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The Impacts of Sex Trafficking on Children of Survivors: Stakeholders' Perspectives

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The Impacts of Sex Trafficking on Children of Survivors: Stakeholders' Perspectives

by
Christine Wills

MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
in Partial fulfillment of the Requirements for the Degree of
Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

The aim of this study was to conduct a needs assessment for children whose parents are survivors of sex trafficking from a stakeholders' perspective. Six stakeholders that work directly with survivors of sex trafficking were interviewed. There were seven themes that arose in the findings: Trauma; Loss of Custody; Generational Component of Sex Trafficking; Barriers; Systems Implications; Trauma-Informed Care; and Holistic Resources. These themes assist in understanding the trajectories of the children's lives, barriers children and their parents face, and services that need to be created or improved for these children.

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The Impacts of Sex Trafficking on Children of Survivors: Stakeholders' Perspectives

Introduction

Sex trafficking is a hidden crime that affects youth and adults, men and women, nationally and internationally, every day, month and year. It is a crime that goes unseen that is hard to understand. While the media supplies more stories that can be read and heard involving sex trafficking survivors, sex workers, and prostitutes, one group goes unnoticed: the children of these individuals.

Due to the covertness of sex trafficking, prevalent data does not exist. While not all survivors of sex trafficking or sex workers have children, of the ones that do, minors have on average two children, while adults have three, with a mean of 65 percent of women becoming pregnant at some point during their engagement in commercial sex (Willis, Vines, Bubar, & Suchard, 2016). With that in mind, Amy Farrell, an expert on the topic of sex trafficking, estimates that there is somewhere between 5,000-60,000 individuals being trafficked within the United States (Kruse, 2016). It is important to state that this data is only an estimate. However, this calculation shows a grotesque issue at hand. If there are that many individuals trafficked every day, there could be many children of these individuals that are going unaccounted for. Findings have indicated that many survivors know other victim/survivors that have children, meaning there could be a large population of children unnoticed (Willis et al., 2016).

While there is some data on the issue of sex trafficking survivors, there is a paucity of information on the children whose parents are sex trafficking survivors. There are few research studies and dissertations that address the impact that sex trafficking has on the survivors' children and the needs of the child. However, within the studies focusing on the parents, data indicates children of sex trafficking survivors and sex workers face physical, mental, and sexual

abuse (Dalla, 2003; Willis et al., 2016). Fifty-four out of seventy-six sex workers or sex trafficking survivors knew of children that were abused, while the same amount knew children that had been physically abused (Willis et al., 2016). Not only do these children experience various types of abuse, but they also witness abuse (Dalla, 2003). Children of survivors of sex trafficking can also witness their parent being beaten for not making enough money or for trying to protect their child; they could witness their parent with customers, witness drug use and many other scenarios that would impact their security. Not only do children face witnessing traumatic events, but children can also face removal from their parent by child protection services or child welfare services (Dalla, 2003; Hardman, 1997; John-Fisk, 2013; Sloss & Harper, 2004; Weiner, 1996). Research documents that a child's overall well-being is impacted by traumatic events, such as abuse, neglect, and being taken from their homes/parent (Willis et al., 2016).

With the paucity of research on the impacts of children having a parent that has been sex trafficked or is a sex worker, it is hard to understand how the situation is addressed. There are many trajectories for the children's lives; removal of the child/children from the home by child welfare, caretaking by relatives, or the children may utilize local non-profit organizations as a safe place (Beard et al., 2010; Dalla, 2003; Hardman, 1997; John-Fisk, 2013; Sloss & Harper, 2004; Weiner, 1996).

Many barriers must be overcome to address the needs of children born to sex trafficking victims and sex workers. First, the stigma surrounding the children and their parents is a barrier to receiving services as they can feel shame about how society views them (John-Fisk, 2013; Sloss & Harper, 2004; Weiner, 1996). Second, sex trafficking is still a hidden crime. In turn, if victims are not identified, children will not be found (Beard et al., 2010). Further, there are few resources and organizations to serve children of survivors of sex trafficking (Beard et al., 2010).

The concern for children of survivors of sex trafficking is a serious concern to the social work profession. Survivors of sex trafficking are a marginalized, oppressed group, but their children are even more vulnerable and oppressed (Beard et al., 2010). A critical aspect of a social workers' role is to fight for justice and human dignity. Survivors of sex trafficking and sex workers are often stigmatized, as are their children (Beard et al., 2010; John-Fisk, 2013). As a social worker, it is our ethical duty to advocate that these individuals and children deserve equality. Lastly, survivors of sex trafficking and sex workers are at times unable to meet the basic needs of their children, such as safe, reliable housing, health care needs, and food (Busch-Armendariz, Nsonwu, & Cook Heffrom, 2011; John-Fisk, 2013). It is within the principles of social work for social workers to advocate for the priority of the poor and vulnerable which includes advocating for basic needs. Children need stable housing, a safe environment, food, and many other necessities that social workers can support.

The purpose of this study is to gain an understanding of how children of sex trafficking survivors' lives become impacted by the oppression their parents face. In contrast to past studies that have focused exclusively upon survivors of sex trafficking, this study focuses upon children. Specifically, this study examines providers' perspectives regarding how to support children whose lives are impacted by trafficking of their parents.

Literature Review

This literature is divided into two main sections. First, terms that relate to sex trafficking and will help in understanding the following studies shall be defined. Second, research studies demonstrate topics related to interventions for children whose parents are survivors of sex trafficking, including their basic needs, the parent-child relationship and the welfare systems shall be introduced.

Definitions

Currently, sex trafficking survivors, sex workers, prostitutes, and individuals who trade sex are terms commonly used when discussing an individual that receives anything of value in exchange for sexual contact. However, these terms need precise definitions for the following studies. Sex trafficking defined at the federal level is defined as “the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act” (Cornell University Law School, n.d). Another way that sex trafficking is defined at the federal level is the following:

The term “severe forms of trafficking in persons” means—
(A)sex trafficking in which a 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; or
(B)the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery (Cornell University Law School, n.d).

This definition goes more in depth to what defines sex trafficking and the different ways that an individual can be trafficked. The Minnesota definition of sex trafficking is:

- (1) receiving, recruiting, enticing, harboring, providing, or obtaining by any means an individual to aid in the prostitution of the individual; or
- (2) receiving profit or anything of value, knowing or having reason to know it is derived from an act described in clause (1) (Revisor of Statutes, State of Minnesota, 2016).

The above definition is similar to the federal one, except that it is more specific as it includes the receiving of profits or anything of value for trafficking an individual. While these are the definitions for sex trafficking, there are many other terms used for defining an individual who trades sex. A report for the United Nations Development Programme defines sex work as any adult that chooses and consents to sex in exchange for money, goods, or services (Godwin, 2012). The definition of prostitution is also the decision made by an adult to trade sex for money, goods, or services. Prostitution is the term that has been around the longest and is used in the following studies (Godwin, 2012). All of these terms have different implications for individuals. Prostitution carries a historically shame-based denotation, which has negative impacts on persons who are called prostitutes (Godwin, 2012). This terminology provides definitions and understanding for the following research studies, gives contexts to the change in verbiage, and presents an understanding of the differences in utilized terms. For this study, the researcher has chosen survivor of sex trafficking as this is the most widely used term currently for the population being studied.

Review of Empirical Studies

There is a paucity of research that focuses on survivors of sex trafficking and their children (Willis et al., 2016). While not all the studies focus directly on the children of sex trafficking survivors, prostitutes, or sex workers, all of them have findings that give insight into the lives of the children. Therefore, this section shall review nine relevant empirical research studies conducted between 1997-2016. The research studies were collected by conducting an initial search on Google Scholar to gain an overview of the research conducted on this topic. The researcher then used search engines; EBSCOhost, psycnet, ProQuest, and the University of St. Thomas's site Summon, to conduct more specific research. The researcher used the following

search terms: human trafficking, sex trafficking, prostitution, survivors of sex trafficking, children or adolescents or youth, children, mothers, etc. These terms were used together, separately, and with other words intermixed, such as “whose”, “and”, “or”, and “who”. The following studies were the result of the searches conducted.

