



Child Sex Trafficking: Strategies for Identification, Counseling, and Advocacy

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Accepted: 13 November 2020/Published online: 06 January 2021

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Abstract

The human rights violation of sex trafficking continues to occur in the United States at alarming rates. Although sex trafficking affects individuals across various demographic groups, this crime disproportionately affects children. Counselors who work with children and adolescents are uniquely positioned to identify, support, and advocate on behalf of sex trafficked youth who may experience barriers to emotional and physical wellness. Extant literature on counseling sex trafficking survivors remain scarce and illuminate the need for victim identification, trauma-informed interventions, and advocacy strategies that support the unique needs of child sex trafficking survivors. To address these disparities, this article describes victim identification techniques, outlines trauma-focused interventions for counseling sex trafficked youth, and presents advocacy strategies. The implications for counseling child sex trafficking survivors are illuminated through a case study.

Keywords Child sex trafficking · Clinical assessment · Advocacy · Counseling implications

Introduction

Sex trafficking is a form of modern-day slavery that affects millions of individuals worldwide. According to the Trafficking Victims Protection Act ([TVPA], 2000, 2010), sex trafficking is the recruitment transportation, transfer, harboring, or receipt of persons through force, fraud, coercion, or abuse, for the purposes of commercial sexual exploitation. When a person under the age of 18 performs commercial sex acts, sex trafficking has occurred regardless of whether force, fraud, or coercion was used (TVPA 2000, 2010). Although sex trafficking affects individuals across

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various demographics, minors may represent a particularly vulnerable population (Butler, 2015; Cecchet & Thoburn, 2014; Jordan et al., 2013; Litam, 2017; McRae & Browne-James, 2017; Meyers, 2015; U.S. Department of State, 2019). Also called domestic minor sex trafficking (DMST) or commercial sexual exploitation of children (CSEC), the increasing national awareness of domestic child sex trafficking has led to federal initiatives aimed at creating policies to address this problem (Finklea et al., 2015; U.S. State Department Office to Monitor and Combat Trafficking in Persons, 2014). While accurate estimates are notoriously difficult to obtain, over half (51.6%) of the U.S. sex trafficking cases in 2018 involved children (Human Trafficking Institute, 2018). With an estimated 4.5 million people in scenarios of forced sexual exploitation (ILO, 2012), counselors must be prepared to identify, provide services, and advocate on behalf of sex trafficked survivors within the therapeutic setting.

Although sex trafficking research continues to expand in professional areas such as social work (Fedina et al., 2019; Hickle & Roe-Sepowitz, 2014; Jordan et al., 2013), psychology (Hardy et al., 2013), nursing (Choi, 2015), and law enforcement (Martinez & Kelle, 2013), a paucity of human trafficking research exists within the counseling literature (Litam, 2017, 2019; Litam & Lam, 2020; Meyers, 2015). This disparity in knowledge may limit counselors' abilities to effectively identify, support, and advocate for sex trafficked youth and dispel trafficking myths portrayed in the media and society (Litam & Lam, 2020). Human trafficking myths are false beliefs that deny or justify the sale or trade of human beings, denigrate victims, excuse traffickers, and obfuscate the true nature of human trafficking (Cunningham & Cromer, 2016). Examples of human trafficking myths include false beliefs that sex trafficking is only an international problem (Houston-Kolnick et al., 2017), people who engage in sex work are immoral or dirty (Litam, 2019), sex trafficking is always a violent crime (Gerassi, 2015), and that victims are helpless and want to be rescued (Hartinger-Saunders et al., 2016; Jordan et al., 2013; Litam, 2017; Litam & Lam, 2020; Reid & Jones, 2011). Human trafficking myths have been identified in professional counselors (Litam & Lam, 2020), and negative attitudes about trafficked survivors have been linked to lower levels of empathy and higher rates of rape myth acceptance (Litam, 2019). Professional counselors have an ethical obligation to avoid placing judgment on clients and employ evidence-based strategies when working with individuals who present with trauma (American Counseling Association [ACA], 2014; National Board for Certified Counselors [NBCC], 2012), such as sex trafficking. A call for counselor education programs to incorporate sex trafficking content across the Council for Accreditation of Counseling and Related Educational Programs (CACREP; 2016) have been clearly established and described (see Litam & Lam, 2020).

