



Trauma-informed interventions for counselling sex trafficking survivors

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Abstract

Human trafficking represents the fastest growing form of transnational crime and remains the third largest criminal enterprise following the sale of drugs and arms. Though the call to incorporate sex trafficking content into counsellor education programs has been established, a lack of training remains. Professional counsellors must therefore cultivate the necessary awareness, knowledge, and skills to effectively support sex trafficking survivors across diverse settings, especially given the presence of severe and chronic mental health sequelae among survivors. The authors used a multipronged approach to help professional counsellors (a) recognize the prevalence of sex trafficking in clinical settings, (b) understand the clinical implications of counselling adult sex trafficking survivors, and (c) employ trauma-informed and evidence-based interventions for counselling adult sex trafficking survivors.

Keywords Sex trafficking · Trauma · Trauma-informed · PTSD · Complex PTSD

Trauma-Informed Interventions for Counselling Sex Trafficking Survivors

Human trafficking represents the fastest growing form of transnational crime and remains the third largest criminal enterprise following the sale of drugs and arms (International Labour Organization, 2014). According to the Trafficking Victims Protection Act (2000), human trafficking encompasses instances of labor and sex

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trafficking. Whereas *labor trafficking* refers to the recruitment, harboring, transportation, provision, or obtaining of a person for labor and services through force, fraud, or coercion, *sex trafficking* occurs when a commercial sex act is induced by force, fraud, or coercion, or when the person performing the sex act is under the age of 18 (22 U.S.C. § 7101). When persons under the age of 18 perform a commercial sex act, the presence of force, fraud, or coercion is irrelevant. Although estimates of sex trafficking are difficult to obtain due to methodological challenges (Fedina & DeForge, 2017), thousands of individuals are reported to experience forced sexual exploitation in the United States and across the globe each year (National Human Trafficking Hotline, 2019).

Professional counsellors are called to employ evidence-based strategies when working with clients who present with trauma (American Counselling Association [ACA], 2014; National Board for Certified Counsellors [NBCC], 2012), such as sex trafficking survivors. Though the call to incorporate sex trafficking content into counsellor education programs has been established (Litam, 2019; Litam & Lam, 2021), a lack of sex trafficking training remains (Baldwin et al., 2015; Browne-James et al., 2021; Litam, 2017, 2019; Litam et al., 2021; Thompson & Haley, 2018; Weitzer, 2014). Professional counsellors must therefore cultivate the necessary awareness, knowledge, and skills to effectively support sex trafficking survivors across diverse settings (Browne-James et al., 2021; Litam, 2017, 2019; Litam & Lam, 2020). The current article supplements the existing body of literature on trauma-informed counselling interventions for child sex trafficking survivors (see Browne-James et al., 2021) by priming professional counsellors to employ trauma-informed interventions for working with adult sex trafficking survivors. According to the Substance Abuse and Mental Health Services Administration (SAMHSA, 2014), trauma-informed approaches encompass trauma-specific interventions and may be defined by the “Four R’s”: realizing the impact of trauma, recognizing trauma signs and symptoms, responding to trauma through the implementation of trauma knowledge into practice and policy, and avoiding re-traumatization. With this definition in mind, the purpose of this article is to provide a multipronged approach to help professional counsellors (a) recognize the prevalence of sex trafficking in clinical settings, (b) understand the clinical implications of counselling adult sex trafficking survivors, and (c) employ trauma-informed and evidence-based interventions for counselling adult sex trafficking survivors.

Prevalence of Sex Trafficking Survivors in Clinical Settings

Quantifying prevalence rates at which sex trafficking survivors present for counselling services is challenging (Dell et al., 2019; Fedina & DeForge, 2017). Rates become even further obfuscated as survivors may not identify with sex trafficking labels and may not engage in mental health services due to distrust of authorities and fear of being doubted, judged, stigmatized, or retraumatized (Davy, 2016; Rajaram & Tidball, 2018; Recknor et al., 2020; Thompson & Haley, 2018). Community entities (e.g., shelters, schools, child welfare agencies) and medical facilities (e.g., community clinics, hospital emergency departments, acute psychiatric treatment

facilities) are vital in identifying sex trafficking survivors and often provide initial screenings to determine the need for mental health follow-up. However, even when initial screenings are provided, these facilities are rarely equipped to provide clinical mental health services to sex trafficking survivors (Gonzalez-Pons et al., 2020; Rajaram & Tidball, 2018).

