Validation of the Commercial Sexual Exploitation-Identification Tool (CSE-IT)

Technical Report

WestCoast Children's Clinic

Validation of the Commercial Sexual Exploitation-Identification Tool (CSE-IT) Technical Report

Author
Danna Basson, PhD, MPP, Director of Research and Evaluation, WestCoast Children's Clinic

Recommended Citation
Basson, Danna (2017). Validation of the Commercial Sexual Exploitation-Identification Tool (CSE-IT). Technical Report. Oakland, CA: WestCoast Children's Clinic.

WestCoast Children's Clinic, located in Oakland, California, is a non-profit community psychology clinic that has provided mental health services to Bay Area children since 1979. Our mission is threefold: 1) to provide psychological services to vulnerable children, adolescents, and their families regardless of their ability to pay; 2) to train the next generation of mental health professionals; and 3) to conduct research to inform clinical practice and public policy.

WestCoast Children's Clinic addresses child sex trafficking by providing specialized mental health services to over 100 sexually exploited youth each year, and bolstering the protections and support system for all victims of sexual exploitation through policy advocacy, community education, research, and training.

WestCoast Children's Clinic
3301 E. 12th Street, Suite 259
Oakland, CA 94601

Phone: 510-269-9030
Fax: 510-269-9031
www.westcoastcc.org

For more information about this guide or the Commercial Sexual Exploitation-Identification Tool, contact screening@westcoastcc.org.

ACKNOWLEDGEMENTS

We could not have completed the development, pilot, and validation of the CSE-IT without the steadfast support of our funders and partners. Our funders recognized the urgent need to understand the scope of child sex trafficking in our communities and provide professionals with tools to recognize the signs. Hundreds of individuals at dozens of organizations committed to identifying youth who are exploited and get them the help they need. All stepped up to prevent prolonged abuse for sexually exploited children.

We would also like to acknowledge the more than 100 focus group participants and interviewees who provided thoughtful answers to questions about indicators of exploitation. Sincere thanks to Lois Ritter, EdD, MS, MA, MS-HCA, who helped to steer the focus groups and contributed to the development of the CSE-IT; Desmond Kispert-Bostick, who helped analyze the focus group transcripts; and Professor Larry Ludlow, Boston College, Lynch School of Education, Department of Measurement, Evaluation, Statistics, and Assessment. Professor Ludlow provided much needed statistical support during the validation phase of this project.

Thank you.

Our Generous Funders:

Alameda County
California Department of Social Services
Chabot Las Positas Community College
Child and Family Policy Institute of California
Hedge Funds Care / Help for Children Foundation
JaMel Perkins
Kaiser Permanente Community Benefit Northern California
Present Purpose Network
The Quint Family Trust
The Walter S. Johnson Foundation
The Zellerbach Family Foundation

CSE-IT Pilot Agency Partners:

Bay Area Legal Aid
Bay Area Youth Center
ChildSafe
Children's Law Center
Children's Receiving Home
Communicare Health Services
Contra Costa County Probation Department
Contra Costa County Employment and Human Services Department
Corbett Group Homes
Crittenton Services for Children & Families
Dreamcatcher Youth Shelter
Empower Yolo
Fighting Back
Hathaway-Sycamores Child and Family Services
Kern County Department of Human Services
Los Angeles Department of Child and Family Services
Los Angeles Department of Mental Health
Larkin Street Youth Services
Law Foundation of Silicon Valley
Madera County Social Services
Monterey County Community Human Services
Monterey County Office of Education
Monterey County Probation Department
Monterey County Family and Children Services
Multi-Disciplinary Interview Center
Noah's Anchorage
Operation Safehouse
Riverside County Department of Public Social Services
Sacramento City Unified School District
Sacramento County Probation Department
Sacramento County Child Protective Services
Community Solutions
San Benito County Probation Department
San Benito County Health and Human Services Agency
San Bernardino Child and Family Services
San Diego County Child Welfare Services
San Francisco County Human Services Agency
San Joaquin County Human Services Agency
San Joaquin Women's Center
San Luis Obispo County Child Welfare Services
San Mateo County Human Services Agency
Santa Barbara County Department of Mental Health
Santa Barbara County Department of Social Services
Santa Clara County Probation Department
Monarch Services
Santa Cruz County Probation Department
Santa Cruz County Human Services Division
Sonoma County Department of Child and Family Services (Valley of the Moon)
Turning Point Community Programs
UC Davis Medical Center CAARE Program
Ventura County Department of Child and Family Services
Yolo County Child Welfare Services
Yolo County Probation Department
Yolo Family Service Agency

ABSTRACT

Commercial sexual exploitation of children in the U.S. is recognized as a child welfare, mental health, and public health crisis. Despite growing awareness of the problem, it is poorly understood and difficult to recognize. As a result, 75% of young people who experience commercial sexual exploitation (CSE) endure multiple years of abuse before anyone intervenes. The lack of a standard, validated screening tool for use in settings where vulnerable youth are served severely hampers the ability of public agencies to identify victims early and provide targeted services. As a result, there are no valid prevalence or incidence rates for youth who are sexually exploited in California or the United States.

To address the need for early identification, credible prevalence estimates of children who experience CSE, and improved response and protection for exploited youth, WestCoast developed, pilot tested, and validated a screening tool to identify exploited youth. This report describes the development of the screening tool — called the Commercial Sexual Exploitation–Identification Tool (CSE-IT) — and the pilot test results and validity evidence for the CSE-IT.

To develop the CSE-IT, WestCoast gathered input from over 100 stakeholders, including survivors of exploitation and providers across a variety of disciplines, to inform the content, structure, and administration of a new screening tool. Stakeholder input was critical to constructing a tool informed by the experience of the people who use it and the people it is intended to help.

The resulting tool was piloted in 45 agencies, including 15 child welfare agencies, 6 juvenile justice agencies, and 24 community-based organizations. Two thousand child-serving professionals screened 5,537 children and youth age 10 and over. The screening results showed that 635 youth, or 11.5% of the youth that were screened, have clear indicators of exploitation (or a score of *Clear Concern* on the CSE-IT). This rate differs by service setting, gender identity and expression, race/ethnicity, sexual orientation, and age.

To validate the CSE-IT, we used pilot data to assess the tool's criterion validity, including concurrent and convergent validity, using data collected concurrently via the *Crisis Assessment Tool/Childhood Severity of Psychiatric Illness* (CAT/CSPI), a validated instrument. We also assessed the psychometric properties of the CSE-IT, including the tool's reliability and factor structure, using Exploratory Factor Analysis (EFA). To ensure the content and structure of the CSE-IT reflected the complex reality of CSE for survivors of this abuse as well as for service providers, we also conducted extensive qualitative review of the tool through debriefings with CSE-IT users, agency leaders, survivors of CSE, advocates, and other stakeholders.

The CSE-IT pilot study shows that systematically screening for CSE using a universal screening protocol helps identify youth experiencing exploitation, and that using a tool rather than relying on clinical judgment alone furthers this goal. Results also demonstrate the feasibility of establishing a systematic protocol of universal screening in large public agencies.

TABLE OF CONTENTS

LIST OF TABLES

RESEARCH REVIEW APPROVAL

Institutional review board (IRB) approval for the CSE-IT development study was obtained from Walter R. McDonald & Associates, Inc. (WRMA). Approval for the pilot study was obtained from IRB Company (IRB Co.). Additional IRB approvals and research process reviews were obtained by individual pilot sites that required these reviews.

A NOTE ABOUT TERMINOLOGY USED IN THIS GUIDE

In this guide, we use the terms “commercial sexual exploitation of children” and “child sex trafficking” interchangeably. We also use the terms “exploitation” and “trafficking” in some instances for brevity. Within the context of this guide, those terms refer to “commercial sexual exploitation” and “sex trafficking.”

The federal Trafficking Victims Protection Act defines sex trafficking as “the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act” (18 U.S.C. Section 1591). While definitions of commercial sexual exploitation vary, for the purposes of this guide, the broadest definition applies: commercial sexual exploitation is the exchange of a sex act or sexually explicit imagery for money or non-monetary goods.

CHAPTER 1. INTRODUCTION

A. Statement of the Problem

Commercial sexual exploitation of children in the U.S. is recognized as a child welfare, mental health, and public health crisis (Barnert, et al., 2016; Bounds, et al., 2015; Shields & Letourneau, 2015; Fong & Cardoso, 2008; Lutnick, 2016). Despite growing awareness of the problem, it is poorly understood and difficult to recognize. As a result, 75% of young people who experience commercial sexual exploitation endure multiple years of abuse before anyone intervenes (Basson, Rosenblatt and Haley, 2012).

This problem remains hidden for several reasons: 1) 75% of trafficked youth do not recognize their own exploitation so the majority do not seek help; 2) professionals lack the tools and training to recognize the signs of exploitation; and 3) agencies lack consistent data collection protocols. The lack of a standard, validated screening tool for use in settings where vulnerable youth are served severely hampers the ability of public agencies to identify victims early and provide targeted services (Greenbaum, 2014; Institute of Medicine & National Research Council, 2013; Diaz, et al., 2014). As a result, there are no valid prevalence or incidence rates for youth who are sexually exploited in California or the United States.

While credible estimates are unavailable, we know the scope of the problem is significant. The FBI has designated thirteen High Intensity Child Trafficking Areas in the United States (U.S. Department of Justice, 2009), three of which are in California. Statistics from large metropolitan areas also provide a measure of the extent of the problem. For example, a 2015 study in San Diego County reports that 321 minor victims of sex trafficking were identified during an 11-year period (Carpenter & Gates, 2016). These 321 youth were referred to the Girls Rehabilitation Facility, a diversion program for girls aged 13 to 17 with prostitution-related arrests in San Diego's Juvenile Detention Center. Some reports describing the scope of the problem have considerable uncertainty about the reliability of their numbers. For example, in a 2015 survey in San Francisco County, nineteen agencies identified 104 survivors of commercial sexual exploitation (CSE) under age eighteen (San Francisco Department on the Status of Women, 2015), though the number of survivors may include duplicate youth if those youth received services from multiple agencies. Similarly, the office of the District Attorney in Alameda County identified 518 youth between January 2011 and September 2016 that were exploited or at risk of exploitation, though it is not clear how many of those youth were exploited versus at risk (H.E.A.T. Watch, n.d.). In Los Angeles County, Saving Innocence, a local nonprofit, cites that in 2011 there were 174 exploited youth in the Los Angeles juvenile justice system alone (Saving Innocence, n.d.). Jurisdictions outside of California have identified youth experiencing CSE through similar methods (see for example, Finn, et al., 2009 for a study in Atlanta-Fulton County in Georgia, and Gragg, et al., 2007 for a study of youth in social service agencies in New York). However, it is also clear that the number of minors previously arrested for prostitution or who come to the attention of law enforcement for other reasons greatly underestimates the actual number of youth experiencing this abuse (Stransky & Finkelhor, 2012; Mitchell, Finkelhor, & Wolak, 2010; Gragg, et al., 2007; Senate Research Office, 2008).

Child-serving systems have been hindered in their ability to identify and help victims because until now, there has been no standard, validated tool available to screen vulnerable youth for exploitation. Identification is key to understanding the prevalence of sexual exploitation so resources can be allocated where need is greatest. The urgent need for screening in various settings is well documented (Greenbaum, 2014; Institute of Medicine & National Research Council, 2013; U.S. Department of Health and Human Services, 2013; Walker, 2013; Todres & Clayton, 2014; Diaz, et al., 2014; Doherty, et al., 2016; Sy, et al., 2016; Katona, et al., 2015; Beck, et al., 2015; Shandro, et al., 2016; Macy & Graham, 2012; Chisolm-Straker, et al., 2016; Hemmings, et al., 2016). Federal legislation requires state child welfare agencies to have identification and response protocols for victims of child sex trafficking. Public agencies, legislators, and advisory organizations, including the California Child Welfare Council and the U.S. Department of Health and Human Services, have highlighted the need for a screening tool to advance this effort.

To address the need for early identification, credible prevalence estimates, and improved response and protection for youth who experience CSE, WestCoast conducted a review in 2014 of fifteen existing tools to determine which, if any, met our criteria for a universal screening instrument supported by evidence. We also evaluated existing tools on usability and whether they prompt action and provide meaningful data to agency leaders about youth in their programs who may be experiencing CSE. We found no tools that met all of our criteria. We submitted this review to the California Child Welfare Council's CSEC Action Team, which is charged with developing guidance for California's Commercially Sexually Exploited Children (CSEC) program. This review describing our conclusions is in Appendix A of this report.

The lack of tools that met our criteria led us to develop and validate the Commercial Sexual Exploitation-Identification Tool (CSE-IT). This report describes the development, pilot test, pilot test results, and validity evidence for the CSE-IT.

CHAPTER 2. CSE-IT DEVELOPMENT

A. Methods

To develop the CSE-IT, WestCoast gathered input from key stakeholders to inform the content, structure, and administration of a new tool to screen for youth experiencing CSE. Stakeholder input is critical to constructing a tool informed by the experience of the people who use it and the people it is intended to help. Survivors of exploitation and professionals who serve exploited youth are key stakeholders.

Our approach is based in Grounded Theory. This methodology is appropriate when little empirical data exists and the goal is to develop a theory grounded in observation and lived experience (Glaser & Strauss, 1967; Glaser, 1992; Glaser, 2007; Charmaz, 2006). Our goal was to understand from the point of view of those affected by this issue: What are the indicators of exploitation and how should providers screen youth who may be experiencing it? Though it is common to consult with members of a target population during content validation of an instrument, we also included key stakeholders very early in the tool development phase to inform the identification of important concepts on the tool. As others have found (Vogt, King & King, 2004), we expected this process would contribute to the content validity of the tool and help ensure the tool serves its intended purpose.

To gather stakeholder input, we conducted focus groups and interviews with survivors of CSE and professionals who work with sexually exploited children. The purpose was to identify the key elements required for screening that would help child-serving professionals better recognize signs of exploitation. The ultimate goal was to develop a tool that would be comprehensive and appropriate for use by professionals in multiple disciplines and across different youth-serving settings.

Three generative questions guided this research:

1. What are the observable indicators of commercial sexual exploitation among youth? This question was aimed at learning what alerts professionals to exploitation and how survivors might present to professionals. This question was agnostic as to whether the indicators are a cause or consequence of exploitation.
2. What are the socio-demographic characteristics of youth who experience exploitation? This area of inquiry had two aims: to better understand whether and how youth demographic characteristics are related to the indicators of exploitation, and to ensure a new tool would be unbiased and applicable across demographic groups (e.g. gender identity, ethnicity, sexual orientation).
3. How should a screening tool be administered to maximize its usability and applicability in a variety of settings and to professionals with different training?

B. Study Participants

Since exploited youth may access a range of different services and therefore interact with many public systems, the provider sample consisted of child-serving professionals in a variety of disciplines. Depending on the service setting and norms of information collection in that setting, professionals may have access to different information from or about the youth. For example, in medical settings, medical professionals may more easily learn about a youth's reproductive health, while in other settings that may be a sensitive topic not regularly discussed with a youth. Some signs of exploitation may be difficult to notice without longer-term contact with a youth. For example, school personnel or social workers might be better able to observe changes in a youth's behavior, health, or appearance that indicate exploitation than staff at an agency serving a youth once or over a short period of time.

In addition, since young people have a wide range of experiences with the systems of care designed to protect them, including their perspective is critical. Conducting focus groups with survivors of exploitation allowed us to hear from their perspective which indicators should be on a screening tool and how the tool should be administered.