The following sections outline strategies for counselors to effectively work with child sex trafficking survivors. This manuscript empowers professional counselors to identify, support, and advocate for sex trafficked youth using a multipronged approach whereby they are able to: (a) Recognize risk factors that may increase vulnerability to child sex trafficking, (b) Identify and challenge human trafficking myths that create barriers in victim identification, (c) Use assessment strategies and trauma-informed interventions for counseling sex trafficked youth, and (d) Employ specific strategies to advocate on behalf of sex trafficked children. The article concludes with a case study to demonstrate practical application from each section.

Risk Factors for Child Sex Trafficking

Professional counselors must understand how multiple factors may increase the likelihood that youth may become victims of child sex trafficking. The existing body of literature has

identified risk factors such as sexual and gender minority statuses (Martinez & Kelle, 2013; NHTH, 2016; Tyler et al., 2004), homelessness or history of running away from home (Choi, 2015; Fedina et al., 2019; Greenbaum, 2014; Varma et al., 2015), low socioeconomic status (Greenbaum, 2014; McRae & Browne-James, 2017), presence of mental health issues (Andretta et al., 2016; Fedina et al., 2019), substance abuse (Varma et al., 2015), history of physical and sexual abuse (Ahrens et al., 2012; Choi, 2015; Greenbaum, 2014), and experience within youth judicial systems (Greenbaum, 2014; Varma et al., 2015) as factors which increase entry into child sex trafficking (Harteringer-Saunders et al., 2016). Counselors must consider the complex ways each of these factors represent intersectional identities and experiences that may compound to increase the probability of becoming trafficked. For example, lesbian, gay, bisexual, transgender, and queer (LGBTQ) persons experience homelessness at higher rates, are more likely to abuse substances, report higher rates of mental health issues, and experience greater rates of physical and sexual abuse compared to their heterosexual peers (Cochran et al., 2002). Consequently, homeless LGBTQ youth are trafficked at higher rates (Martinez & Kelle, 2013; NHTH, 2016). According to a study conducted by Fedina et al. (2019), entry into child sex trafficking was additionally linked to having family members in sex work, having friends who purchased sex, and ethnic/racial identity status (Fedina et al., 2019). Counselors must be wary of interpreting the presence of any of these factors as automatic indicators of child sex trafficking. Rather, counselors must consider how children and adolescents who present with one or more risk factor may be more likely to be victimized.

Human Trafficking Myths and Victim Identification

Victim identification represents one of the most challenging aspects of working with child sex trafficking survivors (Litam, 2017). The importance of educating counselors on strategies that promote victim identification, improve trauma informed practices (Gonzalez et al., 2020; Litam 2017, 2019; Litam & Lam, 2020) and challenge human trafficking myths (Cunningham & Cromer, 2016; Houston-Kolnik et al., 2017; Litam & Lam, 2020) is an important strategy to remove barriers to working with this vulnerable population.

Because topics related to sex trafficking are often absent in counselor education programs, counselors are at risk of endorsing human trafficking myths and internalizing sensationalized depictions about child sex trafficking victims and the nature of sex trafficking (Litam & Lam, 2020). Unfortunately, the general public's depictions of human sex trafficking are fraught with misinformation and inaccurate victim portrayals that may negatively affect counselors' knowledge and attitudes (Baker, 2013; Litam & Lam, 2020; Mielke, 2015) and create additional barriers to victim identification (Litam & Lam, 2020; Okech et al., 2011). For example, when child sex trafficking survivors do not fit images of victims portrayed in the media, they are left marginalized and often unidentified (Gerassi et al., 2018; U.S. Department of Education, 2015; Uy, 2001). Notably, sex trafficking victims in media are portrayed as young, innocent, vulnerable children (Menaker & Franklin, 2013), with visible evidence of physical abuse or confinement (Houston-Kolnick et al., 2017). Child sex trafficking represents a complex, multidimensional issue and is influenced by many interpersonal and systemic factors (Rodriguez-Lopez, 2018; Uy, 2011). Counselors can begin challenging human trafficking myths and identify sex trafficked children by familiarizing themselves with behaviors and indicators that may point to child sexual exploitation (see Litam & Lam, 2020).

