

Sex Trafficking: Policies, Programs, and Services

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Sex trafficking (ST), a contemporary form of female slavery, is a human rights issue of critical concern to social work. The global response to ST has been substantial, and 166 countries have adopted anti-ST legislation. Despite considerable efforts to combat ST, the magnitude is increasing. To date, the majority of anti-ST efforts have focused on criminalization policies that target traffickers or purchasers of sexual services, who are predominantly male; prevention programming and services for predominantly female victims have received less support. Therapeutic services to assist pornography addicts and purchasers of sexual services are also necessary. In this article, authors examine current anti-ST policies, programs, and services, both domestically and globally, and present an innovative paradigm that addresses social inequities and emphasizes prevention programming. They conclude with a discussion of the paradigm's implications for social work policies, practices, and services.

KEY WORDS: *gender; policy; sex trafficking; women*

Sex trafficking (ST) transcends national boundaries and constitutes a major challenge to the global community as it increases the exploitation of vulnerable and oppressed women. This modern-day form of slavery is expedited by the unchecked power of globalization, which disproportionately denigrates women. Structural conditions of gender-based discrimination, limited education, narrow opportunities, the subjugation of women, and the feminization of poverty render women vulnerable to exploitation by sex traffickers. ST is an issue of serious concern that requires the informed responses of social workers worldwide.

Since the 1976 publication of *Social Work's* special issue on women, our world has changed significantly. Statistics regarding women's education, literacy rates, and equal pay indicate some improvement over the last three decades (United Nations Department of Economic and Social Affairs, 2010). However, the core issues examined in the 1976 special issue, such as gender discrimination, violence against women, and subjugation of women, have unfortunately persisted (World Health Organization, 2013), resulting in continued exploitation of women despite significant efforts of feminists and the social work profession. Experts indicate that the numbers of ST victims are rising (Fong & Cardoso, 2010; Kara, 2010). This article aims to raise awareness regarding

the pivotal role of social workers in combating ST and generate greater social work practice innovations and knowledge based on the topic.

DEFINITIONS AND PREVALENCE

Human trafficking is often highlighted as a global human rights phenomenon (Busch-Armendariz, 2012). ST, a subtype of human trafficking, may occur in conjunction with other forms of exploitation, such as labor trafficking, ethnic cleansing, and use of women as weapons of war. The *Victims of Trafficking and Violence Protection Act (V-TVPA) of 2000* (P.L. 106-386) defines ST as "a commercial sex act [which] is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age." Factors related to "poverty, unemployment, economic and/or political instability, government corruption, lack of awareness of exploitation, and domestic abuse or other family problems" create high vulnerability to ST (Bryant-Davis, Tillman, Marks, & Smith, 2009, p. 70).

The International Labour Organization (n.d.) estimated that there are 4.5 million victims of ST worldwide, of which 98 percent are women and children. Kara (2010) estimated that there are approximately 500,000 to 600,000 new victims of ST every year, and that "one woman or child is trafficked

for the purpose of sexual exploitation every sixty seconds” (p. 17). ST has become an extremely profitable industry, with victims often being re trafficked several times (Kara, 2010). In 2007, the global average profit for one victim of ST was \$29,210 (Kara, 2010).

According to the V-TVPA (2000), the expansion of the international sex trade “involves sexual exploitation of persons, predominantly women and girls, involving activities related to prostitution, pornography, sex tourism, and other commercial sexual services” (para 3). Countries within Eastern Europe and the Middle East have experienced the greatest growth of this phenomenon (Kara, 2010). Countries in Asia have the highest rates of ST, whereas North America has the fewest estimated numbers of ST victims in the world (Kara, 2010).

Due to limited scientific research and the clandestine nature of ST, accurate numbers for ST victims within the United States are unknown, and experts have only been able to provide estimates (Smith, Vardaman, & Snow, 2009). Because of a high prevalence of ST among girls between ages 12 and 14 in the United States, considerable efforts have been made to address the ST of minors, which is referred to as domestic minor sex trafficking (DMST) (Smith et al., 2009). In 2006, Shared Hope International collaborated with federal human trafficking task forces to conduct a mixed methods research study in 10 U.S. cities (Smith et al., 2009). The results of the study indicate that there are between 100,000 and 300,000 victims of DMST in the United States.

