

Mental Health Psychoeducation: An Innovative Approach to Sexual Violence Prevention

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Introduction

Sexual violence is a term that has become increasingly understood and acknowledged with the Me-Too movement and greater openness on the forms it takes. According to the World Health Organization definition, sexual violence is “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work” [1]. This definition addresses both the individual and societal impact that sexual violence has. Sexual violence can vary from verbal harassment to physical penetration and can occur through coercion, social pressure, intimidation or physical force [1,2].

Situations Sexual Violence Occurs

Sexual violence occurs in many different contexts. This includes marital rape, intimate partner violence, sexual harassment in the workplace, and violence from strangers or acquaintances. Sexual violence can be seen in systematic rape, sexual slavery and in armed conflict. Mentally or physically disabled individuals, individuals dependent on caretakers, and women and children are at greater risk of sexual violence [1]. Although a global issue, the data on sexual violence is not as reliable as other forms of health information. Rates of sexual violence are grossly under reported, some estimates project that 80-95% of sexual violence cases are not reported to the police [1]. Although sexual violence happens to both men and women, the vast majority of survivors are female. Both men and women largely underreport incidents of sexual violence. This occurs for many reasons such as societal stigma, poor support systems, shame, fear of blame, not being believed, retaliation or being socially ostracized. In many societies, the victim is blamed for the violence they have experienced, or they risk societal or family rejection and even violence if they come forward [1].

Global Prevalence

A World Health Organization multi-country study defined sexual violence as being physically forced to have sexual intercourse without consent, to have sexual intercourse out of fear of one’s partner, or being forced to perform a degrading or humiliating sexual act [3]. This multi-country study found that the younger the first age of sexual intercourse the more likely it was due to force or coercion. This study found that women aged 15 to 49 years reported differing levels of sexual violence in intimate partner relationships. Specifically, Japan and Serbia reported the lowest levels of intimate partner sexual violence at 6% of women experiencing this form of sexual violence; Thailand and Tanzania reported mid-range levels at approximately 29%-30% of women; Bangladesh and Ethiopia experienced the highest levels of intimate partner sexual violence at 50% and 59% of women respectively [3].

There is limited data on sexual violence by non-partners globally. A majority of this data comes from police reports, justice records, crime

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surveys, retrospective investigations on child abuse and rape crisis centers [1,4]. In a South African study 1 in 5 men reported raping a woman who was not an intimate partner in a relationship. This is particularly an issue in humanitarian crises such as conflict, post conflict, refugee camps, or humanitarian crises related to drought, famine, natural disasters or other issues that create structural instability. In much of the world, violence against women is accepted and seen as a cultural norm. A woman may not label experiences as sexual violence, but something like ‘unwanted sexual contact’ and therefore understanding how these experiences are labeled is significant [1,4].

Human Sex Trafficking

The general acceptance of violence against women globally as well as the vulnerable status of children and disabled groups puts these groups at heightened risk of sexual violence. This heightened risk of sexual violence also puts these groups at higher risk of human sex trafficking. In the United States and most of the world, any individual who sells sexual acts and is under the age of 18 years old is considered a sex trafficking victim. The elements of force, fraud and coercion do not need to be present for minors for it to be considered trafficking. Child sex trafficking is associated with numerous symptoms and specifically with the symptoms of complex trauma. Many victims of child sex trafficking experienced sexual abuse or other forms of abuse before being trafficked. Therefore, identifying at-risk children is important for addressing this issue, and reaching out to current victims is important for providing treatment [5,6].

There is a significant need for effective therapeutic treatment focusing on the trauma of children who have experienced commercial sexual exploitation. Children who have experienced commercial sexual exploitation have unique symptoms and trauma care needs

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compared to other children. A majority of these victims will not receive assistance, and if they do receive assistance it will likely be inadequate for their high level of need. Specifically, children who have experienced commercial sexual exploitation have physical healthcare needs, mental healthcare, and extreme trauma needs. If children are recovered from commercial sexual exploitation they require much more intensive therapeutic services than other therapeutic groups. These children are much more likely to have complex trauma, physical trauma, legal issues and a lack of identification due to their traffickers. In addition to this, they may have unique mental health conditions such as trauma-bonding, not identifying themselves as a trafficking victim, difficult behaviors such as violence, stealing, verbal and emotional abuse towards others, manipulation and running away from supportive services [7,8].