Sex trafficking survivors may present for treatment in outpatient community mental health centers, inpatient treatment facilities, residential treatment facilities, substance abuse treatment facilities, private practices, and interdisciplinary specialty human trafficking clinics (Egyud et al., 2017; Lederer & Wetzel, 2014; Recknor et al., 2020; Slotts & Ramney, 2009). These clinical treatment settings may be publicly funded and require evidence-based therapeutic approaches (Beidas et al., 2016; Williams et al., 2010). Regardless of workplace setting, professional counsellors must be able to conceptualize sex trafficking trauma (Litam & Lam, 2021) and familiarize themselves with effective, trauma-informed treatment strategies for working with sex trafficking survivors (Litam, 2017; Browne-James et al., 2021).

Conceptualizing Sex Trafficking Trauma

Professional counsellors can improve their ability to accurately identify and work with adult sex trafficking survivors by learning about common sex trafficking concepts. In the following sections, we outline methods of control, vulnerabilities to becoming trafficked, and possible trafficking indicators. Additionally, we provide an overview of the grooming process and descriptions of trauma bonds to assist counsellors with conceptualizing some of the unique elements of sex trafficking trauma.

Methods of Control

Sex traffickers may use sophisticated behaviors, such as manipulation, financial abuse (i.e., severely restricting or completely withholding financial resources), and calculated threats to establish control over trafficked individuals (Reid, 2016; Shared Hope International, 2020). For example, traffickers may threaten the safety of survivor's pets, friends, family members, and child(ren) if they do not comply to requests (Reid, 2016). Some survivors may unwittingly enter scenarios of forced sexual exploitation because they are convinced they hold agency within the trafficking system. For example, traffickers may persuade individuals that selling sex is the easiest way to earn money or that allowing them to "set up dates" may free them from unwanted responsibilities (e.g., scheduling services, securing payment, locating buyers). Sex trafficking survivors may also encounter traffickers who encourage or force them to use illicit drugs, or who exploit survivor's existing substance use to leverage *quid pro quo* arrangements (Brayley et al., 2011; Reid, 2016; Whitaker & Hinterlong, 2008). Some traffickers provide illicit substances to generate drug debts and later force individuals to sell commercial sex acts as a means of payment.

Outright physical and sexual violence are common methods of control and entrapment. Traffickers may use rape, physical confinement, and various forms of torture to obtain and maintain control of trafficked survivors (Reid, 2016; Williamson & Prior,

2009; Zimmerman et al., 2008). In some cases, traffickers may weaponize pregnancy and motherhood in ways that force compliance. For instance, traffickers may coerce sexually exploited mothers by threatening to sell their child(ren), give their babies up for adoption, or restrict access to their child(ren) if their demands are not met (Reid, 2016).

Traffickers may build trust by acting as romantic partners or compassionate friends who help young women escape harsh living conditions (Anderson et al., 2014; Parker & Skrmetti, 2013; Reid, 2016). Ultimately, traffickers demonstrate various entrapment strategies that may incorporate elements of shame, obligation, co-offending, sexual and physical abuse, financial control, and intimidation to force victim compliance (Reid, 2016). Many of these strategies are complex and intersect with victim's roles as a parent, caregiver, friend, and romantic partner.

Vulnerabilities to Becoming Trafficked

Individuals of any sociocultural background, socioeconomic status, or education level can become sex trafficked. The extant body of literature has identified homelessness, drug use, and child sexual abuse as significant vulnerability factors that may predict entry into the sex trafficking trade (Cobbina & Oselin, 2011; Fedina et al., 2016; Middleton et al., 2018). Individuals living in poverty as well as those with mental health disorders, limited education, and few employment prospects may also be at greater risk for becoming trafficked (Franchino-Olsen, 2019). Some individuals are coerced into the sex trafficking trade because traffickers exploit their hopes of improving financial status or aspirations of resolving economic hardship (Reid, 2016). Individuals who have been involved with foster care and child welfare systems may also be at greater risk for forced sexual exploitation due to multiple incidences of risk exposure (Schwarz et al., 2016). Individuals may additionally be at increased risk for sex trafficking when they experience the normalization of sex work as well as abusive and oppressive treatment (Reid, 2016). For instance, adolescents with parents, friends, and peers who are involved in sex work may be more vulnerable to sexual exploitation themselves because of the familiarity of abuse. Finally, gender and sexual minorities may be especially susceptible to sex trafficking due to the increased risk of physical, emotional, and sexual abuse, as well as high rates of homelessness, substance use, and neglect (Choi, 2015; Clayton et al., 2013; Fedina et al., 2016).