In contrast to these high numbers, only 12,508 cases of ST were reported in the United States between 2007 and 2014 (National Human Trafficking Resource Center [NHTRC], n.d.). In 2014, the NHTRC responded to 3,598 cases of ST (NHTRC, n.d.). The available demographics from this annual total are as follows: 90 percent female, 37 percent minors, 44 percent U.S. citizens, and 13 percent foreign nationals (data for the rest not provided). In the United States, traffickers often target vulnerable youths who have run away from home or those who have experienced family conflict, trauma, abuse, or involvement with Child Protective Services (Smith et al., 2009). Under the age of 18, children can be exploited through prostitution, pornography, erotic entertainment, or sexual exploitation (Smith et al., 2009).

THEORY-BASED PSYCHOSOCIAL INTERVENTIONS FOR VICTIMS OF ST

Scholars have used several theoretical approaches to address the phenomenon of ST. Relying on ecological systems theory, the strengths perspective, and a victim-centered approach has demonstrated effectiveness for working with victims of ST (Busch-Armendariz, Nsonwu, & Heffron, 2014; McIntyre, 2014). Using ecological systems theory (Bronfenbrenner, 1979), social work practitioners can intervene on multiple levels with a multidisciplinary approach. McIntyre (2014) suggested that assessment for child victims of ST should include subsystems at micro (individual), meso (family), and macro (community) levels. On a micro level, social workers can assess for causal factors that lead to vulnerability to ST. A qualitative study conducted by Cecchet and Thoburn (2014) used ecological systems to assess the experiences of female ST survivors. Within the microsystem, the survivors had insecure attachments with family members, which led to vulnerability to ST. Unsafe interpersonal relationships within the mesosystem amplified emotional problems. Within the macrosystem, participants resided in environments where prostitution was normalized.

A multidisciplinary approach to combat ST requires the careful collaboration of several disciplines, including law enforcement, medical services, housing services, legal aid, employment services, counseling services, social services, and faith-based initiatives. Services for victims of ST are best coordinated with a social worker acting as the “single point of contact” among providers to prevent disjointed service delivery (Busch-Armendariz et al., 2014, p. 16). With access to information from law enforcement, legal advocates, and health professionals, the social worker can build trust with providers and survivors while acting in a culturally competent manner (Busch-Armendariz et al., 2014). Studies conducted with survivors of ST in the United States indicate that having only one case manager who acts as a liaison with various service providers is preferable (Macy & Johns, 2011).

The strengths perspective has also been described as an effective tool in service delivery, as social workers attempt to build relationships of trust with survivors (Busch-Armendariz et al., 2014). Focusing on strengths is critical to the ability of social workers to create a system of trust among the cadre of professionals assisting ST survivors and those at risk for ST (Busch-Armendariz et al., 2014). For

example, rather than using the word “prostitute,” which has demeaning connotations, social workers should use the words “commercially sexually exploited child” to affirm the victim (Kalergis, 2009, p. 4).

A victim-centered approach, noted in the criminal justice literature (see publication page of the [National Sexual Violence Resource Center \[n.d.\]](#)), is also recommended for working with survivors of ST (Busch-Armendariz et al., 2014). The complex nature of ST requires social workers to be in tune with the needs and priorities of survivors. Social workers should have a high degree of cultural competency with knowledge related to language proficiency, ethnic and racial awareness, and trauma-informed practices (Busch-Armendariz et al., 2014). Social workers should also be aware of the survivor’s trafficking experience, cultural practices, and spiritual beliefs. The combined tenets from these theories and perspectives provide a sound theoretical framework for the delivery of services to victims of ST.

GLOBAL POLICY

The Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, also known as the Palermo Protocol, was adopted by the United Nations General Assembly in 2000 (United Nations Office on Drugs and Crime, 2004). This protocol established three primary methods of fighting trafficking, known as the three P’s: (1) prosecution of traffickers, (2) prevention programming, and (3) protection of trafficking victims. The Palermo Protocol has been ratified by 166 countries, but effective implementation of policies remains controversial and challenging (United Nations Treaty Collection, 2015). The scholarly discourse on ST has emphasized legislative action against traffickers or purchasers of sex (Wolf-Branigin, Garza, & Smith, 2010), paying minimal attention to decreasing demand and addressing social inequities. Specialized services for victims of ST are generally inadequate or nonexistent, and many countries are not able to implement antitrafficking policies due to a lack of capacity, that is, inadequate resources for training and inadequate health care facilities (Amahazion, 2014).

