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SPECIALIZED SERVICES FOR COMMERCIALY SEXUALLY EXPLOITED CHILDREN IN THE CHILD WELFARE SYSTEM

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SPECIALIZED SERVICES FOR COMMERCIALY SEXUALLY EXPLOITED
CHILDREN IN THE CHILD WELFARE SYSTEM

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Ola Morrison-Blair
Jahninia Tarango
May 2022

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Approved by:

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ABSTRACT

Commercial Sexual Exploitation of Children (CSEC) is a prevalent global crisis including a range of crimes and activities involving the sexual abuse and exploitation of children for financial and non-financial gain. Due to the vulnerability of children and youth who have been in the child welfare system, this population is at a much higher risk of falling victim to CSEC. This qualitative research study focused on the resources available and the knowledge of community professionals who have regular interactions with CSEC victims, such as social workers, licensed clinicians, law enforcement, and community advocates. Data was collected through video and phone interviews (in observation of COVID-19 safety protocols) with ten professionals who work with this population. Participants were recruited by the researchers. Participants were consented prior to participation and debriefed following their interviews. The data collected from the interviews was organized via a color-coded approach using descriptive analysis. This study found that most of the participants who come into contact with at risk or active CSEC victims utilize some type of identification tool. Additionally, this study confirmed that professionals in the community are aware and have community resources that provide direct intervention services. However, resources for this population are limited and there are barriers to maintaining contact with the youth due to confidentiality and the isolating and criminal nature of the exploitation, which impedes the professionals' ability to gauge whether or not the services are effective. Furthermore, many participants

reported that they recognize CSEC is a growing crisis in the community and that a lack of funding prevents more permanent and dependable community intervention and crisis programs, which are vital to supporting this vulnerable population. This study makes contributions to micro, mezzo, and macro social work by providing the observations of professionals including social workers in the community, who have regular interaction with CSEC victims and knowledge of the barriers that prevent this population from receiving the most encompassing, supportive, and trauma-informed services. Study limitations include the small sample size and non-probability sampling method.

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TABLE OF CONTENTS

ABSTRACT	iii
ACKNOWLEDGEMENTS.....	v
LIST OF TABLES	x
CHAPTER ONE: INTRODUCTION	1
Introduction	1
Problem Formulation.....	1
Research Question and Purpose of the Study	4
Significance of the Project for Social Work Practice	4
CHAPTER TWO: LITERATURE REVIEW.....	6
Introduction	6
Policy and Guidelines Designed to Protect Commercial Sexual Exploitation of Children Victims	6
Theories Guiding Conceptualization	10
Ideas, Tools, and Instruments to Identify the Needs of Commercial Sexual Exploitation of Children Victims.....	12
Education and Advocacy to Populations that Work with Commercial Sexual Exploitation of Children Victims.....	15
CHAPTER THREE: METHODS	19
Introduction	19
Study Design	19
Sampling.....	20
Data Collection	21
Procedures	22
Protection of Human Subjects	24

Data Analysis.....	25
CHAPTER FOUR: FINDINGS	26
Introduction.....	26
Description of Research Participants.....	26
Theme 1: Roles and Experience.....	27
Theme 2: Use of Screening Tool	30
Theme 3: Benefits of Programs	35
Theme 4: Challenges/Areas for Improvement	39
Theme 5: Collaboration.....	48
Theme 6: Staff Preparedness and Longevity.....	50
Theme 7: Secondary Trauma	57
CHAPTER FIVE: DISCUSSION	61
Introduction.....	61
Discussion	61
Implications for Social Work Practice.....	67
Limitations of the Study.....	68
APPENDIX A: DATA COLLECTION INSTRUMENT	69
APPENDIX B: INFORMED CONSENT	71
APPENDIX C: COMMERCIAL EXPLOITATION IDENTIFICATION TOOL (CSE-IT)	74
APPENDIX D: INSTITUTIONAL REVIEW BOARD LETTER.....	77
REFERENCES.....	79
ASSIGNED RESPONSIBILITIES	84

LIST OF TABLES

Table 1. Participant Designations and Descriptions	27
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CHAPTER ONE

INTRODUCTION

Introduction

This chapter will introduce the focus of the research study. The chapter will define Commercial Sexual Exploitation of Children (CSEC) and the impact of the growing crisis on children and youth, globally, nationally, and regionally. Further, the implications of CSEC to micro, mezzo, and macro social work practice will be examined.

Problem Formulation

Human trafficking, which includes sex trafficking, is commonly understood to be a global human rights issue affecting an estimated 24.9 million people, who are subjected to this modern-day enslavement (United States Department of State, 2019). Human trafficking flourishes through criminal organizations, deriving economic benefits estimated to be more than \$100 billion annually worldwide (Panlilio et al., 2019). Sex trafficking, which includes the commercial sexual exploitation of children (CSEC), is an international crisis that is growing in its scope and has devastating consequences to the victims, who are comprised of the most vulnerable population of society, children. The Office of Juvenile Justice and Delinquency Prevention (OJJDP) defines CSEC as “a range of crimes and activities involving the sexual abuse or exploitation of a child for financial benefit of any person or in exchange for anything of value (monetary

and non-monetary benefits given or received by any person” (United States Department of Justice, OJJDP).

In the United States, multiple risk factors contribute to CSEC. They include children who have histories of abuse and neglect and are currently involved or have past involvement with child welfare services (Greeson et al., 2019). The federal, state, and local governments are making efforts to quantify the number of children who are victims of commercial sexual exploitation (CSE) and mitigate its impact, which includes increased criminal activities in the community (Fedina et al., 2016). Various levels of government are engaged in the development of public policies, which facilitate funding for child welfare programs, as well as passing laws to protect the victims and punish their abusers. However, due to limited research and the employment of unreliable methods in the past, there are gaps in the empirical data (Fedina et al., 2016).

Despite the gaps in data, there is an apparent crisis in the child welfare system, as there is an established correlation between children who have child welfare histories or are currently in out of home care, and CSEC, estimating the numbers range from 50% to 80%, (Landers et al., 2017). The risk factors impacting CSEC include a history of trauma (including sexual, physical, and emotional abuse), lack of family and social supports, inadequate parental supervision, behavioral challenges (including running away), substance abuse, and mental health issues (Landers et al., 2017). These risk factors represent some significant vulnerabilities that are targeted by traffickers, leaving this

population prey to their efforts (Landers et al., 2017). As well, while children from all socio-economic backgrounds can become CSEC victims, poverty is found to be a significant contributing vulnerability (Hounmenou & O'Grady, 2019). Further, Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ+) youth are also a particularly vulnerable demographic of the population that is targeted by traffickers (Fedina et al., 2016).

Given the multifaceted challenges associated with CSEC, it is vital that programs specific to the needs of this population are in place. In the field of social work, there is a growing understanding of the significance of evidence-based practice. Further, ongoing quantitative and qualitative research is required, producing accurate data and data collection, which will contribute to the existing knowledge, and better equip social workers, service providers, agencies, and government entities, with evidence-based treatment and prevention models.

Programs that are being utilized include models that are strengths-based, client-centered/inclusive, focusing on empowerment, teaching and facilitating healthy communication, and serving both the participants and their families (Whaling et al., 2020). Further, numerous specialized services include reframing negative self-identification, coercion resiliency, coping skills training, identity work, and utilizing several assessments and surveys to measure client engagement (Whaling et al., 2020). Multi-disciplinary programs are being employed, and engage long-term residential treatment models, determined by comprehensive assessments of each participant (Landers et al., 2017).

Incorporated in programming are wraparound services, trauma-informed care principles, and intensive strengths-based clinical services, while promoting a normalized home environment (Landers et al., 2017).

What appears indicative of various specialized programs, is that there is no cookie-cutter approach that will satisfy the numerous and complex needs of the victims of CSEC. Social workers and other professionals who work specifically with the population must be able to identify the CSEC victims (and potential victims), assess their needs, know the strategies and programs proven to be beneficial, what will produce measures of success, and have access to these services for their clients.

Research Question and Purpose of the Study

The research question posed for this study is: What do social workers and other professionals who have direct involvement with CSEC victims know about specialized services for the CSEC population? The purpose of this research is to explore the knowledge of professionals who regularly work with CSEC victims in their agency, and their access to, or knowledge of, resources available to this population. Our ultimate aim is to identify gaps in knowledge in order to inform and improve future programs and services related to CSEC.

Significance of the Project for Social Work Practice

The findings derived from the study may have implications for social work practice on all levels. To serve the victims, families, and the community

appropriately, it is imperative that social workers, the agencies they work for, the providers they work with, and the government entities providing funding and handing down policy understand the risk factors impacting CSEC and the significance of specialized programs on outcomes for the victims, their families, communities, and society at large.

At micro and mezzo levels, the study's findings may point to efficiencies or lack thereof related to professionals' ability to identify, assess, and provide services to potential and current CSEC victims and their families. At the mezzo level, findings may illuminate the extent that specialized services are available through agencies within the community, and their accessibility and efficacy. At the macro social work level, implications of the study may point to changes to child welfare and public policies related to CSEC and potential CSEC victims.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This Chapter will provide a literature review, which will explore policy and guidelines and the conceptualization of specialized services to address the growing awareness of the CSEC population. Furthermore, the literature review will present ideas, tools, and instruments related to advocacy and education for social workers that serve the CSEC population

Policy and Guidelines Designed to Protect Commercial Sexual Exploitation of Children Victims

A Statewide bulletin distributed to all County Child Welfare directors, County Boards of Supervisors, Title IV-E agreement tribes, and Child Welfare Services Program Managers in July 2019 referencing Senate Bill 855 made a significant change in the direction of child welfare advocacy. This bulletin declared that all counties in California utilize a multi-disciplinary team approach to provide encompassing services to the vulnerable children who have been sexually exploited and that counties create interagency protocols to ensure that these services are being provided to this special population (S.B.855).

Recognition of this increasing crisis in California communities was a huge step forward in supporting this vulnerable population. However, it is also apparent that this population comes with a set of complex trauma needs, and there are no specific services exclusive to commercially sexually exploited youth

(California All County Information Notice, I-28-19). What is apparent is that – although victims of CSEC have multiple contacts with social services agencies, medical staff, and law enforcement – there is not a strong enough infrastructure to support the service needs of these victims in the community and the infrastructure is not cohesive (Bounds et.al, 2015). Furthermore, there is a significant gap in current research due to the nature of confidentiality when these victims seek treatment in the community, creating a lack in actual data. Additionally, the identification structure is inadequate in providing continuous care to this population or the means to check in with them over periods of time to monitor treatment outcomes.

There have been great strides in de-criminalizing CSEC victims. Instead, the victims are now being offered therapeutic services rather than incarcerating them. In the past, these victims were entered into the California Juvenile Court System (Schneider, 2009). Juvenile prostitution makes up for 50 % of all U.S. prostitution arrests, and the three highest areas for Juvenile Prostitution in the U.S. – San Francisco, Los Angeles, and San Diego – are in California (Schneider, 2009). After the passing of the federal Trafficking Victims Protection Act (TVPA) in 2000, states started looking at CSEC victims in a different light (Schneider, 2009). They started engaging with these victims differently and creating protocols to better provide services to victims. Before the passing of TVPA, there were only four programs in the United States that specialized in services to CSEC Victims (McMahon-Howard, 2017). The most well-known of

these programs are Children of the Night, which was founded in 1979, and Girls Education and Mentoring Services (GEMS), which was not founded until the late 1990s (McMahon-Howard, 2017).

