Sex Trafficking and Adverse Childhood Experiences (ACEs):

Women Haunted by the Past

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Abstract

Adverse Childhood Experiences (ACEs) are defined as any potentially traumatic event experienced by children under the age of eighteen. Despite both strong and immense literature on ACEs, themselves, there remains a large gap in the understanding of ACEs as they relate to victimization, specifically in domestic violence (DV) and intimate partner violence (IPV) and in sex trafficking cases. The information presented herein aims to bridge the gap between ACEs and victimization through the examination of prior literature and various case studies to help better the overall understanding of importance of ACEs, victimization, as well as an interdimensional approach to the education, intervention, and the aftercare of victims.

Keywords: Adverse Childhood Experiences (ACEs), Domestic Violence (DV), Intimate Partner Violence (IPV), sex trafficking, human trafficking, interventions, aftercare.

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Sex Trafficking Victims and Adverse Childhood Experiences (ACEs): Women Haunted by the Past

Through studies of developmental psychology, practitioners have determined that the prefrontal cortex (PFC), including functions and anatomical sectors, "is among the latest brain regions to fully mature in humans" (Kolk & Rakic, 2022, p. 47). Kolk and Rakic additionally note that development of cognitive and executive functioning plateaus in teenagers as they experience social and cognitive changes to develop independent thinking and decision-making skills. The researchers note that during the developmental phases leading up to cognitive maturation, the brain develops new and increasingly complex segments and functions based on an individual's exposure to their lived environment. As a result, Adverse Childhood Experiences (ACEs) are potent factors in the physical, behavioral, and emotional developmental phases of children before age 18, and can severely alter the life-course of an individual. They specifically mention that the long development phase of the PFC makes it most vulnerable to risk factors, environmental and genetic, due to a larger critical window than other developing sectors of the brain (p. 47). Experiencing these risk factors, particularly during crucial developmental phases, can disrupt or altogether hinder the formation of segments and functions of the brain required for decision-making, inhibitions, coping mechanisms, memory retention, and processing of traumatic events.

The Centers for Disease Control and Prevention (CDC) (2021) define ACEs as "potentially traumatic events that occur in childhood" including violence, abuse, recurring familial mental health or substance use issues, or other dysfunctional behavior. Continuing on the notes of Kolk and Rakic (2022), the CDC states the toxic stress that is likely to occur as a result of several types of abuse, neglect, and household dysfunction can alter brain development and affect the way the body naturally responds to stress and traumatic events. Kolk and Rakic further suggest that the immense changes in cognitive development during the peak developmental phases of childhood can lead to chronic and repetitive health issues, substance abuse, and mental illness in adulthood. The CDC elaborates that children who experience high numbers of ACEs are at increased risk of physical, emotional, and behavioral issues in the future. These issues can further develop into criminal or deviant behaviors, health-risk behaviors, and victimization. Figure 1.0 delineates the increased influence that accumulated numbers of ACEs are likely to have on an individual.

Statistics on ACEs and Further Implications

According to the CDC (2019), approximately 61% of adults have experienced at least one ACE, and 16% have experienced at least four. Additionally, they state that *at least* five of the leading causes of death can be linked to ACEs, and that prevention of ACEs could reduce adult depression rates by approximately 44%. The National Survey of Children's Health Data (2020) reported in 2017-2018 data collection approximately 30% of children under age 18 have experienced at least one ACE, and an additional 14% have experienced two or more. Individuals who score high on the *ACEs Questionnaire* (Figure 2.0) due to long-term exposure to physical or emotional abuse or neglect, sexual abuse, or household dysfunction are more likely to develop in ways that reflect their relationships with trauma from childhood (CDC, 2019 & 2021; Kolk & Rakic, 2021; Shin et al., 2018). Further, Shin et al. (2018) specifically ascertained that "Adverse Childhood Experiences ... may confer risk for a wide range of behavioral health problems," (p. 187) which further strengthens the association between ACEs and physical risks, social problems, cognitive and developmental delays, criminal or deviant behavior, and increased risk of victimization.

Relevant Research

Figure 1.1 observes the potential effects of ACEs over an individual's life course, which can include health risk behaviors, subsequent health issues, and even early death. Devine and Cohen-Cline (2022) conducted a research study published in the International Journal of Environmental Research and Public Health aimed at developing a deeper understanding of the pathways between ACEs, health risk behaviors, and poor health during adulthood. Their prediction of participants' responses was calculated by determining the four Early Adulthood Experiences (mediators) an individual may experience after having experienced ACEs as a child. Subjects were, first, scaled based on their responses to the ACEs Questionnaire (Figure 2.0). Additionally, they were scored on a Likert scale based on the following four predetermined mediators: Intimate Partner Violence (IPV), substance use, social isolation, and work instability. Based on these criteria and the gathered data based upon participants' responses, the researchers were able to determine the strength of the correlation for each of the four mediators. The study conducted by Devine and Cohen-Cline concluded that IPV and substance use were the most strongly correlated mediators ACEs and subsequent Early Adulthood Experiences.

