6-2017

Cal State San Bernardino Social Work Students' Attitudes Toward Domestic Minor Sex-Trafficked (DMST) Youth

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CAL STATE SAN BERNARDINO SOCIAL WORK STUDENTS' ATTITUDES TOWARD DOMESTIC MINOR SEX-TRAFFICKED (DMST) YOUTH

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

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by

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ABSTRACT

Domestic Minor Sex Trafficking (DMST) affects hundreds of thousands of youth every year. In the past, DMST youth were often viewed by law enforcement and the criminal justice system as "offenders" and were usually arrested for solicitation even though they were minors. While new laws have begun to identify youth as victims, it has not yet been ensured that social workers have adopted this perspective. This quantitative study's purpose was to examine Cal State University San Bernardino (CSUSB) Bachelor of Social Work (BASW) and Master of Social Work (MSW) students' attitudes toward DMST youth. Participants completed an online questionnaire using Qualtrics software. Data were analyzed using SPSS version 21, using statistical tests including frequencies, Pearson's R, and ANOVA. The hypothesis that knowledge, exposure to curriculum, and past experiences impacted students' stigmatization of DMST youth was not supported by the data. Instead, results indicated that CSUSB social work students did not stigmatize the DMST population. Because these findings cannot be generalized to social workers in the field, future research should explore whether social workers currently working with DMST youth stigmatize this population. These findings also have implications for the CSUSB School of Social Work as they revealed that some students lacked education about this population and, consequently, felt unprepared to work with this population.

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CHAPTER ONE

INTRODUCTION

Chapter one will commence with a problem statement that introduces the domestic minor sex trafficking (DMST) population, which is the focal point of this research. It will be followed by an introduction to the different policy and practice contexts that intersect with this population, as well as an illustration of the study that was conducted. Wrapping up chapter one will be a section describing the purpose of this study and its significance or implications for the social work profession, with specific mention of its relevance to child welfare practices.

Problem Statement

In the United States, an estimated 100,000-300,000 youth are considered to be at risk for domestic sexual exploitation or trafficking (Kaplan & Kemp, 2015). According to Dank and colleagues (2014), the demand for sex with youths has been increasing over the years, and has led to pimps and sex traffickers profiting immensely from the sexual exploitation of children. Minors and youth involved with the child welfare system are considered a vulnerable population and are at-risk to become involved in domestic minor sex trafficking (DMST); other at-risk populations include youth who are in the criminal justice system, runaways, or are homeless (Children's Bureau, 2015). In fact, a report by the Human Rights Project for Girls (2013) found that most victims of sex trafficking

were at one point involved in the child welfare system and, specifically, in foster care out-of-home placements. Though child welfare social workers and agencies appear to have the best ability and opportunity to identify and treat at-risk youths, it is important for social workers who work in other fields to be knowledgeable and aware of the issues surrounding DMST and the risk factors for youth that are most likely to be targeted by traffickers.

Typically, one of the major difficulties social workers experience when working with DMST youth involves correctly identifying the youth as a victim of child sexual exploitation rather than a juvenile offender or “child prostitute” (Clawson & Grace, 2007). Some youth do not self-report or identify themselves as victims; therefore, social workers and other professionals, including law enforcement, may misidentify youth and characterize minors as “choosing” to prostitute, and therefore subject to criminal prosecution (Clawson & Grace, 2007). As Hickle and Roe-Sepowitz (2014) noted, training for social workers and law enforcement have begun to focus more on identifying DMST youth as victims needing treatment, instead of juvenile offenders.

Clawson and Grace (2007) also found that when analyzing programs of human trafficking, changing this perception of DMST youth has occurred only in policy, and not yet in practice. Agencies that lack adequate education, trainings, and awareness of the DMST population can contribute to social workers misidentifying DMST youth (Shared Hope International, 2015). A youth who has been misidentified may not be referred to appropriate services and may be put at

further risk; for example, many DMST youth are placed in foster homes or group placements, which are not appropriately secure and specialized to meet their needs (Shared Hope International, 2015). Similarly, social work students must be trained and made aware of up to date policies and protocols when serving DMST youth.

The Council on Social Work Education (2008) requires accredited schools to provide curriculum in which students master ten core competencies, yet it does not specifically require social work students to learn about working with DMST victims. Thus, it is possible for a social work student to graduate without being given any instruction or information on the DMST youth population. Even though social work students may be taught skills to effectively assess and work with a variety of populations, they may still possess a rather “old school” train of thought stigmatizing DMST youth, or considering them as a part of the criminal justice system as opposed to the child welfare system. DMST victims are a complex and stigmatized population and it is vital social work students are made aware of current policy and possible barriers DMST youth face to better serve them in the community.

Policy Context

The Trafficking Victims Protection Act (TVPA) requires prostituted minors, under federal law, to be identified as victims of sex trafficking. However, many state laws do not follow TVPA federal law, and instead still charge minors with

prostitution, a criminal act. While thirty-two states have implemented bills and statutes to lessen the amount of times DMST youth are misidentified, fifteen states still require youth to prove force, fraud, and coercion to avoid being convicted of prostitution (Souther, 2014). California has made an effort to ensure child welfare agencies are properly serving DMST youth under TVPA federal law by passing Senate Bill 1322 which decriminalizes prostitution for minors (Associated Press, 2016). Similarly, Child Welfare Services Senate Bill 794 (2015-2016) requires child welfare agencies to work together with probation departments to "implement policies and procedures to identify, document, and determine appropriate services for children and youth who are receiving child welfare services pursuant to federal law and are, or are at risk of becoming, victims of commercial sexual exploitation" (para. 2). Locally, according to the Children's Bureau (2015), Los Angeles is currently working on a multidisciplinary effort between the FBI, Probation, Department of Child and Family Services, the LA Police Department, and District Attorney's office to combat human trafficking. With the help of a federal grant, they are assisting victims with receiving proper services and creating long term solutions for their recovery, as well as assisting with the development of a special court designed for DMST youth (Children's Bureau, 2015). These efforts are intended to help frame appropriate identification of DMST youth as victims so they may be referred to proper services.

Practice Context

The significant changes to policy that occurred within the last few years directly affect social work practice with this population. As a result, the focus has shifted from criminalizing these youth to caring for them within the child welfare system. To respond to these changing laws, current social workers and social work students need to become more familiar with this population and their needs. Since sexually exploited youth usually come into contact with a child welfare or law enforcement agency for committing criminally punishable acts such as prostitution, they are more likely to be mislabeled as offenders instead of victims. This sort of mislabeling and under-identifying of DMST youth could lead to them being treated as criminals, which makes it less likely they will be connected to the resources they need. Social workers who perceive DMST youth as offenders may have more issues in correctly assessing, identifying, documenting, and determining services.

Currently, a few studies have identified that even with laws implemented, agency staff are often inconsistent in identifying DMST youth. For example, a study from six different police agencies within the U.S. found that in cases with DMST youth, law enforcement officers referred to youth as victims in 60% of their cases, and offenders the other 40% of cases (Hatler, 2010). While this study was performed with law enforcement agencies, it may shed light on the possible mislabeling of DMST youth in other agencies, such as those in child welfare.

The role of the social worker, in the field or while still in school, is to advocate for the DMST youth population to receive quality services. Currently, there is not a strong body of research demonstrating any evidence-based practices for working with DMST youth. In fact, there is a general lack of research with the DMST population because of barriers such as misidentification. Through a victim-centered lens, social workers can support policies, research, and interventions to identify needs of this population, while also encouraging de-stigmatization. Additional research into the attitudes of future social workers towards DMST youth may help identify possible barriers to treatment with this population, and open up the possibility for future research to examine effective intervention approaches.

Purpose of the Study

The purpose of this study was to examine the attitudes of current California State University San Bernardino (CSUSB) Bachelors of Social Work (BASW) and Masters of Social Work (MSW) students towards DMST youth. The researchers examined whether variables such as exposure to curriculum, past experiences, and stigmatizations impacted social work students' attitudes toward the DMST youth population.

This study used a quantitative survey with self-administered questionnaires to measure the attitudes that social work students have toward DMST youth. This study was conducted as a self-reported assessment of social

work students' attitudes using a survey designed by the researchers. Surveys included Likert scale questions, demographic questions, and one open-ended question. The surveys were designed and administered using Qualtrics software and were distributed to current BASW and MSW students at CSUSB with the approval of the School of Social Work. Questions pertained to students' personal views about stigmatization for DMST youth, including questions such as, "Minors who are arrested for prostitution would be better served in the juvenile justice system", "Minors who are arrested for prostitution would be better served in the child welfare system", and "Minors who engage in prostitution choose this life".