Identifying victims of DMST can be challenging and overwhelming. However, counselors in hospital, community, private practice, and school settings can learn about indicators for DMST to successfully identify victims. Children and adolescents who have experienced commercial sexual exploitation may display behaviors consistent with other types of trauma. Research on sex trafficked youth has indicated that survivors may exhibit various mental health symptoms such as increased hypervigilance, symptoms of anxiety and depression, increased rates of suicidality, deviance, and indicators of antisocial behaviors, dissociative disorders, and adjustment disorders (Cecchet & Thoburn, 2014; Choi, 2015; Jordan et al., 2013; Oram et al., 2012). Counselors who work in school settings must recognize how these symptoms may parallel other mental health diagnoses such as attention deficit hyperactivity disorder and oppositional defiant disorder. School counselors must also recognize how children and adolescents may be reluctant to disclose details about DMST due to feelings of shame, fear of their trafficker, or their inability to recognize themselves as victims (Litam, 2017; U.S. Department of Education, 2015). Clinical counselors who work in school settings may consider the following possible DMST indicators: history of unexplained absences, frequent running away from home, references to frequent travel to other cities, a noticeably older romantic partner, sudden change in personal hygiene, and changes in mental health or behaviors (U.S. Department of Education, 2015).

DMST survivors may also present with significant physical health concerns that become apparent in various settings. Medical issues associated with sex trafficked survivors include sexually transmitted infections (STIs), history of unsafe abortions, chronic pain, malnutrition, and sleep deprivation (de Chesnay, 2013). Gynecological issues, physical injuries, headaches, dizziness, memory problems, and substance abuse issues are also common (Cecchet & Thoburn, 2014; Choi, 2015; Williamson et al., 2008). Children and adolescents visiting hospital emergency rooms for acute physical or psychological services may report involvement in sex trafficking (Choi, 2015). Consequently, counselors who work on interdisciplinary teams in medical and hospital settings may be uniquely positioned to identify DMST victims when they are called to support team members treating injured or at-risk youth, especially within emergency departments. Counselors who work in community or private practice settings can also leverage information from their clients' medical history to help with victim identification. For example, children who report multiple emergency room visits or hospital stays without a clear medical illness may be victims of sexual exploitation.

Child Sex Trafficking Assessment Strategies

When assessing for child sex trafficking, it remains of paramount importance to establish rapport and use clinical judgment prior to asking sensitive questions (de Chesnay, 2013; Litam, 2017). Counselors may assess client readiness by first asking general questions, which reduces the likelihood of receiving inaccurate answers or re-traumatizing survivors (Vera Institute of Justice, 2014). Professional counselors are uniquely positioned to identify and support DMST survivors as they work in multiple diverse settings including within hospitals, schools and educational settings, community agencies, and in private practice (Litam & Lam, 2020). Regardless of employment setting, professional counselors are well-equipped to support sex trafficked youth because of their professional training to demonstrate empathy, unconditional positive regard, compassion, and cultural sensitivity to clients' needs and customs (Litam, 2017). Screening for sex trafficking must occur during the initial stages of

counseling and should be continued throughout the therapeutic process. Counselors working with DMST survivors must first assess access to immediate needs such as food, safe and stable housing, and medical care, and connect the client to additional services, as needed (Litam, 2017; Vera Institute of Justice, 2014). Working collaboratively with clients to help meet their basic needs facilitates the trust and rapport which is invaluable in the counseling process.

Infusing trauma-informed strategies into assessment procedures is essential for counselors working with sex trafficked youth. For example, trauma survivors may forget the details of their traumatic experiences or be wary of responding to questions related to their trauma. Counselors may use their clinical intuition to assess for trafficking indicators (e.g., noting closed body language, avoidance of eye contact, hypervigilance, and distractibility) rather than solely relying on client reports (Greenbaum, 2014; Hardy et al., 2013; Howlett & Collins, 2014; Vera Institute of Justice, 2014; Williamson et al., 2008). When clients appear anxious during the assessment, counselors may rephrase questions for clarity or offer to take a short break (Vera Institute of Justice, 2014). In the event children are unwilling to disclose information related to DMST, it would behoove counselors to postpone those items and move on to other assessment areas. Professional counselors must bracket their own internal reactions to the details that clients may disclose and mirror the clients' terminology used to describe their trafficking experiences (Litam, 2017; Vera Institute of Justice, 2014).