Another study, conducted by Kohler-Dauner et al. (2022), published by BMC Psychiatry, focused on the association between ACEs and depressive symptoms among

German participants over the course of the COVID-19 pandemic. Participants in their study began by filling out the German adaptation of the ACEs Questionnaire and were further assessed on their depressive symptomology through the eight-item Patient Health Questionnaire depression scale (PHQ-8). Additionally, the researchers asked the following questions on self-medication with alcohol or tranquilizers, as well as a question on social support: "When everything becomes too much for me, I resort to alcohol or tranquilizers," and, "I have people with whom I can talk about my problems and who understand me" (p. 3). Answers to each question were then scored on a five-point Likert scale from '1 – does not apply at all' to '5 – applies completely.' Through their data collection, they concluded that there was a strong correlation between ACEs and depressive symptoms and identified individuals who scored highly on the ACEs Questionnaire as a high-risk group for mental health decline as a result of the pandemic.

Further studies evaluate other aspects of ACEs, such as at-risk groups and risk factors. Sujata et al. (2022) studied aggression, empathy, and psychology among adult men who have been accused of rape. Liming and Grube (2018) researched the outcomes of wellbeing among children who experienced long-term exposure to ACEs. Seon et al. (2022) evaluated ACEs in relation to IPV victimization, and how college students perceived their personal health and depressive symptoms. These studies cover only a small percentage of the research conducted on ACEs and their aftermath. The vast range of literature on ACEs and their effects speaks to the strength that trauma can have on cognitive development and the consequences of long-term exposure to diverse types of traumatic experiences during prime developmental phases. This literature further confirms that the negative consequences of high numbers of ACEs plague a substantial

portion of the world's population, whether the victims are adults who endured these traumas before age 18 or children who have already had traumatic experiences stacked against them.

Primed for Victimhood: How ACEs Often Preface Victimization

Seon et al. (2022) discussed reports that:

60% of people in the United States have had Adverse Childhood Experiences (ACEs) such as childhood abuse and neglect, peer victimization, exposure to domestic violence and community violence, having an incarcerated family member, living with a substance-abusing or mentally ill person, and experiences of financial insecurity. (p. 691)

The researchers go on to agree with prior literature, stating that ACEs are frequently associated with negative emotional, behavioral, and physical consequences, which often bleed into early adulthood. They posit these consequences can result in experiencing IPV during adulthood. To assess this, the researchers further studied the relationship between ACEs and IPV. The data determined that among women ages 18 – 45, who experienced childhood physical abuse or witnessed parental IPV, and who experienced more than one type of ACE, self-reported that physical IPV during adulthood occurred at significantly higher rates. Seon et al. (2022) also found that experiencing childhood physical abuse and having experienced more than one type of ACE was also significantly correlated with self-reports of poor physical health.

In one study examining the relationship between ACEs and IPV among college students in the United States, statistical testing showed that the witnessing of IPV in the household during childhood was directly associated with physical IPV victimization during adulthood (Nikulina et al., 2017). International studies of similar nature produced comparable results. Barrios et al. (2015) conducted a study on pregnant women (mean age = 28) residing in Lima, Peru. The researchers found that having experienced either childhood physical or sexual abuse more than doubled the likelihood of reports of IPV during adulthood, compared to women who experienced neither. Further, the researchers also concluded that women who experienced both forms of childhood abuse (physical *and* sexual) were 7.1 times more likely to report Intimate Partner Violence during adulthood. Barrios et al. also noted these reports were also associated with lower self-reports of both health status and depression.

Who is at Risk?

According to the 2022 edition of the Trafficking in Persons Report (2022):

"Traffickers often target those who experience compounding forms of discrimination (such as discrimination because of one's racial or ethnic group, gender identity, disability, or sexual orientation), experience violence (such as intimate partner or domestic violence), or interact with government-run programs (such as the criminal justice system, runaway and homeless youth services, foster or institutional care, and the immigration enforcement system)." (p. 582)

The previously mentioned article by the Centers for Disease Control and Prevention (2019) also determined that women and various minority groups were at a higher risk for experiencing four or more ACEs. These factors make certain individuals more prone to grooming, abuse, or exploitation at the hands of individuals who are seeking out 'ideal'

targets due to the perception of enhanced vulnerability, diminished level of difficulty, and minimal risk factor as compared to other individuals of the same demographic.

Real World Applications

Current media portrayal fails to accurately represent sex trafficking in its entirety. It often does not account for the distinct types of human trafficking, often depicting it in one, or maybe a few scenarios, and leaving out the rest. According to the Polaris 2019 U.S. National Human Trafficking Hotline Data Report, sex trafficking by means of an intimate partner or marriage proposition was the most common type of sex trafficking, followed immediately by trafficking by a close family member (Polaris, 2019). These types of sex trafficking are rarely depicted in the media, which tends to focus on more dramatic scenario portrayal like street abductions and victims handcuffed in warehouses or basements. However, abduction does not rank in the remaining three types of trafficking listed in the Polaris Project's top five abduction types. Polaris (2019) contends the remaining three types, after trafficking by an intimate partner or by marriage proposition are those of job offer or advertisement, posing as a benefactor, and false promises or fraud. As critical as the statistical and research advances in understanding the who, what, when, where, and why of sex trafficking are, what is equally, or possibly more important, is a true understanding of what sex trafficking and ACEs look like outside of media portrayal.