Certain factors put some children at greater risk of sex trafficking than other children. Specifically, early child sexual abuse is one of the greatest risk factors for a child later experiencing sex trafficking. This is a complicated issue and therapeutic treatment of it is generally very challenging as well as under-researched and complicated. Based on an increasing body of research, a combination of alternative therapeutic approaches such as yoga, meditation, mindfulness, and essential oils have been demonstrated to be supportive in managing symptoms of trauma from sexual abuse [9,10]. Other evidenced-based approaches such as dialectical behavior therapy, rational emotive behavior therapy, hypnotherapy, trauma-informed cognitive behavior therapy, narrative therapy, and solution-focused therapy, for example, may be effective. Part of the issue of child sex trafficking also includes that the client knows the buyer had no consequences or little consequences for what they did and there is often a lot of hatred or dissociative feelings for past buyers. Addressing the victim's feelings towards both the trafficker and the buyers is an important part of their recovery from abuse [5,11,12].

There is not a substantial amount of information on this issue however the research that has been obtained shows that approximately 70% or more of buyers want to stop and don't feel they are able to stop buying sex and are repeat buyers. In addition to this, due to sex addictions many buyers are violent and abusive to victims and demand younger and younger children for sex. Sex and pornography addiction are a psychological issue that needs to be addressed. Our understanding on pornography, sex addiction and its connection to the increase in demand for child pornography and child trafficking victims is limited. However, there is increasing evidence that there is a connection between pornography, sex addiction and the increase in demand for child pornography and child trafficking. There is also evidence that sex addiction and pornography are associated with the ever-increasing demand for child trafficking victims and violent sexual acts from buyers [5,11,12].

Other issues related to treating this problem are that many people believe victims feel hatred towards their traffickers and their traffickers caused the most abuse to them. However, like many concerns with trafficking victims, the symptoms they display and the anger they experience are often counter-intuitive. It is not unusual for a child who has been trafficked to display an almost brainwashed attachment and loyalty to their trafficker. While maintaining attachment and loyalty to the trafficker they may also seek help from mental, physical and/or legal assistance services but also be manipulative, lie and still contact the trafficker and possibly even work for them while seeking help. It is also not uncommon for a trafficked child to go back to the trafficker repeatedly or even a new trafficker after being rescued and getting out. This is due to the psychological abuse and manipulation they experienced, their brain developed to bond to the trafficker and return back to them repeatedly. Counter to what many people

may assume, being completely out of the life of commercial sex can actually trigger new trauma symptoms and be its own kind of trauma for a recovering victim. Treating victims of child sex trafficking can be difficult if only due to the attachment and trauma bonding most maintain to their trafficker [5,12].

Background and History of the Problem

The average age someone begins prostitution in the United States is 13 years old. In some countries, it is even younger than this. This means the average prostitute is a child trafficking victim. The average life span after someone is trafficked is 6 years, and it is estimated 99% of victims are never rescued or able to leave their trafficking situation. A significant part of keeping victims 'in the life' are the psychological barriers victims develop. Psychological issues of the buyers maintain and continually increase the demand for child trafficking victims [5,13].

Sex trafficking has existed throughout an indefinite amount of time in history. Given the horror of women's rights in much of human history and the existence of prostitution throughout an undetermined time in human history, it's impossible to know how many prostitutes historically were in fact trafficking victims. Also, given the life span and the differences in acceptable marriage age, it is again highly likely that many prostitutes throughout history were at some point trafficking victims and had to engage in prostitution due to lack of rights and options [5]. However, the issue has significantly changed today. This is largely due to the internet but also to many different globalizing factors such as easier worldwide transportation and access to child pornography and child commercial sex that didn't exist before. An underlying issue that is extremely under-recognized is the rise in internet pornography addiction and the impact this is having on the rise of the child trafficking demand. The statistics are not clear but there are estimates that at least 25-35% of individuals in pornography or more are trafficking victims. However, because pornography is legal there seems to be a lot of assumptions in society that trafficking does not exist in it. However, a trafficker will sell their 'product' however they can. They can sell them in both pornography and in person, these things are not mutually exclusive [5,14].