Of note, counselors are encouraged to employ intentional and sensitive language when screening clients, especially minors, for sexual trauma. Using open-ended prompts that presume the presence of an event may be more effective in eliciting an accurate response compared to close ended questions. Examples of helpful open-ended prompts for screening child sex trafficking survivors include, "Tell me about a time when you felt forced to do something you were uncomfortable with," and "Tell me about a time when you feel scared or unsafe." Identifying components of DMST may also provide context for clients who are unfamiliar with this crime. For example, counselors may inquire whether clients under the age of 18 have ever performed sex acts for money, shelter, safety, food, or other resources.

Human Trafficking Assessment Tools

Professional counselors can use human trafficking tools to aid in identifying sex trafficking victims. The Comprehensive Human Trafficking Assessment Tool and Trafficking Victim Identification Tool (TVIT) are available at no cost and can help counselors identify DMST survivors.

Comprehensive Human Trafficking Assessment Tool

The Comprehensive Human Trafficking Assessment Tool (National Human Trafficking Resource Center, 2011) is used to identify and assist potential victims of both labor and sex trafficking. The tool consists of general trafficking, sex trafficking specific, labor trafficking specific, and network specific assessment questions and outlines important assessment tips and questions necessary to conduct comprehensive safety checks in person or over the phone. The sex trafficking specific questions consist of nine open and closed ended questions that assess general areas related to sex trafficking including whether individuals have ever felt pressured to engage in sex acts against their will, whether they were required to meet a nightly quota of sex acts, and whether they felt forced to engage in sex acts with friends or business associates for money, safety, resources, or favors (National Human Trafficking Resource Center, 2011). When counselors have

determined that children may be DMST victims, the network/controller specific assessment can be used to specifically identify the location where DMST occurs (e.g., at home, in brothels, through family members). Notably, counselors who use the Comprehensive Human Trafficking Assessment Tool (2011) must be familiar with the definition, process, and components of human trafficking to accurately assess responses (see Litam, 2017 for a review).

Trafficking Victim Identification Tool (TVIT)

Created by the Vera Institute of Justice (2014), The Trafficking Victim Identification Tool (TVIT) yields valid and reliable scores for identifying victims of sex and labor trafficking. The TVIT is offered in long and short versions and consists of 53 and 25 items, respectively. Both scales use a binary format (yes/no) with opportunities for clarification and follow-up throughout the assessment process. For example, if individuals indicate that yes, they have had sex for things of value such as money, housing, food, gifts, or favors, the TVIT prompts users to gather more information (“Were you pressured to do this?” Vera Institute of Justice, 2014). The TVIT is the first validated instrument to screen human trafficking victims across a variety of clinical and forensic settings. Counselors must have preliminary knowledge of human trafficking to most effectively assess responses.

Professional counselors may infuse items from the TVIT into their own unstructured or semi-structured intake processes to assess for child sex trafficking. While the TVIT was not validated with youth populations, the instrument may serve as a tool for collecting relevant information (Vera Institute of Justice, 2014). Professional counselors must adjust the TVIT items to meet the individual needs of survivors, including adopting the usage of colloquial language or slang terms. For instance, counselors may inquire, “Have you ever done any activities without getting paid?” or “Have you ever ran the streets, hustled, or lived ‘the life’?” Counselors must be prepared to engage clients with follow up questions that seek clarification and client meaning.

Trauma-Informed Practices for Child Sex Trafficking Survivors

Once a child has been identified as a victim of DMST, counselors must be prepared to use trauma-informed practices that build resilience, establish safety, and mitigate the effects of trauma. Trauma-informed practices are those which prioritize safety as the foundation for working with clients to eliminate self-harm, cultivate trustworthy relationships, and prioritize wellness by removing themselves from harmful situations (Najavits, 2002). Thus, professional counselors working with DMST survivors should first assess for client safety prior to employing trauma-informed practices (Litam, 2017). Furthermore, counselors must ensure their own emotional wellness as counseling DMST survivors represents challenging therapeutic work (Litam, 2019). Counseling DSMT survivors often requires the collaboration of a multi-disciplinary team including case managers, medical support, child welfare and legal experts, and other helping professionals (Barnert et al., 2016). The overall goal of counseling DSMT youth focuses on helping survivors successfully reintegrate into society, process their trauma, and achieve holistic wellness (Jordan et al., 2013; Litam, 2017; Wolf et al., 2014).