Some states started referring CSEC victims to social service agencies rather than criminally prosecuting them. As well, counties, such as Alameda County in California, have created specialized Court programs explicitly aimed at CSEC (Liles et al., 2016). Girl's Court/CSEC Court are specialized courts that are solution-focused, trauma-informed, and less punitive in their approach, focusing on factors that contribute to children being led into sexual exploitation (Liles et al, 2016). Further, specialized courts apply cross-system collaboration, including Judges, attorneys (e.g., Public Defender, District Attorney, and child's counsel), mental health providers, Office of Education, and more (Liles et al, 2016). In November of 2019, San Diego District Attorney Summer Stevens announced that the San Diego Sheriff's Department High-Intensity Drug Traffic Area/Tactical Narcotics Team (HIDTA/TNT) would be adding specialized staff. This team comprised of medical personnel and social workers in partnership with the California Border Alliance Group to focus on early intervention of youth and teens involved in drug and sex trafficking at San Diego's borders (sdhidta.org).

The harm reduction model is client-centered, strengths-based, emphasizes client empowerment, and recognizes the client as an expert regarding their life (Vakharia & Little, 2016). The harm reduction approach was utilized in Europe in the 1980s, in response to the public health crisis posed by

injection drug use (IDU) and the rampant spread of human immunodeficiency virus (HIV) (Vakharia & Little, 2016). Harm reduction is an evidence-informed practice that is being adopted by child welfare, foster family agencies, community based organizations, and social workers to serve CSEC victims, who – due to complex trauma and manipulation by their exploiters – are often reluctant to leave “the life” and engage in services (California All County Information Notice, I-28-19) (Harm Reduction Series, 2019). Further, the harm reduction model accepts the client’s decision making ability as the professional works with the client, engaging collaboratively to examine their choices, have their immediate needs met, and allow the youth to take the lead in the development of a safety plan to mitigate risks related to CSEC (Harm Reduction Series, 2019). This approach is a paradigm shift in child welfare, but despite misgivings, harm reduction is evidenced-based, and successfully utilized when treating clients engaging in risky behaviors in various settings.

In addition, it is recognized that service providers may experience secondary trauma. Child welfare workers, counselors, healthcare providers, advocates, law enforcement agents, and anyone investigating crimes against children experience ongoing exposure to traumatic narratives (Molnar et al., 2017). Professionals working with CSEC victims are individuals that are vulnerable to and often experience vicarious or indirect trauma, defined as the exposure to the traumatic experiences of other people (Molnar et al., 2017). Therefore, due to the traumatic nature of the victimization of children and youth

by exploiters and the service providers' exposure to these narratives, it is of utmost importance that services, and strategies be available for these individuals to address vicarious or secondary trauma (Molnar et al., 2017).

Theories Guiding Conceptualization

Theories that guided the conceptualization of this research study include systems theory and trauma-informed care (Bounds et al., 2015).

Systems theory involves multiple systems at work in the lives of the victims (Bounds et al., 2015). Edwards and Mika (2016) state, "Even within the smallest of systems, actions produce effect." This is evident in the systems impacting CSEC victims. These systems include (but are not limited to) a child's family, the child welfare system (in many cases), Dependency and Delinquency Courts, law enforcement, mental health, and medical health entities (Bound et al., 2015). The failures and successes of each of these systems impact the others' functioning, as they are interconnected. Therefore, these systems' failures and successes, directly and indirectly, influence outcomes for CSEC victims.

Examples of how systems theory is applied to CSEC are numerous. For example, when there is a breakdown in the child's family (as is indicative of abuse or neglect), the child is left vulnerable and may require the intervention of child welfare and the Dependency Court. These are macro systems that ideally function in the protection of the child. However, research has documented a correlation between CSEC and children currently (or previously) in the child welfare system (Landers et al., 2016). Research further indicates that exploiters

prey on the vulnerabilities of children in foster care (Landers et al., 2016). These vulnerabilities include histories of trauma, lack of family and social support, and inadequate parental guidance and protection (Landers et al., 2016). Therefore, it can be inferred that there is a failure in the family system and deficits in the child welfare/dependency system. The services available to the CSEC population include multi-disciplinary residential treatment programs, developed specifically to address the varying levels and types of trauma sustained by the victims (Whaling et al., 2020). Trauma-informed care (specializing in CSEC) includes but is not limited to the provision of housing (through residential treatment), individual and group evidenced-based therapy, medical care, reproductive care, life skills, mentoring, and educational services (Whaling et al., 2020).

These services have been examined in past research, but the studies are limited due to the problematic nature of engaging the victims. However, social workers and other professionals working with the CSEC population will likely be more inclined to provide data, thereby allowing the examination of their knowledge of specialized services and the impact of the services on victims. To determine whether specialized services are being used effectively to improve the victims' outcomes, this exploratory study will include interviews of child welfare social workers, community agency social workers, law enforcement, advocates, and mental health professionals discussing their knowledge of these services. The appropriate application of systems theory and increased knowledge of trauma through the continued study is necessary to develop more specialized

services and improve or terminate existing services, depending on their benefit or lack thereof to victims of CSEC.

Ideas, Tools, and Instruments to Identify the Needs of Commercial Sexual Exploitation of Children Victims

The growing awareness and advocacy for CSEC victims have created an avenue for professionals in many disciplines to create and implement programs beneficial in their service area. The healthcare setting is an imperative area in which CSEC victims seek treatment and medical care routinely; these include urgent care, community clinics, and widely accessible reproductive care facilities such as Planned Parenthood. However, due to confidentiality, this information is often not shared, and the services provided are not standardized (Richie-Zavaleta, 2017). It can be observed that CSEC victims are seeking treatment in many different healthcare settings, and there is a multitude of evidence that a need is present. However, the approach in how to best serve the population is complex and unorganized.

Furthermore, there is limited information as to how practitioners are responding to CSEC victims. A 2017 study in the *Pediatric Emergency Care* journal reports that six screening tools were utilized in the emergency room setting (Armstrong, 2017). Two out of the six tools were considered to be the most sensible in an emergency room setting (Armstrong, 2017). Emergency room staff reported that they were interested in a tool that included succinctness, a simple format, and a straightforward scoring system (Armstrong, 2017).

Due to confidentiality, there is limited information from CSEC victims and services that they believe would be best suited to their needs; however, there are some instances in which victims have been interviewed (Robitz et.al, 2020). Common themes requested amongst victims are mental health services, including individual therapy, coping skills, and non-judgmental providers who exhibit understanding of the CSEC culture (Robitz et.al, 2020).

The change in focus from being perceived as a criminal, to being acknowledged as the victim, is a paradigm shift from how CSEC victims have been treated in the past. Although TVPA was initiated in 2000 and re-enacted four more times after that, the highly vulnerable CSEC victims are unaware of their rights and continue to remain fearful of prosecution in the criminal court. Stories that continue to play in the background of U.S. National news include Cyntoia Brown and Chrystul Kizer. Cyntoia went to prison at age 16 and served 15 years for killing a man who had purchased her for sex (Raphelson, 2017). Chrystul Kizer is a 16-year old child who is facing life in prison in Kenosha, Wisconsin on charges that she murdered her alleged sex trafficker (Hawbaker & Forrestal, 2022).

These CSEC victims' stories are only two, but there are many more stories of children who are preyed upon due to their socio-economic status. The most common victims of sex trafficking are those who have minimal adult supervision, children who run away from home, children in foster care, and homeless youth (Bounds, 2015). There is a very high correlation between children involved in the

child welfare system and CSEC activity. Risk factors are higher for children who have been sexually abused prior to their involvement with sex trafficking. Also, living in poverty, lack of basic needs, and substance abuse contribute to a youth's desire to run away, making them vulnerable to traffickers and higher outcomes of being involved in the child welfare system (Bounds, 2015).

When children are brought to the attention of San Diego Child Welfare services, they are initially screened for risk and safety assessments. If the child is over the age of 12, and there are any indicators of the possibility of CSEC, the Commercial Sexual Exploitation Identification Tool (CSE-IT) created by the WestCoast Children's Clinic is used to help the social worker guide their investigation. The worker is asked for the child's basic demographics. There are more in-depth inquiries based on the social workers' professional judgment and whether they believe the youth is being commercially sexually exploited. There are indicator scores in sections for housing and caregiving, prior abuse or trauma, physical health and appearance, environment and exposure, relationships and personal belongings, signs of current trauma, coercion, and exploitation. At the end of the survey, a score is given, and the child can fall under no concern, possible concern, or clear concern. These scores direct the social worker toward how to best provide services to the child and family; however, there is no direct protocol as to which services are best. Despite the growing awareness and recognition that CSEC victims need services, it also must be taken into consideration, the cognitive capacity of a child who has

endured trauma, in addition to the youth's emotional perception of their needs, appropriateness, and timeliness of therapeutic services and resistance to services (Gasevic, 2014).

The common theme amongst social workers and service providers in the medical community and law enforcement who come into contact with youth involved in CSEC, is that there is a recognition that services are needed, and early intervention is best to prevent dire outcomes for these youth. There is a plethora of documentation that providers are seeking resources and offering input as to community interventions that are being implemented but questions arise, such as: Are professionals in the regions that have higher rates of CSEC victims utilizing the specialized services that are provided? Are they even aware of what is available in the surrounding community? How are social workers and service providers addressing their own secondary trauma, and are they utilizing the services to help with their own exposure to trauma?

Education and Advocacy to Populations that Work with Commercial Sexual Exploitation of Children Victims

Growing awareness and advocacy in recent years, educating the public and service providers about the increasing instances of CSEC in our communities has generated an increase in community and state funding to provide services for CSEC victims. Additionally, Child Welfare agencies, law enforcement, and the medical community have focused on creating policy and protocol in regard to best practices in serving this special population. A recurring

theme in research conducted with CSEC victims and survivors is that the needs of this population are complex and multi-faceted, and the needs range from emergency medical care to legal assistance, therapy, and housing (O'Brien et al., 2019).

Findings in studies on CSEC services is that there is a lack of training of first responders that come into contact with CSEC victims who come to them to address their healthcare needs (Hounmenou & O'Grady, 2019). Frequently, emergency healthcare providers and clinics are the only settings in which CSEC victims can be identified and provided with services; however, the opportunity is regularly missed due to inadequate training or tools provided to staff to be able to identify these victims (Hounmenou & O'Grady, 2019).

Regarding law enforcement interaction, the Victims of Trafficking and Violence Protection Act (TVPA) that passed in 2000 shifted the way the criminal justice system interacts with victims of sex trafficking (McMahon-Howard, 2017). In the past, CSEC victims were arrested and treated as criminal offenders engaged in prostitution rather than child victims (McMahon-Howard, 2017). The passage of TVPA was the first step in focusing on CSEC victims rather than treating them as criminals (McMahon-Howard, 2017). The focus on this shift has encouraged law enforcement partners to work with social service agencies to provide services to these child victims rather than funnel them into the criminal justice system (McMahon-Howard, 2017).

There have been ongoing efforts to bridge the gap and create positive interactions between law enforcement, social workers, and CSEC victims. This is indicated especially in areas such as San Diego and Imperial Counties in California, where rates of trafficking are higher due to the close proximity to the international border with Mexico. The common theme in a majority of studies is that CSEC victims are best served through a social services agency that can meet the basic needs of this population, which recurrently stated are health, legal, financial, and social support (Hounmenou & O'Grady, 2019). When victims have access to trauma-informed services they have better recovery outcomes and are able to move forward with their lives (Hounmenou & O'Grady, 2019). In addition, victims have reported that programs focusing on victims' needs could include telephone helplines, emergency shelters, and safe houses (Hodge, 2008).

Social services agencies often rely on community non-profit organizations that can provide these comprehensive services. However, it is unclear if social workers and other professionals know the specialized services available to available to CSEC victims and if they are utilized routinely. To that end, the purpose of this study is to inquire if child welfare social workers and professionals in Riverside, San Diego, and neighboring counties in California are aware of the specialized services in their surrounding areas and what services are being utilized most for their clients. Additionally, an inquiry is being made about

whether professionals who regularly work with CSEC victims experience secondary trauma and if they are utilizing services for themselves.

CHAPTER THREE

METHODS

Introduction

This chapter outlines how the research was conducted, including the study design, sampling, measurement, data collection, procedures, protection of human subjects, and data analysis.