The rise in internet pornography addiction has created an increase in demand for more violent sex and also for sex with children. However, due to societal constraints violent sex and sex with children are not openly accessible or accepted and therefore the increase in the hidden commercial sexual exploitation of children [5]. Since the industry is largely hidden in our society, the vast majority of victims are never able to get out of the life of commercial sexual exploitation. It is estimated that only 1% of trafficked individuals are ever rescued. More than this, it is common when someone is rescued for them to repeatedly return back to the trafficker for various reasons. Part of this is the extreme stress and difficulty of integrating 'back' into society after their experiences. If victims are rescued they are likely to demonstrate manipulative, angry, or even abusive behavior to those who are trying to help them or other victims who are being helped in a supportive care facility. It is not uncommon for victims to have displaced anger and manipulation, as well as difficulty functioning in the 'real world'. The idea of the stereotypical 'good' client or extremely grateful rescued child has some legitimacy but there is typically much erratic, abusive and unpredictable behavior by clients. Many of the girls who are rescued could be or are diagnosed with Borderline Personality Disorder, Post-Traumatic Stress Disorder, Complex Trauma, Bipolar disorder, or different forms of severe depression, suicidal ideation and self-harming tendencies, anxiety, attachment traumas and psychosis [5,15-17].

Treatment

Therefore, the problem here is how to effectively treat this level of complex trauma and the various elements that are part of it. It is a very complicated issue and the victims and survivors of child sex trafficking have multiple therapeutic concerns to address. Complex trauma by definition refers to repeated, chronic, on-going traumatic events that continue to occur over time. These traumatic events negatively impact the child's personality development, basic trust and interaction in relationships. Complex trauma undermines the relationship of the child with the primary caregiver and occurs at times that are especially sensitive for the brain development of a child. There is no one consensus on the definition of complex trauma, and particularly as it relates to children. However, some experiences that can cause complex trauma include physical abuse, sexual abuse, witnessing domestic violence, neglect, emotional abuse, exposure to community violence and medical trauma. Individuals who demonstrate symptoms of complex trauma have experienced various traumatic events. Yet, they often demonstrate a pattern of complex trauma related symptoms. These symptoms can include dissociation, issues with attachment and relationships, emotional and behavioral regulation, attention and cognitive concerns, issues with biological health, changes in self-perception, and changes in perception about the world. These are just some of the symptoms. There can be others such as anger, aggression, manipulation, anxiety, depression, suicidal ideation, mood disturbance, memory flashbacks, paranoia, panic attacks and more [18].

However, despite the growing prevalence of child sex trafficking and complex trauma related to the victim's abuse, the vast majority of clinicians are not trained in how to treat trauma or complex trauma. In addition to this, current approaches for handling the type of complex trauma that would be seen with a trafficking survivor are largely inadequate. All-inclusive, long-term, therapeutic medical homes where survivors may stay 2-3 years are needed to effectively support victims at the level of care they require. Some victims have stated that for every recovering sex trafficking victim, it takes 10 service providers to adequately support them in recovery. The level of complex trauma and trauma-bonding that victims experience requires a much higher level of care than even a trauma-informed therapist alone can provide, much less the average licensed mental health professional. Although changes are happening in the understanding of victim needs, if a survivor receives any care it will likely be inadequate to the level of help and assistance they require [19-21].

Theoretical Framework

The humanistic theory approach is particularly useful and important when addressing the needs and concerns of victims of sex trafficking. Victims of sex trafficking have been exposed to incredibly inhumane treatment, and in many ways had their sense of humanity taken away from them. They have been treated as reusable products and viewed this way by buyers and traffickers. They have been brainwashed and treated to view themselves as people to objects. This type of trauma and inhumanity requires a strongly empathetic, human connection from the therapist. Treating clients who have experienced extreme trauma with a humanistic approach where they feel they are being treated empathetically, with compassion and as an individual is important. Victims who have experienced this degree of trauma and power imbalance by traffickers and buyers need to feel they are an equal with the therapist. Any potential power dynamics where the therapist is viewed as having superior knowledge or more influence than the client need to be taken away. For this reason, a humanistic perspective is particularly important and powerful. The therapist should 'walk alongside' the client so the client does not feel

alone with the trauma during the sessions and therapeutic treatment and recovery [22].

