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Social Workers' Perceptions of the Effectiveness of Interventions on CSEC Behavior

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Abstract

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MSW, Fordham University, 2004

BSC, University of Ibadan, Nigeria, 1989

Project Submitted in Partial Fulfillment

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Doctor of Social Work

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Abstract

Commercial sexual exploitation of children (CSEC) and child sex trafficking involve the sexual abuse, exploitation, and the trafficking of minors for financial benefits or in exchange for something valuable, which may include monetary or nonmonetary benefits that are given or received by any person. It is imperative to develop interventions that provide direct service to CSEC and/or sex-trafficked youths. The intervention used should adopt evidence-based modalities that have demonstrated efficacy and effectiveness with CSEC and sex trafficked youths. Seeking safety therapy is one such evidence-based therapy that could address CSEC behavior and safety in New York City (NYC) and ultimately effect positive social change. This qualitative research design used in-depth interviews to explore social workers' perceptions of the effectiveness of seeking safety therapy on CSEC behavior and safety in NYC. The theoretical framework of the general strain theory, which focuses on the challenges that force a minor to be involved in criminal acts and the law, unlawful arrest, sexual abuse, exploitation, and history of violence at the hands of their caregivers, was used. Data were collected through a semistructured interview with 10 clinical social workers who provided the seeking safety therapy intervention to the CSEC in NYC. They described their perceptions of the effectiveness of seeking safety therapy on CSEC behavior and safety and identified possible barriers to delivering this intervention. The findings from this study could have a positive impact on clinical social work practice and positive social change as social workers would be better equipped with skills, knowledge, and sensitivity to CSEC and trafficked youth.

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Dedication

This Doctoral Capstone Research Project is dedicated to the memory of my parents, Mr. Paul Ugwu and Mrs. Cecilia Ugwu, whose ardent belief in acquiring education drove me to this task. May their souls rest in perfect peace. I also dedicate this study to my husband, Prince Christian Ezenwa Ukanwoke, whose love and support was instrumental to this achievement. And to my children, Princess Adaeze Ukanwoke, Princess Chiamaka Ukanwoke, Prince Chigozie Ukanwoke, Jr., and Prince Chimdi Ukanwoke, who made sure they cooperated and ensured my time was well utilized. I love and cherish you all.

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Section 1: Foundation of the Study and Literature Review

Commercial sexual exploitation of children (CSEC) and child sex trafficking are criminal activities that involve the sexual abuse, exploitation, and the trafficking of minors for financial benefits or in exchange for something valuable, which may include monetary or nonmonetary benefits that are given or received by any person (Corbett, 2018; Hornor & Sherfield, 2018; Varma et al., 2015). The CSEC is the fastest-growing arm of organized crime, but there are no statistics to know the actual figure of CSEC and trafficked children (Barnert et al., 2017; Corbett, 2018). However, it is known that the majority of the CSEC youth are from dysfunctional homes where they were abused physically and sexually, neglected and maltreated, and ultimately ended up in the streets after running away from their family homes (Gibbs et al., 2015; Hornor & Sherfield, 2018). Frequently, they are arrested by law enforcement and end up in child protective custody (Gibbs et al., 2015; Hornor & Sherfield, 2018). This sexual abuse can lead to sexual exploitation and sex trafficking, which then can result in the exposure of contracting HIV, pregnancy, depression, and trauma for many of these minors.

CSEC has been defined by ECPAT International (n.d.) as comprising of criminal acts that demean, degrade, and threaten the physical and psychosocial integrity of children under the age of 18. CSEC victims are recruited by perpetrators and pimps via social media, in juvenile homes, from youth homeless shelters, through the use of coercion and false promises, and/or through abduction, use of power, deception, exploitation of youth's drug dependence, and love/romance (ECPAT International, n.d.; U.S. Department of State, 2000). Social workers are helping professionals who understand and render evidence-based services that address CSEC and sex trafficked minors' challenges within the macro, micro, and mezzo systems. Lack of access to

healthcare, affordable and consistent housing, a loving family, and appropriate interventions often prevent CSEC youth from living a decent lifestyle (Corbett, 2018). However, appropriate interventions could address the affective and social outcomes that make minors more likely to engage in sexual risk-taking as they develop. Corbett (2018) and Klimley et al. (2018) suggested that CSEC victims must have a better interaction with service providers to develop a system of care that would inadvertently reduce problems with juvenile justice, child welfare placement, the police, exploiters, and recruiters.

There is a consensus among researchers like Barnert et al. (2017), Fong and Berger Cardosa (2010), Hornor and Sherfield (2018) that youths who lack caregiver and parental support, are involved with child welfare agencies through child protective services agencies, are placed in foster care, have substance use problems, are homeless, and are from a penurious environment are more likely to become involved in criminal and illegal activities that involve child sexual abuse, sexual exploitation and the sex trafficking of youths or children for financial benefits or in exchange for something valuable. When minors are forced into commercial sexual exploitation or child sex trafficking, it places them are risk for prosecution and placement in juvenile detention centers. As a result, New York State passed the Safe Harbor Act on September 25, 2008 (Ijadi-Maghsoodi et al., 2018). The promulgation of the Safe Harbor laws ensures that CSEC and trafficked children and youths are treated as victims and survivors rather than criminalized. The law directs victimized youths involved in sex trafficking to nonpunitive specialized programs, like counseling services, stable housing, healthcare, and alternative educational opportunities (Mullen & Lloyd, n.d.).

Reed et al. (2019) and Warria (2018) asserted that minors who are in protective custody, either through child protective services or juvenile justice, are likely to engage in survival sex, which leads to them being criminalized and labeled as prostitutes instead of victims or survivors of exploitation. As such, states must abide by Safe Harbor laws through the incorporation of all systems ensuring that diversion programs, appropriate placement, and services are put in place to reduce health care issues, substance use, pregnancy, prostitution, HIV, and depression as well as increase minors' self-esteem, functioning, and well-being. Social workers from different CSEC and sex trafficked youth agencies should align their efforts in understanding the vulnerability of this population and intensify access to different programs that reduce behavioral issues and increase their safety in their environments. The implementation and intensification of services extended to CSEC and sex trafficked youths can assist them in resisting exploitation and exiting the this type of life successfully (Estes, 2017).

The purpose of this in-depth interview research study was to explore social workers' perceptions of the effectiveness of seeking safety therapy with CSEC and sex-trafficked youths' behavior and safety in New York City. I work in the Division of Child Protection at my agency where I was privileged to cofacilitate the CSEC and sex trafficked youths' group during my Masters of Social Work internship in 2004. Since then, I developed an interest in contributing to the lives of these youths because the number of sexually exploited children continues to rise rather than a decrease despite the advocacy by social workers. My continued participation and yearly training about this group increased my interest and quest to carry out a research study during this doctoral academic journey. Information obtained during these trainings led to my inquiry regarding interventions that have a positive impact and effect on the CSEC and sex

trafficked youths' behavior and safety, and as such, the need to obtain the effectiveness of interventions like seeking safety therapy from social work practitioners who treat and offer evidence-based services to this population.

To explore social workers' perceptions, experiences, thoughts, and opinions, an in-depth interview method was used with 10 clinical social work practitioners who provided victims and survivors of CSEC and sex trafficked youths with evidence-based interventions, such as the seeking safety therapy. The participants were recruited through various social media, including Facebook and LinkedIn, as well as the websites of agencies with programs geared specifically towards this population. The interviews were conducted by telephone and recorded due to the Covid-19 pandemic. I asked the participants about their demographics and educational background information. The practitioners were asked to share their perceptions and insights on the effectiveness of interventions on CSEC and sex trafficked youths' behavior and safety during and after the intervention. The participants were also asked to propose what resources would enhance the effectiveness of seeking safety therapy to this population and what skills are needed to work professionally and sensitively with the CSEC and sex trafficked youths.

The collected data could contribute to best practice strategies for future engagement with this population and impact positive social change by improving professional skillsets in the provision of evidence-based treatment plans to CSEC and sex trafficked youths. My findings could assist social workers with the development and use of specialized skills and understanding of the appropriate resources that reduce CSEC and sex trafficked youths' behavior, increase safety, and ultimately, reduce their further exploitation.

Problem Statement

CSEC have ongoing challenges with their behavior and finding safety in New York City (NYC). Though many CSEC and sex trafficked youths experience criminalization, sexual abuse, exploitation, and unlawful arrests, especially minors who are being trafficked for financial gains or nonmonetary benefits (Barnert et al., 2016; Gibbs et al., 2015; Hornor, & Sherfield, 2018), they are not provided with evidence-based services to address their behavior, decrease reexploitation, and increase safety (Corbett, 2018). There is a lack of evidence about how the therapeutic interventions provided to CSEC by child welfare service providers impact this population's behavior and ability to find safety (Corbett, 2018). Barnert et al. (2016) stressed that while many CSEC victims are involved in crime, sexual abuse, exploitation, and unlawful arrest, they often lack therapeutic services that address their behavior and safety. Thus, CSEC and sex trafficked youths face challenges, but there are no evidence-based interventions that have shown their effectiveness on impacting their behavioral changes that would ultimately increase their safety. Through this study, my focus was to understand social workers' perceptions about the effectiveness of seeking safety therapy on CSEC's behavior and safety.

According to Corbett (2018), research has shown that there are no evidence-based practices identified that motivate CSEC and sex trafficked youths to change their behavior, find safety, and successfully exit commercial sexual exploitation. Corbett indicated there are practices, like survivor-led and harm-reduction programs; however, a system has not been identified that will effectively empower a CSEC youth to change behavior and find safety. It is critical to increasing CSEC's knowledge about sexual exploitation and trafficking and improve behavior, self-awareness, and self-actualization so that they may find safety through the

provision of evidence-based interventions. The problem is that CSEC often face challenges with their behavior and finding safety in NYC (Corbett, 2018). Because of this, social workers must demonstrate the knowledge and skills to provide effective services that will address the challenges faced by this vulnerable population.

Research has shown that most CSEC experience poverty, are involved with child protective services and with the law, are criminalized, are victims of domestic violence, are often truant from school, and are frequently sexually abused by someone closely connected or related to them (Barnert et al., 2016; Corbett, 2018; Hornor & Sherfield, 2018; Varma et al., 2015). Through collaborative efforts and a better working relationship with other organizations, like the court system, juvenile detention centers, funders, social workers, and other stakeholders who have a connection to this CSEC population, the implementation of services to this vulnerable population could improve practice outcomes (Hornor et al., 2019). Most research about CSEC has shown that many of the children and youths do not receive therapeutic services (Corbett, 2018).

