

COMBATTING DOMESTIC MINOR SEX TRAFFICKING: AN EVALUATION OF THE MY
LIFE, MY CHOICE PROGRAM IN KENTUCKY

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Master of Arts

by

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COMBATTING DOMESTIC MINOR SEX TRAFFICKING: AN EVALUATION OF THE MY LIFE, MY CHOICE PROGRAM IN KENTUCKY

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Domestic minor sex trafficking has been defined by the Trafficking of Victims Protection Act of 2000 (revised in 2008) as the “recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act where the person is a citizen of the U.S. and under 18 years of age” (TVPA 2000, pg. 7). Traffickers recruit juveniles using multiple techniques, including the use of technology. Juveniles who are recruited into “the Life”, find themselves psychically, emotionally, and psychologically abused resulting in a multitude of health issues.

A plethora of risk factors have been identified to have a great impact on sexual exploitation among juveniles. Perkins (2016) notes that socioeconomic status alone does not determine vulnerability as victims of DMST can be from low or high SES homes and be both female or male. However, it is known that certain factors such as age, being removed from their home, being in foster care, childhood abuse, witnessing violence within the home, early drug or alcohol use, witnesses drug or alcohol use, and performing poorly in school are a few factors that create high-risk environments for juveniles (Reid, 2012). Identifying these risk factors is crucial in the creation of policy and services.

The My Life, My Choice program is an intervention group created by survivors of domestic minor sex trafficking. Recently, the Catholic Charities of Louisville, Kentucky, Victims of Human Trafficking Program received a grant from the Victims of Crime Act allowing for implementation of the program within the state. The primary purpose of the present study is to offer an evaluation of the program in terms of: did the program reach the target population of high-risk individuals, was the program effective in teaching participants about vulnerability, and did participants report a growth in learning throughout the program.

Data were collected through the My Life, My Choice program pre and posttest surveys. The sample consisted of 126 participants who had completed the pre and posttest assessments before and after the 10-session coursework of the program. The data were then analyzed using frequency charts and paired sample t-test to determine if there was significant growth between the beginning of the program and the end. Support from verbal responses given by participants is included within the present study.

Results show that the My Life, My Choice program in Kentucky reached its target population along with creating a significant change in the participants ideas of vulnerability throughout the program. Significant results were also found in terms of whether participants felt they learned from the program. These results are pertinent to understanding if programs such as the My Life, My Choice program can be implemented in both urban and rural areas. Further, the results allow us to understand juvenile's interpretation of sexual exploitation before and after intervention programs.

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TABLE OF CONTENTS

Chapter 1: Introduction	1
The Present Study	3
The Purpose of the Study	3
Research Questions	4
Chapter 2: Technology	5
Trafficking and the Worldwide Web.....	5
Rise of Mobile Technology and Diffusion of DMST	7
Combatting Online DMST	8
Backlash	10
Conclusion.....	11
Chapter 3: Literature Review/Theoretical Framework.....	13
Domestic Minor Sex Trafficking: Overview and Description.....	13
Sexual Exploitation Recruitment.....	14
Typology of Offenders.....	15
Risk Factors for Sex Trafficking.....	17
Physical and Mental Consequences of DMST.....	18
Physical Health Problems.....	19
Substance Abuse Consequences.....	20
Mental Health Problems.....	21
PTSD/CPTSD.....	22
Trauma Bonding.....	24
Psychological.....	24
Biological.....	25
Barriers to Treatment.....	26
Victims Failure to Recognize Themselves as Victims.....	26

The Deviance of Being a Survivor.....	27
My Life, My Choice Program.....	29
Attachment Theory.....	30
Attachment Theory and DMST.....	32
Chapter 4: Methodology.....	34
Data Source	34
Participants	35
Data Collection.....	36
Variable Measures.....	37
Independent Variables.....	37
Dependent Variables.....	42
Methods of Analysis.....	43
Summary.....	44
Chapter 5: Results	45
Frequencies.....	45
Paired Sample T-Test.....	49
Supporting Quotes.....	50
Summary	51
Chapter 6: Discussion.....	52
Limitations of the Present Study/Suggestions for Future Research.....	54
Conclusion.....	55
Appendices.....	56
Pre-Test.....	56
Post-Test.....	59
References.....	62

LIST OF TABLES

TABLE 1: PARTICIPANT DEMOGRPAHIC INFORMATION.....	46
TABLE 2: PARTICIPANT PERSONAL BACKGROUND DATA.....	48
TABLE 3: PAIRED SAMPLE T-TEST “VULNERABILITY”	49
TABLE 4: PAIRED SAMPLE T-TEST “LEARN”.....	49

Chapter 1

INTRODUCTION

Human trafficking is the world's second largest criminal enterprise, ranking over the sale of illegal firearms and claiming around 12.3 million victims worldwide (Belser, 2005; as cited in Chochaney, 2016: 117). Domestic minor sex trafficking (DMST) is defined by the Trafficking of Victims Protection Act of 2000 (revised in 2008) as the "recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act where the person is a citizen of the U.S. and under 18 years of age" (TVPA 2000:7). Any minor involved in a sexual act, even under the assumption of it being an act deemed as consensual, is a victim of trafficking and should be treated as such (Shared Hope 2018)

While human trafficking, also known as modern-day slavery, was initially assumed to be absent from the United States, DMST has recently garnered much public and political support. Between the fiscal years of 1996- 2007, the FBI witnessed a dramatic increase in child exploitation cases with a jump from the previous number of around 100 to nearly 2000 (Harpster 2014). Cases of DMST have been recorded in all 50 states in America, proving the lack of demographic restrictions (Perkins and Ruiz 2016). While we can estimate the number of minors associated with this crime, accurate statistical representations are near impossible due to the hidden nature of the crime. UNICEF estimates that more than 2 million children were trafficked globally while other non-governmental agencies report that 300,000 to 400,000 U.S. youth are trafficked annually (Chochaney 2016).

Throughout the past decade there has been a steady growth in knowledge surrounding DMST including the risk factors and mental/physical implications thrust upon victims. Currently

there is a major public and political force fighting the issues stemming from the growth of technology. According to THORN (2018), 63% of victimized children have been advertised online. As technology swept the nation, pimps and traffickers were given a new tool by which they could reach new clients, allowing for a boom in DMST. Young girls and boys are being sold via the internet on websites such as Backpage, Facebook, Snapchat, Craigslist, and the dark web (THORN 2018).

Many have wondered how children become victims of sex trafficking. There are a multitude of risk factors that play into the vulnerability of children to become trafficking victims. The main issue at hand is that these children often do not have the stability of a family that includes healthy relationships and healthy attachments. Attachment theory conveys that healthy attachment by a child with care givers is necessary for healthy development (Bretherton 1992). Unfortunately, DMST survivors and juveniles at risk for being sex trafficked often have insecure attachment and lack a secure base (Hargreaves-Cormany and Patterson 2016). Without this secure base these children are open to exploitation by adults whom create false attachments to gain control under the idea that they are loved and wanted, only to be trafficked.

A multitude of risk factors has been identified throughout years of research and include factors such as homelessness, association with the foster system, and prior abuse to name a few. Shared Hope International (2018) states that the common age of minors entering DMST is between 14 and 16. With this information, acknowledgment of serious mental and physical implications stemming from this abuse is pertinent. Treating victims and survivors of DMST has been found to include: removing them from the situation, but may often include other tiers such as treatment for issues such as PTSD and substance abuse, This often creates barriers for social workers whom may be untrained in all areas (Hardy, Compton, and McPhatter 2013).

The Present Study

The present study is being conducted by use of data collected through the My Life, My Choice program. The use of the My Life, My Choice program curriculum in the state of Kentucky was made possible by the Victims of Crime Act which awarded funding to Catholic Charities of Louisville; Victims of Human Trafficking Program for providing a curriculum to assist in treatment and prevention of trafficking (Perkins 2016). My Life, My Choice is a ten-session curriculum developed for girls between the ages of 12-18 whom are at higher risk of exploitation or are survivors of exploitation (Perkins 2016). The study of the MLMC program is based off of a pre and posttest which are provided to the girls upon entering and completing the curriculum. These tests include demographic information along with both multiple choice and open answer questions which allow the researchers to determine growth between entering and completion of the program.

The Purpose of the Study

The purpose of the current study is to determine if “the survivor led curriculum that serves as a teaching mechanism for the indicators of exploitation by adults upon high risk youth provided by MLMC is effective” (Perkins 2016:5). By providing these young women with the knowledge they need to identify risk factors, pimp/trafficker behavior, and realities of the commercial sex industry we are creating a base for empowerment. This study will examine if these goals have been met and if awareness has been raised. A secondary goal of this study is to gain knowledge of the effects of technology on human trafficking.

Research Questions

Research Question 1: Was the My Life, My Choice program, within a rural state, effective in reaching young girls of high-risk demographics?

Research Question 2: Was the My Life, My Choice program, within a rural state, effective in raising awareness of vulnerability among participants?

Research Question 3: Are the young girls involved in the My Life, My Choice program, within a rural state, reporting raised awareness of DMST?

The next chapter reviews literature associated with domestic minor sex trafficking. In addition, Chapter 2 will provide a discussion of attachment theory, allowing us to better understand trafficking victims. Chapter 3 discusses the ways in which technology have affected DMST in both positive and negative ways. Chapter 4 will provide an over view of the methodology used throughout the present study while Chapter 5 reports results of the research. Chapter 6 will allow for discussion and reference to research limitations and suggestions for future research.

Chapter 2

TECHNOLOGY

This chapter analyzes technology and its ability to both enable and combat domestic minor sex trafficking. A recent report completed by the nationally recognized group THORN (2018), 75% of survivors reported being advertised online. Interestingly, the number reported by survivors that had entered the life before 2004 was around 38% (THORN 2018). These statistics allow us to get an overall feel of the issue at hand. Each day we are seeing young girls and boys being sold or entrapped by traffickers on websites such as Facebook, Craigslist, Twitter, Snapchat, and prior to its recent mandatory shutdown, Backpage just to list a few.

Trafficking and the Worldwide Web

According to a recent study completed by World Bank, 78.2% (2017) of the United States population has access to the internet, an increase from an estimated 43% in the year 2000. With the ability of the larger portion of the population to access the internet not only from home but on mobile devices, traffickers have greater recruitment and grooming opportunities. Research completed by THORN examined how growing technology has altered DMST. Respondents in the study reported that in the year 2015 only 45% of them met their trafficker face to face the first time they met while 55% met through a text, website, or an app (THORN 2018). Only 58% of girls who entered the life in 2015 spent time with their trafficker to “create a bond” while girls who had entered earlier in the 2000s reported around 85% of traffickers building a relationship with them in person (THORN 2018).

There are many online techniques that traffickers utilize to ensnare young victims. A few of these include expressing love or admiration for the target, promising to make them a star,

promising to take them away to new places, providing transportation, making the victim believe they will protect and keep them, among others (Dixon 2013). Traffickers understand that certain minors are subject to being more high-risk than others. They target those that they feel will attach to them, such as children who have a bad home life, are run-aways, in foster care, or are otherwise displaced. Many of these children have not had the chance to create healthy attachments in their childhood, leaving them wanting for a connection to a “trustworthy” adult. This allows traffickers to find vulnerabilities in their victims and play on these insecurities.