Competing perspectives on how to best eradicate and combat ST include the predominant feminist abolitionist, prohibitive, or legalization approaches that have been adopted by different countries. The

feminist abolitionist approach has been fully implemented in Sweden, with policies that penalize traffickers and purchasers of sex, while decriminalizing the actions of those who perform sexual services (Dempsey, 2010). This partial criminalization model provides support to individuals attempting to escape prostitution or ST (Dempsey, 2010). Elements of this model have been recently adopted by several other countries, including Norway, South Korea, Finland, England, and Wales (Dempsey, 2010). Qualitative data support the effectiveness of these anti-ST policies and demonstrate that harsher penalties against purchasers of sex has been a deterrent to prostitution (Marinova & James, 2012). Evidence provided by quantitative reports regarding the actual effectiveness of the Swedish model remains inconclusive (Marinova & James, 2012).

The second method, known as the prohibitionist approach, makes prostitution illegal and has been implemented in more than 39 countries (ProCon.org, 2015). Although some countries may have laws against prostitution, the actual enforcement of these laws has a significant effect on reducing ST (as cited in Marinova & James, 2012). For example, the government of Thailand estimated that there are 81,384 sex workers within the country (Bales, 2004). Although prostitution is illegal, law enforcement officials may tolerate illicit business activities after being paid a bribe (Bales, 2004). Thus, anti-prostitution and anti-ST laws do not work unless enforced.

The third approach to combating ST is legalization of prostitution. Some scholars have begun to question the narrow perspectives that refuse to acknowledge the legitimacy of prostitution or sex work (O’Brien, Carpenter, & Hayes, 2013). Prostitution has been legalized in over 49 countries (ProCon.org, 2015). Sex worker advocates suggest that violence against women is curtailed when women are able to better advocate for themselves in a legalized commercial sex industry. Research reports on legalization of prostitution and rates of ST are contradictory. Marinova and James (2012) discovered an initial increase in trafficking cases in 2003, immediately following the legalization of prostitution in Germany. However, aggressive anti-ST policies and law enforcement activities later resulted in a decrease in ST there. Further research is needed to examine the impact of these three approaches.

U.S. POLICY

In the year 2000, the U.S. Congress passed the aforementioned V-TVPA. This legislation established two major federal agencies, the Office to Monitor and Combat Trafficking in Persons and the Inter-agency Task Force to Monitor and Combat Trafficking (Polaris Project, n.d.-c). ST was designated a federal crime, with severe penalties for traffickers. Protection was also offered to victims of ST in the form of T visas for people from other countries without proper legal documentation. The T visa allows victims of trafficking and their families to become temporary U.S. residents and gain eligibility for permanent residential status after three years (Polaris Project, n.d.-c). The V-TVPA has been reauthorized four times in the years 2003, 2005, 2008, and 2013, with several amendments and improvements.

Another recent federal legislation that has had a significant impact on trafficking within the United States is the [Prosecutorial Remedies and Other Tools to End the Exploitation of Children Today \(PROTECT\) Act of 2003](#) (P.L. 108–21). This law increased criminal penalties against individuals who participate in the kidnapping, abduction, or sexual exploitation of children within the United States and abroad. Penalties against sex offenders and child pornography—including virtual acts online—were significantly enhanced. Online child pornography has been identified as a multimillion-dollar industry that continues to flourish with the accessibility of the Internet (Fairchild, 2007). On September 29, 2014, President Obama enacted the [Preventing Sex Trafficking and Strengthening Families Act](#) (P.L. 113–183). This legislation requires states to enhance programs and policies that identify, document, and determine services for children at risk for ST, specifically children in foster care. Although considerable progress has been made at the federal level, anti-ST laws at the state level are equally important.

The first state-level antitrafficking laws were passed in 2003 in Washington State and Texas (Polaris Project, n.d.-b). Several others soon passed their own legislation. By 2013, all 50 U.S. states and the District of Columbia had passed antitrafficking laws (Polaris Project, n.d.-b), and 39 states instituted significant improvements to combat trafficking within their borders (Polaris Project, n.d.-a). Although tremendous policy advances have occurred, progress is still needed to ensure appropriation of funding for the support and implementation of these laws

(Polaris Project, n.d.-a). Programs and policies that provide protection and support for victims of trafficking are still limited and need further enhancement.