Counselors must be patient with survivors who may experience ambivalence in making decisions (Sapiro et al., 2008). DMST survivors may appear reluctant to seek or participate in treatment because they do not identify as a sex trafficking survivor and may feel positively or

ambivalent towards their traffickers (Jordan et al., 2013; Litam, 2017; Reid & Jones, 2011). Other reasons for survivors' reluctance to engage within the therapeutic setting may include feelings of embarrassment, guilt, pride, and shame toward help seeking behaviors (Andretta et al., 2016; Cecchet & Thoburn, 2014; Choi, 2015; Hickle & Roe-Sepowitz, 2014; Litam, 2017; U.S Department of Education, 2014). Although evidence-based interventions specifically developed for sex trafficking survivors are lacking (Jordan et al., 2014), treatment for sex trafficking survivors have been borrowed from clients who suffer from post-traumatic stress disorder (PTSD), domestic violence, slavery, and other forms of trauma (Jordan et al., 2013; Litam, 2017; Williamson et al., 2008). For instance, motivational interviewing can be used to assess clients' readiness to change (Osilla et al., 2015). After DMST survivors develop change talk, professional counselors can use trauma-focused cognitive-behavioral therapy (TF-CBT) to promote continued progress (Williamson et al., 2008).

The effectiveness of TF-CBT when working with survivors of childhood abuse, trauma, and sex trafficking have been preliminarily established (Wolf et al., 2014). TF-CBT principles emphasize creating a safe, trustworthy, collaborative, empowering, and client-centered approach, which remains crucial when working with survivors of trauma (Litam, 2017; Wolf et al., 2014). In one study, a 12-week TF-CBT psychoeducational group with adolescent sex trafficking survivors was linked to a significant increase in peer support validation, engagement in self-discovery, and improvement in life skills, self-care, and overall wellness (Hickle & Roe-Sepowitz, 2014). Indeed, TF-CBT appears to represent an efficacious evidence-based intervention for counseling survivors of child sex trafficking.

Advocacy for Sex Trafficked Children

Professional counselors are called to engage in ethical and legal practices that promote the wellbeing of clients (ACA, 2014; Ratt et al., 2015), including sex trafficked youth. Professional counselors may employ the multicultural and social justice competencies by educating others, advocating for clients in systems that are not set up to help, and by empowering clients to advocate for themselves (Ratt et al., 2015). Engaging in these advocacy tasks are also in line with the American Counseling Association's Code of Ethics related to client advocacy (ACA, 2014). Therefore, professional counselors who identify and support DMST survivors can advocate on behalf of their trafficked clients by joining advocacy efforts, making reports to child welfare and law enforcement agencies when necessary, and educating clients, teachers, parents, and community members about sex trafficking. Independently seeking training on human sex trafficking and challenging sex trafficking myths represents additional important strategies to advocate on behalf of sex trafficked individuals and increase victim identification (Litam & Lam, 2020). Professional counselors may also advocate on behalf of sex trafficked children by remaining abreast on public policy updates and engaging in legislative advocacy. For example, counselors may contact their state senators to share their experiences in working with child sex trafficking survivors to challenge notions that child sex trafficking does not occur in the U.S. (Houston-Kolnick et al., 2017). Educating lawmakers on the importance of creating policies that address the issue of sex trafficking and provide resources to survivors is of paramount importance. Counselors may specifically ask for policies that provide funding for school and community-based awareness and intervention programs.

Professional counselors can advocate for DMST survivors in criminal justice, education, medical, and mental health systems (ACA, 2014; Greenbaum, 2014; Hardy et al., 2013;