Attitudes are complex and can be influenced by many different factors. In relation to attitudes toward DMST youth, the researchers examined whether educational curriculum, prior experience, or stigmatization had an impact on social work students' attitudes toward this population. These factors were operationalized into questions and Likert scale responses to assess whether students received curriculum in school pertaining to this population, whether they had prior experience in the field as a volunteer, intern, or an employer, and whether they perceive youth as victims of trafficking or as offenders and "child prostitutes." Further, the researchers included an open-ended question that allowed students to share their personal opinions on factors which influence their attitudes toward the DMST population but that may not have been covered in the survey

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Significance of the Study for Social Work

This study examined the attitudes of social work students towards DMST youth to determine whether students are prepared to work with DMST youth in the field and in social service agencies. The study assessed the extent to which social work students received adequate curriculum on DMST youth. Universities could benefit from the implications that come from surveying students; if students' attitudes reflect perceptions of DMST youth as offenders, then there is a need to cover DMST in school curriculum. Thus, results from this research can benefit the CSUSB School of Social Work to help faculty determine relevant and essential classroom curriculum. Although human trafficking is a social occurrence that has occurred for thousands of years, there has been very little peer reviewed research done specifically on DMST (Hughes, Sporcic, Mendelsohn, & Chirgwin, 1999). This study adds to the limited research on the topic, and identifies possible implications regarding the attitudes of social workers on the potential efficacy of their work with DMST youth. The findings may identify barriers to treatment and demonstrate the need for widespread education and de-stigmatization of the population.

This study's findings have implications for social workers and practitioners in every aspect of the generalist intervention model. Study findings may help improve engagement, assessment, planning, implementation, evaluation, and termination. Every phase in the generalist model is impacted by this research because the overarching theme of the model involves social workers building and

maintaining rapport with clients. Building rapport with a client can be difficult if the social worker has unknowingly stigmatized the client or has reservations and judgments about a minor involved with DMST. Therefore, a social worker who has a strong understanding of personal biases, attitudes, and predetermined stigmas can better interact with their clients and build stronger relationships. In relation to working with DMST youth, future social workers who have considered their current attitudes will be able to better apply every phase of the generalist model through understanding the use of self and through their ability to build strong rapport with clients.

Research has shown that a high percentage of trafficked children were previously in foster care and that a majority of exploited youth have previously been involved in the child welfare system (Children*'s* Bureau, 2015). Under the Preventing Sex Trafficking and Strengthening Families Act (2014), "title IV-E agencies are required to develop policies and procedures to identify, document, and determine appropriate services for children under the placement, care, or supervision of a child welfare agency and who are at risk of becoming sex trafficking victims or who are victims of sex trafficking" (Children*'s* Bureau, 2015). Thus, child welfare social work students specifically benefit from this insight to ensure they are able to identify and best serve DMST youth. Due to the stigmatization surrounding DMST youth, these researchers measured Cal State San Bernardino MSW and BASW students' attitudes toward DMST youth.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter will discuss current literature relevant to DMST youth and the agencies working with them. The review of literature is broken down into four different sections: theories that guide conceptualization of this population, definitions of DMST youth, challenges regarding a lack of identification, trauma, and stigma, and how the NASW code of ethics guides the way social workers interact with these youth.

Theories Guiding Conceptualization

DMST youth, much like many diverse and minority populations, are frequently cast out of communities because of the stigmas that society places on them. There are many implications stigmas have on both the stigmatized and those who hold those beliefs. Link and Phelan (2001) reported that the most recent research has led to a deeper understanding of stigma, a fine tuning of theoretical concepts, and a cyclical pattern regarding the negative side effects on the stigmatized.

According to Link and Phelan (2001), there are five components of stigma that are important to understand. The first part of stigma outlines that it is human

nature to notice and point out the differences we see in others. Our cultural upbringing and beliefs also paint those that are different than us as having negative characteristics, often leading to stereotyping. When we create these stereotypes we divide or separate ourselves from those that we have stigmatized. In response to that divide, those that are stigmatized will feel alone and discriminated in the workplace and in their own communities. These discriminations build barriers that prevent them from reaching their full potential (Link & Phelan, 2001). The authors add that “stigmatization is entirely contingent on access to social, economic, and political power that allows the identification of differentness, the construction of stereotypes, the separation of labeled persons into distinct categories, and the full execution of disapproval, rejection, exclusion, and discrimination” (Link & Phelan, 2001, p. 367). In the relationship between social workers and the individuals they work with, there is sometimes a perceived power differential. Even this perceived power differential can allow for a social worker who carries certain biases to stigmatize the individuals they work with.

These components of stigma reveal why it is crucial for current and future social workers to understand why they feel a certain way towards DMST youth, and to recognize how detrimental the stigmas that they hold can be on the already traumatized youth. For example, stigma can manifest itself in both overt and subtle ways. The overt manifestation of stigma can look like an aversion to interaction, avoidance, social rejection, discounting, discrediting, dehumanizing, and depersonalization. The subtle cues may be hard to recognize, but can

include nonverbal expressions of discomfort such as a lack of eye contact (Bos, Reeder, & Stutterheim, 2013).

Using this theoretical perspective as a guiding principle into our research, we hypothesize that new human service agency workers may have stigmatized the DMST population. As Bos and colleagues (2013) noted, stigmatizations can manifest in subtle ways, perhaps even unknown to the individual. DMST youth have long been stigmatized as prostitutes, which certainly convey a negative connotation. Further, since most Americans may be unfamiliar with the complexities of DMST and of human trafficking in general, people may be unaware that these problems exist in our country (Clawson & Grace, 2007). Thus, looking at DMST youth as a stigmatized population who may often be in contact with or involved with child welfare agencies and social workers, it is crucial to ensure social workers do not practice “subtle stigmatizations” which could impact the ability to properly serve DMST youth.

There are many confounding factors that affect victims of DMST, including: the relationships youth have with their families of origin, experiences within the foster care or juvenile delinquency systems, exposure to early childhood traumas such as witnessing or being victim to domestic violence, sexual abuse and other related trauma, and living or being raised in an area with a low socioeconomic status (Gibbs, Hardison Walters, Lutnick, Miller, & Kluckman, 2015). These are only a few of the many different factors that can make these youth more vulnerable to being trafficked, which is why systems

theory is another theoretical approach that aids us in understanding this population in more depth.

According to Andreae (2011), people are the environment they exist in. From birth, people are representatives of the contact they have with other individuals as well as the type of socialization they experience, whether it is from their family of origin, foster family, friends, or agencies they have contact with. Not only do people represent the way others around them interact, but will also show changes influenced by the opportunities and experiences that they are deprived of (Andreae, 2011). It is important to understand not only the trafficking aspect that impact these youth, but their entire human experience. Andreae (2011) notes that each and every youth has a different story to tell, and it is incredibly important for social workers to not only be aware of all the systems that are involved with the youth, but to utilize the positive systems to strengthen the case plans they build with the child and family (Andreae, 2011).

Definitions of Domestic Minor Sex-Trafficked Youth

The Trafficking Victims Protection Act (TVPA) of 2000 defines DMST as "the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act where the person is a U.S. citizen or lawful permanent resident under age 18" (Florida Council Against Sexual Violence, 2013). Like other types of human trafficking, DMST involves the use of force, fraud, and coercion to lure these already vulnerable children into the commercial

sex trade. The TVPA expands on existing laws by clearly defining the terms force, fraud, and coercion.

> "Force as rape, beatings, constraint, or confinement. Second, fraud includes false and deceptive offers of employment, marriage, or a better life. Third, coercion includes the threats of serious harm to, or the physical restraint of, any person; any scheme, plan, or failure to perform an act that would result in restraint against them; or the abuse or threatened abuse of the legal process." (Hardy, Compton, & McPhatter, 2013, p. 9)

A common misconception of DMST youth perpetuated by a lack of empathy and education is that they chose this life. By defining the means to which youth are lured into the sex trade helps students and professionals get a greater understanding of the trauma and manipulation DMST youth face, and the strength and power their captors have over them.

Cyclical patterns of abuse emerge when comparing the techniques traffickers use and the personal histories of the DMST youth (Jordan, Patel, & Rapp, 2013). Many of these youth come into the hands of their traffickers already carrying a history of chronic abuse such as physical abuse, emotional abuse, and/or sexual abuse by several perpetrators. Other forms of family dysfunction, including addiction and domestic violence, may also increase the victim's vulnerability. With this ranging history of abuse, these youth are an already extremely vulnerable population. Once under the control of their traffickers they

are again abused and neglected; even their families may be threatened (Jordan et al., 2013).

At any given time in the United States, about 10,000 people are being trafficked across cities and states; however, these numbers are only estimates, and it is hypothesized that the number is exponentially bigger since identification of these victims continue to remain troublesome (Fletcher, Bales, & Stover, 2005). After seeing what extreme trauma these youth are up against, it is not hard to understand why locating and identifying these youth poses a challenge. In the following sections we discuss some of the many challenges social workers and law enforcement face when it comes to the identification of DMST youth.

Barriers Related to Identification, Trauma, and Stigma

There are many reasons why the identification of DMST youth is so challenging. One of the reasons is lack of self-report. Victims of DMST often hesitate to come forward because they live in constant fear. Roe-Sepowitz, Hickle, Dahlstedt, and Gallagher (2014) suggest that there are many similarities between victims of domestic violence and sex trafficking. Victims of both are extremely hesitant to come forward because they understand that if they disclose they may become victims of even more violence, even death. Another reason that these victims do not come forward is that they blame themselves, and feel that once they go to the authorities they will not believe them, and even incarcerate them. Due to this secrecy, DMST youth feel that they are alone and

that telling someone, even a helping professional such as a social worker or police officer, may not be safe.

