Byrnes K, J Addict Addictv Disord 2024, 11: 181
DOI: 10.24966/AAD-7276/100181

HSOA Journal of Addiction & Addictive Disorders

Short commentary

Victimization, Symptomology and Emotion Dysregulation in A Sample of Commercially Sexually Exploited Minors who Abuse Substances

Kirsten Byrnes[1,2*]

[1]*POETIC, Dallas, TX, USA*

[2]*Private Practice, Rutherford, NJ; Hackensack Meridian School of Medicine, Department of Psychiatry and Behavioral Health, Nutley, NJ, USA*

Abstract

The Victims of Crime Act (VOCA) has been providing funding to support those who have experienced crime, recognizing the far reaching mental health impact. Included within this funding is specific attention to minors who have experienced Commercial Sexual Exploitation (CSE), as well as other categories found to be related to CSE even if it goes undisclosed. Relatedly, exposure to Adverse Childhood Experiences (ACEs) have also been found to be correlated with negative developmental outcomes. The following study examined a sample of 82 youth referred for services secondary to experiences of CSE and abuse and evidenced substance misuse or abuse. Relationships between histories of victimization, psychological symptomology and general emotional dysregulation and other markers of distress (e.g., self-harm and suicide attempt, psychiatric hospitalization) were examined. The current sample evidenced high rates of victimization, which coexist with high rates of emotion dysregulation, anxiety and depression. Results appear to reiterate that high rates of victimization contribute to emotion dysregulation, anxiety and depression, which then contribute to substance use in a maladaptive attempt to regulate. Moreover, results highlight the importance of assessment across multiple domains of functioning in youth who experienced CSE, as accurate and inclusive conceptualization drives treatment. By extension, these considerations would improve program development and delivery for those receiving grant funding.

***Corresponding author:** Kirsten Byrnes, Private Practice, Rutherford, NJ; Hackensack Meridian School of Medicine, Department of Psychiatry and Behavioral Health, Nutley, NJ, USA; E-mail: Kirsten.Byrnes@iampoetic.org

Citation: Byrnes K (2024) Victimization, Symptomology and Emotion Dysregulation in A Sample of Commercially Sexually Exploited Minors who Abuse Substances. J Addict Addictv Disord 11: 181.

Received: September 28, 2024; **Accepted:** October 07, 2024; **Published:** October 14, 2024

Keywords: ACE exposure; Commercial sexual exploitation of minors; DERS; Emotion regulation; Substance misuse; Trafficked youth; VOCA

Introduction

The Victims of Crime Act (VOCA) was enacted with the recognition that victims often require significant support to obtain evidence, prosecute and recover from their experiences [1]. The literature has demonstrated that a history of significant victimization and/or exposure to Adverse Childhood Experiences (ACEs) is associated with engaging in maladaptive and deleterious behaviors (e.g., substance misuse/abuse), the development of significant health issues, and early death [2]. As part of this legislation, the Crime Victim Fund was established to assist with funding. According to recent reports, VOCA provided over 67 million dollars toward mental health services for victims, with the average victim receiving more than 3 separate services related to mental health needs [3]. VOCA was later modified to explicitly include assistance for minors who have experienced Commercial Sexual Exploitation (CSE), or "the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age" [4]. Since the establishment of these definitions, terms such as sex trafficking, Commercial Sexual Exploitation Of Children (CSE or CSEC), and Domestic Minor Sex Trafficking (DMST) have been used largely interchangeably, though there may be some differences. Some additional categories receiving VOCA funding include but are not limited to kidnapping, physical abuse, child sexual abuse and sexual assault, homelessness and exposure to domestic violence, all of which can be associated with CSE.

Those who have experienced CSE evidence high rates of problematic alcohol and substance use and endorse traumatic, depressive, and anxious symptomology [5-7]. Substance use is a prevalent issue in those who have experienced CSE. For some, early substance use contributed to entrance into the life, while others were introduced to substances in an attempt to keep them in the life. Of course continued and escalating use may also represent maladaptive attempts to regulate the trauma and other dysregulation stemming from histories of victimization [8-10].