Skill Building and Basic Needs

Basic needs are essential for survival; however, some children of trafficked parents do not have the basic necessities. In one study conducted by, Hardman (1997), women who were prostituted ($n = 23$) and their children were supported by way of an intervention group, with regards to educating them on parenting, empowering them to use resources, and giving them a place to receive support from others (Hardman, 1997). Women who were prostituted that were in contact with Hardman's agency, due to child protection cases, were asked to tell other women who were engaged in prostitution about the group. The group was ten weeks long and focused on parenting skills, education, welfare benefits, emotional support, health-care, housing, and resources for therapists and counselors. After completing the ten-week group, the findings indicated that women felt they had more skills to care for their children, half of the women were able to leave prostitution, and almost all the women felt more empowered. Women wanted the group to continue for a longer duration as they felt they needed additional support (Hardman, 1997). This group evaluation gives a glimpse of the needs of mothers that are prostituted which correlates with the needs of their children. Women needed parenting skills to better address their childrens' needs, safe housing, government benefits so the children can eat, and have emotional support and stability. These findings are relevant as they give insight into what prostituted mothers want and need to provide basic needs for their children more adequately (Hardman, 1997).

In another study, Busch-Armendariz and colleagues (2011) explored the related issues of the reunification of sex trafficking survivors ($n = 9$) that were trafficked into the U.S. and their children that were still residing in their country of origin. (Busch-Armendariz, Nsonwu, & Cook Heffron, 2011). Participants that were interviewed were either those who had been reconnected with their children or participants who could potentially be reconnected with their children. One concern that the survivors had was how they would get their children to the United States, and once they did, how they would be able to emotionally and physically care for them. Mothers were also concerned about how they could meet the basic needs of their children, such as safety, medical, and financial. The researchers in the article also indicate that the children of internationally trafficked survivors need support as they face risks trying to integrate into a new culture (2011). The results of this study show the possible issues that children could face; not having basic needs met and integration into a new culture because of mothers being internationally trafficked. These two findings indicate the hardships that children face when their mother is trafficked (Busch-Armendariz et al., 2011).

In another study focused on transnational mother survivors of sex trafficking ($n = 13$), researchers examined what happens to mothers after they are free from victimization (Faulkner, Mahapatra, Heffron, Nsonwu, & Busch-Armendariz, 2013). This empirical study focused on women who had come to the U.S. in hopes of job opportunities to support their children and families back in their country of origin. The researchers interviewed 13 survivors of sex trafficking about how they will proceed and reach their goals. The themes from this study were; focus on the future of their family, hope for the reunification with their family, and faith. Some key points that the results of this study indicate is when the mother and child reunify, there will be long-lasting emotional impacts on the relationship (Faulkner et. al, 2013). While the mother is

away, children are more likely to have higher stress levels and could perform poorly in school (Faulkner et al., 2013). This research indicates that the children are impacted physically due to stress and emotionally while the mothers are gone, which is carried into the relationship when they are reunited. These results are relevant to this study as it indicates how children are affected by the separation from their mothers.

The Children and Trauma

One researcher used a single case design to document their sessions with a youth sex trafficking survivor and the survivor's child to illustrate the impact that being a survivor of sex trafficking can have on one's child (Kleinschmidt, 2009). The survivor was set for an arranged marriage, taken from her home country, and then trafficked by her alleged husband-to-be. She was beaten, raped, sold, and impregnated before she escaped to London. Once in London, she gave birth to the child and then began receiving psychotherapy. The primary indication from this individual study was that the survivor had Post-Traumatic Stress Disorder and Depression. This study suggested that the trauma symptoms and effects are transferred to the child in-utero and after the child was born through the parent-child relationship. The child became an emotional caretaker and stabilizer for the mother rather than the mother being able to support the child emotionally. The child also had an impact from the psychological fear engrained in the mother from her trafficker (Kleinschmidt, 2009). Results from this study indicate that the effects of the trafficking on the mother can be passed down to the child. Although a single case study, this gives insight to the potential emotional impact that sex trafficking can have on children of survivors of sex trafficking (Kleinschmidt, 2009).

In another study conducted by Rochelle Dalla (2003), "street prostitutes" relationships with their parents and the relationship between "street prostitutes" ($n = 43$) and their children (n

= 105) were examined. This study contributed to research that examines intergenerational aspects of parenting regarding the cycle of negative parenting habits and living situations (Dalla, 2003). Each woman was interviewed about their childhood and their own children's childhood. Of the sample, only five women lived with their biological parents throughout infancy. The rest were raised by grandparents, family friends, other family members, were placed in foster care or had run away during their teenage years. Seventy-four percent of the women that were interviewed stated they had been sexually abused, while many others reported having been witness to domestic violence, and several said their parents or caregivers were chemically dependent. When asked about their children, only 10 of 105 children were still residing with parents. Some of the participants stated they knew their children had been sexually abused, that their children were in places where sexual assault could happen, their children had witnessed domestic abuse, their child's caregiver was chemically dependent, and that some of their children were involved in prostitution as well (Dalla, 2003). This study indicates that children of sex workers are not in healthy environments and that the intergenerational parent-child relationships are continuing in their families (Dalla, 2003). These results are relevant to this research study as it provides information about the parent-child relationship and the environments that the children are raised.

While most of the former studies have concentrated on the mother, the subsequent research solely focuses on the impacts of sex work and sex trafficking on children. In a recent study conducted by Willis and colleagues (2016), health effects of children whose mothers were either sex trafficked or worked in sex work were examined (Willis et al., 2016). Women ($n = 76$) that were either sex trafficked or sex workers were interviewed about other women who were sex trafficked or sex workers and the impact that had on children. Results indicated that 73 of the

women knew other women that had children. Other results were; few mothers received prenatal care (20-45 percent), 54 women stated they knew children that had been sexually abused, while 54 also reported that children were physically abused. Seventy women reported that children ingested drugs, either prescription drugs or over the counter drugs. Many of the women also reported that a lot of the children have anger and behavioral problems (Willis et al., 2016). These results are relevant as it is one of the few studies that has solely focused on the outcomes of sex work or sex trafficking in the children whose mothers are involved. This study reveals a lot of the impact that sex work and trafficking can have on children from an insider perspective.

Loss of Custody

In another study, Sloss and Harper (2004) examined the perception of how street sex workers, who were also mothers, ($n = 16$) perceived parenting impacted their work. This study took place in a small Midwestern town. Although it states that these women were street sex workers, all but one woman said that their partner either wanted them to engage in sex work or were supporting their partner with their income from sex work, which could indicate that the majority of this study's population were victims of sex trafficking. Results from the study indicated that almost half of the women had either had a stillbirth, miscarriage or abortion while participating in sex work. The women on average had three children, with age ranges from one to seven years old. Eighty-eight percent of the women had either lost custody of their children or had put the children in the care of someone else. Seventy-five percent of the women were involved with child welfare. Of the seventy-five percent, half of the women still had custody of at least one child. When asked about the impact of continuing sex work while pregnant, most women said that it affected their child in negative ways (Sloss & Harper, 2004). Most of the women were concerned about their children finding out that they worked the streets. They feared if their children knew it

would emotionally hurt them. When the children were removed or under someone else's care, some of the women felt relieved that their children would be in a safer place, while others had a lot of emotional pain such as loneliness, depression, and anxiety. For some of the women, sex work increased when they became parents as they wanted to earn more money to provide for their children. The women also started to hide their sex work and work in more remote areas that put them at safety risks, so that others would not find out. Many changed their hours so they would be more available for their children (Sloss & Harper, 2004). From these results, most of the women tried to provide for their children, but finances and resources got in the way. Another main point of these findings is that many children were removed from their mothers by child welfare or the mother placed their children in someone else's care. These results are relevant for the current study as it indicates the extent to which children are not living with their mothers and the impacts that it could have on their sense of security and attachment style.

