones, 2010). Overall, this media portrayal weakens the empathy of the general population for male victims (Jones, 2010).

Another population of victims often forgotten are the LGBT youth. This group is more likely to experience homelessness, to have been physically and sexually assaulted, engaged in survival sex, attempted suicide, abused substances, and have had overall greater mental health concerns in comparison to the general youth population (Hannan, 2014). LGBT youth make up approximately 5 percent of the general populace of children in the United States. However, they make up 40 percent of the homeless youth in this country (Hannan, 2014).

In all reality, though, American-born youth are especially vulnerable to sexual exploitation in this country. We refer to this population as Domestic Minor Sex Trafficking (DMST) victims. Countryman-Roswurm and Bolin (2014) refer to DMST as a kind of violence in which “the body of a child and/or youth is treated as a commodity” (p. 525). It is believed that there are more DMST victims in this country than foreign victims (Kortla, 2010). It is important to keep in mind that it would be extremely
difficult for a child to prostitute themselves without adults to traffic them and buy their services. With that being said, it is crucial to use proper terminology when referring to this population of victims. We often see terms such as juvenile or child prostitute. This can confuse the perception of the identity of this population as criminals rather than victims. This is an issue because society often has a more sympathetic view of traditional child abuse victims and sees trafficked victims in a more negative light (Williamson & Prior, 2009). Another critical point before delving into the description of this population of victims, is that force, fraud, and coercion is not necessary in order to consider these children as victims (Hardy, et. al., 2013). In other words, they do not need to be trafficked against their will to be considered victims of human trafficking. Some of these children act as if they are willing to perform these acts for their trafficker, which makes it even harder for society to see them as victims. However, age is the important factor. In this country, we do not give those under the age of 18 the full rights of an adult because they are not considered to be cognitively equal to an adult. They are expected to be under the care of social institutions such as the family and education systems. When these systems fail to properly care for these children and the child ends up under the control of a trafficker, the child cannot be held completely accountable for finding alternate methods of survival.

There has been a significant amount of research with DMST in Ohio –specifically Toledo. The Federal Bureau of Investigation and the National Center for Missing and Exploited Children has labeled Toledo as a major recruitment site for child sex
trafficking (Williamson & Prior, 2009). Williamson & Prior (2009) found that victims from other locations, such as Pennsylvania, have claimed to be recruited in Toledo. They also determined that a significant number of victims from Toledo are in need of housing, employment, mental health treatment, education, and, overall, some safety and security. A few of the organizations and researchers that have been studying DMST in Ohio are: Shared Hope International; End Child Prostitution, Child Pornography, and Trafficking of Children for Sexual Purposes; and the Polaris Project (Williamson & Prior, 2009). Davis (2006) a researcher from the Polaris Project noted some structural influences that make Ohio a hot spot for DMST, including the presence of major highways and waterways that travel through vulnerable areas (Williamson & Prior, 2009). Wilson and Dalton (2007-2008) also noted that Ohio has a significant population of potential buyers of DMST services, such as individuals found on military bases in highly affected areas. They also distinguished the lack of legislation preventing DMST in Ohio in previous years as a significant factor for its recent popularity in this state (Williamson & Prior, 2009).

Risk Factors

There are a number of risk factors that lead certain populations of children to be more vulnerable to sexual exploitation than others. Hannan (2014) divided these elements into push and pull factors. Push factors push an individual away from a specific situation such as poverty, natural disaster, lack of rights, and heightened corruption or violence in
residential areas. Pull factors pull an individual toward a situation. These reasons can be hope for better jobs, opportunities, and living conditions, as well as an individual trying to escape from oppression, which we see in LGBT victims. Also, a high demand for sexual services can pull victims towards the trafficking industry. Both push and pull factors work together to increase the risk of exploitation in potential victim populations (Hannan, 2014).

Another way we can divide up these potential risk factors is into environmental, individual, and family or peer-related factors. The societal sexualization of girls and women can be considered an environmental factor. Hardy et. al., (2013) claim that that the “societal perception of females as objects for sexual use” (p. 10) are a major reason for the overwhelming demand for sexual services provided by young girls. These researchers also noted that environment factors such as ineffective city systems, public policies that blame victims, and vulnerable residential locations can be significant environmental risk factors for victims of DMST. Kortla (2010 ) also describes this culture of tolerance, which supports the prosperity of the sex trafficking industry. She claims that the glamorization of pimps and prostitutes in various media outlets often equate being a pimp to being cool rather than a criminal (p. 182-183). This makes for a societal acceptance of trafficking. Poverty is also an extremely significant environmental risk factor (Hannan, 2014).

Hardy et. al., (2013) also noted a number of individual risk factors that can increase the probability for exploitation in children. Some of these factors are
deficiencies in social skills, deviant behavior, and poor educational performance. These types of factors can lead the individual to have difficulties with being accepted in society. This makes it harder for them to identify and seek help as well as finding other methods to make some sort of revenue. Drug and alcohol abuse by the individual is another extremely significant risk factor (Countryman-Roswurm & Bolin, 2014). This gives the trafficker an additional method in which they can control their victims: providing for their addiction. Substance abuse, as well as other mental and emotional disorders like major depression, also can affect a child’s risk of exploitation.

Family and peer-related factors, such as a history of sexual abuse and familial dysfunction, have been noted to be extremely prevalent in DMST victims. Seventy to ninety percent of female DMST victims have claimed to be sexually abused prior to their recruitment (Hardy et. al., 2013). This can often be at the hands of family members or other known individuals. Domestic violence, substance abuse, and mental illness within families can also create an extremely stressful home life for potential victims and lead to poverty (Hardy et. al. p. 10). This is when youth end up on the streets looking for alternative methods to survive since their families are unable to properly provide for them. There have also been a number of cases in which family members, friends, and boyfriends are associated with traffickers and coerce or force these minors into the industry (Hardy et. al., 2013; Williamson & Prior, 2009). Just as with the push and pull factors, victims often fall under a number of these risk factors-environmental, individual, and family or peer-related, which work together to lead them to exploitation.
Williamson & Prior (2009) conducted face-to-face interviews with 13 recovered DMST victims out of Toledo and found a majority of these participants were runaways, throwaways, or giveaways (i.e., had been given to others by guardians or to child protective services). To be exact, 91% of their participants experienced abuse in their homes and 77% had been involved in child protective services at least once. Fifty-seven percent claimed to been sexually abused by someone outside of their family, whereas 30% claimed the abuse came from within their homes. Fourteen percent of the individuals were sexually abused by both individuals within and outside of their families. Over half (64%) stated that one or both of their parents had been addicted to drugs or alcohol. Many of these minors studied also had to be the primary caretakers for their siblings. One girl that was interviewed talked of her home life before she started prostituting. She said,

We were starving…we had no money, no lights, no gas. One box heater for the whole family. He didn’t want to waste drug money on Christmas presents or birthday presents. He took our toys away when I was 8. He sold them and bought drugs. I started prostituting at age 11. (Williamson & Prior, 2009, p. 52)

Children who experience troubled homes such as these described are at a much higher risk for ending up on the streets as runaway, homeless, or street youth (RHSY). This population of young people is at the highest risk for DMST—specifically, 30 or more days of homelessness has been dubbed the single most determinant factor of DMST (Countryman-Roswurm & Bolin, 2014). Countryman-Roswurm and Bolin (2014) described RHSY as “unaccompanied
youth without adequate stable housing and/or supervision” (p.527). They claimed this population was vastly understudied and unaccounted for, leading to a lack of proper aid and resources being provided for them. Willamson and Prior (2009) found that many of their study participants fell into this category of youth because they became overwhelmed by the stress of their family problems and came to feel unable to handle those problems any longer. It is estimated that one in three RHSY will be forced, frauded, or coerced into DMST within their first 48 hours of being on the streets (Countryman-Roswurm & Bolin, 2014).