Finally, since the dynamics of exploitation may differ greatly by region, we sought geographic diversity in our sample, which included participants from urban and rural settings in northern, central, coastal, and southern California.

C. Recruitment Strategies

Since no sampling frame exists for survivors or for providers with experience serving sexually exploited youth, we recruited participants through a snowball sample method. The eligibility criterion for providers was experience working with young people who experienced sexual exploitation. For survivors, the criterion was that they be young adults between the ages of 18 and 26. The focus groups strictly focused on which indicators belong on a screening tool, and no questions were asked about personal experiences. However, to minimize the possibility of triggering traumatic memories, we only recruited adult survivors who worked in CSEC advocacy organizations and had experience speaking about issues related to exploitation.

To recruit providers we initially contacted professionals in the San Francisco Bay Area with extensive experience serving exploited youth. We also asked them to share information about the study to adult survivors in their networks. Some key informants wanted to participate in the focus groups but were unable to because of scheduling conflicts. In such cases, we interviewed them at a later date.

Separate focus groups were conducted for survivors and for providers. We conducted a total of nine focus groups with 96 participants and an additional six interviews.

D. Focus Group and Interview Settings

The research team at WestCoast conducted the focus groups and interviews. The moderators had training in qualitative methods and experience conducting focus groups on sensitive subjects. Focus groups were conducted in person when possible or by telephone for rural areas when the travel distance to a common location was prohibitive. Table 2.1 shows the location of the focus groups. Interviews were conducted exclusively by phone.

Table 2.1. Number of Participants by Location

Location	Number of Participants
Los Angeles	11
Sacramento	11
San Diego	13
San Francisco Bay Area	36
Virtual Group 1	6
Virtual Group 2	8
Survivors	11
Individual Interviews	6
Total	**102**

Table 2.2. Race/ethnicity of Survivor and Provider Participants

Race/Ethnicity	Survivors		Providers	
	N	%	N	%
African-American or Black	3	30.0%	10	12.0%
Native American or Alaska Native	1	10.0%	0	0.0%
Asian or Pacific Islander	1	10.0%	6	7.2%
Hispanic or Latinx	4	40.0%	18	21.7%
White or Caucasian	0	0.0%	6	7.2%
Something Else	0	0.0%	43	51.8%
Missing	1	10.0%	0	0.0%

E. Focus Group and Interview Procedures

Participants received written information about the study purpose and procedures prior to and again at the beginning of each group and interview. Participants were asked to complete a brief questionnaire about their demographic characteristics. Ninety-one percent of participants (83 providers and 10 survivors) provided this information. All survivors were female, as were most of the providers (92%). Both survivor and provider groups were diverse in race/ethnicity, though many providers did not specify their ethnicity (Table 2.2).

Providers were also asked about the type of organization where they work, their primary role at work, and where their contact with the youth occurs. A variety of organizations was present at the focus groups and the most common role was mental health provider (Table 2.3).

Focus groups were held in urban areas, though 29% of participants worked in suburban or rural locations. The location of their services for youth also varied among the participants (Table 2.4).

All participants were asked to choose a name, real or false, to facilitate discussion. It is a practice in focus

groups about sensitive topics to ask participants to use pseudonyms to protect their identities. Because sexually exploited youth are often given names by their exploiter, we did not require false names — so as not to replicate that dynamic — but told participants to choose any name they wished to use for discussion.

Participants were informed that the focus group would be audio-recorded and provided their consent to the recording. Audio recordings were transcribed by a professional transcription service. All participants were provided with a $75 gift card as appreciation for their time and participation in the group. Snacks and beverages were served. The focus groups were scheduled for two hours and individual interviews for 30 minutes.

F. Data Analysis and Results

We used constant comparative method to analyze the data, using Saldaña (2013) as a guide while maintaining flexibility in our approach. We categorized data from early focus groups into themes, compared our early findings with data from new focus groups, and revised the themes or categorized them further into finer categories. We compared new material after each focus group with our prior findings until we reached saturation.

Analysis of the focus group and interview transcripts revealed 10 domains into which individual indicators could be grouped. (The pilot version included 10 domains or indicators; after the validation process described in Chapter 5, the final, validated tool has eight indicators). While a small number of these domains are represented in the existing literature on human trafficking, especially trafficking of children in the child welfare system (for discussions of indicators, see Institute of Medicine & National Research Council, 2013; U.S. Department of Health and Human Services, 2013; Miller-Perrin & Wurtele, 2017), several of the indicators and domains were not previously represented in the literature or on other existing tools. There is no extensive quantitative research on these items and domains and how useful they may be for screening for sexual exploitation. Our pilot test of the tool was an important first step in determining their usefulness.

Table 2.3. Number of Providers by Type of Organization and Primary Role

Organization Type	N	%
Education (other than school health clinic)	5	5.2%
Hospital Or Medical Clinic	12	12.4%
Law Enforcement/Probation	5	5.2%
Mental Health Services	17	17.5%
School Health Clinic	5	5.2%
Social Service Agency	41	42.3%
Other	12	12.4%

Primary Role within Organization	N	%
Administrator	18	21.7%
Advocate or Mentor	15	18.1%
Community Outreach	5	6.0%
Educator	6	7.2%
Law Enforcement	4	4.8%
Medical Provider	12	14.5%
Mental Health Provider	30	36.1%
Social Worker	8	9.6%
Other	3	3.6%

Note: Some providers selected more than one primary role.

Table 2.4. Number of Providers by Location of Services

Region Served	N	%
Urban	60	71.4%
Suburban	16	19.0%
Rural	8	9.5%

Location of Contact with Youth	N	%
At a school	14	11.7%
In a clinic	17	14.2%
In a court, police station, or probation office	6	5.0%
In a juvenile justice facility	11	9.2%
In a shelter	13	10.8%
Multiple places	17	14.2%
On a crisis call line	9	7.5%
On the street	9	7.5%
Youth's home	11	9.2%
Other	13	10.8%

Note: Some providers selected more than one primary service location.

In addition to the items on the tool, the focus groups and interviews yielded information about what mode of administration of the tool was most conducive to screening. This information was critical to making sure the tool would help providers in their work, not be burdensome to them, not further traumatize youth, and be useful to agency leaders and policymakers.

The outcome of the analysis was the CSE-IT: Pilot Version. The next sections describe the structure of the CSE-IT tool and how it is used, the pilot implementation of the CSE-IT, results from the pilot about prevalence of CSE, and the validation process for the CSE-IT.

CHAPTER 3. CSE-IT METHOD, STRUCTURE, AND SCORING

The greatest advantage from using the CSE-IT comes when it is implemented as part of a universal screening protocol. This was an important criterion in our search for an appropriate screening tool and a guiding principle in our development of the CSE-IT instrument. Universal screening is the first step in recognizing early signs of a particular problem such as child sex trafficking. It is used in various settings to identify a problem, facilitate early intervention, and prevent complications. For example, universal screening is used in mental health settings to identify youth at risk of suicide and in medical settings to detect certain diseases.

Universal screening, which is proactive as opposed to reactive, is necessary to identify exploited youth early and prevent prolonged abuse. Instead of waiting for signs or suspicion of exploitation, with universal screening, all youth who meet pre-determined criteria are screened. When using the CSE-IT, all youth ages 10 and over should be screened, regardless of gender, ethnicity, culture, sexual orientation, residence, health, socioeconomic status, appearance, or behavior. It is also important to screen youth outside the recommended age range (either younger or older) when there are signs they may be exploited or are at risk of exploitation for any reason.

It is important to note that screening is not diagnostic. Rather, it is a preliminary step that prompts additional information gathering and interventions if problems or concerns are identified. It helps to identify the possible presence of a particular problem and to identify immediate next steps.

A. Using the CSE-IT

The CSE-IT is an information integration tool. It is not designed as a structured interview to be read to a subject or given to youth as a self-administered questionnaire. The tool is designed for professionals who work directly with youth. These professionals already collect information that can be used to complete the tool—through conversations with youth, observations of their appearance or behavior, and by collecting information from other sources, including case records and conversations with people close to the youth (e.g. caregivers, social workers, teachers, etc.).

To use the CSE-IT, professionals must attend a CSE-IT User Training. There are no other requirements for licensure, degree, or experience level. The training is a half-day seminar where participants learn about the indicators of exploitation; how to use the CSE-IT to identify youth with clear indicators of exploitation; the dynamics of exploitation and how they relate to the indicators on the CSE-IT; how to engage youth in a conversation about sexual exploitation; and action steps to take after the screening. When working with youth who have potentially been exploited or abused, professionals must use a trauma-informed approach to ensure that interactions are supportive of recovery and not re-traumatizing. This requires understanding the impact that trauma may have on a youth's life and interpersonal skills, and that providers may also experience secondary trauma as a result of their work. The CSE-IT User Training and User Manual (available at www.westcoastcc.org/cse-it) provide guidelines on how to create safety and minimize distress for youth.

B. The Structure of the CSE-IT

The CSE-IT is organized into Key Indicators. Individuals using the tool familiarize themselves with the Key Indicators in advance and keep these areas of inquiry in mind during the information-gathering phase. For many organizations and providers, current intake or assessment protocols may already cover most of the Key Indicators on the CSE-IT. However, there may be Key Indicators that are not already part of an organization's regular protocol or that are not explored as comprehensively. Providers may need to address these gaps in order to complete the CSE-IT.

The **Key Indicators** on the final version of the CSE-IT are:

1. Housing and Caregiving
2. Prior Abuse or Trauma
3. Physical Health and Appearance
4. Environment and Exposure
5. Relationships and Personal Belongings
6. Signs of Current Trauma
7. Coercion
8. Exploitation

Each of the Key Indicators on the tool has the following:

- **Definition:** A description of the Key Indicator.
- **Statements to Consider:** These supporting statements can be used as a guide for talking to youth but are not intended to be used as direct questions. Questions should be posed in language that is accessible and comfortable for users and for youth.
- **Notes on Scoring:** These provide directions on how to rate the Key Indicator based on the scores to the supporting Statements to Consider. The scoring rubric allows for uncertainty and lack of information, since even youth with whom providers have an ongoing relationship may never fully disclose their exploitation or related risk behaviors.

The CSE-IT scoring rubric allows users to indicate that they have *No Information*, or that the information they do have indicates *No Concern*, *Possible Concern*, or *Clear Concern* for sexual exploitation. The scoring procedure, described in detail on the tool itself, is not a simple sum of responses to all items. Rather, we used theory and experienceof providers and survivors as a guide to give greater weight to areas of higher risk.

Because the screening results in a single score, the CSE-IT provides quantitative information that can be used to estimate the prevalence of youth with the indicators of exploitation, as well as the prevalence of the various indicators. In addition, the CSE-IT score provides a prompt to action, which may include additional information seeking. If there is clear evidence of a problem on a single CSE-IT item or on the CSE-IT overall, the next step is to determine what interventions may be required, such as mandated reporting, safety planning and continued client engagement.

The Pilot Version of the CSE-IT and the final validated CSE-IT are located in Appendix B and C, respectively.

CHAPTER 4. CSE-IT PILOT STUDY AND PREVALENCE FINDINGS

Recent policy changes in child welfare coupled with increasing awareness about CSE of children led many sites to contact WestCoast to participate in the CSE-IT pilot. Our experience piloting the instrument confirmed our hypothesis that youth-serving agencies lack sufficient resources to address the CSE of children and youth in their care. The need is urgent for an evidence-based screening tool; training for professionals on how to work with youth who are exploited; technical assistance for implementing new protocols to identify and work with youth; technical assistance to implement new data collection procedures; referral sources for exploited youth to access services that meet their needs; evidence-based mental health treatment and other interventions for working with exploited youth; and expanded cross-system collaboration for working with exploited youth.

Because screening is central to addressing these goals, we worked closely with our partner agencies to ensure that using the CSE-IT is sustainable beyond the pilot study. We also published an Implementation Guide (available at www.westcoastcc.org/cse-it) to assist other agencies considering implementing routine screening in their own organizations.

A. Pilot Study Methods

The purpose of piloting the CSE-IT was to test the instrument and collect data to evaluate the tool, make any necessary revisions to it, and support the use of the tool with evidence.

Pilot Study Sample

Because the high demand for a screening tool reflects a serious need, WestCoast accommodated all sites requesting the CSE-IT if they met three broad criteria. Sites were eligible to pilot the instrument if they: 1) served youth, 2) were willing and able to implement a universal screening protocol using the CSE-IT: Pilot Version, and 3) were able to share de-identified data with WestCoast for research purposes.

Ultimately, 56 sites were trained on the tool, including 2,000 service providers across the different settings. Of these sites, 45 shared data with us (Table 4.1). Because of the widespread participation in the pilot study, the pilot allowed us to demonstrate the feasibility of: 1) conducting routine, universal screening for CSE in a wide variety of agencies that work with vulnerable youth, including in large public systems and smaller community-based organizations (CBOs); and 2) developing a prevalence estimate using a common, validated instrument, the CSE-IT.

Table 4.1. Pilot Study Participation by System Setting

System Setting	Number of sites submitting data	Number of youth screened
Child Welfare	15	2,263
Juvenile Justice	6	1,213
CBO	24	2,061
Total	**45**	**5,537**

Pilot Implementation

Pilot sites received technical assistance from WestCoast during implementation of the tool. All new tool users were required to attend a three-hour training on the CSE-IT: Pilot Version provided by WestCoast trainers, as described in Chapter 3.

Implementation at the pilot sites was not uniform. Many smaller agencies implemented the tool agency-wide. Some large agencies only implemented the tool among a subset of units or departments. For example, some piloted the CSE-IT only among staff who volunteered or only in a geographic sub-unit (e.g. only in north county but not in south, east, or west county), or a functional division (e.g. only in one of three emergency response units but not in the adolescent or residential units). The instrument was integrated into each site's existing workflow. At some agencies, the CSE-IT was implemented at intake, while at others it was used by case-carrying social workers, education workers, or therapists with more knowledge of and longer contact with the youth.

B. Prevalence Information

In total, professionals at pilot sites screened 5,537 children and youth using the CSE-IT during the pilot study. Because

the pilot sites are not a random sample and they self-selected to participate in the pilot, these data cannot be used to generalize to the participating counties or to all youth who experience commercial sexual exploitation. Still, the distribution of sites by region and service setting demonstrates the geographic spread and type of CSE-IT users in the pilot study (Table 4.2 and Table 4.3).

Screening Outcomes by Service Setting

Table 4.4 shows that of the 5,537 youth screened, 635 (or 11.5%) had clear indicators of commercial sexual exploitation, denoted by a score of *Clear Concern* on the CSE-IT. Moreover, the prevalence of youth with clear indicators of exploitation was higher among CBOs and child welfare agencies than among the juvenile justice (JJ) agencies that participated in the pilot.

This prevalence estimate provides information not previously available about the number of youth with indicators of exploitation in California. However, until the CSE-IT is implemented in all units and programs within agencies, it provides an incomplete picture of how many youth in these sites and in California are potentially exploited. To understand the full scope of the problem in the state, it is important to continue implementing the CSE-IT in all units and programs within agencies.

For privacy and confidentiality, data collection did not include unique identifiers for youth, which adds another layer of uncertainty about the prevalence of exploitation among youth in agencies similar to our pilot sites. Some youth may have been receiving services in more than one agency during the pilot period and may be included in the dataset more than once. This might be most prevalent in counties undergoing efforts to enhance multi-system collaboration in their response to exploited youth.