The prosecutorial policies that have been implemented in the United States are among the best in the world. Public awareness campaigns have been extremely powerful in educating the public and at-risk populations regarding the dangers of ST. However, little has been done to address the “culture of tolerance” for prostitution and pimping that permeates U.S. society (Kotrla, 2010). Prostitution, erotic dancing, and pimping are glorified by all forms of entertainment (for example, magazines, music, television, fashion industry, video games, and social media) (Kotrla, 2010). Pornography, which has been identified as a neurobiological addiction (Hilton, 2013), is completely accessible and free to individuals of all ages through the Internet. Although most abhor forced prostitution, few recognize the link between pornography and sexual exploitation. In addition to policies, anti-ST programs and services need greater support to address the root causes of ST.

NONGOVERNMENTAL AGENCY RESPONSE

In October 2014, the Global Modern Slavery Directory was established as a searchable database of 1,026 organizations and hotlines worldwide to support victims of trafficking (Global Modern Slavery, n.d.). This directory is a major contribution to the field of antitrafficking, as it provides valuable resources to victims and professionals. The database includes location, contact information, languages spoken, and services provided by each organization.

With the *Trafficking in Persons Report* (TIP report), the U.S. government has taken the lead on monitoring and documenting antitrafficking efforts around the world. The TIP report classifies countries into three tiers based on their level of antitrafficking efforts and numbers of trafficking victims (U.S. Department of State, 2014). The results of this annual report indicate that 164 countries are making commendable efforts toward eradicating trafficking through policies, programming, and services (U.S. Department of State, 2014).

Within the last decade, agency response to assist victims of ST within the United States has grown but remains insufficient. Research conducted by Shared Hope International in 2006 reported that only five agencies provided protective shelter to DMST victims (Smith et al., 2009). In 2013, a

national survey of ST residential programs discovered 33 residential programs, with 682 beds, devoted to the support of ST victims (Reichert & Sylwestrzak, 2013). Despite progress in providing shelter to victims of ST, improved programming, greater specialization, and empirically based services are still needed.

SERVICES FOR VICTIMS AND PURCHASERS OF ST

When the antitrafficking movement began in 2000, most of the emphasis was on women and children (Heinrich, 2010). By 2010, service providers and policymakers began to increasingly acknowledge that boys and men are susceptible to ST as well (Heinrich, 2010), though the numbers of male victims are relatively low. In 2013, the *TIP report* highlighted the ST of boys and men in Afghanistan, Mexico, Central America, Southeast Asia, Spain, and the United States (U.S. Department of State, 2013). Providing shelter and services to male victims of ST remains challenging throughout the world (U.S. Department of State, 2013).

Progress has been made with the recognition that lesbian, gay, bisexual, and transgender (LGBT) individuals are especially vulnerable to trafficking due to alienation and discriminatory policies and practices (U.S. Department of State, 2014). According to the International Lesbian, Gay, Bisexual, Transgender, and Intersex Association, 80 countries had laws that execute legal penalties based on sexual orientation in 2013 (U.S. Department of State, 2014). In the United States experts estimate that between 20 percent and 40 percent of homeless youths are LGBT youths, who are especially vulnerable to coerced prostitution (U.S. Department of State, 2014).

Even though the antitrafficking movement has made substantial improvement over the last several years, victim identification and accurate data collection remain a significant barrier to the provision of services to ST victims (U.S. Department of State, 2014). Victims of ST are often arrested and detained in jails, detention centers, runaway shelters, and group homes that are inappropriate for them (Heinrich, 2010; Reid, 2010). This occurs due to inadequate training of service providers and lack of services for ST victims (Reid, 2010).