Professional counselors are called to recognize how each of these vulnerabilities converge among clients who hold multiple intersecting and oppressed identities. Using elements of relational-cultural theory, Casassa et al. (2021) offered the following explanation as to why some individuals may be more vulnerable to trafficking: "Someone who has experienced chronic disconnection throughout life would be even more desperate for connection, even one that comes at the price of exploitation" (p.11). Importantly, the perpetuation of myths about the identities of sex trafficking survivors is another issue that leaves these individuals vulnerable to would-be traffickers (Litam & Lam, 2021). Indeed, counsellors are admonished to avoid widely adopting misleading and inaccurate media portrayals of sex trafficking (see Litam &

Lam, 2021), given that sex trafficking survivors are more often victimized by loved ones or intimate partners than complete strangers (Gerassi et al., 2018).

Possible Trafficking Indicators

Counsellors must recall that minors who are involved in commercial sex acts are automatically classified as sex trafficking victims (Trafficking Victims Protection Act, 2020). In these cases, the only reported indicator needed to identify the presence of forced sexual exploitation is participation in commercial sex work. When sex trafficking occurs among adults, possible trafficking indicators can become more difficult to ascertain.

Sex trafficking indicators can be conceptualized as risk factors or red flags (Gerassi, 2018). These constructs can be distinguished by defining risk factors as future vulnerabilities and red flags as indicators that suggest past or present experiences of forced sexual exploitation (Schwarz et al., 2016). Counsellors who work in medical settings should note the following red flag conditions that someone may be a sex trafficking victim: individuals who have a history of untreated sexually transmitted infections (STIs); individuals presenting for medical services with a controlling partner, family member, or employer; individuals who lack orientation to time, place, and location; or individuals lacking personal documents or identification (Schwarz et al., 2016). Counsellors who work in other settings (i.e., schools, colleges and universities, community agencies, etc.) should note the following indicators that someone may be a sex trafficking victim: depressive symptoms, low self-esteem, anxiety, low levels of interpersonal trust, sense of fear, feelings of shame or guilt, isolation from family, friends, and communities, presence of a controlling partner, reference to “living the life” (colloquial term often used for sex work and prostitution), and fear/distrust of law enforcement (Casassa et al., 2021; Franchino-Olsen, 2019; Gerassi et al., 2018; Reid, 2016). Notably, the presence of one or more red flags does not necessarily mean that an individual has experienced forced sexual exploitation. Counsellors must critically consider whether the combination of client reported risk factors, red flag indicators, and other factors uniquely converge in ways that denote the presence of forced sexual exploitation or whether the experiences may not be better explained by another set of circumstances (e.g., homelessness, intimate partner violence) or a mental health diagnosis.

Victim Acquisition Process

The victim acquisition process refers to the ways that traffickers may feign love, friendship, faux family membership, and other types of supportive relationships to cultivate trust, promote dependence, and isolate potential victims from their previous lives. The progression of power that traffickers use to obtain control of their victims has been referred to as grooming (O’Conner & Healy, 2006; Smith et al., 2009), entrapment (Reid, 2016), and seduction (Dietz, 2018; Lanning, 2018). Regardless of the term used, these processes encompass the predatory, manipulative, and coercive behaviors used by traffickers to gain compliance and maintain control. Sex traffickers may work to gain the trust of potential victims by showering them with love, atten-

tion, or by offering gifts or favors (Anderson et al., 2014; Breyley et al., 2011; Parker & Skrmetti, 2013). Once survivors are isolated and become dependent on traffickers, they are more likely to become vulnerable to their demands. Indeed, many survivors are misled about the nature of their relationship with traffickers, often believing that they are good friends or committed romantic partners (Reid, 2016). These complicated relationships may result in the presence of trauma bonds.

Trauma Bonds

Although an agreed-upon definition of “trauma bond” is missing from extant research, the U.S. Department of State (2020) report that trauma bonds result when traffickers use cycles of reward and punishment to create powerful emotional connections with victims. Trauma bonds are not limited to sex trafficking scenarios and can occur across a wide range of emotionally exploitative relationships (Hopper, 2017; Reid et al., 2013). Counsellors must be prepared to recognize how victim’s histories of abuse and coercion may combine with distortions of love and affection in ways that result in desires to protect their trafficker (Casassa et al., 2021).

Trauma bonds between trafficked individuals and their traffickers can impact whether and when victims receive help. For example, due to a perceived attachment (i.e., trauma bond), trafficked individuals may feel obligated to protect their traffickers from arrest and prosecution (Clawson & Grace, 2007; Nichols, 2016). Trafficked individuals may also struggle to identify as victims when they believe they are in romantic, emotional, and caring relationships with their traffickers. One aspect of trauma bonding that remains largely absent from the literature is trauma bonds that occur between one or more trafficked survivors. Sex trafficking survivors may share in difficult aspects of trafficking (e.g., force, fraud, coercion, and competition) while simultaneously participating in moments of connection (e.g., sharing resources, protecting and caring for one another). Similar to victim-trafficker bonds, victim-victim bonds may involve similar cycles of reward and punishment that obfuscate victim’s abilities to recognize the magnitude of abuse.