Because we did not collect unique identifiers, we cannot know how often this occurred. Approximately 3.6% of the observations in the dataset (and 3.0% of the *Clear Concern* observations) share identical characteristics on age, gender, race/ethnicity, and sexual orientation with at least one other observation in the same county. This is not firm evidence of duplicate observations in the dataset. Rather, we can consider this an upper bound on the number of possible duplicates, which suggests that duplicate observations did not occur frequently. If we conservatively assume that all of the cases with identical demographic characteristics are duplicate observations and we were to eliminate them from the dataset, the impact on the overall rate of exploitation is minimal. Eliminating the cases results in a rate of *Clear Concern* of 11.1%. So the true rate of youth with indicators of exploitation in our dataset is somewhere between 11.1% and 11.5%.

The low rate of identical cases also suggests that youth experiencing exploitation are not receiving services from

Table 4.2. Number of Screenings by Region

Region	N	% of the total sample
SF Bay Area	1,657	29.9%
Sacramento Valley	1,898	34.3%
Central Coast	545	9.8%
Coastal So Cal	989	17.9%
San Joaquin Valley	413	7.5%
Eastern So Cal	15	0.3%
Outside CA	20	0.4%
Total	**5,537**	**100%**

Table 4.3. Number of Screenings by Service Setting

Service Setting	Number of youth screened	% of the total sample
All settings	**5,537**	**100.0%**
Child Welfare	2,263	40.9%
Juvenile Justice	1,213	21.9%
CBO	2,061	37.2%
CBO type:		
Mentorship or Advocacy	76	1.4%
Child Advocacy Centers	64	1.2%
Healthcare	76	1.4%
Homeless Services	106	1.9%
Legal Services	460	8.3%
Mental Health	803	14.5%
Residential Services	386	7.0%
Education	90	1.6%

Some CBOs provide multiple types of services to youth. We categorized such CBOs by the service area in which they implemented the CSE-IT.

Table 4.4. CSE-IT Outcome by Service Setting

Service Setting	Clear Concern	Possible Concern	No Concern	Total	Number of Screenings
All Sites	11.5%	18.6%	70.0%	100.0%	5,537
Child Welfare	11.7%	16.5%	71.8%	100.0%	2,263
Juvenile Justice	7.0%	14.8%	78.2%	100.0%	1,213
CBO	13.8%	23.1%	63.1%	100.0%	2,061
CBO type:					
Mentorship or Advocacy	13.2%	32.9%	54.0%	100.0%	76
Child Advocacy Centers	20.3%	29.7%	50.0%	100.0%	64
Healthcare	6.6%	15.8%	77.6%	100.0%	76
Homeless Services	26.4%	49.1%	24.5%	100.0%	106
Legal Services	12.8%	27.2%	60.0%	100.0%	460
Mental Health	10.6%	11.2%	78.2%	100.0%	803
Residential Services	16.3%	31.1%	52.6%	100.0%	386
Education	24.4%	35.6%	40.0%	100.0%	90

Some CBOs provide multiple types of services to youth. We categorized such CBOs by the service area in which they implemented the CSE-IT. Differing rates of *Clear Concern* scores by setting are statistically significant (Pearson chi2(4) = 94.03, p< = 0.001).

multiple organizations within the same county, which points to the need for continued efforts to enhance collaboration.

While there are several notable findings in Table 4.4, two results stand out. First, the rate of youth with clear indicators of exploitation is significantly lower in juvenile justice settings (7.0%) than in child welfare (11.7%) or CBOs (13.8%). This may be related to two factors. The six juvenile justice agencies in the sample serve more boys than girls, and as is evident in Table 4.5 below, boys in our sample present with indicators of exploitation at significantly lower rates than girls. In addition, the juvenile justice agencies participating in the pilot conducted screening at intake, where workers may have limited information about youth, thereby leading to lower rates of youth with a *Clear Concern* on the CSE-IT.

The second notable finding is that the rate of youth with *Clear Concern* and *Possible Concern* is significantly higher in settings that provide services to homeless youth than in any other setting. This is not surprising given that extreme poverty and lack of resources are often cited as causal factors in the exploitation of young people, and homelessness is closely linked to exploitation experiences (Institute on Medicine & National Research Council, 2013; Weber, et al., 2004; Greene, Ennett, & Ringwalt, 1999; Tyler, 2009; Halcon & Lifson, 2004; Haley, et al., 2004). Organizations providing services to homeless youth, such as Covenant House shelters, have also noted the high rate of exploitation among their clients (Bigelsen & Vuotto, 2013; Murphy, Taylor & Bolden, 2015). This suggests that the CSE-IT is providing us with information about rates of exploitation consistent with previous literature (see also Yates, et al., 1991).

More importantly, the high rate of youth with indicators of exploitation in homeless youth organizations points to a critical need for these organizations to screen for, identify, and address the needs of youth experiencing CSE. It also points to the responsibility of cities and counties to address the needs of homeless youth in their area.

Screening Outcomes by Gender

Even though the prevalence of youth with clear indicators of exploitation is 11.5% overall, the rate is much lower for boys (2.5%) and much higher for girls (20.8%) and for non-binary or agender youth (22.6%) – those who identify with something other than boy or girl or do not identify with

Table 4.5. CSE-IT Outcome by Youth Gender Identity and Expression

	Clear Concern	Possible Concern	No Concern	Total	Number of Screenings
All Genders	11.5%	18.6%	70.0%	100.0%	5,537
Female	20.8%	23.0%	56.3%	100.0%	2,681
Male	2.5%	14.4%	83.1%	100.0%	2,825
Non-Binary or Agender	22.6%	19.4%	58.1%	100.0%	31
Transgender	25.0%	25.0%	50.0%	100.0%	60
Cisgender	11.3%	18.5%	70.2%	100.0%	5,477

Non-binary includes youth who identify as something other than girl or boy, and agender includes those who do not identify with any gender or consider themselves gender neutral. Transgender identity refers to youth who identify with a gender not associated with their sex at birth.

There is a significant statistical relationship between youth gender and the CSE-IT score. Males are significantly less likely than other youth to have a *Clear Concern* on the CSE-IT (Pearson chi2(4) = 599.97, p< = 0.001). Transgender youth are significantly more likely than cisgender youth to have a *Clear Concern* score (Pearson chi2(2) = 14.48 p = 0.001).

any gender. Transgender youth – those who identify with a gender identity that does not match the sex assigned to them at birth – have clear indicators of exploitation at about twice the rate for cisgender youth, or those who identify with the gender assigned to their sex at birth (Table 4.5).

It is possible that girls and gender non-conforming youth are exploited at significantly higher rates than boys; that provider bias about who is exploited causes boys to be under-identified; that the indicators of exploitation for boys are slightly different than for girls and need to be further articulated; or that some combination of these factors is at play.

There is a significant statistical relationship between youth gender and the CSE-IT score. Males are significantly less likely than other youth to have a *Clear Concern* on the CSE-IT (Pearson chi2(4) = 599.97, p = 0.000). Transgender youth are significantly more likely than cisgender youth to have a *Clear Concern* score (Pearson chi2(2) = 14.48 Pr = 0.001).

Screening Outcomes by Race/Ethnicity.

Screening data by race and ethnicity shows a clear disproportionality in terms of who experiences exploitation (Table 4.6). Black and multi-racial youth are overrepresented among youth with a *Clear Concern* (44.4% and 29.1% respectively) relative to their population size in California (5.7% and 8.2% respectively, Source: U.S. Census, 2015) and their population size within child welfare in California (20.0% and 5.1% respectively, source: 2015 CWS/CMS data in Webster, et al. 2017). Every other racial/ethnic group is underrepresented.

African-American youth are overrepresented in child welfare and juvenile justice — two large entities where screening took place in the pilot — so it is important to examine the rate of *Clear Concern* scores within race categories. Table 4.6 shows that African-American youth and multi-racial youth have clear indication of exploitation at significantly higher rates than youth of other races or ethnicities. Regardless of the setting in which youth are screened and despite the disproportionality of African-American youth in some of these settings, these children are disproportionately exploited.

Screening Outcomes by Age

The age data in Table 4.7 show that older youth have clear indicators of exploitation at higher rates than younger youth. This may be due to several factors. Older age means that a vulnerable child has been exposed to CSE risk for a longer period of time and there has been more opportunity for exploitation to occur. This is especially true for youth living in situations or placements that are not supportive of healthy development. The longer a young person is living in a situation dangerous to their well-being, the more opportunity there is for the youth to become exploited. Adolescents may also be targeted by exploiters more than

Table 4.6. CSE-IT Outcome by Youth Race/Ethnicity

	Clear Concern	Possible Concern	No Concern	Total	Number of Screenings
All races/ethnicities	11.5%	18.6%	70.0%	100.0%	5,537
African-American or Black	15.6%	19.6%	64.8%	100.0%	1,806
Asian or Pacific Islander	6.5%	11.8%	81.7%	100.0%	153
Hispanic or Latinx	7.4%	16.1%	76.5%	100.0%	1,908
Native American	2.9%	22.9%	74.3%	100.0%	35
White or Caucasian	10.8%	19.0%	70.2%	100.0%	1,045
Multi-Racial	18.6%	28.6%	52.9%	100.0%	350
Other or Unknown	9.2%	18.8%	72.1%	100.0%	240

Differing rates of *Clear Concern* scores by race/ethnicity are statistically significant (Pearson chi2(4) = 143.00 p< = 0.001).

Table 4.7. CSE-IT Outcome by Youth Age

	Clear Concern	Possible Concern	No Concern	Total	Number of Screenings
Mean Age	16.6 years	16.1 years	15.5 years	15.8 years	5,537
Age 10-11	1.7%	8.2%	90.1%	100.0%	354
Age 12-13	6.4%	13.2%	80.4%	100.0%	576
Age 14-15	10.1%	20.3%	69.6%	100.0%	1,344
Age 16-17	12.3%	19.4%	68.2%	100.0%	2,238
Age 18-19	16.5%	21.7%	61.9%	100.0%	729
Age 20-21	16.5%	19.9%	63.6%	100.0%	261
Age 22-23	42.3%	15.4%	42.3%	100.0%	26
Age 24+	66.7%	22.2%	11.1%	100.0%	9

Differing rates of *Clear Concern* scores by race/ethnicity are statistically significant (Pearson chi2(4) = 195.81 p< = 0.001).

Table 4.8. CSE-IT Outcome by Youth Sexual Orientation

	Clear Concern	Possible Concern	No Concern	Total	Number of Screenings
All Youth	11.5%	18.6%	70.0%	100.0%	5,537
Bisexual	31.5%	31.9%	36.6%	100.0%	216
Lesbian	20.7%	25.9%	53.5%	100.0%	58
Gay	25.0%	27.9%	47.1%	100.0%	68
Youth is Unsure	28.6%	28.6%	42.9%	100.0%	7
Heterosexual	10.5%	18.4%	71.2%	100.0%	3,016
Unknown	9.6%	17.0%	73.3%	100.0%	2,172

Differing rates of *Clear Concern* scores by race/ethnicity are statistically significant (Pearson chi2(4) = 232.92 p< = 0.001).

younger youth. Finally, developmental factors, such as risk-taking typical during adolescence, may also contribute to adolescents' increased risk for this abuse.

Screening Outcomes by Sexual Orientation

Youth identifying as lesbian, bisexual, or gay have higher rates of *Clear Concern* scores than heterosexual youth (Table 4.8). This is consistent with research showing that sexual victimization is higher among sexual minority youth who are homeless or runaway than among heterosexual youth in similar circumstances (Tyler, et al., 2004; Walls & Bell, 2011; Whitbeck, et al., 2004). Some research suggests that sexual orientation is related to exploitation insofar as it may represent a unique stressor related to youth's rejection from family and other natural supports, increasing their risk for CSE. Lesbian, gay, and bisexual youth are more likely to face rejection by their family, to be thrown out of their home, and to lose family and peer support for reasons related to their sexual identity (Savin-Williams, 1994; Safren & Heimberg, 1999; Thompson & Johnston, 2004). All of these reasons might explain the higher rate of exploitation for these youth. Still, the notably high rate for bisexual youth in Table 4.8 stands out. Further research is needed to better understand this dynamic.

CHAPTER 5. VALIDATION METHODS

In order to know if a screening tool meets a minimum standard of accurately distinguishing between youth who are and are not experiencing CSE, the tool must be validated. Data collected during the pilot were used to assess the construct validity of the tool, or the extent to which our measurement of a youth's possible exploitation (that is, the indicators on the CSE-IT) actually measures what we intend. Evidence for construct validity generally includes statistical analyses of the internal structure of the measure and the relationships between the measure and other measures or constructs.

In this section, we present evidence supporting:

- The criterion validity of the tool, or more specifically, concurrent and convergent validity;
- The psychometric properties of the CSE-IT, or the internal structure and reliability of the items on the tool; and
- Content validity, or the degree to which the elements of the CSE-IT are relevant to identifying youth experiencing exploitation.

All analyses were run using Stata version 14.2 for Mac.

A. Criterion Validity

A critical test of the validity of the CSE-IT is whether it actually measures what it purports to measure. Is it accurate? Can we trust the CSE-IT if it tells us that a youth has a *Clear Concern* for exploitation? Can we trust the tool if it tells us that a youth has a *No Concern* score? Even though the CSE-IT is not intended to be diagnostic (see Chapter 3 of this report), in order for it to be useful, we must have confidence that it is pointing us in the right direction in our assessment of a youth's possible exploitation.

One of the simplest ways to assess the accuracy of a tool is through criterion validity, which compares a measure with other measures or outcomes (the criteria) whose validity has already been demonstrated. We can assess criterion validity of the CSE-IT by comparing the tool to a known standard. For this study, the measure used to validate the CSE-IT is the *Crisis Assessment Tool/Childhood Severity of Psychiatric Illness* (CAT/CSPI), a validated instrument that, similar to the CSE-IT, is an information integration tool designed to support individual case planning. Both tools are also intended to support communication about a youth's needs and action or treatment plan.

The CAT/CSPI is primarily used in behavioral health and child welfare settings. This instrument measures the comprehensive range of needs a child may experience during crisis, describes the severity or urgency of those needs, and serves as a basis for treatment planning. The items on the CAT/CSPI, which are largely derived from the *Child and Adolescent Needs and Strengths* (CANS) instrument, have been shown to be reliable and valid (Lyons, et al., 1998; Anderson, et al., 2003; Lyons, Weiner, and Lyons, 2004). The CAT/CSPI covers a broad range of topics, including the youth's behavioral and emotional needs, risk behaviors, life functioning, strengths, caregiver needs, and trauma symptoms and exposure, such as items pertaining to abuse and neglect, including exploitation. The total length of the instrument is longer for youth with higher needs. For example, some questions — such as those pertaining to runaway behavior, substance use, suicide risk, violence risk, and trauma — are only completed if the youth has a baseline of need in that area. Though the CAT/CSPI has no licensure requirements, it does require specific training in the CANS family of tools by a CANS-certified trainer. The CAT/CSPI also requires certification to use it (https://praedfoundation.org/training-and-certification/). The CAT/CSPI contains 37 items; the mean time to complete the instrument is 42 minutes; the median time to complete is 44 minutes. The CSE-IT Pilot Version contains 48 items grouped into 10 domains; the mean time to complete the instrument is 10 minutes; the modal time is three minutes;

Table 5.1. Length of Time to Complete the CSE-IT Online

	% of Screenings
1 minute	1.7%
2-3 minutes	34.0%
4-5 minutes	21.2%
6-10 minutes	20.9%
11-15 minutes	8.8%
16-20 minutes	4.2%
21-60 minutes	7.1%
61+ minutes	2.3%
Total	**100.0%**

75% of users complete the tool in 10 minutes or less (Table 5.1). Though the CSE-IT contains more items, it requires less time to complete than the CAT/CSPI. This may be due to the response options being consistent for every item on the CSE-IT; on the CAT/CSPI, the wording and thresholds for scoring severity vary for most items.