Research also found that most CSEC victims are females, but male victims may be underreported (Corbett, 2018; Reid & Piquero, 2016). Corbett (2018) noted that although female victims were used as participants in her research, there are also male CSEC victims in NYC who made up 40% of CSEC reports. Reid's and Piquero's (2016) research in NYC showed that boys had a more frequent rate of victimization than girls. This gap in reporting could be as a result of male victims not having pimps (because pimps are usually male) and instead self-exploiting for survival sex (Corbett, 2018).

According to Corbett (2018), there is no current research focused on the effectiveness of seeking safety therapy on male CSEC victims. This area needs further attention as it is important to understand if male CSEC victims receive and are engaged in traditional trauma-informed evidence-based and best-practice therapy models of therapeutic services that address their behavior and thereafter enable them to find safety (Corbett, 2018; Varma et al., 2015). Such traditional psychotherapy programs and intervention theories, according to Royse et al. (2016), are trauma-focused cognitive behavior therapy, dialectical behavior therapy, motivational interviewing and stages of change model, and seeking safety therapy. The provision of seeking safety therapy to the girls would address the problems of safety, homelessness, substance abuse, sexual exploitation, and mental health (Kinnish et al., 2019). This is significant because few CSEC receive therapeutic services (Corbett, 2018), and clinical social workers may not follow up to ensure these services are consistently provided to the minors with whom they come in contact. Social workers can engage in collaborative practices with stakeholders connected to the CSEC population, including the court system, juvenile detention centers, and funding sources, to improve service outcomes and inspire social change. Still, they must have the knowledge, training, and skillset in order to achieve success (Hornor et al., 2019). This study allowed provided an understanding of social worker's perceptions on the effectiveness of seeking safety therapy on CSEC's behavior and safety in NYC.

Purpose Statement and Research Question

The purpose of this qualitative in-depth interview study was to explore social workers' perceptions of the effectiveness of seeking safety therapy on CSEC behavior and safety in NYC, specifically related to the perception of behavior and safety. Corbett (2018) found that there are

no evidence-based practices identified that motivated CSEC to change their behavior, find safety, and successfully exit commercial sexual exploitation. Moreover, the commercial exploitation of children is a real social problem that must be addressed to effect social change. As a result, the research question developed was as follows:

RQ-Qualitative: What are social workers' perceptions of the effectiveness of seeking safety therapy with CSEC behavior and safety in NYC?

Research in this area of study has shown that most CSEC and trafficked youth suffer homelessness, poverty, sexual abuse, lack of parental support, substance use, and are prone to foster care placements (Barnert et al., 2016; Corbett, 2018). However, these minors are often not involved in therapeutic services despite having access to such services due to involvement with the child welfare agencies, police, judicial system, and juvenile justice centers (Barnert et al., 2016; Corbett, 2018; Hornor & Sherfield, 2018; Varma et al., 2015). Corbett (2018) stressed that there are no evidence-based interventions identified that will effectively empower a CSEC and trafficked minor to change behavior and find safety. Gaining an understanding of the social workers' perception of the effectiveness of seeking safety therapy could increase the ability of social workers to implement effective policies, services, prevention techniques, and programs that could directly impact CSEC victims' behaviors (Barnert et al., 2016).

This research has the potential to uncover the perceived effectiveness and barriers to implementing seeking safety therapy. The results offer opportunities for further study in these areas. Furthermore, this increased understanding benefits social work practice, education, and training related to the CSEC and sex trafficked population.

Nature of the Doctoral Project

An in-depth interview qualitative research method was used for this study. Researchers using the qualitative design develop frameworks based on the research problem, purpose, and research questions (Ravitch & Carl, 2016). Qualitative research design shows why a study is relevant and how data collection and analysis methods answer the research questions (Ravitch & Carl, 2016). This research design uses a naturalistic and holistic approaches to understand a phenomenon in a real-world setting (Creswell, 1998; Eriksson & McConnell, 2011; Ravitch & Carl, 2016; Rubin & Rubin, 2012). Qualitative research aims to seek answers for questions of "how, where, when, who, and why" to build a theory or refute an existing theory (Rubin & Rubin, 2012). Rigorous qualitative research means that a concept can be transferred to other individuals from the same population, but it also acknowledges that qualitative studies are often subjective due to the human element (Ravitch & Carl, 2016). The credibility of this research design leads to the generalizability of the results to any group who shares a similarity with the research population (Eriksson & McConnell, 2011). The validity of qualitative research indicates truth and reflects the phenomena under study (Ravitch & Carl, 2016). Qualitative research is based on the use of epistemological and ontological assumptions that look at the research problem through the experiences and knowledge of the research participants in their natural environment (Eriksson & McConnell, 2011; Ravitch & Carl., 2016).

Qualitative methods of data collection include interviews, recordings, field notes, conversations, photographs, self-memos, and observations in a natural environment (Eriksson & McConnell, 2011; Ravitch & Carl, 2016). In this qualitative study, data were collected through interviews and self-memos from social workers in NYC with undergraduate and graduate

degrees in social work. These social workers provided seeking safety therapy to the CSEC and

sex trafficked youths. Semistructured face-to-face interviews were used to gather the data.

According to Rubin and Rubin (2012), in a semistructured interview, the researcher has a

specific topic of interest, prepares a limited number of questions in advance, and plans to follow-

up with more questions.

An interview appointment was made with all participants who contributed to this study.

Probing and follow-up open-ended questions were asked to obtain detailed and in-depth insights

into and understanding of the phenomenon under study, which allowed the participants to voice

their experiences and perceptions (see Burkholder et al., 2019; Creswell, 1998) about the

effectiveness of seeking safety therapy on CSEC and sex trafficked youths' behavior and safety.

Follow-up telephone calls were made with all participants to remind them of interview dates.

Because the interview method of data collection was used, verbal, semiverbal, and nonverbal

cues were noted using the individual semistructured interview method of data collection (see

Burkholder et al., 2019). According to Royse et al. (2016), the use of multiple strategies of data

collection can reduce any underlying problems inherent with a single method, and the

observation and interviewing of research participants are "keys to understanding a program's

success or failure" (p. 95). Telephone calls and emails were used to communicate with potential

participants as Covid-19 pandemic safe guidelines restricted physical contact with interviewees.

These social workers were recruited through social media, flyers, and email.

The use of the qualitative method was the most appropriate for this study because it uses

the social constructivism perspective, grounded theory with a small sample size when research

problems become research questions based on previous research experiences (see Ravitch &

Carl, 2016). It is also a research approach that involves the use of words and descriptions, and the qualitative research approach is valid, empirical, and scientific as quantitative research (Laureate Education, 2016; Rubin & Rubin, 2012). Data collection provided the opportunity for social workers to share their perceptions, experiences, and insights about the effectiveness of seeking safety therapy on CSEC and sex trafficked youths' behavior and safety.

Significance of the Study

This qualitative research project contributed understanding about social workers' perceptions of seeking safety therapy on CSEC behavior and safety in NYC. The results may contribute to positive social work practice and increase social workers' knowledge in the identification, assessment, and provision of therapeutic services to the CSEC and sex-trafficked youths. Current studies revealed that CSEC victims often lack interaction with social workers who provide a system of care (Barnert et al., 2016; Corbett, 2018). These previous studies indicated there is a lack of effective CSEC therapeutic interventions, particularly in the field of child welfare, demonstrating a dearth of research related to effective behavioral and safety interventions (Corbett, 2018). Barnert et al. (2016) stressed that although many CSEC victims are involved in crime, sexual abuse, exploitation, and unlawful arrest by law enforcement, they are not provided with services to address their behavioral and safety needs. The findings of this study could advance social workers' practical knowledge by showing the effectiveness of therapeutic interventions and programs on CSEC and sex trafficked youths' behavior and safety. Thus, it is essential to understand social workers' perceptions of the effectiveness of therapeutic interventions, such as seeking safety therapy, on CSEC and sex trafficked youths' behavior and safety in NYC. CSEC and sex trafficked victims need ongoing supportive policies, services, and

programs that can prevent recidivism to sexual exploitation and trafficking for financial gains or

nonmonetary benefits (Barnert et al., 2016).

Corbett's (2018) study showed the importance of family connections and dynamics that

could help CSEC and trafficked youth to change their behavior and exit *the Life*. She noted the

complete lack of understanding by practitioners on how to effectively work with CSEC to

encourage behavior change and successfully exit exploitive lifestyles and find safety. Hornor and

Sherfield (2018) asserted that children who suffer from mental health needs are at a high risk for

involvement in CSEC, drugs, and alcohol, and they must be provided with evidence-based

therapeutic interventions to address this need.

Social workers need to be able to perceive if the effectiveness of interventions provided

will change CSEC behavior and safety seeking. Hornor and Sherfield (2018) also asserted that

familial psychosocial characteristics that can place a children at-risk of CSEC are homelessness,

placement in foster care, and detention in juvenile centers; therefore, there is a need to alleviate

the trauma experienced using evidence-based interventions. In addition to the psychosocial

characteristics, Barnert et al. (2016), Klimley et al. (2018), and Knittel et al. (2018) agreed that

some programs, rather than decriminalize CSEC victims, incarcerate CSEC and trafficked youths

in the juvenile justice system regardless of the Safe Harbor laws and policies. The Safe Harbor

law ensures that child victims of human sex trafficking will not be prosecuted for prostitution or

other crimes (Barnert et al., 2016; Ijadi-Maghsoodi et al., 2016). The Safe Harbor law includes

funding for victims to help them become independent and productive citizens in their micro,

macro, and mezzo communities. Therefore, it is imperative social workers put therapeutic

interventions in place to evaluate the effectiveness of behavior change and safety.

Barnert et al.'s (2016) study, however, demonstrated issues regarding the provision of evidence-based therapeutic interventions to CSEC placed in foster care and the juvenile justice system, arguing whether social workers would perceive the effectiveness of these services due to the runaway behavior of this population. Most of the research reviewed on CSEC and trafficked youths' access to evidence-based therapeutic interventions revealed that, although there are multiple available services, practitioners lack the skills and knowledge to identify youths who are sexually exploited (Barnert et al., 2016; Corbett, 2018; Varma et al., 2015). It has been argued that social workers' lack of assessment for CSEC creates a barrier to appropriate evidence-based therapeutic interventions so that the effectiveness of these interventions cannot be assessed (Varma et al., 2015).