In addition to RHSY, a history of teen relationship violence (TRV) can also be a significant risk factor for individuals falling victim to human trafficking. Countryman-Roswurm and Bolin (2014) defined TRV as an “abusive and violent behavior in teen dating relationships which reflects the perpetrator’s desire to control and dominate the victim” and can cover “a wide range of behavior that includes verbal and emotional abuse, sexual abuse, and physical violence” (p.526). It is a significant risk factor for DMST because it is similar to signs of someone being groomed or manipulated into sex trafficking, making them more vulnerable to such occurrences. This battering can turn to pimping and this same type of emotional and physical coercion can be used to break down a person’s resistance to entering prostitution (Countryman-Roswurm, 2014).
Traffickers: Acquisition & Recruitment

Traffickers are the primary perpetrators in the sex trafficking industry. They can take on a number of roles in this industry, as well as in the lives of their victims. They can be already existing members of organized crime or business owners, or even neighbors, friends, and family members of their own victims (Hannan, 2014). Williamson and Prior (2009) found that most of the victims they interviewed were recruited by someone who knew them, knew of them through mutual friends, or someone they vaguely knew from around their neighborhoods. Overall, we can identify a trafficker in DMST as an individual who makes some sort of profit in exchange for the sexual use of a minor by another person (Hardy et. al, 2013).

Traffickers can use a number of methods in recruiting young people. The specific methods used can be based on the preference of the trafficker her or himself, or based on the trafficker’s evaluation of the victim (i.e., how and when the child will start making money for the trafficker; Rand, 2009). These approaches can include threats, intimidation, violence, deception, peer pressure, kidnapping, and false promises (Slesnick, 2014). However the most common techniques used for recruitment are finesse pimping- recruitment through manipulation, and guerilla pimping – recruitment through force (Williamson & Prior, 2009). When traffickers take the route of manipulation, the ultimate goal is to make the victim think it is their choice to sell sex. They pay the trafficker with the money they make out of obligation to do so. Williamson and Prior
(2009) discussed the *bait and switch* technique as a form of finesse pimping in which the trafficker presents attractive opportunities—the bait, and switches the situation for their own monetary gain—the switch. They exploit the dreams of their victims by turning what appeared to be a modeling gig into an occupation as an escort, or turning what they thought was their boyfriend into their pimp. The latter is the most common tactic (Rand, 2009). Boyfriends turned traffickers take advantage of the victim’s natural desire for love, family, and security (Hardy et. al., 2013). They provide things such as food, shelter, gifts, and drugs in order to gain some initial loyalty and trust. Then they manipulate their proposed lover turned victim into performing certain services for them as an obligation for all the kind things the trafficker had been providing. Additionally, traffickers can take advantage of their victim’s attempt to be self-sufficient (Williamson & Prior, 2009). In other words, traffickers manipulate victims into thinking they are independent by having them sell sex in order to provide for their own basic needs. All in all, the manipulation technique leads victims to believe that they have the freedom to leave, but they feel so dependent that they can’t.

In a sense I made a choice. I could have left. But I didn’t think I could survive on my own, and I couldn’t go back home. I didn’t have anywhere to go… he reminded me of that again and again. He kept telling me that I was free to walk out and then that I had no choice, that I wasn’t good for anything else. So I felt that I could’ve walked out and also that I couldn’t. (Rand, 2009, p. 141)

*Guerilla pimping* is the type of recruitment we most often see exploited by the media. Popular movies, television series, and the top news stories often involve individuals being violently forced into selling sex. Although maybe over-exaggerated at
times, this type of recruitment is still very significant in the DMST industry and involves the trafficker using threats, physical violence, and intimidation (Williamson and Prior, 2009). One story given by a participant of the Williamson and Prior (2009) study began in this way:

I was walking down the street having fun, just recently got out of here [detention] in January. And all of the sudden this black Yukon rides up. He tried to talk to me, at first, but I told him how old I was and then he rolled up around the corner and jumped out of the car and just started hitting on me for no reason...[He] started beating me and just for no reason and he told me I was going to be his ho. And just started basically abusing on me and threatening me... He took me to the car and told me that I was going to make his money or he was going to kill my little brother and sisters and my mom. He said ‘I’ve been watching you.’ (p. 51)

The specifics of the methods used to recruit individuals into this industry can vary, but it is important to keep in mind that the type of recruitment can often shape the entire trafficking experience of the victim as well as the aftermath of their emotional and physical well being.

Exploitation

After recruitment into the industry, victims are exploited in a number of ways, but the overall experience can be classified as a persistent and pervasive form of captivity (Palmer, 2010). This captivity is often strongest in a psychological nature rather than physical, but physical force is not uncommon in this context. Palmer (2010) went into detail of the captive experience in her article The Essential Role of Social Work in Addressing Victims and Survivors of Trafficking. She claims the central force in the
captivity experience is the desire and need to avoid pain. Traffickers use this to their advantage by systematically inducing unpredictable violence and coercion through physical and psychological means. This initial assault can take on the form of what is often labeled *conditioning*. This is when victims are put through a process that breaks down their independence and self-worth to make them submissive and compliant assets to the trafficker.

Although traditionally applied to the captivity of prisoners of war, we can look at Biderman’s Chart of Coercion to go into further detail of this relationship between power and control and how it closely parallels with the captivity and conditioning that takes place in human trafficking (Hannan, 2014). Isolation, monopolization of perception, threats, occasional indulgences, demonstrating “omnipotence,” enforcing trivial demands, and degradation are all methods of control used by traffickers.

*Isolation* is used to deprive victims of social support and make them dependent on the perpetrator. This breaks down their ability to be resistant. This is already a work in motion by the time an individual enters the industry. Familial contact is minimal if existent at all. The victim experiences a group isolation in which the trafficker, other players in the industry such as the watcher and the bottom, johns, and the other victims, become the only means for social contact. Some individuals are even kept from using phones or computers.

*Monopolization of perception* forces the victims’ attention to be fixed on the immediate situation and frustrates any action that does not align with compliance.
Confinement or imprisonment would be possible variants of applying this method because it physically isolates or restrains the victim so that the route of focus is limited to what is allowed within the confinement. This can be implicated with the use of guards, electronic surveillance, and physical restraints, such as being tied up (Hannan, 2014).

*Induced debility and exhaustion* is relatively common in the conditioning phase. The goal here is to weaken the mental and physical ability to resist. Starvation, sleep deprivation, denial of medical care, and forced drug use are just a few of the ways in which victim’s physiological systems can be compromised in order to increase dependence and reduce resistance (Hannan, 2014; Palmer, 2010). We could also classify physical violence as falling under this method of coercion for Biderman. This violence can take on the form of stabbing, hitting, punching, torture, and grabbing and contorting of the body into painful positions (Palmer, 2010).

*Threats* create anxiety and despair within the victim. It is not uncommon for traffickers to threaten victims and those close to them. Palmer (2010) signifies that after the initial assault has been done, just the threat of harm can be sufficient in controlling victims.

*Occasional indulgences* is a method especially utilized when the trafficker acts as a boyfriend-type figure, but can also be used in other contexts. This is when victims are occasionally given gifts, more comfortable living arrangements, positive personal attention from the trafficker, or even some allotted freedom. These favors confuse the victim’s perception of their trafficker as someone that is absolutely harmful (Palmer,
The indulgences could be few in counting, but in relation to the conditions they are greatly appreciated - the victim is made to feel gratitude towards their trafficker.

The trafficker often takes the role of an all-powerful being in the lives of their victims. He or she is demonstrating omnipotence. This suggests that the trafficker controls all aspects of the victim’s life in hopes to decrease the likelihood of resistance. Traffickers often have relatively high political, social, and financial power that makes victims feel subordinate and fear for the lives of themselves and their family (Palmer, 2010). This attitude has been commonly portrayed as a god complex.

**Enforcing trivial rules** leads to the victim developing a habit of compliance to their trafficker. Whatever the trafficker ask the victims to do, they are expected to do it, regardless of how insignificant the request. Victims learn that obeying the command is better than receiving the consequences.