Although human trafficking has occurred for hundreds of years, only recently has the topic of DMST emerged within the child welfare system. Consequently, little research has been conducted into the identification of this population, as well as the use of evidence based practices for prevention and intervention. Since there is limited research on the DMST population, there are even fewer valid and reliable assessment tools that have been created to use in social service agencies. Polaris Project and the National Human Trafficking Resource Center have developed two assessment tools to use in identifying DMST youth. One is the Human Trafficking Assessment for Runaway Youth, which includes red flags and indicators, and general assessment questions relating to trafficking (National Human Trafficking Resource Center, 2011). The second assessment tool is the Human Trafficking of Children Indicator Tool. This tool is specifically meant for child protective agencies to use in helping them identify victims who come through their system. This tool includes interview questions, or possible topics to cover with the suspected DMST youth, as well as possible indicators, and steps to take once the social worker has reasonable suspicion that the child is a victim of DMST (Human Trafficking of Children, 2011). Both these tools are currently being used by the state of Florida's Department of Children and Families to identify and to assess youth.

Another reason for these youth to not come forward is because of the extreme trauma they have endured. According to Shared Hope United (2007), sex-trafficked minors were sold an average of 10 to 15 times a day, 6 days a week, and the victims kept none of the money. Many times the traffickers/pimps provide a quota to the victims of 10 to 15 buyers; however, during peak times (i.e., sporting events, conventions), it can be upward of 45 buyers a night (Shared Hope International, 2007). If you do the math, these youth are essentially being raped 3,170 times a year, and that is not including the days of high trafficking. Further, the average age that girls are first trafficked is between 12 and 14, while for boys and transgender youth, the average age of first being trafficked is between 11 and 13 (Jordan et al., 2013). After looking at the numbers and truly understanding all the facets of the trauma that these youth go through, it is hard to imagine the life that they live. Even harder to wrap your head around is the frequency with which these youth are being exploited. The extent of the trauma that they face leads them to self-blame and shame.

Stigma also poses a challenge for social service agencies in identifying and locating these youth. Stigmas can be perpetuated by workers when their past experiences influence their current views. As a result of these possible stigmas, it is incredibly important for future social workers to recognize the bias that they come into the field with, and to address them so they can effectively serve DMST youth. It is also important for social workers to understand that there can be no such thing as a “child prostitute” because that infers consent, and by

law any person under the age of 18 cannot consent. Fortunately for these youth, the laws are beginning to change, and there is a movement towards treatment versus punishment. It is important for those currently working in public child welfare and for future social workers who plan to go into child welfare to understand the nuances of DMST. The better these professional understand DMST and the possible risk factors that put children at a greater chance of being victimized, the more likely they are to identify and prevent DMST.

National Association of Social Workers Code of Ethics

In addition to social workers having a legal obligation to appropriately identify and determine services for DMST youth, they are also bound ethically by the National Association of Social Workers (NASW) Code of Ethics to competently serve all oppressed populations and those in need. In fact, the NASW included in a Human Rights and International Affairs Practice Update of November 2006, that social workers must focus on identifying and assisting victims, improve rehabilitation and reintegration practices, and educate at-risk populations as a form of prevention. A child welfare social worker particularly has use for implementing these roles. In addition to appropriately identifying DMST youth, social workers who often engage with foster youth may share important information to foster youth to educate them of risks. Because the Code of Ethics requires social workers to engage in competent practice to ultimately serve

populations in need and to address social problems, research in social worker students attitudes towards DMST youth will identify whether there is a need to include curriculum in universities to inform students and future social workers about this population. In accordance with the NASW Code of Ethics, universities should assess their students' attitudes to ensure they are entering the social work field with competence to provide the best possible services to the DMST population.

Summary

The DMST youth population is a complex and difficult population to work with because problem of DMST includes multiple definitions and characterizations, the victims are difficult to identify and subject to stigmatization, and the victims often experience repeated exposure to trauma. Particularly, the stigmatization of DMST youth can make it difficult for social workers to identify and competently serve the population to NASW Code of Ethical standards. To properly treat and work with this population, it is important to assess whether social work students possess basic information on this topic, and whether they hold stigmas or problematic attitudes towards DMST youth.

CHAPTER THREE

METHODS

Introduction

In this section, the researchers will give an overview of the study design, including sampling, data collection and instruments, procedures of the study, and the steps researchers took to ensure protection of human subjects. Next, the researchers will describe the quantitative data analysis procedures that were utilized to test the hypothesis of whether the variables of exposure to curriculum, past experiences, and knowledge impacted social work students' attitudes and overall stigmatization of the DMST youth population.

Study Design

In light of the lack of research of the DMST youth population and the attitudes of social workers who work with this population, the purpose of this study was to explore whether certain factors influence social work students' attitudes and stigmatization towards DMST youth. The researchers operationalized the independent variables by looking at students' knowledge regarding the DMST population, exposure to undergraduate and graduate curriculum at CSUSB pertaining to trafficking, and past experiences with DMST youth through internships, employment, and volunteer positions. The dependent

variable was stigma toward DMST youth. A self-reported questionnaire was administered and consisted of demographic questions, Likert scale questions relating to the operationalized IV's, and one open-ended question that allowed students to add anything they felt positively or negatively affected their attitudes toward DMST youth. The use of Likert scales that measured agreeability of statements pertaining to DMST youth allowed participants to rank attitudes along a spectrum to provide researchers with a more precise gauge of attitudes and stigmatization.

Lack of generalizability and social desirability were two methodological limitations to the study. Since this study was only administered and made available to CSUSB undergraduate and graduate level social work students, the results of this study cannot necessarily be generalized to all students, nor to the general population of social workers. Also, the convenience sample of the School of Social Work is also a limitation because of the small recruitment base. To help limit participants from providing socially desirable responses, the researchers ensured participants' responses were anonymous and confidential. Despite these limitations, the researchers hypothesized that factors such as exposure to curriculum, past experience with DMST youth, and/or stigmatizations of this population influenced social work students' attitudes toward DMST youth.

Sampling

Participants for this study were recruited from California State University, San Bernardino (CSUSB) School of Social Work department using a non-probability convenience sample. Since this research focused on identifying the attitudes of social work students, participants were students from the undergraduate (BASW) and graduate (MSW) level social work programs enrolled in the 2016-2017 school year. No demographic sampling criteria were used; the questionnaire was open to students of all genders, ages, ethnicities, and specializations. Permission to sample the students from the School of Social Work was approved by the Director, Dr. Laurie Smith, and the university's Institutional Review Board (IRB).

Data Collection and Instruments

A self-administered questionnaire was used to gather data for this study. The instrument was created by the researchers, has unknown reliability and validity, and was pre-tested by student colleagues. The instrument had 34-items with 18 Likert scale questions that measured the three independent variables for the study: knowledge regarding the DMST population, exposure to curriculum regarding DMST youth, and prior experiences working with this population. Each independent variable was measured using Likert scales in which participants rated their level of agreement or disagreement with statements that related to

each IV, Likert scales were then scored and totaled to give researchers an idea of how each participant scored with each IV.

Researchers used nominal, ordinal, and interval/ratio levels of measurement in the form of demographic questions, polar questions, and Likert scales. The dependent variable was the level of stigma social work students carried toward DMST youth. Participants also responded to seven demographic questions relating to their age, gender, ethnicity, religious affiliation, undergraduate or graduate program, specialization, and whether they are stipend recipients.

Procedures

After the IRB and School of Social Work approved the recruitment of social work students from CSUSB to participate in the study, the researchers were given access to BASW and MSW students' school email addresses. The questionnaires were created via Qualtrics and a link to the questionnaire was emailed on January 11th, 2017, to each social work student enrolled in the 2016-2017 school year. The email contained a brief introduction to the nature of the study, an informed consent document, and a link to the questionnaire, which took students approximately ten minutes to complete. The questionnaire was self-administered, and had a completion deadline of February 19th, 2017. Data were collected and stored anonymously through Qualtrics survey software from participants and were uploaded into SPSS for analysis.

Protection of Human Subjects

The protection of the subjects is of the utmost importance to the researchers, which is why they made every effort to protect confidentiality. The researchers provided a detailed informed consent form to each participant. This document informed them of their rights and that they had the option to refuse to answer any questions or to leave the study at any time without consequence. The informed consent also included the purpose, description, duration of the study, and the contact information for the researchers and advisors. The demographic information collected by the researchers included age, gender, ethnicity, and religious affiliation. Participants were not asked to share any personal information on the informed consent or questionnaire. Once the questionnaires were completed through Qualtrics, only the researchers had access to the data, which were stored on a password protected computer to ensure the best protection of the subject's anonymity. After data was computed and analyzed, the data files were destroyed.

Data Analysis

The researchers used quantitative data analysis techniques to assess the relationships of the independent variables to the dependent variable. Multivariate and descriptive statistics were used to assess demographic questions and the

researchers used measures of central tendency and variability to compute the mean and standard deviation of participants' responses. Inferential statistics in the form of T-Test, Pearson's R, and ANOVA were used to assess the relationship of the independent variables (knowledge, past experience, and exposure to curriculum exposure) to the dependent variable (stigma toward DMST youth).