For this evaluation, the CAT/CSPI and the CSE-IT were completed concurrently for youth ages 10 and older receiving services in one county child welfare site. This site is a receiving center for children and youth who are removed from their home due to allegations of abuse or who are changing their foster care placement. The receiving center provides 24/7 first response mental health services to children when they are first removed from the home. Children at the center are assessed while a safe placement is found for them. The assessment includes a mental health screening by a licensed clinician, and the site has public health staff and youth advocates on site. Clinicians completing the mental health screening are registered or licensed with professional licensing boards (e.g. The California Boards of Behavioral Sciences or Psychology), are experienced with screening in general, and are all certified to use the CAT/CSPI. The pilot test of the CSE-IT was their first introduction to this new tool and they received the same training on how to use it as staff at all other pilot sites.

As with most sites piloting the tool, clinicians at the receiving center completed the CSE-IT after a short period of interaction with the youth, integrated the tool with other required information-gathering, and completed the CSE-IT scoring at the same time as other documentation. However, the information gathering by the mental health clinicians who conducted the screening is potentially more in-depth than intake procedures at other sites piloting the CSE-IT. Clinicians completing the CSE-IT, therefore, may have more comprehensive information about the young person than other providers typically have in the first hours of working with them. This is especially useful for the purposes of assessing criterion validity.

The CAT/CSPI and the CSE-IT were completed at the same time within 24 hours of the child's stay at the receiving center, which usually lasts a maximum of one day. With both tools completed at the same time using information gathered over one 24-hour period, we can use the CAT/CSPI to evaluate the concurrent validity (a type of criterion validity) of the CSE-IT. The CAT/CSPI measures exposure to exploitation using a 4-point scale, where 0 indicates that there is no information suggesting the youth has experienced CSE, and a score of 1, 2, or 3 indicating that the youth has had some exploitation experience. The higher the score, the greater the severity of exposure to the abuse and the greater the urgency of intervention to protect the youth's safety. We used this measure to create a dichotomous variable, where 0=no youth exposure to exploitation and 1=youth has exploitation experience.

Table 5.2. Mean Mental Health Scores for Youth at Different Levels of Concern on the CSE-IT

	CSE-IT Score		
Mean CAT/CSPI score	**No Concern**	**Possible Concern**	**Clear Concern**
Mental Health Domain	0.525	0.873	1.081
Risk Behavior Domain	0.143	0.463	0.841
Life Functioning Domain	0.143	0.654	0.722

Higher scores represent greater severity. Mean domain scores are calculated by adding up all items in the domain and dividing by the total number of items. Items are scored on a 4-point scale, ranging from 0 to 3. The full list of items in each domain/scale is listed in Table E.1 in Appendix E.

Comparing the CSE-IT and the CAT/CSPI on the exploitation outcome, we find a correlation of 92% (using polychoric correlation for categorical variables, Rho=0.93, standard error=0.02; Pearson G2=3.07; p=0.08). This high correlation demonstrates concurrent validity, which refers to the degree to which the CSE-IT correlates with another measure of the same construct measured at the same time. The concurrence is important because a young person's experience with exploitation may change rapidly. By using the two measures at the same time, we eliminate the possibility that new events have occurred in the youth's life that may change their score on either measure. This high correlation may be a function of the similar structure of both tools and the fact that they are completed concurrently using the same information about youth risk factors. It also provides us with initial confidence about the validity of the CSE-IT.

Additionally, comparing the CSE-IT outcome with other mental health needs measured by the CAT/CSPI, we find that youth with a *Clear Concern* score have higher emotional and behavioral health needs, life functioning needs, and risk behaviors than youth with a *Possible Concern* or

No Concern score (Table 5.2). This is consistent with the nascent research showing that youth in this population have a wider range and more severe mental health needs than other youth experiencing repeated interpersonal traumas (Cole, 2016).

These results are powerful because they show that the CSE-IT can distinguish between two groups (youth with and without clear indicators of exploitation) that are very similar as both groups were assessed at the point of removal from their home or placement due to abuse, neglect, or other trauma. This comparison with youth mental health needs on the CAT/CSPI provides supporting evidence of convergent validity. Convergent validity consists of providing evidence that two tests rank youth similarly on constructs believed to be related to each other. In this case, the CSE-IT and the CAT/CSPI demonstrate that youth with clear indication of exploitation have higher mental health and life functioning needs than youth without clear indicators.

B. Psychometric Properties: Reliability

Reliability is an important component of validity because for a tool to be valid it must also provide consistent results. There are three types of reliability assessments commonly used when evaluating instruments: inter-rater reliability, test-retest reliability, and internal consistency.

For the CSE-IT pilot test, participating agencies implemented the CSE-IT in their agency processes and screened children and youth in the course of providing services to them. Both inter-rater and test-retest reliability would double the data collection workload on agency staff. Understandably, this data collection burden was not feasible for them. Additionally, some agencies did re-screen youth if the youth returned for services (e.g. returned to juvenile probation, re-entered the child protective system, or returned to a CBO for health or other social services). Even though these returning youth were screened a second time, we did not consider this a test of reliability since it is not possible to determine whether a change in the CSE-IT score for them reflects a property of the CSE-IT, new information learned about the youth, a true change in the youth's life circumstances, or some combination of those three factors.

We focused instead on the internal consistency of the items on the CSE-IT, examining the consistency of the sub-scales. Internal consistency, measured by Cronbach's alpha, is a measure of correlation between responses to different questions on the tool. It describes the relationship between items in a set, namely whether they are closely related to be considered a coherent group. A set of items that truly represents the construct in each domain should be interrelated and we should expect a high level of internal consistency among them.

We examined the reliability of the scales on the CSE-IT pilot version (Table 5.3). Every Key Indicator has a high level of internal consistency. Table E.2 in Appendix E provides detailed alpha scores for every Key Indicator, including what the alpha would be if individual items were removed. No item appeared to significantly hurt the internal consistency of any of the Key Indicator scales. We therefore did not eliminate any items at this stage for reasons of reliability.

Table 5.3. Reliability of the Key Indicator Sub-Scales on the CSE-IT Pilot Version

Key Indicators	Cronbach's alpha
1. Instability in Life Functioning	0.840
2. Relationships	0.784
3. Finance and Belongings	0.770
4. Use of Technology	0.852
5. Physical Health	0.676
6. Risk Behaviors	0.777
7. Trauma Exposure	0.765
8. Trauma Signs and Symptoms	0.728
9. Coercion and Grooming	0.887
10. Exploitation	0.733

Table 5.4. Reliability of the Key Indicator Sub-Scales on the CSE-IT Final Version

Key Indicators	Cronbach's alpha
1. Housing and Caregiving	0.857
2. Prior Abuse or Trauma	0.765
3. Physical Health and Appearance	0.654
4. Environment and Exposure	0.869
5. Relationships and Personal Belongings	0.757
6. Signs of Current Trauma	0.751
7. Coercion	0.818
8. Exploitation	0.744

After conducting additional analysis and making revisions to the CSE-IT (including the factor analysis, test of construct validity, and analysis of the qualitative feedback from debriefings and open-ended responses to the CSE-IT survey), we reexamined reliability of our final scales. It was important to conduct this test again because we had eliminated some items during that in-depth analysis and moved some items into different sub-scales. The reliability coefficient for each scale on the final version of the tool is presented in Table 5.4. Additional information about reliability of the sub-scales is presented in Appendix E.

C. Psychometric Properties: Factor Analysis

After assessing the criterion (including concurrent and convergent) validity and reliability of the CSE-IT, we then conducted exploratory factor analysis (EFA) to examine the psychometric properties of the tool. The CSE-IT began with 10 domains (Key Indicators) and as a result of this subsequent analysis ended with eight domains. In this section we describe the purpose of conducting EFA, the steps we used in this process, and the results of our analysis.

Purpose of Exploratory Factor Analysis

EFA is a statistical approach used to determine the correlation between items on a measure such as the CSE-IT. The outcome of EFA is a factor structure, or a grouping of variables based on their correlations. Highly correlated items — called Questions to Consider on the CSE-IT — are grouped together and are generally thought to represent a latent construct — or Key Indicators on the CSE-IT — that cannot be measured directly. Even though we had some general hypotheses about how CSE-IT items might be correlated and grouped, because the CSE-IT pilot study data are completely new, an EFA was more appropriate than confirmatory factor analysis. In addition, we expected some CSE-IT items to be correlated with multiple factors. EFA helps us to identify whether there are items on the tool that are problematic, duplicative, or highly correlated with another factor and belong in a different grouping.

Our primary aim in conducting EFA was to identify meaningful factors of substantively relevant content. This is important to note because although we wanted to reduce the number of factors and items, this was not our primary goal and we balanced this aim with interpretive coherence. In technical terms, our aim was to create useful and meaningful factors that enhance the tool's utility rather than reduce the correlation matrix down to the minimal number of factors sufficient to reproduce the correlation matrix. With this in mind, the factor analysis results served as a guideline for how many factors are necessary and useful, whether the factors should be considered as correlated or independent, which items may be removed as redundant, and which items may be considered as belonging to one or more factors.

Determining Factorability

Before performing the factor analysis, we examined the correlation matrix for all items on the tool and assessed whether the matrix was factorable. Using Bartlett's test of sphericity (Chi sq.=160,000, d.f.=1128, $p \leq 0.001$) we determined that the correlation matrix, while containing several items that are highly correlated with each other, is not an identity matrix and is therefore factorable. Using a Kaiser-Meyer-Olkin (KMO) test for sampling adequacy, we determined that the sample size is sufficient for the number of items (KMO=0.963).

Since the variables used in the factor analysis are categorical (a three-point scale indicating *No Concern, Possible Concern, and Clear Concern*) we used a polychoric correlation matrix (Helgado-Tello, et al., 2010). The correlation matrix showed that all items in the tool were moderately or highly correlated with at least a few other items (no single item was poorly correlated with every other item). Seven pairs of items were highly correlated, suggesting significant overlap between these items. As a result, we dropped one variable from each pair prior to conducting the EFA. Correlations for these duplicative items are in Appendix E.

Factor Extraction and Determining the Best Fit

As a baseline, we began by conducting the factor analysis with orthogonal rotation, which assumes uncorrelated factors. For this, we used Principal Component Analysis (PCA) as the method for factor extraction and found that as expected, the items on the CSE-IT all loaded onto one factor. This statistical evidence supported our hypothesis that the items were related conceptually.

However, forcing independence between the factors (via orthogonal rotation) is not appropriate to describe how the indicators of trafficking manifest in reality. We expected that the factors (our Key Indicators) are related to each other conceptually, and therefore should be correlated with each other statistically. For example, instability in a youth's living situation is likely related to other indicators, such as exposure to dangerous environments or signs of current trauma. EFA helps us identify which Key Indicator this and every other item is most closely related to. Therefore our next step was to conduct EFA using oblique (promax) rotation, which allows the factors to be correlated with each other. This factoring method also seeks the least number of factors that can account for the common variance in a set of items, thereby helping us reduce the number of factors.

At this step, distinct factors emerged. Additionally, the correlation matrix of the rotated common factors shows that indeed the factors are correlated with each other, as we hypothesized. The model with the best fit is an 8-factor solution. Though we originally hypothesized a model with 10 factors in our pilot version of the tool, a 10-factor model resulted in factors with only one item and the groupings of items into factors lost theoretical coherence. The structure of the 8-factor solution helped to reduce the items while maintaining theoretical coherence. For interpretability, we focused most heavily on ensuring that the variables loading onto a factor share conceptual meaning and that factors have at least three items with significant loadings.

Reducing the number of factors from 10 to eight meant that some items on the tool had to be moved to different factors. The final factor structure and factor loadings (for all factors with loadings greater than 0.30) are described in Table 5.5.

D. Content Validity - Qualitative Data Review

The initial CSE-IT development revealed that several indicators identified as important by our stakeholders were not represented in the scientific literature. By including stakeholders at every stage of review, not just at the initial development stage, we were able to give voice to critical areas for research and practice and ensure the content validity of the instrument.

Debriefings and Expert Review

Throughout the pilot and during the validation phase, we conducted focus groups and interviews with users and other stakeholders to evaluate the tool's validity. Developing and validating a tool based on the lived experiences both of youth who have experienced exploitation as well as professionals who work with them, was intrinsic to our methodology and helped to establish the following three types of validity.

- Face validity, to ensure the measure looks like what it should look like to users.
- Content validity, to ensure the tool contains the information relevant to its purpose. That is, the tool contains as many items as necessary for identifying youth experiencing exploitation and omits items not specifically relevant to this purpose.
- Utility validity, to ensure the tool is useful within a service delivery system. As Lyons (2009) notes, "the consideration of measurement in service delivery is a fundamentally different enterprise than measurement during research and evaluation (p. 76)." Relevance to the work, usability, and the usefulness of the tool for communication are paramount in a service setting.

Though content validity (including face validity) is subjective and therefore not considered as rigorous as several of the other types of validity we assessed in our pilot study, our methodology has always focused on informing every step of the research process with the input of important stakeholders and subject matter experts. Furthermore, we conducted our qualitative review with a systematic set of questions and evaluation criteria to ensure the rigor of our research process. Research on CSE is a nascent field and as such has largely focused on descriptive empirical studies with small convenience samples (there are a few exceptions to this; see Greenbaum (2014) and Lalor & McElvaney (2010) for a discussion of study design challenges, sample sizes, and sample selection). This is often how foundational knowledge in a field of study begins.

When there is little theoretical foundation on which to build knowledge, it is helpful to root our inquiry in the

real life experience of other people. Doing so helps ensure that our representation of the subject matter we are studying reflects a shared reality with others. To that end, we engaged in multiple stages of review with CSE-IT users and subject matter experts. Reviews took place individually and during group debriefings. This process provided evidence for the content validity of the tool, which usually comes from the review and judgment of experts in the subject matter. Our definition of content experts included experienced service providers, policymakers, advocates, researchers, and members of the population the CSE-IT is intended to identify, namely survivors of CSE.

Our stakeholder focus groups and interviews during the development phase provided us with a list of criteria against which to evaluate our work, including the content of the CSE-IT and our proposed implementation of the tool. These criteria allowed us to be systematic and rigorous in our content validity analysis. These criteria include:

- Ensuring the CSE-IT is trauma-informed.
- Critically evaluating the length of the CSE-IT and managing the trade-off between comprehensiveness and usability. This was driven by the numerous documentation burdens and complex workflows that providers already face.
- Ensuring the tool supports rather than inhibits relationship building with youth.
- Ensuring the tool remains applicable in different settings. This meant considering the many ways a tool may be implemented in a given setting.
- Evaluating indicators to avoid any that are vaguely defined, lack face validity, or are based on stereotypes. This resulted in rewording some items to minimize the possibility that a provider might pathologize the youth or place the responsibility for exploitation on the young person experiencing it.
- Constant questioning to identify whether the tool is sufficiently comprehensive or where there may be missing indicators.
- Ensuring data collected through the tool are comprehensible and usable to agency or system leaders.
- Ensuring the tool provides a meaningful guide to action at the individual and agency level. This resulted in adding a rating category on the tool for when providers have no information about a particular indicator. The resulting action from such a rating may be additional inquiry or assessment of the youth to identify risk factors.
- Ensuring the tool accounts for the complex uncertainty that pervades the experience providers have with youth who experience exploitation.
- Ensuring the tool is inclusive in terms of gender, culture, sexual orientation, age, and the different ways in which CSE may manifest. Revisions included: rewording pronouns to be more gender-inclusive; ensuring that items about appearance apply to youth of all genders and not just to girls; and ensuring that items apply to exploitation facilitated by a third-party exploiter, to exploitation occurring within families, and to youth exploited without a third party.