One study, conducted by Weiner (1996), identified what the social and health needs were of "street walking prostitutes." This study focused on providing HIV testing and resources to prostitutes, while also obtaining information from a questionnaire the women ($n = 1,963$) filled out. The results indicated that about sixty-six percent of the women had at least one child. The average number of children was 2.25. About forty percent of the children lived with a grandmother, twenty percent lived with their mother, ten percent were in foster care, and the rest were living in a plethora of places. Risk factors for mothers' STD/HIV contraction also created a secondary risk factor for children. Forty-one percent indicated that they had not had any STD's and were not HIV infected, while the other fifty-nine percent had either had an STD, currently had one, or was HIV positive. Although it does not state the percentage of women that used drugs, many drugs were being reported by the women that were using crack, cocaine, methadone, marijuana, and heroin

(Weiner, 1996). These results indicate again, many children are not residing with their mothers, which could lead to an unhealthy attachment style with caregivers (Cassidy, 1999). It is also important to recognize that these children could be at risk for sexual diseases and health concerns related to chemical dependency.

In a dissertation study conducted by John-Fisk, the relationship between the mothers and their children were assessed and compared between the U.S. and India (John-Fisk, 2013). In India, mothers did everything they could for their children; all the mothers had custody of their children, even if some of the children were sent to boarding school. In the U.S., very few of the mothers had custody of their children. Their children were either adopted, in foster care, or were being taken care of by other family members. One barrier for the mothers in the U.S. was when their children were taken away they spiraled and became more involved in drugs in prostitution, which was their way of dealing with the loss (John-Fisk, 2013). They lost hope without their children; this hindered their ability to have their children back. Whereas the mothers in India, none had lost custody of their children. These mothers tried their hardest to get out of the life of prostitution to provide their children with a better life than they were given. Children being taken from their homes hindered the relationship with their parents. In the U.S. sample, none of the children forgave their mother or wanted them in their life, whereas, in India, all the children still had positive relationships with their mothers (John-Fisk, 2013). These findings identify some of the differences between countries and how they approach child welfare as it relates to exposure to prostitution. The two countries have different ways of dealing with the children; one removes children whereas the other leaves the children with their mothers. These findings are relevant as they provide a contrast to what most of the studies in the U.S. have indicated that most children are removed from the home, perhaps this is not the best solution and could, in fact, be causing more harm.

Children's Voices

In one study, John-Fisk (2013) conducted a *dissertation* research where children ($n = 20$) of mothers who were prostitutes in India, discussed the challenges they faced. One problem that stood out for the children was difficulty in school such as, illiteracy, lack of concentration, and repetition of grades due to lack of the correct documents. Children also face being teased and discriminated against by their teachers, classmates, and the community. Children wanted a safe, consistent place to study. The children stated they did not want to leave their mothers and that they will not abandon their mothers. They reported that in the future they want to provide for their mothers so they can leave the red-light district. Lastly, the children reported what services they would need to assist them, these ranged from receiving support from their mothers, school, local NGO's and the government. Although these findings are from India, some could be relevant to children in the U.S. such as trouble in school, the stigma around being the child of a prostitute and having safer places (John-Fisk, 2013). This study has firsthand information that can inform this study about the effects on children from the voices of children.

Conclusion to Literature Review

Overall these studies indicate that there are many hardships faced by the children of prostitutes, sex workers, and sex trafficking survivors. Children face being removed from the home at very high rates, without any follow-up research to identify the impacts of this. Children are affected as their needs go unmet, they face witnessing drug use and abuse of their caregiver. Children also face their own physical or sexual abuse. The impacts of these adverse situations are seen in children's emotional and behavioral states at school and the home.

Conceptual Framework

Theoretical Lens

There are two theoretical frameworks that shaped this research study, Object Relations Theory and Attachment Theory.

Object Relations Theory. One conceptual framework that was used in this study is object relations theory. A significant aspect of object relations theory is the “good enough mother” and the holding environment (Rafferty, 2000).

The “good enough mother” refers to the mother’s need to provide cognitive and physical care of the child and to have concern for the child (Rafferty, 2000). The mother is not perfect but is still meeting the needs of the child through empathizing and protecting them from negative experiences.

The holding environment refers to the way a mother meets and understands the child's needs such as food, shelter, emotional attunement and safety to their child (Rafferty, 2000). An example of this is if a caregiver is trafficked, they are still able to attune to their child's emotional needs, provide education, a safe environment that is not filled with abuse or witnessing abuse, providing them with food, medical needs, and many other needs that children have. A way for parents to create a holding environment and meet the needs of their children is through joining a support group that empowers them and teaches them the skills to find resources that can meet their basic needs (Hardman, 1997).

Attachment Theory. Another approach that helps guide this study is attachment theory. Attachment theory was founded by John Bowlby while studying the relationship between children and their caregivers. The basis of attachment theory is that a caregiver and their child have a strong emotional and physical bond. A child will cry or makes noises to attract the

caregiver so that the child will have protection (Cassidy, 1999). Bowlby and Ainsworth theorized different attachment styles of children and adults: secure, anxious-ambivalent, anxious-avoidant, and disorganized.

The secure attachment style is ideal as it means the child has a healthy attachment to their caregiver, usually the mother (Cassidy, 1999). There are three basic concepts to understand about attachment; the circle of security, secure base, and safe haven. The circle of security is psychoeducation for caregivers to increase their ability to be sensitive to their child so that their child can develop a secure attachment (Mercer, 2015). Within a secure attachment style is a secure base. A secure base is what a caregiver provides for a child, meaning that the child can go off and explore and then return to the caregiver for comfort if they feel unsafe (Bowlby, 2005). Lastly, the caregiver becomes a safe-haven, meaning that she will provide support and a safe place for the child (Cassidy, 1999). A secure base and safe haven can occur when a caregiver has enough internal resources to care for their child. A caregiver must be able to attune to the child to meet their needs.

When children are in situations where their caregiver cannot be a secure base or safe-haven, children develop insecure attachment styles: anxious-ambivalent, anxious-avoidant, and disorganized. An anxious-ambivalent child is anxious that the caregiver will leave, so stays close to the caregiver; however, when the caregiver engages with the child, the child will reject them (Bowlby, 2005). This attachment style is seen if the caregiver is too preoccupied with other activities and does not routinely pay attention to the child's needs. An example of this is in Kleinschmidt's case study, where the mother has Post-Traumatic Stress Disorder and is not always emotionally and mentally present for her child. An anxious-avoidant child does not know whether the caregiver will be responsive or unresponsive and therefore tends to be alone

(Bowlby, 2005). This style develops after learning that the caregiver is not reliable, so the child begins to be independent. The last attachment style is disorganized. The disorganized attachment style means the child is not able to process what is happening in their environment or a given situation due to a frightening stimulus. They may freeze or flee in the situation (Siegel & Solomon, 2003). An example of the disorganized attachment can be seen when a child experiences abuse. In the studies, many discussed the abuse that children of sex trafficking survivors and sex workers face (Dalla, 2003; Willis et al., 2016). This abuse causes them to be disorganized as they do not know what to do in the situation. As attachment theory is understood, in order for children to have their emotional, physical, and psychological needs met by their parents, their (the parents) own attachment needs must first be recognized and addressed (Fraiberg & Shapiro, 1975). Many interventions and programs have been developed to support the growth and attachment needs of children and parents alike (e.g., Gearity, 2009), thus creating a space for the parent and child to grow together.