Clinical Implications of Counselling Sex Trafficking Survivors

Although several authors have noted a lack of consensus for standardized protocols or empirically based treatments for sex trafficking survivors (Browne-James et al., 2021; Hemmings et al., 2016; Litam 2019; Robjant et al., 2017; Thompson & Haley, 2018), utilizing evidence-based practices with sex trafficking survivors is paramount. Mental health professionals are encouraged to employ modalities that improve psychological wellness, promote safety, reduce revictimization, and account for the impact of multiple traumatic events across the lifespan (Salami et al., 2018). The following sections outline the mental health sequelae of sex trafficking survivors, describe human trafficking assessment tools, and outline trauma-informed strategies for counselling adult sex trafficking survivors.

Mental Health Sequelae of Sex Trafficking Survivors

Sex trafficking survivors may present to counselling with severe and chronic mental health sequelae (Cary et al., 2016; Hossain et al., 2010; Miller-Perrin & Wurtele, 2017; Oram et al., 2015). The extant body of research has clearly established that adult sex trafficking survivors are likely to present with symptoms of post-traumatic stress disorder (Contreras et al., 2016; Clawson et al., 2008; Hemmings et al., 2016; Pascual-Leone et al., 2017; Williamson et al., 2010). Indeed, sex trafficking survivors may report recurrent thoughts and memories of abuse, an exaggerated startle response, difficulty sleeping, hyperarousal, social withdrawal, and feelings of hopelessness and isolation (Clawson et al., 2004; Pascual-Leone et al., 2017). Other mental health symptoms may include substance misuse, anxiety, intense shame, suicidal thoughts, dissociation, disordered eating patterns, feelings of panic (Cole et al., 2014; Courtois & Ford, 2013; Heffernan & Blythe, 2014), as well as poor attachment and antisocial behaviors (Miller-Perrin & Wurtele, 2017). When conceptualizing treatment for adult sex trafficking survivors, it would behoove mental health professionals to examine whether the presence of PTSD-related symptoms is related to the experiences of forced sexual exploitation or whether they are linked to earlier trauma. Because many sex trafficking survivors report early experiences of childhood sexual, emotional, and physical abuse, rape, homelessness, as well as other forms of maltreatment (Franchino-Olsen, 2019), mental health clinicians must conduct a full biopsychosocial assessment across the lifespan to identify earlier points of trauma and conceptualize how these incidents converge with experiences of forced sexual exploitation.

Given the presence of multiple, compounding, and prolonged traumatic incidents from which escape was difficult, mental health counsellors must consider the presence of complex post-traumatic stress disorder (CPTSD). CPTSD has been incorporated into the 11th edition of the *International Classification of Diseases* (ICD-11; Maercker et al., 2013; World Health Organization, 2018) and is diagnosed when individuals (a) meet the criteria for PTSD and, (b) report severe and persistent problems related to affect regulation, negative self-concept, and significant challenges with interpersonal relationships (Cloitre et al., 2012; Maercker et al., 2013; World Health Organization, 2018). The importance of self-regulation and relaxation are especially paramount among CPTSD survivors. Treatment guidelines for CPTSD (Cloitre et al., 2011, 2011) emphasize the importance of phase-based treatment modalities that implement stabilization before treatment and may include prolonged exposure or eye movement desensitization and reprocessing (EMDR). When supporting CPTSD survivors of sex trafficking, counsellors must avoid making assumptions about which experiences are most traumatic across the lifespan and instead empower survivors to identify their most distressing events. For example, counsellors who are unfamiliar with trauma bonds may be surprised to learn that for some clients, the feelings of loss over perceived romantic relationships can be more traumatic than the forced sex acts themselves. Counsellors must therefore be intentional about individualizing treatment methods when supporting sex trafficking survivors because the experiences of forced sexual exploitation, presence of individual vulnerabilities, victim acquisition processes, potential presence of trauma bonds, and the amalgam of intersecting

marginalized identities will combine in ways that inform treatment and ultimately, therapeutic success. Understanding the unique hierarchy of traumatic events can help counsellors determine which event should be processed first.

Human Trafficking Assessment Tools for Adult Survivors

The call for increased awareness on the social justice issue of human trafficking has been established (U.S. Department of State, 2019). Providing mental health professionals with the tools and training necessary to identify victims and support adult survivors are critical strategies to combat modern day slavery (Browne-James et al., 2021; Litam, 2017, 2019; Litam & Lam, 2021; Litam et al., 2021; U.S. Department of State, 2019). Specifically, mental health professionals must be prepared to use rapid assessment tools designed to quickly identify adult sex trafficking victims and connect them to important multidisciplinary resources (i.e., counselling services, housing, medical support, legal support, substance use counselling, and case management).