Summary

This research study used a self-administered questionnaire to explore the attitudes and stigmatizations of CSUSB social work students towards DMST youth by looking at their knowledge regarding the DMST population, exposure to curriculum regarding this population, and past experiences with DMST youth. This study adds to the limited research regarding the topic of domestic minor trafficking and highlights challenges in serving these youth due to gaps in education on this topic.

CHAPTER FOUR

RESULTS

Introduction

In chapter four, the researchers present the data gathered from the Qualtrics questionnaire. First, the researchers discuss the demographics of the BASW and MSW students who participated in the survey and then the researchers discuss the key variables measured. These variables include participants' knowledge regarding the DMST population, exposure to DMST curriculum at CSUSB, past experiences with the DMST population, and level of stigma toward DMST youth.

Data Results

Demographics

The current study consisted of 74 participants (see Table 1). Of the 74 participants, 17 (22.9%) were between the ages of 18-24, 42 (56.7%) were between the ages of 25-35, 9 (12.1%) were between the ages of 36-45, and 6 (8.1%) were 46 years old or above. There were 64 females (86.4%), 9 males (12.2%), and 1 individual who self-described as non-binary/gender fluid (1.4%). Participants were asked to identify their ethnicity and had the option to self-describe as more than one ethnicity. 29 (35.3%) participants were White, 41 (50%) participants were Hispanic or Latino, 5 (6%) participants were Black or

African American, 1 (1.2%) participant was American Indian/ Alaska Native, 2 (2.4%) participants were Asian, and 4 (4.8%) listed themselves as other.

Table 1

Demographics of the Participants

Variable	Frequencies (n)	Percentages (%)
Age		
18-24	17	22.9
25-35	42	56.7
36-45	9	12.1
46+	6	8.1
Gender		
Male	9	12.2
Female	64	86.4
Non-Binary/ Gender Fluid	1	1.4
Ethnicity		
White	29	35.3
Hispanic or Latino	41	50
Black or African American	5	6
American Indian/Alaska Native	1	1.2
Asian	2	2.4
Other	4	4.8

To gather further information about the participants' academic interest and standings, they were asked additional demographic questions regarding their specialization, year of study, and if they were stipend recipients (see Table 2). In response to their specialization, 27 (36.4%) answered Child Welfare, 21 (28.3%) listed Mental Health, 3 (4.0%) listed Substance Use, 3 (4.0%) listed Gerontology,

8 (10.8%) listed other, 12 (16.2%) have not decided their specialization yet. Of the 74 participants, 61 (82.4%) were MSW students, and 13 (17.5%) were BASW students. 26 (35.1%) participants are Title IV-E stipend recipients, 3 (4.1%) are Mental Health stipend recipients, and the other 45 (60.8%) do not receive any stipend.

Table 2

Additional Demographics of the Participants

Variable	Frequencies (n)	Percentages (%)
Specialization		
Child Welfare	27	36.4
Mental Health	21	28.3
Substance Use	3	4.0
Gerontology	3	4.0
Other	8	10.8
Don’t Know Yet	12	16.2
Program		
MSW	61	82.4
BASW	13	17.5
Stipend		
Title IV-E	26	35.1
Mental Health	3	4.1
N/A	45	60.8

Knowledge of DMST Youth

The questionnaire had ten questions with Likert scale responses to help the researchers gain an understanding of the level of knowledge the participants had about the DMST youth population (see Table 3). The first statement was, "There are many evidence based practices social workers use when working with DMST youth". The question order went from strongly agree to strongly disagree. 4 (5.4%) answered strongly agree, 16 (21.6%) answered agree, 11 (14.9%) answered somewhat agree, 29 (39.2%) answered neither agree nor disagree, 4 (5.4%) answered somewhat disagree, 9 (12.2%) answered disagree, and 1 (1.4%) answered strongly disagree.

The second statement was, "I know how to access resources for DMST youth". 6 (8.1%) answered strongly agree, 9 (12.2%) answered agree, 24 (32.4%) answered somewhat agree, 7 (9.5%) answered neither agree nor disagree, 4 (5.4%) answered somewhat disagree, 14 (18.9%) answered disagree, and 10 (13.5%) answered strongly disagree.

The third statement was, "There are adequate resources for DMST youth including interventions, safe houses, and mental health treatment". 5 (6.8%) answered extremely adequate, 3(21.6%) moderately adequate, 15 (20.3%) answered slightly adequate, 17 (23.0%) answered neither adequate nor inadequate, 8 (10.8%) answered slightly inadequate, 11 (14.9%) answered moderately inadequate, and 15 (20.3%) answered extremely inadequate.

The fourth statement was, "DMST youth are likely to have come into contact with the child welfare system". 13 (17.6%) answered strongly agree, 19

(25.7%) answered agree, 20 (27.0%) answered somewhat agree, 13 (17.6%) answered neither agree nor disagree, 4 (5.4%) answered somewhat disagree, 3 (4.1%) answered disagree, and 2 (2.7%) answered strongly disagree.

The fifth statement was, "DMST youth are a small population". 0 participants answered strongly agree, 4 (5.4%) answered agree, 3 (4.1%) answered somewhat agree, 14 (18.9%) answered neither agree nor disagree, 14 (18.9%) answered somewhat disagree, 19 (25.7%) answered disagree, and 19 (25.7%) answered strongly disagree.

The sixth statement was, "I will come in contact with DMST youth in my future social work practice". The participants overwhelmingly felt that they would come in contact with this population in their future practice. 28 (37.8%) answered strongly agree, 25 (33.8%) answered agree, 10 (13.5%) answered somewhat agree, 9 (12.2%) answered neither agree nor disagree, 1 (1.4%) answered somewhat disagree, 0 participants answered disagree, and 1 (1.4%) answered strongly disagree.

The seventh statement was, "Human trafficking is something that only occurs in other countries". This question was also skewed toward strongly disagree. No participants answered strongly agree, agree, somewhat agree, or somewhat disagree. 1 (1.4%) participant answered neither agree nor disagree, 12 (16.2%) answered disagree, and overwhelmingly 61 (82.4%) answered strongly disagree.

The eighth statement was, "DMST youth are likely to identify as victims". 1 (1.4%) answered strongly agree, 4 (5.4%) answered agree, 5 (6.8%) answered somewhat agree, 14 (18.9%) answered neither agree nor disagree, 17 (23.0%) answered somewhat disagree, 23 (31.1%) answered disagree, and 10 (13.5%) answered strongly disagree.

The ninth statement was, "Human trafficking is a serious problem in the communities that I will likely serve". The responses to this statement were positively skewed toward strongly agree. 25 (33.8%) answered strongly agree, 25 (33.8%) answered agree, 11 (14.9%) answered somewhat agree, and 13 (17.6%) answered neither agree nor disagree. There were no responses that reflected somewhat disagree, disagree, or strongly disagree.

The tenth statement was, "DMST youth do not require a lot of services". Again, this question was skewed toward strongly disagree with an outlier who responded strongly agree. 1 (1.4%) participant answered strongly agree, no participants responded agree or somewhat agree, 4 (5.4%) answered neither agree nor disagree, 6 (8.0%) answered somewhat disagree, 13 (17.6%) answered disagree, and 50 (67.6%) answered strongly disagree.

Table 3

Participants Knowledge of DMST Youth

Variable	Frequencies (n)	Percentages (%)
There are EBP for DMST youth.		
Strongly agree	4	5.4
Agree	16	21.6
Somewhat agree	11	14.9
Neither agree nor disagree	29	39.2
Somewhat disagree	4	5.4
Disagree	9	12.2
Strongly disagree	1	1.4
Know how to access DMST resources.		
Strongly agree	6	8.1
Agree	9	12.2
Somewhat agree	24	32.4
Neither agree nor disagree	7	9.5
Somewhat disagree	4	5.4
Disagree	14	18.9
Strongly disagree	10	13.5
There are adequate resources for DMST youth.		
Extremely adequate	5	6.8
Moderately adequate	3	4.1
Slightly Adequate	15	20.3
Neither adequate nor inadequate	17	23.0
Slightly inadequate	8	10.8
Moderately inadequate	11	14.9
Extremely inadequate	15	20.3
DMST youth are likely to come in contact with child welfare systems.		
Strongly agree	13	17.6
Agree	19	25.7
Somewhat agree	20	27.0
Neither agree nor disagree	13	17.6
Somewhat disagree	4	5.4
Disagree	3	4.1