Study Design

CSEC represents a significant and growing societal challenge; however, there is limited data on the subject from the social worker's and professional's perspective. This study seeks to understand what professionals who work with the CSEC population are aware of with regard to resources that provide services to CSEC victims. It further seeks to understand whether and to what extent these services are being utilized routinely (e.g., are the service providers referring/connecting their CSEC clients to these services), and whether and to what extent these service providers are utilizing services for themselves, if they experience secondary trauma.

This study was an exploratory qualitative study to examine service professionals' knowledge of the services provided to victims of CSEC from the professionals' perspective. The study design utilized semi-structured, one-on-one interviews conducted with child welfare social workers, an agency case worker,

clinical supervisor, law enforcement officers, an advocate, and a licensed clinician, who work or have had experience working directly with CSEC clients or carry caseloads with youth who are identified as victims or at-risk of being victims of CSEC. The interviews were an in-depth exploration of the participants' experience and knowledge, as applied to CSEC services. The research design focused on the application of systems theory, as CSEC victims' needs are complex and require the use of multiple systems to address their individual needs.

The professionals' perspective is an appropriate vantage point for examining the tools of assessment, the availability, and the impact of the services. Child welfare social workers have a unique perspective, as they are agents of the Child Welfare system or community partners, and thereby operate as facilitators of the services while working closely with the CSEC population. Law enforcement members' perspective is equally important because of the integral role they play in screening CSEC victims. Further, they have the ability to direct victims to support services, rather than incarcerating them. Service providers contribute to crisis intervention, advocacy, wraparound, trauma-informed services, and survivor-informed services.

Sampling

The study employed non-probability purposive sampling of professionals who were eligible for participation in the study due to their work in specialized CSEC units or programs. The subjects of this study were social workers, law

enforcement, advocates, and service providers, who matched the criteria for purposive sampling, which is relevant because these professionals had a greater knowledge of the population than many of their counterparts. Additionally, even though confidentiality is vital for CSEC victims' autonomy, the participants were able to retain shared information and create policy and programs that may have been suggested by the victims, who do not wish to share their identity.

The criteria for eligibility was that the participants had regular contact with the CSEC population either by choice or by assignment. In addition, the participants were to have knowledge of the resources that are available to the population. The two researchers contacted professionals who worked with the CSEC population already known to the researchers and then utilized the snowball/chain sampling technique by asking the known contacts for referrals to other professionals who have worked with the CSEC population. Through these recruitment efforts, 10 professionals were identified and agreed to participate in the study.

Data Collection

The raw data was obtained through the utilization of in-depth interviews. In-depth interviews were conducted by recruiting professionals from Riverside and San Diego County's specialized programs serving CSEC victims whom the researchers had already known. At the end of the interviews, these participants were asked for recommendations to other professionals whom they knew worked with the CSEC population (e.g., snowball sampling). Due to the challenges

associated with the COVID-19 pandemic (to include the necessity of social distancing), in-person interviews were not possible. Instead, the interviews were conducted via Zoom and telephonically. Zoom or video conferencing was preferred to allow the interviewer to observe non-verbal cues and body language presented by the interviewee.

The interview was semi-structured and consisted of 11 open-ended questions, which permitted structure, but allowed flexibility for the interviewers to delve more deeply and the interviewee to provide additional information. The interviews were digitally recorded for greater accuracy, and the duration of interviews were between 30 to 90 minutes. Additionally, the researchers took notes during interviews to document any relevant observations, such as interviewees' tone of voice, gestures, and expressions.

Procedures

The researchers recruited social workers and other professionals from San Diego, Riverside, and neighboring California counties, who specialize in work with CSEC victims for their participation in one-on-one in-depth interviews. At the end of the initial interviews, the researchers deployed the snowball sampling technique and asked the participants for recommendations to other working professionals who have provided services to their CSEC clients in the community. Before the start of each interview, the researchers reviewed all areas of Informed Consent with the participants. They were informed that they could decline to participate in the study in its entirety or opt-out of answering questions

that may have made them uncomfortable at any time. Participants were not compensated for their time. After completion of the interview, participants were advised that the study was free from coercion and deception.

One of the researchers conducted interviews with six participants including two child welfare social workers, one agency social worker, one Licensed Marriage and Family Therapist (LMFT), one victim advocate, and one clinical supervisor in an agency. The second researcher conducted interviews with four participants including one child welfare social worker, two law enforcement officers, and one case worker in a non-profit agency.

The interviews were conducted via Zoom (nine participants) and by telephone (one participant). Interviews lasted anywhere from 30 to 90 minutes, with most around 45 minutes. The interviews were digitally recorded for the maintenance of accuracy. Participants were asked a series of questions based on the semi-structured interview protocol in Appendix A. Questions were developed in advance by the researchers based on an extensive literature review and guiding theories discussed above and were designed to elicit information about professionals who regularly have access to CSEC victims, and their knowledge of resources available to the CSEC population.

Data analysis necessitated the transcription of the recorded interviews verbatim. The interviews were reviewed repeatedly by both the transcribing researcher and the research partner who did not conduct the interview. Levels of coding were utilized to categorize the data, including the emerging themes. To

increase inter-rater reliability, coding was completed jointly by both researchers and reviewed as themes emerged. The data was analyzed and interpreted to determine how it answers the question posed by the study, “What do professionals who have direct involvement with CSEC victims know about specialized services for the CSEC population?” The findings are presented below in Chapter four.

Protection of Human Subjects

The study’s Informed Consent can be located in Appendix B. Informed consent was discussed with the participants in advance of the interview, and they were given the opportunity to sign the document detailing the information outlined in this section of the paper. This project was reviewed by the Internal Review Board (IRB) at California State University San Bernardino (CSUSB). The interviewees' participation in the study was voluntary, and they were able to refuse to participate before the study at any time. Further, the participants could discontinue at any time or skip any questions/procedures that made them feel uncomfortable, with no penalty to them. There were no coercive or deceptive practices utilized, and the requirements and process were explained to the participants in advance. Further, any known risks and benefits to participating in this study was discussed with the participants. Precautions were taken to minimize risks by fully disclosing the interview questions before the interview.

Each professional service provider interviewed was coded by a number to protect their confidentiality. No names were connected to the data and no

descriptors of the participants were used when quoting. Data was stored in google drive in our school e-mail, and the data will be erased after 3 years. The interviews were digitally recorded onto our computer and transcribed by the researchers. If the social worker felt the need to refer to a case they had worked on, they were asked to refer to the victim as “the child” or “the minor” to preserve confidentiality.

Data Analysis

This study applied qualitative data analysis methods. The data was obtained through in-depth interviews of the 10 professional service providers via Zoom and it was transcribed. Transcription was directly taken word for word from the recordings and re-checked to ensure the accuracy of the data. The transcription was re-checked by the researcher who did not transcribe it to ensure trustworthiness.

The data was reviewed repeatedly during and after transcription, and coding for qualitative themes was utilized. Analysis of interview transcripts were divided between the two researchers, and codes were developed jointly as themes emerged during the data analysis (De Carlo, 2018). The research partners examined each other's work to improve inter-rater reliability. Once the data was analyzed, it was interpreted to determine how it answers the research question. The findings are presented below in Chapter four.

CHAPTER FOUR

FINDINGS

Introduction

This chapter will provide descriptions of the research participants and includes Table 1, identifying and explaining each participant's role(s) and experience with CSEC victims. Further, the chapter will discuss seven common themes discovered through the research. The themes include, roles and experience, use of screening tool, benefits of programs, challenges/areas for improvement, collaboration, staff preparedness and longevity, and secondary trauma.

Description of Research Participants

Ten individuals participated in this research study. They included seven females and three males. The participants described varying roles, levels of experience, and years of experience spanning from under six years to twenty-three years working with CSEC clients. Table 1 lists the participants utilizing a designation such as "SW1 or LMFT1", which are utilized throughout this section to protect participants' identities. The table further describes the participants in terms of their association with or types of service they provide to CSEC.

Table 1. Participant Designations and Descriptions

Participant Designation	Participant Description
CS1	Clinical Supervisor with a community advocacy organization for sexually exploited children
LMFT1	Licensed Marriage and Family Therapist and Program Manager for a human trafficking program
VA1	Victim Advocate for the County District Attorney
SW1	Child Welfare Social Worker; CSEC Coordinator and policy analyst
SW2	Child Welfare Social Worker at a specialized Group Home CSEC Unit
SW3	Child Welfare Social Worker at a specialized CSEC Unit
SW4	Child Welfare Social worker in the Human Trafficking task force
LEO1	Law Enforcement Officer; Detective
LEO2	Law Enforcement Officer
CW1	Case worker for a non-profit that offers direct intervention services to CSEC youth

Theme 1: Roles and Experience

The ten participants described varying roles and levels of experience working with CSEC clients, and years of experience spanning from under six years to twenty-three years. For example, participant CS1, described working with CSEC clients as a case manager and house manager in a group home and clinical supervisor at a community advocacy organization for sexually exploited children. LMFT1 is a licensed clinical therapist and a program manager for a human trafficking program. VA1 described working with CSEC clients while working in a Juvenile Hall for the Probation Department and then transitioned to becoming a Victim Advocate for the County District Attorney. Four of the

participants, SW1, SW2, SW3, and SW4, had experience as child welfare workers, three of whom (SW2, SW3, and SW4) continued to work with the CSEC population as case carrying social workers in specialized units. SW1 expanded her work to include CSEC Coordinator and policy analyst within child welfare, and Project Specialist within an educational agency. SW4 worked at a child welfare agency in the human trafficking task force and as a CSEC standby worker. SW4 also had experience advocating for CSEC awareness at the State capitol during undergraduate school; this participant's partner formerly worked for a non-profit organization that provided services and community awareness of CSEC. LEO1 worked in law enforcement in San Diego County for 20 years, and three years as a detective in a neighboring County. Advocate1 is an advocate for a San Diego non-profit organization that offers direct intervention services to CSEC victims. This participant works in partnership with child welfare and any other agencies referring youth that are at high risk of CSEC. LEO 2 has worked in law enforcement in San Diego County for 17 years.

Seven of the participants chose to work specifically with CSEC clients. For example, CS1 stated, "I applied...as a case manager, knowing I was somewhat overqualified, but looking at the crisis response (agency protocol) and I was like, that's fascinating...I was hired...it probably took me a full year of digesting and processing to really understand what was happening, what the County was doing, the approach, and then what to do about it." SW3 said, "I was interest in working with this population, and had no idea where it was going to take me, but

I'm glad I'm here." SW2, a county social worker, was assigned the role of working in a specialized unit, serving youth placed in groups homes, which eventually included CSEC clients. SW2 said, "We were assigned to this specific population only because it was growing...they (CSEC clients) were assigned to us specifically only because our unit was specialized."

SW1 chose to work with the CSEC population. She described being a child welfare investigating social worker, who educated herself and others regarding CSEC. SW1 stated, "I was (a) line staff, and what would happen is I started to notice that there were certain kinds of referrals, or investigations that were coming my way... I was able to just really recognize that this was exploitation...And then I really started to become on my own a kind of subject matter expert in the area when it came to child welfare, because I knew this was not only at an individual level, but also at a system level. There were a lot of issues."

LMFT1 chose to work with CSEC victims. This participant explained, "I chose this role, and I started...(working) for a Marriage and Family Therapy Program, (with a) a rape crisis center...And in my time there they started to expand exponentially to include child abuse, (and) neglect. As part of sexual assault, there is an intersection with domestic violence... And when we received (a) grant, I applied for the position...(as a) Human Trafficking Marriage and Family Therapist... And I had already had some remedial experience just due to the nature of the work that we do with sexual assault."

Regarding choosing their role with the CSEC population, participant VA1 stated, “I was always interested in working with human trafficking victims, since I used to work at Juvenile Halls. I always told my supervisor that I was interested, and it (the position) came available, so they asked me if I was interested in I said, ‘Yes.’”