Online job postings are currently another way in which traffickers seek victims. Too-good-to-be-true, jobs are posted for things such as modeling agencies, promising large sums of money and potential stardom. Originally these ads were posted on posters throughout roadways; however, with the growth of the internet traffickers can reach more potential victims by posting the ads online. Once girls have applied for these jobs, the trafficker contacts them and moves them to another area, once they have arrived the trafficker will then use physical abuse along with psychological abuse to keep the victim from having access to home (Dixon 2013). An example of this type of incident took place in Illinois when a female responded to an internet ad promoting a modeling agency, however, upon arrival instead of modeling she was locked in a hotel room and expected to have sex with a random stranger. The trafficker had intended to sell the girl for an hourly rate, luckily for this young lady the would-be client was an undercover police officer who returned her to safety (Dixon 2013).

As we see the face-to-face interaction becoming less of an aspect in trafficking, we realize that technology has allowed for these minors to become more of a commodity. Selling a minor for sex on the internet is as easy as listing any for sale ad, especially on certain websites such as Back page. One survivor statement published by THORN (2018) uncovered that before

the use of internet solicitation, girls were often advertised on the streets. One in every seven respondents whom had been advertised on the street reported more than 10 buyers per day whereas one in every four whom had been advertised via the internet reported more than 10 buyers per day (THORN 2018).

Rise of Mobile Technology and Diffusion of DMST

Dr. Mark Latonero (2012) in his research on technology and DMST has unveiled how the rise of mobile usage has opened a new door for traffickers. Latonero (2012) tells the story of the “Twitter Pimp” Marquist Bradford from Springfield, Illinois who lured a young girl from Facebook into a life of sexual exploitation by using other girls he was pimping to create a feeling of safety. Once the girl had arrived, Bradford confiscated her mobile phone and immediately began selling her on pages such as VerifiedPlaymate and MyRedBook (Latonero 2012). Social media has allowed pimps and traffickers to reach out to high risk youth by the hundreds rather than having to work to find these minors on the streets. Latonero (2012) mentions that with the use of Snapchat, traffickers do not have to worry about their messages being kept, rather, Snapchat prides itself on conversations and photos that are automatically deleted moments after they are taken and sent.

With the rise of the internet came a rise in DMST; however, as Latonero (2012) argues, it is not just the internet that is allowing traffickers to have greater access to victims but the immense use of mobile phones. Mobile phones have allowed traffickers the ease of having instant access to all social media platforms which they are currently utilizing to reach victims. They are also given the ability to text, email, or otherwise contact clients easily and keep track of victims (Latonero 2012). This allows traffickers to not miss a beat and to be unbound by using one single website or having to have constant access to a home computer.

Latonero (2012) introduces the idea of how the rapid adoption of mobile technology has led us into an age of diffusion in terms of internet trafficking. Instead of law enforcement being able to focus on one website as the culprit for the largest portion of DMST, they must now acknowledge that the multitude of mobile apps along with constant, immediate access to the internet has diffused acts of DMST throughout the internet. This has been a considerable hurdle for law enforcement and legislators alike (Latonero 2012). Recent investigations by law enforcement have uncovered several websites that when searched using basic keywords uncovered how one trafficker reaches multiple clients using mobile internet and apps. Researchers collected telephone information from over 18,000 different online posts finding many telephone numbers associated with multiple posts (Dixon 2013). A total of 4,753 of the collected telephone numbers were found on all sites with only 2,050 telephone numbers being used on one site only (Dixon 2013). Easy access to the internet has allowed DMST to spread throughout multiple areas, making it harder for law enforcement to target.

Combatting Online DMST

As the internet grew so did our awareness of our need for policies to combat technologically assisted trafficking. In September of 2012, President Obama announced his administrations efforts to use technology to curb trafficking in response to the growth of DMST using technology (Latonero 2012). Multiple task force groups banded together to create groups of advocates, law enforcement, technology companies, and researchers which would allow for sharing strategies and creating new and improved policies to assist victims (Latonero 2012). One technique law enforcement has created is crowd sourcing. Crowd sourcing is the act of taking an action that would otherwise be assigned to a certain agent and allowing a group of advocates to complete the job (Dixon 2013). This often takes the form of an advocate group (or multiple

groups) which are spread across the globe whom stay in contact via internet groups. If they know of or suspect human trafficking they can contact the group for help, which allows for instant reach out, something one agent in one city cannot accomplish (Dixon 2013).

Undercover operations, a more common technique, is used quite frequently by law enforcement officers. Officers create social media accounts or respond to ads, creating false personas with the intention of catching a trafficker in the act of preying upon children. Once the offender has taken the bait, the agent will set up a meeting with the trafficker. Upon arrival at the trafficking location, law enforcement will bust the trafficker in hopes of finding out about potential clients and rescuing victims. Technology plays a large part in finding traffickers and identifying which platform they are using. During one raid, a law enforcement officer apprehended a trafficker after collecting 28 internet ads and a Garmin GPS, they then followed the previous destinations on the GPS to identify the traffickers' customers (Dixon 2013).

There are multiple websites strewn throughout the web dedicated to selling both children and adults alike into the sex trade. While these are the targets for the multitude of trafficking stings, we see more popular sites being used in the same manner. Websites such as Craigslist, Backpage, Facebook, Snapchat, and Twitter are all being used to sell minors.

Classified ad servicing websites Craigslist and Backpage were found to contain a rather large amount of trafficking taking place. In response, legal action has been taken against both pages. Craigslist has been sued, investigated, and criticized for its Adult Services area (Dixon 2013). Dixon (2013) cites notable cases such as a lawsuit by the Chicago Cook County sheriff stating that girls whom had been trafficked, abused, and were at high risk were being forced into the sex trade by "pimps" on Craigslist. Another important case was the 2010 hearing on DMST brought before the U.S. House of Representatives Judiciary Committee Subcommittee on Crime,

Terrorism, and Homeland Security leading to the voluntary closure of the Adult Services section by Craigslist (Dixon 2013).

On April 6, 2018; the United States government seized Backpage. Five days later, President Trump signed HR-1865, the bill known as the Fight Online Sex Trafficking Act (FOSTA) and the Stop Enabling Sex Trafficking Act (SESTA). The law amends the previous safe harbor law preventing websites from being held responsible for content. The seizure and ninety-three-count indictment against Backpage was a win in the eye of advocates (Witt 2018). Backpage was not the first website to be shut down by the government, with MyRedBook in 2014 and RentBoy in 2017; however, it was the first website to be seized that was not specifically tailored to sex-advertising.

Backlash

While advocates praise the advancements that have been made in combatting DMST enabled by technology, there has been backlash attached. With the closing of the Adult Services page of Craigslist and the seizure of Backpage there have been protests stating that not only are they infringing on the rights of the sex worker, but they are displacing DMST incidents. Rather than being able to identify the website that is known for DMST and target/monitor it, many argue that traffickers are now moving around to multiple sites or even sites that are harder to monitor and control (Dixon 2013).

Recent protests have been seen in response to the seizure of Backpage consisting of sex workers who claim that with this closure they no longer have a safe place to advertise (Witt 2018). Workers claim that with the new laws in place, websites are no longer allowing United States persons in certain sex-advertising and screening sites; this has resulted in workers lack of

knowledge of their potential clients resulting in riskier situations (Witt 2018). Many sex workers have created groups that will teach other workers about the new laws and what their rights are.

Conclusion

Throughout the past couple of decades access to the internet has grown immensely. With this growth, domestic minor sex trafficking has soared. Now we are not only dealing with internet within the home, but mobile technology advancements throughout the past decade have created a new problem: diffusion. Traffickers now had access to multiple websites instantly along with ability to use mobile apps such as Snapchat to identify and contact potential victims without the worry of creating evidence. Classified-ad websites such as Craigslist and Backpage began to become places for sex-advertising, including that of children.

Beginning in 2010, the U.S. government realized just how critical cracking down on websites allowing DMST was. A push by the government created the voluntary closing of Craigslist “Adult Services” page, leading to both praise and criticism. The passing of FOSTA and SESTA in 2018 have allowed for a whole new era of combat against technologically enabled DMST. Now websites are responsible for the content which they allow on their website. With this came the governmental seizure and indictment of Backpage, resulting in a large victory for advocates of DMST prevention. However, as with all social matters, there has been much backlash. Many believe that the shutting down of these websites just allowed for more diffusion of the problem. Traffickers will now move to other websites for advertising, creating more issues for law enforcement. Sex-workers have also fought that these new laws are infringing on their rights to safe advertising and screening processes.

This chapter has provided knowledge on the growth of technology and the effects this has had upon DMST. There is much research to be completed in this area within the future. This is an issue that must be considered when preventing and intervening in to save victims. The next chapter will discuss the methods for the present study about raising awareness of DMST.

Chapter 3

LITERATURE REVIEW/ THEORETICAL ANALYSIS

The following chapter will contain an extensive review exploring domestic minor sex trafficking. The literature that has been evaluated will give insight to the basics of domestic sex trafficking including legal definitions, risk factors, physical and mental implications, and the complexity of treating victims. A review of the literature and background of the My Life, My Choice program will provide necessary definition and explanations of program goals. A discussion of attachment theory will complete the literature review chapter.

Domestic Minor Sex Trafficking: Overview and Description

Domestic minor sex trafficking (DMST) is “the commercial sexual exploitation of children who are U.S. Citizens or legal residents, and who are exploited within U.S. territory (Greenbaum 2014). ¹Domestic minor sex trafficking has been defined by the Trafficking of Victims Protection Act of 2000 (revised in 2008) as the “recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act where the person is a citizen of the U.S. and under 18 years of age” (TVPA 2000:7). In 2016, it was estimated that 1 in every 6 children reported missing were likely child sex trafficking victims (NCMEC). Of this, 86% of these children had been removed from their homes or were in foster care during that time (NCMEC).

Domestic minor sex trafficking includes acts such as stripping, prostitution, and pornography amongst many others (Perkins 2016). It is pertinent to note that the trafficking of

¹ Greenbaum (2014) states that it is important to note that many service providers and researchers do not differentiate between legal versus undocumented victims (page, 246).

children does not need an element of force, coercion, abduction, fraud or deception, any child under the age of 18 being sexually exploited is determined as trafficked (Greenbaum 2014). Chris Swecker, the assistant director to the FBI Criminal Investigation Division, is quoted saying, “Children can never consent to prostitution, it is always exploitation” (Hasselbarth 2014:401). Many would assume that to be “trafficked” a minor must be moved from one place to another; however, this is not the case. A minor can be sexually exploited from one location with this being trafficking in the eyes of the law (Greenbaum 2014). Minors that choose the lifestyle whether for the sense of adventure or the extra cash are still considered trafficking victims by law (Greenbaum 2014). Minors that perform acts of survival sex are also considered trafficking victims (Perkins 2016).

Hardy, Compton, and McPhatter (2013) state that sex traffickers, otherwise known as pimps, can be either male or female and can include family members, peers, or other members of the minor’s social circle. Recent research has suggested that minors whom are trafficked in more rural areas tend to be trafficked more often by family members than be a criminal organization of professional pimps. Hardy and associates (2013) state that this goes against what we see in mainstream media, allowing for understanding that minors can be exploited by anyone. It is difficult to determine the number of minors that are trafficked due to the covert nature of the crime; however, estimates run between 100,000 and 300,000 children each year are lured into DMST in the United States (U.S. Department of State 2010).