Under the humanistic theory perspective, it is useful to apply Maslow's hierarchy of needs to clients. Victim's in recovery must have their basic needs such as food, water, shelter, safety, stability, and human connection met in order to positively respond to therapeutic treatment. If their needs are not met regarding the first three levels in Maslow's hierarchy of needs, there is a significant possibility the recovering victim will run away and go back to the trafficker. The trafficker often represents a stable constant that provides everything they need. Although they have experienced tremendous abuse and manipulation by the trafficker, the trafficker has always been continually there for them and provided the illusion of meeting the first three needs in Maslow's hierarchy of needs. This cannot be ignored when treating a child victim of sex trafficking. These basic needs must be met as a foundation for their recovery and to build trust that it is safe to break away from the trafficker and their bond to them [5,23-26].

In addition to this, it is important to apply the humanistic approach in order to view treatment through the individual victim's perspective. Due to the power dynamics they have dealt with, taking an empathetic, compassionate approach is critical to their recovery. Victims in recovery also need to have their strengths and unique, positive qualities emphasized. A clinician should identify the positive ways the victim coped and managed their abuse to emphasize the victim's resilience and strengths. Service providers also need to demonstrate a person-centered approach with unconditional positive regard and relentless patience for any and all manipulation and testing the victim may do towards the service provider [5,23-26].

Current Programs or Approaches to Solving the Problem

There has been some significant positive change in the last five years in the treatment and awareness of child trafficking victims in the United States and worldwide. Specifically, in the last 5-6 years there has been an increase in the number of safe houses and all-inclusive, holistic programs across the United States that offer therapeutic interventions and treatment for survivors of human trafficking. There are also organizations that exist worldwide to help address this issue. From an effective therapeutic standpoint, this is a fairly new field **for treatment** and the approaches to solving the problem and even managing these programs continue to evolve and shift. Yet, even though it is a newer field, there is already a growing body of knowledge on effective programs and interventions such as longer term medical homes for victims [5,27].

Creation of problem of practice: There are numerous things creating the problem of practice. Some of these include the increasing demand for commercial sex with minors, the rise of individuals who are addicted to pornography, patriarchal cultural beliefs that protect buyers and traffickers and create demand, as well as mainstream organizations such as Facebook, Uber, Lyft, Instagram and texting and communication from cell phone providers that are making all of this possible. Mainstream social media apps are a significant part of the issue. Research now demonstrates that most buyers purchase a child for sex around 2pm when they are at work and they do it through their work computer or cell phone. They usually meet the child on their way to work around 6am or right after work. They are not using complicated technology and are often using their company's technology and paid time to engage in the buying of sex from a child. The traffickers and buyers are using the same technology the average American or Western person has access to. It is a myth that this all occurs on the dark web. It is usually occurring in plain sight, or rather 'hidden in plain view' [5].

Aside from child trafficking being hidden in plain view, it is also an issue because society does not understand the extent of the problem or the reality of what prostitution and pornography really looks like. There are many stereotypes and incorrect societal beliefs that contribute greatly to the continuation and growth of this issue. Some of these issues include the idea that because for example, pornography is legal, no trafficking victims are involved in it. Other misconceptions include that if there is a prostitute being advertised and they appear to be alone, then they are not being trafficked. In reality, the vast majority of trafficking victims are not advertised with their trafficker, they are seen as being alone. This is a marketing strategy to sell the victims. Also, the victims are so abused and bonded through trauma to their trafficker that they will continue to come back even if they are on the street alone. They usually have no money, no identification, no family support, are referred to by a new name, may be branded by a tattoo with the trafficker name or symbol, may have little or no clothes except for sex clothes for buyers and are usually completely dependent on their trafficker [5,25,26].

Some other mainstream misconceptions that maintain the issue include the idea that most trafficking victims come across the US border and are illegally smuggled in. This is partly true, but the vast majority of trafficking victims tend to be missing children, children from the foster care system, and U.S. citizens from every background possible. African American girls who have been sexually abused in their childhood and are in the foster care system and lower socioeconomic status are most at risk of being trafficked. However, especially with the internet, traffickers potentially have access to any child with an iPhone or internet. They generally target girls who are 12 or 13 years old and look for their vulnerabilities and then manipulate them [5,25,26].

