



RESEARCH BRIEF: Gaps and Challenges to Addressing Familial Trafficking

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ABOUT

Familial trafficking has unique and complex ties between perpetrator and victim. Understanding the nuance of this victimization typology will lead to improved identification and treatment outcomes.

QUESTION

What does literature reveal about familial sex trafficking and how it can be identified and interrupted?

FINDINGS

Three key findings are presented: (1) Victim & Perpetrator Characteristics, (2) Familial Trafficking Health Outcomes, (3) Identification & Recovery as Major Challenges

CONCLUSION

Familial Trafficking (FT) represents a complex and understudied typology of human trafficking. Multi-sector partnerships are to begin addressing the urgent needs of victims of FT.

Human Trafficking is recognized as a human rights violation and a pressing public health issue. Although there are ample studies on the vulnerabilities that lead to trafficking, studies on the diversity of typologies are scant; especially within Familial Trafficking (FT). Parents, caretakers, close relatives, and sometimes trusted friends are typically the perpetrators within FT. Yet, without someone close to advocate on behalf of victims of FT, they can easily fall through the cracks undetected and suffer extreme trauma as a result of their oppression. This research brief synthesized the current literature on FT. This analysis was based on 11 studies conducted within a 10-year period (2013-2023). Additionally, this synthesis also included information provided by the U.S. government (Department of State, 2021a), and statistics presented in two reports; one from a leading non-governmental agency (Polaris, 2020), and the second one from an academic research center (Cole & Anderson, 2013).

Studies within the literature of FT analyzed identified cases or used comparison analysis with non-FT cases to draw conclusions. FT cases were typically classified through the Justice System (JS) and Child Protective Services (CPS). Other agencies and

institutions included law enforcement, mental and healthcare settings, and/or schools (Allert, 2022; Cole & Anderson, 2013; Edwards, Middleton & Cole, 2022; Havlicek, Huston, Boughton & Zhang, 2016; Middleton & Edwards, 2020, 2021; Nichols, Preble & Cox, 2022; Reid, Huard & Haskell, 2015; Sprang & Cole, 2018; White, Robichaux, Huang, & Luo, 2023). Thus, the goals of this research brief analysis were twofold, to inform readers of what is currently known about FT, and to encourage further analysis in the areas of prevalence, characteristics of perpetrators and victims, indicators to assist identification, and effective trauma-informed and victim-centered responses. This analysis was guided by the Protection approach to anti-trafficking efforts found within the 3P's Paradigm defined by the United States (U.S.) government. Protection includes the identification, care, and service referral with the outcome of rehabilitation of survivors (U.S. Department of State, 2021b).

RELEVANT LITERATURE

Familial Trafficking is also known as Familial Sex Trafficking, Family-Controlled Trafficking, and Family-Facilitated Juvenile Trafficking. This research brief utilizes the term Familial Trafficking (FT). Although most

studies (10 out of 11) analyzed were characterized by commercial sexual exploitation, this term does not include the labor trafficking cases identified within the literature. Cases of FT identified through this synthesis were mainly exploited through pornography, prostitution, strip clubs, and other forms of commercial sexual exploitation (Allert, 2022; U.S. Department of State, 2021a; Salter & Wong, 2023; Sprang & Cole, 2018). Nonetheless, in the few labor trafficking cases identified, victims were forced to sell illicit drugs and to work long hours in restaurant settings (White, et al., 2023). Minors victimized by FT tend to be exploited at a younger prepubescent age, sometimes starting during their first year of life. In the case of the few labor trafficking cases through FT, the victims were foreign-born. One of these identified victims experienced both sex and labor trafficking (White, et al, 2023).

Victim Characteristics —

Minors victimized by FT appear to be exploited for longer periods than those through non-FT. Research findings also pointed to the multiple perpetrators of victims of FT (Allert, 2022; Edwards, Middleton & Cole, 2022; Reid, Huard & Haskell, 2015).



Additionally, findings demonstrated higher levels of poly-victimization among victims of FT. Poly-victimization could include witnessing domestic violence, experiencing child sexual and/or physical abuse, and/or child neglect/abandonment (Edwards, Middleton & Cole, 2022; Reid, Huard & Haskell, 2015; Salter & Wong, 2023; White et al., 2023). Gender and geographic location as risk factors for FT were unclear. Both females and males as well as urban and rural settings were noted throughout the literature. Nonetheless, in some studies, females constituted more than half or the majority of the FT cases (Edwards, Middleton & Cole, 2022; Havlicek, Huston, Boughton & Zhang, 2016; Sprang & Cole, 2018; White et al., 2023). In some, but not all, racial minorities were more likely to be victimized within FT when compared to their white counterparts for both sex and labor trafficking (Havlicek, Huston, Boughton & Zhang, 2016; White, et al., 2023).