As ST victims have likely experienced complex trauma, the provision of specialized treatment facilities that offer trauma-informed services is considered a best

practice (Hardy, Compton, & McPhatter, 2013). Complex trauma (Herman, 1992) is an extreme form of posttraumatic stress disorder (PTSD) that results from recurring and extended exposure to traumatic events. Survivors of trafficking may have had repeated experiences of psychological abuse, physical abuse, sexual abuse, coerced use of drugs or alcohol, and social isolation (Zimmerman, Hossain, & Watts, 2011). The predominant mental health diagnosis among survivors of human trafficking is PTSD (Williamson, Dutch, & Clawson, 2008). Other prevalent diagnoses include anxiety disorders, mood disorders, dissociative disorders, and substance-related disorders (Williamson et al., 2008).

Further complicating mental health treatment is the possible presence of a “trauma bond” that may exist between the trafficker and the victim (Kalergis, 2009). Often referred to as Stockholm syndrome (Carnes, 1997), this bond is generally formed when young girls are lured into a romantic relationship with a trafficker or a pimp. The abuse, exploitation, and betrayal may occur after a “honeymoon” period, during which the trafficker takes advantage of a girl’s desire for love and affection. Victims of ST may return to their trafficker or pimp after being placed in a protective shelter (Smith et al., 2009). The dysfunctional attachment that occurs between victim and trafficker may cause the victim to minimize or deny exploitation, impeding service provision and prosecution efforts of legal professionals (Reid, 2010).

The physical complications that may occur as a result of ST may include headaches, back and stomach pain, memory problems, traumatic brain injury, and sexually transmitted infections (Oram, Stöckl, Busza, Howard, & Zimmerman, 2012). Well-developed health care services to treat the health symptoms of ST victims are sparse throughout the world. Nonprofit organizations often make up for inadequacies by either assisting with or providing victims of ST with health care services (Konstantopoulos et al., 2013).

With the complications of physical and psychological issues, victims of ST may experience significant challenges when attempting to reintegrate into various social systems (Zimmerman et al., 2011). Stigma and societal pressure experienced by ST victims returning home can impede recovery, especially when families are not accepting or supportive of an ST victim (Pandey, Tewari, & Bhowmick, 2013). Survivors may be confronted with the same economic or social conditions that caused them to

leave in search of new opportunities (Pandey et al., 2013). Aftercare services for ST victims should include the following supports: basic necessities, safe shelter and housing, physical health care, mental health services, legal advocacy, life skills, job training, and substance abuse services (Macy & Johns, 2011).

Therapeutic treatment for purchasers of pornography and sexual services has received minimal attention in the scholarly literature, perhaps due to the lack of consensus regarding the definition and diagnostic criteria for sex addiction (Lee, 2011). Experts estimate that approximately 9 million individuals meet criteria for a sexual addiction in the United States and only around 1,500 therapists specialize in sex addiction treatment (Lee, 2011). The digital revolution has added to the growth of the pornography industry, with approximately 40 million people accessing 4.2 million pornographic Web sites daily (Lee, 2011). Due to feelings of embarrassment, people with sex addiction are often reluctant to seek medical advice and may be eventually referred for serious mental health issues (Garcia & Thibaut, 2010). Sexual addiction treatment programs are often modeled after the 12-step program of Alcoholics Anonymous, such as Sex and Love Addicts Anonymous (Lee, 2011).

IMPLICATIONS FOR SOCIAL WORKERS

With a professional mission of social justice and advocacy for vulnerable and oppressed populations, social workers should be at the forefront of the anti-ST movement. Social workers can effect change in policy, research, and direct practice for both ST victims and purchasers of pornography and sexual services. By implementing prevention programming social workers can “promote cultural norms that disallow paying for sex” as suggested by the U.S. government (U.S. Department of State, 2013, para. 1).

Macro social workers can advocate for the proper implementation of supportive policies and create awareness regarding ST and sexual addiction through prevention and educational outreach programs. Policies that improve the coordination of services for ST victims are especially imperative as law enforcement officials are discovering the importance of victim assistance for traumatized individuals during investigation and prosecution processes (Heinrich & Sreeharsha, 2013). Within treatment programs, macro social workers can develop policies and protocols that

are trauma informed and culturally sensitive. As community change agents, social workers can implement income generation, empowerment, and microfinancing programs to decrease the vulnerability of impoverished women and children to ST. Improving data collection methods, developing tracking systems, and studying empirically relevant interventions can also ensure that the demand for services is matched by an appropriate number of service providers trained to receive them.