One of the most important steps in addressing the issue and treatment of the issue is for society and service providers to have an accurate, or at least more accurate view of the reality of sex trafficking. This includes a more accurate understanding of the general characteristics of the buyers, victims, traffickers, and the societal dynamics that allow this to exist and continue to exist [5,25,26].

Reasons the Processes Are Not Working. The processes are not working because the demand continues to increase, and underlying societal issues are not being addressed. For trafficked victims with trauma, there have been largely inadequate approaches taken to address their trauma. Many of victims suffered from childhood sexual abuse before they were ever trafficked. They also usually suffered from other forms of familial abuse or abuse in the foster care system. Certain factors make particular individuals more at risk than other individuals. More resources, a holistic approach and larger governmental involvement with much greater convictions for traffickers and buyers is needed. In addition to this, much greater resources for the mental and physical health of survivors and to rescue children who are unable to get out are needed [5,28].

Projections about the Solution to Resolve the Problem of Practice

From a societal, macro perspective an effective solution would be to bring greater awareness to the issue as well as the complicated nature of therapeutically helping these children. This greater awareness would extend to the general public repeatedly. However, it would also potentially help some of the 99% of victims who are never rescued to be reached so that self-identifying victims can come forward for greater levels of help and support. Much like how the illegality of cigarette smoking in most places is advertised practically everywhere, the general awareness that was created by public health campaigns

had a powerful impact on its reduction. Also, general education on the internet of the consequences and harm of buying sex and its crossover between trafficking and pornography whenever someone researches buying sex or pornography are needed. This includes more awareness on social media such as Instagram, SnapChat, Facebook, and apps such as Lyft and Uber. It also includes general information and resources in elevators, hotel rooms, stores like 7-11 and gas stations, sporting events, and bathrooms. Like the issue of smoking, there needs to be general awareness of the issue. This awareness will shift the general consciousness of society and change the way it is viewed and understood. It also increases the possibility of reaching the victims who are otherwise unreachable, and may also create awareness and education to prevent at-risk children from being trafficked themselves [5,23,25,26].

Aside from this, more resources and research need to be conducted on how to help children who have experienced child sex trafficking and complex trauma and trafficking related abuse. However, as a clinician in an applied practice, an effective trauma-informed curriculum and training that can be applied to clinicians and service providers would be another potential solution. This curriculum should be adapted to the service providers unique field and the specific ways they may come in contact with survivors or at-risk youth [5,23,25,26].

Discussion

The literature review and assessment throughout this paper has covered the importance of effective therapeutic treatment for the growing concern of commercial sexual exploitation of children. This is a growing concern worldwide, not only in the United States. Programs such as long-term holistic medical homes are important for effective treatment. Due to the development of their brains, children who have been victims of commercial sexual exploitation cannot cope as effectively with the trauma they have experienced as an adult who experiences the same type of trauma. A child's brain development is strongly impacted and can also lead to accompanying physical health issues. However, an adult who experiences trafficking also experiences significant trauma that impacts brain functioning, but this impact is even more severe for a child.

Therefore, identifying children who are at risk for commercial sexual exploitation is critical to preventing the psychological damage they might otherwise experience. Also, identifying children who have been sexually abused, particularly by a non-family member is a key component for preventing the trafficking of children. This is one of the biggest risk factors for a child being trafficked. It is also one of the biggest risk factors for the development of complex trauma. Therefore, screening through the school system, through child advocacy centers or community mental health centers are potentially effective ways to identify children who are at risk of being trafficked or have been trafficked. Many children who experience commercial sexual exploitation still live at home and are trafficked by family members or non-family members that somehow have access to the child. It is a misconception to assume the child will demonstrate symptoms or that a trafficked child is continually moved around. Children who are trafficked and experiencing commercial sexual exploitation do not all exhibit the same backgrounds, experiences or symptoms. Therefore, systematic assessment and identification of at-risk children or children who are being trafficked is an important part of treatment [8,19,29,30].

Children who have been identified as at-risk for trafficking or currently being trafficked should receive therapeutic treatment as soon as they have been identified through these systematic assessments. Depending on what is identified in the assessments should determine the level of therapeutic treatment a child receives. However, this is

only those children who have taken assessments and been identified for treatment. An unknown number of children who have gone missing, are runaways, or are unidentified from other countries will likely never be identified or even found. Many of these children are advertised for sale through online websites or common social media apps such as Facebook, Instagram and are transported through methods such as Uber and Lyft. Organizations that are seeking to identify at risk and trafficked children can advertise through these apps and online marketing efforts in collaboration with government support for this growing mental health and child abuse concern [8,19,29,30].