Sexual Exploitation Recruitment

Minors are targeted and contacted by sex traffickers via many avenues including in person or online. Shared Hope International (2018) states that pimps will often use a “lover-boy” technique to recruit minors. The “lover-boy” presents himself as a confidant, or “boyfriend,

wooing the girl with gifts, promises of fulfilled dreams, protection, adventure, and whatever else her heart desires” (Shared Hope International 2018). The trafficker will utilize social media sites such as Facebook, Craigslist, Twitter, and even mobile apps such as Snap Chat or Twitter to recruit the minor. Hasselbarth (2014), states that there is a variety of ways by which these children become involved such as being kidnapped into the trade, parents prostituting their children over the internet, runaways and homeless youth find themselves using sex for survival or are recruited by pimps, drug addicted teens are forced by suppliers to trade sex for drugs, or being forced into sex as a gang initiation or other gang projects. As of recently, the growth of mobile technology has led to the diffusion and growth of DMST (Latonero 2012). After securing her love and loyalty, the trafficker will force the minor into prostitution (Shared Hope International 2018). Minors such as those within their teenage years are more susceptible to the deception and manipulation tricks that are used by sex traffickers, being targeted in places such as shopping malls, schools, and parks (Shared Hope International 2018).

Typology of Offenders: Hargreaves-Cormany and colleagues (2016) completed research with the Federal Bureau of Investigation with the objective of compiling a Sexual Trafficking of Juveniles Offender Typology. They believe that gaining this greater understanding is the “keystone to theory building and the cornerstone of intervention” (Knight & Prentky 1990; Helfgott 2013; as cited in Hargreaves-Cormany, Patterson, Muirhead, and F.B.I 2016:40). In earlier research, the group had found a high prevalence of psychopathy in offenders of DSMT (Patterson, Hargreaves, and Muirhead 2013). Psychopathy is defined as, “a life-long persistent condition characterized in males at least, by aggression beginning in early childhood, impulsivity, resistance to punishment, general lack of emotional attachment or concern for others, dishonesty and selfishness in social interaction, and high levels of promiscuous and

uncommitted sexual behavior (Duntley & Shackelford 2008). It is also noted that psychopathy is associated with a lack of empathy for others (Hare 1980; Baron-Cohen 1997; as cited in Hargreaves-Cormany et al. 2016:42). Psychopaths have a higher crime rate especially for sexual and violent crimes and increased levels of “violence severity and criminal versatility in comparison to other non-psychopathic offenders” (Hare & Neumann 2009; Porter, Birt & Boer, 2001; Helfgott, 2013; Seto & Barbee, 1999; as cited in Hargreaves & Cormany et al. 2016:42). Hargreaves-Cormany and colleagues (2016), state that psychopathy is a static risk factor for violence and is considered to be untreatable in a clinical setting, creating a persistent danger to society.

In their findings, Patterson and colleagues (2013), found that 75% of the offenders they studied met the criteria for psychopathy with 36% of pimps meeting the criteria as well, which is a large number considering only 20% of North American inmates meet the criteria for psychopathy (pg.41). Seto (2009) states that motivation serves as a factor of differentiation between pedophiles and those who are traffickers. Interestingly, the motivation for most pedophiles is sexual fantasy while the motivation for minor trafficking offenders is more predatory in nature with the intent to obtain financial gain and/or sexual gratification (Hargreaves-Cormany et al. 2016). Overall, it has been found that traffickers of minors tend to “exhibit higher levels of social competence in comparison with the typical pedophile” (Hargreaves-Cormany et al. 2016:45). These offenders use their skills of manipulation to access children through psychologically destructive processes, by which they gain full control of the child. This is a multi-layered method that involves several steps all designed to serve certain purposes (Hargreaves-Cormany et al. 2016).

The results of the research completed by Hargreaves-Cormany and colleagues (2016) found that the majority of minor sex traffickers have violent criminal histories and engage in acts of violence towards victims. Hargreaves-Cormany and colleagues (2016) report large amounts of charismatic/manipulative tactics to be at play, reporting that 86% of offenders reported using at least one of these types of tactics to gain control of a victim (pg.45). Violent/Charismatic offenders posed the greatest threat to society, followed by Aggressive/Antisocial offenders with Minor Charismatic/Manipulative traits, and finally Aggressive/Antisocial offenders with No Charismatic/Manipulative traits (Hargreaves-Cormany et al. 2016). It has been posed that Violent/Charismatic offenders have spent less time in the criminal justice system but pose a greater threat to society due to their perceived amount of intelligence with consideration to their ability to exhibit criminal sophistication (Hargreaves-Cormany et al. 2016). This is what makes them the most persistent and feared offender. In conclusion, Hargreaves-Cormany and colleagues (2016) have given us a typology of offenders who traffick minor children, including psychopathic nature, violent history, and charismatic/manipulative personality traits (pg. 46).

Risk Factors for Sex Trafficking

DMST can occur throughout all demographics. Victims may be of low socioeconomic status or high, they may be male or female and can be of any race (Perkins 2016). While this is true, there are many risk factors that put minors at higher risk. As previously mentioned, age is one factor that puts minors at risk for sexual exploitation. However, Chochaney (2016) attributes “negative childhood social control processes”(pg. 122). These include “poor performance in school, family dysfunction, running away or being forced from home, homelessness, engaging in survival sex, having family or friends in the sex trade, juvenile detention, childhood abuse, early drug or alcohol use, and placement in foster care (Reid 2012).

Family dysfunction plays a large part in creating risk factors for minors. Minors who are subjected to family violence, whether sexual or physical, are more susceptible to the advances of traffickers due to a loss of ability to determine self-worth (Perkins and Ruiz 2016). Perkins and Ruiz (2016) explore how having drug-addicted parents creates a high-risk environment for their children. Drug addicted parents are more apt to provide poor care or neglect their children, including introducing their children to drugs (Perkins and Ruiz 2016). Drug use amongst parents has been found to lead to selling children for sex in lieu of drugs, this often leads to the children leaving home (runaways) or being taken by Child Protective Services (Perkins and Ruiz, 2016). Estes and Weiner (2001) report that 75% of girls with runaway status are sexually exploited by pimps (as cited in Hardy et al., 2013). Shared Hope International states that traffickers tend to seek out minors whom have been removed from or runaway from their homes with group home and shelters on their list of places to frequent (Shared Hope International 2018). Perkins and Ruiz (2016) attribute this to the fact that traffickers realize that children who are in these places are more susceptible to the tactics and manipulation that traffickers utilize to obtain victims.

Physical and Mental Consequences of DMST

When examining the physical and mental consequences of DMST on victims, it must be realized that they are complex and severe. As mentioned by Yvonne Rafferty (2013) in her article, when a child is trafficked away from their family, friends, and other support networks their development and survival is threatened. On average, children who are trafficked were of high-risk and therefore, do not have the necessary attachments or life experience to deal with the manipulation that a trafficker utilizes. The minor is stripped of their basic needs and must become dependent on their trafficker for food, shelter, and other necessities; however, they live in constant fear of retaliation along with realizing they may never see their families ever again

(Rafferty, 2013). The physical, emotional, and sexual abuse of these minors leads to a variety of health issues.

Physical Health Problems: The physical consequences of sex trafficking go far beyond the general social idea of “catching an STD”. While reproductive issues are at the forefront of sex trafficking health research, we must examine issues stemming from other types of abuse. Research has proven that there is a link between child maltreatment and future issues dealing with aggression, emotional problems, and substance abuse (Rafferty 2013). It has also been shown that juveniles forced into prostitution deal with lifelong consequences due to illness and poor nutrition during their times of being trafficking (Rafferty 2013).

The Rescue and Restore Victims of Human Trafficking Organization (2017) lists the following as physical complications arising from sex trafficking: sexually transmitted diseases, HIV/AIDS, pelvic pain, rectal trauma, urinary issues, pregnancy resulting from rape or prostitution, infertility from chronic untreated STDs or botched abortions, infections or mutilations stemming from botched operations, chronic back pain, malnourishment, severe dental problems (especially true of child victims who experience poor growth and rot), infectious diseases, undetected or untreated diseases such as diabetes, physical abuse, and substance abuse. Both the direct physical abuses and the indirect (headaches, dizziness, insomnia, and disrupted sleep patterns) create major health issues for these children (Zimmerman et al. 2008). Most if not all of these are long lasting issues that reoccur even once a survivor has been removed from their trafficking situation. Another physical consequence is the act of branding. Many traffickers will tattoo or otherwise brand their victims (Perkins and Ruiz, 2016).

In an interesting research article written by Lederer and Wetzel (2014) a quote given by a survivor tells us the story of her 16 years in the “life”. Not only was she beaten, but at one point

the survivor was kidnapped by one of her regulars and his friends only to be tied up by the neck with a belt and forced into horrific acts (pg. 74). This allows us to understand how traumatic sex trafficking is for survivors.

To close a gap in the research, Lederer and Wetzel (2014) interviewed 106 survivors of sex trafficking to determine the lasting effects stemming from physical abuse while trafficked asking questions about physical abuse and in what capacity they had received the abuse along with allowing them to answer open ended questions further explaining their health issues (i.e. forced abortions, birth control). A few examples of physical abuse available to the survivors of DMST were: being beaten, punched, kicked, raped, penetrated with foreign objects, threatened with a weapon, burned with cigarettes, strangled, stabbed, slashed, being forced into unprotected sex, or forced abortions (Lederer and Wetzel 2014). The results concluded that 99.1% had at least one physical health problem while being trafficked with 91.7% reporting neurological problems and 71.4% of women reporting dietary issues such as severe weight loss, malnutrition, loss of appetite, and eating disorders with another 70% of the survivors reporting physical injuries to the head or face and many reported dental issues as well, usually the loss of teeth. (Lederer and Wetzel 2014). A few of the respondents offered stories of horror when answering the open-ended portion of the health interview. Some examples were of a survivor whom had been whipped and had bleach poured over her while another was forced to consume feces while being hung by her arms in a closet (Lederer and Wetzel 2014). It can be assumed that we are not seeing the worst cases, but rather the issues that are truly being faced by victims of DMST on a regular basis (Lederer and Wetzel 2014).

Substance Abuse Consequences: As previously mentioned, substance abuse plays greatly into the life of sexual trafficking. Greenbaum (2015), in her research on commercial

sexual exploitation found that 90% of trafficked children she encountered used some sort of substance (pg. 568). Many victims of DMST have reported using drugs to numb themselves from the lifestyle while others have stated that they did not have a choice in using the drugs, but rather they were pushed in to the lifestyle by their traffickers (Rafferty 2013). As stated earlier, many trafficked minors come from high risk families who are drug users themselves, meaning that the minors drug use may stem from familial relationships and may have started very early in their lives (Perkins and Ruiz 2016). Walsh and Yun (2014), state that the stressors related to the abuse and neglect in early childhood further increase the likelihood of addiction to illicit drugs and alcohol (p. 420). Hargreaves-Cormany and Patterson (2016) researched the use of alcohol and drugs by minors being trafficked by surveying STJ survivors and found 67% of minors who had entered the “life” between ages 12-14 increased their use of alcohol to cope (pg. 35).

In Nevada, a group by the name of WestCare tracked girls through substance abuse diversion plans, even though the programs were not created to assist DMST victims (Shared Hope Annual Report 2009). Through this tracking, WestCare was able to identify that 72% of these girls had been involved in prostitution while 98% of them were experiencing physical abuse (Shared Hope Annual Report 2009).

Mental Health Problems: In addition to the physical health issues that arise from sexual trafficking, survivors must deal with the mental issues that are presented as well. Victims may develop a wide range of psychological and interpersonal problems (Zimmerman et al. 2008) Lloyd (2011) found that trafficking victims often develop a significantly “altered or damaged” worldview stemming from the manipulation presented by traffickers. Survivors of sex trafficking often have similarities to survivors of other crimes such as rape, domestic violence, and/or political oppression; however, the dynamics of captivity and isolation create a unique set of

needs for the trafficking population (Palmer 2010). In some cases, like those highlighted by the Lederer and Wetzel (2014) research, victims of sex trafficking have been compared to victims of torture who report a “complex set of psychological and physiological symptoms” (pg. 76). Children who are victims of sexual abuse are more likely to experience anxiety and depression, lower self-esteem, social isolation, symptoms of PTSD, substance abuse, and suicide (Rafferty 2014).