The current study sought to examine relationships between various categories of victimization tracked by VOCA with self-reported emotional dysregulation, anxiety and depression in a sample of youth who experienced commercial sexual exploitation or trafficking. For the purpose of this study, VOCA categories of physical abuse, child sexual abuse, exposure to domestic violence, homelessness and violation of a court order were explored. While initially comparisons were to be made between those who abused substances and those who did not, over 90% of the original sample evidenced problematic substance use. Thus, the current study focuses solely on this subset. It was

expected that the current sample of youth who experienced CSE and engage in substance abuse will have high rates of suicidal behaviors and self-harm, psychiatric hospitalization and self-report significant symptomology and emotional dysregulation.

Methods

Sample

The current sample was comprised of 85 youth, ages 13-21, referred between late 2017 and 2023 to a nonprofit organization in an urban county in the southwestern US. The organization seeks to break the cycle of revictimization and system involvement for youth, helping them reclaim their narratives and persisting forward through comprehensive support (e.g., on-site school, trauma therapy center, art therapy, and paid internships). Inclusionary criteria included a history of commercial sexual exploitation or sexual abuse, and a majority of referrals came from the juvenile justice system. During intake, youth complete various assessments and participate in a clinical interview. Among general demographic and other information, self-reported histories (often corroborated through the record) of psychiatric hospitalization, suicidal behaviors or self-harm, and substance use are collected. Youth are also administered the ACE-Q Teen Self-Report [11], the Beck Depression Inventory [12], the Beck Anxiety Inventory [13], and the Difficulties in Emotion Regulation Scale [14] upon intake.

ACE-Q teen self-report (Adverse Childhood Experiences Questionnaire)

The Center for Youth Wellness ACE-Q Teen Self-Report [11] is an expanded version of the original ACE Questionnaire. This measure expands upon the previous ACE list, adding nine other areas of concern (e.g., placement in foster care, the impact of parent incarceration, community violence, etc.).

Beck Depression Inventory-II (BDI-II)

The Beck Depression Inventory-II is a self-report measure comprised of 21 items that measure the severity of depression in individuals aged 13-80 [12]. It is the most commonly used diagnostic tool in clinical and research settings for assessing depression, speaking to its reliability and validity. While the total score provides a general indication of the severity of the experience of depressive symptoms, clinical cutoffs have been supplied with category descriptors for a qualitative understanding of distress (Minimal [0-13], Mild [14-19], Moderate [20-28], Severe [29-63]).

Beck Anxiety Inventory (BAI)

The Beck Anxiety Inventory [12] is a 21-item self-report instrument developed to assess the severity of anxiety. Similar to the BDI-II, the BAI's scores can be described based on clinical severity (Minimal [0-7], Mild [8-15], Moderate [16-25], Severe [26-63]).

Difficulties in Emotion Regulation Scale (DERS)

The DERS is a 36-item self-report measure assessing six aspects of emotion regulation (ER): nonacceptance of emotional responses, difficulty engaging in goal-directed behaviors, impulsivity, lack of emotional awareness, limited access to strategies for emotional regulation, and a lack of emotional clarity and understanding [14]. Respondents rate each prompt on a Likert scale ranging from 1 (meaning almost never, 0-10%) to 5 (almost always, 91-100%). Total scores provide a global understanding of ER, while subscale scores provide more specific information pertaining to ER deficits.

Analyses

Basic demographics were collected and cross-tabulated to examine associations between variables. Analyses were conducted using SPSS (IBM® SPSS® Statistics Premium 28, Armonk, NY, USA).

Results

Demographics

Cross-sectional data were collected from 85 youth, referred to a nonprofit organization that serves youth who have experienced CSE, referred in an urban county in the southwestern US. Referrals were received between late 2017 and 2023. The average age at the time of referral was 16 (SD=1.6), ranging from 13 to 21 years old. Race was self-reported by participants as non-Hispanic Black (hereafter, Black), Hispanic or Latino, and non-Hispanic White (hereafter, White). The sample included 4.7% White, 42.4% Black, 47.1% Latino, with 5.9% identifying as mixed. Of the 83 youth with relevant information available, only 5.9% did not experience juvenile justice and/or child protection services involvement.