Kotrla, 2010; Meyers, 2015). For example, counselors may write letters to judges on behalf of survivors or testify in court, encourage the accessibility of resources, and advocate for more survivor-centered laws. Professional counselors must therefore familiarize themselves with their state laws as it relates to sex trafficking to identify areas that may affect their clients while working to address gaps in services and resources. Within the community setting, professional counselors can engage in advocacy by helping survivors acquire basic reintegration services such as obtaining safe and stable shelter and affordable legal representation. Counselors may also promote awareness to sex trafficking by providing educational workshops that outline specific strategies to support sex trafficking survivors (Kotrla, 2010; Farrell & Pfeffer, 2014; Litam, 2017; Litam, 2019) in counselor education programs (see Litam & Lam, 2020). Professional counselors may start or join public campaigns to increase societal awareness about actions individuals can take if they suspect or observe these crimes in their communities. Finally, counselors may affect societal change and challenge notions about sex trafficking by omitting words and actions that glorify pimp culture (Litam, 2019). Glamorizing pimp culture ultimately normalizes the pursuit of power over other people and may have larger implications for attitudes about violence and sex trafficking (Litam, 2019).

The following case study was developed to demonstrate how identification and assessment of risk factors, trauma-informed intervention, and advocacy strategies may be used to work with a child sex trafficking survivor. A discussion is additionally provided to outline how each section was applied to the case.

The Case of Jody

Jody, a 16-year-old female, suffered extensive trauma throughout her childhood and adolescence from witnessing acts of domestic violence when her stepfather physically and emotionally abused her mother. Jody's stepfather abused opiates and alcohol and died by suicide 1 year ago. Although she never disclosed this information to her mother, Jody's stepfather began sexually molesting her at age 13. After the stepfather's death, Jody's mother moved the family to a different state. Shortly after the move, Jody's mother became depressed and felt guilty about her husband's death. With her mother preoccupied, Jody made new friends at school who used drugs and alcohol. Jody began behaving defiantly in school and at home, answering back to her mother and at times, ignoring her teacher. As Jody's behaviors became increasingly worse, her mother struggled to discipline her due to her own feelings of grief and depression. Jody began leaving home for days at a time without her mother's consent or knowledge of her whereabouts.

Jody's friends introduced her to an older couple who supplied them with drugs, alcohol, and a place to hang out and skip school. Jody believed the couple was nice and began confiding in them about her history of sexual trauma, feelings of anger toward her mother, and feelings of loneliness. Jody began demonstrating problematic behaviors in school including truancy and drug use, which resulted in several school suspensions and arrests, ultimately leading to her involvement with the Department of Juvenile Justice. Jody's school counselor noted how she often appeared tired, had difficulty concentrating in classes, and was irritable. The school counselor had recently attended a human trafficking training and recognized the presence of risk factors and trafficking indicators. Since the school counselor did not have expertise in human trafficking, Jody was referred to a mental health counselor who worked with survivors of sex trafficking for further assessment and interventions. The counselor first

met privately with Jody's mother, who reported that Jody's behaviors quickly became out of control. She explained that Jody was verbally and physically aggressive in the home, and she recently learned that Jody was exchanging sex for drugs and alcohol.

Identification and Assessing Risk Factors

To begin assessing for sex trafficking, the counselor started asking Jody's mother some questions about Jody's history and new behaviors. The counselor asked if Jody ever came home with items that her mother did not buy. Jody's mother reported that Jody had recently acquired a cell phone, expensive clothing, and makeup that she had not purchased. Jody's mother additionally disclosed that someone had called to tell her that Jody was using drugs and having sex for money.

After meeting with the mother, the counselor met with Jody and explained the counseling process, confidentiality, and its limitations. The counselor worked to build rapport by asking a few open-ended questions about which types of music and other activities Jody finds enjoyable. Although initially guarded, Jody was polite and open with the counselor. Next, the counselor asked Jody basic intake questions about her age, friends, daily activities, recent move to a new community, and ended the session. During the second session, the counselor incorporated questions informed by the TVIT to further assess whether Jody may be a victim of child sex trafficking. Specifically, the counselor asked Jody to tell her about a time when she had felt scared or unsafe. Jody described an instance when she was drunk at a friend's house. She described how the man in the couple had taken photos of her "for a project he was working on" and she felt worried her mother would see the photos because she was intoxicated. Jody recalled how the man threatened to post the photo on social media if she did not do what he asked. At this time, the male began selling Jody for sex. Although he kept most of the money, he gave Jody a small portion of the profits.