Greenbaum (2015) found that 75% of children whom she had studied had identified as having PTSD (pg. 568). Along with anxiety and depression, post-traumatic stress disorder is the most common mental ailment victims of sex trafficking report. Shared Hope International (2009) report a list of mental disorders that are commonly seen in minors who have been trafficked including PTSD, self-mutilation, suicide, and many personality disorders, the researchers do state that due to the nature of DMST we must assume that victims can have multiple diagnosis (pg. 42).

Suicidal thoughts stemming from trafficking can result from the trauma of the prolonged event (Hardy et al. 2013). According to Herman (1992), “an ongoing threat of suicidality in persons who have experienced prolonged abuse, particularly when the traumatic origins of their depression have not received appropriate interventions”. Another reason that suicidality appears within trafficking victims is due to their feeling of low worth. This coupled with the extended periods of distrustfulness associated with relationships between trafficker and traffickee allows for suicidal thoughts to be present within the minor (Courtois 2008).

PTSD/CPTSD: Post-traumatic stress disorder or PTSD is defined as a psychiatric disorder that can occur after witnessing life-threatening events such as military combat, natural disasters, serious accidents, or physical or sexual assault (U.S. Veterans Affairs 2017).

Symptoms of PTSD include nightmares, behaving or feeling as if the event were happening again (flashbacks), dissociative reactions or loss of awareness of present surroundings, emotional feelings associated with the event, and physical sensations when reminded of the event (such as heart pounding or missing a beat, sweating, difficulty breathing, feeling faint, feeling a loss of control and anger), avoiding contact with those associated, lack of interest in social activities, inability to experience positive moods, and outbursts of uncontrollable anger (Psychology Today: PTSD). Hossain and colleagues (2010) found that 77% of girls who had been trafficked reported PTSD levels which were found to be slightly higher than the levels found in another meta-analysis of girls who reported PTSD as a result of intimate partner violence (63%) (pg. 2444). Girls who had been rescued from trafficking for a longer time had lower levels of anxiety than their newly rescued counterparts, but not lower levels of PTSD (Hossain et al. 2010).

Hardy and colleagues (2013) state that complex trauma is receiving increased attention from mental health providers, included in this is PTSD which has been found to have multiple layers which must be assessed before rehabilitation. Complex post-traumatic stress disorder (CPTSD) results from the complex factors that are present in the “repeated” or “prolonged” traumatic events experienced while in captivity (Cloitre et al. 2009). The long-term trauma experienced by minors who are being trafficked results in a complex set of psychological issues. Complex trauma can be a result of prolonged abuse such as “entrapment, relocation, exposure to abuse, extended physical; sexual; and psychological abuse (Courtois 2008). Research on children exposed to complex trauma reveals they are at risk for multiple behavioral issues such as “attachment, biological integrity, emotional regulation, dissociative adaptations, behavior, cognitive functioning, and issues of self-concept”(Briere & Spinazolla, 2005; Cook et al., 2005; as cited in Rafferty 2013:564). While the research on CPTSD on domestically trafficking minors

is very limited, we are seeing a growth in mental health professionals and researchers realizing this is the diagnosis present in most DMST victims.

Trauma Bonding: The trauma of sex trafficking can create life-long physical and mental health issues. Therefore, Hardy and colleagues (2013) state that the trauma of sex trafficking requires “appropriate interventions to promote empowerment and address the dynamics of trauma” (pg. 12). The bond between a victim and her perpetrator is known as a “trauma bond” (Shared Hope Annual Report 2009). One of, if not the largest, issue that social workers have found is the breaking of the trauma bond between victims and offender (Hardy et al. 2013). Share Hope International in their 2009 Annual Report states, “trauma bonds are a major hurdle to the identification, rescue, and restoration of the domestic minor sex trafficking victim as the symptoms include failure to self-identify, returning to the trafficker/pimp, and other discouraging reactions” (pg. 43). Shared Hope International (2009) states that while we do not fully understand trauma bonds, there are both psychological and biological reasons behind why they occur.

Psychological: Palmer (2010) notes that a survivor may feel compelled to protect the person that has inflicted trauma upon them. This bond has often been referred to as *Stockholm Syndrome*. Carnes (1997 as cited in Hardy et al. 2013) states that Stockholm Syndrome is “perceived as a psychological response in which hostages become attached to the perpetrators (p. 11). This attachment often leads to the victim defending the perpetrator once they have been apprehended and are being convicted (Lloyd 2011). Research shows that those that are most susceptible to Stockholm Syndrome are those who: “perceive a threat to survival and believe that the captor is capable of acting on that threat, perceive the captor to be providing small kindnesses, are isolated from the perspectives of others, and perceive the inability to escape

(Lloyd 2011). Victims who experience Stockholm Syndrome present a dysfunctional attachment with the trafficker that occurs in “the presence of danger, shame, exploitation, seduction, deception, or betrayal” (Hardy et al. 2013).

Shared Hope International (2009) presents the scenario that victims are caught up in the idea of family (not matter how violent) with their trafficker. To reinforce this idea, traffickers will give the minor a new name, a tattoo representing the “family” and hold what they refer to as “family meetings” (Shared Hope 2009). Another way of manipulating the victim is by having them refer to the trafficker as “daddy”, playing on the child’s inner most need for the love and attachment to a parental figure (Shared Hope 2009). Often the child will be allowed to feel as if they have a choice in trafficking themselves, as if they have some form of control. This allows the victim to create new norms and achievements for themselves, creating a new sense of empowerment (Shared Hope 2009).

Biological: Shared Hope International (2009) acknowledges the idea that children who are trafficked at such a young age must deal with multiple types of trauma, including developmental (pg. 43). Due to the overall violent nature of trafficking, the stress on the brain creates constant arousal (Shared Hope 2009). This leads to either hypoarousal, including daydreaming, inability to bond with others, inattention, forgetfulness, and shyness or hyperarousal which includes symptoms such as anger, panic and phobias, irritability, hyperactivity, crying and tantrums, nightmares or night terrors, regressive behavior, increase in clingy behavior, or running away (Shared Hope 2009). Williamson, Dutch, and Clawson (2008) state that it is overly common for a child with a trauma bond to show signs of conduct disorder and impulse control. Children are not yet equipped with the mental capacity it would take to overcome many of the biological issues that are presented to them upon being trafficked.

Barriers to Treatment:

Due to the complex nature of sex trafficking, victims often have a variety of issues which must be assessed while receiving treatment. Lloyd (2011) believes that victims have a significant need to develop a sense of belonging and connection. This connection is essential and is most successfully accomplished through treatment programs (Lloyd, 2011). The issue at hand is helping victims realize they are a victim. Many DMST victims do not recognize themselves as victims, rather, they deny being in sex-work or re-frame their experience as something unique (Perkins and Ruiz 2016). Another pertinent issue is that many trafficked minors who come in contact with the justice system are being treated as deviants or criminals instead of as victims. Shared Hope (2009) notes that the misidentification is a major barrier to the rescue of these children.

Victims Failure to Recognize Themselves as Victims: As mentioned, Perkins and Ruiz (2016) state that despite the seriousness of DMST, many victims do not identify as victims with some believing their experience was exceptional or unique. Girls with kinship ties to their trafficker were less likely to understand they were being trafficked. This results from the difference in how they were treated (i.e. they were able to keep some of the money) versus those that the trafficker has no relation to (Godziak, Bump, Duncan, MacDonnell, and Loiselle, 2006). Many victims of childhood sexual abuse do not understand that their trafficking was wrong or that the lifestyle is not normal and while they were not happy they did not feel mistreated (Godziak, et al. 2006). Godziak and colleagues (2006) found that girls who were given freedom, clothes, boyfriends, drugs or alcohol; were more susceptible to trauma and more resistant to therapy.

Perkins and Ruiz (2016) introduce the idea that perceptions of self can impact rehabilitation. Some women find being labeled a victim as liberating while others find it to create feelings of disempowerment (Perkins and Ruiz, 2016). Perkins and Ruiz (2016) continue their research by offering the idea that situational identities (those that are temporary and are within a certain social context) may allow a victim of DMST to believe that her situation was something temporary and perhaps necessary for “the situational context which she was in” (pg. 173). This could greatly impede rehabilitation.

The Deviance of Being a Survivor: Members of society are not the only ones to label these girls deviant. With many rural areas of the nation just becoming aware of domestic sex trafficking, we see that states are not fully equipped to protect our youth when they come upon them through the criminal justice and social services systems (Cole and Sprang 2015). Girls or boys that have been caught engaging in underage sexual activities are often sent to juvenile social service facilities (Daly, Chesney-Lind and Sheldon 1988). Chesney-Lind and Sheldon also mention that girl’s underage sexual activities usually garner more scrutiny, “oftentimes being associated as part of her delinquency” (1998).

Through the years we have seen the federal government change their definition of human trafficking to include that of children that are victims here in the United States. In the beginning, the Trafficking Victim’s Protections Act was aimed only at those individuals being brought into the United States from foreign counties (Hasselbarth 2014). As time went on, we realized that many juveniles were being arrested for engaging in underage sexual acts, something that no minor can consent to according to law (Hasselbarth 2014). It was the amendments of 2008 and 2013 that extended the protections act to those of domestic sex trafficking.

On March 16, 2011 the proposed bill “The Domestic Sex Trafficking and Victims Support Act of 2011 (S.596) was set to improve federal and state efforts to address the issues associated with DMST (Hardy, et al. 2013). Bill S.596 established that any minor 18 or younger would avoid prosecution for prostitution and instead be deemed a victim of DMST (Hardy et al. 2013). This would make complex trauma treatment mandatory for victims of DMST; however, as we know social services are not equipped for this type of service (Hardy et al. 2013). While federal laws are advancing greatly in the area, we have seen that there is much ambiguity between federal and state laws. This is very concerning considering juveniles that are being tried for underage sexual acts are seen in state courts (Hasselbarth 2014). Many states are still working on creating “safe harbor” laws, which allow minors caught engaging in underage sexual acts to be treated as victims rather than as delinquents (Hasselbarth 2014). The issue here is that not all states agree on these terms and many are seeing juveniles fall through the cracks. Judges have much discretion in this area as well. We know that the multitude of states, if not every state, has plain laws against things such as statutory rape which obviously show us that children are victims of nonconsensual sexual acts forced upon them, however, we find that things like the definition of “minor” or the issue of determining when a juvenile’s sex acts make them a criminal or a victim seem to play into this harmful ambiguity at the state level (Hasselbarth 2014).

Hargreaves-Cormany and Patterson (2016) found that law enforcement and social services were often the first positive role model in a juvenile’s life. For this association to become a healthy and effective relationship, words such as “former prostitute”, “prostitute”, “throwaways”, even sometimes the word “victim” must be thrown out or completely reconsidered (Hardy et al. 2013). It must be realized by both the public and criminal justice

officials that these girls are forced into this life and do not choose to become trafficked, even if they act like it is a choice (Hardy et al. 2013). As mentioned in the description of DMST, any child under 18 should be considered trafficked, even those participating in survival sex.

My Life, My Choice: Program Background

Founded by the Justice Resource Institute in Boston, Massachusetts, the My Life, My Choice program seeks to use a survivor led curriculum to empower youth in the fight against sexual exploitation (My Life, My Choice). Since its creation in 2002, My Life, My Choice has provided training to over 10,000 service providers with trained facilitators using their Prevention Curriculum in 29 states (MLMC). The program intends to provide awareness of commercial sexual exploitation (CSE) along with providing mentoring services to young victims (Perkins 2016).