The process of continual review was akin to using a constant comparative method for analyzing qualitative data. As we collected new information, we compared it to what we had already learned. During this process, the content on the tool was formed, revised, confirmed, or eliminated as a result of the new input. Revisions on the tool were then subject to the same review process and revised, confirmed, or eliminated as appropriate. Following Maykut and Morehouse's (1994) description of this process, our task was to find patterns in the words and experiences of stakeholders, to present those patterns and subject them to inspection by ourselves and others, while staying "as close to the construction of the world as the participants originally experienced it (p18)."

E. Summary of Validation

We set out to develop a new identification tool for children and youth experiencing CSE. At every stage of the tool development, stakeholder input grounded the content of the tool and the manner in which it would be used. Content experts evaluated the tool to ensure its content and structure reflected the complex reality of CSE for survivors of this abuse as well as for service providers. These procedures provided evidence for the content validity of the CSE-IT, which we evaluated by continually comparing

Table 5.5. Rotated Factor Loadings (Pattern Matrix) and Unique Variances for 8-Factor Solution, after Oblique (Promax) Rotation

Variable	Factor Loadings
Housing and Caregiving	
1a. Running away	0.6733
1b. Unstable housing	0.8095
1c. Periods of homelessness	0.8831
1d. Accessing social services for basic needs	0.7928
1e. Missing school	0.5465
1f. CPS or JJ system involvement	0.4087
2b. Inadequate supervision	0.4862
Relationships and Personal Belongings	
4a. Youth meets partners online	0.8084
4b. Youth meets boy/girlfriend online	0.9316
4c. Youth meets contacts developed on internet	0.9663
4d. Explicit photos online	0.6574
4f. Several cell phone/numbers	0.3306
2c. Unhealthy or inappropriate relationships	0.4126
3a. Youth receives cash, gifts	0.3119
9b. Unexplained travel	0.3046
Physical Health and Appearance	
5a. Repeated testing for STIs and pregnancy	*
5c. Sleep disruption or deprivation	0.6563
5d. Health problems related to nutrition	0.6889
5e. Scarring, bruises, burns	0.4355
9g. Tattoos, scars indicating property	0.6385
3b. Youth appearance atypical for age/peer group	0.3674
6d. Substance use	

Variable	Factor Loadings
Environment and Exposure	
2a. People involved in sex trade	0.5506
6a. Sexual behaviors that are risky	0.3949
6b. Spends time where exploitation occurs	0.4576
9c. Risk language	0.4287
Prior Abuse or Trauma	
7a. Sexual abuse	0.4498
7b. Physical abuse	0.7736
7c. Emotional abuse	0.7452
Signs of Current Trauma	
8b. Hypervigilance	0.573
8c. Difficulty responding to danger cues	0.5678
8d. Self-harming behaviors	0.6547
Coercion	
9a. Grooming gifts	0.4738
9d. Isolation from friends, family	0.8625
9f. Coerced pregnancy, abortion	0.8265
9h. Coercion re: basic needs	0.8679
9i. Threats	0.7416
9i. Youth is vague about personal info	0.6818
Exploitation	
9e. Forced to earn quota	***
10a. History of prior exploitation	0.7260
10b. Filmed exploitation	0.4093
10c. Considering exploitation	

Item numbers refer to item number and subscale on the Pilot Version of the CSE-IT.

* Item 5a did not meet the threshold factor loading of 0.3. This item was deemed conceptually important and remained in the final instrument with revised wording to clarify ambiguity.

** Item 6d loaded onto a factor that no longer exists in the revised final instrument. Because substance use is a dimension of health, we moved this item to the Physical Health and Appearance Key Indicator.

*** Item 9e shared variance with items in Coercion and with items in Exploitation. Because the Coercion indicator is lengthy and the item is conceptually closer to other items in the Exploitation indicator, we moved this item to this final Key Indicator.

the tool content and structure against a predetermined set of criteria.

We also evaluated the criterion validity and psychometric properties of the tool. A comparison of the CSE-IT with the CAT/CSPI instrument provides evidence for the concurrent validity and convergent validity of the CSE-IT, both of which are dimensions of criterion validity. Thus we have external confirmation that the CSE-IT is providing accurate information about indicators of a youth's exploitation and is able to distinguish between youth who are and are not experiencing this form of abuse. Finally, we also examined the psychometric properties of the tool, including the internal structure of the CSE-IT. We used Cronbach's alpha and EFA to examine the reliability of the sub-scales (Key Indicators) on the tool. These methods are appropriate to guide us in deciding which items to keep in the tool and which should be grouped together. The evidence from this analysis supports the final structure of the tool.

DISCUSSION AND FUTURE DIRECTIONS

The pilot study demonstrated the feasibility of conducting universal screening for commercial sexual exploitation of children and youth using a tool in diverse child-serving agencies. Large, complex public organizations such as child welfare and juvenile justice systems, and smaller nonprofit agencies participated in the pilot, with every agency type facing its own hurdles to implementing a new procedure that changes workflow. The CSE-IT pilot ushered in system change for these agencies and they all met the challenges associated with this undertaking. Some of those challenges included finding time to train staff, adding a new procedure to staff members' workload, adding new documentation requirements, collecting new data, and developing appropriate follow-up procedures after screening.

A. Conducting Research in a Real-World Setting

The large number of diverse agencies that participated in the CSE-IT pilot demonstrates that the tool is usable across different agency types. It also reflects the heterogeneity of the sample. Pilot sites represent the child welfare system, juvenile justice system, mental and physical health care, education, homeless youth services, residential services, legal services, and first responders. Within those systems, units or departments varied as well. For example, in some child welfare systems, the participating pilot providers worked in the emergency response unit, adolescent units, residential units, family maintenance and reunification, or they served different geographical areas. Provider experience ranged from first exposure to the subject matter to multiple years of experience working with dozens of youth who have been exploited. Some service providers volunteered to participate in the pilot and others were asked to participate by their supervisor or agency leader.

This heterogeneity reflects a critical feature of the pilot study, namely that the CSE-IT was piloted in real-world settings. Due to the applied nature of the pilot, the researchers had minimal control over numerous factors, including provider background, prior training and familiarity with the subject matter, fidelity to the CSE-IT procedures, and consistent implementation of the CSE-IT within each site. While this may limit our ability to detect the conditions where the tool performs best, this real-world evaluation of the tool is a strength of the study. The data we collected reflect how the tool is used in the course of serving youth, with no interference from the research team. Additionally, the heterogeneity of the sample captures the wide range of circumstances in which youth experiencing exploitation may receive services. This shows us that the CSE-IT works across different conditions, including different youth characteristics and different service settings.

This applied research setting also imposed a limitation on our reliability analysis. In determining the reliability of the items on the tool, we relied on Cronbach's alpha statistic, which provides evidence for the internal reliability of the items on the tool. This is a necessary step for determining the reliability of the tool. However, this method does not evaluate the inter-rater or test-retest reliability of the CSE-IT, both of which would provide additional confidence.

Prevalence data from the pilot represents a large step forward in understanding the scope of commercial sexual exploitation of children and youth in the 21 counties where screening took place. Previously, prevalence estimates generally represented the number of CSE cases that came to the attention of law enforcement. This study improves our understanding of the extent of the problem in three ways. First, the geographic scope of the pilot study provides information across many more jurisdictions than previously studied. Second, the study covers youth in a broad range of service settings who may be experiencing this form of abuse, thereby not limiting the sample only to cases that come before a police officer or judge. And third, because of the universal screening procedures, we are able to calculate a rate of exploitation in addition to the number of children that are likely exploited. While it is informative to know what percent of identified cases of commercial sexual exploitation are in the foster care system, it is also necessary to understand the percentage of children in the foster care system experiencing exploitation. This latter figure, available to us because of the universal screening procedure, is critically important for the child welfare system to better understand how it can protect youth in its care. The same can be said for any system that provides services to young people who are vulnerable to CSE.

B. Ensuring the CSE-IT is Unbiased

While the pilot study represents a step forward in our understanding of the extent of the problem, there are still many unanswered questions. The study sample is comprised of a self-selected sample of sites. Because we do not know the probability of selection into the sample, we cannot be certain how representative the study sample is of similar organizations in California. In addition, our study requirement that we collect anonymous data limits our ability to count unique instances of youth experiencing exploitation. Without unique identifying information, we cannot be certain how much duplication exists in the dataset. However, our examination of the youth data suggests only a small proportion of children might be in the dataset more than once (see Chapter 4), suggesting any duplication, if it exists, is small.

The preliminary prevalence rate information also raises many questions about disproportionality, including the causes of the differing rates of exploitation for youth with different characteristics. For example, considering the data on rates of exploitation by race, it is clear that African-American and multi-racial youth, especially girls, experience this form of abuse at disproportionate rates. What these data cannot tell us is why. For example, are African- American girls more likely to be targeted by traffickers? Are they less likely to receive services and supports that might protect them from this form of abuse? Are providers relying on implicit biases about who is trafficked in identifying exploited youth? Is there a surveillance effect, whereby the increased contact these youth have with the child welfare or juvenile justice systems also increases the rate at which their exploitation is seen by professionals working in these systems? These questions must be asked and answered if we are to understand vulnerabilities to exploitation, appropriately identify youth that experience it, and provide care and protection to prevent it from happening in the first place.

The prevalence rate for boys requires further study as well. The pilot study shows that boys are exploited at significantly lower rates than girls, however this finding stands in contrast to findings on homeless youth populations, where boys are found to be exploited at similar or higher rates than girls (Curtis, et al., 2008; Dank, et al., 2015). It is possible these differences are specific to their settings. For example, child welfare and juvenile justice-involved boys may face significantly different risks for commercial sexual exploitation than boys experiencing homelessness. It is also possible that providers in these settings may be under-identifying boys because of strong prior beliefs about the risk factors for boys and girls. Finally, the CSE-IT itself may need further refinement.

Better understanding of rates of exploitation among different populations, such as transgender youth, lesbian, gay and bisexual youth; the applicability of the CSE-IT to non-minors; and disproportionality based on self-reported identity (as opposed to provider judgments of these identity characteristics) all require further study. To compare rates of exploitation among the homeless youth population with youth in different settings requires continued expansion of CSE-IT implementation. Ultimately, the validity of the CSE-IT will depend on agencies using and having a common understanding of the concepts on which the tool is based. A natural next research step is to evaluate the cross-cultural, gender identity, age, sexual orientation, and setting validity of the tool. Ensuring the tool is unbiased with respect to youth characteristics and service settings is critical. Since measure validation is an iterative process, future work will help determine what refinements to the CSE-IT, if any, are needed to accurately identify youth in different settings.

C. Continued Exploration of the Properties of the CSE-IT

Expanding the CSE-IT implementation and conducting ongoing study of the psychometric properties of the tool will also help determine the extent to which provider ratings of youth remain stable across different samples. Since the tool was revised after this initial validation study, continued data collection is necessary to evaluate the revisions. Next steps might include Confirmatory Factor Analysis (CFA) or using methods from Item Response Theory (IRT), such as Rasch Analysis, to further examine the psychometric properties of the tool, including the score cutoff points; for example, how many points are required to meet thresholds for different levels of concern. These methods help verify the structure of the tool and that a relationship exists between the observed variables (the individual items on the CSE-IT) and their latent constructs (the Key Indicators). Continued evaluation of individual CSE-IT items is important to ensure that items apply equally to different subgroups, to test whether the data fit our theoretical model of how exploitation is observed in youth, to better understand individual youth variation in the indicators of exploitation, and to shorten the tool whenever possible. We placed a

premium on usability in the development of the CSE-IT, and reducing the number of items continues to be a priority.

Our understanding of the indicators of exploitation would also be enhanced if future studies use a different criterion for validity, such as investigations of exploitation, child welfare substantiations, or self-report by youth. These procedures would provide additional independent measures of the validity of the CSE-IT. While every method or measurement is subject to some error, using additional measures would elucidate whether youth with certain characteristics or in certain exploitation situations are better identified by one type of tool versus another. A study comparing tools would be an important contribution. Future research might also consider other types of validity, such as audit validity comparing the tool outcome against case history files, or the predictive validity of the CSE-IT, comparing the tool score with youth outcomes later in life.

D. Practice Implications

The CSE-IT pilot study shows that systematically screening for CSE using a universal screening protocol helps identify youth experiencing exploitation, and that using a tool rather than relying on clinical judgment alone furthers this goal.

Results also demonstrate the feasibility of establishing a systematic protocol of universal screening in large public agencies. These agencies are often low on resources and continually burdened with new responsibilities. An issue as complex as identifying and serving youth who experience CSE can be overwhelming to systems. During the pilot, we observed some of the challenges that our partner agencies experienced. Pilot sites had to support training time, monitor staff compliance with screening procedures, troubleshoot difficulties with implementation, interpret prevalence data within their own organizations, and make meaningful use of those data to protect youth. This is no small feat. Yet the sites participating in the pilot, and especially those continuing to screen for CSE after the pilot, have demonstrated a commitment to serving and protecting youth. Moreover, they've shown that systematic and universal screening is feasible.

While the CSE-IT supports improved identification of youth experiencing commercial sexual exploitation, its impact should be broader than that. Over time, we expect to see increased access to services for youth experiencing CSE. Additionally, interventions for youth at risk for exploitation will become more widely available. The availability of services for youth experiencing CSE should grow as the level of need in communities is measured, documented, and understood by decision makers and community members. Improving early identification should result in youth experiencing fewer years of abuse and will help further refine prevention efforts. Ultimately if youth who have experienced exploitation are exposed to fewer episodes or years of abuse and have greater access to services, and those at risk receive interventions to prevent them from ever experiencing exploitation, we expect to see improved outcomes for youth who are vulnerable to exploitation.

REFERENCES

Anderson, Rachel L, Lyons, John, Giles, Debra M, Price, Judith A, & Estle, George. (2003). Reliability of the Child and Adolescent Needs and Strengths-Mental Health (CANS-MH) Scale. *Journal of Child and Family Studies*, 12(3), 279–289.

Basson, D., Rosenblatt E., & Haley, H. (2012). Research to Action: Sexually Exploited Minors (SEM) Needs and Strengths. Oakland, CA: WestCoast Children's Clinic.

Beck, M. E., Lineer, M. M., Melzer-Lange, M., Simpson, P., Nugent, M., & Rabbitt, A. (2015). Medical Providers' Understanding of Sex Trafficking and Their Experience With At-Risk Patients. *PEDIATRICS*, 135(4), e895–e902. https://doi.org/10.1542/peds.2014-2814

Bigelsen, J., & Vuotto, S. (2013). Homelessness, Survival Sex and Human Trafficking: As Experienced by the Youth of Covenant House. New York.

Bounds, D., Julion, W. A., & Delaney, K. R. (2015). Commercial Sexual Exploitation of Children and State Child Welfare Systems. *Policy, Politics, & Nursing Practice*. https://doi.org/10.1177/1527154415583124

Carpenter, A. C. & Gates, J. (2016). The Nature and Extent of Gang Involvement in Sex Trafficking in San Diego County. San Diego, CA: University of San Diego and Point Loma Nazarene University.

Charmaz, K. (2006). *Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis*. London: SAGE.