Existing measures, such as the Trafficking Victim Identification Tool (Vera Institute of Justice, 2014) and the Comprehensive Human Trafficking Assessment Tool (National Human Trafficking Resource Center, 2011), require users to have previous human trafficking training and preliminary knowledge of human trafficking to effectively assess responses. Unfortunately, mental health professionals (Litam, 2019; Litam & Lam, 2021), law enforcement personnel (Farrell & Pfeffer, 2014; Newton et al., 2008), and medical personnel (de Chesnay, 2014; Donahue et al., 2019) often lack human trafficking training. These training disparities may create significant limitations in professionals' abilities to accurately identify adult sex trafficking victims. It therefore behooves mental health professionals to familiarize themselves with important sex trafficking concepts, such as those reviewed in this article, and review the extant counselling literature on supporting survivors of forced sexual exploitation (Browne-James et al., 2021; Litam, 2017, 2019; Litam & Lam, 2021; Litam et al., 2021), to use these tools effectively.

Trauma-Informed Strategies for Counselling Sex Trafficking Survivors

Although a standardized treatment modality developed solely for sex trafficking survivors remains lacking, the following section builds upon earlier treatment insights to outline evidence-based and trauma-informed modalities for counselling adult survivors of human sex trafficking. Specific examples of how each modality can be used with adult sex trafficking survivors are additionally provided.

Eye Movement Desensitization and Reprocessing (EMDR)

Developed by Francine Shapiro in the late 1980's, Eye Movement Desensitization and Reprocessing (EMDR) is an evidence-based and standardized modality that addresses unprocessed traumatic memories and associated stress symptoms (Shapiro, 1989; Valiente-Gómez et al., 2017). The EMDR standard protocol consists of

eight phases and uses bilateral stimulation to desensitize stress symptoms and help individuals reprocess and integrate unprocessed traumatic memories into standard biographical memory (Shapiro, 1989). Although the extant body of research has established the effectiveness and feasibility of EMDR in treating a variety of mental health conditions such as bipolar disorder (Novo et al., 2014), depression (Hase et al., 2015), and anxiety (Staring et al., 2016), the majority of empirical studies have focused on EMDR's efficacy in treating post-traumatic stress disorder symptoms (Valiente-Gómez et al., 2017; Wilson et al., 2018). These studies culminated in the World Health Organization (2013) identifying EMDR as a psychotherapy of choice for treating PTSD symptoms in client across the lifespan. As adult sex trafficking survivors are likely to present with PTSD symptoms (Clawson et al., 2008; Pascual-Leone et al., 2017; Williamson et al., 2010) and exacerbated feelings of shame and mistrust (Contreras et al., 2016), professional counsellors are encouraged to receive EMDR training to support this unique population (Litam, 2017). Professional counsellors who are trained and/or certified in EMDR may support adult sex trafficking survivors by helping them engage in resourcing exercises (i.e., light stream and container) and identifying target memories around specific themes as well as negative cognitions. For example, adult sex trafficking survivors who were groomed by their traffickers may endorse themes surrounding negative cognitions such as "I should have known better", "I cannot trust myself", and "I am not important."

Narrative Exposure Therapy

Narrative exposure therapy (NET) is a trauma-focused, manualized, short-term evidence-based treatment that was originally developed for treating trauma symptoms among individuals housed in refugee camps (Neuner et al., 2002). Since that time, NET has been used for counselling other individuals who have experienced complex and multiple traumas (Raghuraman et al., 2021; Schauer et al., 2011), including sex trafficking survivors (Robjant et al., 2017). NET comprises elements of cognitive-behavior therapy, testimony therapy (Cienfuegos & Monelli, 1983), and exposure therapy, and is adaptable to different cultural environments and treatment settings (Schauer et al., 2011). The goals of NET entail exploring the individual's full autobiography, including traumatic and positive events (Robjant et al., 2017) to facilitate emotional processing and improvement in emotional, cognitive, and behavioral symptoms of trauma (Raghuraman et al., 2021). In one study, sex trafficking survivors who participated in NET demonstrated a substantial and clinically significant reduction in trauma symptoms at post-treatment which remained statistically significant at 3-month follow-up (Robjant et al., 2017).