Interpersonal social work practitioners, such as mental health professionals, school social workers, child welfare workers, and case managers should be trained in trauma-informed methods to effectively address the complex mental health needs of ST victims (Hardy et al., 2013). For child trafficking victims, practitioners may consider using trauma-focused cognitive-behavioral therapy, which is an effective treatment for child sexual abuse victims (Fong & Cardoso, 2010). Mental health professionals must also be prepared to help victims in breaking the “trauma bond” that they may have formed with their trafficker (Kalergis, 2009). Being tolerant of a victim’s possible distrust and remaining supportive over a long period of time can assist in this process (Kalergis, 2009).

The Administration for Children and Families, a department of the federal government, recognizes the critical role of social services providers in the antitrafficking movement and has developed specific guidelines for social services professionals (U.S. Department of Health and Human Services [HHS], 2013). Due to high detection rates of ST within child welfare and runaway and homeless youth programs, social workers employed in these services can be instrumental in identifying and protecting children who are often targeted by traffickers (HHS 2013). Social workers can receive in-person and online training on how to prevent and identify human trafficking from the Global Freedom Center (<http://www.GlobalFreedomCenter.org>). Currently, legislation in 29 states mandates or urges law enforcement officials to participate in antitrafficking training, and the involvement of multiple state agencies (for example, social services, housing, labor, health, and education) in antitrafficking efforts is now required by law (Heinrich & Sreeharsha, 2013; Polaris Project, n.d.-d). Social work clinicians are also uniquely equipped to provide ST training as they are taught to view people in their environment and assess the multilayered realities of individuals in a nonjudgmental manner (Meyer & Mattaini, 1995).

During therapeutic treatment, Hardy et al. (2013) recommended completing the initial assessment over multiple sessions, using open-ended questions, and assessing for safety and physical health. In conjunction with the previously discussed psychosocial interventions, social workers should rely on a victim-centered approach during treatment and assess for risk of suicide, medical concerns, comorbid diagnoses, cultural practices, and spirituality (Hardy et al., 2013). Treatment planning should also use the strengths perspective to develop goals related to self-worth, self-empowerment, and healthy decision-making skills (Hardy et al., 2013). Social workers can also address demand by receiving sexual addiction certification through the Certified Sexual Addiction Treatment program developed by Dr. Patrick Carnes (International Training Institute for Trauma & Addiction Professionals, n.d.).

Operating under a paradigm that acknowledges gender disparities, the feminization of poverty, and the subjugation of women, social workers can serve as community change agents to empower women. Serving as the single point of contact within a multidisciplinary team, social workers can provide empirically based interventions to assist female victims of ST on their journey to recovery. In fulfilling our role to combat social injustice, social work professionals can lead the antitrafficking movement and help to eradicate this crime against humanity. **SW**