CW1 also chose to work with this population. CW1 explained that they worked at a non-profit organization as a social worker offering wraparound services, and that when their agency had an opening in this specialized program, they applied for the position.

SW4 explained that while in college they had the opportunity to work on a project that focused on human trafficking advocacy by making politicians aware of the crisis in Sacramento. SW4 stated that he realized that he was well informed and chose to work in a specialized unit within child welfare.

Theme 2: Use of Screening Tool

Participants LMFT1, SW1, SW2, SW4 and Advocate1 described the use of a CSEC tool. However, the tools varied in content and the participants utilized the tool differently. SW1 confirmed the use of the WestCoast Children’s Clinic Commercial Sexual Exploitation Identification Tool (CSE-IT) when working in child welfare. SW1 stated, “It is the only validated screening tool for sex trafficked minors.” Further, regarding current work with a county education agency, SW1 explained, “Several staff have been trained in the CSE-IT, which was developed and validated by the WestCoast Children’s Clinic. We are encouraging schools

(in the local school district) to use this now in education, because it's being used in child welfare (locally) ... and in Juvenile Probation. So, in education we want to be able to share the same vocabulary." SW1 described efforts to develop protocols in the schools that are "complimentary and comprehensive" and to "engage school staff to be trained ... to utilize this tool."

SW2 and SW3, the child welfare social workers from neighboring counties in California, described the use of questionnaires that are employed when screening the children on their caseload. SW3 said, "We have a very basic tool here with this county... Basically, we have just this sheet that has what to look for. That's our tool, and we use SDM (Structured Decision Making)... as safety measure to see where the kids fall." SDM was created to ensure a more streamline approach in decision-making and a customized implementation plan that takes into consideration the current risk of the child remaining in the home (Children's Research Center, 2008). SW2 described her county's use of a "really basic" questionnaire with "just five or six questions" regarding what happens when they are AWOL and the type of exposure to recruitment and trafficking activities.

Some agencies working with CSEC clients modify the screening tool for a better fit with their agency. For example, LMFT1 said, "We have customized our screening and assessment tools based on several different resources... Sometimes we discover in our relationship and treatment of that minor that they have also been exposed (to trafficking) because of our screening and

assessment and specialization in that area. We will ask things sometimes that other folks don't ask. For example, 'What would happen if you said no?' That type of screening question will then yield itself to the force, fraud, and coercion piece."

CS1 and VA1 denied using a screening tool. For example, CS1 acknowledged CSE-IT is typically utilized by Los Angeles County Department of Child and Family Services (DCFS). However, CS1 stated that the agency does not use the tool, because they are a part of the First Responder Protocol and the children they serve "have already been identified as either at risk or as sexually exploited." CS1 said, "There was no low risk. All of them were high risk. So, why would we even use it (CSE-IT)? We use our intake form and ask some basic questions and it helps us understand their level of insight into their exploitation." VA1 explained that, as a Victim Advocate, they receive the information about the CSEC clients through the Deputy District Attorney, law enforcement, or the Human Trafficking Task Force, and consequently the victims have already been identified as CSEC.

Whether professionals utilize a screening tool or not, once a youth is identified as CSEC or at risk of being CSEC, it is vital that services be provided immediately to address the child's needs. The participants described the type of resources that CSEC victims are referred to once they are identified.

SW1 said, after the call is made to the Child Welfare Services hotline, "The first immediate referral that a CSEC child gets is to a CSEC advocate and

then there's a number of things that happen after the identification." SW1 explained the importance of the youth being referred to a community-based provider who has advocates. Further, SW1 said the advocate was to be "a lived experience person," "...because of the type of trauma and the severity of the trauma that children who have been trafficked experience, a lot of the times (they) cannot be reached by a do good social worker...as much as we care...there's just certain things we can't connect (to)." SW1 described that once the CSEC identified referral is assigned to an investigating social worker, an advocate goes out with them, to be with the child. SW1 explained that the advocate "doesn't become an extensions of child welfare," as their role is distinct, and they are there to serve the child.

CS1 described the First Responder Protocol in Los Angeles County, once the child is identified as a CSEC victim or being at risk. CS1 stated, "...within 90 minutes an advocate responds alongside law enforcement and a social worker or probation officer. They are basically making sure they (victims) have their needs met...we do some of the crisis response and advocacy. We're just starting the relationship...building rapport with them, we're building that connection...we're using rapport building tools, giving them a crisis bag with a stuffed animal, hygiene products, a change of clothes, a blanket, things that would help them feel more comfortable. Because even if they run from that point, then they at least have a few things you can do that night (for them)." CS1 also described having contact with victims one or two years later, and the victims saying, "I

remember you from that night. I still have my stuffed animal from that backpack you gave me.”

SW3 described Open Door as an agency that provides emergency services (i.e., crisis line, shelter etc.), including advocacy. SW3 stated, “My first referral for a youth to make contact is with Open Door...especially for the youth in San Bernardino, because the advocates are primarily females that have been in the life...(and) are no longer in the life. Now they are mentoring and trying to help get these young individuals on a different path. I found with my youth that have really connected with an advocate...they’re the first person they really trust...because they speak their language...they’re not mandated... an advocate understands them then we can build upon that.”

SW4 reported that if a youth is in need of services, the services offered are County specific, and the services are offered in the North County are not accessible to persons in the South County. Participants in law enforcement reported that they will cross report to Child Welfare Services in order for them to provide intervention. LEO2 reported feelings of frustration explaining that while he recognizes the benefits and implications of decriminalizing youth involved in prostitution, officers’ inability to take youth to Juvenile Hall when recovered is both a move forward for victims and problematic for their safety. LEO2 provided insight that when youth are taken to Juvenile Hall, they are separated from their exploiter, which can provide the opportunity for the youth to escape their control. This separation allows the youth to have access to clinicians, who can evaluate

them and provide intervention. However, detaining the youth, even for their own well-being, is no longer an option.

Theme 3: Benefits of Programs

Programs that offer crisis intervention services, focus on the delivery of trauma and survivor informed services, advocacy, and harm reduction are reported by the participants to have greater success with engaging CSEC clients.

For example, regarding programs that are effectively serving CSEC victims, SW1 said, “It really has been organizations that at the very least are survivor informed, their programing is survivor informed... I will say the best is where there are survivors who are staff, at any level, at every level, who really understand this victimization.” However, SW1 also confirmed that there are challenges with hiring survivors who have criminal records associated with their history of being trafficked, which can be particularly challenging when working with youth who are dependent children. SW1 also stated that there are organizations that “may specialize in LGBTQ (or) they may specialize with male identified.”

VA1 explained that advocates working with CSEC victims involved in the criminal and delinquency court matters develop a rapport with them. VA1 said, “The advocates at Open Door (agency), they’ll come with me to court, because we’re allowed to sit with the victims if they are testifying (against their pimp)... These girls have better rapport with the Open Door advocate than with

me because they know I work for the DA's office and we're there to prosecute their pimp."

SW3 explained that they utilize Open Door frequently for her CSEC clients, because the agency provides emergency and long-term services, with a heavy emphasis on advocacy and mentoring. Further, SW3 described Open Door's advocates as survivors who mentor CSEC victims. Consequently, the victims and survivors are able to relate, allowing for rapport and trust building, which give opportunities for victims to be engaged in services.

CS1 described the importance of advocacy services for CSEC victims. In Los Angeles County, Saving Innocence and Zoe International are two agencies that provide advocacy services. CS1 stated, "The challenge is getting them to engage and partially because, as they are surviving it's really hard for them to feel like they belong in a square world, and so when we think about all these opportunities for them, they're not saying, 'I'm in search of services.' They're just not. But if they say, 'Hey this is an opportunity for me to hang out with my advocate and I really like my advocate,' we can go with them or encourage them." CS1 stated, "I would say advocacy services are some of the greatest tools and services, just because it's that extra person to help navigate the system with no vested interest...just focused on the kid (victim)."

CS1 further spoke regarding advocates working with the family of the CSEC victim, stating, "Of course we want to support the family. We have parent advocates as well, and what we realized too is that you could totally do the best

job advocating for the child, but if we're putting him or her back into the messed up family system, we're not going to get very far."

Riverside County's Behavioral Health Department Resilient Brave Youth (RBY) is spearheading a pilot program designed to provide CSEC victims with trauma-informed treatment, specifically, Trauma Focused Cognitive Behavioral Therapy (TF-CBT). SW2 discussed the pilot program stating, "RBY is like a child and family team and is the kind of program that they (CSEC victims) have where there's a therapist, and I think there is a behavioral health specialist. It's similar to wraparound, but they target CSEC especially. It's provided by the Mental Health Department, and they go out to meet with the kids, wherever they're at in Riverside County."

Run 2 Rescue is a non-profit organization that serves CSEC victims in California and the United States. Regarding Run 2 Rescue's work with youth on her caseload SW2 stated, "They're assigned... a case worker, and that individual does meet with the kids and talks about sex trafficking, (and) their safety...takes them out for lunch or runs errands with them...so it's like a peer assigned." However, SW2 expressed some skepticism regarding whether the youth are benefiting from either program. SW2 states, "Both programs the I mention, they (CSEC victims) do agree (to participate), because they know these people come and they ask them out...that's' all they want, is when they are hungry, they want food, and these people take them and they get what they want. But I haven't seen anyone on my caseload benefiting from it. They always go back to the life

when the services stop, or they engage in a service and then two, three months later they completely refuse and go back to the life.”

CSEC victims are often unwilling or unable to permanently leave “the life” and employing the harm reduction strategy is also a means by which they are served, and it gives them the opportunity to have the support in place when they are ready leave permanently. SW1 explained, “...There’s a lot of relapses happening back into the life. People struggle when survivors are still in the life, (they) want them to completely leave the life...Harm reduction is a strategy for working with trafficked victims, because of the trauma bonding. That is a part of this victimization.” SW1 further stated, “There’s a lot of ways a person can get pulled back and organizations that can understand harm reduction, but also compassionate services, survivors will benefit the most from those kinds of services, but there’s still accountability.”

SW3 described harm reduction as a part of her social work practice with CSEC victims. SW3 gave an example of a youth turning 18 years of age, agreeing to participate in Extended Foster Care (EFC), but remaining in the life. SW3 stated, “We still try to provide them with these (EFC) services. She said, “I want therapy,” so I’m like, let’s get you set up...(I was) getting her medical cards, getting her ID, going to the dentist.” SW3 further stated, “When I work with this population it’s about safety...So if we can take you off the street for one night, if you can come in here to take a shower and eat, that’s harm reduction.”

The provision of crisis services for CSEC victims is vital. SW1 described programs that provide “drop-in services,” and explained, “Literally, people can just drop in and get basic needs, or crisis needs met...you can even get a quick meal...wash your laundry...shower... they need a safe haven to rest sometimes.”

SW4 reported that as an initial crisis worker for CWS, it is not often that he gets to follow up and see if the youth have engaged and benefited from services. Although he reported hearing of positive outcomes, he also reported that “a lot of youth aren’t ready to leave the life. So, they will get immediate services and just fall back into their old patterns.” Advocate1 described a number of services that are offered to youth in the San Diego Community, such as immediate crisis intervention that provides shelter and food, mental health services specific to the population, a drop-in center that educates youth, parents, educators, and service providers. Additionally, there is a long-term support program that offers continued mental health services, education support, employment services, peer support, and family support services.

Theme 4: Challenges/Areas for Improvement

Serving the CSEC population presents varying challenges, which include the need for family support and engagement, awareness of the need for in home wraparound services, appropriate placements, funding, early intervention and education, and specialized and encompassing services.