Chisolm-Straker, M., Baldwin, S., Gaïgbé-Togbé, B., Ndukwe, N., Johnson, P. N., & Richardson, L. D. (2016). Health care and human trafficking: we are seeing the unseen. *Journal of Health Care for the Poor and Underserved, 27*(3), 1220–1233.

Cole, J., Sprang, G., Lee, R., & Cohen, J. (2016). The trauma of commercial sexual exploitation of youth: a comparison of CSE victims to sexual abuse victims in a clinical sample. *Journal of Interpersonal Violence, 31*(1), 122–146.

Curtis, R., Terry, K., Dank, M., Dombrowski, K., Khan, B., Muslim, A., … Rempel, M. (2008). The commercial sexual exploitation of children in New York City. *New York: Center for Court Innovation*. Retrieved from https://www.ncjrs.gov/pdffiles1/nij/grants/225083.pdf

Dank, M., Yahner, J., Madden, K., Bañuelos, I., Yu, L., Ritchie, A., … Conner, B. (2015). Surviving the Streets of New York. *Urban Institute*. Retrieved from http://www.urban.org/sites/default/files/publication/42186/2000119-Surviving-the-Streets-of-New-York.pdf

Diaz, A., Clayton, E. W., & Simon, P. (2014). Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors. *JAMA Pediatrics*, 168(9), 791–792.

Doherty, S., Oram, S., Siriwardhana, C., & Abas, M. (2016). Suitability of measurements used to assess mental health outcomes in men and women trafficked for sexual and labour exploitation: a systematic review. *The Lancet Psychiatry*, 3(5), 464–471.

Finn, M., Sims Blackwell, B., Jackson, L., Wolk, J., & Oakley, M. B. (2009). Evaluation of the Demonstration Project to Address Commercial Sexual Exploitation of Children in Atlanta-Fulton County. *GA: Georgia State University*. Retrieved from http://www.ncjrs.gov/pdffiles1/nij/grants/226610.pdf

Fong, R., & Berger Cardoso, J. (2010). Child human trafficking victims: Challenges for the child welfare system. *Evaluation and Program Planning, 33*(3), 311–316.

Glaser, B. (1992). *Basics of Grounded Theory Analysis: Emergence v Forcing*. Mill Valley, CA: Sociology Press.

Glaser, B. (2007). All is Data. *The Grounded Theory Review: An International Journal, 6*(2): 1–22.

Glaser, B. & Strauss, A. (1967). *The Discovery of Grounded Theory – Strategies for Qualitative Research*. London: Weidenfeld and Nicolson.

Gragg, F., Petta, I., Bernstein, H., Eisen, K., & Quinn, L. (2007). New York Prevalence Study of commercially sexually exploited children. New York: *New York State Office of Children and Family Services*. Retrieved from http://www.ocfs.state.ny.us/main/reports/csec-2007.pdf

Greene, J. M., Ennett, S. T., & Ringwalt, C. L. (1999). Prevalence and correlates of survival sex among runaway and homeless youth. *American Journal of Public Health, 89*(9), 1406–1409.

Halcón, L. & Lifson. A. (2004). "Prevalence and Predictors of Sexual Risks among Homeless Youth." *Journal of Youth and Adolescence 33* (1): 71–80.

Haley, N., Roy, E., Leclerc, P., Boudreau, J. F., & Boivin, J. F. (2004). HIV risk profile of male street youth involved in survival sex. *Sexually Transmitted Infections*, 80(6), 526–530. https://doi.org/10.1136/sti.2004.010728

H.E.A.T. Watch. (n.d.). Human Trafficking: Commercial Sexual Exploitation of Children (CSEC) — H.E.A.T.Watch. Retrieved June 27, 2017, fromhttp://www.heatwatch.org/human_trafficking/about_csec

Hemmings, S., Jakobowitz, S., Abas, M., Bick, D., Howard, L. M., Stanley, N., Zimmerman, C., Oram, S. (2016). Responding to the health needs of survivors of human trafficking: a systematic review. *BMC Health Services Research*, 16(1). https://doi.org/10.1186/s12913-016-1538-8

Holgado-Tello, F. P., Chacon-Moscoso, S., Barbero-Garcia, I., & Vila-Abad, E. (2010). Polychoric versus Pearson correlations in exploratory and confirmatory factor analysis of ordinal variables. *Quality & Quantity*, 44(1), 153–166. https://doi.org/10.1007/s11135-008-9190-y

Institute of Medicine, & National Research Council. (2013). *Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States*. Washington, D.C.: National Academies Press. Retrieved from http://www.nap.edu/catalog/18358

Institute on Medicine, & National Academies Press. (2013). *Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States: A Guide for the Health Care Sector*. Washington, D.C.: Institute of Medicine and National Research Council of the National Academies.

Katona, C., Robjant, K., Shapcott, R., & Witkin, R. (2015). *Addressing Mental Health Needs in Survivors of Modern Slavery: A critical review and research agenda*. London: Helen Bamber Foundation.

Lutnick, Alexandra. (2016). *Domestic Minor Sex: Beyond Victims and Villains*. New York: Columbia University Press.

Lyons, J. (2009). *Communimetrics: A communication theory of measurement in human service settings*. New York: Springer.

Lyons, J. S., Libman-Mintzer, L. N., Kisiel, C. L., & Shallcross, H. (1998). Understanding the mental health needs of children and adolescents in residential treatment. *Professional Psychology: Research and Practice, 29*(6), 582.

Lyons, J., Weiner, D., & Lyons, M. B. (2004). Measurement as Communication in Outcomes Management: The Child and Adolescent Needs and Strengths (CANS). In M. Maruish (Ed.), *The Use of Psychological Testing for Treatment Planning and Outcomes Assessment: Volume 2: Instruments for Children and Adolescents*. (Pp. 461-476). Mahwah, New Jersey: Lawrence Erlbaum Associates, Inc.

Macy, R. J., & Graham, L. M. (2012). Identifying Domestic and International Sex-Trafficking Victims During Human Service Provision. *Trauma, Violence, & Abuse*, 13(2), 59–76. https://doi.org/10.1177/1524838012440340

Maykut, P & Morehouse, R. (1994). *Beginning qualitative research: A philosophic and practical guide*. London: Falmer Press.

Miller-Perrin, C., & Wurtele, S. K. (2017). Sex Trafficking and the Commercial Sexual Exploitation of Children. *Women & Therapy*, 40(1–2), 123–151. https://doi.org/10.1080/02703149.2016.1210963

Mitchell, K. J., Finkelhor, D., & Wolak, J. (2010). Conceptualizing Juvenile Prostitution as *Child Maltreatment*: Findings from the National Juvenile Prostitution Study. Child Maltreatment, 15(1), 18–36. https://doi.org/10.1177/1077559509349443

Murphy, L. T., Taylor, R., & Bolden, C. L. (2015). *Trafficking And Exploitative Labor Among Homeless Youth in New Orleans*. Modern Slavery Research Project, Loyola University New Orleans.

Safren, S. A., & Heimberg, R. G. (1999). Depression, hopelessness, suicidality, and related factors in sexual minority and heterosexual adolescents. *Journal of Consulting and Clinical Psychology, 67*(6), 859.

Saldaña, J. (2013). *The Coding Manual for Qualitative Researchers*, Second Edition. London: SAGE Publications.

Shields, R. T., & Letourneau, E. J. (2015). Commercial sexual exploitation of children and the emergence of safe harbor legislation: implications for policy and practice. *Current Psychiatry Reports*, 17(3), 553.

Savin-Williams, R. C. (1994). Verbal and physical abuse as stressors in the lives of lesbian, gay male, and bisexual youths: Associations with school problems, running away, substance abuse, prostitution, and suicide. *Journal of Consulting and Clinical Psychology*, 62, 261-269.

Saving Innocence. (n.d.). What is Human Trafficking? - Saving Innocence. Retrieved June 27, 2017, from http://www.savinginnocence.org/about/the-problem/

Senate Research Office/Joint Study Commission. (2008). *Final Report of the Commercial Sexual Exploitation of Minors*. Georgia State: Author.

Shandro, J., Chisolm-Straker, M., Duber, H. C., Findlay, S. L., Munoz, J., Schmitz, G., … Wingkun, N. (2016). Human Trafficking: A Guide to Identification and Approach for the Emergency Physician. *Annals of Emergency Medicine*, 68(4), 501–508.

Stransky, M., & Finkelhor, D. (2008). Sex Trafficking of Minors: How Many Juveniles are Being Prostituted in the US? Durham, New Hampshire: Crimes Against Children Research Center.

Sy, E., Quach, T., Lee, J., Yang, N. I., Thaing, M., & Chang, K. S. G. (2016). Responding to Commercially Sexually Exploited Children (CSEC): A Community Health Center's Journey towards Creating a Primary Care Clinical CSEC Screening Tool in the United States. *International Journal of Social Science Studies, 4*(6). https://doi.org/10.11114/ijsss.v4i6.1576

Thompson, S. J., & Johnston, L. (2004). Risk factors of gay, lesbian, and bisexual adolescents: Review of empirical literature and practice implications. *Journal of Human Behavior in the Social Environment, 8*(2-3), 111-128.

Todres, Jonathan, & Clayton, Ellen Wright. (2014). Responding to the Sexual Exploitation of Minors. *New England Journal of Medicine, 370*(14), 1282–1283.

Tyler, K. A. (2009). Risk factors for trading sex among homeless young adults. *Archives of Sexual Behavior, 38*(2), 290–297.

Tyler, K. A., Whitbeck, L. B., Hoyt, D. R., & Cauce, A. M. (2004). Risk Factors for Sexual Victimization Among Male and Female Homeless and Runaway Youth. *Journal of Interpersonal Violence, 19*(5), 503–520. https://doi.org/10.1177/0886260504262961

U.S. Census Bureau (2015). *Comparative Demographic Estimates, 2011-2015 American Community Survey 5-year estimates*. Retrieved June 28, 2017, from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_CP05&prodType=table

U.S. Department of Justice, Office of the Inspector General. 2009. Audit Report 09-08: Federal Bureau of Investigation's Efforts to Combat Crimes Against Children, Ch. 4: Non-Cyber Sexual Exploitation of Children. Accessed 5/21/2012 at www.justice.gov/oig/reports/FBI/a0908/chapter4.htm

Vogt, D. S., King, D. W., & King, L. A. (2004). Focus Groups in Psychological Assessment: Enhancing Content Validity by Consulting Members of the Target Population. *Psychological Assessment, 16*(3): 231–243. https://doi.org/10.1037/1040-3590.16.3.231

Walker, Kate. (2013). *Ending the Commercial Sexual Exploitation of Children: A Call for Multi-System Collaboration in California*. California Child Welfare Council. Retrieved 5/22/2017, from http://www.youthlaw.org/fileadmin/ncyl/youthlaw/publications/Ending-CSEC-A-Call-for-Multi- System_Collaboration-in-CA.pdf

Walls, N. E., & Bell, S. (2011). Correlates of Engaging in Survival Sex among Homeless Youth and Young Adults. *Journal of Sex Research, 48*(5), 423–436. https://doi.org/10.1080/00224499.2010.501916

Weber, Amy E., Jean-François Boivin, Lucie Blais, Nancy Haley, and Élise Roy. 2004. Predictors of Initiation into Prostitution among Female Street Youths. *Journal of Urban Health: Bulletin of the New York Academy of Medicine, 81* (4): 584–95.

Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Rezvani, G., Eyre, M., Sandoval, A., Yee, H., Xiong, B., Benton, C., White, J., & Cotto, H. (2017). *CCWIP reports*. Retrieved 5/22/2017, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

Whitbeck, L. B., Chen, X., Hoyt, D. R., Tyler, K. A., & Johnson, K. D. (2004). Mental disorder, subsistence strategies, and victimization among gay, lesbian, and bisexual homeless and runaway adolescents. *Journal of Sex Research, 41*(4), 329–342.

Yates, G. L., Mackenzie, R. G., Pennbridge, J., & Swofford, A. (1991). A risk profile comparison of homeless youth involved in prostitution and homeless youth not involved. *Journal of Adolescent Health, 12,* 545–548.

APPENDIX A: CRITERIA FOR A SCREENING TOOL

Memorandum Summarizing the Available Screening Tools to Identify Commercially Sexually Exploited Children (CSEC)

This memo summarizes the criteria used to evaluate screening tools to identify commercially sexually exploited children (CSEC). WestCoast Children's Clinic (WCC) conducted a literature review and environmental scan of available tools and evaluated those tools according to specific criteria, as described below. WestCoast also incorporated information provided by the Child Welfare Council's Commercially Sexually Exploited Children (CSEC) Action Team.

This review was motivated by the need to implement a systematic screening protocol to identify youth who are exploited more quickly. Specifically WCC and the Action Team was looking for a tool that is:

- Evidence-based;
- Used for screening prospectively (i.e. not wait until signs and suspicion of exploitation are obvious);
- Short enough and results in data that is easy to analyze (i.e. is not based only on narrative description); and
- Usable in multiple agencies and systems so that there is a standard, reliable protocol for measurement.

It was important to also find a screening tool that could be used as a universal screener – that is all children and youth meeting an age criteria would be screened regardless of gender, sexual identity, race, or other demographic characteristics. Finally we wanted the screener to trigger follow-up actions if they are warranted, such as a full assessment of the youth's health, safety, and placement needs and strengths.

No tool met the criteria outlined below, which was the impetus for developing the Commercial Sexual Exploitation-Identification Tool (CSE-IT). The attached matrix of tools briefly summarizes the strengths and the challenges posed by each of the tools we found. WCC shared a preliminary list of tools it found with the CSEC Action Team Prevalence and Assessment Subcommittee and put out a call for any other screening tools available (published and unpublished). The final list in the matrix includes all of the tools that WCC found or were referred to through that process.

LIST OF CRITERIA

Validated: This is indicated as 'yes' in the matrix if there has been some data collection and evaluation of the tool's properties to ensure reliability and validity. To date, only two tools have been validated, namely the Vera Institute of Justice Trafficking Victim Identification Tool (TVIT) and the Covenant House Human Trafficking Interview and Assessment Measure (HTIAM).

Length: Tools vary widely in the number of questions. The number of questions alone is not the most descriptive indicator of how useful a tool might be, especially since—for some tools—not all questions are asked of all interviewees/clients. However, length is still a helpful heuristic for understanding the time and documentation burden of using the tool. Time and documentation burden affect a tool's ease of use, which is an important consideration for implementing a tool in any system or agency, but especially in a large system. Many of the lengthier tools ask questions that are more suitable to an in-depth assessment.

For example, they ask many questions about traumatic experiences. However this detailed information about trauma (who was involved, what exactly happened) is not needed to identify whether or not a youth has been abused, and in some settings and situations is not appropriate. The Vera TVIT, the Loyola University Comprehensive Screening and Safety Tool (CSST), the Polaris Project Comprehensive Human Trafficking Assessment, and the Florida Department of Juvenile Justice Human

Trafficking Screening Tool (HTST) all share this problem. Detailed information about the traumatic experience may be relevant in a formal investigation or in therapy rather than in an initial screening.

Source of Information: This refers to what information is used to determine whether a client or potential victim has been subject to sexual exploitation or other forms of trafficking. Most tools on the matrix rely on self-disclosure by the victim, which is a serious limitation. While direct questioning or interaction with youth is an important component of information gathering, it should not be relied on as the sole source. Many youth, especially younger youth, do not self-identify as a victim or as being exploited and do not recognize their own situation as one involving force, coercion, or manipulation. In our 2012 study, *Research to Action: Sexually Exploited Minors Needs and Strengths*, we found that 37% of youth do not recognize their own exploitation. Thus, relying on self-disclosure alone may result in many missed opportunities to identify when a victim is being subject to violent abuse.