An important part of attachment styles is that they can change. Once a child develops an insecure attachment style, with support over time, the child can develop a secure attachment style (Bowlby, 2005). If a parent, caregiver, or a stable adult has the resources, both physically and psychologically, they can begin to focus on the child. However, it can be difficult for parents, caregivers, or a stable adult to support a child with an insecure attachment on their own as they might not have the psychoeducation as discussed previously, thus, the parents and caregivers would need to understand attachment better through the circle of security, to help (Mercer, 2015).

Professional Motivation

My professional motivation for serving sex trafficking survivors is due to of the lack of resources available to support this vulnerable, oppressed population. While conducting research throughout graduate school, I have come to realize that there is limited government funding spent on survivors of sex trafficking. On top of the limited funding, there are very few organizations that serve sex trafficked youth and even fewer that help sex trafficked adults.

During my time working at a school, I encountered high school girls that were being trafficked or were at risk for being trafficked. Seeing the impact trafficking had firsthand on youth made me realize the role I play as a social worker.

Personal Motivation

My personal motivation has affected my professional motivation. I first became interested in serving sex trafficking survivors after watching a film based on the topic during my undergraduate degree. This movie ignited a spark in me to learn more about sex trafficking. To me, sex trafficking is one of the worst forms of oppression, first enslavement, and then taking away the sexual autonomy of an individual. The vulnerability of this population makes me want to keep fighting for them so that I can teach others about the injustices that this community faces.

Methods

Research Design

The purpose of this study was to conduct a needs assessment for the state of Minnesota to learn about the needs of children whose parents are survivors of sex. This study is a qualitative study using interviews with key stakeholders (Monette, Sullivan, Dejong & Hilton, 2011). Employing a qualitative design for this research allowed for the exploration of the needs of survivors of sex trafficking families and children. This project was approved by the St. Thomas University Institutional Review Board.

Sample

This study used purposeful sampling to recruit knowledgeable key stakeholders. Purposive sampling is a method of selecting participants for a study as they are most suitable for the research (Monette et al., 2011). The sample for this study consisted of interviews with six stakeholders ($n = 6$) who have provided direct services to either children or parents whose families have been directly impacted by sex trafficking. Stakeholders included individuals whose work brings them into contact with survivors of sex trafficking.

Inclusion criteria for participation in the study included professionals who serve survivors of sex trafficking such as individuals that work at agencies or organizations that serve survivors of sex trafficking, individuals that conduct research regarding survivors of sex trafficking, or persons that work closely with survivors of sex trafficking, all of whom are working in direct care with survivors of sex trafficking and their children.

Exclusion criteria for participation in this study include individuals that do not provide direct services for or have never worked with survivors of sex trafficking or their children.

Selection Process

Participants were selected using a purposive, snowball sampling method. Purposive sampling allowed the researcher to choose potential participants that work directly with this population, while snowball sampling allowed the participants to lead me to more potential participants by asking them if they knew anyone else that would be a good fit for this study (Monette et al., 2011). These methods were selected as they were the most convenient way to identify stakeholders working in this field. Key stakeholders were identified through publicly available sources such as agency websites, the Minnesota Department of Health Services website, and other listings. They were then contacted to determine if they were interested in participating in this study (see Appendix A).

Recruitment

Potential participants were contacted via phone or email to participate in this study (see Appendix A). Participants were found through publicly available data and snowball sampling. Committee members also supported recruitment through personal and professional networks related to sex trafficking services.

Data Collection

Six confidential interviews were conducted for this study. First, participants signed a consent form, which included a list of resources for the participants to keep, then they were interviewed (see Appendix B and Appendix C). For each interview, a nonscheduled-standardized guide was used (see Appendix D). Use of a nonscheduled-standardized interview guide will allow direction for the study, but will also enable participants to answer open-ended questions and let them have control over where they would like the conversation to go (Monette et. al, 2011). The questions for the interview were constructed by the researcher with guidance from

the research committee. Participants were asked ten questions that fell into the topic areas of Background, Outcomes and Impact, Support Needs, and Closing. These questions were formed based on existing literature with the assistance of the committee members and the chair.

The interviews were conducted at meeting places that were chosen by the participants. The participants were given the option to choose the location for their comfort and convenience. It also gave participants the opportunity to pick a place that they felt was private. Participants were given the informed consent form and time to ask clarifying questions if they had any about the process. The audio-recorded interviews ranged from ten minutes to 50 minutes.

The interviews were audio-recorded to analyze the data. The audio-recordings were saved in encrypted, password protected files that were saved onto the researcher's computer. The consent forms were stored in a locked secure location at the University of St. Thomas. The audio-recordings and consent forms will be held until the beginning of June 2020, at which time they will be destroyed.

There were minimal risks associated with this study, including mild discomfort with discussing trauma and adverse experiences.

Additional care was taken to ensure confidentiality for participants. Any identifiable information was removed from the data. Participants signed a consent form, which gave them an overview of the study; it also stated they could withdraw at any time. The St. Thomas Institutional Review Board reviewed my process to ensure participant confidentiality.

Data Analysis

After the data was collected, the interviews were transcribed. The researcher was assisted by a transcriber to help with the process of transcription. Data was analyzed using a grounded theory approach. Grounded theory is based on allowing the themes and evidence to emerge from

the data itself (Monette et al., 2011). The transcription was read through and coded three times. This checked for reliability and validity of the process analysis. After each interview transcription was read through three times and coded, the themes were collected from all the interview transcriptions.

Feasibility

I anticipated that while there are many individuals in Minnesota that serve survivors of sex trafficking, they may have limited time to participate in this study. To overcome this challenge, I was flexible with the times that participants were available to interview, rather than setting concrete deadlines. I also anticipated that using the snowball method of sampling, potential participants that were recommended by previous participants allowed me to have enough participants for the study.

Description of Participants

In total, six stakeholders were interviewed for this study. With regard to their occupational role, five of six participants supported survivors of sex trafficking in their work roles while the sixth participant supported survivors through research. All participants worked directly with survivors either through direct care or at a macro level, meaning that they were working on changing policy that affects survivors of sex trafficking. Participants' experience working with survivors ranged from a few years to twenty years or more.

Findings

This chapter highlights seven primary themes that arose from stakeholder ($n = 6$) interviews: (1) Trauma; (2) Loss of Custody; (3) Generational Component of Sex Trafficking; (4) Barriers; (5) Systems Implications (6) Trauma-Informed Care; and (7) Holistic Resources.

Trauma

One central theme that arose from the interviews pertained to the trauma that happens to the children or that the children witness sex trafficking. Participants were asked how children are impacted by sex trafficking ($n = 4$). The most common response was that children experience trauma or are traumatized by their living environment. One participant described a child they knew whose mother was a survivor of sex trafficking:

But you could see that, I could see how the lack of trust and the fear and how he was very closed off because of the things he'd witnessed and the life he had lived he did say, he wrote in the bulletin that he was happier now that his mom was hired and you know he wrote that they had a home.

The same participant stated "I think there is a lot of trauma. Multiple traumas, you're seeing violence with ya know your mother beaten and treated badly or... you're usually not in safe places" and "And so yes I would say trauma is a big part of that and some of that's is ya know what they're witnessing." Furthermore, a participant stated the following:

And so it's witnessing or experiencing any kind of violence is not good for early childhood, or any kind of age, and so it's definitely not a good thing and like I said oftentimes, unfortunately, what we see happening is that the child is taken away from their biological mother who does care about them and love them but is in an abusive situation herself or himself.

Yet another participant described:

When I see domestic violence intersect with sex trafficking I do see the children who are witnessing some violence. And they might not be physically in the room but they can hear things that are going on in the home that are related to violence. That wouldn't be, you know uncommon. And they might not always witness or see the violence, but they might see the aftermath, like bruises and trauma that the mother is experiencing.