**Degradation** or humiliation, is one of the most powerful steps of control according to Palmer (2010) as it forces victims to violate their own moral codes and release human attachment by reducing them to an animal level. Victims can be forced to sexually and physically assault other victims or degrade themselves while being photographed or filmed (Palmer, 2010). Victims are sometimes even forced to defecate on themselves because their traffickers have taken control of their toileting (Palmer, 2010).

Debt bondage and exorbitant fees are classic examples of another type of exploitation that happens in the trafficking industry. This is where traffickers set an
amount to be paid by victims for their room, board, travel, hygiene, clothing, and other personal items (Hannan, 2014). This makes for an indentured servitude in which their trafficker continuously holds victims captive until they pay these dues that have been set at unrealistic heights.

In regards to DMST, these fees are often set as quotas that individuals must meet each night in order to avoid consequences. Those who do not collect enough cash can be beaten or neglected by being starved or even forced to sleep outside (Williamson & Prior, 2009). Some individuals will find other means to reach their quota through robbery and assault. Sherry, a former victim of DMST, described how she managed to make some of the money for her quota:

I was like just beating up people and taking their money just so I wouldn’t have to go out there and sell my body to somebody, but I was getting money to save my little brothers and sisters and my mom life. (p. 51)

Victims can experience a number of physical and psychological harms throughout their trafficking experience. Outside of the abuse they may receive at the hands of their traffickers, these young people are going to be at a higher risk of robbery, rape, and assault by people they encounter on the streets during their line of work (Williamson & Prior, 2009). They are often targets of these criminals because they are seen as more vulnerable. They can be left unprotected while waiting to be picked up by johns, can have large sums of cash on them, and may very obviously look young and battered. Criminals are also aware that these victims are going to be reluctant to report their assault to the
police because of the illegality of prostitution and how those perceived as prostitutes are rarely treated as victims by the justice system.

Obviously, exposure to sexually transmitted diseases (STDs), including HIV and AIDS, are also likely for those in the sex industry (Konstantopoulos et. al., 2013). Reproductive health problems can be commonplace, not just because of STD exposure, but victims are also very likely to become pregnant and undergo questionable abortion procedures done by black market doctors rather than accredited clinics due to their age and necessity for parental consent (Hannan, 2014). In addition, this lack of proper medical treatment can affect the treatment of other physical conditions, such as broken bones healing improperly (Hannan, 2014). Malnutrition, rotted teeth, burns, bruises, bed bug bites, stunted growth, and vaginal/anal tearing have also been seen in many victims (Hannan, 2014). It is also not uncommon for victims to be branded or tattooed by their pimp as a sign of ownership (Hannan, 2014).

Psychologically speaking, depression, Stockholm syndrome, posttraumatic stress disorder (PTSD), and anxiety disorders are some of the most common disorders seen in victims of sex trafficking. Depression can be defined as “a state of despondency marked by feelings of powerlessness and hopelessness” (Coon & Mitterer, 2015, p. 497). It can lead to a variety of self-destructive behaviors such as self-mutilation, eating disorders, drug abuse, and suicide (Hannan, 2014). In one study, depression was the most common diagnosis among child trafficking victims (Godziak, Bump, Duncan, MacDonnell, & Loiselle, 2006).
Stockholm syndrome, also described as a trauma bond, is a psychological response in which victims of abuse develop a dysfunctional attachment to their abusers (Hardy, et. al., 2013). Those most vulnerable to this type of attachment are going to be those that: perceive a threat to their survival and believe the trafficker can carry through on that threat; see the trafficker as giving small favors; are quarantined from other perspectives and mainstream society; and do not see escape as a feasible option (Hardy, et. al., 2013).

Posttraumatic stress disorder (PTSD) is a disorder that evolves within an individual as a result of repeated or prolonged exposure to trauma. Complex PTSD or complex trauma can often exist among DMST victims because of the nature of their trauma. Entrapment, relocation, exposure to other’s abuse, and extended physical, sexual, & psychological abuse are often what leads to a more complex form of PTSD in this victim population (Hardy et. al., 2013).

Many victims can also experience what would be classified as an *anxiety disorder*. This type of disorder usually consists of disruptive feelings such as fear, apprehension, or anxiety. They can also have distortions in behavior due to anxiety (Coon & Mitterer, 2015). Individuals suffering from anxiety disorders can experience nervousness or shakiness, terror or panic spells, as well as just a general fearfulness through everyday activities (Hannan, 2014).

Problems often arise with victims’ perceptions of the world and themselves. Individuals tend to have a distorted worldview that is often negative and unrealistic.
(Hardy et. al., 2013). This can make it harder for them to adjust to mainstream society and occupations if they are fortunate enough to vacate the industry. Victims also experience significant shame and grief and have severe issues with self-esteem (Hannan, 2014). Their sense of empowerment is often minimal, and they have a hard time viewing themselves as victims. More often they see themselves as criminals, for many have been cycled through the justice system (Hardy et. al., 2013). A DMST victim named Carla described her struggles with herself:

It’s like every time you do it, it eats a part of you away, and it’s just like it’s un-explainable how it makes you feel. You’re worthless. You’re not any good anymore. You’re damaged goods. Like me, I never think that a man would want to touch me or actually love me (Williamson & Prior, 2009, p. 57)

Other disorders and dysfunctions such as dissociative disorders, somatization, amnesia, bipolar disorder, and hypervigilance also are prevalent among this population (Hannan, 2014; Williamson & Prior, 2009). It is important to consider that most psychological disorders and some physical ailments do not leave the victim once they leave the industry. Without proper treatment, these disturbances follow the victims throughout much of their lifetime and act as a weight that hold many back from going on to live functional lives as adults.

Aftermath: Providing for Survivors

Many young people that enter this industry have a hard time escaping it by adulthood. Most will have little formal education or job skills training outside the
workings of the sex exchange, which leads many of them to continue on in the industry as adults. Kotrla (2010) estimated that at least 70 percent of adult prostitutes entered the commercial sex industry before the age of 18.

Those who manage to be separated from trafficking rings, they usually do so by being arrested or making their own escapes. Unfortunately, even these methods can cycle someone back into the commercial sex trade. Some pimps will hunt down their missing victims and force them back. However, many escapees will come back willingly out of financial necessity and psychological disparity (e.g., addiction, trauma bonding). Those who are arrested are often treated as criminals rather than victims. Being peddled through the justice system often just adds more stress to the victims’ lives with little relief to the already existing stressors they are experiencing and can even be an additional traumatizing event (Williamson & Prior, 2009). Children who are arrested under prostitution charges and are not sent to juvenile delinquent centers are often circulated back to the environments they ran from or will run from, including broken homes, foster care, group homes, or non-secure residential treatment centers (Kotrla, 2010). These places bring little relief to victims and just increase the chance that they will run away and be victimized yet again. Although rescue missions by law enforcement do exist, it is estimated that only 1% of victims are recovered this way (Slesnick, 2014).

Using Maslow’s Hierarchy of Needs we can identify and classify the basic necessities a person needs in order to live a fulfilling and healthy life. This is the basis that social workers currently use to provide for victims of trafficking. The purpose of the
hierarchy is to portray that one must meet their basic lower level needs before they can move on to the higher level growth needs (McLeod, 2007).

The first level of needs is the biological and physiological needs. This includes food, water, clothing, and shelter. This is crucial for recovered victims of trafficking. Many relied on their trafficker for such essentials, so it is important they are provided so that there is less motivation to return back to their abuser. For those with addiction problems, treatment for substance abuse will also need to be a resource provided early on and possibly throughout the duration of achieving the other needs on the hierarchy. An extra consideration will need to be taken for severely depressed survivors. Suicide ideation in victims requires a constant monitoring (Hardy et. al., 2013).