When facilitated by trained practitioners, NET allows sex trafficking survivors to recount their stories in the context of a safe therapeutic relationship whereby empathy and compassion serve to moderate emotional arousal during exposure (Robjant et al., 2017). Though use of NET with sex trafficking survivors has not been studied at great length, it holds promise for helping this population with exploration, integration, and desensitization of traumatic memories (Litam, 2017; Gentry et al., 2017). Professional counsellors may find NET useful in working with sex trafficking survivors to

achieve trauma symptom relief, as well as improved ability to approach higher order life tasks.

Cognitive Processing Therapy

Cognitive processing therapy (CPT; Resick & Schnicke, 1993) is a brief, cognitive behavioral approach that was originally developed for the treatment of sexual assault survivors. CPT is strongly recommended for the treatment of PTSD in adults (American Psychological Association [APA], 2017) and has been deemed effective for the treatment of PTSD across various populations and treatment settings (Johnson & Ceroni, 2020). CPT is manualized, anchored by 12 core sessions (Johnson & Ceroni, 2020), and can be delivered in individual, group, or combined group and individual formats (Chard & Healy, 2017). The initial session is focused on providing psychoeducation about trauma and CPT treatment rationale, while subsequent sessions are spent reviewing the cognitive-behavioral conceptualization of trauma, using Socratic questioning to challenge negative beliefs, and facilitating emotional processing (Alpert et al., 2020). In a meta-analytic review of 46 studies that examined the effects of trauma-focused therapies in the treatment of PTSD, Lenz and colleagues (2017) reported CPT may expedite trauma recovery when compared to no treatment, supportive interventions, non-trauma-focused CBTs, and treatment as usual. Based on empirical evidence (Alpert et al., 2020; Lenz et al., 2017), CPT may be a well-suited trauma-informed therapy for counselling adult sex trafficking survivors who are open to exploring negative emotions and demonstrate readiness to explore their trauma.

Though CPT has mostly been investigated for treatment of PTSD (Bisson et al., 2019; Bohus et al., 2020; Chard & Healy, 2017; Johnson & Ceroni, 2020), core therapeutic components of CPT overlap with identified treatment needs of sex trafficking survivors (Rajaram & Tidball, 2018). Professional counsellors working with sex trafficking survivors may utilize CPT to facilitate the safe, supported processing of traumatic events and positive self-appraisal that are often necessary for recovery. When incorporating CPT with adult sex trafficking survivors, mental health professionals must work to establish a strong therapeutic rapport and empower survivors to regain hope and take steps toward successful reintegration into their communities.

Dialectical Behavior Therapy (DBT)

Dialectical Behavior Therapy (DBT) was originally developed for addressing suicidal ideation (Linehan, 1993) by integrating elements of Cognitive Behavioral Therapy (CBT) with Eastern traditions (e.g., mindfulness) to enhance emotional reasoning and encourage acceptance of emotions or stressors that cannot be changed (Heckwolf et al., 2014). DBT became particularly useful in treating individuals diagnosed with borderline personality disorder (BPD) because suicidality tends to represent a common clinical theme amongst this population (Heckwolf et al., 2014; Hopper & Gonzalez, 2018; Linehan, 1993). Bohus and colleagues (2020) also noted that BPD and PTSD were comorbid in more than 50% of the clinical trials they investigated. Relatedly, sex trafficking survivors may struggle with suicidal ideation (Margburger & Pickover, 2020; Recknor et al., 2020) and emotional dysregulation exacerbated by

intrusive thoughts and traumatic memories (Hopper & Gonzalez, 2018). DBT techniques such as: (a) creating a holding environment and fostering egalitarianism, (b) facilitating containment and distress tolerance, and (c) integrating sublimation and emotional regulation are useful in treating individuals, such as adult sex trafficking survivors, who need support to manage high levels of distress and to develop a sense of psychological and/or physical safety (Heckwolf et al. 2014). The extant body of research has evidenced DBT's efficacy in treating borderline personality disorder (Panos et al., 2014), PTSD, and comorbid BPD-PTSD (Bohus et al., 2020). However, to the best of our knowledge, researchers have not yet investigated the efficacy of DBT in counselling services with sex trafficking survivors.

Components of DBT mirror the active ingredients of treating trauma as outlined by Gentry and colleagues (2017). Therefore, DBT may be indicated for adult sex trafficking survivors who may be negotiating the deleterious effects of sex trafficking survivorship. Professional counsellors can implement DBT in deliberate phases to help adult sex trafficking survivors establish psychosocial safety within the therapeutic relationship, develop the ability to tolerate distressing thoughts and memories, and practice emotional regulation skills that can be transferred to multiple areas of life.