Varma et al. (2015) looked at the history of exploitation, the involvement of drugs/alcohol, the extent of early childhood abuse by caregivers, and access to therapeutic interventions as determinants of behavior change and finding safety. The researchers found that youth aged 12 to 18 years suspected to be victims of CSEC significantly vary from victims of alleged sexual abuse on a number of reproductive, behavioral, and historical factors. Practitioners need to receive training on CSEC risk factors and recruitment techniques and to possess the ability to identify appropriate interventions for victims of CSEC and trafficked youth (Hornor et al., 2019) to enable them to perceive the effectiveness of these interventions on minors' behavior change and safety. Social workers must increase CSEC's and sex trafficked youths' knowledge about sexual exploitation and sex trafficking, improve behavior, and help them find safety through the provision of evidence-based interventions; further, social workers should use these interventions to increase the self-awareness and self-actualization of survivors

(Barnert et al., 2017). Social workers need to provide continuity of services to CSEC and sex trafficked survivors (Corbett, 2018). The problem is that social workers providing interventions to CSEC and sex trafficked youths often face challenges with their behavior (Corbett, 2018).

Social Change

A positive social change means addressing challenges faced by an individual, community, and the world in general, and improving the conditions of those affected by these challenges. It is crucial to impact people's lives positively. CSEC are an underserved population where the micro, mezzo, and macro systems must align all the available resources to affect positive social change by improving the human and social conditions this population faces every day. Thus, through the collaboration with other change agents, social workers can encourage the dignity and self-worth of the underserved individuals, communities, cultures, and global communities. Social workers' understanding of commercial sexual exploitation and child sex trafficking could promote better awareness on the effect of this population's victimization and advocacy against the criminalization of this population at the different levels of government (Barnert et al. 2017).

This study has the potential to promote social change by providing essential information about social workers' perceptions related to the effectiveness of evidence-based interventions, like seeking safety therapy, on CSEC behavior and safety in NYC. Using the results, politicians at the macro level could enact laws that could be instrumental in providing appropriate services to the CSEC and sex trafficked youths. Such legislation could lead to consistent interpretation, language, and understanding among the different levels of government of how to approach CSEC, which is crucial as misinterpretation can lead to criminalization and a lack of services for

CSEC and sex trafficked youths. The laws could support social work practice at the micro and mezzo levels of individual and community therapeutic interventions either through preventative programs for at-risk youths or direct practice with victims of CSEC and sex trafficking. Potential implications for positive social change of this study include increased understanding and confidence of social workers in the provision of effective services for CSEC and sex trafficked youths. Such understanding and confidence could emanate from professional training and multidisciplinary training centered on understanding CSEC and sex trafficked youths, assessing at-risk youths, and comprehending how exploitation affects the youths' existence and behavior (Corbett, 2018).

I hoped that information gathered from this study could provide more insight into the CSEC and sex trafficked population for the public. I anticipated that this research could inform social work education and training in the skills necessary for the provision of effective interventions for this population and an understanding of how to provide specialized services to assist and support youths transitioning from CSEC and sex trafficking victims into survivors. Ultimately, the positive social change that could emanate from this study could be an increase in social workers' understanding of the effectiveness of the seeking safety model on CSEC behavior and safety and how it impacts practitioners' knowledge and practice at the macro, micro, and mezzo levels of intervention. Specific recommendations are be made based on this research's findings in the conclusion.

Theoretical Framework

The theoretical framework best suited for this study was Agnew's general strains theory (GST). GST focuses on negative relationships and relationships with others where youths

perceive they have been treated negatively and such treatment forces them into delinquent

behavior (Agnew & Brezina, 2018). Research findings have revealed that children from

impoverished homes, those who are sexually abused, those involved with child welfare and

foster care, and those who are trafficked, unlawfully arrested, and experienced caregiver strain,

such as domestic violence and substance use, have negative perceptions about their environments

and relationships (Agnew & Brezina, 2018). This adverse action often pressures youth for

corrective action, which may lead to susceptibility to criminal and deviant behaviors, such as

falling prey to commercial sexual exploitation (Agnew, 1992; Reid & Piquero, 2016).

According to Agnew and Brezina (2018), strain has an enormous effect on delinquency,

which results in crime, substance misuse, and behavioral issues. Reid and Piquero (2016)

asserted that caregiver strain is linked to the poor nurturing of children by their caregivers. The

lack of nurturing often results in the children having a heightened adverse psychosocial

emotions, can lead to substance use and early age sexual misconduct, may increase instances of

sexual abuse and criminal acts, and can lead to negative involvement with the law enforcement,

judicial, and juvenile justice systems.

Therefore, it was essential to explore social workers' perceptions of the effectiveness of

seeking safety therapy on CSEC behavior and safety in NYC by taking the GST into

consideration. Because CSEC is a societal ill that professionals in the child welfare system are

concerned about, there is an epistemological and ontological stance that the commercial

exploitation of children is a real social problem. Therefore, the theoretical framework of the

Agnew's GST was used to focus on the challenges that force a minor to be involved in criminal

acts and the law, unlawful arrest, sexual abuse, exploitation, and history of violence at the hands

of their caregivers in this study (see Barnert et al., 2016; Corbett, 2018; Hornor & Sherfield, 2018; Reid & Piquero, 2016; Varma et al., 2015). This theory was used to support if the provision of effective evidence-based therapeutic services to victims of CSEC and trafficked youths had a positive impact on their behavior and safety. Thus, it was crucial to understand if the CSEC improved their behavior and found safety after seeking safety therapy because many were criminalized and became homeless due to external forces. By using GST, this project can help social workers be mindful of the adverse effect of strain during engagement and interaction with this population.

Values and Ethics

In qualitative studies, researchers rely heavily on collecting data through interviews, observations, written materials, and audiovisual materials. Any kind of social work research is guided by the values and principles of the National Association of Social Worker's (NASW) Code of Ethics (2017), namely the principles of respect for people, privacy and confidentiality, informed consent, beneficence, and justice. Respect for people is the recognition of participants' rights, including the right to be informed about the study, the right to freely decide whether to participate in a study, and the right to withdraw at any time without penalty (NASW, 2017).

According to Burkholder et al. (2016) and Ravitch and Carl (2016), the principle of respect for persons refers to researchers respecting participants' autonomy to make personal choices and decisions regarding participation in research and protection from harm. Similarly, as per National Institute of Health (2008), beneficence refers to an obligation to do no harm and maximize the potential benefits of research. Furthermore, there is the consideration of justice, which refers to treating individuals in a morally right way such that the selection of research

participants and any potential benefits are equitable among groups, which is safeguarded by

informed consent (Ravitch & Carl, 2016). These ethical standards apply to clinical social

workers who provide effective evidence-based therapeutic services to the victims of CSEC and

trafficked youth. I was mindful to ensure that social workers' dignity and worth were respected

in this study. Further, all individuals gave informed consent prior to participating in the study,

and I ensured that participants' privacy and confidentiality were maintained when conducting the

research.

The most important ethical issue in qualitative research is that of beneficence, where a

researcher must minimize the physical, psychological, and social risk to social workers and

maximize their benefits (Ravitch & Carl, 2016). The ethics of beneficence maintain privacy and

confidentiality (NIH, 2008), which, in this study, helped to protect social workers from potential

harm, including psychological harm such as embarrassment or distress. Beneficence also

includes protections against social harm, such as loss of employment or damage to one's

financial standing or criminal or civil liability (NIH, 2008). Researchers can probe into areas that

are confidential to the participant, and there is sometimes a danger of voyeurism and the

temptation to focus on the most sensational elements of a study (Brinkmann & Kvale, 2005). The

participant's privacy is threatened when the researcher explores areas that the participant wants

kept private, and confidentiality is breached when the researcher discloses information that is

supposed to be kept secret (NIH, 2008). In addressing this ethical issue of privacy and

confidentiality, protocols should be designed to minimize the need to collect and maintain

identifiable information about research participants (NIH, 2008). It is recommended that data be

collected anonymously, or the researchers should remove and destroy participant identifiers as soon as it is no longer necessary (Ravitch & Carl, 2016).

The values and principles of the NASW Code of Ethics (2017) impacted this study as it was critical for me to apply them to the interviews and discussion of the research. There had to be a relationship built on trust between me and the social workers recruited for this study as individuals are more likely to give an honest opinion when they trust the researcher (see NASW, 2017; Yob & Brewer, n.d.). Qualitative researchers should report any ethical issues encountered in their studies to ensure the prevention of future mistakes (NASW, 2017).

Limitations, Challenges, and/or Barriers

There were several challenges, limitations, and barriers that had to be addressed. One barrier was easy access to clinical social workers in a partner agency during data collection. Their availability to partake in this research was a concern, and I had challenges recruiting them. Due to the Covid-19 pandemic, many agencies had their social workers teleworking, thus making it impossible to hand-deliver flyers to appropriate participants. I depended on a contingency plan of recruiting social workers from other agencies who provide evidence-based therapeutic interventions to CSEC and sex-trafficked children in NYC. The recruitment of other social workers from several agencies hindered time management as the agencies restricted access to their offices and had their social workers working remotely due to the pandemic.

Social workers who work in nonprofit organizations often have hectic schedules. They are usually doing fieldwork during work hours, which conflicted with my schedule as well. Responses through email were protracted as many of the social workers had busy schedules and did not respond in a timely manner to schedule an interview date. Thus, there were challenges to

conduct interviews and collect data during the scheduled timeframe. Additionally, using a qualitative method was time consuming. Because I was the primary instrument of data collection, the data collection, transcription, and analysis were time-consuming. The CSEC community is a diverse one; thus, it was critical ethical principles and standards were met. Therefore, problems of ethics did not emanate from this research study.

Review of the Professional and Academic Literature

A review of the professional and academic literature review was performed to obtain scholarly articles that concentrated on the CSEC and child sex trafficking. Databases, such as PsycARTICLES, PsycINFO, SocINDEX, Thoreau, and ERIC, were used as sources of information for this study. The key terms searched were *CSEC, trafficked youth, child sex trafficking, child sexual abuse, juvenile delinquency, youth and law enforcement,* and *child welfare.* Peer-reviewed and academic journals written within the last 5 years and related to the themes of this project were searched. Some searches yielded articles older than 5 years were chosen for review if they were relevant to the study of interest. The sources selected were categorized into different themes, including risk factors, problems with service provision, and practitioners' perception of evidence-based intervention on CSEC and trafficked youth's behavior and finding safety.