REFERENCES

- Amahazion, F. (2014). Global anti-sex trafficking: State variance in implementation of protectionist policies. *Human Rights Quarterly*, 36(1), 176–209.
- Bales, K. (2004). *Disposable people: New slavery in the global economy*. Los Angeles: University of California Press.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.
- Bryant-Davis, T., Tillman, S., Marks, A., & Smith, K. (2009). Millennium abolitionists: Addressing the sexual trafficking of African women. *Beliefs & Values*, 1(1), 69–78. doi:10.1891/1942-0617.1.1.69
- Busch-Armendariz, N. B. (2012). T Visa. *Encyclopedia of Immigrant Health*, p. 1407.
- Busch-Armendariz, N., Nsonwu, M. B., & Heffron, L. C. (2014). A kaleidoscope: The role of the social work practitioner and the strength of social work theories and practice in meeting the complex needs of people trafficked and the professionals that work with them. *International Social Work*, 57(1), 7–18. doi:10.1177/0020872813505630
- Carnes, P. J. (1997). *The betrayal bond: Breaking free of exploitive relationships*. Deerfield Beach, FL: Health Communications.
- Cecchet, S. J., & Thoburn, J. (2014). The psychological experience of child and adolescent sex trafficking in the United States: Trauma and resilience in survivors. *Psychological Trauma: Theory, Research, Practice, and Policy*, 6(5), 482–493.
- Dempsey, M. M. (2010). Sex trafficking and criminalization: In defense of abolitionism. *University of Pennsylvania Law Review*, 158, 1729–1778.
- Fairchild, S. T. (2007). Protecting the least of these: A new approach to child pornography pandering provisions. *Duke Law Journal*, pp. 163–198.
- Fong, R., & Cardoso, J. B. (2010). Child human trafficking victims: Challenges for the child welfare system. *Evaluation and Program Planning*, 33(3), 311–316.
- Garcia, F. D., & Thibaut, F. (2010). Sexual addictions. *American Journal of Drug and Alcohol Abuse*, 36(5), 254–260.
- Global Modern Slavery. (n.d.). *Global Modern Slavery Directory*. Retrieved from <http://www.globalmodernslavery.org/>
- Hardy, V. L., Compton, K. D., & McPhatter, V. S. (2013). Domestic minor sex trafficking: Practice implications for mental health professionals. *Affilia*, 28(1), 8–18. doi:10.1177/0886109912475172
- Heinrich, K. H. (2010). Ten years after the Palermo Protocol: Where are protections for human trafficking victims? *Human Rights Brief*, 18(1), 2–5.
- Heinrich, K., & Sreeharsha, K. (2013). The state of state human-trafficking laws. *Judges' Journal*, 52(1), 28–31.
- Herman, J. (1992). Complex PTSD: A syndrome of prolonged and repeated trauma. *Journal of Traumatic Stress*, 5, 377–391.
- Hilton, D. L. Jr. (2013). Pornography addiction—A supranormal stimulus considered in the context of neuroplasticity. *Socioaffective Neuroscience & Psychology*, 3, 20767. doi:10.3402/snp.v3i0.20767
- International Labour Organization. (n.d.). *Victims of forced labor by region*. Retrieved from <http://www.ilo.org/global/topics/forced-labour/lang-en/index.htm>
- International Training Institute for Trauma & Addiction Professionals. (n.d.). *About CSAT certification and training*. Retrieved from <http://www.iitap.com/certification/csat-certification-and-training>
- Kalergis, K. I. (2009). A passionate practice: Addressing the needs of commercially sexually exploited teenagers. *Affilia*, 24(3), 315–324.
- Kara, S. (2010). *Sex trafficking: Inside the business of modern slavery*. Chichester, NY: Columbia University Press.
- Konstantopoulos, W. M., Ahn, R., Alpert, E. J., Cafferty, E., McGahan, A., Williams, T. P., et al. (2013). An international comparative public health analysis of sex trafficking of women and girls in eight cities: Achieving a more effective health sector response. *Journal of Urban Health*, 90, 1194–1204.
- Kotrla, K. (2010). Domestic minor sex trafficking in the United States. *Social Work*, 55, 181–187. doi:10.1093/sw/55.2.181
- Lee, C. (2011). The sex addiction epidemic. *Newsweek*. Retrieved from <http://www.newsweek.com/sex-addiction-epidemic-66289>
- Macy, R. J., & Johns, N. (2011). Aftercare services for international sex trafficking survivors: informing US service and program development in an emerging practice area. *Trauma, Violence, & Abuse*, 12(2), 87–98. doi:10.1177/1524838010390709
- Marinova, N. K., & James, P. (2012). The tragedy of human trafficking: Competing theories and European evidence. *Foreign Policy Analysis*, 8(3), 231–253.
- McIntyre, B. L. (2014). More than just rescue: Thinking beyond exploitation to creating assessment strategies for child survivors of commercial sexual exploitation. *International Social Work*, 57(1), 39–63. doi:10.1177/0020872813505629