In this population of youth who experienced CSE and engaged in substance misuse, 67.9% (n=84) had histories of self-harming or suicidal behaviors, with 64.7% reporting previous psychiatric hospitalization. Given the nature of the sample, all but two youth reported sexual abuse. Just over 75% experienced physical abuse, 55.3% (n=84) endorsed exposure to domestic violence, 36% (n=82) were unhoused, and 56.5% had previously violated court orders. Youth in the current sample averaged experiencing almost 10 ACEs (9.72). The average BDI score for the sample was 16.33 (n=84, SD=10.719), with 34% endorsing moderate or severe depressive symptomology. Pertaining to anxious symptomology, the mean for the BAI was 19.81, with 43.5% (n=62) reporting moderate to severe symptoms. As related to emotion regulation, the average DERS score was 92.96, suggesting significant dysregulation in this sample, with 77.6% of the sample scoring higher than the mean from the original norming sample [14]. Approximately 74% of the current sample of substance abusing youth who experienced CSE have experienced 4 or more ACEs and demonstrate significant emotion dysregulation as evidenced by a DERS score over 80. Relatedly, 56% of the sample experienced 4 or more ACEs and endorsed clinically significant experiences of anxiety. In contrast, 33% of the sample endorsed moderate or severe depressive symptomology and experienced 4 or more ACEs.

Discussion

Consistent with the extant literature, as sparse as it is, youth who experienced commercial sexual exploitation surveyed in the current study report far more system involvement, ACE exposure (and thus VOCA tracked statistics), significant psychological symptomology, dysregulation and behavioral correlates of distress (e.g., self-harm or suicidal behaviors) than the general population. Again, it is emphasized that while the original intent was to compare substance abusers in this population to those who did not use or abuse substances, very few of the referred youth did not have a problematic relationship with substances. While rates of psychiatric admission for adolescents is hard to estimate, Egorova et al., suggest that admission rates were 5.5. per 1000 youth in the US [15], compared to almost 65% in the current sample. That same study emphasized strong relationships between exposure to 4 or more ACEs and various types of substance use or abuse (ORs ranging from 2-7 related to problematic, moderate or severe alcohol or substance use), which has been echoed in the literature by other studies.

To our knowledge, this is the first study that examined the utility of the DERS in understanding the experiences of commercially sexually exploited and trafficked youth, in general, and more specifically within a population of those youth with substance abuse issues. Results served to support a link between emotion regulation deficits as measured by the DERS and behavioral dysregulation in various areas (e.g., high rates of justice involvement, self-harming and suicidal behaviors, substance use, psychiatric hospitalization). Also of note, there were relatively high rates of self-reported anxiety. These findings support the idea that significant exposure to ACEs contributes to experiences of anxiety and disruptions in emotion regulation. By extension, it is likely that distress and difficulties coping and managing emotions then contribute to the use of substances in a maladaptive attempt to regulate.

Limitations, Future Directions and Conclusion

Some limitations must be noted in the current study, the first of which is of course the small sample size. By extension, the sample was derived from a cross-sectional convenience sample of youth referred largely from the juvenile justice system in a specific catchment in the southwestern US. Though some historical data was either corroborated or reported through official documentation, much of the data gathered relied upon self-report. As related to substance use specifically, no measures were administered to assess the extent of problematic substance use more objectively. By extension, measures administered did not include validity scales or measures of social desirability, though it is believed that youth would actually be motivated to under-report their experiences in this context. Additionally, the current study did not include a comparison or control group. Future studies would benefit from a larger, more diverse sample.

Clearly, based on the above results, with the benefits of a larger, more diverse sample, and implementation of more standardized assessment of substance use, more nuanced relationships between victimization, emotion dysregulation and other symptomology and substance abuse can be explored. Despite the limitations of the current study, it is believed that there are important implications. It is reiterated that this is a highly impacted population that requires intensive and comprehensive services to recover. As such, especially as related to VOCA or other grant funded programming, this highlights the importance not only of thorough assessment upon intake, but also the development of comprehensive programs that include interventions that address trauma specifically, emotion dysregulation and other symptomology in general, and associated substance use that likely develops as a failed attempt to address distress.

Funding

This research received no external funding.

Institutional Review Board Statement

Specific consent for this project was waived as the current study was a retrospective study or previous information collected that was deidentified and aggregated.

Informed Consent Statement

Patient consent regarding the collection of information was provided during the intake process.

Data Availability Statement

The data presented in this study are available on request from the corresponding author. The data are not publicly available as we are a small non-profit organization providing services for a highly vulnerable population.

Acknowledgement

POETIC would love to thank all the incredible young women who have participated in our program, our generous funders and the team at POETIC.