Family Support is an area in need of improvement. SW4, LEO1, and Advocate1 reported the need for family engagement, to include the parents

becoming educated regarding CSEC. Additionally, SW4 and Advocate1 described the need for in-home wraparound or encompassing services. SW4, LEO1, and Advocate 1 reported that parents lack of awareness regarding what sex-trafficking involves, which impacts their approach to the issue and their understanding of what resources are available to support their children. SW1 described the importance of “serving the family as a whole unit.” SW1 stated, “All services are focused on the child. Well, what about (services for family) especially if reunification is possible ... (or) if the child can remain in their home...that’s the best situation if Child Welfare has to be involved. What services does the family need in order to prevent the removal of the child, (and placement) into foster care the first time, or multiple times?”

CS1 described the connection between families struggling with poverty and how that can leave children vulnerable to exploitation. For example, CS1 said, “I really feel like poverty just plays into a lot of this...for some of these families that are struggling, I’ve literally had kids that say, ‘I’m just doing my part to keep the (family’s) lights on.’ You have to think ... some of it is poverty driven.” CS1 explained that the Department of Child and Family Services (DCFS) provides aid to qualifying families through the Family Preservation program.

As to wraparound services, CS1 explained that they have seen wraparound services “work.” However, CS1 clarified that existing wraparound services (in her county) are not necessarily specific to the CSEC population by stating, “I wish there were specially trained wraparound services (for CSEC), but

there's not. We have kids that have complained about their wraparound services, but I think that they (the services) are important to support the family, the parents particularly." SW2 said that if a CSEC victim is being stepped down from a group home placement (including being placed with a relative), wraparound services are recommended by the interagency screening committee in her County.

There are significant concerns regarding the lack of appropriate placements specializing in serving the CSEC population and the impact of California's Continuum of Care Reform (CCR) on the placement of CSEC victims. For example, CS1 said, "Prior to the Governor's declaration that he wants to get all the kids back home, we had a lot of kids who really said that the difference was made for them when they were out of state. They were away from all the temptations." CS1 explained that children placed out of state had the opportunity to focus on school and learn a skill (e.g., welding) by stating, "they really loved some of the skill development that they were given the opportunity to do out of state."

The Continuum of Care Reform has resulted in considerable changes in the placement of children within the foster care system. Out of state placements were commonplace for hard to place youth, with substantial behavioral issues, such as CSEC victims, whose safety and the necessity of separation from their exploiters was a consideration for where they were placed. However, the Continuum of Care Reform requires placements within California to provide the

same services as out of state placements and has resulted in an increased scarcity of placements for CSEC victims.

Regarding Short Term Residential Therapeutic Programs (STRTP) specifically for CSEC victims, SW3 explained that some placements “say that they specialize” in serving the population. However, SW3 stated, “Since the change in our placements in the last year and a half or two years, I haven’t had anybody placed in those. My CSEC youth have either stayed AWOL or the few that have come back already knew where they wanted to be... They already knew it wasn’t going to work in an STRTP.” SW3 further stressed placements for CSEC victims are scarce. SW3 stated, “Within this county for foster CSEC, at least, there's just no placements for them.” While being interviewed SW3 started to cry and said, “That's my biggest struggle right now with this, it's not even a county (problem), it's a state problem.” SW3 expressed frustration with the inadequate placements.

SW3 explained that due to the lack of appropriate placements for victims of CSEC, they are often put in shelters, such as Our House in San Bernardino County (which is a part of Open Door). SW3 stated, “We place kids there when we can’t find placement for them. It’s not even like a placement. It’s just a shelter. It’s a holding place for them. It’s better than them being here in the office.” SW3 explained that through a grant, Our House started a CSEC program, which is sheltering CSEC victims (separated from the rest of the population in the shelter). SW3 stated, “I had my girls there for about a year.”

Regarding specialized placements, SW2 described out of state placements as being valuable resource for the CSEC population. In a case that SW2 described as “hardcore CSEC,” the child was placed in Virginia to remove her from her exploiter in California. SW2 stated, “...when she went to Virginia, that’s when I started to see the change. She was engaging in therapy. She started to address her grief about her mom passing. I mean there’s a lot of mental health pieces to it. When I had that kiddo there, she was doing phenomenal. She was engaging in services, taking her meds. I mean she was a different person, but the minute I brought her back, the very next day she took off.”

SW2 stated, “Because the out of state (placement) is no longer in place for us, almost all of them (placements) say they specialize in working with CSEC cases, but we haven’t seen any benefit.” SW2 further explained that with the implementation of the Continuum of Care Reform (CCR) and the process for STRTP “a lot of group homes closed down,” further exacerbating the challenge of having limited placements for CSEC victims. SW2 said that prior to the CCR CSEC youth were typically in group homes for one year or up to two years, “before stepping them down,” due to their instability, including AWOL behaviors. SW2 said, “they don’t stay long enough to benefit from the programs.” This suggests that the “push” to have CSEC youth stepped down from the STRTP to a foster home without them stabilizing is not in their best interest as they continue to AWOL and engage in behaviors that place them at risk.

LMFT1 described the need for continuity of care, specifically addressing stability in terms of placements, medical and mental health services for the CSEC population. LMFT1 explained that due to challenges with obtaining appropriate placements, CSEC victims are moved around in the foster care system, resulting in frequent disruptions in services and changes to service providers. For example, LMFT1 stated, “The kid is moved ... and the therapist never hears from them again...Continuity of care for me, (is) working with community partners for stabilization, having more permanent placements, if and when possible.” LMFT1 further explained, “We don’t always know how it (a service) benefits them...especially with the child welfare system...they get moved a lot.”

LMFT1 discussed that in Riverside County provides medical and mental health specialized services for CSEC victims at one location. LMFT1 explained that within the Riverside University Health System (RUHS), Riverside County’s Child Abuse Assessment Team (RCCAT) has created a system at one cite that includes “pediatricians, (other) medical doctors, (mental health therapists, social workers, etc.) who understand the impacts of physical and psychological trauma that happens to youth who have been trafficked and even more specifically sex trafficked.” This allows all the County Child Welfare workers with cases that are within Riverside County that have already been identified as a CSEC victim, to be taken to these doctors (by care providers, group home staff, social workers, etc.) at this one central location, no matter where they are in Riverside County.

So, the youth have one doctor that they can go to, mitigating the issue of them having to move around to different physicians.

A fundamental barrier to specialized services being provided, comes back to funding and a lack of prioritizing services for this population. SW2 described, specialized programs such as Girl's Court in Santa Barbara and Orange Counties, which are CSEC Courts, specifically providing collaborative services to victims who have been trafficked or are at risk of being trafficked and come to the attention of the juvenile justice system (Liles et al, 2016). SW2 explained that when CSEC victims are detained (or come to the attention of the juvenile delinquency court) in participating counties, this program, which is less punitive, is available to them, and it includes Judges, attorneys, and probation departments. SW2 described Girl's Court as, "...this very intense program that they have... that they (CSEC victims) go through until they're done, and graduate from the program...And they've had some success stories." SW2 explained that after hearing about Girl's Court at a training, they thought that the program could be beneficial to youth in her county. However, SW2 explained that when they spoke to their management about the program, it was not well received, likely due to "legal" or "funding" issues.

The necessity of funding for CSEC programs and the issues with programs ending due to the loss of funding results in disruptions of services to CSEC victims. For example, SW2 stated, "...nothing is free so, they need money to start everything ... (they need) specific funding that's ongoing and not just a

pilot program that will benefit the kids... have them engaged for so long, and then stop because there's no money." SW2 expressed her concerns that the funding for RBY would likely end soon.

It is imperative that early intervention and education related to CSEC is prioritized, to include educating school aged children and adults having contact with children in a wide range of capacities. SW1 described funding for education through federal grants such as Human Trafficking Youth Prevention Education (HTYPE). SW1 stated, "It's a federal grant coming out of the Office of Trafficking Persons in collaboration with the Administration of Children and Families (ACF). ACF is the Federal Bureau that oversees all Child Welfare issues in the nation." SW1 explained, "The goal is to train students and staff (within the specific school district) in human trafficking prevention education, as well as develop and implement a human trafficking school safety protocol." SW1 described the necessity of adults (i.e., parents, teachers, school personnel, social workers, etc.) being trained and knowing how to recognize signs of exploitation and when to have conversations about grooming, the fallacies, and enticements of exploiters.

Regarding risks of exploitation to children in the child welfare system and the preventative education about CSEC, SW1 stated, "I'm not saying you have to be beating the family over the head with CSEC information, but have anybody who cares for the child... who's a part of the caregiving situation to understand how CSEC may be a risk, simply because they are in the foster care system... We've always been a reactive system, so it's going to take time for our system to

really appreciate prevention, to upload and front load prevention to prevent further specific harm from happening.”

Regarding the importance of prioritizing CSEC education and prevention in numerous settings, VA1 said, “I would want more outreach at the schools. Especially, middle schools, high schools, colleges, and group homes...and then... more outreach in the communities, and in different languages.” VA1 further explained there is a need “to have more grants and funds, to have more programs and...more available resources for these types of youth.” For example, VA1 said, “Staff at the school (should) get more training, so they could know more about human trafficking, because a lot of them don’t. Same thing at the group homes, because I know when I used to work at probation, a lot of these girls were recruiting at the group homes... and Juvenile Hall. Same thing at the middle schools and high schools.” VA1 stressed that it is vital “for the communities, to be more aware on what’s going on in their surroundings.”

SW4, LEO1 and Advocate 1 reported that an encompassing facility where clients could have shelter, services, and time to recover would be imperative to intervention. However, a lack of awareness and urgency regarding the growing CSEC population, prevents state and local government from wanting to fund a program like this. SW3 described a similar approach to an encompassing facility or location for CSEC youth. For example, SW3 stated, “It would be nice if we had a team already, (and) an area where there's CSEC workers, where there's law enforcement, maybe like the DA, and mental health there, and the AOD (Alcohol

and Other Drugs) counselor, (and) a nurse there, like the PHN. So, when these kids come in, we're ready for them, to get to work while they're here, instead of them sitting around, contemplating if they're going to stay or leave.”

Theme 5: Collaboration

Collaboration between child welfare agencies, probation departments, service providers, law enforcement, the Court, etc., is an integral part of serving the CSEC population. For example, CS1 said, “We do a lot of multidisciplinary team meetings every week, we’re meeting about these kids both on the probation side and the child welfare side. They say it takes a village, but it takes this village of professional with this population in particular.” CS1 further explained, “Having probation officers, having social workers, having the child’s attorney... we’ve had judges that play a key role. Those are all part of their team. And honestly it really depends on how good they are at their job, how invested they are, how attuned they are, ... how connected the youth is to them. But all those providers, they’re all possible interventionists....”

Child welfare social workers acknowledge the critical function of collaborative teams when working with the CSEC population. For example, SW1 said, “...our county is really (known for) the partnership and collaboration. We (professionals) really work together to gather information to understand it from each other’s discipline and really strategize within our systems...what needs to work, what can work, what doesn’t work, and then holding each other accountable. Leveraging, not only our professional relationships but because we

came together early in our county, there was a lot invested, even at the personal level... That's what caused our board of supervisors to pay attention and then in 2011, we really advocated with them to dedicate resources..." SW1 described her county having committees and subcommittees including professionals in various disciplines or sectors. "For example, education, law enforcement, which includes city attorneys, the District Attorney's Office, probation, even prosecutors, survivor leaders (on) community subcommittees."

SW2 explained that her county utilizes an interagency committee to screen the children, including the child welfare social worker and a clinician from the County's Department of Mental Health. SW2 said that the interagency committee recommends services for the youth, including specialized programs and services such as Run 2 Rescue, TF-CBT, individual therapy, wraparound services, and medication management. Additionally, SW2 said that they work closely with law enforcement both within her county and outside counties, when the youth on her caseload are detained after being on AWOL status. SW2 acknowledged the need for more collaboration with law enforcement agencies. "I think a lot more collaboration needs to happen with law enforcement because we depend on them (when) we do the protective custody warrant, knowing that it's in the system. When they catch them, they have to hold them for us, but they have them in custody and then release them." SW2 described law enforcement sometimes being unaware of the protective custody warrant.