Literature Review Process

CSEC and child sex trafficking are forms of child abuse that continue to be a concern for researchers because of the devastating effect it has on youth behavior and safety in NYC and the United States (Corbett, 2018; Greenbaum, 2014; Sapiro et al., 2016). CSEC was defined by ECPAT International (n.d.) as criminal acts that demean, degrade, and threaten the physical and

psychosocial integrity of children under the age of 18. Perpetrators recruit CSEC victims through

coercion, false promises, abduction, power, deception, exploitation of youth's drug dependence,

and love/romance (ECPAT International, n.d.; U.S. Department of State, 2000). There was a

consensus among researchers that children who have been sexually abused, lack parental

support, are involved with child welfare agencies through foster care placement, misuse

substances, and are homeless or from impoverished homes are likely to be involved in crimes

and activities that involve child sexual abuse, exploitation, and the trafficking of minor children

for financial benefits or in exchange for something valuable (Barnert et al., 2016; Corbett, 2018;

Fong & Berger Cardoso, 2010; Gibbs et al., 2015; Hornor & Sherfield, 2018; U.S. Department of

State, 2000).

Research has also shown that not only are CSEC often from impoverished homes and

involved with child protective services and with the law, they are also often criminalized, victims

of domestic violence, frequently truant from school, and often have been sexually abused by

someone closely connected or related to them (Barnert et al., 2016; Corbett, 2018; Hornor &

Sherfield, 2018; Varma et al., 2018). Most research about CSEC revealed that the majority of the

youth are not involved in therapeutic services (Corbett, 2018; Gibbs et al., 2015; Greenbaum,

2014; Sapiro et al., 2016), and when they are involved, the licensed therapists and providers

struggle with the treatment modalities effective for CSEC due to the mediocre "best practice" fit

(Greenbaum, 2014, p. 314).

Gibbs et al.'s (2015) qualitative study focused on understanding if the services provided

by three Office for Victims of Crime funded programs supported and provided incentives that

would keep youth out of sex trafficking. The findings showed that the reason trafficked and

CSEC youths often discontinue therapeutic services is due to the lack of emotional engagement with service providers and reluctance to leave a familiar situation. Corbett (2018) noted that victims are both female and male, but male victims might be underreported. It was conjectured that male victims are underreported because they do not have pimps but instead self-exploit through survival sex (Greenbaum, 2014; Raino, 2017).

Corbett (2018), Greenbaum (2014), and Sapiro et al. (2016) indicated there are practices, like survivor-led, harm-reduction, comprehensive, and holistic programs, that address the needs of CESC. However, a system has not been identified that effectively empower sexually exploited minors to successfully exit the *Life* (Adamczyk, 2012). Researchers have found that the complete lack of understanding by social workers on how to effectively work with CSEC to encourage successful exit this lifestyle can negatively affect this population's abilities to transition out of commercial sexual exploitation and find safety (Corbett, 2018). Program staff have noted that access to safe living situations and connection with family were some reasons youths exited CSEC engagement, changed their behavior, and found safety (Corbett, 2018). Therefore, it is then critical to understand the reason therapeutic interventions have little or no effect on children who have been criminalized and victimized due to involvement with commercial sexual exploitation and sex trafficking. There is a need to explore if therapeutic interventions provided by social workers are effective in modifying CSEC and sex trafficked minors' behavior and increasing their understanding of safety. Thus, it was imperative to understand what social workers' perceptions of the effectiveness of seeking safety therapy was on CSEC's behavior and safety in NYC.

Definitions

Child sexual abuse: A sexual act perpetrated by an adult to a minor under the age of 18; frequently, perpetrators are a parent, guardian, a family member, or someone close to the child (Hornor et al., 2019).

Commercial sexual exploitation of children (CSEC): Involves child sexual abuse and exploitation of minor children for economic gains (Harper et al., 2019).

Foster care system: A form of care given to children who are removed from a parent and legal guardian and placed in the care of a family or nonfamily member (Balchan, 2018).

Homelessness: A lack of stable and secure housing for children under the age of 18 due to parental inadequacies (Varma et al., 2015).

Lack of parental support: Refers to the inability of a caregiver to provide emotional and psychological needs required for the growth and development of a minor due to a scarcity of resources in the home (Reed et al., 2019).

Poverty: A condition in which a caregiver lacks financial resources to meet the minimum degree of care of a minor (Sapiro et al., 2016).

Substance use: The use of drugs and alcohol that cause social, physical, and mental impairment to an individual (Panlilio et al., 2019).

Therapeutic interventions: Mental services provided to CSEC and trafficked children to improve their psychological, social, and emotional well-being (Kinnish et al., 2019).

The *Life*: Refers to youth's continuous involvement with exploiters for economic gains before, during, and after engagement with service providers (Adamczyk, 2012).

Identifying At-Risk Youths

It is challenging to identify youths who are commercially sexually exploited and sexually

trafficked because of the secretive nature of the minors and the illegality of the acts. Practitioners

can screen CSEC and sex trafficked youths when they are either arrested by law enforcement or

involved in child protection services and cited for drug misuse/sale, curfew violations, and/or are

truants or ran away from home (Avila, 2016; Hornor et al., 2019). Avila (2016), Barnert et al.

(2016), Corbett (2018), and Varma et al. (2015) asserted that most CSEC and sex trafficked

youths are female, but this number could be incorrect because the number of male victims is

underreported. Additionally, male victims are not likely to have a trafficker or a pimp, which

creates a gap in data collection (Adamczyk, 2012).

Practitioners and social workers can identify victims of CSEC and sex trafficking through

behavioral clues. When victims are observed with expensive personal belongings, cash, new

clothes, hotel keys, and false identification (Avila, 2016; Corbett, 2018; Miller-Perrin & Wurtele,

2016), it is likely they are sexually exploited and trafficked. The victimized youth may be

accompanied by an older adult who may appear controlling and identifies as a family member,

but the victim appears fearful and does not make eye contact with the individual (Avila, 2016).

Social workers should take extra caution when a victim seems to be hypervigilant, anxious,

depressed, and defensive and may cope with substance misuse and make false claims about their

persona (Avila, 2016) as these signs are indicative of exposure to CSEC and or sex trafficking.

Practitioners may suspect a youth may be a CSEC and sexually trafficked when they present

with a pimp's name tattooed on their person, bruises, cuts, STIs, HIV, genital trauma,

intoxication/withdrawal, and signs of intravenous (IV) drug misuse tracts (Avila, 2016;

Greenbaum, 2014). Some youths may present with overtly sexualized behavior and are unwilling

to disclose whereabouts or information about parents or caregivers during an assessment

(Greenbaum, 2014). It is, therefore, integral for social workers and practitioners who come in

contact with CSEC and trafficked youth to learn skills in identifying at-risk children for

appropriate service provision.

Risk Factors

Prior research on CSEC and sexually trafficked youths identified some imminent risk

factors and asserted that it is essential for practitioners to understand the risk factors of CSEC

before developing preventative strategies (Greenbaum, 2014; Hornor et al., 2019, Panlilio et al.,

2019) as CSEC victims can be male, female, or transgender and are inclusive of all races. CSEC

and trafficked youth risk factors may be individual, environmental, or social. Hornor et al. (2019)

cited several factors that make children vulnerable to CSEC, including substance misuse,

homelessness, child sexual abuse, mental health concerns, and involvement with the child

welfare system. Greenbaum (2018) and Hornor and Sherfield (2018) also indicated that victims

of child sexual abuse are more prone to CSEC than children who have not been sexually abused.

Experiencing poverty, parental substance abuse, and domestic violence also put children more at

risk of sexual exploitation and child trafficking (Avila, 2016). According to Avila (2016), other

risk factors include poor self-esteem, depression, a history of criminality, and social isolation.

The author argued that youths with physical disabilities are more prone to sexual abuse than

those that are not disabled.

Youths who identify as LGBTQ and are involved in the criminal justice system, juvenile

justice system, and child protection services are more likely to be victims of CSEC and be

sexually trafficked (Avila, 2016; Panlilio et al., 2019; Varma et al., 2015). The authors Varma et al. (2015) argued that youth with weak family ties and who experienced dysfunctional family dynamics are more likely to run away from home and be at-risk of CSEC and sex trafficking as fleeing from unhealthy family relationships exposes them to exploiters and traffickers (Corbett, 2018). Refugees, immigrants, or non-English speaking youths are also more vulnerable to CSEC and sex trafficking (Ijadi-Maghsoodi et al., 2016). It is, therefore, crucial for practitioners to understand and identify the risk factors of CSEC and then to put in place preventative and intervention services that benefit minors who are at-risk.

Recruitment

Pimps have been found to target minors who appear economically and socially disadvantaged (Hornor et al., 2019). Recruitment may occur over the internet or through face-to-face contact on the streets, bars, or group homes (Barnert et al., 2017; Ijadi-Maghsoodi et al., 2016). Recruitment can occur through social networking apps, dating websites, chat rooms, or online job listings (Goldman & Goyal, 2019; Ijadi-Maghsoodi et al., 2016). Minority groups, including LGBTQ youths, are more susceptible to recruitment (Gibbs et al., 2015; Rafferty, 2018). Minors can be recruited by adult family adult members, acquaintances, or strangers who entice them with money, drugs, love, attention, housing, and better quality of life (Reed et al., 2019). Once a minor is recruited through apparent acts of kindness, the pimp or recruiter gains their trust, affection, and ultimately, their love and loyalty (Reed et al., 2019). Then, the victim is gradually isolated from other sources of support through the use of violence, abuse, and coercion (Greenbaum, 2014, 2018). This type of recruitment is referred to as finesse pimping (Hornor & Sherfield, 2015).