An important part of reaching these children aside from marketing on social media apps and online website outreach is to also create more general awareness campaigns for how these children can obtain assistance. Many of these children have experienced such extensive trauma bonding and abuse that they do not identify as victims of commercial sexual exploitation or trafficking victims. Therefore, general awareness efforts such as legally mandated advertising of what it is to be a minor who is sexually exploited and ways they can get help is important. The greatest way to reach self-identifying victims is to advertise and provide information in places such as gas stations, elevators, hotels, urgent care clinics, buses, public transportation, the cars of Uber and Lyft drivers, mini-markets such as 711 or Wawa. Similar to the notification and advertising about smoking that exists in nearly all public places, child trafficking awareness that is applied generally to the public is critical for success in addressing and tackling this issue. In order to prevent and therapeutically treat victims of child sex trafficking, the 99% of children who are not receiving help need to somehow be reached so they can find a way on their own time to contact outside help if they are able to reach a phone. One of the most important factors for a victim reaching out for help is that they somehow obtain a degree of awareness that they are a victim and there is someone out there who will help them besides the perception that the trafficker is the only one that is always there for them no matter what [8,19,29,30].

Conclusion

This issue is significant because trafficking is a billion-dollar industry and the 2nd largest criminal activity in the world. More than this, sex trafficking alone comprises the bulk of the trafficking profit and therefore increasing numbers of criminal groups are becoming involved in it. Also, there is less danger and risk selling children for sex than selling other things such as drugs or weapons. A trafficker or gang can sell a human over and over again for a profit through selling sex. You can only sell a drug once, but you can sell a person repeatedly. Also, many children are at risk and naïve to the prevalence of trafficking and the reality of trafficking. Children who are missing, sexually abused, come from abusive homes, or the foster care system are all at higher risk of being trafficked than other groups of children. Any child can be trafficked, but family abuse and family system issues are a core concern in the vulnerability of children being trafficked in the United States. This is a family system issue as well as a societal issue, and addressing the many layers is necessary to overcome this growing worldwide problem [5, 31].

Competing Interests

The author declares that she has no competing interest.