SW3 described the youth on her caseload being referred to a “case team,” for presentation. SW3 said, “We (the CSEC social worker) will work with our Department of Behavioral Health (DBH)...Open Door (service provider)...our Alcohol and Other Drug (AOD) counselors... so we can start brainstorming on which direction, or what services we can provide for this youth.”

LEO2 reported that their substation has partnered with CWS and has a social worker out stationed in their substation. LEO2 reported that the social worker is available to them to collaborate when a youth comes into custody. LEO2 explained that they can call and find out the youth’s history, receive support to determine the next steps for the youth, and address what has worked in the past or how to communicate with their support network. SW3, SW4, LEO1 and Advocate 1 reported that they have Agency liaisons who attend community meetings and conferences and that they relay information to their peers through agency wide e-mail updates and sharing of information.

Theme 6: Staff Preparedness and Longevity

Professionals working with the CSEC population should receive specific training and support to effectively serve them. All of the participants describe similar challenges working with the CSEC victims, including experiencing belligerence, manipulation, AWOL behavior, resistance to services, and refusal to leave the life, which can take a toll on professionals who work with them. Training social workers how to serve the CSEC population specifically, will contribute to their preparedness. For example, SW 2 explained, “New social

workers that come in, they don't know what CSEC is until we explain it's human trafficking...Teaching them how to work with them...a lot of them need to be trained on how to not take it personally..." SW2 emphasized the importance of initial specialized training and ongoing training of staff. For example, SW2 said, "...we have new staff coming on... it's just not similar to what they've done in the past...I know there's a lot of experienced professionals that do provide these trainings."

Some professionals express that training is available, but there are challenges to accessing them. For example, SW3 stated, "So, I don't think it's that the county's not providing the training...There's an abundance of training, if you want to learn about CSEC, especially as a county employee." However, SW3 added that due to high caseloads sometimes social workers are unable to attend trainings or collaborative meetings. Therefore, they are unable to benefit from available trainings.

Specialized training and building on social workers' strengths prepares them for professional success and can contribute to workforce retention. For example, SW1 stated, "I think (if) we give social workers the opportunity to use their training, married with their strengths...strengths can naturally lead to ... a passion and purpose...Let's find a good fit..."

Additionally, it is vital for professionals to have a desire to work with CSEC victims, VA1 explained, "You have to have your heart on helping these guys and girls. You can't judge them...that's the one thing a lot of people do, and they just

can't go forward helping these types of victims. I like working with human trafficking victims." VA1 described some of the challenges stating, "...these girls (and guys) will cuss you out. They'll be rude to you, but you just can't let that get to you. You just got to tell (them) that you're there for them. Whatever they chose to do, you're not there to judge them."

SW3 described their desire to work with this population stating, "This is where I choose to be, and I have the patience for it... I would say that I think here you have the opportunity to learn if you're open to it. I guess it's if workers are open to learning about the CSEC. Learning how to work with them. And I don't know if it's that they're not open, or if their caseloads are too high, and they just can't take the time to be open. I'm still learning every day, and it's been three years, to kind of feel somewhat confident in what I'm doing...I just don't think that workers are open to working with this population."

Advocate1 shared the following, "These youth are always very hardened. They are alert and aware of people whom they can gloss over and deceive, because they have been taught by their exploiters to do so. I know that social workers caseloads are often high, and it is stressful when going out on calls that involve CSEC, because there are often many moving parts. Ultimately, having social workers that work with this population specifically and can have relationships with providers who are supportive and hopeful for this population. The first step is to always make a referral to our program as we can assist in taking off some of the burden for resource and community support."

Both law enforcement and other professionals reported that working with this population is not appealing for everybody and confirmed that specialized training and specialized units are very beneficial for the CSEC population. Further, having people who are insightful and passionate about working with this population is more advantageous to everyone in the long run. SW4 explained, “The CSEC population is very savvy to new workers who don’t know the terminology or don’t know the right questions to ask, and they pick up on it. Conversations with these kids can be uncomfortable and the kids know it and will play into it.” Additionally, LEO1 explained, “When we go out on calls, sometimes there’s officers that are really willing to help and really interested to be there and sometimes there’s officers that don’t want to touch it. I think it’s counterproductive and counterintuitive to select people that don’t want to be a part of it.” Additionally, LEO 2 reported “we’re not therapists, or social workers and CSEC is complex, these kids deserve a specialist that can help them get to services they need.”

Ideally, consideration should be taken regarding the substantial challenges in working with CSEC victims. Therefore, professionals assigned to working with the population should have lower and more manageable caseloads. This was confirmed by CS1, SW1, SW2, and SW3, who described the high caseloads and challenging clientele contributing to “burnout” and “turnover.” SW3 stated, “The problem is we have too many cases, things pop off, we get

behind.” SW2 described seeing “a lot of (staff) turnover” in the specialized Group Home/CSEC unit, where SW2 works.

CS1 proposed a change in mindset regarding managing CSEC caseloads by stating, “I don't know if this is too high level, but I think it's getting away from the scarcity mindset and moving towards the abundance mindset. So, where kids feel like they aren't enough, there isn't enough time with their staff. So, caseloads are too high for example. And then they just get treated like, ‘oh there's too many of us, people can't handle it.’ So, I think some of it is keeping caseloads lower and making it so that there's manageable time so that kids feel like they're getting enough support and it's not like, ‘take what I can get,’ but it's this abundance mentality. Like I literally have all day to spend with you. What do you need? If it was more of that...I think that is what instills the worth and the value and that's what they're missing. They don't feel valued they don't feel worthy of people's time. And that's what contributes to some of their exploitation.”

SW1 has drawn a correlation between staff burnout and how social workers and other professionals serve the CSEC population. For example, SW1 stated, “Our services are very limited. Worse, social workers are burned out...they (are) in survival mode, and what do we turn to? Our biases, because that's what we lean on when split decisions need to be made... we're hoping there's an awareness (of implicit bias)...we have our professional training.” SW1 also explained that staff burnout includes supervisors: “That's also where the role

of good supervisors come in, but they're in survival mode themselves... The supervisors are burned out..."

SW3 described the impact of having more willing professionals to work with the CSEC population to reduce staff burn out and any further trauma to the children. SW3 stated, "...that goes all the way around, to have PHNs that are willing to work with this population, the specialized clinicians wanting to work. It's all about wanting to work with this population, because if you don't want to, you're not going to get anywhere with them, and it's just going to add more trauma (to the youth)."

Poor retention of child welfare social workers can also be attributed to burnout. For example, SW1 explained, "...turnover, it's a year and a half ...for a child welfare social worker." SW1 reflected on challenges with retention even when social workers have received Title IV E funding to obtain their degree, which requires them to remain in the child welfare sector typically for two to three years after graduating. For example, SW1 stated, "Even if they did the Title IV E, once it's paid, they're out...(but) what we need to do is keep them in the (child welfare) system."

Regarding challenges with workforce retention and staff burnout, LMFT1 stated, "There are some work culture shifts also that need to happen in terms of if you are working with such a difficult population. Because I've just heard the number of two to three years on average of child welfare workers, who are

involved in the immediate response teams and investigations. That their lifespan is about two to three years doing that work. There's not enough people.”

In addition to burnout and high caseloads, inadequate pay is described as a contributing factor to poor workforce retention. SW1 stated, “Pay social workers for what they do. Whether that means, in their retirement, in terms of hazard pay, because law enforcement, their unions have that kind of pay, but they don’t see us as first responders and public safety until something bad happens. Pay us for the level of work that we do that involves risk as well as reward...Pay our worth and recognize us as first responders.”

CS1 discussed the correlation between CSEC victims needing trusted professionals to work with them, and the impact of staff turnover due to professionals not receiving adequate pay. For example, CS1 stated, “They (CSEC victims) are not going to know who to trust. So there has to be a trusted person that says, ‘Hey this person is ok to trust’. Again, so much of it is relational. And so, it kind of goes back to if there's a lot of turnover, if there's not trustworthy people, if there's people that aren't paid well. Some of it has to do with paying people enough. I talked to a nonprofit executive, and she was talking about how some of her staff were still collecting welfare themselves.” CS1 further explained, “It's really hard because then they (youth) just feel abandoned and then they feel like they have to start from scratch, especially with therapists, it's really hard for them. So, it's some of that employee turnover, if we can fix that. Some employee retention to help follow these kids through, which sounds like a tall order, but I

feel like that's what I've seen making impact is the consistency that they see over the years.”

Theme 7: Secondary Trauma

Secondary trauma or vicarious trauma occurs when individuals who are exposed to trauma sustained by another (through narratives or otherwise), experience indirect trauma (Molnar, 2017). For professionals working with CSEC victims, who experience the horrors of being trafficked, secondary trauma can result. Further, countertransference may occur when professionals working with CSEC victims transfer or project their feelings onto the youth (Molnar, 2017). All participants reported that their employers provide psychological services that are available, as needed. However, the participants admitted that the (more formal) services are often not utilized. Others reported the importance of having a peer or co-worker to share their experiences with and vent, as a means of coping.

For example, SW1 stated, “When I was on the line, definitely for sure there was vicarious trauma. There certainly was countertransference. I was very lucky to have a strong supervisor who I trusted and who could be real with, be seen, and heard. So, I was able to check that

countertransference.” SW1 described a “trusted” supervisor to whom they were accountable and who would create a “safe space” to discuss what was happening to them and the approach to their CSEC cases. SW1 further, explained, “...sometimes if I didn’t even (see), I’d be talking about the case and boom that supervisor would be able to say, ‘I see where this is coming from.’ And

do some pushing back and some challenging, but in a safe way.” SW1 described working for a county child welfare agency that provided support to the staff through trainings. SW1 stated, “Every year there would be in-services for each level, management, supervisors, direct services line staff, there would be semiannual, but at the very least in-services around trauma informed practice, which also includes vicarious pieces... recognizing it, even in your colleagues... the goal of peer to peer, because that’s a part of retention and longevity of a person, is to know that they are seen and can be supported.”

SW2 denied experiencing secondary trauma and countertransference. For example, they explained, “I’ve never had that before, I don’t think. That’s how I work, I don’t take anything personally. I don’t take it home with me. I leave it at the office. I think that’s why I’m still here. Regarding counseling services provided through her employer SW2 stated, “They (management) always mention that (therapy services). I haven’t used it, but it’s available. I do talk to my co-workers a lot regarding issues...I mean it’s a hard job. It’s stressful.” SW2 further explained that necessity of self-care, and taking time off by stating, “When I feel like I need it, I’ll just take time off and management is really supportive, because they know it’s hard. Nobody is strong forever to do this job, but you’ve got to take care of yourself, as well.”

SW4 reported the following, “I don’t often have counter transference. It is a heavy burden to bear, it’s not like I can call my friends after work and say, ‘Hey, you would not believe what my client said to me today’. Every now and then an

interaction with a client is very emotional, I would say that's what affects me the most is when interacting with the youth's family who is not supportive, or they are wrapped up in their own crisis, because in those instances the family history is very intuitive as to the child's trauma and their need to seek out love and nurture from others. Those are the times when the burden is heavy because you can create this really heavy ecomap of all the negative influences this child has in their life, and it becomes suddenly very imperative that you may be the only person in this youth's life that has been caring or nurturing or that you can provide a path to a better outcome for their life. I feel that we all react differently to different types of trauma, and that it's just really important that we have a solid plan for self-care and our own peaceful environment to retreat to when we clock out." SW4 stated, "I think being able to handle secondary trauma comes from years in this job. Being able to turn work off when we get home, Self-Care... I don't know."