To go along with this quote of children witnessing violence, sometimes children are subjected to violence. One participant stated:

Well I think there's a great deal of trauma. Umm I think anytime you have a situation where a parent is unable to care for a child, that's gonna cause problems for the kids. Sometimes the kids are left alone to fend for themselves. I heard a few cases where victims had maybe sold their kids in commercial sex as well. I wouldn't say that's super common, but we certainly heard about it.

The same participant when asked if there was any other important information to know about working with this population responded with "I think just bearing in mind that there might be high rates of sexual assault or commercial sexual exploitation."

Loss of Custody

The loss of custody was a large theme of the impact of sex trafficking on the parents and the children. When asked what happens to the children during the time their parents are sex trafficked, all respondents touched on the loss of custody ($n = 6$). Many respondents gave examples of the different routes for the children based on custody. From the interviews, participants gave examples of informal and formal loss of custody. Formal loss of custody refers to the child being taken through child protection interventions, while informal loss of custody is where children were given to family members without system intervention. In regards to custody, a participant stated,

A lot of times the women are in poverty and involved in sex trading and some women are involved with drug use as well, so oftentimes they will lose custody of children to family members. Sometimes it's informal sometimes it's formal custody.

Another participant stated,

So most the time, in most cases, depending on the severity of the situation, if a mother is arrested of something like that, the child would obviously probably end up in a child protection situation, or a foster care, but there's many children and families whose mothers never get caught or nothing heinous enough happens.

While yet another participant gave an example of the different things that can happen to the children:

They had given a couple of girls to a sister and another boy to another sister or sibling, and one child ended up being dropped off at the hospital, and so that child was put into foster care, and then I don't remember how the other two, there were two together and they ended up in foster care.

The other participants remarked on the loss of custody "I can say that it's tragic. You know, what happens to the children, because so many of them lose custody of the kids" and "So many of them, they lose their kids, and many times they don't get them back." To go along with that, the same participant stated, "Well a lot of times you know, they're, in child protection custody, they don't have legal custody of the children, and some of them are in the homes of family members, but some are in foster care." While another participant stated, "I think there's different things that can happen, in extreme cases when they lose their children and they are involved in child protection, or they voluntarily give up custody of their children." Furthermore, a participant remarked,

I would just definitely say that there is definitely a common theme across the board of people who are parenting, who are involved in the life, oftentimes have had some type of child protection involvement in terms of taking children away, placing them somewhere else, that kind of thing.

Generational Component of Sex Trafficking

A theme that was prevalent in the interviews was the generational component of sex trafficking. A participant described what the generational component is, "I think sometimes there's a generational component, so if families are involved in trafficking or commercial sexual exploitation, sometimes the children will be as well." In total, five of six participants ($n = 5$) touched on the generational component of trafficking. One participant expressed "When I first started doing this work, what I found out that it really kind of took me by surprise was the fact

that prostitution is generational. You know, just big time generational." While a different participant gives examples of girls she has worked with:

I see the children who have grown up in, I know a couple girls who have grown up in these families that trafficking you know trafficking is kind of a norm. They've experience a lot of trauma, and they have been trafficked themselves.

Not only can the children be trafficked, but they can also play a role in the trafficking process.

The same participant gave another example of a case she has had:

Then there was one more child who they say was the reason they were really determined to leave the life. And it wasn't just, you know it's a process. And part of that was that he was a boy, and they knew that a pimp will very quickly raise that boy to be another pimp and they didn't want that for him.

Another participant described how the process could work in getting a child to become involved in the process:

You know, so we have to change the scope, a lot of times these boys, who have been abused in silence become the predator, become the abuser because they don't know how else to do it. This is what happened to me, so it must be okay to repeat, and if they don't get any help in between that, absolutely they are going to become the exploiter, just like young girls. They may not become the exploiter, but they become a part of the scenario. So now I get with a guy who wants to exploit other women, other girls, and then I'm okay with that because it's what's familiar to me.

One participant expressed how to stop this generational component of sex trafficking. "And if people were aware of what their experiences were we could somehow identify that it would really be, I think it would stop some of the generational things that they've been exposed to."

Barriers

Participants suggested that an impact to the children were the tremendous barriers that their parents faced in exiting prostitution ($n = 4$). These barriers include: stigma, systems, criminal records, and chemical dependency. One participant gave an example of some of the barriers these individuals face:

I think what people forget is that they really care and love their children and wish they could do things differently, but because of barriers, mental health, chemical health, they are not able to be present or as present, as they would like. I think also, there are some women that are very present and doing the best that they can do to take care of their children.

The barriers that were explained here were mental and chemical health and the stigma that they are not good parents. However, one participant gave an example of how these parents are trying to provide for their children, yet face the barrier of their trafficker:

One of the reasons they are doing, one of the reasons they are participating or being a part of the life is trying to provide for their children, you know. They have a lack of other options. Not all trafficked youth are getting money, if you don't know, but some are. Because this depends on who the trafficker is, and if the trafficker is taking all of the proceeds or if the trafficker is like giving them some other money. But if they are, then it's a way honestly of, you know a lot of times if youth are homeless or runaways, or anything like that, or living in severe poverty, it's a way to meet the needs of giving, for their child. That's one of the big reasons they are still involved.

Another participant stated:

So, that's the kind of thing that dogs these women, that really flanks them, it's like, our system isn't set to really support them, to help them to recover. And to be able to you know, move forward in their life because there's all of these things that keep popping up. You know, when you're trying to find a place to live when you are trying to get a job. All of these things are difficult because like I said, most of them were trafficked since they were teens and they are the ones that accrue all of the charges, not the pimps.

And as for the stigma, two participants touched on the positive parenting of individuals who are or have been trafficked. The first participant stated, "Once they get on track I mean they tend to be very dedicated moms. I mean they don't take much for granted once they get their focus on their kids. They really turn into mama bears", while another stated,

I see that they have a community that will support each other, and give each other advice; they share resources. They watch each other's children, especially if it's a younger woman and there are older women around her they try to do as much as they can to provide community and watch out for the children. I think in general the women are protective of the children.

This same participant remarked on what they believe needs to happen for individuals being trafficked to overcome barriers, “I think awareness, I think the more aware of systems that they’re in contact with are aware of trafficking and barriers for women to get out of trafficking is kind of key.”

Systems Implications

Another theme that was prominent throughout the interviews was the impact of systems on the children ($n = 5$). Children were involved in systems that were ineffective, inefficient, lacking, and in many cases, harmful to them. One participant talked about how “the system” was broken. The same participant described their perspective on the foster care system:

I would say that it’s absolutely the norm. Almost 70% of all the young people who are in human trafficking have, at some point, touched the social service system and many of them are foster kids. So there’s a great connection there and I would say that I see the connection being that in foster care, because the foster care system is so broken and so damaged.

This same participant further explained how the foster care system perpetuates the cycle of exploitation:

So, I think what happens for the children is that they get in this broken system and this system perpetuates that desire for love and affection and to be seen and heard and have a voice. What happens is, because the system doesn’t give it to them, men, boys, older women, all these different people can so easily come in and dissuade and persuade that that is love and that is, “no, I do care about you”, sadly traffickers know it. They know the system is broken, they are relying on that broken system. They are just waiting, “oh, another girl enters the system. Give her a little time”, and then they start to groom them.

Not only is there the broken system, but there is also a fear of getting help because of the system.

Another participant remarked:

And for a person who has a child to think about leaving there is fear is that someone is going to say well this child needs to go in social services you know foster care or whatever. And that alone will make, keep a woman from leaving. They don’t trust the foster care system and all of that, so that’s a problem.