Of the 14 tools on the list, only three do not rely on self-disclosure. One of these is the Connecticut Department of Children and Families in-depth case review and psychological assessment. While this is not strictly speaking a tool, it is on the list because it is a systematic review of cases for signs of exploitation. This mode of data collection, while thorough, is largely retrospective from history files and is not feasible with large caseloads. The Barnardo's SERAF form and the San Luis Obispo CSEC Screening Tool both allow for information gathering from any source, including directly from the youth, from observations of the youth's behavior or appearance, from case history files, or from other collaterals.

Domain/System Specific: Most of the tools on the list can be used in varied settings. However, a few were developed especially for use in specific settings. For example, the Maryland Department of Juvenile Services (MD DJS) tool and the Portland State University InterCSECt tool (used in Washington state) are both specific to juvenile justice settings. Similarly, the Covenant House HTIAM is tailored to homeless youth seeking shelter services.

Guide to Action: Some tools help guide the service provider in arriving at a determination of whether the person being screened is in fact a victim of trafficking. Only four tools do this, namely the MD DJS tool, the Portland State University InterCSECt tool, Barnado's SERAF form, and the San Luis Obispo CSEC screening tool. These tools have a score or summary that integrates the information gathered and helps the provider decide on a course of action. While useful, none of these scoring methods have been evaluated for accuracy. Tools that do not summarize the information gathered in some way are not as valuable for prevention. With respect to the protocol in CT, because it is retrospective, it does not screen proactively and cannot be used for prevention. In instances where an in-depth psychological assessment is completed, the information may be extremely helpful for case or treatment planning. However this step takes place after screening and requires a mental health professional.

Format/Mode: This indicates whether the tool is an interview questionnaire (structured, semi-structured, or unstructured) or whether it follows another format, such as case review or checklists. There are tradeoffs with different formats. Interviews can be helpful in suggesting to the provider what to ask youth. However they are either inflexible (resulting in irrelevant questions or inappropriate wording for certain situations) or so unstructured that they are no longer a systematic or consistent protocol.

We recommend *not* using an interview tool. Interviewing skills are extremely important and should be developed independently of whatever tool is being used in an agency. In fact, a provider's proficiency with interviewing and engaging youth in conversation can be hampered by a

structured or semi-structured interview protocol, which may interfere with rapport building as well as with the agency's existing intake, interview, or assessment processes. To be authentic and provide a safe space for disclosure of abuse, providers should use language that is natural to them, that young people can relate to, that is sensitive to the trauma youth may have experienced, and is appropriate to the situation and to the victim's development and circumstances. Instead, we recommend that providers use a tool that helps them prepare for what information to gather and that integrates that information. Checklists of key indicators are more appropriate for this reason.

Case review, while more flexible than interviewing, is retrospective and labor intensive, and therefore not as effective as checklists of key indicators.

Open- or Closed-Ended: Some of the interview tools ask only open-ended questions, which make them unsuitable for use in large agencies or systems. Narrative text is not practical for quick analysis or for running frequencies, such as counting how many youth answered certain questions in certain ways. Tools with closed-ended questions or categorical checklists are necessary for this purpose.

Intended Populations: Some of the available tools are intended to be used both with minors/transition age youth (TAY) and with adults. A tool that addresses both groups can be useful in settings where both age groups are receiving services. One drawback to such a tool is that many items that are appropriate for adults are not relevant for minors or TAY and often the language is not suitable for children. The Vera TVIT and the Polaris Project & National Human Trafficking Center Comprehensive Human Trafficking Assessment both have this problem.

Appropriate for Minors: While most tools are suitable for use with minors, some would only be appropriate with significant modifications to the questions and to the language used, such as the Vera TVIT, the Polaris tool, and to a lesser extent the Covenant House HTIAM. The U.S. Department of Health and Human Services screening tool is written for adults and would require significant modification to be workable in a child-serving setting.

Sexual Exploitation/Trafficking: All of the tools reviewed here are intended to screen for sexual exploitation or sex trafficking.

Labor Trafficking: Some of the tools on this list are appropriate for all forms of trafficking. In practice, this means these tools have longer questionnaires with questions that may be irrelevant to the circumstances of the person being screened. Some providers and advocates have noted that the key indicators for sex and labor trafficking are very similar and largely overlap. However most of the dual-use tools have separate questions to identify sex and labor trafficking. It is not clear whether this is because the indicators are in fact so different, thereby requiring different sets of questions to identify these situations, or whether this is because the tools are poorly designed.

Notes: This field contains some qualitative notes on the tools. As a general observation on these tools, many of them require suspicion of commercial sexual exploitation in order to screen. However this defeats the purpose of screening, which is to identify a problem before there are obvious signs. Furthermore, several tools require expertise as to the how exploitation manifests in psychological symptoms. For example, some tools ask the provider conducting the screening to indicate whether the child has psychological signs of having been trafficked. Even among mental health experts, only those very experienced with CSEC victims would be able to answer such a question reliably. Even then, a tool that is too general defeats the purpose of having a systematic set of questions to aid identification.

While no single tool meets all the criteria we want in a screening tool, three tools stand out for having particular strengths, namely:

- The Vera TVIT is validated, is applicable across a range of trafficking situations, and it explicitly addresses transnational trafficking in persons. The difficulty with this tool is that it is not practical for screening as much as for more in-depth investigation. A major weakness is that, as the authors of the tool have noted, it is not as effective for identifying CSEC as it is for adults and for labor trafficking victims.
- The Covenant House HTIAM is validated and unlike the other interview questionnaires, uses language that is nonjudgmental and not invasive. However the difficulty with this tool is that it only has 2 questions pertaining to sexual exploitation, thereby missing many key indicators that can help identify that a youth may be sexually exploited. Moreover, it requires self-disclosure, which also misses opportunities to identify youth, especially younger youth. Nonetheless, agencies working with older youth who are seeking help may find this tool helpful.
- The San Luis Obispo tool (which was not available when this list of tools was first compiled) is a useful model and has developed along similar lines as the WestCoast CSE-IT. It allows for multiple sources of information, not only self-disclosure by the youth. It captures data in a categorical checklist form. It is flexible in that it allows providers to gather information about and to interact with youth in an individualized manner. However the tool is missing several key indicators that providers have noted are important for identifying youth in different settings. Moreover, the items are not grouped in any way to facilitate the information integration purpose of such a tool. Also, it uses an untested scoring system. If the scoring were evaluated for accuracy, this would be encouraging.

References and URLs: these are included where available.

The Zellerbach Family Foundation, the Walter S. Johnson Foundation, and the California Department of Social Services provided funding for the development

1.	**Instability in Life Functioning. The youth lacks access to basic needs, including stable shelter and is unable to engage in activities expected of her/his age (e.g., school).**	**No Concern 0**	**Possible Concern 1**	**Clear Concern 2**
	Note: Item ratings≥ 4 indicate *Possible Concern*. Item ratings≥ 6 indicate *Clear Concern*.			
a.	Does the youth have a history of running away from home, AWOL, being thrown out of the home?	0	1	2
b.	Does the youth experience unstable housing, including multiple foster care placements?	0	1	2
c.	Does the youth experience periods of homelessness, including living on the street or couch surfing?	0	1	2
d.	Does the youth access social services or community resources to meet basic needs (e.g., hygiene, shelter, food, medical care)?	0	1	2
e.	Does the youth miss a lot of school?	0	1	2
f.	Has the youth had involvement (currently or in the past) with law enforcement, juvenile justice, or child welfare?	0	1	2
2.	**Relationships. The youth's relationships are concerning, placing him/her at risk or in danger**	**No Concern 0**	**Possible Concern 1**	**Clear Concern 2**
	Note: Item ratings ≥ 2 indicate *Possible Concern*. Item ratings ≥ 4 indicate *Clear Concern*.			
a.	Does the youth spend time with people (including family members or peers) known to be involved in the sex trade?	0	1	2
b.	Is the youth's parent/caregiver unable to provide adequate supervision?	0	1	2
c.	Does the youth have unhealthy or inappropriate relationships (including inappropriate boundaries) with someone much older/an adult?	0	1	2
d.	Is the youth in a romantic relationship with someone much older/an adult?	0	1	2
3.	**Finances and Belongings. The youth has money or materials goods that are incongruent with his/her life circumstances**	**No Concern 0**	**Possible Concern 1**	**Clear Concern 2**
	Note: Item ratings ≥ 1 indicate *Possible Concern*. Item ratings ≥ 2 indicate *Clear Concern*.			
a.	Does the youth receive or have access to large amounts of cash, credit cards, pre-paid cash cards, hotel keys, gifts, cars?	0	1	2
b.	Is the youth's dress or appearance atypical of his/her age or peer group?	0	1	2
c.	Is the youth's dress or appearance inconsistent with the weather or situation?	0	1	2

4.	**Use of Technology.** **The youth's use of internet, cell phone, or social media involves social or sexual behavior that is atypical for his/her age.**	**No Concern 0**	**Possible Concern 1**	**Clear Concern 2**
	Note: Item ratings ≥ 3 indicate ***Possible Concern***. Item ratings ≥ 5 indicate ***Clear Concern***			
a.	Does the youth use online sites or apps to find sex partners?	0	1	2
b.	Does the youth describe meeting his/her long-term, adult boy/girlfriend on the internet?	0	1	2
c.	Does the youth describe meeting in person with a contact developed over the internet?	0	1	2
d.	Are there explicit photos of the youth posted on the internet?	0	1	2
e.	Does the youth have explicit photos of him/herself on his/her phone?	0	1	2
f.	Does the youth have several cell phones, and/or does the youth's cell phone number change frequently?	0	1	2
5.	**Physical Health.** **The youth has significant health problems related to sexual activity and lack of access to basic needs**	**No Concern 0**	**Possible Concern 1**	**Clear Concern 2**
	Note: Item ratings ≥ 3 indicate ***Possible Concern***. Item ratings ≥ 5 indicate ***Clear Concern***.			
a.	Has the youth had repeated testing for pregnancy and/or STIs?	0	1	2
b.	Has the youth been treated repeatedly for STIs?	0	1	2
c.	Does the youth describe health problems or complaints that are related to sleep problems or not getting enough sleep (e.g., sleep deprived, unable to get a full night's sleep, sleep is often disrupted)?	0	1	2
d.	Does the youth describe health problems or complaints related to poor nutrition or not having access to regular meals?	0	1	2
e.	Does the youth have scarring, bruises, burns, etc. that indicate physical trauma?	0	1	2
6.	**Risk Behaviors.** **The youth engages in dangerous or risky behaviors.**	**No Concern 0**	**Possible Concern 1**	**Clear Concern 2**
	Note: Item ratings ≥ 1 indicate ***Possible Concern***. Item ratings ≥ 3 indicate ***Clear Concern***.			
a.	Does the youth engage in a dangerous level of risky sexual behaviors, or with partners who are abusive or otherwise physically dangerous?	0	1	2
b.	Does the youth spend time where exploitation is known to occur?	0	1	2
c.	Does the youth have a history of running away from home, staying away at least overnight?	0	1	2
d.	Does the youth's use of substances interfere with his/her ability to function in any area of life?	0	1	2

7	**Trauma Exposure. The youth has been exposed to traumatic experiences.**	**No Concern 0**	**Possible Concern 1**	**Clear Concern 2**
	Note: Item ratings ≥ 1 indicate *Possible Concern*. Item ratings ≥ 2 indicate *Clear Concern* and require a mandated report.			
a.	Has the youth been sexually abused/assaulted?	0	1	2
b.	Has the youth been physically abused/assaulted?	0	1	2
c.	Has the youth been emotionally abused?	0	1	2
8.	**Trauma Signs and Symptoms. The youth exhibits physical signs and emotional symptoms that can result from his/her exposure to trauma.**	**No Concern 0**	**Possible Concern 1**	**Clear Concern 2**
	Note: Item ratings ≥ 1 indicate *Possible Concern*. Item ratings ≥ 3 indicate *Clear Concern*.			
a.	Does the youth have bruises, black eyes, cigarette burns, broken bones, or other signs of physical trauma?	0	1	2
b.	Does the youth appear constantly on edge and/or wound up, easily startled, or hypervigilant?	0	1	2
c.	Does the youth have difficulty detecting and/or responding to danger cues?	0	1	2
d.	Does the youth engage in self-destructive or reckless behaviors, beyond what is expected from youth his/her age?	0	1	2
9.	**Coercion and Grooming. The youth exhibits behaviors or otherwise indicates that she/he is being controlled or coerced by another person.**	**No Concern 0**	**Possible Concern 1**	**Clear Concern 2**
	Note: Item ratings ≥ 1 indicate *Possible Concern*. Item ratings ≥ 7 indicate *Clear Concern*.			
a.	Does an adult the youth doesn't know well offer the youth housing, a place to stay, gifts, money, cell phones, transportation, alcohol or drugs?	0	1	2
b.	Do adults (not caregiver) take the youth on travels or places she/he is not familiar with?	0	1	2
c.	Does the youth use language, terminology or statements that suggest involvement in exploitation?	0	1	2
d.	Is the youth's communication/contact with family or friends controlled by someone else to the point of social isolation?	0	1	2
e.	Does the youth have to earn a quota and/or is forced to give the money they earn to another person?	0	1	2
f.	Is the youth coerced (by someone other than caregiver) to get pregnant, have an abortion, or use contraception?	0	1	2
g.	Does the youth have tattoos or scarring that suggest they are someone's property; or is the tattoo/scar common among other youth known to be sexually exploited?	0	1	2

h.	Is someone not allowing the youth to sleep or to sleep in a safe place, to go to school, to eat, and/or meet other basic needs?	0	1	2
i.	Does the youth report receiving threats to him/herself or to friends, family, or other acquaintances?	0	1	2
j.	Is the youth asked to lie about his/her age, whereabouts, residence, or relationships?	0	1	2
10.	**Exploitation. The youth has been exposed to sexual exploitation or victimization.** **This includes any situation, context or relationship where the youth receives something (e.g., food, accommodation, drugs and alcohol, cigarettes, affection, gifts, money, etc.) as a result of performing, and/or others performing sexual activities on them. If there is an individual who is selling/profiting from or coercing the youth's exchange, this should be rated Clear Concern (2).**	**No Concern** **0**	**Possible Concern** **1**	**Clear Concern** **2**
	Note: Item ratings ≥ indicate *Possible Concern*. Item ratings ≥ 2 indicate *Clear Concern* and require a mandated report.			
a.	Does the youth have a prior history of sexual exploitation?	0	1	2
b.	Has the youth been watched, filmed or photographed in sexually explicit activities?	0	1	2
c.	Has the youth or someone beside the youth stated that he/she is considering or currently exchanging sex for money and/or material items including food, shelter and care for his/her family?	0	1	2

Rating Summary

1. Stability in Residential Status & Life Functioning

2. Relationships

3. Finances & Belongings

4. Use of Technology

5. Physical Health

6. Risk Behaviors

7. Trauma Exposures

8. Trauma Signs & Symptoms

9. Coercion and Grooming

10. Exploitation*

**If this item is Clear Concern*, then total is automatically 20 points.

**If this item is Possible Concern* and no other item has a rating, then total is automatically 10 points.

**If this item is Possible Concern* and other items are rated, add the rating ('1') to other rated items for a total score.

Total Score	

Other Considerations:

Appraisal of Youth's Risk for Exploitation

(draw a line indicating level of risk)

of these documents. The opinions expressed herein are solely those of the authors and not the funders.