To understand the bridge between ACEs and victimization, we must, first, be able to comprehend the hardships and tragedies of one of the largest crime industries in the United States, which begins with observing real-life case studies of true victims of sexual abuse and sex trafficking. This examination will do that through discussions of both very

high-profile and small-time American criminal court cases involving women who either have experienced childhood sexual abuse, experienced sex trafficking victimization, or both. As recently as the publication of the 2021 Trafficking in Persons Report (United States Department of State, 2021), the United States was ranked among the top three countries of origin of positively identified victims of several types of human trafficking for the second year in a row. While research into the overlap between ACEs and victimization have been predicted in relevant research studies and literature, the far more glaring application is that which happens in the real world, such as that observed in various case studies.

CASE STUDY: THE CYNTOIA BROWN STORY

Early Struggles

By eight months old, Cyntoia Brown had already been exposed to her first of many ACEs she would encounter over her life-course. She was given up for adoption by her biological mother who struggled with alcoholism and drug abuse, vices she used during her pregnancy, resulting in Brown's later diagnosis of Alcohol-Related Neurodevelopmental Disorder (ARND), a sub-form of Fetal Alcohol Syndrome (FAS). Even in her adoptive home, however, she would go on to experience further trauma at the hands of both of her adoptive parents. According to various accounts throughout her court case, Brown faced emotional abuse from her mother, and was subjected to physical abuse by her father. At age twelve, Brown would be arrested for the first time for robbery and breaking and entering, for which she was sentenced to a term in a local alternative school. Following her initial sentence, though, she was detained at a Nashville facility for juvenile felons after a teacher alleged that Brown had assaulted her. After spending a year in juvenile detention, her behavior only continued to spiral as she continued to rebel against authority before eventually dropping out of school and running away from home. **Kut Throat**

By the time she had run away from home, Cyntoia Brown had just entered her early teenage years. By this point, she was already following in her biological mother's footsteps, drinking heavily and using illicit substances. Initially, she was staying with various undesirable acquaintances in the Nashville Metropolitan area, before eventually meeting Garion 'Kut Throat' McGlothen, a local well-known pimp and drug dealer. They often spent multiple nights in hotel or motel rooms where McGlothen would force her into prostitution to pay for drugs or room fees. It was only later that she would admit that during her time with McGlothen he would also physically, emotionally, sexually, and financially abuse her. She stated the following about that time in her life:

I remember one time, the first time he did something to me, is when he choked me and I passed out, 'cause he said I thought he was a joke ... he'd talk real, real bad to me. He'd jack me up, pull me by my hair and drag me and stuff. He'd put guns up to me, told me to strip and stuff like that, get into bed with other people ... I know if [Kut] choked me 'til I almost passed out, he's not afraid to kill me. (Birman, 2011)

In 2004, when she was only 16 years old, he claimed that she had become sloppy as a result of her slacking off. McGlothen ordered her out to the streets to make him some money. Following his orders, Brown set off to a seedy area of Nashville that she knew was a well-known spot for girls to get picked up, a place she knew that she would be able to make some fast money to bring back for McGlothen.

He said that I was slipping and that I was starting to become a slouch, that I needed to get out and get on my grind and make some money. When I left, I was looking for a ride so I could go out to East Nashville ... I wasn't going to see particularly anyone, I was going to an area I knew ... a lot of people go there and prostitute. (Birman, 2011)

Johnny Allen

In the documentary film (Birman, 2011), Brown said she as approached a Sonic Drive-In restaurant in East Nashville, she encountered 43-year-old real estate agency broker, Johnny Allen.

> The question came up was I up for any 'action' ... I guess you should know that it was insinuating sexual. He asked me how much, and I told him \$200, and he said, "no, \$100," and we decided, finally on \$150. He [made the suggestion of going to his house], I had actually suggested the hotel ... but he didn't want to go to the hotel, he said that he wanted to go to his house because there was no one there. He said he lived by himself. (Birman, 2011)

Initially, this encounter was no different than the previous 30 plus sexual encounters she had engaged in. However, by the time they made it to his bedroom after arriving at his residence, Brown had become increasingly concerned about Allen's behavior.

Upon their arrival, he had shown her at least three of his personal firearms and had bragged about having formerly been a sharpshooter in the United States Army. Brown later reported in open court that Allen's talk and demeanor had her on edge, even before engaging in the previously agreed upon exchange. At first, he was just stroking me, but then ... he just grabbed me ... in between my legs ... he just grabbed it real hard, and he just gave me this look. It was like a very fierce look, and it just sent these chills up my spine. I'm thinking he's gonna hit me or do something like that, but then, he rolls over and reaches, like he's reaching to the side of the bed or something, so I'm thinking, 'he's not [fixing to] hit me, he's [fixing to] get a gun.' (2011)

Terrified for her life, and in an act of perceived self-defense, she shot Johnny Allen with her personal firearm before leaving with the promised \$150, two of Allen's weapons, and his truck.