In 2011, My Life, My Choice aided in the drafting of Massachusetts anti-trafficking legislation and has been featured as a nationally recognized model for sex trafficking prevention (MLMC). My Life, My Choice is recognized by the THORN organization as well with them working together to further DMST research. My Life, My Choice consists of a “nationally-acclaimed ten-session exploitation prevention curriculum” which aims to raise young girl’s awareness of sexual exploitation, build self-esteem, and empowerment (MLMC). The curriculum not only teaches young girls about the dangers of sexual exploitation, but about the truth behind the lifestyle, including the abuse, drug use, and sexual health (Perkins 2016).

The My Life, My Choice curriculum consists of a pre and posttest that the participants complete, with this, the girls log daily journals that their mentors read and respond to, helping the young girls to convey their feelings and experiences in a private, assistive manner. This pre

and post-test gives a scenario of a young runaway whom meets young man that “loves” her only to ask her to exploit herself to pay his rent. The girls are then asked to examine the situation. Hearing stories from survivors allows these girls to connect with someone that understands, rather than someone they may feel is patronizing them. The program allows them to make the transition from victim to survivor all while growing healthy relationships with peers and mentors (Perkins 2016).

The My Life, My Choice website states that the program offers prevention programs for all young girls, teaching them the warning signs of exploitation, providing them with knowledge to share amongst friends and sisters (MLMC). The program also consists of strategic prevention, which allows for targeting more “at-risk” youth, allowing for knowledge of sexual exploitation to be shared. At-risk individuals have a history of neglect, abuse, and being in and out of stable environments, leading to a higher risk of encountering CSE or DMST. The My Life, My Choice program wishes to intervene and allow these young girls to understand what exploitation is and how it occurs, creating an environment they can rely on if they were to need to call on someone for help.

Attachment Theory

Attachment theory is based on the work of both John Bowlby and Mary Ainsworth. It was a revolutionary theory that changed the conception of attachment and its importance in the healthy development of children (Cassidy & Shaver, 2008; Ainsworth and Bowlby, 1991 as cited by Hargreaves-Cormany & Patterson 2016). As stated by Dykas and Cassidy (2011), “attachment theory has become a foundational theoretical framework for a multitude of research and therapeutic models addressing issues across the lifespan” (pg. 24). Bowlby and Ainsworth both recognized the need children have for the development of attachment and a secure base at

an early age. The lack of these things has been scientifically proven to make children more susceptible to future harm (Hargreaves-Cormany and Patterson 2016).

Throughout the beginning of their lives, children develop attachments (whether they be secure or insecure) to their caregivers. Attachment theory posits that a healthy relationship with one or a few adult caregivers is critical to the healthy development of a child (Bretherton 1992). Dykas and Cassidy (2011) explain that when infants develop a secure attachment (base), they have developed a sense of trust and safety that allows them to explore the world in a positive manner while if they have not had the ability to create a secure base they will perceive the world in a negative manner or with psychological pain. Further research has determined that children whom have developed a secure base will look for a familiar loved one to create a feeling of safety upon distress, this releases certain chemicals within the brain allowing for positive maintenance and development (Nelson et al. 2014). In contrast, children who have been unable to create this secure base find themselves plagued with ongoing stress within the brain creating a “biological embedding of social adversity” (Nelson et al. 2014). As the child begins to grow, the mounting stress levels within the brain often leads to use of alcohol or drugs (Hargreaves-Cormany and Patterson 2016).

Along with information presented by researchers Dykas and Cassidy (2011) dealing with secure and insecure bases, research on attachment has presented us with four differing types of attachment: secure, anxious-ambivalent, anxious-avoidant, and disorganized (Bolen 2000). With a secure attachment, children will become upset upon a mother’s leaving and happy upon her arrival; children with an anxious-ambivalent attachment are distressed when the mother leaves but show little anxiety relief upon her return (Bolen 2000). Children with anxious-avoidant attachment are indifferent towards their mother, both leaving and returning while children with a

disorganized attachment seem to feel frightened of their caregivers (Bolen, 2000). These types of attachments, once created in childhood, are pertinent throughout adolescence and adulthood.

Bowlby hypothesized that once a child has established a certain attachment in childhood, it is something that becomes impossible to alter as the years pass into adulthood (Dykas and Cassidy 2011). Without a secure base/attachment, research has found that many young children seek out companionship, whether healthy or unhealthy, to fill this void.

Attachment Theory & DMST

In terms of vulnerability, children/minors that have developed an insecure base are most at risk to be targeted by traffickers or pimps. It has been researched and concluded that survivors and minors at risk for trafficking often have insecure attachment and lack a secure base (Hargreaves-Cormany and Patterson 2016). The typical DMST survivor experienced chronic stress associated with childhood trauma and lack of bonding that creates certain biological embedding which is then “exacerbated within the juvenile while being trafficked” (Hargreaves-Cormany and Patterson 2016:34). Not surprisingly, juveniles with an insecure base will often experience multiple psychiatric issues that will make them more vulnerable to trafficking than children who have a secure base. These include, drug use, PTSD or CPTSD, depressive disorders, and reactive attachment disorder or RAD (Hom and Woods, 2013 as cited in Hargreaves-Cormany and Patterson 2016).

Juveniles with reactive attachment disorder (RAD) find themselves to be especially vulnerable to trafficking due to their lack of ability to discern between healthy and unhealthy relationships (Yates et al. 2016). Runaways, homeless minors, and those that are in the foster system are all at risk of becoming trafficking victims due to this very issue. Many runaways find that they believe someone else will take care of them or love them. This results in them leaving

their home (whether it be their parents or other guardians) to runaway with this person in hope of being loved. Traffickers spend copious amounts of time grooming minors and providing them with a false sense of love and an unhealthy attachment relationship (Hargreaves-Cormany and Patterson 2016). They create a fantasy life that preys on the juveniles hopes and dreams, threatening to take it all away if the juvenile does not perform accordingly. The fear of abandonment and loss is too much for those that already do not have the established sensory processes by which to determine healthy and unhealthy relationships (Hargreaves- Cormany and Patterson 2016). The vulnerability of an insecure attachment can be spotted by traffickers/pimps and allows them to manipulate victims into believing that being part of the “game” (a street term for sexual trafficking) is better than being in whatever home situation they are dealing with (Hargreaves-Cormany and Patterson 2016).

This chapter has provided an extensive review of literature on domestic sex trafficking. The following chapter will introduce the methods of analysis present within this study and include a breakdown of the variables used to answer the three research questions presented within the introduction.

Chapter 4

METHODOLOGY

This chapter presents information from data collected via the My Life, My Choice program in Kentucky. Specifically, an in-depth exploration of the data source, participants, and procedures are presented. Finally, a presentation of the methods of analysis will be described. The present study is one of quantitative nature.

Data Source

The present study draws on data collected from the past two years of the My Life, My Choice Program in the state of Kentucky. The data has been provided by Catholic Charities of Louisville, Victims of Human Trafficking Program. Data were collected from March 2016 to March 2018. Data includes demographic information for each participant along with a pre and post-test which allows for analysis of growth in awareness over the 10-week period of the course. Data were collected by trained professions and reported to Louisville Catholic Charities who relayed the data to Dr. Elizabeth Perkins at Morehead State University for analysis and evaluation.

The MLMC curriculum is fit for girls ages 12-18 and is aimed at those that are at a higher risk level of encountering commercial sexual exploitation. This risk level is identified by girls who have a history of abuse, neglect, exposure to family violence and addiction, or who live in areas heavily targeted by pimps (My Life, My Choice). The programs are found in middle and high schools, juvenile justice centers, group homes/residential treatment facilities, Probation departments, Child Protective Services offices, and community organizations (My Life, My Choice). My Life, My Choice operates on a 10-session experience for the juveniles involved.

During these 10 sessions, the students will encounter subjects such as “Game meets Game: Understanding Predators & Recruitment”, “Do You Really Want to Hurt Me? Reducing your risk of exploitation”, “Making the link: Substance abuse and exploitation”, “I Come First: Developing Self-Esteem”, “Making it Real: Stories from the life”, and “I’m not alone: Finding help and safety” (My Life, My Choice).

Throughout the 10-session course, participants will engage with trained professionals to understand the risks of exploitation. Participants complete group sessions including hearing stories from survivors, keeping journals, and completing both the pre and post-test. The present study will be using data collected from the pre and post-studies to analyze if a growth in awareness concerning vulnerability and domestic sex trafficking is present within the answers presented by the participants.

Participants

The present study’s sample is comprised of 126 juveniles who completed both the pre and post-test per the 10-session curriculum guidelines. Participants who had not completed both the pre and post-test were removed from the data set as the research poses questions of growth during the program. This would require both sets of data to be present for accurate results. Juveniles present in the study were recruited from group/residential treatment facilities, high/middle schools, juvenile justice centers, and community organizations. The juveniles targeted were of high risk of exploitation as deemed by counselors and the My Life, My Choice Program.

Data Collection

Data for the present study were collected by trained facilitators. These qualified professionals are trained on the My Life, My Choice curriculum and given the pre and post-test to administer to the juveniles. Upon beginning the 10-session coursework, the juveniles are asked to complete demographic information, including information on former abuse and current homelessness. They are then administered the pre-test which includes a story written about a 14-year-old runaway named Anna who is picked up by a male (Junior) who seems to want to help her. After a grooming period, Junior then proceeds to ask her to sleep with someone for rent money. The juveniles are then prompted to answer questions about Anna and Junior. These questions consist of both closed and open-ended responses. This allows for interpretation of the juvenile's thoughts. The pre-test continues by asking if they believe Anna is vulnerable and who would they contact if they felt exploited. The post-test is utilized after an individual has completed the full program. The post-test asks the exact same questions as the pre-test, in the exact same format. This allows the researcher to identify changes in the juvenile's answers.

Upon completion of these tests, they were sent on to the main office of Catholic Charities of Louisville whom would identify certain aspects within the research they wished to examine. Upon completion on their end, the data was then sent to Dr. Elizabeth Perkins at Morehead State University for coding and analysis through use of the SPSS program.

Variable Measures

The following is an extensive review of the variables that are being measured in the present analysis. The names of the variables that are located in the following section reflect the names that are present within the SPSS program and on all following tables.

Independent Variables

Before beginning the My Life, My Choice curriculum the juveniles are given a demographic survey to complete. These demographic variables are of much importance and were answered in multiple ways.

Age

The demographics survey and both the pre and post-test ask the question “How old are you?”. Responses were recorded as the numerical age the participant listed on the pre-test.

Gender

This variable allowed the participant to indicate whether they were female, male, or other. Responses were coded as: Female = 1, Male =2, and Other =3. They were then allowed to describe if they were to choose “Other”.

First Language

This variable allowed the participant to indicate their first language. Responses were coded as: English = 1, Spanish = 2, and Other = 3. Participants that choose “Other” were given the ability to describe.

Race/Ethnicity

This variable allowed the participant to choose with race/ethnicity with which they identify. Responses were coded as: American Indian/Alaskan Native = 1, White/non-Latino/Other = 2, Asian = 3, Native Hawaiian/Other Pacific Islander = 4, Black/African American = 5, Hispanic/Latino = 6, Multiple Races = 7, and Other Race = 8. Participants that choose “Other” were given the ability to describe.

LGBTQ

This variable allowed participants to state if they identified as LGBTQ. Responses were coded as: Yes = 1 and No = 2.

Removed from Home

This variable allowed participants to report if they have ever been removed from their home. Responses were coded as: Yes = 1 and No = 2.