LMFT1 addressed her experience with secondary trauma and countertransference as a professional. For example, LMFT1 stated, "So, secondary trauma is not (experienced) often, that's pretty rare for me personally. There're risks, you know for folks who experienced secondary trauma, but for me personally secondary trauma mostly occurs when I see images or photographs or videos as a part of the roles that I have in my job. So, for example, when we go to multidisciplinary team meetings and they are reviewing cases, sometimes that visual image makes it a bit more real to me. Where I can't distance myself as

much, just because that's how I know myself, that changes it for me. And then counter transference - all the time. All the time. All the time. Do I experience counter transference because I'm aware of it? I bet most people experience it too. They just don't know. But that's because I'm extremely compassionate and empathetic. I've had my own life experiences..." LMFT1 explained that the professional needs to be aware of what countertransference can look in their experience. As LMFT1 stated, "I do not have the lived experience of being trafficked, but I have experienced mental manipulation...and it just can get real. And if I have colleagues who were sexually abused as children or have had experiences with pornography, their counter transference looks different, but we all got it in some way shape or form.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will discuss the research findings as they relate to existing literature. Further, this chapter will discuss the implications of the findings for micro, mezzo, and macro social work practice. Finally, the limitations of the study will be considered.

Discussion

This study sought to explore the question, “What do professionals who have direct and regular involvement with CSEC victims within their agency know about specialized services for the CSEC population?” The study further sought to understand whether and to what extent these services are being utilized routinely (e.g., are the service providers referring/connecting their CSEC clients to these services?), and whether and to what extent these service providers are utilizing services for themselves, if they experience secondary trauma.

This study identified seven themes related to providing services to CSEC victims. The themes identified included roles and experiences of professionals working with the population, use of a universal tool, benefits of programs, challenges/areas in need of improvement, collaboration, preparedness (of professionals working with the population), and secondary trauma.

A Statewide bulletin distributed to all County Child Welfare directors, County boards of Supervisors, Title IV-E agreement tribes, and Child Welfare Services Program Managers in July 2019 referenced Senate Bill 855 (previously implemented in 2015). The bulletin declared that all counties in California utilize a multi-disciplinary team approach to provide encompassing services to the vulnerable children who have been sexually exploited and that counties create interagency protocols to ensure that these services are being provided to this special population (S.B.855). This study's findings align with the Child Welfare Services policy SB855 in that the children's services social workers who were interviewed were able to describe multi-disciplinary team approaches to serve CSEC victims within their county agencies. Further, protocols such as using CSE-IT or questionnaire screening tools are in place to determine exposure to or risk of exploitation of children in child welfare, despite the use of different tools by the various county child welfare agencies. With regard to the provision of encompassing services to address the complex needs of the CSEC population, county social workers described programs such as Run 2 Rescue, Open Door, and Resilient Brave Youth, which provide services ranging from crisis intervention, advocacy, shelter, trauma-informed and survivor-informed treatment, and harm reduction strategies. However, child welfare social workers expressed concerns that the specialized services are extremely limited. Of significant concern is the inadequate placement options for identified CSEC victims or those at risk of victimization. Child welfare social workers described the

implementation of CCR as exacerbating the ongoing challenges of locating appropriate placements for CSEC victims.

Regarding specialized services and placements, the study found that, given the complex trauma sustained by the CSEC population, there is a need for encompassing services, wraparound, trauma-informed and survivor-informed treatment, with a strong emphasis on advocacy. Further, some professionals stressed the value of applying harm reduction strategies for victims who are unwilling or unable to leave "the life" at the time of contact with them.

The participants noted that encompassing programs at locations out of the CSEC victims' comfort zone and away from their exploiter (including out-of-state placements) is vital for supporting victims in their exit and recovery from exploitation. The alternative option that offers the extrication of the victim from the environment and influence of their trafficker is the juvenile hall, which participants did not support and was a frustration voiced by law enforcement participants. Unfortunately, there are limited places to take these youth to provide them with a safe space once they have been recovered.

Research provided by Bounds in 2015 found that victims of CSEC have multiple contacts with social services agencies, medical staff, and law enforcement. However, there is not a strong enough infrastructure to support the service needs of these victims in the community, and the infrastructure is not cohesive (Bounds et al., 2015). This study supported Bounds' findings in large part, in that there is an ongoing need for a strong and cohesive infrastructure.

Nevertheless, agencies and community partners are showing awareness and striving to coordinate structured systems of care, with the example of collaborations as seen in Riverside County's Child Abuse Assessment Team (RCCAT), which includes pediatricians, other physicians, mental health therapists, social workers, and other professionals, that have created one central location for CSEC victims to attend and receive services from professionals who understand the impacts of physical and psychological trauma that happens to youth who have been trafficked. Further, the study's findings demonstrate an increasing awareness among professionals that collaboration across disciplines is imperative. When employed effectively, collaboration is established through programs, multi-disciplinary teams, and protocols, producing favorable outcomes for CSEC victims. Collaborations addressed in this study include, but are not limited to, child welfare social workers, community agency social workers, medical social workers, advocates, doctors, law enforcement, and officers of the juvenile court.

The study participants confirmed that the awareness regarding the CSEC crisis is increasing, and since the passing of TVPA, CSEC victims are being looked at in a different light in the juvenile justice system. An example of this shift is the establishment of the Girls' Court/CSEC Court in California and other states (Liles et al., 2016). A participant, SW2, was aware of Girl's Court and described it as a program that was "helping" CSEC victims in other counties. In ten counties, including Alameda, Fresno, Orange, San Diego, and Santa Barbara, Girls'

Courts/CSEC Courts are specifically providing collaborative services to victims who have been trafficked or are at risk of being trafficked and have come to the attention of the Juvenile Justice System (Liles et al., 2016). Research indicates that these types of gender-responsive models within the juvenile justice system are beneficial to girls with histories of trauma, high levels of depression, anxiety, anger, irritability, and substance abuse (Day et al., 2014)

There is a focus on de-criminalizing CSEC victims and providing them with therapeutic services rather than incarcerating them (McMahon-Howard, 2017). However, while this should be a critical interaction with youth who contact a service provider, there is a lack of cohesion or streamlining of services for these youth. In addition, although statements made by LEO 2 were insightful, reflecting his input as a law enforcement officer who regularly comes into contact with CSEC victims, he routinely referred to the CSEC victims as "prostitutes." This type of negative identification of the victims of exploitation demonstrates implicit bias and lack of insight by a law enforcement officer as to the stigma associated with labeling these youth as prostitutes at such a critical point of interaction.

The study expanded on previous findings, as mentioned in McMahon-Howard & Reimers (2013), that indicate priority must be given to specialized training of professionals working with the population (including first responders), preventative and ongoing education of children, youth, adults, and the community in general in various settings, regarding CSEC, including the signs of exploitation and risk. As explained by Hounmenou (2019), inadequate training results in

missed opportunities by professionals to identify victims of CSEC. Consequently, as stated by the participants, funding and development of educational programs are vital for protecting vulnerable children and youth.

The study examined the preparedness and longevity of professionals working with CSEC victims, addressed challenges with workforce retention, and the implications for serving the population. The findings pointed out that professionals who have worked with the population successfully for years chose to work with CSEC victims. This was evidenced by the 7 of 10 participants who chose their roles with CSEC clients and worked with them in some capacity from 6 to 23 years. Further, findings indicated that systemic failures in the child welfare sector and non-profit agencies to adequately compensate staff and maintain manageable caseloads (specifically in child welfare) contribute to poor staff retention. Consequently, staff turnover has repercussions including the lack of continuity of services and challenges with CSEC clients establishing trust with staff.

Due to ongoing exposure to traumatic narratives, professionals working with CSEC victims are vulnerable to and often experience vicarious or indirect trauma, which is defined as exposure to other people's traumatic experiences (Molnar et al., 2017). Therefore, it is of utmost importance that services, and strategies be available for these individuals to address vicarious or secondary trauma (Molnar et al., 2017). The findings reveal that all the participants' employers made provisions for them to receive mental health services and

support. However, all the participants denied utilizing available mental health services, despite some participants recognizing that they have experienced secondary trauma. The participants reported support from supervisors, managers, and peers, to be beneficial in managing secondary trauma and countertransference if they had challenges in these areas.

Implications for Social Work Practice

This research has implications for micro, mezzo, and macro social work practice. It is imperative that social workers, the agencies they work for, the providers they work with, and the government entities providing funding and policy, understand the risk factors impacting CSEC and the significance of specialized programs on outcomes for the victims and society.

Micro social work practice includes the CSEC victim and their family. The study provided valuable information regarding how efficiently social workers and other professionals working with the CSEC population can assess and identify victims and those at risk and provide services to the child and their families. The study further confirmed the necessity of specialized services for the victim and family to address the complex needs that are a direct result of the child being exploited and include challenges within the family system. Encompassing services, such as appropriate placements, trauma-informed, and survivor-informed services, including but not limited to mental health, medical, and life skills services, must be accessible to the victims.

There are implications for mezzo social work practice, as well, from the knowledge gained in this study. The social workers and other interviewed professionals demonstrated how vital multi-disciplinary collaborations are to servicing the CSEC population. Collaborations with child welfare, mental health, medical, law enforcement, juvenile justice, and other community partners are crucial to developing resources, providing specialized services, and building infrastructures to serve victims and combat CSEC in the communities. The study's implication for macro social work practice includes the examination of the impact of child welfare and public policy on services being made available to CSEC victims and potential CSEC victims.

Limitations of the Study

Limitations to this study are that the findings were drawn from a small convenience sample of 10 participants, all from the Southern California region and that the findings are not generalizable to all professionals who serve CSEC victims. Participants in the study primarily described female victims, excluding male and LGBTQ victims, who also are vulnerable youth and susceptible to exploitation. Findings should be interpreted within the context of the limitations stated.

APPENDIX A
DATA COLLECTION INSTRUMENT

Interview Questions

1. Tell me about your role and experience with CSEC Victims. Did you choose this role or were you assigned to it?
2. After you use the CSEC tool, what is the first resource you refer the child to?
3. What programs are most effective in serving CSEC victims?
4. How are the survivors engaged and benefiting from existing programs?
5. What are five things you believe would improve CSEC services?
6. What obstacles do you see that would prevent those improvements from happening?
7. How are you provided with current information and resources as services available to CSEC victims?
8. What are the challenges with current CSEC training and staffing of specialized units in your department?
9. What needs to happen to enhance social workers' preparedness and ability to work with victims of CSEC effectively?
10. What services are available to you to address secondary trauma or countertransference while working with this population?
11. To what extent do you experience secondary trauma or countertransference when working with this population?

APPENDIX B
INFORMED CONSENT

We are asking you to participate in a research study titled Specialized Services for Commercially Sexually Exploited Children. We will describe this study to you and answer any of your questions. This project has been reviewed by the IRB at CSUSB. This study is being led by Ola Morrison-Blair and Jahninia Tarango, students of the School of Social Work at California State University San Bernardino. The Faculty Advisor for this study is Dr. Gretchen Heidemann.

-What the study is about?

The purpose of this research is to explore the knowledge of professional service providers in the community who regularly work with CSEC victims in their community, and their access to, or knowledge of, resources available to this population.

-What we will ask you to do?

We will ask you a series of questions in a Zoom interview between 30-45 minutes in duration. Questions asked will document your knowledge of the population's needs and services available in your community and services outside of the County that would benefit this population.

-Risks and discomforts

Risks of participating in this study may include discomfort associated with discussing personal experiences with the CSEC population.

-Benefits

There are no direct benefits to participation. You may gain self-awareness regarding contributions to interventions with CSEC victim population, and/or motivation to participate in victim advocacy within your child welfare agency as well as advocacy for changes in public policy. There is no compensation provided for participation in this study.

Audio/Video Recording

Interviews will be done via Zoom and recorded for transcription. Zoom interviews will be audio-recorded with an individual recording device. Interview recordings and transcriptions will be saved into a confidential encrypted drive and will be destroyed upon the completion of this study.

Sharing De-identified Data Collected in this Research

De-identified data from this study may be shared with the research community at large to advance science and health. We will remove or code any personal information that could identify you before files are shared with other researchers to ensure that, by current scientific standards and known methods, no one will be able to identify you from the information we share. Despite these measures, we cannot guarantee anonymity of your personal data.