The Aftermath

Cyntoia Brown was then charged with the especially aggravated robbery and firstdegree murder of Johnny Allen, despite maintaining that she had killed him in selfdefense and was genuinely fearful for her life. Despite proclaiming her innocence throughout the duration of her trial, a jury found her guilty of first-degree premeditated murder and especially aggravated robbery, later reduced to aggravated robbery. During her appeals process, it was determined that one major issue with Brown's case was the lack of regard that the court held for her traumatic upbringing, her history as a victim of human trafficking, and her cognitive abilities due to defects and mental illness when reaching a final verdict and determining her sentencing. This appeal was when it was first revealed that her biological mother had abused drugs and alcohol during pregnancy, resulting in her diagnosis of ARND diagnosis, and the true depths of her traumatic childhood were unearthed. The court appointed psychiatric medical doctor, William Bernet, M.D., who evaluated Brown through the duration of her initial case and her appeals process, eventually further diagnosed her with borderline personality disorder (BPD), most likely as a result of the intense trauma she experienced during her childhood (Birman, 2011). He went on to testify that her diagnoses of ARND and BPD were both contributors to her early criminal history, her perception of the events that occurred on the night of the shooting, and the shooting itself. However, despite her long-term history of trauma, her new diagnoses, and the probability of the contribution of those diagnoses to the shooting, the court found that the evidence presented was not so compelling that a jury would have found her not guilty. She remained incarcerated for a total of fifteen years of her initial life sentence.

ACEs and Cyntoia's Victimization

Both as a female and as a member of a racial minority group, Cyntoia Brown was already at an increased risk of experiencing four or more ACEs. Additionally, she also falls into all three categories that the 2022 Trafficking in Persons Report lists as high-risk targets of human trafficking (United States Department of State, 2022). By no more than 14 years old, she was likely to experience discrimination based on her status within a racial minority group as well as her gender; had already experienced violence in her home; and had become involved with government-run programs through her early encounters with law enforcement. Additionally, she had few social ties, suffered from a Neurodevelopmental Disorder (NDD), and was a runaway. Considering these compounding factors, it is no doubt that even without the remainder of the trauma she went on to experience, she was already at a heightened risk for victimization. In addition

to the above factors contributing to her predisposition for victimization, considering the conclusions ascertained by Barrios et al. (2015), her likelihood of becoming a victim of IPV or human trafficking was also drastically increased by her culmination of ACEs.

By the time that she was arrested for the murder of Johnny Allen, she had already experienced no less than ten ACEs at less than 16 years old, even preceding her incarceration following the shooting. Brown had already begun experiencing her first of many ACEs even before her birth, beginning with her biological mother's long-term abuse of drugs and alcohol through the duration of her pregnancy. By the time she was twelve years old, she had then been exposed to both emotional and physical abuse, began abusing alcohol and illicit substances, had her first two encounters with law enforcement and subsequently dropped out of school, and had run away from home. Between 14 and 16 years of age, she would be further emotionally, physically, sexually, and financially abused by her trafficker; sold for sexual exchanges; diagnosed with both ARND and Borderline Personality Disorder (BPD) resulting from her tumultuous childhood; and would be incarcerated for the remainder of her childhood and well into her adulthood.

A Push for Systematic Change

In January of 2017, news of Cyntoia Brown's case began reaching well-known public figures and celebrities such as Kim Kardashian and Robyn Rihanna Fenty (Rihanna), who lobbied for her release. Rihanna initially posted a text post, garnering over 1,000,000 'likes' and nearly 40,000 comments, captioned, "... something is horribly wrong when the system enables these rapists, and the victim is thrown away for life" (Rihanna Fenty, 2017) Following Rihanna's Instagram post, Kim Kardashian shared the same text post to her Twitter gaining an additional 4,000 likes, captioned, "The system

has failed ... We have to do better and do what's right" (Kim Kardashian, 2017). The awareness that these posts brought in for Brown's story drew attention to the brokenness of the criminal justice system in its treatment of victims and a severe need for reform. Former Tennessee Governor Bill Haslam granted Cyntoia Brown clemency for what he referred to as a "tragic and complex case" (Griffith, 2019), and she was finally released in August of 2019.

Cyntoia Brown committed, by her own admission, a horrific crime at the age of 16 ... Yet, imposing a life sentence on a juvenile that would require her to serve at least 51 years before even being eligible for parole consideration is too harsh, especially in light of the extraordinary steps Ms. Brown has taken to rebuild her life ... Transformation should be accompanied by hope (Gov. Bill Haslam, as quoted from Griffith, 2019).

However, the story does not end with her release. Cyntoia Brown's case served as one of many catalysts to the implementation of various state legislation in Tennessee aimed at better protecting minor victims of human trafficking victims. It was only after the state of Tennessee recognized the illegitimacy of the term 'child sex worker' and began identifying minors in the 'sex industry,' like her, as victims of human trafficking that Cyntoia Brown was released from prison. The reform that her case forced, not only state-wide, but also nationwide, aided in the recognition of many formerly labeled and stigmatized 'prostitutes' receive access to resources as trafficking victims which may not have been accessible to them prior to changes in the system.