APPENDIX B: CSE-IT PILOT INSTRUMENT

APPENDIX C: CSE-IT FINAL INSTRUMENT

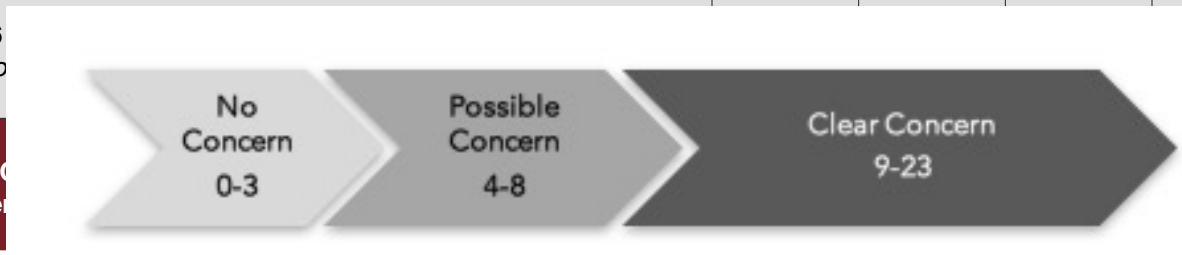
WestCoast Children's Clinic

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 = *No Concern*. A subtotal of 4 or 5 = *Possible Concern*. A subtotal from 6 to 14 = *Clear Concern*. **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 = *No Concern*. A subtotal of 2 = *Possible Concern*. A subtotal from 3 to 8 = *Clear Concern*. **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 = *No Concern*. A subtotal of 2 or 3 = *Possible Concern*. A subtotal from 4 to 16 = *Clear Concern*. **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. Gang affiliation or contact involves youth in unsafe sexual encounters.	0	0	1	2
Indicator 4 Score: A subtotal of 0 = *No Concern*. A subtotal of 1 = *Possible Concern*. A subtotal from 2 to 14 = *Clear Concern*. **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 = *No Concern*. A subtotal of 1 or 2 = *Possible Concern*. A subtotal from 3 to 12 = *Clear Concern*. **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 *Possible Co* here				Clear Concern 2
7. COERCI another pe				**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 = *No Concern*. A subtotal of 1 = *Possible Concern*. A subtotal of 2 to 12 = *Clear Concern*. **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 = *No Concern*. A subtotal of 1 = *Possible Concern*. A subtotal from 2 to 8 = *Clear Concern*. **Circle score here >**	0	No Concern 0	Possible Concern 1	Clear Concern 2

Table D.2. Percent of Youth with a CSE-IT Clear Concern Score within Gender, by Service Setting

	All Genders		Female		Male		Something Else	
	% Clear Concern	N Screened	% Clear Concern	N Screened	% Clear Concern	N Screened	% Clear Concern	N Screened
All Services Settings	11.5%	5,537	20.8%	2,681	2.5%	2,825	22.6%	31
Child Welfare	11.7%	2,263	18.3%	1,287	3.0%	967	11.1%	9
Juvenile Justice	7.0%	1,213	23.7%	334	0.6%	878	100.0%	1
CBOs	13.8%	2,061	22.9%	1,060	3.8%	980	23.8%	21
CBO type:								
Mentorship or Advocacy	13.2%	76	16.7%	54	4.6%	22	--	0
Child Advocacy Centers	20.3%	64	21.3%	61	0.0%	3	--	0
Healthcare	6.6%	76	11.8%	34	2.4%	42	--	0
Homeless Services	26.4%	106	29.3%	58	21.7%	46	50.0%	2
Legal Services	12.8%	460	18.3%	252	6.3%	206	0.0%	2
Mental Health	10.6%	803	25.7%	307	1.0%	494	50.0%	2
Residential Services	16.3%	386	23.4%	227	4.8%	146	23.1%	13
Education	24.4%	90	32.8%	67	0.0%	21	0.0%	2

Table D.3. Percent of Youth with a CSE-IT Clear Concern Score and Number Screened, within Race/Ethnicity, by Service Setting

	All Races		African American or Black		Asian or Pacific Islander		Hispanic or Latinx	
	% Clear Concern	N	% Clear Concern	N	% Clear Concern	N	% Clear Concern	N
All Services Settings	12.2%	5,537	15.6%	1806	6.5%	153	7.4%	1908
Child Welfare	13.4%	2,263	15.6%	700	8.7%	92	9.9%	636
Juvenile Justice	7.0%	1,213	10.5%	437	0.0%	34	3.4%	473
CBOs	13.8%	2,061	19.0%	669	7.4%	27	7.9%	799
CBO type:								
Mentorship or Advocacy	13.16%	76	16.7%	24	0.0%	4	13.3%	30
Child Advocacy Centers	20.31%	64	25.0%	8	--	0	20.0%	25
Healthcare	6.58%	76	0.0%	4	--	0	6.0%	50
Homeless Services	26.42%	106	30.3%	33	0.0%	2	7.7%	26
Legal Services	12.83%	460	16.9%	178	0.0%	8	8.9%	113
Mental Health	10.59%	803	17.5%	252	33.3%	3	5.6%	413
Residential Services	16.32%	386	19.9%	141	50.0%	2	11.4%	114
Education	24.44%	90	31.0%	29	0.0%	8	10.7%	28

Table D.3, Continued

	Native American		White or Caucasian		Multi-Racial		Other or Unknown	
	% Clear Concern	N	% Clear Concern	N	% Clear Concern	N	% Clear Concern	N
All Services Settings	2.9%	35	10.8%	1045	18.6%	350	9.2%	240
Child Welfare	5.0%	20	8.3%	492	13.9%	209	12.3%	114
Juvenile Justice	0.0%	9	10.0%	231	0.0%	4	0.0%	25
CBOs	0.0%	6	15.2%	322	26.3%	137	7.9%	101
CBO type:								
Mentorship or Advocacy	--	0	14.3%	14	0.0%	3	0.0%	1
Child Advocacy Centers	--	0	15.0%	20	0.0%	1	30.0%	10
Healthcare	--	0	5.0%	20	0.0%	1	100.0%	1
Homeless Services	--	0	44.4%	27	36.4%	11	0.0%	7
Legal Services	0.0%	3	16.7%	102	10.0%	20	0.0%	36
Mental Sealth	0.0%	1	9.9%	81	25.7%	35	0.0%	18
Residential Services	0.0%	2	8.2%	49	26.4%	53	12.0%	25
Education	--	0	22.2%	9	53.9%	13	33.3%	3

Indicator:
1. HOUSING
2. PRIOR ABU
3. PHYSICAL
4. ENVIRONM
5. RELATIONS
6. SIGNS OF
7. COERCION
Add scores fo (Score canno
8. EXPLOITAT
If Indicator 8 s If Indicator 8 i
TOTAL: Add b

Page left intentionally blank

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.

		Indicator score
AND CAREGIVING		
USE OR TRAUMA		
HEALTH AND APPEARANCE		
MENT AND EXPOSURE		
SHIPS AND PERSONAL BELONGINGS		
CURRENT TRAUMA		
N		
or indicators 1 through 7 t exceed 14):	A.	
TION		
score is 1 (***Possible Concern***) put 4 in Box B s a 2 (***Clear Concern***) put 9 in Box B	B.	
oxes A and B for a total score between 0-23.	TOTAL	

Continuum of Concern

(draw a line indicating level of concern for exploitation)

APPENDIX D: CSE-IT PREVALENCE DATA BY YOUTH DEMOGRAPHICS

1. Instability in Life Functioning			Cronbach's alpha = 0.840
	% Clear	Number of	*Cronbach's alpha if item were removed:*
1a. Running away			0.793
1b. Unstable housing	11.5%	5,537	0.804
1c. Periods of homelessness			0.799
1d. Accessing social services for basic needs			0.825
1e. Missing school			0.816
1f. CPS or JJ system involvement	2.6%	893	0.843
Something Else	16.7%	6	
2. Relationships			**Cronbach's alpha = 0.784**
			Cronbach's alpha if item were removed:
2a. People involved in sex trade			0.714
2b. Inadequate supervision			0.829
2c. Unhealthy or inappropriate relationships			0.668
2d. Older intimate partner			0.727
3. Finance and Belongings			**Cronbach's alpha = 0.770**
			Cronbach's alpha if item were removed:
3a. Youth receives cash, gifts			0.829
3b. Youth appearance atypical for age/peer group			0.600
3c. Youth appearance inconsistent with weather			0.624
4. Use of Technology			**Cronbach's alpha = 0.852**
			Cronbach's alpha if item were removed:
4a. Youth meets partners online			0.808
4b. Youth meets boy/girlfriend online			0.831
4c. Youth meets contacts developed on internet			0.818
4d. Explicit photos online			0.820
4e. Explicit photos on phone			0.821
4f. Several cell phone/numbers			0.865
5. Physical Health			**Cronbach's alpha = 0.734**
			Cronbach's alpha if item were removed:
5a. Repeated testing for STIs and pregnancy			0.672
5b. Repeated treatment for STIs and pregnancy			0.676
5c. Sleep disruption or deprivation			0.704
5d. Health problems related to nutrition			0.672
5e. Scarring, bruises, burns			0.719

All Youth

Black

Male 2.6% 893

Something Else 16.7% 6

Female 13.3% 75

Something Else -- 0

Female 14.6% 841

Something Else 14.3% 7

Female 6.7% 15

Something Else -- 0

Female 18.1% 504

Something Else 10.0% 10

Female 25.0% 220

Something Else 66.7% 6

Female 16.0% 119

Something Else 0.0% 2

Table E.2, Continued

6. Risk Behaviors	**Cronbach's alpha = 0.777**
	Cronbach's alpha if item were removed:
6a. Sexual behaviors that are risky	0.735
6b. Spends time where exploitation occurs	0.710
6c. Runaway history	0.699
6d. Substance use	0.746
7. Trauma Exposure	**Cronbach's alpha = 0.765**
	Cronbach's alpha if item were removed:
7a. Sexual abuse	0.796
7b. Physical abuse	0.607
7c. Emotional abuse	0.623
8. Trauma Signs and Symptoms	**Cronbach's alpha = 0.728**
	Cronbach's alpha if item were removed:
8a. Physical trauma	0.751
8b. Hypervigilance	0.635
8c. Difficulty responding to danger cues	0.611
8d. Self-harming behaviors	0.633
9. Coercion and Grooming	**Cronbach's alpha = 0.887**
	Cronbach's alpha if item were removed:
9a. Grooming gifts	0.875
9b. Unexplained travel	0.869
9c. Exploitation language	0.877
9d. Isolation from friends, family	0.875
9e. Forced to earn quota	0.874
9f. Coerced pregnancy, abortion	0.879
9g. Tattoos, scars indicating property	0.884
9h. Coercion re: basic needs	0.874
9i. Threats	0.878
9j. Youth is vague about personal info	0.869
10. Exploitation	**Cronbach's alpha = 0.733**
	Cronbach's alpha if item were removed:
10a. History of prior exploitation	0.642
10b. Filmed exploitation	0.689
10c. Considering exploitation	0.598

APPENDIX E: RELIABILITY AND CORRELATION STATISTICS

Table E.1 provides the list of items comprising the mental health severity scores for youth at different levels of concern on the CSE-IT (in Table 5.2 in the text).

Table E.1. Items on the CAT/CSPI that Measure Mental Health Needs, by Domain

	List of Items
Mental health domain	Adjustment to Trauma
	Anger Control
	Antisocial Behavior
	Anxiety
	Attention Deficit
	Depression
	Eating Disturbances
	Judgment Problems
	Oppositional Behavior
	Psychosis
	Sexual Reactivity
	Substance Use
	Suicidality
Risk behavior domain	Risk to Community Safety
	Danger to Others
	Risky Sexual Activity
	Runaway Behavior
	Self Harm (other than self-mutilation)
	Self Mutilation
	Sexual Aggression
Life functioning domain	Community Functioning
	Delinquency
	Developmental Needs
	Juvenile Justice Involvement
	Living Situation
	Medication Compliance
	Peer Functioning
	School Functioning
	Social Functioning

Table E.3, Continued

Table E.2 provides detailed information about the reliability of the Key Indicators on the Pilot Version of the CSE-IT, prior to making any revisions to the scales based on results from the exploratory factor analysis and qualitative review for content validity.

Table E.2. Reliability Coefficients for Each Key Indicator on the CSE-IT Pilot Version

Table E.3 provides detailed information about the reliability of the Key Indicators on the final version of the CSE-IT, after making revisions to the scales based on results from the exploratory factor analysis and qualitative review for content validity. Note that this analysis resulted in some new items and revised language for some existing items for which there is no pilot data yet.

Table E.3. Reliability Coefficients for Each Key Indicator on the CSE-IT Final Version

1. Housing and Caregiving	**Cronbach's alpha = 0.857**
	Cronbach's alpha if item were removed:
1a. Running away	0.824
1b. Unstable housing	0.825
1c. Periods of homelessness	0.819
1d. Accessing social services for basic needs	0.842
1e. Inadequate supervision	0.843
1f. Missing school	0.845
1g. CPS involvement	new item
2. Prior Abuse or Trauma	**Cronbach's alpha = 0.765**
	Cronbach's alpha if item were removed:
2a. Sexual abuse	0.796
2b. Physical abuse	0.607
2c. Emotional abuse	0.623
2d. Witnessed domestic violence	new item
3. Physical Health and Appearance	**Cronbach's alpha = 0.654**
	Cronbach's alpha if item were removed:
3a. Youth appearance	revised item
3b. Scarring, bruises, burns	0.607
3c. Repeated testing for STIs and pregnancy	0.593
3d. Tattoos, scars indicating property	0.645
3e. Sleep disruption or deprivation	0.566
3f. Health problems related to nutrition	0.581
3g. Substance use	0.679
3h. Change in substance use	new item
4. Environment and Exposure	**Cronbach's alpha = 0.869**
	Cronbach's alpha if item were removed:
4a. Sexual behaviors that are risky	0.846
4b. Spends time where exploitation occurs	0.804
4c. Exploitation language	0.863
4d. Connections to people involved in sex trade	0.804
4e. Bullied about exploitation	new item
4f. JJ involvement	new item
4g. Gang affiliation	new item

5. Relationships and Personal Belongings	Cronbach's alpha = 0.757
	Cronbach's alpha if item were removed:
5a. Older intimate partner	0.719
5b. Youth meets contacts developed on internet	0.708
5c. Explicit photos of youth	0.706
5d. Youth receives cash, gifts	0.710
5e. Several cell phone/numbers	0.729
5f. Unexplained travel	revised item

6. Signs of Current Trauma	Cronbach's alpha = 0.751
	Cronbach's alpha if item were removed:
6a. Hypervigilance	0.701
6b. Difficulty responding to danger cues	0.640
6c. Self-harming behaviors	0.658
6d. Distress about cell phone	new item

7. Coercion	Cronbach's alpha = 0.818
	Cronbach's alpha if item were removed:
7a. Abusive intimate partner	new item
7b. Isolation from friends, family	0.771
7c. Coerced pregnancy, abortion	0.790
7d. Coercion re: basic needs	0.766
7e. Threats	0.804
7f. Youth is vague about personal info	0.781

8. Exploitation	Cronbach's alpha = 0.744
	Cronbach's alpha if item were removed:
8a. Exploitation	0.621
8b. Filmed exploitation	0.680
8c. History of prior exploitation	0.693
8d. Forced to earn quota	0.733

New items or items substantially revised as a result of the validation process do not have alpha values since there has been no data collection yet as this stage.