Perpetrator Characteristics —

The results of the studies analyzed indicated the unique relationship between perpetrator and victim of FT. Since individuals who are victimized within FT depend on their perpetrator from birth, it normalizes their exploitation; especially, when the exploitation begins at a very young age. As a result, minors grow up thinking that the abuse experienced in their daily lives is an aspect of parent-child relationships (Allert, 2022; Sprang & Cole, 2018). As mentioned earlier, FT cases have been shown to incorporate a higher number of perpetrators than non-FT cases, involving multiple family members or close trusted friends (Edward, Middleton & Cole, 2022; Middleton & Edwards, 2022; Whites, et al., 2023). Within the scant literature on FT, perpetrators tend to be the biological parents of the victims and/or close relatives. In some studies, the biological mother was the perpetrator. For those particular cases, mothers represented almost 50% or more of the total number of perpetrators identified (Allert, 2022; Edwards, Middleton & Cole, 2022; Reid,

Huard & Haskell, 2015; Sprang & Cole, 2018). Additionally, addiction was a key motivator that led mothers to exploit their offspring (Allert, 2022; Edwards, Middleton & Cole, 2022; Reid, Huard & Haskell, 2015; Sprang & Cole, 2018; White, et al., 2023). Other perpetrators included the stepfather or mother's boyfriend, other close relatives such as a sibling, uncle, or cousin, and trusted friends of the family (Allert, 2022; Reid, Huard & Haskell, 2015; White, et al., 2023). Techniques of control mentioned within the literature included parental authority, threats, intimidation, neglect, force, and physical and sexual abuse (Sprang & Cole, 2018; White, et al., 2023).

Familial Trafficking Health Outcomes

Negative physical outcomes of survivors of sex trafficking within FT included chronic headaches, stomachache, and body pain; throat and urinary tract infections; interrupted sleep due to nightmares; asthma; bruising in mouth and throat; pain in the genital area; pain in wrists and ankles from being restrained; bleeding from anal area and painful defecation (U.S. Department of State, 2021a; Mariaca Pacheco, Buenaventura & Miles, 2023; Sprang & Cole, 2018; Salter & Wong, 2023). Researchers characterized the trauma of victims of FT as complex resulting in a wide range of psychological disorders. These diagnoses encompassed attachment disorders, post-traumatic stress disorder, oppositional defiant disorder, bipolar disorder, chronic depression, conduct disorder, anxiety disorder, suicidal attempts and ideation, and attention-deficit hyperactivity disorder (U.S. Department of State, 2021a; Reid, Huard & Haskell, 2015; Sprang & Cole, 2018). Labor trafficking survivors experienced similar psychological negative outcomes from suicidal ideation, chronic depression,

attachment disorder, anxiety disorder, lack of trust, to having a sense of deep hopelessness (White, et al., 2023).

In a couple of the analyzed studies, male survivors of FT had similar trauma responses in clinical profiles as female victims but varied with lower depression scores, and higher externalizing behaviors, and were less likely to run away when compared to females (Middleton & Edwards, 2020; Sprang & Cole, 2018). Poor hygiene and truancy as well as educational and social delays were also associated with some of the negative outcomes. While some victims struggled academically with literacy and had processing challenges, others excelled in school because that is where they felt safe (U.S. Department of State, 2021a; Reid, Huard & Haskell, 2015; Sprang & Cole, 2018).

Identification & Recovery as Major Challenges

There are numerous challenges to identifying victims of FT. Several cases are misidentified as maltreatment, child sexual abuse, and parental substance abuse (Allert, 2022; Edwards, Middleton & Cole, 2022; Sprang & Cole, 2018). In scenarios with parental perpetrators, children feel strong affection towards them as their primary attachment. It is typically the strongest bond they have and tend to defend the abuser to maintain this important relationship in their lives; especially when victims are younger. Therefore, misidentification tends to result in the inability to build a case altogether when either CPS or law enforcement agents are involved (Allert, 2022; Sprang & Cole, 2018). Nonetheless, within some studies, law enforcement involvement, collaboration with CPS, and forensic interviewing showed a greater likelihood of substantiated and/or founded sex trafficking cases within the FT typology (Middleton & Edwards, 2020, 2021).

Other challenges in the

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identification of FT cases are the lack of awareness and knowledge, specific training, and identification protocols (Middleton & Edwards, 2020; Mariaca Pacheco, Buenaventura & Miles, 2023). Although some FT cases were identified and reported within the healthcare setting, specific identification protocols for FT are still lacking (Edwards, Middleton & Cole, 2022). Lastly, victimized children of FT typically lack the vocabulary to explain their exploitation to a third party (Mariaca Pacheco, Buenaventura & Miles, 2023; Salter & Wong, 2023). Unfortunately, due to these several complexities of FT, cases are hardly ever substantiated within CPS or found within the JS. As a result, perpetrators go unpunished and victims of FT go unassisted and unrecovered (Reid, Huard & Haskell, 2015).