Conflicts of Interest

The author declares no conflicts of interest.

References

1. U.S. Department of State (2022) Amended through Public Law No. 117-103. U.S. Department of State: Washington, DC, USA.
2. Merrick MT, Ford DC, Ports KA, Guinn AS, Chen J, et al. (2019). Vital Signs: Estimated Proportion of Adult Health Problems Attributable to Adverse Childhood Experiences and Implications for Prevention - 25 States, 2015-2017. MMWR Morb Mortal Wkly Rep 68: 999-1005.
3. Office for Victims of Crime (2021) Reaching Victims Everywhere: 2021 Report to the Nation, Fiscal Years 2019-2020. Office for Victims of Crime, USA.
4. U.S. Department of State (2000) Trafficking Victims Protection Act of 2000; Public Law No. 106-386. U.S. Department of State: Washington, DC, USA.
5. Byrnes K, Han H, Fujii K (2023) Relationship of maternal age and adverse childhood experiences (ACEs) with traumatic sequelae in commercially sexually exploited youth. Trauma Care 3: 177-184.
6. Mumey A, Sardana S, Richardson-Vejlgaard R, Akinsulure-Smith AM (2021) Mental health needs of sex trafficking survivors in New York City: Reflections on exploitation, coping, and recovery. Psychol Trauma 13: 185-192.
7. Cunha A, Martinho G, Gonçalves M, Matos M (2023) Addressing the psychological trauma in human trafficking victims: A brief review. Psychol Trauma 15: 1051-1055.
8. Langton L, Planty MG, Banks D, Witwer AR, Woods D, et al. (2022) Sex Trafficking and Substance Use: Identifying High-Priority Needs Within the Criminal Justice System. Rand Health Q 9: 14.
9. Riley-Horvath EE (2019) Substance use treatment needs for survivors of commercial sexual exploitation of children. Doctoral Dissertation, Walden University, USA.
10. Stellern J, Xiao KB, Grennell E, Sanches M, Gowin JL, et al. (2023) Emotion regulation in substance use disorders: A systematic review and meta-analysis. Addiction 118: 30-47.
11. Center for Youth Wellness (2015) CYW Adverse Childhood Experiences Questionnaire (ACE-Q) Teen Self-Report. Center for Youth Wellness, California, USA.
12. Beck AT, Steer RA, Brown G (1996) Beck Depression Inventory–II (BDI-II) [Database record]. APA PsycTests, San Antonio, TX, USA.
13. Beck AT, Epstein N, Brown G, Steer R (1988) Beck Anxiety Inventory [Database record]. APA PsycTests, San Antonio, TX, USA.

14. Gratz KL, Roemer L (2004) Multidimensional assessment of emotion regulation and dysregulation: Development, factor structure, and initial validation of the Difficulties in Emotion Regulation Scale. Journal of Psychopathology and Behavioral Assessment 26: 41-54.

15. Egorova NN, Pincus HA, Shemesh E, Kleinman LC (2018) Behavioral health diagnoses among children and adolescents hospitalized in the United States: Observations and implications. Psychiatr Serv 69: 910-918.