Strongly disagree	2	2.7
DMST are a small population.		
Strongly agree	0	0
Agree	4	5.4
Somewhat agree	3	4.1
Neither agree nor disagree	14	18.9
Somewhat disagree	14	18.9
Disagree	19	25.7
Strongly disagree	19	25.7
I will come in contact with DMST in my future SW practice.		
Strongly agree	28	37.8
Agree	25	33.8
Somewhat agree	10	13.5
Neither agree nor disagree	9	12.2
Somewhat disagree	1	1.4
Disagree	0	0
Strongly disagree	1	1.4
Trafficking only occurs in other countries.		
Strongly agree	0	0
Agree	0	0
Somewhat agree	0	0
Neither agree nor disagree	1	1.4
Somewhat disagree	0	0
Disagree	12	16.2
Strongly disagree	61	82.4
DMST youth are likely to identify themselves as victims.		
Strongly agree	1	1.4
Agree	4	5.4
Somewhat agree	5	6.8
Neither agree nor disagree	14	18.9
Somewhat disagree	17	23.0
Disagree	23	31.1
Strongly disagree	10	13.5
Human trafficking is a problem in the		

community that I serve.		
Strongly agree	25	33.8
Agree	25	33.8
Somewhat agree	11	14.9
Neither agree nor disagree	13	17.6
Somewhat disagree	0	0
Disagree	0	0
Strongly disagree	0	0
DMST youth do not require a lot of servic		
Strongly agree	1	1.4
Agree	0	0
Somewhat agree	0	0
Neither agree nor disagree	4	5.4
Somewhat disagree	6	8.0
Disagree	13	17.6
Strongly disagree	50	67.6

Exposure to Curriculum

The questionnaire had two questions that measured the participants' exposure to curriculum at CSUSB regarding DMST youth (see Table 4). The first question measured the participants' confidence level for working with DMST youth based on their preparation from the CSUSB program. Out of the 74 participants, no one felt that they strongly agreed to the statement. 7 (9.5%) answered they agreed, 17 (23.0%) answered somewhat agree, 19 (25.7%) answered neither agree nor disagree, 9 (12.2%) answered somewhat disagree, 19 (25.7%) answered disagree, and 3 (4.1%) answered strongly disagree

The second statement asked participants if they had received curriculum in their classes at CSUSB pertaining to DMST youth. Again, not one participant felt that they strongly agreed with this statement. 4 (5.4%) answered agree, 19

(25.7%) answered somewhat agree, 7 (9.5%) answered neither agree nor disagree, 16 (21.6%) answered somewhat disagree, 24 (32.4%) answered disagree, and 4 (5.4%) answered strongly disagree

Table 4

Participant Exposure to Curriculum

Variable	Frequencies (n)	Percentages (%)
I feel confident that the CSUSB program prepared me for working with DMST youth.		
Strongly agree	0	0
Agree	7	9.5
Somewhat agree	17	23.0
Neither agree nor disagree	19	25.7
Somewhat disagree	9	12.2
Disagree	19	25.7
Strongly disagree	3	4.1
I received curriculum in class pertaining to DMST youth.		
Strongly agree	0	0
Agree	4	5.4
Somewhat agree	19	25.7
Neither agree nor disagree	7	9.5
Somewhat disagree	16	21.6
Disagree	24	32.4
Strongly disagree	4	5.4

Additionally, the questionnaire had three, non-Likert scale questions that were used to gain more information about students' interactions at CSUSB, whether they attended the iEmpathize human trafficking event with their class,

and if that event was the main source of exposure to DMST youth (see Table 5). For the first question, participants were asked from whom at CSUSB they learned about DMST youth, and were given the option to choose all that applied. 33 (27.3%) of the participants said they learned from professors, 32 (26.4%) said they learned from students, 14 (11.6%) said they learned from other faculty or staff, 22 (18.2%) said they learned from other individuals not included in the options, and 20 (16.5%) of participants said they did not learn about DMST youth from anyone at CSUSB.

The second question asked if the students participated in the iEmpathize event that was held on campus. Exactly 37 (50%) of the participants said they attended the event, and 37 (50%) did not attend the event. The following question asked participants if the iEmpathize event was their main source of information regarding DMST youth. 19 (25.7%) said that it was their main source of information of DMST youth. 20 (27.0%) reported that this was not the main source of information they had received on DMST youth, and 35 (47.3%) said they did not attend.

Table 5

Additional Participant Exposure Through CSUSB

Variable	Frequencies (n)	Percentages (%)
Through CSUSB, I learned about DMST through_____.		

Professors	33	27.3
Students	32	26.4
Other faculty or staff	14	11.6
Other	22	18.2
Not at all	20	16.5
I attended the IEmpathize event.		
Yes	37	50
No	37	50
iEmpathize is the main source of information regarding DMST.		
Yes	19	25.7
No	20	27.0
Did not attend	35	47.3

Past Experiences

In order for the researchers to determine what other past experiences the participants have had outside of school involving the DMST youth population, three questions were asked on the questionnaire discussing attendance at events and conferences, past jobs, internships, and volunteer experiences, as well as exposure through media sources (see Table 6).

The first question allowed participants to choose as many options as they needed to involving events they had participated in surrounding DMST youth. 24 (20.9%) students said they had attended a training on Human Trafficking, 15 (13.0%) said they had attending a conference or symposium where they received information about DMST youth, 32 (27.8%) said they had participated in an outreach event, 25 (21.7%) reported that they had attended something else not

listed, and 19 (16.5%) reported that they had never participated in an event or training regarding DMST youth.

The second question asked students if they had any experience working with the DMST population in past jobs, internships, or volunteer experiences. Of the 74 participants, 15 (20.3%) answered yes, 49 (66.2%) answered no, and 10 (13.5%) were unsure.

The third question asked participants if they had been exposed to the DMST population through different forms of media such as movies, social media, and the news. Overwhelmingly, 65 (87.8%) responded yes, that they had seen DMST portrayed in media. 7 (9.5%) responded no, and 2 (2.7%) said they were unsure.

Table 6

Participants Past Experiences

Variable	Frequencies (n)	Percentages (%)
I have participated in:		
Training on Human Trafficking	24	20.9
Conference or symposium	15	13.0
Outreach event	32	27.8
Anything else	25	21.7
None	19	16.5
I have worked with DMST youth in past jobs, internships, and volunteer.		
Yes	15	20.3
No	49	66.2

Unknown	10	13.5
Exposed to DMST in media.		
Yes	65	87.8
No	7	9.5
Unknown	2	2.7

The questionnaire had 7 Likert scale questions meant to operationalize the stigma held by participants toward the DMST population (see Table 7). The first statement was, "DMST youth should be arrested and criminally charged when they are picked up for solicitation". The question order went from strongly agree to strongly disagree. None of the participants answered strongly agree or somewhat agree. 1 (1.4%) answered agree, 4 (5.4%) answered neither agree nor disagree, 4 (5.4%) answered somewhat disagree, 21 (28.4%) answered disagree, and 44 (59.5%) answered strongly disagree.

The second statement was, "Minors who are arrested for prostitution would be better served in the juvenile justice system". 2 (2.7%) answered strongly agree, 2 (2.7%) answered agree, 8 (10.8%) answered somewhat agree, 6 (8.1%) answered neither agree nor disagree, 6 (8.1%) answered somewhat disagree, 17 (23.0%) answered disagree, and 35 (47.3%) answered strongly disagree.

The third statement was, "Minors who are arrested for prostitution would be better served in the adult justice system". The results of this question were overwhelmingly skewed toward strongly disagree, with 53 (71.6%) of the participants choosing this response. No participants chose strongly agree, agree,

or somewhat agree. 2 (2.7%) chose both neither agree nor disagree and somewhat disagree, and 17 (23.0%) chose disagree.

The fourth statement was, "Minors who are arrested for prostitution would be better served in the child welfare system". 14 (18.9%) answered strongly agree, 19 (25.7%) answered agree, 15 (20.3%) answered somewhat agree, 9 (12.2%) answered neither agree nor disagree, 7 (9.5%) answered somewhat disagree, 5 (6.8%) answered disagree, and 4 (5.4%) answered strongly disagree.

The fifth statement was, "Minors who engage in prostitution choose this life". This question was skewed as well toward strongly disagree, with 45 (60.8%) choosing that answer. 1 (1.4%) participant answered for both strongly agree and neither agree nor disagree, 5 (6.8%) answered somewhat disagree, and 22 (29.7%) answered disagree.