DISCUSSION

FT research is still in its infancy, the studies analyzed in this research brief begin to lay the groundwork for future studies and to begin informing some characteristics of perpetrators, victims and challenges for identification and assistance of those trapped within FT. Although little is known, this research brief has identified some merging patterns within the FT's literature. One of these patterns is that victims are much younger when compared to non-FT cases (Allert, 2022; Edwards, Middleton & Cole, 2022; Reid, Huard & Haskell, 2015; White, et al., 2023). In some instances, their exploitation begins within the first years of life. Additionally, the abuse victims of FT experience surpasses those who experience other types of trafficking. Findings within the literature point to the fact that parents, caretakers, close family members, and at times trusted family friends are typically the perpetrators. As a result, victims of FT face the great challenge of not being able to recognize their victimization (Edwards, Middleton & Cole, 2022; Reid, Huard & Haskell, 2015; Sprang & Cole, 2018; White, et al., 2023). This leads to the great need for advocates

to speak and intervene on their behalf at multiple levels.

The poly-victimization of FT that victims experience and its physical and psychological consequences require a multipronged, nuanced, and long-term approach to their recovery (Edwards, Middleton & Cole, 2022; Sprang & Cole, 2018; White et al., 2023). The synthesis highlighted an array of mental and physical diagnoses that can last a lifetime if not addressed properly. Therefore, not creating policies around daily protocols to prevent and identify FT victimization can lead to intergenerational cycles of abuse for generations to come. The Protection framework of the anti-trafficking efforts locally and nationally, upheld, could bring the movement closer to improved outcomes for survivors of FT by addressing the particularities of this typology (U.S. Department of State, 2021b). Yet, the challenges to the identification of cases are immense. Therefore, it is imperative that multidisciplinary professionals who interact with vulnerable populations of FT understand the nuanced dynamics of this type of trafficking to better identify, report, and assist those who are oppressed. Collaboration and partnerships among diverse agencies and professionals are imperative.

RECOMMENDATIONS

Exhaustive research is greatly needed to further the understanding of the prevalence, demographics of perpetrators and victims, risk factors, indicators, and effective treatments for victims and survivors of FT. Existing and future screening tools should be evaluated for validity and reliability across different human trafficking typologies. Approaching research proactively through collaboration among those who have identified cases of FT and researchers can lead to an increased understanding of FT. Additionally, creating uniform open datasets will ensure a comprehensive understanding of FT (Middleton & Edwards, 2021).

Given the complexity behind

identifying a victim of FT, specific and evidence-based training must be developed and implemented. Studies in this analysis highlighted victims of FT tend to be part of the JS and/or CPS. These agencies should consider hiring a Commercial Sexual Exploitation of Children-specific investigator who screens and responds to potential cases to potentially increase identification and assistance. Due to the extreme trauma experienced by those trapped in FT, new forms of treatment must be explored and evaluated.

A step towards the identification of such a population could begin with specific training within frontline personnel and other important professions including medical and mental health professionals, lawyers, and law enforcement agents (Edwards, Middleton & Cole, 2022). Training should also be extended to other key personnel, such as school bus drivers, educators, and janitorial staff (Middleton & Edwards, 2020). If the victim of FT is exploited via labor trafficking, professionals operating within the hospitality industries should also be included in the training of FT.

Lastly, policies and laws across multiple sectors must be created and mandated from standardized trauma-informed and victim-centered FT training, identification and prosecution protocols to ensure substantiated and found cases against perpetrators, and specific resources and needed funding for those who are identified and assisted. Incorporating FT-specific language into human trafficking policies can increase awareness and change preconceived notions about human trafficking. Successfully responding to identified victims requires a collaborative approach and shared guiding principles to ensure evidence-based practices (Richie-Zavaleta, et al., 2022). The involvement and collaboration of key professionals such as social workers, law enforcement agents, and forensic interviewers has begun to show promising results (Middleton & Edwards, 2020, 2021).



CONCLUSION

FT represents a complex and understudied typology of human trafficking, where victims, often exploited from a very young age, endure prolonged and severe abuse from family members including trusted family friends. This research brief highlights what the literature has captured in the last decade about the characteristics of victims and perpetrators, the complexities of identification, the lack of protocols in place to identify and assist victims of FT, and the great need for

evidence-based practices and informed policies. Addressing FT requires partnerships that include researchers, social and medical providers, professionals within the JS and CPS, practitioners, community leaders, and policymakers. The urgent need for increasing awareness, knowledge, and building the necessary skills to support those who are trapped within FT can be improved by building upon the synthesis of the current FT literature and recommendations outlined aforementioned. ■

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