HERALD

Advances In Industrial Biotechnology | ISSN: 2639-5665

Advances In Microbiology Research | ISSN: 2689-694X

Archives Of Surgery And Surgical Education | ISSN: 2689-3126

Archives Of Urology

Archives Of Zoological Studies | ISSN: 2640-7779

Current Trends Medical And Biological Engineering

International Journal Of Case Reports And Therapeutic Studies | ISSN: 2689-310X

Journal Of Addiction & Addictive Disorders | ISSN: 2578-7276

Journal Of Agronomy & Agricultural Science | ISSN: 2689-8292

Journal Of AIDS Clinical Research & STDs | ISSN: 2572-7370

Journal Of Alcoholism Drug Abuse & Substance Dependence | ISSN: 2572-9594

Journal Of Allergy Disorders & Therapy | ISSN: 2470-749X

Journal Of Alternative Complementary & Integrative Medicine | ISSN: 2470-7562

Journal Of Alzheimers & Neurodegenerative Diseases | ISSN: 2572-9608

Journal Of Anesthesia & Clinical Care | ISSN: 2378-8879

Journal Of Angiology & Vascular Surgery | ISSN: 2572-7397

Journal Of Animal Research & Veterinary Science | ISSN: 2639-3751

Journal Of Aquaculture & Fisheries | ISSN: 2576-5523

Journal Of Atmospheric & Earth Sciences | ISSN: 2689-8780

Journal Of Biotech Research & Biochemistry

Journal Of Brain & Neuroscience Research

Journal Of Cancer Biology & Treatment | ISSN: 2470-7546

Journal Of Cardiology Study & Research | ISSN: 2640-768X

Journal Of Cell Biology & Cell Metabolism | ISSN: 2381-1943

Journal Of Clinical Dermatology & Therapy | ISSN: 2378-8771

Journal Of Clinical Immunology & Immunotherapy | ISSN: 2378-8844

Journal Of Clinical Studies & Medical Case Reports | ISSN: 2378-8801

Journal Of Community Medicine & Public Health Care | ISSN: 2381-1978

Journal Of Cytology & Tissue Biology | ISSN: 2378-9107

Journal Of Dairy Research & Technology | ISSN: 2688-9315

Journal Of Dentistry Oral Health & Cosmesis | ISSN: 2473-6783

Journal Of Diabetes & Metabolic Disorders | ISSN: 2381-201X

Journal Of Emergency Medicine Trauma & Surgical Care | ISSN: 2378-8798

Journal Of Environmental Science Current Research | ISSN: 2643-5020

Journal Of Food Science & Nutrition | ISSN: 2470-1076

Journal Of Forensic Legal & Investigative Sciences | ISSN: 2473-733X

Journal Of Gastroenterology & Hepatology Research | ISSN: 2574-2566

Journal Of Genetics & Genomic Sciences | ISSN: 2574-2485

Journal Of Gerontology & Geriatric Medicine | ISSN: 2381-8662

Journal Of Hematology Blood Transfusion & Disorders | ISSN: 2572-2999

Journal Of Hospice & Palliative Medical Care

Journal Of Human Endocrinology | ISSN: 2572-9640

Journal Of Infectious & Non Infectious Diseases | ISSN: 2381-8654

Journal Of Internal Medicine & Primary Healthcare | ISSN: 2574-2493

Journal Of Light & Laser Current Trends

Journal Of Medicine Study & Research | ISSN: 2639-5657

Journal Of Modern Chemical Sciences

Journal Of Nanotechnology Nanomedicine & Nanobiotechnology | ISSN: 2381-2044

Journal Of Neonatology & Clinical Pediatrics | ISSN: 2378-878X

Journal Of Nephrology & Renal Therapy | ISSN: 2473-7313

Journal Of Non Invasive Vascular Investigation | ISSN: 2572-7400

Journal Of Nuclear Medicine Radiology & Radiation Therapy | ISSN: 2572-7419

Journal Of Obesity & Weight Loss | ISSN: 2473-7372

Journal Of Ophthalmology & Clinical Research | ISSN: 2378-8887

Journal Of Orthopedic Research & Physiotherapy | ISSN: 2381-2052

Journal Of Otolaryngology Head & Neck Surgery | ISSN: 2573-010X

Journal Of Pathology Clinical & Medical Research

Journal Of Pharmacology Pharmaceutics & Pharmacovigilance | ISSN: 2639-5649

Journal Of Physical Medicine Rehabilitation & Disabilities | ISSN: 2381-8670

Journal Of Plant Science Current Research | ISSN: 2639-3743

Journal Of Practical & Professional Nursing | ISSN: 2639-5681

Journal Of Protein Research & Bioinformatics

Journal Of Psychiatry Depression & Anxiety | ISSN: 2573-0150

Journal Of Pulmonary Medicine & Respiratory Research | ISSN: 2573-0177

Journal Of Reproductive Medicine Gynaecology & Obstetrics | ISSN: 2574-2574

Journal Of Stem Cells Research Development & Therapy | ISSN: 2381-2060

Journal Of Surgery Current Trends & Innovations | ISSN: 2578-7284

Journal Of Toxicology Current Research | ISSN: 2639-3735

Journal Of Translational Science And Research

Journal Of Vaccines Research & Vaccination | ISSN: 2573-0193

Journal Of Virology & Antivirals

Sports Medicine And Injury Care Journal | ISSN: 2689-8829

Trends In Anatomy & Physiology | ISSN: 2640-7752