RELEVANT IN THE NEWS NOW: THE STORY OF PIEPER LEWIS

In June of 2021, then 15-year-old Pieper Lewis pled guilty to charges of voluntary manslaughter and willful injury after having stabbed the 37-year-old man to whom she had been sold to for sex (Joens, 2022b, sec. 1, para. 3). However, much like Cyntoia Brown, Lewis's experience with abuse was deep-rooted and began with the tumultuous childhood she experienced long before she would stab and kill her rapist. At three years old, Billy and Leslie Lewis adopted Pieper. Twelve years later, when she was 15, her parents separated, and Lewis began living full-time with her mother, who subjected her to systematic mental and emotional abuse and neglect. During her later trial, as was detailed in the *Des Moines Register*, her defense team argued that "[her mother] demeaned and undermined her, her appearance and her future, telling [Lewis] that she'd never amount to anything" (Basue, 2021). In an attempt to escape her abusive household, Lewis ran away from home three times between January and March of 2020. "One time, she returned home after getting raped and told her [mother] about it ... but [her mother] seemed to blame her, so [Lewis] took off again" (Basue, 2021, para. 5).

After running away for the final time, Lewis resorted to spending nights on the staircase of an Iowa apartment complex, before she was eventually 'taken in' by a 28-year-old musician who became her trafficker (Joens, 2022b, sec. 1, para. 5). Among the men that Pieper Lewis was sold to was 37-year-old Zachary Brooks. In one night in 2020, Brooks raped Lewis five times after forcing her to drink alcohol and smoke marijuana until she fell unconscious. Weeks later, on the night of May 31, she would be sold to Brooks again for the second time. Traumatized from their prior encounter and afraid of returning to Brooks, she would later state, "I did not want to have sex with Mr. Brooks. I

did not want to go to Mr. Brooks' apartment, but I had no other place to go" (2022b, sec. 8, para. 2) at which point her trafficker cut her throat, leaving her with little choice but to comply (2022b, sec. 9, para. 1). Upon her arrival at Brooks' residence, Brooks and two unidentified men demanded that she strip and consume alcohol and marijuana. She eventually fell asleep, and on the morning of June 1, 2020, she awoke to find Brooks raping her yet again. Her screams and pleas with him to stop were to no avail (2022b, sec. 9, para. 2–4).

After he was done and had fallen asleep, and as she was on her way out, Lewis noticed a knife on the nightstand, and in her own words, "I suddenly realized that Mr. Brooks had raped me yet again and (I) was overcome with rage" (Joens, 2022b, sec. 9, para. 5 & 6). Pieper Lewis stabbed Zachary Brooks a total 30 times between his arms, groin, and chest, killing him, and was arrested the following day (Joens, 2022a, sec. 1, para. 10). She later stated during her sentencing hearing that her intention was never to kill someone, but that in the aftermath of the rape, she felt violated and unsafe. After spending a year in Polk County Juvenile Detention Center, she could have been sentenced to ten years in prison for each count she faced, a potential 20-year sentence. However, per the recommendation of the prosecutors on her case and requests by her defense team, she received five years of probation, which she was to serve at the Fresh State Women's Center; \$150,000 in compensation for the death of her rapist, Zachary Brooks; and a deferred judgment, meaning that her record has the potential for expungement prior to the conclusion of her sentence (Joens, 2022a, sec. 1, para 1 – 3).¹

¹ Following the initial conclusion of the research herein, it is important to note that Pieper Lewis escaped the facility to which she was sentenced to reside as partial fulfillment of her probation on November 4, 2022. The subsequently filed probation violation ordered the revocation of her deferred judgment and suggested the reinstatement of her original sentence (Andone, 2022).

Much like Cyntoia Brown, Pieper Lewis was a child who faced compounding forms of abuse, traumatic experiences, and discrimination based on her race and her gender, even by her own mother, before reaching her teenage years. As she stated, at an early age, she had already had her innocence stolen. Through her early upbringing and the ACEs she experienced, she, similarly to many other stories of sex trafficking survivors, was primed for victimization.

I wish that never happened, but to say there's only one victim in the story is absurd ... My story can change things. My story has changed me. The events that took place on that horrific day cannot be changed, as much as I wish I could. That day, a combination of complicated actions took place, resulting in the death of a person, as well as a stolen innocence of a child. (Basue, 2021; Joens, 2022a, sec. 2, para. 3)

CASE STUDY: AILEEN WUORNOS

Early Life

In 1956, after giving birth at barely fifteen years old and divorcing her first husband around the same time, a young Diane Wuornos abandoned her infant children, Keith and Aileen, into the care of her parents, Lauri and Britta Wuornos. By this time, Diane had already separated from her husband, her children's biological father whom they would never come to know. He had a violent history with alcoholism and child molestation, and by the time they knew of their mother's true identity, he had committed suicide while serving a life-sentence for the rape of a 7-year-old Kansas girl (Arrigo et al., 2004, p. 384). It was at 11 years old that the siblings would find out that their estranged eldest 'sister', Diane, was actually their biological mother. Despite raising her from infancy, Aileen's grandparents became indifferent to her and physically, emotionally, and allegedly sexually abused her through the duration of her childhood (2004, p. 383). Aileen recounted various instances of being verbally and physically abused by her grandfather, beaten while lying face down, exposed, sprawled out, and still raw from the previous beatings (2004, p. 383).