- Meyer, C. H., & Mattaini, M. A. (1995). The eco-systems perspective: Implications for practice. *Foundations of Social Work Practice* (pp. 16–27). New York: Columbia University Press.
- National Human Trafficking Resource Center. (n.d.). *Sex trafficking*. Retrieved from <http://www.traffickingresourcecenter.org/type-trafficking/sex-trafficking>
- National Sexual Violence Resource Center. (n.d.). *Publications*. Retrieved from <http://www.nsvrc.org/publications>
- O'Brien, E., Carpenter, B., & Hayes, S. (2013). Sex trafficking and moral harm: Politicized understandings and depictions of the trafficked experience. *Critical Criminology*, 21, 401–415. doi:10.1007/s10612-013-9183-6
- Oram, S., Stöckl, H., Busza, J., Howard, L. M., & Zimmerman, C. (2012). Prevalence and risk of violence and the physical, mental, and sexual health problems associated with human trafficking [Systematic review]. *PLoS Medicine*, 9(5), 1–13.
- Pandey, S., Tewari, H. R., & Bhowmick, P. K. (2013). Antecedents and reintegration of sex trafficked victims in India: A conceptual framework. *International Journal of Criminal Justice Sciences*, 8(1), 47–62.
- Polaris Project. (n.d.-a). 2014 state ratings on human trafficking laws. Retrieved from <http://www.polarisproject.org/what-we-do/policy-advocacy/national-policy/state-ratings-on-human-trafficking-laws>
- Polaris Project. (n.d.-b). *A look back: Building a human trafficking legal framework*. Retrieved from <http://www.polarisproject.org/storage/2014SRM-capstone-report.pdf>
- Polaris Project. (n.d.-c). *Current federal laws*. Retrieved from <http://www.polarisproject.org/what-we-do/policy-advocacy/national-policy/current-federal-laws>
- Polaris Project. (n.d.-d). *Law enforcement training on human trafficking*. Retrieved from <http://www.polarisproject.org/what-we-do/policy-advocacy/capacity-building/872-le-human-trafficking-training>
- Preventing Sex Trafficking and Strengthening Families Act, P.L. 113–183, 128 Stat. 1919 (September 29, 2014).
- ProCon.org. (2015, April 1). *100 countries and their prostitution policies*. Retrieved from <http://prostitution.procon.org/view.resource.php?resourceID=000772>
- Prosecutorial Remedies and Other Tools to End the Exploitation of Children Today (PROTECT) Act of 2003, P.L. 108–21, 117 Stat. 651 (2003).
- Reichert, J., & Sylwestrzak, A. (2013). *National survey of residential programs for victims of sex trafficking*. Chicago: Illinois Criminal Justice Information Authority.
- Reid, J. A. (2010). Doors wide shut: Barriers to the successful delivery of victim services for domestically trafficked minors in a southern U.S. metropolitan area. *Women & Criminal Justice*, 20(1–2), 147–166. doi:10.1080/08974451003641206
- Smith, L. A., Vardaman, S. H., & Snow, M. A. (2009). *The national report on domestic minor sex trafficking: America's prostituted children*. Arlington, VA: Shared Hope International.
- United Nations Department of Economic and Social Affairs. (2010). *The world's women 2010: Trends and statistics*. Retrieved from http://unstats.un.org/unsd/demographic/products/Worldswomen/WW_full%20report_color.pdf
- United Nations Office on Drugs and Crime. (2004). *United Nations convention against transnational organized crime and the protocols thereto*. New York: Author. Retrieved from <http://www.ncjrs.gov/App/publications/abstract.aspx?ID=205757>
- United Nations Treaty Collection. (2015). Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime. Retrieved from https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtidg_no=XVIII-12-a&chapter=18&lang=en
- U.S. Department of Health and Human Services. (2013). *Guidance to states and services on addressing human trafficking of children and youth in the United States*. Retrieved from https://www.acf.hhs.gov/sites/default/files/cb/acyf_human_trafficking_guidance.pdf
- U.S. Department of State. (2013). *Trafficking in persons report: Male trafficking victims*. Retrieved from <http://www.state.gov/j/tip/rls/fs/2013/211624.htm>
- U.S. Department of State. (2014). *Trafficking in persons report: Tier placements*. Retrieved from <http://www.state.gov/j/tip/rls/tiprpt/2014/226649.htm>
- Victims of Trafficking and Violence Protection Act of 2000 (V-TVPA), P.L. 106–386, 114 Stat. 1464 (2000).
- Williamson, E., Dutch, N. M., & Clawson, H. J. (2008). *Evidence-based mental health treatment for victims of human trafficking*. Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.
- Wolf-Branigin, M., Garza, S., & Smith, M. A. (2010). Reducing demand for human trafficking: A non-linear approach for developing capacity. *Social Work & Christianity*, 37, 424–436.
- World Health Organization. (2013). *Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and nonpartner sexual violence*. Geneva: Author.
- Zimmerman, C., Hossain, M., & Watts, C. (2011). Human trafficking and health: A conceptual model to inform policy, intervention and research. *Social Science & Medicine*, 73, 327–335.

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