Greenbaum (2014, 2018) pointed out that CSEC victims often become recruiters themselves, especially those involved with child protective services and who are in foster care. Pimps and traffickers may have these minors on their payroll for identifying and luring other vulnerable youth into CSEC or sex trafficking. Sometimes the recruiting youth may be a sole recruiter or trafficker who introduces the victims to the concept of exchange their body for money, food, clothing, a place to stay (survival sex), or for other valuables (Greenbaum, 2014; Hornor et al., 2019). When recruiting involves violence, threats, and extortion, it is known as guerrilla pimping (Hornor, 2015). Hornor and Sherfield (2015) asserted that guerilla pimping involves sex trafficking through starvation, rape, solitary confinement, beatings, threats to self and family members, and forced drug use. It has been posited that the number of recruited youths would drastically reduce if CSEC and sex-trafficked youths understand recruitment strategies so that they can avoid being victimized or re-victimized (Adamczyk, 2012).

The commercial sexual exploitation of children and the sex trafficking of youth is a growing national and public health problem that requires a multi-disciplinary approach by individuals, organizations, communities, and nations. CSEC and sex trafficking is a form of exploitation that affect minors under the age of 18. CSEC encompasses various forms of abuse, namely sex trafficking, prostitution of children, child sex tourism, pornography, survival sex, and online sex acts (Klimley et al., 2018). The research has linked CSEC and sex trafficking to multiple risk factors, including child sex abuse, substance use, homelessness, a low socio-economic background associated with immigration, caregiver strain, and foster care placement, that allow susceptibility to exploitation (Reed et al., 2019). However, without proper

identification and assessment, effective prevention and intervention may be a challenge (Hornor et al., 2019).

Child Sexual Abuse

The most commonly identified risk factor is a history of child sexual abuse (Bounds et al., 2015). Practitioners and researchers have found that sexual abuse as a child heightens a minor's risk of becoming involved in commercially exploitive child sex trafficking (Barnert et al., 2016; Corbett, 2018; De Vries & Goggin, 2018; Gibbs et al., 2015; Greenbaum, 2018; Hornor & Sherfield, 2018; Varma et al., 2015). Child sexual abuse usually occurs in the home and is committed by a family member or a caregiver. Frequently, these children are less likely to receive therapeutic services to address the abuse (Corbett, 2018). Children who suffer from sexual abuse at the hands of their caregivers are likely to become CSEC and sex trafficked victims (Reed et al., 2019). Hornor et al. (2019), Goldman and Goyal (2019), and McDonald and Middleton (2019) asserted that sexually abused children and youths are frequently involved in child welfare services and substance use and may have mental health problems, be homeless or runaways, and/or identify as LGBTQ. They argued that apart from these risk factors, victims of child sexual abuse also experience physical abuse, post-traumatic stress disorder (PTSD), anxiety, depression, suicidal ideation, mental, emotional abuse, and neglect. All of these circumstances can place minors at an increased risk of been sexually exploited and trafficked. Research recommended social workers group these indicators under psychological presentation, e.g., signs of substance use and physical presentation, e.g., STIs, HIV/AIDS, pregnancy; and social presentation/history, e.g., no medical insurance, runaway history, truancy, or school dropout (Corbett, 2018; Fraley et al., n.d.; Greenbaum, 2018, Hornor & Sherfield, 2018; Ijadi-

Maghsoodi et al., 2016; Varma et al., 2015). Hornor et al. (2019) noted that practitioners often

lack the appropriate knowledge to effectively provide services that would have a positive impact

on the CSEC behavior among minors who had been sexually abused.

While it can be a difficult task to identify minors with a history of child sex abuse,

practitioners must have knowledge of what can increase minors' risk of CSEC and sex

trafficking and use appropriate screening tools for identification. In a pilot study examining the

knowledge level and feasibility of identifying CSEC victims using a smartphone, Goldman and

Goyal (2019) found out that few nurse practitioners lacked the training to identify victims of

CSEC with a history of sexual abuse. Still, the use of a smartphone app increased the

identification and knowledge level of CSEC victims (Goldman & Goyal, 2019). They stressed

that nurse practitioners' inability to know victimization indicators, such as sexual abuse, places

children in more danger, because supportive and protective services are delayed. To curb this,

they recommended for practitioners, law enforcement, and social service workers to receive

interdisciplinary and interprofessional collaboration training on risk factors and recruitment

practices (Goldman & Goyal, 2019). The authors argued these helping professionals must

possess the ability to recognize the signs and put in place interventions for victims of CSEC who

have suffered child sexual abuse. When practitioners are equipped with these qualities, they can

play critical roles in the primary, secondary, and tertiary prevention of CSEC and support

programs and policies that would curb CSEC revictimization, eradicate poverty, and increase

economic growth of families caught in the CSEC web (Hornor et al., 2019).

Varma et al.'s (2015) research study focused on finding if adolescent CSEC victims

differ from Child Sexual Abuse victims (control group) without evidence of CSEC in their early

childhood history in high-risk behavior, involvement with the law, and history of violence. They used a cross-sectional quantitative method to describe distinguishing characteristics of CSEC aged 12 to 18 years who presented for medical care in a pediatric setting. There were 84 participants with 27 in the CSEC group and 57 in the Child Sexual Abuse group. Electronic medical records were used to analyze the results. The authors used a comparison group of an age-matched control group to compare with youth who were suspected to be commercially sexually abused. The findings varied between the intervention and the control group in terms of reproductive, behavioral, and historical factors. According to the authors, however, the study results cannot be generalized to the CSEC population in other medical settings, rural, and urban communities as the sample size was small; neither can the study be replicated because of the absence of international CSEC victims and male patients. The control group may have disclosed they have not been victims of abuse by caregivers, had trouble with authorities, or sexually exploited during the study. And it was also possible that the youth in the CSEC group may not have been victims of sexual exploitation.

In line with Corbett (2018) and Varma et al. (2015), Klimley et al.'s (2018) study supported the research that most CSEC children suffer child sexual abuse between the ages of 11 to 18 years. Though previous research stipulated CSEC and trafficked children ranged from 12 to 16 years of age, Klimley et al.'s (2018) study found that half of their sample were between 13 to 18 years, and African American and Hispanic/Latino children were among the highest experiencing CSEC and sex trafficking exploitation. The purpose of Klimley et al.'s (2018) study was to identify the characteristics of minors who may be at-risk of CSEC. Using an observational survey of the investigative and legal records of the FBI Miami Field Office, they

recruited 17 CSEC participants in Broward County in South Florida. Four of the CSEC victims were male, and 13 were female. The CSEC participants included two Hispanics/Latinos, nine Caucasians, and eight African Americans. The researchers found that CSEC survivors were from impoverished backgrounds and had suffered familial child sexual abuse, child sex trafficking, pornography, and sex tourism. This study results supported those of Barnert et al. (2017) who found that children who have suffered child sexual abuse are more prone to CSEC and sex trafficking victimization.

Although CSEC and sex trafficking is a global and national problem, it is unknown if this population has access to health care while in foster care, residential placement, or juvenile centers. Hornor and Sherfield (2018) carried out research conducted to understand if CSEC youth with child sexual abuse history have access to health care and if healthcare providers identify sexual exploitation during triage without the youth disclosing the information. The research was aimed at finding out if the health care professionals can note the characteristics of child sexual abuse during a pediatric visit. The authors wanted to know if CSEC youth were easily identified as victims during pediatric care by using familial psychosocial factors, child sexual abuse characteristics, and patient demographic characteristics of minors before or at the time of identification as a CSEC youth. Hornor and Sherfield (2018) carried out this quantitative research using a retrospective chart review of all adolescents 12 through 21 presenting to the Emergency Department (ED) or CAC of large tertiary care, Midwestern, U.S. pediatric hospital located in Columbus, Ohio with concerns of CSEC suspicion from October 2014 through December 2016. Charts were reviewed independently from a pediatric hospital that receives referrals for sexual abuse/CSEC assessments from a metropolitan area and counties. Sixty-three

adolescents were referred to the ED or CAC for 26 months. There were 62 females and one

male. Thirty-four were African American, and 17 identified as bisexual. The adolescents were

identified as sexually abused at the age of 13 to 19 years. Data were anonymously stored

electronically in secure Excel spreadsheets. Descriptive statistics were used to analyze the data.

Hornor and Sherfield (2018) asserted that the sample size can be generalized, as most identified

CSEC victim's global entry age is between 12 and 17 years of age. The authors found that CSEC

youth experienced sexual abuse at an early age before assessment at a pediatric clinic or CAC

because the victims were reluctant to disclose their experience and not all perceived themselves

as victims of sexual exploitation. Child sexual abuse increases the risk of CSEC and sex

trafficking exploitation, especially among female youths in the US (De Vries & Goggin, 2018).

Foster Care

CSEC youth in foster care are prone to sexual abuse and are at-risk of sexual exploitation

(Balchan, 2018). In NYC child protective services, there are CSEC screening tools to assess all

children for sexual exploitation. To utilize the screening tools, child protective specialists (CPS)

participate in training that enhances their identification of CSEC and trafficked children and

youths. With increased knowledge, CPS can make appropriate referrals to youths in foster care

(Kenny et al., 2019; McMahon-Howard & Reimers, 2013). Balchan (2018) argued that because

youths' CSEC risk classification is not integrated with the electronic medical record, it is a

challenge for medical practitioners to identify a youth who is in foster care placement due to

sexual exploitation unless the youth discloses. The author stressed that medical practitioners

should assess youths for sexual exploitation by using appropriate screening tools that would

indicate a CSEC youths' history of foster care/residential placement. Hornor et al. (2019)

concurred with Balchan (2018) by asserting that medical practitioners, like forensic nurses, should recognize the safety concerns for victims of CSEC, and by establishing rapport, they should obtain pertinent foster care and medical information. Klimley et al. (2018) supported this recommendation, stating that appropriate assessment of histories of physical or sexual abuse, neglect, runaway/homeless would indicate involvement with CSEC and sex trafficking of youth. The authors emphasized the importance of conducting an assessment and physical examination with caution, recommending that such examinations should be slow, respectful, and in the absence of the person perpetrating the act.

Reed et al. (2019) and Warria (2018) also asserted that involvement with child protective services or foster care, displacement, and replacement in the foster care system might cause youth to engage in survival sex. In mixed-method research, McDonald and Middleton (2019) found that CSEC placed in foster care were not identified as CSEC but labeled as minors who had been neglected or sexually abused in general. Balchan (2018), Hornor et al. (2019), Reed et al. (2019), and McDonald and Middleton (2019) all agreed that child welfare agencies should address CSEC through effective screening for identification and then offer appropriate intervention and treatment to address the needs and trauma CSEC have experienced. The gap is that CSEC may not self-identify as a victim; thus, a forensic and victim-centered approach may not be effective (McDonald & Middleton, 2019).