Table 7

Stigmatizations of Participants

Variable	Frequencies (n)	Percentages (%)
DMST youth should be arrested and criminally charged.		
Strongly agree	0	0
Agree	1	1.4
Somewhat agree	0	0
Neither agree nor disagree	4	5.4
Somewhat disagree	4	5.4
Disagree	21	28.4
Strongly disagree	44	59.5
Minors arrested should be in the juvenile justice system.		
Strongly agree	2	2.7
Agree	2	2.7
Somewhat agree	8	10.8
Neither agree nor disagree	6	8.1
Somewhat disagree	6	8.1
Disagree	17	23.0
Strongly disagree	35	47.3
Minors arrested should be in the adult justice system.		
Strongly agree	0	0
Agree	0	0
Somewhat agree	0	0
Neither agree nor disagree	2	2.7
Somewhat disagree	2	2.7
Disagree	17	23.0
Strongly disagree	53	71.6
DMST youth better served in CWS.		
Strongly agree	14	18.9
Agree	19	25.7
Somewhat agree	15	20.3
Neither agree nor disagree	9	12.2
Somewhat disagree	7	9.5

Disagree	5	6.8
Strongly disagree	4	5.4
DMST youth choose this life.		
Strongly agree	1	1.4
Agree	0	0
Somewhat agree	0	0
Neither agree nor disagree	1	1.4
Somewhat disagree	5	6.8
Disagree	22	29.7
Strongly disagree	45	60.8

A frequency distribution was conducted on the level of participants' stigma towards DMST youth (see Figure 1). The range for the level of stigma for the participants was between 22.00 and 35.00, whereas the higher the level of stigma the less likely the participant was to stigmatize DMST youth. The mean was 30.07 and the standard deviation was 3.59

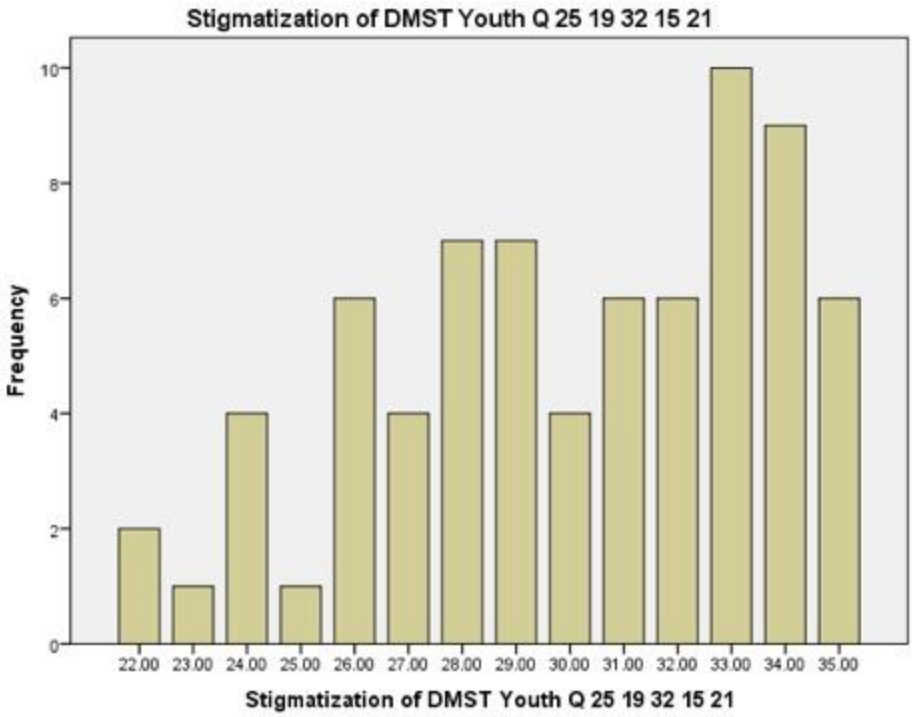

Figure 1. Stigmatization of DMST Youth Distribution.

Presentation of the Bivariate Statistics

A Pearson's R correlation was conducted to analyze the relationship between participants' knowledge about DMST youth and stigma (see Table 8). No significant relationship was found between participants' knowledge and stigma (r= .165).

Table 8

Pearson's R Correlation: Knowledge and Stigma

R
.165

A Pearson's r correlation was conducted to analyze the relationship between participants' exposure to curriculum about DMST youth and stigma (see Table 9). No significant relationship was found between participants' exposure to curriculum and stigma (r= -.163).

Table 9

Pearson's R Correlation: Exposure to Curriculum and Stigma

R
-.163

A one-way between subjects ANOVA was conducted to compare the effects of prior exposure to the DMST population during employment, internships, or volunteering on stigma. There was not a significant effect of the prior exposure on stigma at the $p<.05$ level ($F = 2.730$, $p = .072$) (see Table 10).

Table 10

Analysis of Job, Internship, Volunteer Experience to Stigma

Independent Variable	F	p
Worked with DMST youth in past job, internship, volunteer experience	2.730	.072

A one-way between subjects ANOVA was conducted to compare attendance of the iEmpathize event on stigma. The effects of attendance on stigma was approaching significance at the $p<.05$ level ($F = 3.862$, $p = .053$) (see Table 11).

Table 11

Analysis of Attendance of iEmpathize Event to Stigma

Independent Variable	F	p
Attendance of iEmpathize event	3.862	.053

A one-way between subjects ANOVA was conducted to compare the effects of exposure to media related to DMST youth on stigma. There was a significant effect of the prior exposure on stigma at the $p<.05$ level ($F =3.535$, $p = .034$) (see Table 12).

Table 12

Analysis of Exposure to Media and Stigma

Independent Variable	F	p
Exposure to DMST in the media	3.535	.034

Summary

The results obtained from the Pearson R correlations and ANOVAs were used to test the hypotheses. The results indicated that there was not a significant relationship between the variables, therefore, the hypotheses were not supported by the data. The ANOVA test indicated that attendance at the iEmpathize event and being less likely to stigmatize was approaching significance. There was also significance between exposure to DMST related media and a participant being less likely to stigmatize this population.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will discuss findings related to the researchers' hypothesis and will explore how the results of the study can add to the understanding of social work students' attitudes toward DMST youth. We will discuss implications for the social work field, as well as for the CSUSB School of Social Work. Additionally, this chapter notes the study's limitations, including instrument validity, the potential for social desirability, and lack of generalizability. Finally, recommendations for future research and our overall conclusions are discussed.

Discussion

The hypothesis that knowledge, past experience, and exposure to curriculum impacted social work students' attitudes and stigmatization toward DMST youth was not confirmed by this study. Results showed that social work students who attended the iEmpathize trafficking event were less likely to stigmatize the DMST youth population. An unexpected finding of the study is that participants who were exposed to DMST and trafficking in the media through movies, social media, and news were less likely to stigmatize the DMST youth population. Yet, our confidence in the validity of this finding is limited as our

sample was unevenly distributed. The findings also suggested that, overall, social work students from CSUSB did not have a highly stigmatized attitude or perception towards DMST youth. While these findings are positive, they may also indicate that participants were inclined to give socially desirable responses.

Overall, the score for stigmatization of social work students in this sample indicated low levels of stigmatization. The minimum score was 5 (high stigmatization) and the maximum score was 35 (low stigmatization); the scores of participants ranged from 22-35 with a mean score of 30.7. Essentially, this indicates that most of the participants in the sample did not stigmatize the DMST youth population. Social work students are exposed to all manner of diversity in their curriculum and field experiences. They are also expected to explore how their thoughts, feelings, and experiences are expressed in their verbal and nonverbal communications with others. Link & Phelan (2001) suggest that discrimination and stigma can be perpetuated when individuals lack the understanding of how their attitudes and beliefs negatively impact others. Perhaps this is why social work students are less likely to stigmatize DMST youth. Their training addresses recognizing, but not stigmatizing diversity on a regular basis.

Research into social work students' attitudes toward DMST youth is an unexplored area in published peer-reviewed research; however, the findings from our study can be compared to literature regarding professional social workers' views and stigmatization of DMST youth. Our findings related to social work

students' views are inconsistent with findings related to social work professionals' views. For example, Clawson and Grace (2007) suggested that many social workers may have the attitude that "DMST youth choose this life"; however, 90.5% of the social work students in our study disagreed or strongly disagreed with this statement. Similarly, 87.8% of our student participants disagreed or strongly disagreed with the statement, "DMST youth would be better served in the criminal justice system". These findings also conflict with Clawson and Grace's (2007) findings that social workers and other human services practitioners are likely to label DMST youth as criminals and not victims. As illustrated by Bos et al. (2013), stigmatization can manifest itself in subtle ways such as "nonverbal communication, aversion to interaction, and discrediting" (p. 1). Unfortunately, our study did not measure the subtle forms of stigma, so we can't assess whether the participants may manifest stigma in more subtle ways.

Limitations

A limitation of the research was that our study used an instrument with unknown validity and reliability. The research into DMST youth and social workers is so limited that there is not a pre-existing or well-tested instrument for researchers to adapt. It is hoped that with further research into this population, a valid instrument can be developed to adequately assess social work students' attitudes toward DMST youth. Similarly, as we expect that participants may feel pressured to provide socially desirable responses related to this sensitive topic,

any future instruments used to measure participants' attitudes and stigmatization should incorporate means to address the issue of social desirability.

Another limitation of this study is that its small, convenience sample limits its generalizability to social work students at other universities and to social workers in general. Although our findings suggest that social work students at CSUSB do not tend to stigmatize DMST youth, we cannot assume that students at this university are representative of all students or that their views extend to all social workers in general. While the researchers wanted to ensure DMST youth were not being stigmatized, these findings cannot be used to evaluate social workers' stigmatization of DMST youth in the field. There may be other factors that influence social workers' "best practices" in the field. It is important to recognize and to understand that attitudes of social work students may differ from social workers who are practicing in the child welfare field.

Recommendations for the Social Work Practice, Policy, and Research

In relation to social work micro practice, future research should explore current social workers' attitudes toward the DMST youth population. In this sample, only 15% of participants reported that they had worked with DMST youth in the past, which indicates that many participants lack first-hand knowledge of what it may be like working with DMST youth. Having multiple experiences working with DMST youth in the field may impact or influence social workers' attitudes. Future research should examine social workers' attitudes towards

DMST youth in the workplace to determine how work experiences may impact stigmatization.