References

1. World Health Organization (2012) Violence against women – Intimate partner and sexual violence against women. Geneva, World Health Organization.
2. World Health Organization (2010) Addressing violence against women and HIV/AIDS. What works? Report of a consultation. Geneva, World Health Organization and Joint United Nations Programme on HIV/AIDS (UNAIDS).
3. Garcia-Moreno C, Jansen HA, Ellsberg M, Heise L, Watts C (2005) WHO multi-country study on women's health and domestic violence against women: initial results on prevalence, health outcomes and women's responses. Geneva, World Health Organization.
4. Bott S, Guedes A, Goodwin MM, Mendoza, JA (2012) Violence against women in Latin America and the Caribbean : a comparative analysis of population-based data from 12 countries, Pan American Health Organization.;Centers for Disease Control and Prevention (U.S.);MEASURE DHS (Program); Agencia Española de Cooperación Internacional.
5. Caligor E, Stern BL (2020) Diagnosis, classification, and assessment of narcissistic personality disorder within the framework of object relations theory. *J Personality Disord* 34: 104-121.
6. Cole J, Sprang G, Lee R, Cohen J (2016) The trauma of commercial sexual exploitation of youth: A comparison of CSE victims to sexual abuse victims in a clinical sample. *J Interpers Violence* 31: 122-146.
7. O'Brien JRG, Moynihan M, Saewyc E, Edinburgh LD (2019) Featured intervention for exploited and trafficked youth: the Minnesota Runaway Intervention Program. *Child Abuse Negl* 100: 104196.
8. Palines PA, Rabbitt AL, Pan AY, Nugent ML, Ehrman WG (2020) Comparing mental health disorders among sex trafficked children and three groups of youth at high risk for trafficking: a dual retrospective cohort and scoping review. *Child Abuse Negl* 100: 104196.
9. Justice L, Brems C, Ehlers K (2018) Bridging body and mind: considerations for trauma informed yoga. *International Journal Yoga Therap* 28: 39-50.
10. Pence P, Katz L, Huffman C, Cojucar G (2014) Delivering integrative restoration-yoganidra meditation (iRest®) to women with sexual trauma at a veteran's medical center: a pilot study. *Int J Yoga Therap* 24: 53-62.
11. Lalor K, McElvaney R (2010) Child sexual abuse, links to later sexual exploitation/highrisk sexual behavior, and prevention/treatment programs. *Trauma Violence Abuse* 11: 159-177.
12. Lindert J, von Ehrenstein OS, Grashow R, Gal G, Braehler E, et al. (2014) Sexual and physical abuse in childhood is associated with depression and anxiety over the life course: systematic review and meta-analysis. *Int J Public Health* 59: 359-372.
13. Collin-Vézina D, Daigneault I, Hébert M (2013) Lessons learned from child sexual abuse research: Prevalence, outcomes, and preventive strategies. *Child Adolesc Psychiatry Ment Health* 7: 22.
14. Stoltenborgh M, Van Ijzendoorn MH, Euser EM, Bakermans-Kranenburg MJ (2011) A global perspective on child sexual abuse: meta-analysis of prevalence around the world. *Child Maltreat* 16: 79-101.
15. Hillberg T, Hamilton-Giachritsis C, Dixon L (2011) Review of meta-analyses on the association between child sexual abuse and adult mental health difficulties: a systematic approach. *Trauma Violence Abuse* 12: 38-49.
16. Spataro J, Mullen PE, Burgess PM, Wells DL, Moss SA (2004) Impact of child sexual abuse on mental health: prospective study in males and females. *Br J Psychiatry* 184: 416-421.
17. Yuan NP, Koss MP, Stone M (2006) The psychological consequences of sexual trauma.
18. Wamser-Nanney R, Vandenberg BR (2013) Empirical support for the definition of a complex trauma event in children and adolescents. *J Traumatic Stress* 26: 671-678.
19. Johnson BC (2020) Featured counter-trafficking program: Trauma recovery for victims of sex trafficking. *Child Abuse Negl* 100: 104153.
20. Kappel R, Lemke M, Tuchman LK, Deye K (2019) Featured counter-trafficking program: the CAREs clinic, a primary care medical home for commercially exploited youth. *Child Abuse Negl* 100: 104124.
21. Kumar SA, Brand BL, Courtois CA (2019) The need for trauma training: Clinicians' reactions to training on complex trauma. *Psychol Trauma*.
22. Stolorow RD (2012) The renewal of humanism in psychoanalytic therapy. *Psychotherapy* 49: 442.
23. Domhardt M, Münzer A, Fegert JM, Goldbeck L (2015) Resilience in survivors of child sexual abuse: A systematic review of the literature. *Trauma Violence Abuse* 16: 476-493.
24. Grof S (2019) Psychology of the future: Lessons from modern consciousness research. Suny Press.
25. Ingles S (2019) Effective treatment for victims of human sex trafficking.
26. Litam SDA (2017) Human Sex Trafficking in America: What Counselors Need to Know. *Professional Counselor* 7: 45-61.

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27. Jardin C, Venta A, Newlin E, Ibarra S, Sharp C (2017) Secure attachment moderates the relation of sexual trauma with trauma symptoms among adolescents from an inpatient psychiatric facility. *J Interpers Violence* 32: 1565-1585.
 28. Pérez-Fuentes G, Olfson M, Villegas L, Morcillo C, Wang S, et al. (2013) Prevalence and correlates of child sexual abuse: a national study. *Compr Psychiatry* 54: 16-27.
 29. Kenny MC, Helpingstine C, Long H, Harrington MC (2020) Assessment of commercially sexually exploited girls upon entry to treatment: confirmed vs. At risk victims. *Child Abuse Negl* 100: 104040.
 30. Lalor K, McElvaney R (2010) Child sexual abuse, links to later sexual exploitation/high-risk sexual behavior, and prevention/treatment programs. *Trauma Violence Abuse* 11: 159-177.
 31. Hunter SV (2006) Understanding the complexity of child sexual abuse: A review of the literature with implications for family counseling. *The Family Journal* 14: 349-358.