It is essential to understand what role relationships play in CSEC and sex trafficking exploitation (Reed et al., 2019). The purpose of Reed et al.'s (2019) study was to gain a better understanding of how young women's relationships may lead to CSEC and foster care placement. Using a mixed-method approach, they found that children who escape abuse from the

home due to the low socio-economic background and family instability were more susceptible to foster care placement. They also found that placement in foster care exacerbated the risk of non-familial sex trafficking by pimps who established a relationship with the children in their quest to finding permanency in their lives. Once a trusting relationship has been built, the pimps turn to violence and coercion strategies to commercially and sexually exploit youth (Sanchez et al., 2019). Sanchez et al. (2019) observed that coercive trauma bonding occurs between CSEC and exploiters because there is no emotional connection or affection for the victim who is instilled with fear and terror. The authors defined coercive trauma bonding as social isolation, severe power imbalance, perceived inability to escape, and increasingly brutal and seductive behavior by CSEC victims. Panlilio et al. (2019), using the results of a longitudinal study on children and families who entered the child welfare system, concurred that familial abuse and caregiver strain can force youths into foster care placement, and once there, they become exposed to CSEC and sex trade while looking for survival during placement. They urged child welfare professionals to utilize screening tools to identify CSEC and victims of sex trafficking to ensure appropriate service provision.

There are laws, policies, and procedures available that concentrate on the mandates required to ensure CSEC and sex-trafficked youth are provided with services to address the various issues linked to exploitation. Barnert et al. (2016) carried out qualitative research using 32 semistructured interviews with Safe Harbor experts in nine states located in the US. The participants explained that Safe Harbor legislation signified a paradigm shift that treated CSEC as vulnerable and in need of services instead of treating them as criminals. The purpose of their study was to identify if programs like diversion programs, foster care placements, and services

offered by Safe Harbor programs were valuable in the states selected for this study. Barnert et al. (2016) were also interested in knowing if the programs and services recommended by the Safe Harbor legislation were being implemented by services providers as written in the legislation. They noted that some programs, rather than decriminalize CSEC youths, incarcerated them in the juvenile justice system regardless of the Safe Harbor laws in place. The authors encountered some issues regarding the placement of CSEC children, arguing whether placement should be secure or not due to the runaway behavior of this CSEC population. They noted that all the participants interviewed agreed accessibility to appropriate services for CSEC children was critical in the implementation of Safe Harbor laws. These services reduced traumatization and encouraged trust and relationship building with first responders and service providers. Lack of funding was reported as a significant factor in the states identified for the study. With a lack of funding, services, like mental health, case management, medical care, survivor-led mentoring programs, education, and job training, were insufficient, especially in the foster care system.

Lanctot et al. (2019) showed that female CSEC victims in residential placement are more susceptible to the psychiatric disorder than females with no history of CSEC. The authors used a longitudinal study of 125 French-speaking female youths placed in the foster care system between the ages of 12 and 17 years in Canada to show if CSEC during adolescence projected an increased rate of general post-traumatic symptoms, anxious arousal, intrusive experiences, defensive avoidance, and dissociation. The findings showed that females in residential centers who had experienced CSEC had a higher vulnerability to a mental health disorder. The strength of the study was that the participants had access to healthcare to address their mental health.

However, there was evidence to suggest that CSEC and sex trafficking male victims may be higher in number than generally perceived (Corbett, 2018; Greenbaum, 2018).

Some scholars have questioned if CSEC and sex trafficked children have access to mental health and medical care and if the services available to them helped in addressing the challenges faced by this population (Rafferty, 2018). To address this concern, Rafferty (2018) carried out a study that focused on the mental health needs of CSEC victims in foster care and found that CSEC and sex trafficked victims suffered depression, low self-esteem, used drugs, and showed sexual behaviors. The authors used a field-based interview method. Over one year they interviewed 213 individuals from Cambodia, India, Nepal, Laos, Thailand, and Vietnam. The study also included United Nations, agencies, government, and aftercare representatives. The authors found that CSEC and trafficked youth in residential aftercare recovery programs needed mental health services to address the psychological damage caused by CSEC and sex trafficking exploitation. The results could not be generalized because interviews with key informants were not randomly selected. Despite the limitation, the study drew attention to the importance of the mental health needs of CSEC and sex trafficked victims and the effectiveness of quality service provision to address their trauma and recovery.

Homelessness

Homeless children are at a higher risk of being victims of commercial sexual exploitation and sex trafficking as exploiters and traffickers use the control, coercion, violence, drugs, and social isolation to force children into this practice (Adamczyk, 2012; Barnert et al., 2016, 2017; Fong & Berger Cardoso, 2010; Greenbaum, 2018; Gibbs et al., 2015; Knittel et al., 2018; Raino, 2017; Ulibarri et al., 2017; Sapiro et al., 2016; Varma et al., 2015). O'Hara (2019) and Panlilio et

al. (2019) showed that children who ran away from home and lived on the streets were more at-risk of CSEC and sex trafficking exploitation. Their studies coincided with that of Greenbaum et al. (2015), whose sample of 108 predominantly female youth showed that histories of sex abuse, drug use, exposure to violence, and injuries made them more susceptible to CSEC and sex trafficking than youths with better family functioning. The strength of Panlilio et al.'s (2016) study was the establishment of the validity of risk factors for CSEC through a large national sample for both males and females, unlike other samples that focused mostly on females (Corbett, 2018; Greenbaum, 2014; Greenbaum et al., 2015). Harper et al. (2019) stressed that homeless youths are at an increased risk of CSEC and sex trafficking as children who suffer poverty, abuse and neglect, substance abuse, socio-economic disadvantage, and domestic violence are prone to suffer homelessness and be exposed to CSEC and sex trafficking through familial and non-familial relationships. According to Greenbaum (2018), an effective way to work with homeless CSEC youth is by having an open, non-judgmental attitude as well as demonstrating respect and empathy for the survivors during an engagement.

Research literature has shown that CSEC victims in foster care often do not seek medical care (Corbett, 2018; Barnert et al., 2016; Barnert et al., 2017; Greenbaum, 2018), which plays an integral role in recovery. In a study on homeless and runaway youth in NYC, Barnert et al. (2017) study showed that 82% of CSEC youth sought medical health within the past six months for multiple health concerns including STIs, pregnancy, abortion complications, suicide attempts, substance misuse, or violence-inflicted injury. They recommended that all CSEC and trafficked youth in the foster care system should be given a comprehensive assessment that includes evaluating overall health, offering testing and prophylaxis for pregnancy and STIs, mental health

assessment, substance misuse, and providing referrals to an appropriate service provider. The authors noted that, while efforts have begun to measure the pervasiveness of homeless CSEC and sex-trafficked youth, measurements of the total prevalence and scope of CSEC and sex trafficking are a challenge and challenging to obtain.

Lack of Parental Support

Various scholars have studied the effect of caregiver strain as a risk factor for CSEC and sex trafficking. They argued that children who lack parental support are prone to be commercially sexually exploited by family members and non-familial perpetrators (Fong & Berger Cardoso, 2010; Greenbaum, 2018; Harper et al., 2019; Miller-Perrin & Wurtele, 2016; Rahmat et al., 2017; Sapiro et al., 2016; Varma et al., 2015) as family dysfunction may have driven the child to run away from home and be exposed commercial sexual exploitation. Few studies have found that lack of interpersonal relationships with family members have led CSEC youth to sexual exploitation (Reed et al., 2019).

Reed et al. (2019) utilized a mixed-method approach to understand CSEC youths' relationships and the extent to which parental abuse and substance influenced their entry into sexual exploitation. Their study included 26 CSEC participants located within the State of Nevada who were 18 to 24 and had been sexually exploited before age 18. They used a semistructured interview method to conduct interviews that lasted between 40 to 60 minutes long. Their findings showed that CSEC youth participated in the sex trade to circumvent and flee from familial abuse.

Hornor et al. (2019), Cimino et al. (2017), and Hurst (2019) found that children who lack parental supervision and guidance are prone to sexual abuse and trafficking. Kinnish et al. (2020)

agreed with Hornor et al. (2019), noting that CSEC and sex-trafficked youths who lack caregiver support may not accept services provided to them. Reid's and Piquero's (2016) study that explored the similarities and differences in vulnerability to CSEC found that not only does caregiver strain expose youth to exploitation, it also caused higher psychosocial emotions and early sexual relationships. They found that males were more prone to negative psychosocial emotion and early sexual experience, while females were more prone to substance misuse (Reid & Piquero, 2016). Klimley et al. (2018) added that females are more vulnerable to CSEC, but this may be because male CSEC victims are overlooked in cultures with the expectation that male children should be "strong, powerful, and in control" (p. 223).

Reed et al. (2019) carried out a study to elucidate to what level interpersonal relationships, substance use, and sexual abuse within the home impact commercial sexual exploitation. In a qualitative content analysis approach, the authors found that three types of relationships led to CSEC: friends, family, and boyfriends. The victims who were most easily lured into CSEC were noted to have run away from home due to abuse within the home. The authors concluded that CSEC survivors most often do not engage in trading sex but are influenced by the desire to escape familial abuse and as such, are forced into CSEC by a familiar person with whom they have a relationship (Reed et al., 2019).

Rahmat et al. (2017) found that not only does lack of parental support expose vulnerable children to CSEC and sex trafficking, but the emergence of sex tourism, such as in the North Sulawesi Province of Indonesia, can also have a negative impact on the children in the communities. Rahmat et al.'s (2017) study was supported by Devi's and Syamsul's (2019) study, which noted that lack of parental support does not sustain the developmental growth of children

who, due to lack of parental attention are exposed to the media and entertainment industry. Their exposure to the internet and media in the quest for attention increases their vulnerability to CSEC and sex trafficking. Rafferty (2018) argued practitioners need to consider CSEC and trafficked youths' notion of what a home is. In a study involving Albanian children who were rescued from sex trafficking, only four out of 61 interviewed wanted a reunion with family members; the rest did not want to return home due to family dysfunction and inability to meet their needs (Rafferty, 2018). The author cautioned that care should be taken when returning victims to their homes without knowing the dynamics of the family functioning (Rafferty, 2018). In accordance to the above literature, Cimino et al.'s (2017) study showed that juveniles with strained relationships with parents had increased susceptibility to caregiver sexual abuse, lack of supervision and were prone to running away, being kicked out, and becoming homeless.