As a result of experiencing intense abuse at home, Aileen developed severe behavioral issues and bad habits. From a surprisingly early age, she possessed an explosive and violent temper, often fighting with and bullying other children, making it difficult for her to maintain friendships; and also developed a habit of stealing from family and friends around age nine. "[Aileen] learned how to disassociate herself from her body; to blank off emotions," it was later stated of her bizarre temperament (Russel, 1992, as cited in Arrigo et al., 2004, p. 384). It was around the same time as the emergence of her early behavioral issues that Aileen would have an accident playing with an open flame, leaving her with severe burns on her face and hands. Following the accident, she would go on to become something of a pyromaniac, having set at least three large-scale fires during her childhood including the school bathroom and an open field. She was further diagnosed with hearing loss and visual impairments, and a significantly low IQ (borderline intellectual functioning). Her school urged her family to seek out counseling for Aileen, however, her grandmother refused this treatment, at which point the school took the measure of attempting the use of a mild tranquilizer to correct her behavioral issues, which yielded no results (Myers et al., 2005, p. 2).

Impact

Aileen's aggressive nature and atypical social behaviors led to widespread ostracization within her age cohort, and she remained mostly friendless until high school. During this period of time, she was labeled a slut and a whore for her frequent sexual exchanges with schoolboys for pocket change and cigarettes (Arrigo et al., 2004). Additionally, as the siblings grew older, their peers began to notice the strange bond the two shared. Their over-protectiveness of each other in public but known to have explosive arguments behind closed doors drew many questions from their peers. Keith's friends also made allegations of incest between the two though, again, these rumors were never proven true (Arrigo et al., 2004). Despite never having been proven, both the claims of rape by her grandmother and the allegations of incest between her and her brother did raise speculation when Aileen became pregnant at 14 with an unknown man's child. If not Keith or Lauri, it was also speculated to have been the child of either a neighborhood boy or an older man within the community, but these speculations yielded no proof, and baby's father remained unknown after being given up for adoption, though she claimed that she had been raped by a family friend (Myers et al.).

In addition to her reputation for being hot tempered and a social outcast, Aileen was also known for her frequent involvement with law enforcement for committing petty offenses. Her early teenage years were riddled with charges for shoplifting, vulgarity, fighting, and drinking. After dropping out of school following the birth of her son and displacement from her grandparents' home, her criminal record would only further escalate. After losing her grandmother, Britta Wuornos, in 1971 to liver failure, for which her grandfather blamed her, Aileen fled her home state of Michigan on a cross-country trip to Florida. Less than five years after losing her grandmother, Aileen's brother and closest friend, Keith Wuornos succumbed to his diagnosis of throat cancer and died in 1976. It became clear that the more loss that Aileen experienced in her life, the further she would fall into bad habits and criminal behavior. Before she was even 20 years old, she was spending the majority of her time in bars, drinking recklessly, and selling herself for sex (Myers et al., 2005).

Considering the social alienation she experienced growing up, Aileen had few, if any, romantic relationships throughout her adolescence that did not involve some sort of sexual exchange. At 20 years old, she married a man 50 years her senior, a marriage which ended in divorce after her husband filed a restraining order against her for allegedly assaulting him with his own walking cane (Arrigo et al., 2004; Myers et al., 2005). Again, this perceived failure pushed Aileen into increasingly bad habits. She began a string of arrests for driving under the influence, disorderly conduct, assault and battery, and multiple weapons offenses under various pseudonyms. In 1981, Aileen was arrested on counts of robbery with a deadly weapon after having held up a convenience store at gunpoint. She served a three-year prison sentence. However, shortly after her release, she would be arrested again for the forgery of two checks totaling in excess of \$5000, though she failed to present for her court hearing (Arrigo et al., 2004).

After having experienced increasing loss through the duration of her life, in June 1986, 30-year-old Aileen met, then, 24-year-old Tyria "Ty" Moore in Daytona, Florida, while cruising local biker bars (Myers et al., 2005). Tyria would later go on to become Aileen's first long-term relationship despite prominent themes of intense violence, repeated dishonesty, heavy drinking, and continued prostitution (according to Aileen's

account, as many as 25 – 30 times per day). Tyria recounted in a biography of Aileen's life, "Once I found out she was prostituting, I tried everything I could to have her stop doing that, because for one ... it's not safe and then, I did care about her, but she never gave it up" (Biography.com, n.d.). Despite her vehement distaste for Aileen's prostitution, their relationship lasted four-and-a-half years, primarily built on Aileen's intense obsession with fame and her idolization of a 'Bonnie and Clyde' type romance.

Murders

Her relationship with Tyria lasted the same amount of time as her string of murders. Despite Aileen's clearly obsessive romantic feelings for her long-term partner, Tyria Moore would go on to testify against Aileen during her trial for the seven murders she committed over the course of their relationship (Arrigo et al., 2004). After a tumultuous history of encounters with law enforcement through her adolescence and adulthood, Aileen went on to commit her first of seven homicides in 1989. Each of her seven victims fit a similar demographic: white males ranging between 40 and 65 years of age, whom she solicited for sexual acts in exchange for money (Myers et al., 2005). After originally soliciting her victims, Aileen would lead them to secluded locations, force or lure them out of their vehicle, and shoot them until she could be positive they were dead. She would then check their dead bodies and vehicles for any pawnable items of value before stealing their cars to discard in remote locations. Her habit of pawning items stolen from her victims, however, would lead to her arrest, after authorities were able to lift her fingerprints from items she stole from her first victim, Richard Mallory, and her seventh victim, Walter Antonio. Despite a clear modus operandi and copious amounts of concrete evidence which directly refuted her claims of innocence, Aileen alleged that she

knew that each of her seven victims were going to rape her, and that the murders were all committed in acts of pure self-defense.