While not statistically significant, our findings suggest that attending the iEmpathize human trafficking event may have helped lower stigmatization of DMST youth. The iEmpathize human trafficking exhibit attempted to generate empathy and understanding among attendees by sharing victims' stories and data related to human trafficking. Further research might also explore the extent to which these types of multimedia exhibits achieve their goals of educating and eliciting empathy from participants, as well as their effectiveness in lessening the stigmatization of trafficking victims.

Though the findings of this study do not support that exposure to curriculum in classes had an impact on stigmatization of the DMST population, we suggest that this issue and the impact on its victims continues to be included in social work curricula. As established by the National Association of Social Worker's (2008) code of ethics, social workers are bound by competent practice and should only provide intervention after being adequately educated and trained on effective and evidence based treatments. In the sample, 16.5% of participants had not learned about DMST youth through their university coursework and 44% of participants noted receiving limited content related to DMST in their coursework. While these participants were not more likely to stigmatize DMST youth, their responses highlight a macro level concern that many social work students may not receive instruction related to this prevalent, complicated, and

often misunderstood issue. Further, our study found that a majority of social work students did not feel confident in their abilities to work with DMST youth. Only about one-third (32.4%) of students stated they felt confident the CSUSB program prepared them to work with DMST youth. These findings suggest that the CSUSB School of Social Work may want to revise its curriculum to better education and to better prepare students to address DMST in their future social work careers.

In relation to social work practice, the findings were optimistic in that the sample of social work students did not tend to stigmatize the DMST youth population. These findings are generally hopeful considering many students will work as social workers in the community and very likely interact with DMST youth. Essentially, these findings are promising for DMST youth because it indicates that future social workers may be better able to work with this vulnerable population, as they may not be hindered by stigmatization. While results are positive, it is still important that social work students continue to be introduced to the DMST youth population through educational curriculum so that they can be prepared to provide ethical and competent service to the DMST youth.

Conclusions

This chapter covered the findings of the study and reported not support for our hypothesis that knowledge, past experience, and exposure to curriculum

impacted stigmatization. Additional findings were inconsistent with literature on stigmatization, in that social work students did not tend to stigmatize the DMST youth population in the ways that social work professionals were found to stigmatize DMST youth. Limitations, suggestions for future research, and implications for micro- and macro-level social work were also discussed. Further, this chapter highlighted how these findings could be helpful for the CSUSB School of Social Work in training future social workers.

APPENDIX A

QUESTIONNAIRE

QUESTIONNAIRE

What is your ethnicity? (Choose one or more)

- ❑ White
- ❑ Hispanic or Latino
- ❑ Black or African American
- ❑ American Indian or Alaska Native
- ❑ Asian
- ❑ Native Hawaiian or Pacific Islander
- ❑ Other _____

What is your age?

- ❍ 18-24
- ❍ 25-35
- ❍ 36-45
- ❍ 46+

What is your gender?

- ❍ Male
- ❍ Female
- ❍ Transgender FTM (Female-to-male)
- ❍ Transgender MTF (Male-to-female)
- ❍ Non-Binary/ gender fluid/ genderqueer
- ❍ prefer to self-describe: _____
- ❍ Prefer not to say

What is your religious preference?

- ❍ an Orthodox church such as Greek or Russian Orthodox
- ❍ Muslim
- ❍ Jewish
- ❍ Christian Scientist
- ❍ Mormon
- ❍ Seventh Day Adventist
- ❍ Roman Catholic
- ❍ Protestant
- ❍ Something else (Please specify) _____

Which program are you enrolled in?

❍ MSW
❍ BASW

Are you receiving a stipend?
❍ Title IV-E
❍ Mental Health
❍ Not applicable

What is your social work specialization?
❍ Child Welfare
❍ Mental Health
❍ Substance Use
❍ Gerontology
❍ other
❍ I don't know yet

I feel confident that my social work program has prepared me to work with domestically sex trafficked youth (DMST).
❍ Strongly agree
❍ Agree
❍ Somewhat agree
❍ Neither agree nor disagree
❍ Somewhat disagree
❍ Disagree
❍ Strongly disagree

In the social work program at CSUSB I have learned about DMST youth through (check all that apply)
❑ Professors
❑ Students
❑ Other Faculty Members or Staff
❑ Other _____
❑ Not at all

I have received curriculum in my classes at CSUSB pertaining to DMST youth.
❍ Strongly agree
❍ Agree
❍ Somewhat agree

❍ Neither agree nor disagree
❍ Somewhat disagree
❍ Disagree
❍ Strongly disagree

Have you participated in any of the following? (Choose all that apply)
❑ Training on human trafficking
❑ Conference or symposium on Human Trafficking
❑ Outreach event focused on human trafficking
❑ anything else related to human trafficking
❑ None

Did you attend the I Empathize event at CSUSB?
❍ Yes
❍ No

Did you attend the I Empathize event with
❍ Your class or cohort
❍ On your own personal time
❍ Other _____
❍ Did not attend

Was the I Empathize event your main source of information about this population?
❍ Yes
❍ No
❍ Did not attend

Have you worked with DMST youth in past jobs, internships, or volunteer experiences.
❍ Yes
❍ No
❍ Unknown

I have seen minor sex trafficking portrayed in media such as movies, social media, and the news.
❍ Yes
❍ No

❍ Unknown

There are many evidence based practices social workers use when working with DMST youth.
❍ Strongly agree
❍ Agree
❍ Somewhat agree
❍ Neither agree nor disagree
❍ Somewhat disagree
❍ Disagree
❍ Strongly disagree

There are adequate resources for DMST youth including interventions, safe houses, and mental health treatment.
❍ Extremely adequate
❍ Moderately adequate
❍ Slightly adequate
❍ Neither adequate nor inadequate
❍ Slightly inadequate
❍ Moderately inadequate
❍ Extremely inadequate

I know how to access resources for DMST youth.
❍ Strongly agree
❍ Agree
❍ Somewhat agree
❍ Neither agree nor disagree
❍ Somewhat disagree
❍ Disagree
❍ Strongly disagree

DMST youth do not require a lot of services.
❍ strongly agree
❍ Agree
❍ Somewhat agree
❍ Neither agree nor disagree
❍ Somewhat disagree
❍ Disagree

❍ Strongly disagree

I feel comfortable referring a DMST client to religious based services.
❍ Extremely comfortable
❍ Moderately comfortable
❍ Slightly comfortable
❍ Neither comfortable nor uncomfortable
❍ Slightly uncomfortable
❍ Moderately uncomfortable
❍ Extremely uncomfortable

DMST youth are likely to have come into contact with the child welfare system.
❍ strongly agree
❍ Agree
❍ Somewhat agree
❍ Neither agree nor disagree
❍ Somewhat disagree
❍ Disagree
❍ Strongly disagree

DMST youth are a small population.
❍ Strongly agree
❍ Agree
❍ Somewhat agree
❍ Neither agree nor disagree
❍ Somewhat disagree
❍ Disagree
❍ Strongly disagree

I will come in contact with DMST youth in my future social work position.
❍ Strongly Agree
❍ Agree
❍ Somewhat agree
❍ Neither agree nor disagree
❍ Somewhat disagree
❍ Disagree
❍ Strongly disagree

Human trafficking is something that only occurs in other countries.

- ❍ Strongly agree
- ❍ Agree
- ❍ Somewhat agree
- ❍ Neither agree nor disagree
- ❍ Somewhat disagree
- ❍ Disagree
- ❍ Strongly disagree

Human trafficking is a serious problem in the communities I will likely serve.

- ❍ Strongly agree
- ❍ Agree
- ❍ Somewhat agree
- ❍ Neither agree nor disagree
- ❍ Somewhat disagree
- ❍ Disagree
- ❍ Strongly disagree

DMST youth are likely to identify themselves as victims.

- ❍ Strongly agree
- ❍ agree
- ❍ somewhat agree
- ❍ neither agree nor disagree
- ❍ Somewhat disagree
- ❍ Disagree
- ❍ Strongly Disagree

DMST should be arrested and criminally charged when they are picked up for solicitation.

- ❍ Strongly agree
- ❍ Agree
- ❍ Somewhat agree
- ❍ Neither agree nor disagree
- ❍ Somewhat disagree
- ❍ Disagree
- ❍ Strongly disagree

Minors who are arrested for prostitution would be better served in the juvenile justice system.

- ❍ Strongly agree
- ❍ Agree
- ❍ Somewhat agree
- ❍ Neither agree nor disagree
- ❍ Somewhat disagree
- ❍ Disagree
- ❍ Strongly disagree

Minors who are arrested for prostitution would be better served in the adult justice system.

- ❍ strongly agree
- ❍ Agree
- ❍ Somewhat agree
- ❍ Neither agree nor disagree
- ❍ Somewhat disagree
- ❍ Disagree
- ❍ Strongly disagree

Minors who are arrested for prostitution would be better served in the child welfare system.

- ❍ Strongly agree
- ❍ Agree
- ❍ Somewhat agree
- ❍ Neither agree nor disagree
- ❍ Somewhat disagree
- ❍ Disagree
- ❍ Strongly disagree

Minors who engage in prostitution choose this life.