Therapeutic Interventions

CSEC and sex trafficked youths present numerous clinical challenges that have led practitioners to inquire whether current evidence-based interventions are suitable to address the needs of this exploited population. Despite the increasing awareness of this issue, information on the prevalence and therapeutic needs of this population is scarce (Brandt et al., 2018; Warria, 2018). Cohen et al. (2017) and Kinnish et al. (2020) stressed the importance of providing essential and effective mental health treatment programs, such as trauma-focused, evidence-based services, to CSEC and trafficked youth. Not only must this population receive these services, but the services must be provided by skilled and knowledgeable social work practitioners who understand the trauma the CSEC and trafficked youths go through (Greenbaum, 2018; Hornor et al., 2019; Kinnish et al., 2019). Because youths exposed to CSEC

and sex trafficking have histories of trauma, sexual abuse, physical abuse, neglect, and maltreatment, it becomes crucial for practitioners to refer them to trauma-focused services to address their behavioral and safety needs (Kenny et al., 2020; Landers et al., 2020).

Kinnish et al. (2020) described how Project Intersect, a mental health program, led by the Georgia Center for Child Advocacy in Atlanta, Georgia in 2012 was designed to enhance the skills of behavioral health specialists to address trauma-related psychological and behavioral problems experienced by CSEC and trafficked youth. Funding for the Project Intersect was provided by the Substance Abuse and Mental Health Services Administration. To increase the skills of therapists for effective service provision, a nine- to 12-month skills enhancement program was implemented, which was followed by a one-year advanced training that addressed trauma-focused cognitive behavioral therapy best practice components relating to CSEC and trafficked youths (Kinnish et al., 2019). The common challenges noted by Kinnish et al. (2020) were referring CSEC and sex trafficked youths to trained and skilled practitioners, sustainable evidence-based treatment, training therapists, and obtaining support for CSEC and sex trafficked youths and effective services for trafficked youth outside urban areas. They noted that these youths are often referred to providers who are not knowledgeable and skilled in trauma, CSEC, and trafficked youth.

Greenbaum (2018) advised that practitioners should note CSEC youths that present with ailments like abdominal pain, gynecological complaints, back pain, and psychiatric issues as well as reported sexual assault. Greenbaum (2018) also asserted these practitioners must provide immediate services to address these ailments and must also screen these youth for sex trafficking too since many will not self-disclose. The recommendation is that providers from services like

the Department of Juvenile Justice and Child Welfare and Protective Services should receive training that encompasses awareness and identification of the trauma of CSEC and trafficked youths. Greenbaum (2018) cautioned that CSEC practitioners must use a "trauma-informed, rights-based, culturally and gender-sensitive approach" (g. 60) when providing therapeutic services to CSEC and sex-trafficked youth. It is critical to sustain evidence-based treatment by ensuring there is ample funding and a strong workforce.

In Goldman's and Goyal's (2019) quantitative, pretest-posttest study, 118 law enforcement officers were selected using a convenience sampling method. The results showed that participants who used a smartphone app were able to identify CSEC victims earlier and were able to refer them to the most appropriate therapeutic protective services. However, their results were limited due to a small sample size. They recommended teachers, nurses, youth program workers, social workers, and other mandated child abuse reporters should use the smartphone app as CSEC victims would benefit from timely therapeutic interventions that would promoted their wellbeing in a timely fashion.

Fraley et al.'s (n.d.) mixed methods study was conducted to explore school nurses' awareness, attitudes, and role perceptions in the prevention of CSEC. They found that making the appropriate referrals to appropriate therapeutic services modified CSEC behavior and improved their safety. However, in a study carried out in the United Kingdom, O'Hara (2019) found that interventions may be unsuccessful when inaccurate risk assessment is performed, causing a serious negative impact on CSEC and sexually trafficked children. Because CSEC is an integral part of the sex trade, she urged practitioners to fully assess all youth without labeling

them as "prostitutes" and connect them to therapeutic services that would address their emotional

and psychological needs.

Corbett (2018), using a qualitative method, interviewed 13 English-speaking women who

successfully exited the *Life* after four years of sexual exploitation. Their ages ranged from age 20

to 26, and participants were interviewed for 60 to 90 minutes. Interviews were audio-taped.

Thirteen years was the average age participants became CSEC victims, and most exited that

lifestyle at age 17. The data were analyzed using Breckner's method of thematic analysis. The

sample size was adequate as it was consistent with the national sample. The study showed the

survivors lacked therapeutic interventions but exited the *Life* due to the importance of family

connection and dynamics.

Gibbs et al. (2015) showed that engagement in programs does not entail disengagement

from CSEC involvement. The authors noted that limitations to the study include bias introduced

by selective disclosure of information from program staff, withholding of information by the

youth to the program staff, and selection of youth for case narrative by program staff. They

found a diversity of CSEC youths in the small program size; children as young as twelve, who

were diverse in race and ethnicity. These children lived with caregivers or were homeless and in

the streets and had law enforcement and social service history. They also found that initial and

continued engagement and services with these minors were a challenge due to the absence of

safety planning and crisis management by service providers. The youths engaged in sex for a

better means of livelihood, and love for those that are in a romantic relationship with their

exploiter. Gibbs et al. (2015) asserted that for CSEC youths to have functional adult life, they

must be connected to services that address safety, physical and emotional well-being, connection

to peers, family and community, and resources for self-sufficiency.

Ijadi-Maghsoodi et al. (2018) performed a study using focus groups with 18 CSEC youth

from Southern California. The goal was to understand CSEC's health care experiences, barriers

to care, and solicit their recommendations for improving health care services. Barriers included

feeling judged, concerns about confidentiality, fear, perceived low quality of services, and self-

reliance. The authors argued that the perception of the low quality of services could be a result of

the youth's race, sexual orientation, age, sex, disability, and mental health status. Kenny et al.

(2019) argued that trained CSEC providers have a better understanding of the population; greater

ability to identify CSEC victims; increased ability to engage, communicate, and interact; and an

enhanced prospect of educating others and raising awareness about CSEC and sex trafficking.

Therefore, practitioners ensure services provided will be effective in addressing CSEC's

behavior, safety, well-being, and functionality in the community.

Poverty

Many CSEC youth are commercially sexually exploited due to low economic status, and

they become victims of CSEC activities to help their families (Adamczyk, 2012; Franchino-

Olsen, 2019; Miller-Perrin & Wurtele, 2016; O'Hara, 2019; Sapiro et al., 2016) because they

cannot find a regular job. Traffickers exploit children from impoverished homes who easily fall

prey from the desire to provide financial support for their family. According to Greenbaum

(2014, 2018) and Hurst (2019), family involvement in CSEC is related to childhood poverty. In

some cases, a child is sold to a trafficker when the family faces challenges and is promised a

better living condition (Reed et al., 2019). In the UK, O'Hara (2019) found that economically

disadvantaged youths are often identified through online grooming via the internet, gangs, recruitment through peers with knowledge of their financial conditions, and trafficking into and within the country. In Devi's and Syamsul's (2019) study carried out in Surabaya City in Indonesia, it was shown that poverty is one of the key risk factors of CSEC and sex trafficking. The authors defined low-income families as families not having an income, those who dropped out of tertiary education, and who work minimum wage jobs. Self-Brown et al. (2018), using a convenient sample of 593 adolescents residing in the slums of Kampala, Uganda, found out that youths living in low economic countries are at an increased risk of being sexually exploited and trafficked. Therefore, the sexual exploitation and victimization of youths may be linked to their low socioeconomic backgrounds.

Substance Abuse

Researchers frequently connect CSEC with substance misuse (Cook et al., 2018; Goldberg & Moore, 2018; Hershberger et al., 2018; Reid & Piquero, 2014). Some CSEC victims are lured into the act by pimps to obtain drugs (Barnert et al., 2016; Corbett, 2018; Fong & Berger Cardoso, 2010; Gibbs et al., 2015; Greenbaum, 2014, 2018; Hornor & Sherfield, 2018; Miller-Perrin & Wurtele, 2016; Panlilio et al., 2019; Ulibarri et al., 2017; Varma et al., 2015). Many are treated in emergency rooms for marijuana, ecstasy, cocaine, and methamphetamine use (Varma et al., 2015). Reed et al. (2019) carried out a mixed-method study and found that substance use was one of the indicators of sexual exploitation. Youth involved in substance use are more prone to sexual exploitation as they trade sex for either drugs or funds to purchase the drugs (Reed et al., 2019). Additionally, Goldberg and Moore (2018), Hershberger et al. (2018) and Le et al. (2018) indicated CSEC and sex trafficked minors not only are involved in substance

use but suffer from PTSD, depression, anxiety, and suicidal ideation. Hershberger et al. (2018) collected data from de-identified charts of 80 girls who were referred for a psychological evaluation by the Department of Child Services and found that girls involved in CSEC were often diagnosed with substance abuse disorder and needed substance abuse treatment program to stabilize them and increase functionality. In a similar study carried out by Cook et al. (2018) using a retrospective case review of court files of 184 female CSEC youths from 2012 to 2014, it was shown that mental health issues and substance use were high among the participants. Cook et al. (2018) noted that substance use differed at statistically significant levels between youth with documented child abuse histories compared to those with no history of child abuse; there was also an increased rate of hospitalization for CSEC youth with mental health and substance abuse issues, leading to the need to discuss their health care needs. Le et al.'s (2018) qualitative study showed that CSEC and sex trafficked youths suffering from substance use and abuse, PSTD, depression, STIs, HIV, pregnancy, and suicidal behaviors are often overlooked by practitioners. They recommended that child protective and child welfare agencies connected to this population provide appropriate services to address their medical and health care needs. Thus, it is pertinent for a child psychiatrist and other practitioners to identify, interact, and intervene for this population to increase healthy lifestyles in this population.