Convictions

Though she initially claimed self-defense on all seven counts of murder, investigators found no evidence from any of the respective seven crime scenes which would lead them to believe this was the case. Her allegations of self-defense garnered no sympathy from the jury, and Aileen Wuornos was sentenced to the death penalty by the State of Florida. As she approached her death-date, Aileen subsequently made a statement in an interview with a filmmaker in order to come clean that:

I killed those seven men in first degree murder and robbery ... Not so much for thrill kill, I was into the robbery biz. I was into the robbery and to eliminate witness[es] ... I pretty much had 'em selected that they were gonna die ... there was no self-defense [sic] (Myers et al., 2005, p. 3).

Before her death, Aileen contended that she would continue to murder if she were ever to be released from prison, and that her original plans included the murders of at least five more men before her arrest (Myers et al., 2005). She was later executed by means of lethal injection on October 9, 2002.

ACEs and Aileen's Criminal Behavior

Though Aileen Wuornos was not necessarily a victim of human trafficking, as were Cyntoia Brown and Pieper Lewis, her similar long-term exposure to ACEs contributed to the gravity of the events that would occur during her adulthood. By the time she was 11 years old, she had already experienced verbal, physical, and potentially sexual abuse, social ostracization, household dysfunction, and mental illness. She may not have experienced much intimate partner violence in her adulthood, but she did appear to be the prime instigator. However, according to Barrios et al. (2015), Aileen was still at a much higher risk for reporting IPV, as well as lower physical health status and rates of depression. Additionally, Aileen met the criteria for both antisocial personality disorder and borderline personality disorder and scored highly on the Psychopathy Checklist Revised (Figure 4.0) (Myers et al., 2005, p. 3). This was a result of her childhood trauma.

Further Discussion and Final Thoughts

The examination herein details the impact of ACEs on an individual's life-course. Based on the literature covered, the probability of the negative outcomes that stem from experiencing childhood trauma is, indisputably, high. Though research has come far in the study of ACEs, it is clear that research specific to ACEs in cases of further victimization and victimizing possesses much room for development. Though there is an understanding that ACEs often lead to undesirable consequences, the notion that ACEs can pose a massive threat to the integrity of these individuals' safety long-term seems foreign in terms of available literature and research studies. The case studies of Cyntoia Brown, Pieper Lewis, and Aileen Wuornos as they were reviewed in the preceding examination of ACEs and victimization represent that deficiency precisely. The understanding of their backgrounds of intense abuse and traumatic events at critical ages can be observed as a concurrent notion with the understanding that the effects of their traumatic experiences contributed to their further victimizing of others or revictimization of themselves.

The misunderstanding of cases such as those detailed in this body of research, as well as a major deficiency in relevant research, draws crucial implications for the future studies of ACEs, victimization, violence, and the ways in which these topics can be nurtured. Particularly, the review of case studies of victims and survivors highlight the dire need for further education and intervention for those at higher risk of experiencing ACEs, and a simultaneous need for proper aftercare post-victimization. Though we can educate and intervene for children who have not yet fallen victim, this begs the question: what can we do to aid those who have already been victimized? The answer lies in inclusive aftercare focused on recovery, safety, social reintegration, and based on traumainformed care methods. Without sufficient education and aftercare programs in place, the risk of damaging the integrity of a survivor's recovery and allowing more victims to fall through the cracks of the system, relapse, or become revictimized increases. Aftercare is a complex process, however. There is, and never will be, a "one-size-fits-all" solution. However, there are crucial elements that must always be accounted for, including holistic recovery and wellbeing, overall safety, fulfillment of basic needs, and total societal reintegration.

This examination and related literature reflect an urgent need for entire systemic change regarding education, intervention, and aftercare programs. These programs can contribute to the healing of a system that for too long has worked *against* victims instead of *for* them. This is why the statutory change such as that made following Cyntoia Brown's release was such a critical development in the lives of victims yet undetected and survivors alike all over Tennessee. Similar changes nation- and worldwide would facilitate a better understanding of those who were once deemed child sex workers, now

identified as victims and survivors of varying degrees of sex crimes. These changes in legal, professional, educational, and personal diction are important in proper conveyance of the gravity of the crimes. For instance, a child cannot be a sex worker. As defined by the Merriam-Webster online dictionary, a "sex worker" is an individual whose work includes sexually explicit behavior. However, the legal age of sexual consent, at least in most U.S. states, is eighteen years of age. To refer to the victims as child sex workers diminishes the traumas they are being subjected to in the same of a job that simply cannot exist.