Lived with Foster Family

This variable allowed participants to report if they have “at least once” lived with a foster family. Responses were coded as: Yes = 1 and No = 2.

Lived with Another Relative

This variable allowed participants to report if they have “at least once” lived with a relative other than parents. Responses were coded as: Yes = 1 and No = 2.

Been Bullied (Online/In-Person)

This variable allowed participants to report if they have been bullied online or in-person. Responses were coded as: Yes = 1 and No = 2.

Seen Family Member Attack Another Family Member

This variable allowed participants to report if they have seen a family member hit or attack another family member. Responses were coded as: Yes = 1 and No = 2.

Had Sexually Explicit Photos Taken

This variable allowed participants to report if someone else had taken pictures of them with little or no clothing in sexual poses or doing other sexual things. Responses were coded as: Yes = 1 and No = 2.

Been Hit/Kicked by Parent or Other Adult

This variable allowed participants to report if they had been hit, kicked, slapped, or otherwise harmed by a parent or other adult. Responses were coded as: Yes = 1 and No = 2.

At Least Once No Access to Food, Clothing, Or Shelter

This variable allowed participants to report if at least once they have not had adequate access to things that they needed including food, clothing, and shelter. Responses were coded as: Yes = 1 and No = 2.

At Least Once, I Have Not Had a Home

This variable allowed participants to report if at least once they had not had a home, spent the night in a shelter, on the street, or in other peoples' homes. Responses were code as: Yes = 1 and No = 2.

Currently Spend the Night in a Shelter or Other Peoples' Homes

This variable allowed participants to report if they were currently spending the night in a shelter or in other peoples' homes. Responses were coded as: Yes = 1 and No = 2.

Forced Sexual Interaction

This variable allowed participants to report if they had been touched in sexual ways or made to do sexual things by a person when they did not want to. Responses were coded as: Yes = 1 and No = 2.

Forced Sex

This variable allowed participants to report if they had ever been forced to have sex when they did not want to. Responses were coded as: Yes = 1 and No = 2.

Traded Sex

This variable allowed participants to report if they had ever traded sex or a sexual act, such as oral sex, for something (food, money, drugs, a place to sleep, etc.). Responses were coded as: Yes = 1 and No = 2.

Another Person Asked Me to Trade Sex for Something

This variable allowed participants to report if another person had ever asked them to trade sex, such as oral sex, for them to have something (place to sleep, money for them, drugs for them, etc.). Responses were coded as: Yes = 1 and No = 2.

Felt Afraid of Another Person

This variable allowed participants to report if they had ever felt afraid because of another person. Responses were code as: Yes = 1 and No = 2.

Been Threatened

This variable allowed participants to report if someone had ever threatened to hurt or kill them if they did not do what they wanted. Responses were coded as: Yes = 1 and No = 2.

Victim of Hate Crime

This variable allowed participants to report if they had been physically harmed because of race, religion, or sexual orientation. Responses are coded as: Yes = 1 and No = 2.

Dating Violence

This variable allowed participants to report if someone had physically, emotionally, or psychologically harmed them while they were dating. Responses were coded as: Yes = 1 and No = 2.

Used Drugs/Alcohol to Relax

This variable allowed participants to report if they ever used alcohol or dugs to relax, feel better about themselves, or fit in. Responses were coded as: Yes = 1 and No = 2.

Been in Trouble While Under the Influence

This variable allowed participants to report if they had ever been in troubled with using alcohol or drugs. Responses were coded as: Yes = 1 and No = 2.

Frequent Feelings of Worthlessness/Hopelessness

This variable allowed participants to report if they frequently had feelings of worthlessness, hopelessness, and/or fear of letting people down. Responses were coded as: Yes = 1 and No = 2.

Frequently Feel Nervous, Worried, Panicky, Tense, Or Anxious

This variable allowed participants to report if they had frequent feelings of nervousness, worriedness, panic, being tense, or anxiety. Responses were coded as: Yes = 1 and No = 2.

Dependent Variables

Vulnerability

Both the pre and post-test ask the participant the exact same question with the intent of measuring progress in terms of raised awareness. This is question Q12 of the test and reads as follows: “Do you think Anna was or was not vulnerable when she met Junior? Vulnerable means to be at risk or to have your guard down without realizing it.”. Responses were coded as: I think Anna was not vulnerable = 1, I think Anna was vulnerable =2, and I’m not sure = 3.

Learning from the Program

The pre-test asks the participant what they think they will learn from the program through the following statement: “I think I will learn”. The multiple-choice responses were coded as: A little from this program = 1, A lot from this program =2, Nothing from this program =3. The

post-test asks the question: “From this program, I learned”. Responses were coded in the same manner as above considering the multiple-choice answers were not altered.

Open Ended Statement

The final question presented by the pre-test states: “Please write one thing you’d like to learn from this program”. This is an open-ended question and allows for the participant to state their thoughts on what they wish to learn. The answers were transcribed and coded as follows: I do not know =1, to Observe/Learn/Prevent = 2, Dangers of Sex =3, and for Personal Growth =4. The post-test asks the participant to “Please write one thing you learned from this program”. The coding for this question remains the same as the coding above. Quotes from the girls stemming from this question will be included when assessing research question three.

Methods of Analysis

Frequency Analysis

Frequency analysis are a descriptive statistical method that shows the number of occurrences of each response chosen by respondents (SPSS Online). Frequencies are very commonly used and are rather useful. Frequency analysis will be utilized to determine the percentages of participants who chose yes or no in response to the independent demographic variables. This process will allow us to determine if participants were of high-risk nature by identifying whether more participants chose “Yes” or “No” in response to given statements about personal background experiences.

Paired Sample T-Test

The paired sample t-test is a statistical method of analysis used to measure two paired measurements such as pretest and posttest responses. This analysis allows the researcher to determine if the means of the two paired measurements are significantly different. The two means typically represent two different times (i.e. a pre and post-test situation) and create the ability to determine if change has been made throughout the course of time between the two variables. This process will allow us to determine if participants have gained knowledge of vulnerability and if they have reported learning from the program within this study.

Summary

This chapter has provided a review of the methodology of the present study. Included has been an in-depth view of the data source, participants, data collection, independent and dependent variables, along with a review of the methods of analysis to be presented within the next chapter. The next chapter will report the results of the data analyses.

Chapter 5

RESULTS

Using the data gathered from the completion of pre and post-test by 126 participants of the My Life, My Choice program within a rural state, this study intends to answer three research questions. This study looks to determine if the MLMC program reached juveniles with high-risk characteristics, raised awareness of sexual exploitation in girls who completed the program, and significantly raised knowledge on sexual exploitation. This chapter will explain the results of the statistical analyses used to determine the answer to these questions. This section will include the use of frequency analysis along with the use of paired sample t-test to determine growth over time.

As indicated by Table 1, participants of the program ranged between ages 10-18, with the largest portion of participants (31%) being of 15 years of age, followed by 30.2% reporting being 14 or under. The multitude of participants reported being female (83.3%) and reported English at their first language (87.3%). Of participants, 21.4% identified as LGBTQ. More than half of participants were White non-Latino (61.1%), followed by Black/African American (16.7%), and multiple races at 14.3%.

Table 1: Participant Demographic Information

	(n=126)
Age	
>14	30.2% (n=38)
15	31% (n=39)
16	19.8% (n=26)
17	18.3% (n=23)
Gender	
Female	83.3% (n=105)
Male	7.1% (n=9)
Other	9.6% (n=12)
First Language	
English	87.3% (n=110)
Race/Ethnicity	
American Indian/Alaskan Native	4.0% (n=5)
White non-Latino	61.1% (n = 77)
Black/African-American	16.7% (n=21)
Hispanic/Latino	1.6% (n=2)
Multiple Races	14.3% (n=18)
Other	2.3% (n=3)
LGBTQ	
Yes	21.4% (n=27)
No	78.6% (n=99)

As the My Life, My Choice program was implemented with the goal of reaching out to high-risk young girls, the present study seeks to find if the current program within Kentucky has successfully reached their target population within the region. Upon entering the program, participants are asked to answer questions about demographic factors, along with past and present personal experiences. Frequency analysis was utilized to identify the percentage of participants who answered yes or no to these questions.

As noted in Table 2, over half (64.3%) of participants had been removed from their home at least one time growing up, including 52.4% of participants who stated they had lived with a foster family at least once. A large portion of participants (66.7%) reported having lived with another relative other than a parent at least once in their lifetime. In terms of violence, 81.7% of participants stated they had been bullied online or in-person, with 71.4% having seen a family member hit or attack another family member, 69.8% had been hit, kicked, slapped or etc. by a parent or other adult, and 70.6% reported being harmed by someone they were dating. More than half of participants (65.9%) reported being touched in a sexual way or made to do sexual things by a person when they did not want to. Many participants (71.4%) reported having frequent feelings of worthlessness, hopelessness, and fear of letting people down along with (79.4%) frequently feel nervous worried, panicky, tense, or anxious.

Table 2: Participant Personal Background Data

	Yes	No
Removed from Home	64.3% (n=81)	35.7% (n=45)
Lived with Foster Family	52.4% (n=66)	47.6% (n=60)
Lived with Another Relative	66.7% (n=84)	33.3% (n=42)
Been Bullied (Online/In-Person)	81.7% (n=103)	18.3% (n=23)
Seen Family Member Attack Another Family Member	71.4% (n=90)	28.6% (n=36)
Had Sexually Explicit Photos Taken	27.8% (n=35)	72.2% (n=91)
Been Hit/Kicked by Parent or Another Adult	69.8% (n=88)	30.2% (n=38)
At Least Once No Access to Food, Clothing, or Shelter	40.5% (n=51)	59.5% (n=75)
At Least Once, I Have Not Had a Home	40.5% (n=51)	59.5% (n=75)
Currently Spend the Night in a Shelter or Other People's Homes	15.1% (n=19)	84.9% (n=107)
Forced Sexual Interaction	65.9% (n =83)	34.1% (n=43)
Forced Sex	46.8% (n=59)	53.2% (n=67)
Traded Sex	24.6% (n=31)	75.4% (n=95)
Another Person Asked Me to Trade Sex for Something	30.2% (n=38)	69.8% (n=88)
Felt Afraid of Another Person	70.6% (n=89)	29.4% (n=37)
Been Threatened	52.4% (n=66)	47.6% (n=60)
Victim of Hate Crime	24.6% (n=31)	75.4% (n=95)
Dating Violence	51.6% (n=65)	48.4% (n=61)
Used Drugs/Alcohol to Relax	51.6% (n=65)	48.4% (n=61)
Been in Trouble While Under the Influence	35.7% (n=45)	64.3% (n=81)
Frequent Feelings of Worthlessness/Hopelessness	71.4% (n=90)	28.6% (n=36)
Frequently Feel Nervous, Worried, Panicky, Tense, Anxious	79.4% (n=100)	20.6% (n=26)

Paired Sample T-Test

Table 3 presents the information resulting from the paired sample t-test of variables “Do you think Anna was vulnerable (PRE)” and “Do you think Anna was vulnerable (POST)”. The repeated measure t-test found the difference between the two to be significant, $t(125)=5.966$, $p < 0.001$.

Table 3: Paired Sample T-Test “Vulnerability”

	Mean	Std.Dev.	Std. Error Mean	95% Confidence Interval		T	Df	Sig. (2-tailed)
				Upper	Lower			
Vulnerable (PRE) & Vulnerable (POST)	.262	.493	.044	.349	.175	5.966	125	.000

Table 4 represents the completed paired sample t-test of variables representing what participants reported that they “Will Learn” versus what participants reported that they “Did Learn”. The repeated measure t-test found the difference to be significant, $t(125)=4.537$, $p = 0.038$. Results were less than the required 0.050 associated with the 95% confidence interval.