After the physiological needs are established, then safety needs must be provided. This involves physical safety, financial stability, and stable housing- preferably permanent. These are harder needs for social work to provide considering the age of DMST victims. It is crucial to keep in mind that when dealing with DMST, the victims are minors, which leads to a conflict with certain legal restrictions when it comes to providing care and treatment, because parental permission is often required. Their age also leads to restrictions in job acquisition. The United States has strict child labor laws that limit the wages and hours one can work when he or she is under the age of 18. Necessity for financial stability can be another strong factor that draws individuals back to prostitution. It is unlikely that the stability that was not there before the trafficking
experience will be there post-trafficking. Legal services may also be a necessity at this level, for victims could be facing criminal charges against them.

Once a certain level of stability and security are provided for victims, love and belongingness needs come to be important. Victims find a sense of belonging in trafficking rings for many lacked this before they entered the industry. However, they also can learn to be distrustful through their victimization. This results in survivors having issues with building healthy and valuable relationships with other people (Hannan, 2014). Facilities treating victims of similar cases can be helpful in providing a new community of individuals who understand one another and are working for a similar goal.

As discussed previously, self-esteem and feelings of self worth can be greatly damaged through the trafficking experience. That is why esteem needs become important in trying to achieve a healthy lifestyle in mainstream society. Job skills training and education can be important at this stage so that individuals can feel a sense of accomplishment and mastery. Negative stigmas that hold strong in U.S. society around certain labels, such as “former prostitute,” can affect an individual’s integration back into society (Hardy et. al., 2013). Survivor-centered therapy will also be important here so that victims can recognize themselves as empowered survivors that are masters of their own recovery, rather than victims or criminals (Countryman-Roswurm & Bolin, 2014).

The top tier of the hierarchy, labeled self-actualization, requires recognition of one’s own personal potential and feeling a sense of self-fulfillment. This level can be
seen as the ultimate goal of the treatment in which survivors are able to pursue their adult life with perseverance and confidence in their self-worth.

**Issues with DMST**

Many issues can arise when attempting to identify and define domestic minor sex trafficking (DMST). One issue comes into play when discussing the victim of DMST. Some feminists and other individuals see prostitution as a chosen profession, a woman’s right to her own body, and as a consensual exchange (Countryman-Roswurm & Bolin, 2014). This is where the distinction between prostitution and trafficking becomes important. The implication of prostitution is that the individual selling sex chooses it. However, this assumption is not always portrayed in its definition. The most common definition for prostitute is a “person who engages in sex for money” (Countryman-Roswurm & Bolin, 2014). This same definition applies for anyone who is a victim of sex trafficking as well. We can also see an issue in the fact that approximately 90% of prostitutes are under the control of a pimp (Hannan, 2014). Out of that 90%, those that are above the age of 18 may not be considered victims any longer. Furthermore, it is important to keep in mind that under the Trafficking Victims Protection Act of 2000 (TVPA) child prostitution has now been defined as sex trafficking, even though the two seem to carry a different portrayal of behaviors and attitudes of the person in question, for example, promiscuous versus victimized. But the issue can still be hard to argue when many of those recovered from the sex industry as minors act as if they did, indeed,
choose to sell sex on their own. However, the ultimate goal of manipulation in DMST is to make the individual believe they are making money for their trafficker because they choose to. Outside of the consumer demand for younger individuals, many traffickers want younger victims because they can generally be more easily manipulated and taken advantage of in this way.

Even age has become an issue in defining DMST, for the definition of a minor can change depending on the context (Countryman-Roswurm & Bolin, 2014). A child is usually considered someone under 18, whereas a teenager is someone between the ages of 13 and 19. A minor can be anyone under the age of 21 and some federal youth programs are available for those up to age 22. According to the current laws regarding DMST, a person is only a victim if they are under the age of 18. With this in mind, we must question that if someone that is 18 or 19 and under the control of a trafficker is any less a victim than someone who is 17 and a half.

Victim identification can also be exceptionally difficult because they must be directly caught in the act or in association with a trafficker. Otherwise, if the individual is arrested on prostitution charges and doesn’t want to give up the name of his or her pimp, they are not recognized as victims in the United State’s justice system (Countryman-Roswurm & Bolin, 2014). Missing children believed to be under the control of a trafficker are also going to be difficult to find due to the transient nature of sex trafficking (Countryman-Roswurm & Bolin, 2014). Victims are known to be transported across state lines and can also be traded between different traffickers.
Indeed, individuals perceptions of their trafficking experience could greatly affect their post-trafficking adjustment. Godziak et. al. (2006) found in their study of minor-aged trafficking victims, many did not consider themselves happy, but they did not think they were mistreated. The researchers found that individuals who may have enjoyed some aspects of the trafficking experience, such as nice clothing, money, freedom, or drugs, may have more of an issue with staying out of the trafficking industry and benefitting from therapy. The researchers also noted an importance in victims being able to recognizing a perpetrator in their situation. They claim that those who can clearly identify their abuser are more likely to have a less traumatic aftermath.

A number of issues arise with the involvement of law enforcement. Currently, this is the department that takes on the role of first responders to DMST cases. This leads to issues with how victims are treated and cared for when taken into custody- usually under prostitution charges rather than as a rescued victim. A majority of law officers are not trained to properly handle the wide scope of problems that come into play with DMST victims such as the effects of physical, sexual, and emotional violence (Todres, 2012). They prioritize arrests, prosecutions, and convictions over survivor and recovery-related assistance (Todres, 2012). Even with the conviction of lawbreakers as the focus, there has been a limited success in convicting perpetrators of human trafficking and deterring others from committing the same crimes (Todres, 2012). Additionally, law enforcement does not address the root of the problem that is human trafficking, such as the social, political, and economic factors that feed into the magnitude of this industry. Law
enforcement cannot address the questions of why some individuals are more vulnerable to victimization than others and what drives the high demand for this industry of children selling sex (Todres, 2012).

This is where professionals of the social work world can be of great importance. These individuals are trained to assess the issues that law enforcement does not. They are aware of the social influences that have helped to create potential and current victims as well as the factors that nurture this industry and allow it to thrive. Not to mention, they are aware of how to properly handle and care for victims. They emphasize the use of terminology that helps to better facilitate the recovery process, such as using survivor rather than victim in a treatment setting, or victim rather than prostitute in a legal setting. Countryman-Roswurm and Bolin (2013) described a few crucial considerations to use when dealing with victims of sex trafficking. They encourage the use of terminology that:

- "reframes sex trafficking as a form of multi-dimensional abuse which requires a response led from a human rights/social justice perspective"
- "commits to a paradigm that all sexually exploited children deserve holistic and multi-disciplinary services rather than criminal charges and jail sentences"
- "more accurately represents the complex scope of the issue as well as the cyclical trauma experienced by DMST survivors"
- "provides a common language that serves as a foundation for facilitating a comprehensive community response" (p. 525)
The primary proposal of many professionals and scholars who have taken interest in the topic of DMST is a more entwined integration of law enforcement and social work networks, given that each have a separate but important perspective of the issue. Currently, these two institutions are often at odds with one another on the issue of victim handling and management.

It is crucial to fully understand the complex experience of victims of DMST. These children are often experiencing repeated trauma before, after, and during their trafficking experience. Whether that is through their home lives, their traffickers, arrests and incrimination, and physical and mental ailments, treatment of victims is difficult and not always effective. Considering the repetitive nature of this trauma for this population once they hit the threshold of exploitation, we can consider the effects of attempting to stop the trauma before it gets to this potential point of no return. This is where the building of resiliency can be utilized to prevent further traumatization in at-risk populations for DMST.