- ❍ Strongly agree
- ❍ Agree
- ❍ Somewhat agree
- ❍ Neither agree nor disagree
- ❍ Somewhat disagree
- ❍ Disagree
- ❍ Strongly disagree

Is there another factor not mentioned previously that you feel impacts the way you perceive this population, or may impact your work with this population.

APPENDIX B

INFORMED CONSENT

CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO

College of Social and Behavioral Sciences
School of Social Work

California State University, San Bernardino
Social Work Institutional Review Board Sub-Committ
APPROVED 1/11/2017 VOID AFTER 1/10/18
IRB# SW1703 CHAIR

INFORMED CONSENT

The study in which you are asked to participate in is designed to examine BASW and MSW students' attitudes toward Domestic Minor Sex Trafficking (DMST) youth. According to the Trafficking Victims Protection Act (TVPA), DMST is "the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act where the person is a U.S. citizen or lawful permanent resident under age 18" (Florida Council Against Sexual Violence, 2013). The study is being conducted by Andrea Hunt and Crystal Marinelli, MSW students under the supervision of Dr. Deirdre Lanesskog, Assistant Professor in the School of Social Work, California State University, San Bernardino. The study has been approved by the Institutional Review Board Social Work Sub-committee, California State University, San Bernardino.

PURPOSE: The purpose of the study is to examine social work students' attitudes toward DMST youth.

DESCRIPTION: Participants will be asked questions on their exposure to curriculum regarding DMST, prior experience, societal stigmatizations, preparedness in working with DMST youth in the field, and factors which may affect their attitudes toward this population.

PARTICIPATION: Your participation in the study is completely voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY OR ANONYMITY: Your responses will remain anonymous and data will be reported in group form only.

DURATION: It will take 5 to 10 minutes to complete the survey.

RISKS: There are no foreseeable risks to the participants.

BENEFITS: There will not be any direct benefits to the participants.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Deirdre Lanesskog at 909-537-7222.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks (http://scholarworks.lib.csusb.edu/) at California State University, San Bernardino after June 2017.

This is to certify that I read the above and I am 18 years or older.

Place an X mark here _____ Date _____

REFERENCES

Andreae, D. (2011). General systems theory: Contributions to social work theory and practice. In F.J. Turner (Ed.), *Social Work Treatment: Interlocking Theoretical Approaches* (p. 242-254). New York, NY: Oxford University Press Inc.

Associated Press. (2016, September 26). Prostitution decriminalized in California for minors. *CBS Sacramento*. Retrieved from http://sacramento.cbslocal.com/2016/09/26/prostitution-decriminalized-in-california-for-minors/

Bergquist, K. S. (2015). Criminal, victim, or ally? Examining the role of sex workers in addressing minor sex trafficking. *Affilia: Journal of Women & Social Work, 30*(3), 314-327. doi:10.1177/0886109915572844

Bos, A., Pryor, J., Reeder, G., & Stutterheim, S. (2013). Stigma: Advances in theory and research. *Basic & Applied Social Psychology*, *35*(1), 1-9. doi:10.1080/01973533.2012.746147

Child Welfare Services, Cal. Sen. Bill 794 (2015-2016), Chapter 425 (Cal. Stat. 2016)

Children's Bureau. (2015). *Child welfare and human trafficking*. Retrieved from https://www.childwelfare.gov/pubPDFs/trafficking.pdf

Clawson, H. J. & Grace, L. G. (2007). Finding a path to recovery: Residential facilities for minor victims of domestic sex trafficking. *U.S Department of Health and Human Services, Office of the Assistant Secretary for Planning*

and Evaluation. 1-10. Retrieved from http://aspe.hhs.gov/hsp/07/humantrafficking/ResFac/ib.pdf

Council on Social Work Education. (2008). *2008 Education policy and accreditation standards.* Retrieved from http://www.cswe.org/Accreditation/2008EPASDescription.aspx

Dank, M., Khan, B., Mitchell, P., Kotonias, C., Mayer, D., Owens, C., Pacifici, L., & Yu, L. (2014). Estimating the size and structure of the underground commercial sex economy in eight major US cities. *Research Report, Urban Institute*, 1-348.

Fletcher, L., Bales, K., & Stover, E. (2005). Hidden slaves: Forced labor in the United States. *Berkeley Journal of International Law 23*(1), 47-111.

Florida Council against Sexual Violence. (2013). *Domestic minor sex trafficking update*. Retrieved from https://www.fcasv.org/sites/default/files/May%202013%20HT%20update.pdf

Gibbs, D., Hardison Walters, J., Lutnick, A., Miller, S., & Kluckman, M. (2015). Services to domestic minor victims of sex trafficking: Opportunities for engagement and support. *Children and Youth Services Review, 54*, 1-7.

Halter, S. (2010). Factors that influence police conceptualizations of girls involved in prostitution in six U.S. cities: Child sexual exploitation victims or delinquents? *Child Maltreatment, 15*(2), 152-160. doi:10.1177/1077559509355315

Hardy, V. L., Compton, K.D., & McPhatter, V. S. (2013). Domestic minor sex trafficking: Practice implications for mental health professionals. *Journal of Women and Social Work, 28*(1) 8-18.

Hickle, K. E. & Roe-Sepowitz, D. E. (2014). Putting the pieces back together: A group intervention for sexually exploited adolescent girls. *Social Work with Groups, 37*(2), 99-113. doi:10.1080/01609513.2013.823838

Hughes, D., Sporcic, L., Mendelsohn, N., & Chirgwin, V. (1999). *Factbook on global sexual exploitation United States of America*. Retrieved from http://mediagovernance.univie.ac.at/fileadmin/user_upload/p_mediagovernance_industriesresearchgroup/Ressourcen/Factbook_on_Global_Sexual_Exploitation_United_States_of_America.pdf

Human Rights Project for Girls. (2013). *Child welfare and domestic child sex trafficking*. Retrieved from http://media.wix.com/ugd/807686_65c36196779a225fe0da811224ef9e4d.pdf

Jordon, J., Patel, B., & Rapp, L. (2013). Domestic minor sex trafficking: A social work perspective on misidentification, victims, buyers, traffickers, treatment, and reform of current practice. *Journal of Human Behavior in the Social Environment, 23*(3), 356-369. doi:10.1080/10911359.2013.764198

Kaplan, D., & Kemp, K. (2015). Domestic minor sex trafficking: An emerging health crisis. *Brown University Child & Adolescent Behavior Letter*, *31*(7), 1-6.

Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology*, *27,* 363-385. doi:10.1146/annurev.soc.27.1.363

National Association of Social Workers (NASW). (2008). *Code of ethics of the national association of social workers.* Retrieved from https://www.socialworkers.org/pubs/code/code.asp

National Human Trafficking Resource Center. (2011). *Human trafficking assessment for runaway and homeless youth*. Retrieved from https://traffickingresourcecenter.org/sites/default/files/Assessment%20-%20Runaway%20and%20Homeless%20Youth.pdf

National Human Trafficking Resource Center. (2011). *Human trafficking of children indicator tool.* Retrieved from https://traffickingresourcecenter.org/sites/default/files/HumanTraffickingOfChildrenIndicatoTool%20-%20FL%20DCF.pdf

Roe-Sepowitz, D. E., Hickle, K. E., Dahlstedt, J., & Gallagher, J. (2014). Victim or whore: The similarities and differences between victim's experiences of domestic violence and sex trafficking. *Journal of Human Behavior in the Social Environment*, *24*(8), 883-898.doi:10.1080/10911359.2013.840552

Shared Hope International. (2007). *Demand: A comparative examination of sex tourism and trafficking in Jamaica, Japan, the Netherlands and the United*

States. Retrieved from http://sharedhope.org/wp-content/uploads/2012/09/DEMAND.pdf

Shared Hope International. (2015). *Rapid assessment on domestic minor sex trafficking: Mississippi*. Retrieved from http://sharedhope.org/wp-content/uploads/2015/03/MS-Rapid-Assessment-22715.pdf

Souther, C. E. (2014). Victims not vixens: Prostituted children and the case for preemption. *Georgetown Journal on Poverty Law and Policy, 21*(3), 381-399.

United Nations (UN). (2000). *Protocol to prevent, suppress and punish trafficking persons, especially women and children, supplementing the United Nations convention against transnational organized crime.* Retrieved from http://www.uncjin.org/documents/conventions/dcatoc/final_documents_2/convention_%20traff_eng.pdf

ASSIGNED RESPONSIBILITIES PAGE

This was a two-person project where authors collaborated throughout. These responsibilities were assigned in the manner listed below.

1. Data Collection:

Team Effort: Andrea Hunt and Crystal Marinelli

2. Data Entry and Analysis:

a. Data Entry:

Team Effort: Andrea Hunt and Crystal Marinelli

b. Data Analysis:

Team Effort: Andrea Hunt and Crystal Marinelli

3. Writing Report and Presentation of Findings:

a. Introduction and Literature

Team Effort: Andrea Hunt and Crystal Marinelli

b. Methods

Team Effort: Andrea Hunt and Crystal Marinelli

c. Results

Team Effort: Andrea Hunt and Crystal Marinelli

d. Discussion

Team Effort: Andrea Hunt and Crystal Marinelli