Equine-Assisted Activities & Therapies

Equine-assisted activities and therapies (EAA/T) refer to approaches that employ the human-animal bond in mental health treatment (Latella & Abrams, 2019). These therapeutic approaches may be effective with sex trafficking survivors because this modality may ease anxiety about participating in mental health treatment (Mueller & McCullough, 2017). For traumatized individuals, the human-animal bond may also serve to create a sense of being wholly accepted and unjudged (Earles et al., 2015).

Equine Partnering Naturally© (Yetz, 2011 as cited in Earles et al., 2015) is one EAA/T approach that has been studied with adults who presented with trauma symptoms. As described by Earles et al. (2015), Equine Partnering Naturally© pairs mindfulness with the high responsiveness of horses to humans, which lends to increased awareness of an individual's own emotions and behaviors. In one study investigating the use of this six-week program ($N=16$), Earles et al. (2015) reported that participants demonstrated a statistically significant decrease in PTSD symptoms, emotional distress, anxiety symptoms, depression symptoms, and alcohol use.

Although EAA/T research is limited, these approaches may assist sex trafficking survivors to maintain present-focused awareness (Earles et al., 2015), reduce anxiety, and promote relaxation once comfort has been established with animals. Counsellors are encouraged to seek adequate training and consultation with qualified individuals and use standardized protocols for EAA/T with clearly identified treatment goals, processes, and outcomes (Wharton et al., 2019). EAA/T treatment modalities can bridge the gap for adult sex trafficking survivors who feel distrustful of other individuals by creating opportunities for meaningful connections and unconditional acceptance.

Creative and Expressive Arts

Professional counsellors are encouraged to obtain training or seek consultation with experienced professionals before implementing creative and expressive arts techniques without formal art therapy training. Counsellors who are interested in implementing more general expressive arts interventions must consider the importance of demonstrating curiosity, rather than offering interpretations, when processing client-made artwork. Providing structured creative tasks and engaging in strategic planning prior to implementing expressive approaches are additionally important within the therapeutic setting (Kometiani & Farmer, 2020). For example, mental health professionals must consider how expressive arts may help or hinder client progress and ensure that clients have developed strong self-regulation and grounding techniques in case they become activated while engaging in creative forms of expression.

Preliminary support for the use of art therapy and expressive arts in treating sex trafficking survivors has been demonstrated (see Komentiani & Farmer, 2020). According to Heckwolf and colleagues (2014), creative and expressive arts can be used in counselling to build upon analytic foundations as well as complement humanistic, cognitive behavioral, solution focused, narrative, developmental, and multimodal approaches. Incorporating art, music, drama, movement, and writing have all been identified as strategies that can help clients process trauma (Kometiani & Farmer, 2020). Dance/movement therapy (DMT) is another psychotherapeutic approach that can help clients facilitate emotional, cognitive, physical, and social integration (Zimmerman and Mangelsdorf, 2020). Because creative and expressive arts may be adapted for clients based on age, presenting problems, and/or treatment setting (Heckwolf et al., 2014), they can be easily applied for work in diverse counselling settings.

Empowering adult sex trafficking survivors to take ownership and accountability of their counselling treatment through expressive arts may contribute to feelings of freedom and liberation (Litam, 2017). Because creative and artistic approaches are non-threatening and may strengthen individual and collective resilience (Kometiani & Farmer, 2020), providing choices to sex trafficking clients in treatment can promote a sense of autonomy and empowerment. Sex trafficking survivors who have experienced sexual trauma and sexual violence may find creative activities useful for reconstituting a fragmented mind-body connection (Litam, 2017). For example, mental health professionals can invite sex trafficking survivors to use paint, clay, colored pencils, markers, and other forms of artistic medium to create two pieces of art; one that represents their current internal world and one that represents a future world where they feel at peace. Once completed, counsellors can refer to these representations of real and aspirational worlds and ask solution-focused questions that promote goal setting (e.g., “What are some specific, objective, and realistic actions you can take between now and our next session to help you move closer to your future world?”, “What challenges might come up along the way?” and, “What plans can we make to overcome those barriers, should they arise?”

Group Counselling

Group counselling is an atheoretical technique that can be applied using a variety of therapeutic frameworks. For example, The International Society for Traumatic Stress Studies (ITSTSS) recommended group CBT with a trauma focus as a standard treatment for mitigating PTSD symptoms among adults (Bisson et al., 2019). EMDR (Maxfield et al., 2017) and CPT (Chard & Healy, 2017) can also be modified and delivered in group formats. Because group counselling provides clients with opportunities to safely learn how to develop emotion regulation, develop trust, and engage in self disclosure (De La Rosa & Riva, 2021; Pascual-Leone et al., 2017), it may be beneficial when working with adult sex trafficking survivors.