Table 4: Paired Sample T-Test “Learn”

	Mean	Std.Dev.	Std. Error Mean	95% Confidence Interval		T	Df	Sig. (2-tailed)
				Upper	Lower			
Will Learn & Did Learn	.222	.550	.049	.319	.125	4.537	125	0.038

In support of the above significance, participants were given the ability to list what they believed they learned from the program. The following are examples given by participants in response to question 16 of the pretest “Please write one thing you’d like to learn from this program” and the posttest “Please write one thing you learned from this program”.

Participant 1:

Please write one thing you’d like to learn from this program: *“I’m not going to listen so why should I even bother! Hehehe.”*

Please write one thing you learned from this program: *“You don’t need to trust any one until you know, know them!”*

Participant 2:

Please write one thing you’d like to learn from this program: *“I really don’t care”*

Please write one think you learned from this program: *“There are other people like me”*

Participant 3:

Please write one thing you’d like to learn from this program: *“How to get yourself out of trafficking”*

Please write one thing you learned from this program: *“I learned that you can easily be trafficked into the life but there is always someone that will help you get out”.*

Participant 4:

Please write one thing you’d like to learn from this program: *“Everything I didn’t learn from 400 episodes of Law & Order: Special Victims Unit.”*

Please write one thing you learned from this program: *“Just because I have made mistakes in the past doesn’t mean I’m a bad person.”*

Summary

This chapter has provided the results of statistical analysis conducted on the variables associated with the studies research questions. High risk factors were present in the multitude of participants. Significance was found between the pre and posttest for both vulnerability and learning throughout the 10-session course. The following chapter will discuss the findings.

Chapter 6

DISCUSSION

This chapter will discuss the results of the current study while offering a comparison of findings to previous literature. Additionally, this chapter will include a presentation of limitations present within the study coupled with suggestions for future research. Results from this study correlate with much of the previous research on the subject including significant findings showing a relationship between the results of this study and attachment theory. The present study had a purpose of determining whether the My Life, My Choice program was effective at reaching their target population within the region, teaching about vulnerability, and instilling knowledge of sexual exploitation within participants.

Research on domestic minor sex trafficking has established that there are certain risk factors that create environments more conducive to exploitation. The My Life, My Choice program has a goal of reaching those within this high-risk population and engaging them in a learning environment with capabilities to teach about vulnerability and how to identify possible sexual exploitation. Reid (2012), states that these risk factors include, but are not limited to, family dysfunction, running away or being forced from home, homelessness, engaging in survival sex, having family or friends in the sex trade, juvenile detention, childhood abuse, early drug or alcohol use, and placement in foster care. The current study found that over 50% of participants had been removed from their home, had spent time in foster care, had seen violence, or had been victims of childhood physical or sexual abuse.

Attachment theory posits the issue that children who have been removed from home or who lack a secure base are at higher risk for DMST. In terms of vulnerability, children/minors

that have developed an insecure base are most at risk to be targeted by traffickers or pimps. It has been researched and concluded that survivors and minors at risk for trafficking often have insecure attachment and lack a secure base (Hargreaves-Cormany and Patterson 2016). The majority of participants also reported feelings of worthlessness, hopelessness, and anxiety. Research presented by Hargreaves-Cormany and Patterson (2016), states that children who have experienced attachment issues in childhood are unable to establish healthy coping mechanisms to stressful environments. Those children without this secure attachment find themselves dealing with overwhelming stress levels, creating the need to find something to provide relief. With 51.6% of participants within this research study reporting using drugs and alcohol, it can be determined that many of the girls are attempting to relieve this stress. Research has concluded that drug use in childhood makes a child more susceptible to being trafficking (Perkins and Ruiz 2016).

The present research has concluded that the My Life, My Choice program has been effective in reaching their target population and realizing that the multitude of participants are dealing with drug/alcohol addiction. Including a segment on drug and alcohol use in their curriculum allows for them to teach young girls what to do when they feel they need help. With these risk factors in mind, we can determine that the My Life, My Choice program within the targeted region was effective in reaching out to girls who are vulnerable. Interestingly, many of the participants were unable to recognize vulnerability. There was a significant change in pre and posttest answers on whether the young girl, Anna, within the curriculum was vulnerable. By teaching about vulnerability and how to identify it, is a step in the right direction for more than one reason. As mentioned by Perkins and Ruiz (2016), many times victims of sex trafficking do not realize they are victims. Many young girls believe they are choosing to be in the sex industry

or that the person who did this to them truly loves them. Research has shown that young girls, with high risk factors and an insecure based tend to feed off unhealthy relationships such as those presented by traffickers (Hardy et al. 2013).

The present research found that the largest portion of the sample reported learning significantly from the program. This learning includes how to identify a pimp, what is vulnerability, who is vulnerable, who to contact when you need help, and how do traffickers go about creating relationships. As previously mentioned, traffickers target young girls who have a need for finding a base. The My Life, My Choice program includes teachings on identifying how a trafficker goes about establishing this relationship. Many of the girls reported learning how to better identify someone who is playing against their weaknesses. One participant is quoted stating: “You don’t need to trust anyone until you know, know them”. This is a massive step forward for many of the juveniles within the program who are dealing with many high-risk factors within their environment and the lack of a secure base.

Limitations of the Present Study/Suggestions for Future Research

There are several limitations to the present study that are important to address. First, since the data was completed by the counselors within the groups and sent to the main office, there was not control over the data and how effectively it was collected. Second, as the target population is young girls of high-risk, many of the classes take place in juvenile justice centers and group homes, where often the girls will be released before completion of the program leading to incomplete data. Also, a girl can enter the facility after the initial startup of the program and still join leading to only posttest results to report. These factors led to the cutting of incomplete data (i.e. no pre or posttest). Another factor is the copious amounts of incomplete data resulting from the participants initial lack of interest to complete the survey. A suggestion

for future research and evaluation of this program would be to implement an emphasis on helping participants complete the survey fully, allowing the researcher to work with a more complete sample.

Additionally, the My Life, My Choice program in Kentucky has not yet reached all areas of the region. For future research, it would be nice to see all 120 counties represented in some form to get a better understanding of the presence of sexual exploitation within the state. Finally, as presented in this study, technology plays a large role in the expansion of domestic minor sex trafficking. This study was completely limited in this area as the survey does not assess how technology plays a role in CSE. This would be a great addition to the program and would help future researchers/evaluators to determine how technology affects CSE and DMST.

Conclusion

The above research findings have validated the significance of the My Life, My Choice program within Kentucky. Expanding on literature identifying high-risk factors, the program was able to reach participants accordingly. This allowed for intervention before the participants reached a possible encounter with trafficking. Participants showed a significant change in their initial thought on vulnerability, showing they learned from the program. Those that completed the full 10-session course showed positive learning experiences with many verbally reporting growth in their personal ideas of sex and relationships. The My Life, My Choice program is beneficial in multiple ways and provides a great base for which future researchers could build a campaign to raise awareness about multiple facets of domestic minor sex trafficking.

My Life My Choice Pre-Questionnaire

Q1 My first name is: _____

Q2 I'm attending this group at a:

- A) Community-based organization
- B) Department of Children and Families Office
- C) Group home / residential treatment facility
- D) High school
- E) Juvenile justice facility
- F) Middle school
- G) Other

What is the name of your school or facility? _____

Q3 How old are you?

- A) Younger than 14
- B) 14
- C) 15
- D) 16
- E) 17
- F) Older than 17

Read the following situation (based on a true story) and answer the questions below.

When Anna was 14, she ran away from home. She took a bus into Boston and planned to go find her cousin. While she was waiting at the bus, she met a guy named Junior. He said that she seemed kind of lonely and offered to buy her dinner and take her wherever she needed to go. She didn't really have much money so, even though she was scared, she said yes. Junior was really nice to her--that night, he even put her up in a hotel suite and talked with her for hours. Anna felt like finally someone really cared about her. Anna wound up staying in the hotel for a few weeks. After that, Junior said she could move in with him. Anna loved living with Junior and felt like she was in love with him. He always bought her nice things and waited a couple months before he asked her to have sex.

Three months later, Junior came home and told Anna that he needed her help. Junior was short on cash to make the rent. He asked Anna if she'd help him out "just this once" by having sex with a guy he knew. He "hated to ask her to do it" but they had no other choice. He said if she did this, they could stay together forever and wouldn't be evicted.

For the following statements, please circle the letter that you think best represents the answer.

Q4 Do you know anyone who has been asked to do something like what Junior asked Anna to do?

- A) Yes
- B) No

Q5 Have you ever been asked to do something like what Junior asked Anna to do?

- A) Yes
- B) No

Q6 How would you describe the relationship between Junior and Anna?

Q7 Junior is:

- A) Anna's boyfriend
- B) A pimp
- C) Someone who is trying to keep her off the streets
- D) Not sure

Q8 Do you think Anna should or should not have sex with the guy like Junior asked?

- A) I think Anna should have sex with the guy.
- B) I think Anna should not have sex with the guy.
- C) I don't know

Why do you think that?

Q9 When do you think Junior decided to ask Anna to have sex with the guy he knew?

- A) When he realized he was going to fall short on the rent
- B) Before he even met Anna
- C) The day he met Anna
- D) Not sure

Why do you think that?

Q10 If Anna sleeps with the guy Junior knows, Junior will:

- A) Ask Anna to have sex with other guys.
- B) Not ask Anna to have sex with other guys.
- C) I'm not sure what Junior will do.

Why do you think that?

Q11 If Anna agrees to have sex with the guy Junior knows, it is because... (Circle all that apply)

- A) Anna loves Junior
- B) Anna is stupid
- C) Anna feels like she owes Junior because he's taken care of her
- D) Anna likes sex
- E) Anna likes getting attention from guys
- F) Anna doesn't have anywhere else to live

Q12 Do you think Anna was or was not vulnerable when she met Junior?

Vulnerable means to be at risk or to have your guard down without realizing it.

- A) I think Anna was not vulnerable.
- B) I think Anna was vulnerable.
- C) I'm not sure.

Q13 If you were in trouble and being exploited, name two people or agencies you could contact for help. If you're not sure who you could contact, please write "Not sure."

1. Agency/Person:

2. Agency/Person:

Q14 Name three tactics a pimp might use to get girls into the commercial sex industry.

Q15 I think I will learn:

- A) A little from this program.
- B) A lot from this program.
- C) Nothing from this program.

Q16 Please write one thing you'd like to learn from this program.

My Life, My Choice Post-Questionnaire

Q1 My first name is: _____

Q2 I'm attending this group at a:

- H) Community-based organization
- I) Department of Children and Families Office
- J) Group home / residential treatment facility
- K) High school
- L) Juvenile justice facility
- M) Middle school
- N) Other

What is the name of your school or facility? _____

Q3 How old are you?

- G) Younger than 14
- H) 14
- I) 15
- J) 16
- K) 17
- L) Older than 17

Read the following situation (based on a true story) and answer the questions below.

When Anna was 14, she ran away from home. She took a bus into Boston and planned to go find her cousin. While she was waiting at the bus, she met a guy named Junior. He said that she seemed kind of lonely and offered to buy her dinner and take her wherever she needed to go. She didn't really have much money so, even though she was scared, she said yes. Junior was really nice to her--that night, he even put her up in a hotel suite and talked with her for hours. Anna felt like finally someone really cared about her. Anna wound up staying in the hotel for a few weeks. After that, Junior said she could move in with him. Anna loved living with Junior and felt like she was in love with him. He always bought her nice things and waited a couple months before he asked her to have sex.