**What is Resiliency?**

Resiliency is a complex multidimensional set of characteristics that researchers have struggled to define. However, two conditions remain necessary: one must be exposed to significant adversities that can potentially increase the risk of negative development; and the individual must display a positive adaptation despite of
experienced adversities (Shiner & Masten, 2012). The study of resiliency has a basis in positive psychology where the importance lies in the study of factors that lead to a positive outcome rather than psychopathology. In fact, resiliency implies a resistance to psychopathology. So in relation to children, those who have experienced childhood adversities, such as neglect or abuse, could potentially develop to be mentally healthier than the general population of children that have not experienced any extreme adversities. Although resiliency was once classified as a coping mechanism, it is coming to be recognized more as a tool to deal with everyday difficulties (Watson, Sanchez, O’Brian, & Alvord, 2014). It is important not to confuse reliance with coping. Coping can be defined as the use of cognitive-behavioral strategies to deal with stressful circumstances whereas resilience involves the adaptive outcomes in the face of adversity (Campbell-Sills, Cohan, & Stein, 2006). Positive coping strategies can be an important part of the resiliency within someone, but resiliency is multidimensional in that it involves more factors than just proper coping strategies.

When studying resiliency, risk factors can be defined as attributes that we would usually associate with negative outcomes (Shiner & Masten, 2012). These adversities can be individual or contextual, for example, low academic achievement (individual) or death of a parent (contextual) can lead to greater issues later in life. Many of these risk factors can be closely associated with those of human trafficking victims, like abuse, homelessness, and poverty. These types of factors can potentially put children at a greater
risk for exploitation, which greatly increases their risk for poor development into adulthood.

These risk factors, in combination with what we would consider positive adaptations, can lead to an exceptionally resilient individual. These adaptations can be external like the individual having positive relationships in their lives or internal like having high levels of maturity and being able to maintain positive wellbeing (Shriner & Masten, 2012). Competence can also be a significant adaptation when studying resilience. According to Shriner and Masten (2012), competence is the “accomplishment of age-salient developmental tasks,” and development tasks were classified as “expectations for behavior in different domains of life within a particular context, and time in history” (p. 508). These developmental tasks change throughout an individual’s life as they age and contact different life challenges (Shriner & Masten, 2012). In the United States, we have expectations that are set for children of each age. There are specific age ranges in which we believe individuals should be walking, talking, reading, writing, performing algebra, graduating high school, and capable of performing a number of other skills on their own. We see the achievement of these developmental tasks by the appropriate time in one’s life as a sign of competence.

We also can divide these positive adaptations into main and moderating effects. Main effects are factors that are directly related to the outcome. In other words, they have a positive effect regardless of the risk (Shriner & Masten, 2012). For example, easy temperament has been found to directly predict the outcome of whether one would have
good conduct, positive relationships with others, and exceptional academic performance. On the contrary, moderating effects can vary depending on the amount of risk exposure (Shriner & Masten, 2012). They could play a more protective function in which they could weaken the effects of adversity, or they could have a vulnerability effect and strengthen the effects. Personality traits often fit best in this category. The same trait can enhance the effects of adversity, or it could improve positive adaptation. This is mainly due to the way in which these traits interact with an individual’s environment and how they can shape certain experiences, possibly by influencing the individual’s own reactions, how others react to those reactions, how daily experiences are perceived, and the ability to cope with adversities (Shriner & Masten, 2012). Fearfulness is an example of this phenomenon. Fearfulness could be a protective factor, in that it leads to an individual being less likely to participate in delinquent behavior, however, it could lead to other outcomes such as issues with social interaction and anxiety (Shriner & Masten, 2012).

There have been a number of researchers that have studied specific personality traits that seem to have a relationship to resiliency in children up to adulthood. Some researchers have also used evaluations of family health, coping strategies, types of adversities, and psychopathology to find relationships to resiliency. Some of the assessment methods used by some of these researchers are the NEO Five Factor Inventory (NEO-FFI), the Coping Inventory for Stressful Situations (CISS), the Childhood Trauma Questionnaire (CTQ), the Brief Symptom Inventory (BSI), the
Connor-Davidson Resilience Scale (CD-RISC), the Adolescent Resilience Attitudes Scale (ARAS), the Youth Self Report (YRS), and the Self-Report Family Inventory (SFI).

The NEO-FFI is an assessment used to measure the “Big Five” personality traits. This is one of the most frequently used paper and pencil assessments that has been applied to find a number of strong correlations to resiliency. The personality traits measured by this inventory are neuroticism, extraversion, openness to experience, agreeableness, and conscientiousness (Cambell-Sills, et. al., 2006). Neuroticism is usually categorized as a more negative personality trait in which individuals have tendencies towards sadness, fear, irritability, frustration, and difficulty becoming calm after high arousal and frustration (Shriner Masten, 2012). These individuals are also going to be more likely to experience the world as distressing and threatening (Shriner Masten, 2012). A person who is extraverted is often someone who is energetic, outgoing, and expressive rather than passive or socially inhibited (Shriner & Masten, 2012). These individuals also tend to actively engage in their environment and often avoid intense social experiences (Shriner & Masten, 2012). Conscientiousness describes the degree of impulse control one has. These individuals are often persistent, planful, careful, and attentive, rather than careless and impulsive (Shriner Masten, 2012). Openness to experience can also be labeled as intellect. It describes the extent to which a person is quick and eager to learn. Those that test high on openness are often perceptive, creative, and curious, as well as kind and considerate (Shriner Masten, 2012). Highly agreeable
individuals tend to be more cooperative in adhering to rules. They are often kind, considerate, and generous. Those who test lower on agreeableness are thought to be more selfish, egotistical, aggressive, and hurtful (Shriner Masten, 2012).

The CISS is used to have participants rate their responses to hypothetical situations that are stressful or difficult (Cambell-Sills, et. al., 2006). The CTQ can be used to assess childhood trauma such as emotional abuse, emotional neglect, physical abuse, physical neglect, and sexual abuse (Cambell-Sills, et. al., 2006). The BSI is used to test for psychological distress by measuring emotional and physical symptoms associated with anxiety and depression that have occurred in the past week (Cambell-Sills, et. al., 2006). The YRS is a self-report with eleven scales of measurement; nine of them being syndrome-type scales like withdrawal, somatic complaints, anxiety/depression, social problems, thought problems, attention problems, delinquent behavior, aggressive behavior, and self-destructive/identity problems. The other two scales measured overall internalizing and externalizing of emotions (Pejović Milovančević, Tenjović, Išpanović, Mitković, Radosavljev Kirćanskit, Minčić, & Lečić Toševskii, 2014). The SFI is used to assess family functioning on scales of family health, conflict, cohesion, directive leadership, and expressiveness (Cambell-Sills, et. al., 2006).

The CD-RISC is a multidimensional assessment that measures resilience in adults by measuring traits like sense of personal competence, tolerance of negative affects, positive acceptance of change, trust in one’s instincts, sense of social support, spiritual faith, and an action- or task-oriented approach to problem solving (Cambell-Sills, et. al.,
2006). The ARAS measures resiliency in adolescents through self-report. The results measure participants on scales of insight, independence, relationships, initiative, creativity and humor, and morality. Then there is one general resilience scale (Pejović Milovančević, et. al., 2014).

These assessments are self-reports and therefore rely on the perception of the participants taking them, which can lead to issues with memory recall and the social desirability effect which could create biased answers. There are also similar typed questionnaires that have been completed by parents, teachers, and professionals pertaining to the individuals being studied. These can be promising in getting a more holistic view of a child’s life, but can also lead to some biased responses. The combination of these assessments has given scholars a more complete concept of resiliency and what factors create such a phenomenon in children.

Shriner and Masten (2012) studied how the “Big Five” personality traits related to resiliency and competence in individuals that have experienced chronic adversity in childhood. This was a longitudinal study that tracked children from age 10 to 30. Competence in early adulthood (age 20) was measured through academic attainment and rule abiding behavior. Competence in young adulthood (age 30) was measured using the same concepts as those used to measure competence in early adulthood plus competence in work ethic, romantic relationships, and parenting competence for those that are parents. The groups were then divided into a competent group, resilient group, maladaptive group, and a late-bloomer group. Competent groups and resilient groups had
average or better competence but the first with low adversity and the latter with high adversity. Maladaptive groups were made up of individuals that had below average competence and high adversity. The late-bloomer group had individuals that began in the maladaptive group but qualified for the resilient group later in life.