Mental health professionals can use group counselling settings to help sex trafficking survivors promote experiences of catharsis, empowerment, self-efficacy (Kometiani & Farmer, 2020), and positive relationship development (De La Rosa & Riva, 2021). Therapeutic group environments can add an additional layer of support by promoting a sense of universality. Indeed, recognizing that other group members have faced similar, even taboo experiences (e.g., being trafficked by family members), can help survivors address internalized feelings of shame in ways that individual counselling cannot. Professional counsellors must be mindful of the potential challenges that may occur when building trust among group members, as some sex trafficking survivors may have been conditioned by their traffickers to compete with others or to distrust individuals in authority (Litam, 2017; Pascual-Leone et al., 2017). When considering group treatments for sex trafficking survivors, professional counsellors must carefully construct groups with members who are at similar stages of readiness to engage in trauma treatment (De La Rosa & Riva, 2021). Similar to individual counselling modalities, ensuring that group members have developed effective emotion-regulation skills is of paramount importance prior to discussing traumatic incidents.

Discussion and Implications

Professional counsellors must recognize the likelihood that they will work with adult sex trafficking survivors. When sex trafficking survivors present to counselling, mental health professionals must consider how intersecting marginalized identities, experiences of chronic trauma across the lifespan, and the presence of trauma bonds may impact the therapeutic process. Counsellors must also critically reflect on whether they hold biases and assumptions about the nature of human sex trafficking, victim/survivors, and traffickers (Litam, 2019). Indeed, the importance of identifying and challenging sex trafficking myths within the counselling profession has been well established (Litam & Lam, 2021). Counsellor educators are encouraged to prepare future counselling professionals to support sex trafficking survivors by mapping trafficking curriculum across CACREP standards (see Litam & Lam, 2021). For instance, sex trafficking content and case studies can be implemented in coursework that addresses trauma, family systems, and sexual victimization. Finally, professional counsellors are called to engage in legislative advocacy to require human trafficking

trainings as part of state licensure. Mandating trainings on this important topic will ultimately prepare counsellors to support this unique population.

Given the paucity of human trafficking content in counselling graduate programs, the authors strongly recommend the development of a standardized human trafficking training for all counsellors. Several future areas of research are needed to bolster the development of this training and increase the preparedness of counselling students and professionals to work with sex trafficking survivors. First, counselling researchers may consider an examination of real and perceived levels of competence among counsellors working, or preparing to work, with adult sex trafficking survivors. Obtaining a deeper understanding of the differences between real and perceived levels of competence can be helpful to identify the areas of deficit and ensuring these concepts are provided in trainings. Next, counselling researchers may conduct studies that identify the therapeutic factors that contribute to victim/survivor success, hope instillation, and overall well-being. Finally, future studies may work to identify the specific areas in which counselling students, new professionals, and experienced mental health professionals feel unprepared to work with trafficking survivors. Ultimately, quantifying these areas of deficit will be of paramount importance to develop a standardized sex trafficking training for professional counsellors. This training could be facilitated by the National Board for Certified Counsellors and may be required as part of the credentialing process.

Limitations and Future Areas of Research

The current article prepares professional counsellors to work with adult survivors of human sex trafficking. Although several evidence-based and trauma-informed modalities are presented, an exhaustive list of all feasible treatments were not provided. Further, we encourage professional counsellors to seek adequate training and supervision in any chosen approach. Future areas of research are needed to determine the effectiveness of specific evidence-based modalities with adult survivors of sex trafficking. Additional studies are warranted to examine the relationship between forced sexual exploitation and the role of sexually explicit materials. Additionally, understanding the impact of sex trafficking myths and attitudes among medical students and physicians are critical to develop workshops that prepare healthcare professionals to connect adult sex trafficking survivors to available resources, case management, and counselling services. Finally, counselling researchers are called to develop standardized sex trafficking trainings that would bolster the preparedness of mental health practitioners to identify and support survivors of forced sexual exploitation across diverse settings.

Conclusions

Although estimates are difficult to determine, thousands of adults are believed to victims of forced sexual exploitation in the U.S. each year. Professional counsellors must be prepared to employ evidence-based and trauma-informed treatment modali-

ties with this population, especially given that sex trafficking survivors may present for treatment within outpatient community mental health centers, inpatient treatment facilities, residential treatment facilities, substance abuse treatment facilities, and private practices (Egyud et al., 2017; Lederer & Wetzel, 2014; Slotts & Ramney, 2009). Professional counsellors must recognize the prevalence of sex trafficking in clinical settings and be prepared to use assessment tools and evidence-based modalities to treat the mental health sequelae experienced by adult sex trafficking survivors. Future research at the intersection of counselling and sex trafficking would converge in ways that result in the development of a standardized sex trafficking training for all counsellors.

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