Three months later, Junior came home and told Anna that he needed her help. Junior was short on cash to make the rent. He asked Anna if she'd help him out "just this once" by having sex with a guy he knew. He "hated to ask her to do it" but they had no other choice. He said if she did this, they could stay together forever and wouldn't be evicted.

For the following statements, please circle the letter that you think best represents the answer.

Q4 Do you know anyone who has been asked to do something like what Junior asked Anna to do?

- C) Yes
- D) No

Q5 Have you ever been asked to do something like what Junior asked Anna to do?

- C) Yes
- D) No

Q6 How would you describe the relationship between Junior and Anna?

Q7 Junior is:

- A) Anna's boyfriend
- B) A pimp
- C) Someone who is trying to keep her off the streets
- D) Not sure

Q8 Do you think Anna should or should not have sex with the guy like Junior asked?

- D) I think Anna should have sex with the guy.
- E) I think Anna should not have sex with the guy.
- F) I don't know

Why do you think that?

Q9 When do you think Junior decided to ask Anna to have sex with the guy he knew?

- E) When he realized he was going to fall short on the rent
- F) Before he even met Anna
- G) The day he met Anna
- H) Not sure

Why do you think that?

Q10 If Anna sleeps with the guy Junior knows, Junior will:

- D) Ask Anna to have sex with other guys.
- E) Not ask Anna to have sex with other guys.
- F) I'm not sure what Junior will do.

Why do you think that?

Q11 If Anna agrees to have sex with the guy Junior knows, it is because... (Circle all that apply)

- G) Anna loves Junior
- H) Anna is stupid
- I) Anna feels like she owes Junior because he's taken care of her
- J) Anna likes sex
- K) Anna likes getting attention from guys
- L) Anna doesn't have anywhere else to live

Q12 Do you think Anna was or was not vulnerable when she met Junior?

Vulnerable means to be at risk or to have your guard down without realizing it.

- D) I think Anna was not vulnerable.
- E) I think Anna was vulnerable.
- F) I'm not sure.

Q13 If you were in trouble and being exploited, name two people or agencies you could contact for help. If you're not sure who you could contact, please write "Not sure."

3. Agency/Person:

4. Agency/Person:

Q14 Name three tactics a pimp might use to get girls into the commercial sex industry.

Q15 I learned:

- D) A little from this program.
- E) A lot from this program.
- F) Nothing from this program.

Q16 Please write one thing you learned from this program.

REFERENCES

- Ainsworth, M.S. and John Bowlby. 1991. An Ethological Approach to Personality Development. *American Psychologist*, 46(4), 333.
- Belser, P. 2005. Forced Labour and Human Trafficking: Estimating the Profits. Geneva, Switzerland: International Labour Organization. Accessed via:
<http://digitalcommons.ilr.cornell.edu/cgi/viewcontent.cgi?article=1016&context=forcedlabor>
- Bolen, Rebecca. 2000. Validity of Attachment Theory. *Trauma, Violence, and Abuse*, 1(2):128-153.
- Bretherton, I. 1992. The Origins of Attachment Theory: John Bowlby and Mary Ainsworth. *Developmental Psychology*, 28:759-777.
- Chesney-Lind, Meda and Sheldon, R. 1998. Girls, Delinquency, and Juvenile Justice. Belmont, CA: West Wadsworth.
- Chochaney, Michael L. 2016. Minor and Adult Domestic Sex Trafficking Risk Factors in Ohio. *Journal of the Society for Social Work and Research*, 7(1): 2334-2315.
- Cloitre, M., Stolbach, B., Herman, J., Kolk, B., Pynoos, R., Wang, J., and Petkova, E. 2009. A Developmental Approach to Complex PTSD: Childhood and Adult Cumulative Trauma as Predictors of Symptom Complexity. *Journal of Traumatic Stress*,. 22: 399-408.
- Cole, Jennifer and Ginny Sprang. 2015. Sex Trafficking of Minors in Metropolitan, Micropolitan, and Rural Communities. *Child Abuse and Neglect*, 40:113-123.
- Courtois, Chris. 2008. Complex Trauma, Complex Reactions: Assessment and Treatment. *Psychological Trauma: Theory, Research, Practice, and Policy*, S(1): 86-100.

Daly, K. and Meda Chesney-Lind. 1988. Feminism and Criminology. *Justice Quarterly*, 5: 497-538.

Dixon, Judge Herbert. 2013. Human Trafficking and the Internet (*and other technologies too).

The Judges Journal. 52(1):Accessed via:

https://www.americanbar.org/publications/judges_journal/2013/winter/human_trafficking_and_internet_and_other_technologies_too.html

Duntley, Joshua and Todd Shackelford. 2008. Evolutionary Forensic Psychology: Darwinian Foundations of Crime and Law. New York, NY. Oxford University Press.

Dykas, MJ and J Cassidy. 2011. Attachment and the Processing of Social Information Across the Life Span: Theory and Evidence. *Psychological Bulletin*, 137(1):19-46.

Federal Bureau of Investigation. 2018. Human Trafficking/Involuntary Servitude. Accessed via:

<https://www.fbi.gov/investigate/civil-rights/human-trafficking>

Greenbaum, Jordan V. 2014. Commercial Sexual Exploitation and Sex Trafficking of Children in the United States. *Current Problems in Pediatric and Adolescent Health Care*, 44:245-269.

Greenbaum, Jordan V and James Crawford-Jakubiak. 2015. Child Sex Trafficking and Commercial Sexual Exploitation: Health Care Needs of Victims. *American Academy of Pediatrics*.

Godziak, Elzbieta, Micah Bump, Julianne Duncan, Margaret MacDonnell, and Mindy Loiselle.

2006. The Trafficked Child: Trauma and Resilience. Georgetown University. Accessed via:

<https://www.researchgate.net/publication/281495406>.

- Hardy, Veronica, Kevin Compton, and Veronica McPhatter. 2013. Domestic Minor Sex Trafficking: Practice Implications for Mental Health Professionals. *Journal of Women and Social Work*, 28(1): 8-18.
- Hargreaves-Cormany, Holly and Terri Patterson. 2016. Characteristics of Survivors of Juvenile Sex Trafficking: Implications for Treatment and Intervention Initiatives. *Aggression and Violent Behavior*, 30: 32-39.
- Hargreaves-Cormany, Holly, Terri Patterson, Yvonne Muirhead, and The Federal Bureau of Investigation. 2016. A Typology of Offenders Engaging in the Sex Trafficking of Juveniles (STJ): Implications for Assessment. *Aggression and Violent Behavior*, 30: 40-47.
- Harpster, Michael T. 2014. Innocence for Sale: Domestic Minor Sex Trafficking. *Federal Bureau of Investigation*.
- Hasselbarth, N.J. 2014. Emerging Victimhood: Moving Towards the Protection of Domestic Juveniles Involved in Prostitution. *Duke Journal of Gender Law and Policy*, 21:401.
- Herman, Judith. 1992. Trauma and Recovery: The Aftermath of Violence. New York: Basic Books, ix, 268.
- Hossain, Mazedra, Cathy Zimmerman, Melanie Abas, Miriam Light, and Charlotte Watts. 2010. The Relationship of Trauma to Mental Disorders Among Trafficked and Sexually Exploited Girls and Women. *American Journal of Public Health*, 100(12): 2442-2449.
- Latonero, Mark. 2012. The Rise of Mobile and Diffusion of Technology-Facilitated Trafficking. *USC Annenberg Center on Communication, Leadership, and Policy: Research Series on Technology and Human Trafficking*.

- Lederer, Laura and Christopher Wetzel. 2014. The Health Consequences of Sex Trafficking and their Implications for Identifying Victims in Healthcare Facilities. *Annals of Health Law: September 2014*.
- Lloyd, Rachel. 2011. *Girl Like Us: Fighting for a World Where Girls Are Not for Sale: A Memoir*. New York, NY: Harper Collins.
- My Life, My Choice: Website. Accessed Via: www.fightingexploitation.org.
- National Center for Missing and Exploited Children. Accessed via: www.missingkids.com
- Nelson, Helen, Garth Kendall, and Linda Shields. 2014. Neurological and Biological Foundations of Children's Social and Emotional Development: An Integrated Literature Review. *The Journal of School Nursing*, 30(4): 240-250.
- Palmer, Nancie. 2010. The Essential Role of Social Work in Addressing Victims and Survivors of Trafficking. *ILSA Journal of International & Comparative Law*, 17: 43-56.
- Patterson, Terri, Holly Hargreaves, and Yvonne Muirhead. 2013. Psychopathy in Offenders Committing the Commercial Sexual Exploitation of Juveniles: A Current FBI Study.
- Perkins, Elizabeth. 2016. An Evaluation of the My Life, My Choice Program in Kentucky.
- Perkins, Elizabeth and Carey Ruiz. 2016. Domestic Minor Sex Trafficking in a Rural State: Interviews with Adjudicated Female Juveniles. *Child and Adolescent Social Work Journal*, 34: 171-180.
- Psychology Today, Post Traumatic Stress Disorder. *American Journal of Psychiatry*. Accessed via: <https://www.psychologytoday.com/us/conditions/post-traumatic-stress-disorder>

Rafferty, Yvonne. 2013. Child Trafficking and Commercial Sexual Exploitation: A Review of Promising Prevention Policies and Programs. *American Journal of Orthopsychiatry*,. 83(4): 559-575.

Reid, J.A. 2012. *A Girl's Pathway to Prostitution: Linking Caregiver Adversity to Child Susceptibility*. El Paso, TX: LFB Scholarly.

Seto, Michael. 2009. Pedophilia. *Annual Review of Clinical Psychology*. 5: 391-408.

Shared Hope International. 2009. *The National Report on Domestic Sex Trafficking (Annual Report)*. Accessed via: <https://sharedhope.org/resources/policy-research-resources/#dmst>

Shared Hope International. 2018. The Problem. Accessed via: <https://sharedhope.org/the-problem/>

The Rescue and Restore Victims of Human Trafficking: How to Identify. Accessed via: www.acf.hhs.gov/sites/default/files/orr/health_problems

THORN. Accessed via: www.wearethorn.org/child-trafficking-statistics

Trafficking of Victims Protection Act of 2000, 22 USC 7101 – revised 2008.

U.S. Department of State (2010, June). Trafficking in Persons Report.

U.S. Department of Veteran's Affairs. 2018. PTSD.

Walsh, Anthony and Ilhong Yun. 2014. Epigenetics and Allostasis: Implications for Criminology. *Criminal Justice Review*, 39(4): 411-431.

Williamson, Erin, Nicole Dutch, and Heather Clawson. 2008. Evidence-Based Mental Health Treatment for Victims of Human Trafficking. *U.S. Department of Health and Human Services*.

Witt, Emily. 2018. After the Closure of Backpage, Increasingly Vulnerable Sex Workers are Demanding their Rights. *The New Yorker*, June 8, 2018. Accessed via: <https://www.newyorker.com/news/dispatch/after-the-closure-of-backpage-increasingly-vulnerable-sex-workers-are-demanding-their-rights>

World Bank. 2017. Accessed via: <https://data.worldbank.org/indicator/IT.NET.USER.ZS>

Yates, Denene, Sharon Fuller, and Kate Oliver. 2016. *The Link Between Attachment Disorder and Human Trafficking*.

Zimmerman, Cathy, Mazedra Hossain, Katherine Yun, Vasil Gajdadziev, Natalia Guzun, Marie Tchomarova, Angela Ciarrocchi, and Charlotte Watts (2008). The Health of Trafficked Women: A Survey of Women Entering Posttrafficking Services in Europe. *American Journal of Public Health*, 98: 55-9.