The results of this study found that conscientiousness, agreeableness, openness, and lower neuroticism were much higher in the resilient groups in comparison to the maladaptive group. Overall the resilient groups were able to have positive outcomes with the same levels of positive childhood traits as the competent group. From this, it can be inferred that only modestly positive personality traits were needed to overcome adversity. They also found that more positive personality traits like conscientiousness, extraversion, and openness predicted more adaptive outcomes regardless of exposure to adversity. This supports the notion that personality traits can act as promotive factors (i.e., they promote a positive well-being) in the lives of young people.

Cambell-Sills et. al (2006) found similar results by using an analysis of the NEO-FFI, the CISS, CTQ, BSI, and the CD-RISC to make comparisons between personality traits, coping strategies, psychopathology, and childhood adversity to resiliency. They found a negative relationship between resilience and neuroticism. In addition, they found a positive correlation between resilience, extraversion, and conscientiousness. This matches their original prediction, because high extraversion and conscientiousness reflects a positive emotionality, which would seem to reflect resilience. When looking at coping strategies, the researchers concluded that task-oriented coping had a positive
relationship with resilience, whereas, emotional-oriented coping had a negative relationship. These outcomes were expected due to the nature of these coping strategies. Task-oriented coping reflects a style in which the individual takes a focus on the problem and makes a plan to solve it. Conversely, emotional-oriented coping can be more negative in that the individual may internalizes the problem and blames her or himself for being too emotional with the situation (Cambell-Sills, et. al., 2006). When the researchers included these coping styles into the data analysis, neuroticism and extraversion remained significant, however, conscientiousness did not. The researchers assumed this was due to the nature of conscientiousness for it implies a hard working individual that most likely already uses a task-oriented coping style. When finding the moderating effects of resilience on the relationship between childhood trauma and current psychiatric symptoms, the researchers found that individuals with high resilience often had low levels of psychiatric symptoms regardless of the level of emotional neglect they experienced as children. However, those with low resilience and high emotional neglect were highly symptomatic. Interestingly, individuals with significant neglect but high resilience appeared to be asymptomatic. Unexpectedly, they were even less symptomatic than those with low neglect and higher resilience. The researchers believe this to be due to the strengthening effect of resilience in those who experience neglect but have high resilience become “super resilient” (p. 595) individuals (Cambell-Sills, et. al., 2006).

A more recent study done by Pejović Milovančević, et. al. (2014) was conducted on young children that were first referred to a psychiatrist. They studied children’s
clinical symptomology, family functioning, level of resilience and sexual abuse. They found that a strong level of family functioning was necessary to build resilience in children. Those who had experienced abuse and lower levels of familial support tended to show higher levels of delinquent behavior, anxiety, depression, and social problems. Obviously some limitations can be considered here with the population being entirely made up of individuals referred to a psychiatrist, therefore making it more likely that they would be experiencing clinical symptomology as compared to the lack of symptomology we often see in resilient children. However, we can see the importance of a family support system in the mental health of a child. The question here is if we can create such a system for individuals that have not gotten to experience this type of support, like we may see with potential victims of DMST.

A few other internal traits that have been increasingly considered fundamental in the development of resilience are self-esteem, self-efficacy, and self-awareness. Woodier (2011) took these aspects into special consideration when performing case studies on building resilience in looked after children (i.e., young people who have been taken into the custody of child services). Although Woodier (2011) described the importance of environment in building resilience in children, he felt that a focus on internal factors during intervention could lead to a positive effect on other protective processes. He first described self-esteem as an organization and integration of self-concepts to create an identity of oneself. An individual uses their perception of approval from others and their success in valued roles to build a self-esteem that could help them develop useful skills in
real-world situations. Overall, positive self-esteem is an important aspect of resilience because it acts as a buffer against negative life events.

*Self-efficacy* was described as the ability to trust that one’s own efforts make an impact in determining their life outcomes. Mastery is an important aspect of self-efficacy for it gives individuals a feeling of competence. Woodier (2011) felt that mastery is the most effective method of building self-efficacy. However, he predicted that looked after children most likely do not have as many opportunities for building mastery in order to have a strong sense of self-efficacy. We can foresee this to be true for potential and current victims of human trafficking as well.

The last concept Woodier (2011) focused on in his studies was *self-awareness*. He defines this as the ability to pay attention to one’s own thoughts, emotions, and personality characteristics in order to step back from experiences and feelings to view them from a more rational perspective. Self-awareness is relatable to mindfulness, empathy, and mentalization for they all lie on the basis of “being able to observe and correctly identify mental states in oneself and others” (Woodier, 2011, p. 263). As a subsector of self-awareness, mentalization implies a higher order of thinking in which individuals consider the mental state (e.g., thoughts, feelings, and beliefs) that directly leads to the behaviors of themselves and others. This is considered a significant developmental achievement of children portraying such ability. Woodier (2011) claims that children better develop this sense of self-awareness through their relationships with others: “Children with secure attachments are better able to mentalise, enabling them to
solidify an understanding of an internal experience but also enabling them to realize that
their perceptions are fallible and only one of a range of possible perceptions” (p. 264). He
noted that children from abusive homes tend to develop a defensive inhibition of
mentalization so that they can protect themselves from understanding the motives of their
abuser. However, this inhibition can negatively affect their ability to properly deal with
their abuse later in life.

Overall, the specifics of what factors lead to a resilient individual are debatable. However, there is a strong support for personality traits such as conscientiousness, extraversion, as well as low neuroticism in leading to resiliency. Self-efficacy, self-esteem, and self-awareness seem crucial to exist within the individual in order for them to develop a sense of resiliency on their own. A task-oriented coping style has additionally shown to be promising for individuals to be able to properly work through their adversities in a way that leads to minimal, if any, psychological symptoms. Family and peer support are obviously very helpful in the process, as well, however, when considering victims of human trafficking, this may not be as applicable.

**Prevention for Potential Victims of DMST**

The implication of resiliency is that it is something that must be constructed
within an individual. It is a piecing together of different characteristics and environmental
factors that lead a child or adolescent to be able to overcome adversity on their own and
develop into healthy and happy adults. My suggestion to utilize resiliency building as a
prevention strategy, specifically for DMST, has its limitations but appears promising. The targeted populations for this type of prevention will align with what we would consider risk factors for DMST. These targeted populations could be children from abusive homes, foster children, runaways, children in alternative schooling, and juvenile delinquents. I hope that by implementing an intervention program to build resiliency in these at-risk populations, we could also dually be executing a prevention program for DMST. My goal is to teach children how to properly manage the adversities they have already experienced so that they can be less vulnerable to being exploited. Many programs based on building resilience in children take a focus on, not just building specific positive personality traits and teaching proper coping methods, but also getting parental involvement to attempt to improve the living environment of each child. For populations at-risk for DMST, this parental involvement may be difficult to achieve or not applicable at all. Therefore, skill and trait building within the individual will be the focus of my program. The intention is that a positive outlook on life, and the use of effective coping mechanisms, can help children have more of a positive perception of their environment and, therefore, improve it to some degree on their own. The intervention is not meant to be an institutional prison in which children come to see their weaknesses and feel alienated from society. My program is aimed to be a model environment for everyday life events so that children and adolescents may learn valuable skills and lessons to assist them in their lives post-intervention. A strong use of positive psychology and a person-centered approach demands a focus on each individual’s strengths and lets them be the
expert of their own lives and hold the responsibility for improving them. The basis of this program will be on the use of resiliency building techniques in a group environment, using strength-based assessments to evaluate each individual’s needs and the effectiveness of the program.