A third participant stated:

I worked with, sadly, a youth where she was parenting and her baby got taken away and was placed with her own biological mother, which is the same mother that she had been removed from when she was a child

On top of the perpetuating cycle of foster care and the fear of the system, there are not enough systems in place to serve these children. A fourth participant stated:

I think just similar services to what homeless youth might need or youth in the foster care system. I don't think we have enough systems and supports for those kids generally speaking and I think this population is very similar and probably co-overlapping.

While there are not enough systems, the systems that are in place need to be re-evaluated and revamped per a fifth participant.

It's about equality and social justice and equity in workplaces and work environments and second chance opportunity and criminal backgrounds not following people for eternity, so it's not, I can't just think of one thing that will help, it really is changing the face of how systems work and where people intersect with those systems would really benefit that family and in turn benefit children.

Trauma-Informed Care

A very typical response to the supports needed for this population of children was trauma-informed care options so that children are not being re-traumatized and can heal from the trauma they have experienced or witnessed ($n = 4$). One participant stated this very well, "But I would say our best start is training curriculum and services for smaller children where we're providing things that can help them begin to heal the trauma well before they can spell trauma."

The same participant gave an example of what she meant:

So there might be a childcare center, for example, that is solely based on trauma informed care. Solely based on children who may have experienced PTSD as babies, as small children, right. And the entire childcare center is setup in a way that is receptive to their needs, you know, there's no loud noises, no toys that bang and clank, things that we don't even think about in normal everyday stuff, but it really does matter to young people that have been traumatized.

These quotes state that programming needs to be created individually so small children can begin to heal. Not only does programming need to be set up for these children, but the needs of the children should also be understood and identified. Another participant touched on some needs of the children:

I think that umm you know that a daycare situation that really understood trauma and understood why a child you know the level of trauma, you know you have children when they're little they try to figure out their boundaries, and they misbehave and all of that, but when you're talking about a child whose experienced a lot of trauma, there might be children who are struggling with drawing and nervous and anxious and those kinds of things.

One other participant also stated that there is a need for trauma-informed care, "I think there's high rates of trauma. So, I think trauma informed care. I think safe places to stay. I'm assuming there'll be educational needs." Similar to the other quotes, a participant stated "Because of the potential trauma that they've witnessed that it's good for them to get mental health therapy that's age appropriate and specific to or specialized in this kind of trauma."

Holistic Resources

Holistic treatment and resources were important to all the participants. Participants discussed holistic treatment as not focusing on one aspect of the person, but focusing on the whole person receiving services for either their mental health, physical health, emotional well-being, etc. Many participants discussed aspects of what the children need to heal. One participant remarked on some of the things the children need:

I want to make sure that we can address those needs for these children and make sure they feel loved and secure and safe those are the keys, the first keys. Then being able to get enrichment and having people giving them opportunities to do child things to read and to be read to and to dance and play and all of those things that little children should feel are healthy for children and have an opportunity to do.

The same participant also stated:

And taking care of their physical health, all of those things are just not important at that point and so making sure that they're getting what every child gets, their well child checks and all of those things that are important so that they can thrive and be healthy children.

Respondents stated that children have many needs such as physical, educational, and medical. A second participant described a model that can be used to help children thrive:

You know this child well-being model that people are looking at, and their relationships of the child and social/emotional development, all of those things that we want children to have to be nurtured and supported seems to be, and safe places for kids to tell their story, so we can identify what services they need exactly and apply them.

The same participant expressed:

So not just focusing on the children but definitely focus on the mother and the child will definitely make a huge impact and a huge difference in nonjudgmental, supportive, holistic services.

A third participant stated:

I think that they need, some of the things similar to what their parents need. So they need a safe place to live where they are not going to witness, you know, violence and so do their parents. They need, you know, their basic needs met. Food and clothing and all of those types of things. And they also need time with adults or caregivers that love them

Another participant mentioned some things they felt children need and a model they feel fits the needs of the children. They stated "They need a stable, safe environment, a little love, and understanding" and also, "They need a safe, loving nurturing environment, they need stability, guidance appropriate discipline, I mean just what we all need":

I like the more holistic, whole-life programming that there is for women and children the better, you know. And it's not just about education and housing; it's about the heart. We've gotta touch that piece, and if we don't then, we miss a whole lot.

This quote encompasses the meaning of holistic services as providing resources to all parts of the individual. The last piece of holistic services that was touched on was mental health. A fifth participant reported "And obviously therapeutic services, services that address the specific needs of these young girls and women and the boys have."

Overall, participants ($n = 5$) thought that children's needs were holistic and needed to be met through various approaches.

Discussion

Many components affect survivors of sex trafficking and their children, including trauma, broken systems and lack of a stable environment. Not only are these barriers and implications experienced while they are in the environment of trafficking, but they also continue after they have left that situation. Seven main themes arose from the interviews with participants: (1) Trauma; (2) Loss of Custody; (3) Generational Component of Sex Trafficking; (4) Barriers; (5) Systems Implications (6) Trauma-Informed Care; and (7) Holistic Resources that will be discussed further.

Trauma

Within the literature, some findings indicated children whose parents are in the life experience trauma, this is consistent with the findings from this study (Dalla, 2003; Willis et al., 2016). The children witnessed traumatic events such as abuse, or they had been abused or neglected (Dalla, 2003; Willis et al., 2016). While the literature went more in depth into the kinds of traumatic experiences they had, participants in this study did not go as deep, but did state that children witness abuse, are in unsafe environments or are being neglected. The focus of participants was that these children had been traumatized and were in need of trauma-informed care. From this study, the next steps are understanding the trauma and the environments that these children are in, so the most efficient and effective services can be created for them to begin healing.

Loss of Custody

Another theme that arose that was consistent with the literature is the loss of custody either through formal measures such as child protection services or foster care or informal measures such as the child staying with a relative (Sloss & Harper, 2004; Weiner, 1996). The

loss of custody is not always the case though, some children stay with their parents (Sloss & Harper, 2004; Weiner, 1996). The findings from this study, like the literature, reflect that a lot of the children were lost to child protection, foster care, or were living with relatives, yet some were with their parents. Participants discussed how some children are taken from their parents, while other parents might give their child to a family member. The loss of custody is dependent on whether or not the parent is arrested by law enforcement or identified as unsafe through child protection. While this study only reflected the literature, there are many ways to move forward with this information. Future studies could focus on the impact of the child being removed on the child. Research could also focus on the longitudinal impacts of removal on the children.

Barriers

Similar to the literature, parents face many barriers when being trafficked and after they exit the life. First, the literature stated that survivors of sex trafficking face mental, medical, and chemical health concerns (Kleinschmidt, 2009; Sloss & Harper, 2004). Second, they face stigma (John-Fisk, 2013). Third, they face barriers to resources (Busch-Armendariz et al., 2011; Hardman, 1997; John-Fisk, 2013). These all impede on them being able to leave the life which then further impacts their child. The results from this study parallel the findings from the literature. Stigma, chemical and mental health, criminal records, and lack of support are all barriers that survivors face in the life and once they leave the life. This was illustrated by participants discussing the criminal records that survivors carry with them, even though some were forced to commit crimes. Also discussed was the lack of support that survivors received, they might receive housing, but are not taught skills to keep housing.

One expansion of this study is participants stated how these barriers could be removed. They described how there needs to be more awareness around the barriers that survivors of sex

trafficking face. To go along with that, it was mentioned that organizations need to start better, equitable programming for these individuals that provide the necessary services for them so they can thrive.

Generational Component of Sex Trafficking

Another theme that arose was the generational component of sex trafficking. To the best of this researcher's knowledge, this theme has not been previously mentioned within the literature. Participants commented on sex trafficking and the way that the traffickers treat the women and men becomes the norm. This then perpetuates a cycle in which the children become trafficked themselves as they do not know anything else. Not only was there a generational component of the children being trafficked, some participants spoke about the male children of the trafficking survivors being raised to be pimps/traffickers. With the understanding that the children of survivors of sex trafficking face being forced into this lifestyle too, it is necessary to bring awareness to this so that there can be interventions created to stop this generational component.