Trauma-Informed Interventions

Based on this information, the counselor determined Jody was a DMST. Jody did not recognize the dangers in this situation, nor did she identify as a sex trafficking victim. Instead, Jody identified herself as a businessperson. The counselor reflected Jody's term as businessperson and did not pressure her to use sex trafficking identifiers. Once a strong therapeutic rapport was established, the counselor used psychoeducation and motivational interviewing techniques to amplify Jody's ambivalence about the experience and promote the use of change talk. Four sessions later, Jody stopped identifying as a businessperson and became curious about her identity as a survivor. The counselor identified this shift in language and mirrored Jody's usage of survivor language. By the fifth session, the counselor began using TF-CBT strategies to empower Jody to set healthy boundaries, engage in feelings identification, and create and process her trauma narrative. Jody was empowered to make new friends, stopped running away, and developed a stronger relationship with her mother. Although she still experiences feelings of sadness and hypervigilance, she was committed to continuing the counseling process and shared that she would like to help educate other girls in the community about sex trafficking.

Advocating for DMST Survivors

The counselor met with Jody's mother to disclose her findings of sex trafficking. The counselor educated the mother about sex trafficking and the need to create a system of care to help Jody. The counselor also explained her mandated role to report the incidence of child sex trafficking to the local child welfare agency. The counselor invited the mother to help call the agency. The mother agreed to participate in the call, and the counselor connected the family to group counseling, recommended testing for sexually transmitted diseases (STIs), and connected the family to affordable legal counsel.

Case Discussion

Jody's school and mental health counselors recognized the signs of sex trafficking and intervened to help the family. The counselor asked open ended questions and honored the client's autonomy by mirroring her language. Jody did not recognize the danger she was in nor did she identify as a victim. Once Jody learned about sex trafficking through psychoeducation, she was able to arrive at her own conclusion about the effects of her friends on her wellness and the presence of coercion. The counselor, the client, and her mother worked collaboratively to develop a safety plan that included changing her phone number, school, home, and social media privacy settings. The counselor also used motivational interviewing and TF-CBT interventions to help Jody resolve her trauma and develop new coping skills to reduce her substance use. The counselor, client, and mother work collaboratively with local organizations to increase community awareness about sex trafficking.

Implications for Clinical Practice and Future Research

When counseling sex trafficking survivors, it is essential for counselors to recognize the risk factors and trafficking indicators that may promote victim identification. Parents, caregivers, and counselors may struggle to identify sex trafficked children who do not present in the sensationalized ways depicted in media (Uy, 2011; Gerasi, 2015; Houston-Kolnik, 2016). Professional counselors must educate parents and communities about DMST and help them take steps to address this crime through legislative advocacy. Counselors who work with survivors of sex trafficking are encouraged to seek supervision and engage in routine self-care to avoid burnout and compassion fatigue (Litam, 2017, 2019). Self-care represents an essential instrument to maintain balance while engaging in emotionally draining clinical work. Counselors can engage in legislative advocacy by writing letters to judges, sharing clinical experiences with senators, and providing trainings on victim identification and treatment. Counselors may also infuse sex trafficking content into the CACREP standards of counselor education programs (Litam & Lam, 2020).

Future areas of research related to child sex trafficking includes examining the preparedness of counselors to provide school-based interventions with sex trafficked students. Additional studies that examine counselors' preparedness and competency to work with DMST survivors are additionally needed. Research that continues to identify evidence-based practices (EBPs) and clinical assessment for working with DMST victims are warranted. Finally, addressing counselor self-care while working with victims and survivors of human trafficking represents a key area of future research.

Conclusion

Professional counselors must remain abreast on societal issues relevant to the profession, including child sex trafficking. Regardless of training of workplace setting, counselors are called to familiarize themselves with the risk factors, trafficking indicators, assessment strategies, trauma-informed treatment modalities, and strategies to advocate on behalf of sex trafficking survivors. Clinical assessments should be victim-centered, empowering, safe, and multidisciplinary (Greenbaum, 2014). Professional counselors who work with trauma survivors hold legal and ethical responsibilities to provide effective treatment services (ACA, 2014; Choi, 2015; Greenbaum, 2014; Hardy et al., 2013). The authors used a hypothetical case presentation based on their cumulative clinical experiences working with sex trafficking survivors to illustrate how counselors can assess, provide counseling, and advocate on behalf of sex trafficked youth.

Compliance with Ethical Standards

Conflict of Interest We have no known conflicts of interest to disclose.

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