Prevention is an important, but underutilized, strategy when it comes to the trafficking of children. However, it is becoming a growing necessity, for the number of trafficked humans does not seem to be subsiding in this country or around the world. The number of victims is far more extensive than the amount of resources available for them, such as shelters and treatment programs. Even for those who do receive treatment, they often find that the psychological and physical trauma they have experienced is extensive and often irreversible. Backsliding is high for this type of experience and many find themselves caught in the clutches of the trafficking industry for the entirety of their being. These bonds of trafficker to victim, victim to hatred and self-worthlessness, and victim to financial gain and addiction, are strong and hard to break. Treatment for this victim population is also hard to compile in a way that it can be effective for each individual considering the variety of backgrounds and experiences each has had. The exploitation experience can be just another series of traumatic events in the life of a child who has already experienced disturbances beyond what most of us could ever foresee happening in our lifetimes. This repeated trauma in all varieties makes it hard for professionals to create an effective intervention. By targeting at-risk populations, the hope is that the amount of damage done to these children can be reduced or even halted.
The prediction is that prevention-intervention programs would be easier to integrate into existing institutions of high-risk populations rather than attempting to create a new institution to provide specialized treatment to the victim population. In comparison, a prevention program implemented into a community center in an at-risk area would only need to provide a safe environment for children to learn and play and a few professionals to oversee the effectiveness of the program, whereas a specialized treatment center for victims would need to supply not only a safe environment, but a secured one as well, for these victims may need protected from outsiders more than the at-risk population. Additionally, this institution would need physiological and psychological services with a number of professionals trained in severe trauma treatment. This is where prevention becomes key in ultimately helping victims of trafficking: by creating less of them.

The basis of this prevention program lies in implementing social emotional learning (SEL). SEL has been proven effective in helping children with psychosocial deficits (i.e., issues with utilizing cognitive, behavioral, and emotional skills successfully in social contexts; Watson et. al., 2013, p. 274), which is often what we see in populations of children who have experienced significant to severe adversity. These children can struggle in forming relationships, integrating into mainstream society, having trust in others, and have issues with controlling their own emotions. SEL aims to build children’s social and emotional skills as well as their attitudes and behaviors, along with academic performance (Nickerson & Fisherman, 2013). Furthermore, SEL has a strong relationship with the “Big Five” personality traits that have been shown to reflect
resiliency, such as conscientiousness and extraversion. SEL attempts to improve the characteristics reflected by these scores. Additionally, it can increase children’s ability to identify and properly handle their own emotions as well as help them recognize and appreciate the perspective of others (Nickerson & Fisherman, 2013). SEL also encourages children to set goals, make positive decisions, and properly resolve conflicts (Nickerson & Fisherman, 2013). Overall, SEL is a promising and proven strategy in building resiliency in children.

Group interventions are also recommended for the prevention program, especially in the case of children and adolescents who have experienced similar traumas. This method of therapy has been utilized in a variety of settings from victims of sexual abuse to children with anxiety disorders. Regardless of the population, the integration of individuals with similar pasts and similar goals for the future helps each party understand their traumas and feel more support in stepping forward. Group therapy offers a sense of belonging as well as acceptance. Individuals do not feel as if they are being judged as harshly as some do in the mainstream of society (e.g., public schools, neighborhoods, community outings). This can offer a feeling of comfort and increases self-esteem for children and adolescents. Group intervention can provide modeling examples of how everyday social interactions take place (Watson et.al., 2013). These interactions are normalized and social deficits become strengths. Participants of a group intervention can celebrate one another’s successes and use them as motivation to reach the same goals (Countryman-Roswurm & Bolin, 2014). These young people are made to feel they are
not alone in a group setting. Psychoeducational groups specifically have been shown to improve recovery of those who have experienced trauma (Countryman-Roswurm & Bolin, 2014). Individuals can interact, talk, play, and share experiences with their peers who have felt the same helplessness that they may have once felt. Together, they can be hopeful for a bright future.

A person-centered approach is recommended for this prevention program due to the nature of the participants. This approach tells us that the individual is the ultimate expert in their own life and, therefore, her or his own recovery. These children are expected to have complex backgrounds involving a number of different traumas, experiences, attitudes, and behaviors. One specific intervention strategy will not be helpful to the bulk of participants. This is where the use of strength-based assessments becomes especially useful. These assessments can have a number of uses including: identifying at-risk children that could benefit most from the program, detecting the strengths of these children and where improvements could be made, and to evaluate the effectiveness of the program. These assessments are not meant to be tools to diagnose a disorder. They are tools to measure the emotional and behavior skills of participants, with a focus on strengths rather than weaknesses. The aspects that children test higher on are going to be characteristics that are focused on to promote higher self-esteem and a sense of accomplishment among children. Low scores do not necessarily reflect a weakness, but an opportunity for intervention (Nickerson, et. al., 2013).
Children and professionals can complete these assessments. They are administered pre-intervention to identify the individual’s strengths and the types of interventions most helpful to the individual, as in, which intervention would allow the child to utilize their strengths the most in order to help them build on their weaknesses. These assessments are recommended to be given periodically throughout the course of the intervention to measure effectiveness and identify where the children are and are not improving. This allows opportunity for feedback and placement into different programs that would best help the continued improvement of the child. It is also recommended that the student be highly involved in his or her intervention. The child helps to create their own goals and plan the course of their intervention. After the intervention is completed, the goal is for the children to be able to make a better life for themselves by knowing the proper skills to maintain positivity and make their adversities build strength within them. Moreover, these children are more knowledgeable about their experiences than anyone else, which is important to keep in mind when dealing with an array of complex cases. Giving children the opportunity to be actively involved in their own lives may offer them a sense of empowerment that they may not have felt before. This empowerment is an important aspect of resiliency and will carry over into their daily lives outside of the program. Assessments should also be administered post-intervention. This allows for children and adolescents to see their improvements and feel proud of the progress they’ve made. They will also be encouraged to take their results and make a plan for the future, taking into consideration their strengths and areas that may still need improvement.
Nickerson et al., (2013) studied the use of strength-based assessments and determined why they have proven a promising asset in the building of resiliency in children. They noted that these assessments have been utilized for a variety of age groups and have a strong background in schools for school and educational psychologists have often used them. By focusing on strengths, these assessments have been shown to improve empowerment and the motivation to strive for social, mental, and emotional health among children. They also found that the use of these assessments has helped with the student-professional relationship by emphasizing trust, supportiveness, and goal seeking rather than guilt and blame. The ethnicity and language of participants was also found to have no effect on the positive outcomes of the assessments. Nickerson et al. (2013) also found that children with emotional and behavioral problems that were involved in programs that highly utilized strength-based assessments showed a decrease in externalizing and internalizing their behavior. They also missed fewer of their appointments.

The program itself can be classified as a resilience builder program (RBP). RBPs apply SEL to help young people with psychosocial deficits in improving social competence, resilient factors, and the development of life skills. RBPs aim to initiate and maintain social interactions among participants with a focus on reciprocity and self-regulation. The goal is for children to understand how their behaviors affect others (Watson et. al., 2013). RBPs also promote problem solving skills, as well as acknowledging personal strengths and talents. It is important for children to learn
flexibility in their environment so that they may adapt and properly handle their adversities and possible difficulties to come.

Watson et. al., (2013) used an RBP for a sample of children with anxiety disorders. It was a program involving role-playing and discussion among group members, which is an important aspect that will be utilized in this RBP. Some of the sessions used in this study became a basis of a few of the possible sessions for this proposal. Others were taken from Countryman-Roswurm’s and Bolin’s (2014) sessions for their psychoeducational group therapy. These sessions were revised and some sessions were added based off the research at hand for the needs of at-risk children. Possible sessions could be as follows:

*Introduction/Assessment:* In the first session(s) pre-assessments should be administered. This enables an evaluation of strengths and a creation of goals. Children are then divided into groups depending on their strengths. Group members are introduced and general discussion and play is allowed.