Systems Implications

Within the literature, there was little discussion around systemic implications, other than children being taken away from their parents. Unlike the literature, a theme of these findings indicates that the children and parents are affected by the systems in which they are involved. Most of the children, if removed from the home, are placed into the foster care system. However, there can be many negative implications of the system. Participants stated that the broken systems further perpetuate perpetration of the children in it and can further traumatize children as the system is unhealthy and broken. Within foster care there are many broken components that are not trauma-informed. Children move from home to home, and the system lacks love which

means exploiters are waiting for them after they exit the system. This correlates with the fact that participants indicated most individuals trafficked have at some point touched the foster care system.

Not only did participants report that the foster care system is flawed, they stated survivors do not trust the system as they are told not to by their traffickers, or they know what the system is like as they have been involved with it, and they don't trust it. Furthermore, with this lack of trust in the system, it can make them not reach out for help as there are no services they see as safer to go to. The statements by the participants illustrate the need for systems in which children whose parents are survivors of sex trafficking need to be restructured and supportive of these children. They also need to be improved so that they can be trustworthy systems where parents can go for help.

Trauma-Informed Care

Although trauma-informed care is often discussed outside of sex-trafficking specific research literature, to this researcher's knowledge it has not been discussed within the existing sex-trafficking specific research literature. Within this study, however, trauma-informed care was a main theme. Participants ($n = 4$) reflected on how trauma-informed child-care is necessary so that these children can start to heal from the traumas early. They discussed that these children need care that is specific to the types of trauma they have experienced and that service providers understand the kind of life they were living or around. These findings indicate that one of the next steps in healing the trauma children might experience in these environments is the creation of trauma-informed child-care that is accessible for them.

Holistic Services

One theme that differed from the literature was services for children. Within the literature, there was one study that focused on the service needs of children. Children in India stated that they needed support from their mothers, school, local Non-Governmental Organizations and the government along with a safe and consistent place they could study and stay (John-Fisk, 2013). Similar to that study, findings from this research indicate that the children need a lot of support and different resources from many different organizations. Participants discussed the following needs for children: medical services, trauma-informed care, mental health services, education, love, stability, safety, security, understanding, and healthy discipline. Children just like their parents need many services after they leave the life. Participants reflected on children needing their situation to be understood. They need service providers to realize that they have experienced trauma, that they will need housing, and may be behind in their schooling. Not only do children require those needs met, but they also need their mental health needs met such as therapy. They need love and empathy. They need healthy adults in their life and need space to be a child. There were many needs that the participants reflected on for this population. Overall, what it came down to was that children whose parents are being sex trafficked need to have their needs met in the same way as a child who is in a healthy environment. What these findings illustrate is that these children have many unmet needs that organizations need to take into consideration when serving this population.

Strengths/Limitations

One strength of this study was the wide background experience of participants that interviewed for the study. Their years of work with this population and the various areas they work in offered an array of needs for children whose parents are survivors of sex trafficking. Not

only were participants able to state the needs of the children, but because of their experience, they were also able to state the changes that need to be made within systems to provide for this population better.

Another strength of this study was that it filled a gap in the research on children whose parents are trafficked. There has been limited research that focuses on the needs of the children who have been impacted by sex trafficking. This study however, expanded upon this gap by focusing specifically on the children's needs. Results from this study create new areas that can be researched.

A limitation of the study is that although there was a plethora of pertinent information shared by participants, there were few participants within the study. More participants in future studies could yield a broader spectrum of data. An increased sample size could also lead to more participants that serve survivors or their children in different service fields.

Another limitation of this study was that the reported needs did not come directly from children of survivors. These are only the needs from stakeholders' perspectives, but there could be many different needs out there from the children. While these needs are still pertinent and this study filled a gap, the children's voices must be heard.

Implications for Clinical Social Work

As clinicians, this research gives insight and brings awareness to the needs of children who have been impacted by sex trafficking. The findings can help clinical social workers understand the plethora of needs the children have. It also brings awareness to some of the traumas and experiences the children might face, which can help social workers develop and advocate for the services needed population.

This study also illustrates how clinical social workers can break stigma and barriers for the parents who are being trafficked. Not only were the findings indicative of what the children need, but there are many ways in which the parents can also have better services created for them to assist their child. An example of this is by creating curriculum for groups or individual sessions that focus on the parent-child relationship. Another example is to advocate for improved housing that can benefit the family unit and create a space for safety and security.

Implications for Research

As this is one of the first studies that specifically focused on the needs of children who are impacted by sex trafficking, further research is necessary.

First, this study had a small sample size. This small sample size was able to give some insight into the needs of children, but it lacked other service area providers. Future research should focus on gaining more participants from diverse work populations, so that more voices and perspectives can be heard.

Second, if possible, researchers should obtain information directly from children whose parents are survivors and have been affected by sex trafficking. Gathering information directly from the children would give the most useful information as it is coming directly from those in need, rather than from individuals that work with them. These do not have to be children; it can be adults that were affected by this as children.

Lastly, future research could take any of these findings, the generational component of sex trafficking, loss of custody, systemic implications, etc. and conduct a study to gain more information on these areas. Research on this population needs to continue, as it will allow for new and improved services to be created.

Conclusion

While the impacts of sex trafficking have been well documented for victim/survivors, little effort has been placed on the second generation, their children. This research highlights that children of survivors of sex trafficking do experience many traumas, and that this population has significant unmet needs. These needs can be met by improving systems that are already in place that the children may become involved in. To go along with that, new organizations and programs must be developed to meet the unmet needs of these children. In order to serve this population better, changes need to be made and awareness must be raised.

References

- Beard, J., Biemba, G., Brooks, M. I., Costello, J., Ommerborn, M., Bresnahan, M., & Simon, J. L. (2010). Children of female sex workers and drug users: a review of vulnerability, resilience and family-centred models of care. *Journal of the International AIDS Society*, *13*(2), 1.
- Bowlby, J. (2005). *A secure base: Clinical applications of attachment theory* (Vol. 393). Taylor & Francis.
- Busch-Armendariz, N. B., Nsonwu, M. B., & Cook Heffron, L. (2011). Human trafficking victims and their children: Assessing needs, vulnerabilities, strengths, and survivorship. *Journal of Applied Research on Children: Informing Policy for Children at Risk*, *2*(1), 3.
- Cassidy, J. (1999). *Handbook of attachment: Theory, research, and clinical applications*. New York: The Guildford Press.
- Cornell University Law School. (n.d.). 22 U.S. Code § 7102 - Definitions.
<https://www.law.cornell.edu/uscode/text/22/7102>
- Dalla, R. L. (2003). When the bough breaks...: Examining intergenerational parent-child relational patterns among street-level sex workers and their parents and children. *Applied Developmental Science*, *7*(4), 216-228.
- Faulkner, M., Mahapatra, N., Heffron, L. C., Nsonwu, M. B., & Busch-Armendariz, N. (2013). Moving past victimization and trauma toward restoration: Mother survivors of sex trafficking share their inspiration. *International Perspectives in Victimology*, *7*, 46-55.