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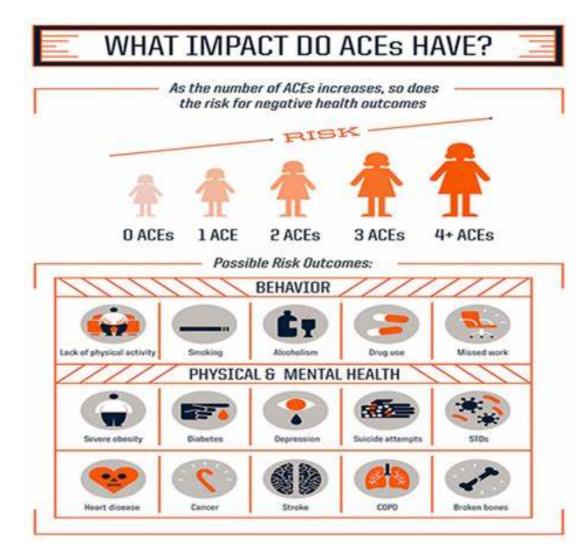


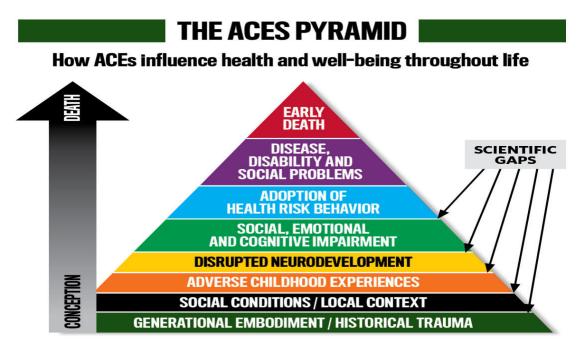
Figure 1.0 – Impact of Adverse Childhood Experiences

Figure 1.0 The above diagram depicts the increased impact and risk of negative health outcomes as ACEs accumulate.

Figure 2.0 – ACEs Questionnaire

Adverse Childhood Experience (ACE) Questionnaire Finding your ACE Score as hebr 10 24 06				
While you were growing up, during your first 18 years of 1	ife:			
 Did a parent or other adult in the household often Swear at you, insult you, put you down, or humiliate y 	you?			
Act in a way that made you afraid that you might be p Yes No	hysically hurt? If yes enter 1			
 Did a parent or other adult in the household often Push, grab, slap, or throw something at you? 				
Ever hit you so hard that you had marks or were injur Yes No	ed? If yes enter 1			
3. Did an adult or person at least 5 years older than you ever Touch or fondle you or have you touch their body in a sexual way? or				
Try to or actually have oral, anal, or vaginal sex with Yes No	If yes enter 1			
 Did you often feel that No one in your family loved you or thought you were or 	important or special?			
Your family didn't look out for each other, feel close t Yes No	to each other, or support each other? If yes enter 1			
 Did you often feel that You didn't have enough to eat, had to wear dirty cloth or 	es, and had no one to protect you?			
Your parents were too drunk or high to take care of yo Yes No	ou or take you to the doctor if you needed it? If yes enter 1			
6. Were your parents ever separated or divorced? Yes No	If yes enter 1			
 Was your mother or stepmother: Often pushed, grabbed, slapped, or had something thr or 	own at her?			
Sometimes or often kicked, bitten, hit with a fist, or h	it with something hard?			
or Ever repeatedly hit over at least a few minutes or thre Yes No	atened with a gun or knife? If yes enter 1			
8. Did you live with anyone who was a problem drinker or alc Yes No	oholic or who used street drugs? If yes enter 1			
9. Was a household member depressed or mentally ill or did a Yes No	household member attempt suicide? If yes enter 1			
10. Did a household member go to prison? Yes No	If yes enter 1			
Now add up your "Yes" answers: 7	This is your ACE Score			

Figure 2.0 The Adverse Childhood Experience (ACE) Questionnaire is a measure of calculating the overall 'ACE score' of individuals at physical or psychological risk due to their experiences as children.



The ACE pyramid depicts the unproven but theorized progression from conception to death of how Adverse Childhood Experiences influence a person's health and ability to function.

The two foundational layers are based on research that indicates trauma may have roots in family histories or local socioeconomic conditions and can be passed through genetics to offspring.

ACEs themselves disrupt a brain's development, with immediate and lasting consequences. Insufficient or maladaptive brain growth gives rise to social, emotional and cognitive dysfunction.

To cope with their trauma, a person self-soothes by engaging in unhealthy or risky behaviors. Those behaviors increase health risks disease, disability and social problems — that accumulate and become chronic.

Poor health and disease contribute to early death.

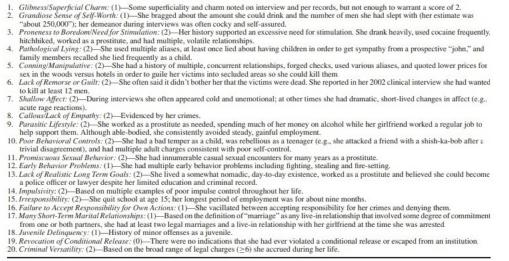
Gaps in scientific understanding exist between each of the connected layers up to the adoption of unhealthy behavior.

Source: Centers for Disease Control

Figure 3.0 The ACEs Pyramid is a chronological diagram of the effects and potential

effects of Adverse Childhood Experiences from 'conception' until 'death.'

Figure 4.0 – Aileen Wuornos' PCL-R Scores



*0 = item doesn't apply; 1 = item partially fits; 2 = item a reasonably good fit.

Figure 4.0 The Psychopathy Checklist-Revised (PLC-R) is a standardized method of

determining an individuals' level of psychopathy. The above depicts serial killer, Aileen

Wuornos' scores (Myers et al., 2005, p. 3).