*Introductory resilience:* Helping children understand resiliency is the major goal of this session. This can be done through discussion of examples and having participants share personal instances of resiliency in their own lives. Youths in this session should be encouraged to consider what it takes to be resilient and the benefits of such strengths.

*Self-Control and Self-Awareness:* In this session, participants learn to recognize cues of growing angst or anger within themselves. We want youths to learn
control of such outbursts so that they can rationally deal with difficult situations. A practice of relaxation techniques can be practiced to use when emotions begin to feel they are growing out of control.

Conversational Skills: This session will have participants practice and understand the importance of eye contact, staying on topic, using appropriate language, and suitable speed and volume of speech during conversation. The importance of body language should also be noted so that individuals may understand what kind of messages can be given off by one’s stance or expression. Overall, it is recommended that participants work to understand verbal and non-verbal cues while engaging in conversation with others. These skills can be useful in school, job, and general social settings.

Problem Solving & Coping Strategies: In this session, participants will learn the differences between emotion-oriented coping, avoidance coping, and task-oriented coping. They will understand and practice using task-oriented coping and problem solving (i.e., the problem is a challenge to be overcome) in hypothetical situations. This session is essential for children that have experienced high levels of trauma and adversity, for proper coping may be one of the most crucial mechanisms for building resiliency within them.

Stress Management: Instilling the understanding of mental and physiological effects of stress on the body, especially prolonged stress, is especially important for these populations of children. Stress is assumed to be higher in these children
and, therefore, managing that stress properly may significantly improve the quality of their lives. One method of this is to teach organization techniques (e.g., planning ahead, scheduling, prioritizing) when the load of stress feels like it is getting out of the individual’s control. This session can also teach methods of relaxation and meditation between stressful tasks, as well as other methods of reducing and alleviating stress in one’s life.

Healthy vs. Unhealthy relationships: Young people and adolescents will learn about teen relationship violence and signs that a relationship is turning abusive. They will also practice scenarios of how to properly handle or end an abusive relationship and receive help. It is key that they understand the dynamics of a healthy relationship such as honesty, trustfulness, and communication. They can also recognize how to be an adequate partner in future relationships.

Sexuality: This session can be especially helpful for LGBT youth or those who question their sexuality but can also offer an education on sexuality for heterosexual adolescents. The goal is to teach an understanding of multiple sexualities and societal views of them. An additional goal can be to help adolescents struggling with their sexuality and coming out to their peers, and help them learn how to cope with possibly being labeled as a deviant.

Physical and Mental Health: In this particular session, an understanding of how a proper diet and exercise can increase health and brain function is central. Here
group leaders will teach the essentials of one’s diet and daily health, especially for specific age groups and genders.

Optimistic thinking: Here participants will practice finding the good in seemingly bad situations. They will learn the difference between optimistic and pessimistic thinking and understand how one’s thinking affects their attitude and behaviors. They will also learn how to replace negative thinking with more positive thoughts.

Empowerment and Self-efficacy: The goal of this session is to help individuals find a sense of competence and trust in themselves and their own actions. This is important in building resiliency for this population because individuals must be able to trust that they can handle the risky situations they may become part of, such as peer pressure to use drugs or alcohol. This session can also help participants find their talents and encourage them to work to master something, for mastery is an important aspect of self-efficacy.

Academic Performance & Study Habits: This session can be especially helpful for children that are struggling in school. Tutors or educational personnel running these sessions can teach helpful study habits and help participants understand the importance of schooling and graduation for life successes. Tutors in this group can also provide help for graduation and proficiency tests.

Empathy: This session will have a basis in helping participants practice and understand empathy. Games and exercises can be used to have individuals
practice putting oneself in someone else’s position, to truly understand the concept of empathy. In addition, this session aims to help individuals recognize how they would appreciate empathy towards themselves at times, so that they may be more likely to express it in regards to others.

Proactivity & Leadership: In this session, groups will discuss the differences between being proactive and passive by using examples of both in everyday life. They will also discuss the importance of proactivity in being a leader—of one’s own life and of others (e.g., younger siblings, struggling friends). An implementation of exercises on using effective communication and being able to adapt to others needs is also recommended. These exercises can help individuals practice role model behavior and how to be a team player.

Planning for a positive future: This session will have participants show what they have learned in the sessions so far and how they will utilize these skills outside of the program. Participants will take their post-assessment and create their own goals for the future.

Field Trips: These sessions will have participants practice using skills in real-world settings.

These topics can be divided into multiple sessions if necessary. It is important that the strength-based assessments are used to determine which sessions each individual would benefit most from, whether that be to help others because they have strengths in those areas, or to improve on certain aspects they seem to lack in. Age is also an
important consideration for these sessions for some contain content meant more for older children and adolescents as compared to elementary school aged children. Throughout systematic evaluation, sessions can be added, refined, or expanded upon depending on what would seem the most fitting for participants.

Some things to consider as possible limitations for this program would be the integration of the program into already existing institutions. Funding would be necessary to have professionals or individuals trained by professionals to run the sessions as well as funding for the assessments. The assessments themselves may need to be created in order to fit the outline of the sessions, or existing strength-based assessments could be utilized, but direct relevance to the program is an obvious necessity. It is important to keep in mind that the basis of this prevention program is based on the prediction that higher resilience in high-risk populations will lead to less victims of DMST. This prediction has not been directly tested or proven, but has been implicated in the study of resilience in other populations and has been found to decrease the level and negative affect of adversity. Additionally, this program proposal is aimed at children, but parental involvement would be ideal and could increase its effectiveness. This program is also predicted to have less effectiveness for potential victims that are recruited through force. Resiliency is expected to have more effectiveness at reducing the risk for manipulation into DMST, for stronger minds are believed to be less vulnerable to such influence.
Final Notes

While having read through this paper, it is apparent to understand some grounding beliefs that led to its creation. My assumptions are that victims of DMST often have low resiliency, which makes them especially vulnerable to the manipulation of traffickers. Manipulation involves a choice to some extent. Some individuals feel there are no other options for them when presented with the opportunity traffickers have to offer. I believe that a highly resilient individual may be able to see options where others do not, which is one of the many reasons that leads me to believe that highly resilient children will be less vulnerable to the manipulation of traffickers. I also feel it is not the duty of the children to understand resiliency on their own. It is the duty of the institutions that have taken responsibility over them by law to instill such beliefs within them. Children are not given the full rights of adults and, therefore, the full responsibility of themselves. The family and the education system, as well as the community, is assumed to take the responsibility where children cannot. A child caught in the criminal justice system, because these institutions have failed to provide responsibility, is a child that has been further labeled and deemed with less value by society. This will very likely have an effect on the child’s entire future. This leads to my strong suggestion that all of these institutions (e.g., education system, criminal justice system, the community, and the family) provide this prevention program to their highly at-risk youth.
Conclusion

All in all, prevention is an important strategy in dealing with societal problems such as DMST. The experience of these individuals is complex and severely traumatizing in nature. Many of those who find themselves caught in the clutches of human trafficking never find their way out. Victims as minors can go on to become adult prostitutes or may meet their peril before reaching adulthood due to neglect, abuse, disease, or even suicide. As for those that do make it out of the trafficking industry, they often experience serious physical and psychological damage and too few treatment centers exist to assist them. These refuge centers also have run into issues with providing the full range of needs for these victims. With the research at hand, the building of resiliency in populations at the highest risk for DMST (e.g., looked after children, children from abusive homes, and youth in impoverished areas that have been targeted for recruitment and exploitation) appears to be a promising method for decreasing the chances that they will become victim of such exploitation. The prevention program given is an internal personality and life skills building program with sessions aimed at helping children improve their own lives, for some do not have the outside resources that could keep them out of the reach of traffickers. This program is strictly theoretical, but has a foundation in evidence-based research. The hope is that professionals can take advantage of these recommendations and a stronger effort can be taken to stop the trafficking of children in its tracks. Together
we can abolish modern day slavery, and one technique of doing so is to target these at-risk populations before traffickers can.
References