- Fraiberg, S., Adelson, E., & Shapiro, V. (1975). Ghosts in the nursery: A psychoanalytic approach to the problems of impaired infant-mother relationships. *Journal of the American Academy of Child Psychiatry*, 14(3), 387-421.
- Gearity, A. (2009). *Developmental Repair: A training manual*. Washburn Center for Children.
- Godwin, J. (2012). Sex work and the law in Asia and the Pacific: Laws. *HIV and Human Rights in the Context of Sex Work, Bangkok: United Nations Development Programme*.
- Hardman, K. L. (1997). A social work group for prostituted women with children. *Social Work with Groups*, 20(1), 19-31.
- John-Fisk, H. (2013). *Uncovering the realities of prostitutes and their children in a cross national comparative study between India and the US* (Doctoral dissertation, The University of Utah).
- Kleinschmidt, L. (2009). Keeping mother alive: Psychotherapy with a teenage mother following human trafficking. *Journal of Child Psychotherapy*, 35(3), 262-275.
- Kruse, A. (2016). *Local & national news*. Retrieved from <http://www.nwptv.org/blogs/local-national-news/numbers-elusive-when-it-comes-to-trafficking/>
- Mercer, J. (2015). Examining Circle of Security™ A Review of Research and Theory. *Research on Social Work Practice*, 25(3), 382-392.
- Monette, D. R., Sullivan, T. J., DeJong, C. R., & Hilton, T. (2011). *Applied social research: A tool for the human services*. Belmont, CA: Brooks/Cole Cengage.
- Rafferty, M. A. (2000). A conceptual model for clinical supervision in nursing and health visiting based upon Winnicott's (1960) theory of the parent–infant relationship. *Journal of Psychiatric and Mental Health Nursing*, 7(2), 153-161.

Revisor of Statutes, State of Minnesota. (2016). *2016 Minnesota Statutes*. Retrieved from <https://www.revisor.mn.gov/statutes/?id=609.321>

Siegel, D. J., & Solomon, M. (Eds.). (2003). *Healing trauma: Attachment, mind, body and brain* (Norton Series on Interpersonal Neurobiology). New York: W.W. Norton & Company.

Sloss, C. M., & Harper, G. W. (2004). When street sex workers are mothers. *Archives of Sexual Behavior*, *33*(4), 329-341.

Weiner, A. (1996). Understanding the social needs of streetwalking prostitutes. *Social Work*, *41*(1), 97-105.

Willis, B., Vines, D., Bubar, S., & Suchard, M. R. (2016). The health of children whose mothers are trafficked or in sex work in the US: An exploratory study. *Vulnerable Children and Youth Studies*, *11*(2), 127-135.

APPENDICES

Appendix A

Dear _____,

My name is Christine Sell. I am inviting you to participate in a research study that I am conducting as part of my graduate studies in the St. Catherine University-University of St. Thomas School of Social Work in regards to the impact on children whose parents are survivors of sex trafficking. The purpose of this study is to interview professional stakeholders that serve this population to gain more understanding of the needs of the children and the different trajectories of the children lives. You are invited to participate in this study as you serve this population directly and have expertise and knowledge about this population. Participation in this study includes an interview that ranges from 30-60 minutes. The interviews will be held at a location and time of your choice. The interview will be audio-taped as I will be using the interviews as my data. If you wish to participate in this study, please contact me by email or by phone.

Thank you for taking the time to consider being a participant in this study.

Best regards,

Christine Sell

Appendix B



Consent Form

[999576-1] The Impact of Sex Trafficking on Children of Survivors: Stakeholders' Perspectives

You are invited to participate in a research study about the effects that having a mother that has been sex trafficked can have on their children. I invite you to participate in this research. You were selected as a possible participant because of your work with sex trafficking survivors. You are eligible to participate in this study because you serve survivors of sex trafficking and their children or families. The following information is provided in order to help you make an informed decision whether or not you would like to participate. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by Christine Sell, Master of Social Work Student at St. Thomas University. Kari L. Fletcher, MSW, Ph.D., LICSW, is the research professor for this study. This study was approved by the Institutional Review Board at the University of St. Thomas.

Background Information

The purpose of this study is to understand the impact that sex trafficking has on children whose mothers have been trafficked. This study will focus on interviewing stakeholders that serve sex trafficking survivors. Due to the lack of research on this topic, this study will help to advance the knowledge around the children of sex trafficked survivors.

Procedures

If you agree to participate in this study, I will ask you to do the following things: determine a 30-60-minute time period in which an audiotaped interview can be conducted, determine a location that is comfortable for me to meet you, if there is no comfortable space, we can meet at the Summit Classroom Building at St. Thomas University. There will be approximately 8-10 participants in this study.

Risks and Benefits of Being in the Study

The study has risks. One risk is that participants may feel emotional distress or slight discomfort after or during the interview. Participants may feel this due to the relationships with their clients and the distress that comes with the stories or clients they are talking about.

There are no benefits for participating in this study.

Compensation

There will be no compensation for this study.

Privacy

Your privacy will be protected while you participate in this study. Participants will choose a location and time that is comfortable and convenient for them. No identifying information will be gathered from the participant, however, they will be audio-taped. These audio-tapes will be stored in an encrypted file on the researcher's computer.

Confidentiality

The records of this study will be kept confidential. In any sort of report, I publish, I will not include information that will make it possible to identify you. The types of records I will create include recordings and transcripts. These items will be stored in an encrypted file on my computer which only I will have access to. The recordings and transcripts will be destroyed in June of 2020 as the data must be kept for three years following the study. All signed consent forms will be kept for a minimum of three years upon completion of the study. Institutional Review Board officials at the University of St. Thomas reserve the right to inspect all research records to ensure compliance.

Voluntary Nature of the Study

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with the researcher or the University of St. Thomas. There are no penalties or consequences if you choose not to participate. If you decide to participate, you are free to withdraw at any time without penalty or loss of any benefits to which you are otherwise entitled. Should you decide to withdraw, data collected about you will not be used. You can withdraw by emailing me or calling me. You are also free to skip any questions I may ask.

Contacts and Questions

My name is Christine Sell. You may ask any questions you have now and any time during or after the research procedures. If you have questions later, you may contact me by phone or by email. You may also contact Kari Fletcher, MSW, Ph.D., LICSW, Research Professor, by phone. You may also contact the University of St. Thomas Institutional Review Board with any questions or concerns.

Statement of Consent

I have had a conversation with the researcher about this study and have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study. I am at least 18 years of age. I give permission to be audio recorded during this study.

You will be given a copy of this form to keep for your records.

Signature of Study Participant

Date

Print Name of Study Participant

Signature of Researcher

Date

Appendix C

Resources for Participants

Metro Area Mental Health Crisis Response

Phone number: Ramsey County: adults - 651-266-7900, children - 651-266-7878

Hennepin County: adults - 612-596-1223, children - 612-348-2233

Domestic Abuse Project

204 West Franklin Avenue, Minneapolis, MN 55404

Phone: 612-874-7063

Family Innovations – Minneapolis

1100 Washington Avenue South, Suite 102, Minneapolis, MN 55415

Phone Number: 612-314-0349

National Center for Child Traumatic Stress NCCTS - University of California, Los Angeles

11150 W. Olympic Blvd., Suite 650 Los Angeles, CA 90064

Phone: (310) 235-2633 Fax: (310) 235-2612

People Incorporated Mental Health Services

2060 Centre Pointe Blvd, Suite 3, St. Paul, MN 55120

Phone: 651-774-0011

Prairie Care

1934 Hennepin Ave, Ste 300, Minneapolis, MN 55403

Phone: 952-737-4566

Washburn Child Guidance Center 2430 Nicollet Avenue South, Minneapolis, MN 55404

Phone: 612-871-1454

Appendix D

Questions for Participants

1. Can you tell me about your current role and job responsibilities?
2. Please tell me about your experience serving women that have been trafficked that have children.
3. What are some typical outcomes for women with children that are being trafficked?
4. How are children impacted by these outcomes?
5. What do you see as the service needs for children whose mothers are being trafficked?
6. Are there any organizations or agencies that meet the needs of these children?
7. What services would need to be created for these children's needs to be met?
8. Who else would you recommend for me to talk to?
9. Is there anything else that you feel would be important to mention about working with children whose mothers are being trafficked?