Taking part is voluntary, your participation in this study is voluntary. You may refuse to participate before the study at any time. You can discontinue at any time or skip any questions/procedures that may make you feel uncomfortable, with no penalty to you.

If you have questions

The main researchers conducting this study is Ola Morrison-Blair and Jahninia Tarango, graduate students at California State University San Bernardino. Please ask any questions you have now. If you have any questions or concerns regarding your rights as a subject in this study, you may contact the research advisor Gretchen Heidemann at gretchen.heidemann@csusb.edu. You may also access the study through Scholarworks at any time.

If you would like to be given a copy of this form, please indicate that here. Yes/no

Statement of Consent

I have read the above information and have received answers to any questions I asked. I consent to take part in the study.

Please sign below if you are willing to have this interview recorded.

I do not want to have this interview recorded

I am willing to have this interview recorded

Your Signature: _____ Date: _____

Your Name (printed): _____

APPENDIX C
COMMERCIAL EXPLOITATION IDENTIFICATION TOOL (CSE-IT)

WestCoast Children's Clinic
Commercial Sexual Exploitation Identification Tool (CSE-IT) – version 2.0

1. HOUSING AND CAREGIVING. The youth experiences housing or caregiving instability for any reason.	No Information	No Concern	Possible Concern	Clear Concern
a. Youth runs away or frequently leaves their residence for extended periods of time (overnight, days, weeks).	0	0	1	2
b. Youth experiences unstable housing, including multiple foster/ group home placements.	0	0	1	2
c. Youth experiences periods of homelessness, e.g. living on the street or couch surfing.	0	0	1	2
d. Youth relies on emergency or temporary resources to meet basic needs, e.g. hygiene, shelter, food, medical care.	0	0	1	2
e. Parent/ caregiver is unable to provide adequate supervision.	0	0	1	2
f. Youth has highly irregular school attendance, including frequent or prolonged tardiness or absences.	0	0	1	2
g. Youth has current or past involvement with the child welfare system. ∞	0	0	1	2
Indicator 1 Score: A subtotal of 0 to 3 = <i>No Concern</i> . A subtotal of 4 or 5 = <i>Possible Concern</i> . A subtotal from 6 to 14 = <i>Clear Concern</i> . Circle score here →	0	No Concern 0	Possible Concern 1	Clear Concern 2
2. PRIOR ABUSE OR TRAUMA. The youth has experienced trauma (not including exploitation).	No Information	No Concern	Possible Concern	Clear Concern
a. Youth has been sexually abused. ∞	0	0	1	2
b. Youth has been physically abused. ∞	0	0	1	2
c. Youth has been emotionally abused. ∞	0	0	1	2
d. Youth has witnessed domestic violence. ∞	0	0	1	2
Indicator 2 Score: A subtotal of 0 or 1 = <i>No Concern</i> . A subtotal of 2 = <i>Possible Concern</i> . A subtotal from 3 to 8 = <i>Clear Concern</i> . Circle score here →	0	No Concern 0	Possible Concern 1	Clear Concern 2
3. PHYSICAL HEALTH AND APPEARANCE. The youth experiences notable changes in health and appearance.	No Information	No Concern	Possible Concern	Clear Concern
a. Youth presents a significant change in appearance, e.g. dress, hygiene, weight.	0	0	1	2
b. Youth shows signs of physical trauma, such as bruises, black eyes, cigarette burns, or broken bones.	0	0	1	2
c. Youth has tattoos, scarring or branding, indicating being treated as someone's property.	0	0	1	2
d. Youth has repeated or concerning testing or treatment for pregnancy or STIs.	0	0	1	2
e. Youth is sleep deprived or sleep is inconsistent.	0	0	1	2
f. Youth has health problems or complaints related to poor nutrition or irregular access to meals.	0	0	1	2
g. Youth's substance use impacts their health or interferes with their ability to function.	0	0	1	2
h. Youth experiences significant change or escalation in their substance use.	0	0	1	2
Indicator 3 Score: A subtotal of 0 or 1 = <i>No Concern</i> . A subtotal of 2 or 3 = <i>Possible Concern</i> . A subtotal from 4 to 16 = <i>Clear Concern</i> . Circle score here →	0	No Concern 0	Possible Concern 1	Clear Concern 2
4. ENVIRONMENT AND EXPOSURE. The youth's environment or activities place them at risk of exploitation.	No Information	No Concern	Possible Concern	Clear Concern
a. Youth engages in sexual activities that cause harm or place them at risk of victimization.	0	0	1	2
b. Youth spends time where exploitation is known to occur.	0	0	1	2
c. Youth uses language that suggests involvement in exploitation.	0	0	1	2
d. Youth is connected to people who are exploited, or who buy or sell sex.	0	0	1	2
e. Youth is bullied or targeted about exploitation.	0	0	1	2
f. Youth has current or past involvement with law enforcement or juvenile justice. ∞	0	0	1	2
g. Youth has gang affiliation/ contact that involves unsafe sexual encounters.	0	0	1	2
Indicator 4 Score: A subtotal of 0 = <i>No Concern</i> . A subtotal of 1 = <i>Possible Concern</i> . A subtotal from 2 to 14 = <i>Clear Concern</i> . Circle score here →	0	No Concern 0	Possible Concern 1	Clear Concern 2
5. RELATIONSHIPS AND PERSONAL BELONGINGS. The youth's relationships and belongings are not consistent with their age or circumstances, suggesting possible recruitment by an exploiter.	No Information	No Concern	Possible Concern	Clear Concern
a. Youth has unhealthy, inappropriate or romantic relationships, including (but not limited to) with someone older/ an adult.	0	0	1	2
b. Youth meets with contacts they developed over the internet, including sex partners or boyfriends/ girlfriends.	0	0	1	2
c. Explicit photos of the youth are posted on the internet or on their phone.	0	0	1	2
d. Youth receives or has access to unexplained money, credit cards, hotel keys, gifts, drugs, alcohol, transportation.	0	0	1	2

e. Youth has several cell phones or their cell phone number changes frequently.	0	0	1	2
f. Youth travels to places that are inconsistent with their life circumstances.	0	0	1	2
Indicator 5 Score: A subtotal of 0 = <i>No Concern</i> . A subtotal of 1 or 2 = <i>Possible Concern</i> . A subtotal from 3 to 12 = <i>Clear Concern</i> . Circle score here →	0	No Concern 0	Possible Concern 1	Clear Concern 2
6. SIGNS OF CURRENT TRAUMA. The youth exhibits signs of trauma exposure.	No Information	No Concern	Possible Concern	Clear Concern
a. Youth appears on edge, preoccupied with safety, or hypervigilant.	0	0	1	2
b. Youth has difficulty detecting or responding to danger cues.	0	0	1	2
c. Youth engages in self-destructive, aggressive, or risk-taking behaviors.	0	0	1	2
d. Youth has a high level of distress about being accessible by cell phone.	0	0	1	2
Indicator 6 Score: A subtotal of 0 = <i>No Concern</i> . A subtotal of 1 or 2 = <i>Possible Concern</i> . A subtotal from 3 to 8 = <i>Clear Concern</i> . Circle score here →	0	No Concern 0	Possible Concern 1	Clear Concern 2
7. COERCION. The youth is being controlled or coerced by another person.	No Information	No Concern	Possible Concern	Clear Concern
a. Youth has an abusive or controlling intimate partner.	0	0	1	2
b. Someone else is controlling the youth's contact with family or friends, leaving the youth socially isolated.	0	0	1	2
c. Youth is coerced into getting pregnant, having an abortion, or using contraception.	0	0	1	2
d. Someone is not allowing the youth to sleep regularly or in a safe place, go to school, eat, or meet other basic needs.	0	0	1	2
e. The youth or their friends, family, or other acquaintances receive threats.	0	0	1	2
f. Youth gives vague or misleading information about their age, whereabouts, residence, or relationships.	0	0	1	2
Indicator 7 Score: A subtotal of 0 = <i>No Concern</i> . A subtotal of 1 = <i>Possible Concern</i> . A subtotal of 2 to 12 = <i>Clear Concern</i> . Circle score here →	0	No Concern 0	Possible Concern 1	Clear Concern 2
8. EXPLOITATION. The youth exchanges sex for money or material goods, including food or shelter.	No Information	No Concern	Possible Concern	Clear Concern
a. Youth is exchanging sex for money or material goods, including food or shelter for themselves or someone else, e.g. child, family, partner.	0	0	1	2
b. Youth is watched, filmed or photographed in a sexually explicit manner.	0	0	1	2
c. Youth has a history of sexual exploitation. ∞	0	0	1	2
d. Youth is forced to give the money they earn to another person.	0	0	1	2
Indicator 8 Score: A subtotal of 0 = <i>No Concern</i> . A subtotal of 1 = <i>Possible Concern</i> . A subtotal from 2 to 8 = <i>Clear Concern</i> . Circle score here →	0	No Concern 0	Possible Concern 1	Clear Concern 2

Scoring Instructions:

1. Enter each Indicator Score in the corresponding box in this table.
2. Add Indicator Scores 1 through 7 and enter the total in box A.
3. If Indicator 8 score = 1 (Possible Concern), enter 4 in box B. If Indicator 8 score = 2 (Clear Concern), enter 9 in box B.
4. Add boxes A and B for a Total Score between 0 and 23 and enter the Total Score in the final box.
5. Plot the Total Score on the Continuum of Concern below to determine level of concern for exploitation.

(Westcoast Children's Center, 2016)

APPENDIX D
INSTITUTIONAL REVIEW BOARD LETTER



June 19, 2021

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2021-166

Gretchen Heidemann Jahninia Tarango, Ola Mae Morrison-Blair
CSBS - Social Work, Users loaded with unmatched Organization affiliation.
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Gretchen Heidemann Jahninia Tarango, Ola Mae Morrison-Blair:

Your application to use human subjects, titled "Specialized Services for Commercially Sexually Exploited Children in the Child Welfare System " has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk and benefits of the study to ensure the protection of human participants. Important Note: This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses due to the COVID-19 pandemic. Visit the Office of Academic Research website for more information at <https://www.csusb.edu/academic-research>.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

Important Notice: For all in-person research following IRB approval all research activities must be approved through the Office of Academic Research by filling out the [Project Restart and Continuity Plan](#).

- Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.
- Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.
- Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.
- Submit a study closure through the Cayuse IRB submission system once your study has ended.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mjgillesp@csusb.edu. Please include your application approval number IRB-FY2021-166 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

Nicole Dabbs

Nicole Dabbs, Ph.D., IRB Chair
CSUSB Institutional Review Board

NDMG

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ASSIGNED RESPONSIBILITIES

This research project was completed as a collaboration between two partners: Ola Morrison-Blair and Jahninia Tarango. The following sections were completed as follows:

1. Data Collection: Ola Morrison-Blair (CS1, LMFT1, VA1, SW1, SW2, and SW3) and Jahninia Tarango (SW4, LEO1, LEO2, and CW1)
2. Data Analysis: Ola Morrison-Blair and Jahninia Tarango
 - a. Written Report and Presentation of Findings
 - b. Abstract: Ola Morrison-Blair and Jahninia Tarango
 - c. Acknowledgments: Ola Morrison-Blair and Jahninia Tarango
 - d. Chapter One. Introduction: Ola Morrison-Blair and Jahninia Tarango
 - e. Chapter Two. Literature Review: Ola Morrison-Blair and Jahninia Tarango
 - f. Chapter Three. Methods: Ola Morrison-Blair and Jahninia Tarango
 - g. Chapter Four. Results: Ola Morrison-Blair and Jahninia Tarango
 - h. Chapter Five. Discussion: Ola Morrison-Blair and Jahninia Tarango
3. Supplemental Materials
 - a. IRB Application: Ola Morrison-Blair and Jahninia Tarango
 - b. Formatting and Edits: Ola Morrison-Blair and Jahninia Tarango
 - c. Presentation of Findings: Ola Morrison-Blair and Jahninia Tarango