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## Trafficking and Domestic Violence: Where Are We and Where Are We Going

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The domestic trafficking of minors, also known as commercial sexual exploitation of children (CSEC), is an urgent problem in the United States (US)\*. Until recently, there has been relatively little discourse about incidence of CSEC within the US; it has been viewed primarily as a human rights problem that either occurs in other nations or involves the movement of minors from foreign nations to the US. The Institute of Medicine's germinal report *Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States* emphasizes that "for centuries, and even now, many individuals and societies have turned away from recognizing and addressing the maltreatment of children because it is either too distressing or distasteful, [and] because it is thought to be something that cannot be dealt with effectively or prevented..." (p. xi).<sup>1</sup>

Estimating the incidence and prevalence of CSEC within the US is challenging for several reasons. Victims are difficult to identify, both because they are intentionally hidden by those who exploit them, and because some fear what will happen to them if they are found by authorities. Estimating the number of victims is also difficult due to varying terminology and definitions of CSEC in research, policy and practice. Commonly cited estimates, however, suggest that between 244,000 and 300,000 children in U.S. are at risk for CSEC. It is estimated that on average CSEC victims are first exploited between the ages of 13-16 years old.<sup>2,3</sup> The short- and long-term consequences of CSEC for youth, their families, communities and society are crippling. Survivors are at increased risk for numerous mental and physical health problems including post-traumatic stress disorder (PTSD), suicide, depression, sexual health problems, drug and alcohol abuse, chronic pain, and memory problems.<sup>4-8</sup> CSEC victims are also typically unable to attend school when being exploited, and suffer from a range of destabilizing conditions such as the loss of secure housing.<sup>9</sup> Historically, some CSEC victims have been treated as delinquents or criminals by law enforcement, which furthers their downward trajectories.

Despite the significant individual and societal consequences of CSEC, and the need for an evidence-based response, research in this area is profoundly lacking. The dearth of research relates in part to the myriad challenges of studying CSEC. We know little about the most effective ways to identify, recruit and retain CSEC victims as research participants. Implementing research studies that are simultaneously rigorous and ethical for this exceptionally vulnerable population is not an easy undertaking. One aspect of CSEC that has been particularly challenging to study, though critically important, is the overlap between family violence and human trafficking situations. For more than a decade, advocates and survivors have been pointing out that intrinsic fear and coercive control characterize both family violence and human trafficking situations. With this special issue, we hoped to explore the state of the science linking human trafficking to other forms of family violence, and called specifically for papers addressing this intersection. Though we received many interesting papers in response, it became clear that empirical research that illuminates the connections between CSEC and other forms of gender-based or family violence remains in a nascent stage. The unique challenges of conducting research on CSEC and other forms of violence mean that we should adjust our expectations about the timeline for the production of a solid body of evidence on this topic—it is undoubtedly going to require considerable ingenuity, perseverance and resources to establish the knowledge base necessary for the

\*Hereafter, we purposefully use the term CSEC as opposed to "sex trafficking," to emphasize that CSEC is an extreme form of child maltreatment and should be viewed from that vantage point.

development of effective prevention and intervention strategies. The papers included in this issue highlight the specific topics and methods that will move our field forward.

Establishing effective prevention and intervention strategies requires an enhanced understanding of the processes by which children are drawn into sexual exploitation, including the vulnerabilities that make them susceptible as well as the resilience factors that are protective. In this issue, Schwartz examines the existing CSEC literature using a developmental framework to highlight how cognitive changes during adolescence – including identity formation and psychosocial development -- may place children at risk for victimization; she also highlights the capacity of adolescents to heal and thrive in the aftermath of trauma. Both Servin et al., and Rothman et al., further elucidate the pathways by which children are sexually exploited through qualitative research with survivors. Servin interviewed 20 women living near the US-Mexico border who had been sexually exploited as children; these women compellingly discuss the role of violence and dysfunction in their families of origin. Rothman et al. analyze narratives provided by four survivors who were exploited by intimate partners. The paper offers a starting point for considering why and how some adolescent dating relationships may evolve to include commercial sexual exploitation.

There is widespread agreement that effective CSEC prevention and intervention hinges on our ability to identify sexually exploited children in multiple sectors (e.g., health, justice and education), and that more information about which services are most effective in promoting healthy outcomes is urgently needed. Konstantopoulos & Ahn and West explore the issue of CSEC from the perspective of service providers, investigating how children may be coerced into sexual exploitation, how traffickers control children, and why victims may resist services. Chang and colleagues explore the topic of CSEC screening in a health clinic setting, and document that few providers screen, but that the prevalence of CSEC is high and places girls at risk for adverse health outcomes. Burke et al. use a case study format to discuss a multidisciplinary collaborative care model to help youth navigate multiple systems; forming such coalitions of diverse “responders” is likely a necessary component of a comprehensive response.

Finally, Lloyd gives voice to service providers who have worked to support CSEC victims long before the issue was at the forefront of public awareness. She highlights the unmet needs, gaps, and missed opportunities for prevention and intervention in this work. Importantly, she cautions readers against accepting sensationalized descriptions of and explanations for CSEC popularized by media, and advocates addressing the root causes of the problem, including early childhood trauma and neglect.

Failure to adequately acknowledge CSEC and to investigate best practices for intervention has led to systems, providers and policies that are unprepared to prevent further exploitation and to respond to the needs of these abused children. In turn, effectively combating CSEC will require a collaborative approach. Within the world of violence prevention, research and response, there are many silos-- researchers, practitioners and policy makers often work in isolation; justice, health, education and social services often do not optimally collaborate. These silos hinder forward movement, and prompt missed opportunities for prevention, identification, and intervention. We must use a different paradigm. For example, researchers and policy makers must partner early so policy makers can inform researchers of the data they

need to pass effective legislation; practitioners working daily with survivors and researchers must partner to lift up best practices that are able to be effectively disseminated; attorneys and judges must work with child welfare providers to effectively identify and protect exploited children. Advancing the evidence base with rigorous methods in epidemiologic, clinical, and intervention/prevention research is critical. CSEC demands an evidence-informed response to ensure the most effective use of resources. This special edition highlights some of the early research and perspectives in this area, and allows for the generation of hypotheses and evidence-informed policy and practice that stimulate cohesive and forward movement in the field.

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