CSEC Challenges

It is difficult to determine the actual number of CSEC and sex trafficked youths, the number of males and females involved in exploitation, and the services and programs available to them for several reasons. First, there is a lack of a centralized database, differences in interpretation of definitions, under-recognition of exploited children by practitioners, and under-

reporting by victim, especially among male minors, leading to underestimates of victims in any given area (Chaffee & English, 2015; Greenbaum, 2018; Jimenez et al., 2015; Klimley et al., 2018; Panlilio et al. 2017; Raino, 2017). Greenbaum (2018) and Raino (2017) emphasized that because different states define CSEC and sex trafficking differently, misrepresentation in definitions can exclude vulnerable victims from obtaining the protection developed to curb the cycle of exploitation. However, Salisbury et al. (2015) warned that despite the lack of data, practitioners and juvenile justice agencies must be trained on risk factors of CSEC and sex trafficked youth to ensure appropriate and best practice services.

The development and emergence of the internet facilitate exploiters' access to high-risk minors has increased their victimization often without the knowledge of families, child welfare, law enforcement, and the courts. According to Panlilio et al. (2017), there are no uniform or standardized methods of collecting data for identifying CSEC and trafficked youth. In some states, there is misclassification of CSEC and trafficked youths as either prostitutes or offenders rather than as victims (Corbett, 2018; Barnert et al., 2016; Shields & Letourneau, 2015). It has been argued that such misrepresentation skews the number of CSEC victims and trafficked youth (Barnert et al., 2016). The lack of appropriate CSEC and trafficked youth screening tools create a gap in the appropriate provision of interventions (Armstrong, 2017; Avila, 2016; Greenbaum, 2014; Greenbaum et al., 2015; Panlilio et al., 2019). Andretta et al. (n.d.) asserted that the lack of appropriate screening tools in the juvenile system makes referrals to appropriate services a daunting task. They proposed that screening of CSEC and sex trafficked victims must be brief, objective, and nonintrusive. Using a semistructured interview method with 901 arrested youths in

Washington, D. C., they found inappropriate screening tools did not detect CSEC and sex

trafficked victims suffering from depression and other clinical maladaptive behaviors.

The importance of educating professionals from the Department of Juvenile Justice, law

enforcement, child welfare, and child protection systems that have a connection with CSEC and

trafficked youth on assessment, identification of CSEC and sex trafficked survivors cannot be

over-emphasized. The linkage between CSEC and trafficked youths to a skilled and specialized

therapist is a significant challenge. Too often, this population is paired with therapists who lack

the knowledge and skills to assess their level of trauma for adequate treatment (Chaffee &

English, 2015; Kinnish et al., 2019). The research asserted the importance of utilizing therapists

who are knowledgeable about CSEC and trafficked youths, trauma, and best practices to ensure

appropriate service referrals (Chaffee & English, 2015). The sustainability of evidence-based

treatment programs poses a challenge due to system-level factors, resources, funding, and

staffing; these factors can make it difficult for CSEC and trafficked minors to receive the

interventions that would change their behavior and increase their safety (Barnert et al., 2016).

Bounds et al. (2015) and Chaffee and English (2015) stressed that specialized training for

medical practitioners, social workers, law enforcement agents, and CSEC and trafficked youth

first responders would enhance their ability to identify CSEC victims, assess and case manage

victims, coach parents of at-risk children on the need for improved parental supervision, and

refer victims to appropriate, specialized therapeutic services.

As such, practitioners should possess the necessary training to increase their skills in the

identification and provision of appropriate services to CSEC and sexually exploited youths.

Fraley et al. (n.d.) and Kenny et al. (2019) agreed that developing training and educational

interventions that comprise multidisciplinary, community-based approaches involving CSEC

stakeholders, including school nurses, guidance counselors, teachers, and administrators, can not

only enhance the skills needed to work with CSEC youth in foster care and residential placement

but also prevent CSEC among youths in schools. McMahon-Howard and Reimers (2013)

concurred with Fraley et al. (n.d.) in their randomized study on child protective services (CPS)

employees. McMahon-Howard's and Reimers' (2013) research purpose was threefold: to explore

CPS employees' CSEC beliefs and knowledge, to evaluate the effectiveness of a CSEC webinar

training on CPS' CSEC beliefs and knowledge, and to determine if the increased knowledge

improved referrals for appropriate CSEC services. Using an experimental pretest-posttest design

with randomly assigned treatment and control groups, the authors found that training increased

CPS' knowledge of CSEC, which invariably improved referrals to appropriate programs and

services. They advised, however, that child protective service agencies should assess the CPS

employees' CSEC knowledge and beliefs before CSEC training through a pretest and posttest

questionnaire. This is due to reported burnout by social workers who are not equipped to identify

CSEC and trafficked youths, handle the level of trauma, or length of treatment required for

youths to have a positive behavior change (Cohen et al., 2017; Kinnish et al., 2019). To mitigate

burnout, agency and social workers' involvement in the implementation of decision-making and

sustainability planning and ensuring self-care practices are critical.

Problems With CSEC Intervention

Policies at the systems level impede therapists' abilities to offer the appropriate number

of sessions required by CSEC and trafficked youths, caregivers, and collateral contacts. It can be

a daunting task for social workers to navigate the clinical complexities of CSEC and trafficked

youth in mental health treatment. Social workers have expressed barriers relating to the

appropriateness of trauma-focused cognitive behavioral therapy (Cohen et al., 2017; Kinnish et

al., 2019), psychoeducational groups (Harper et al., 2019), and seeking safety therapy, and how

to navigate the treatment sessions with CSEC and trafficked youths involved in substance abuse,

HIV, and other medical problems. Adding to the treatment burden social workers face is the

challenging client-caregiver relationship (Corbett, 2018). CSEC youths may have absent,

uninvolved family members or be abused or neglected, so practitioners must ensure the

interventions provided meet the psychological, emotional, and behavioral needs of the youths

(Corbett, 2018).

While the sexual exploitation of minors exists in the United States, human service

professionals in rural regions are usually unaware of the existence of this problem (Cole &

Sprang, 2015; Ijadi-Maghsoodi et al., 2018). According to Miller-Perrin and Wurtele (2016) and

Felner and DuBois (2017), many human services professionals who encounter youths in

homeless shelters, child advocacy centers, group or foster homes, medical settings, and juvenile

centers may lack the skills to accurately assess the youths for CSEC and sex trafficking. Thus,

there is less recognition and reporting, less training, and fewer victim services that are available

in these communities (Rafferty, 2016). Rahmat et al. (2017) used snowball sampling to conduct a

study on the tourism in Manado City, North Sulawesi Province, Indonesia. The purpose of their

research was to understand if tourism had a significant impact on CSEC and sex trafficking.

They found that tourism harmed the minors in the community as efforts made to curb CSEC and

sex trafficking by the local government and other stakeholders had proved abortive due to the

lack of resources, interventions, and skilled and trained practitioners, including the police,

judiciary, and government policymakers (Rahmat et al., 2017).

To mitigate sex trafficking and strengthen families in the US, President Barack Obama

signed the Preventing Sex Trafficking and Strengthening Family Act, Public Law 112-183 (HR

4980) on September 29, 2014. HR 4980 encouraged states to develop policies and procedures for

identifying and determining the appropriate services for minors at-risk of CSEC and sex

trafficking or who are victims of sex trafficking. This bill seeks to protect children in foster care,

prevent them from being sex trafficked, and makes improvement in child welfare law. The bill

encourages the development of multidisciplinary policies and procedures that determine the

appropriate provision of services for this population.

Many CSEC and trafficked youths isolate themselves and so do not receive appropriate

interventions (Avila, 2016; Barnert et al., 2016; Corbett, 2018; Felner & DuBois, 2017;

Greenbaum, 2018; Kenny et al. 2019; Varma et al., 2015). Additionally, there are fewer services

for domestic victims (Bounds et al., 2015) because state and federal funding is geared towards

international victims. Therefore, practitioners must develop the skills to engage with these youths

to provide them with appropriate services that their needs (Felner & DuBois, 2017; McMahon-

Howard & Reimers, 2013). It is crucial to extend services to them without judgment, knowing

they are victims and not offenders (Shields & Letourneau, 2015). Avila (2016) argued

practitioners should engage with victims of CSEC and trafficked youths with honesty during

screening and other moments of contact. CSEC youths who seek medical attention may find it

difficult to disclose their victimization due to threats to them or their family members by a pimp

or trafficker, or they may want to protect the trafficker from law enforcement and arrest (Rafferty, 2016).

CSEC Limitations and Strengths

CSEC and sex trafficking include pornography, erotic dancing, sex tourism, and other commercially exploitative behaviors (Harper et al., 2019) and have become a universal concern. It is a challenge to measure CSEC and sex trafficking in the US (Harper et al., 2019). However, child trafficking victims are often unofficially identified through healthcare systems, schools, child protective services, juvenile detentions, and the judicial systems (Landers et al., 2020; McDonald & Middleton, 2019; Rafferty, 2016). More often than not, victims trafficked domestically work in unsafe and unhealthy conditions, and those used in the sex trade are neglected and unaccounted for as CSEC and sex trafficking victims. The failure to accurately identify these minors denies them their fundamental human rights and rights to the appropriate provision of services. Moreover, under-identification means traffickers are able to continue exploiting children and are not prosecuted by law (Ossa-Estrada & Munoz-Echeverri, 2017). Goldberg and Moore (2018), Greenbaum et al. (2015), Panlilio et al. (2019), Roby and Vincent (2017), and Varma et al. (2015) also opined that youths exposed to CSEC and sex trafficking suffer negative social, emotional, psychological, and educational consequences. Additionally, due to the lack of appropriate screening tools, it is uncertain what ethics, race, and gender are alleged to be victims of CSEC and sex trafficking (Panlilio et al., 2019).

Barnert et al. (2016), Greenbaum et al. (2015), and Corbett (2018) agreed that prior studies on CSEC were not geographically-diverse and were limited in sample size. Warria's (2018) study supported the notion that some studies cannot be generalized due to small sample

sizes. In Warria's (2018) research, a qualitative method and purposive sampling method were used to identify 32 participants. The sample population was comprised of ten rescued trafficked children, seven social workers, seven child protective staff, three victims' empowerment practitioners, three anti-trafficking researchers, one lawyer, and one detective. All were recruited in South Africa. The purpose of the study was to explore, through in-depth interviews, the challenges participants had encountered with service provision. The findings indicated that service provision is not an easy process and that multi-national, multi-agency long-term sustained responses with a focus on prevention, rehabilitation, prosecution, and protection are necessary to improve successful resettlement and adaptation of the trafficked youths. Warria (2018) noted that the study was limited due to the small sample size and selection bias of the youths who were already receiving assistance from programs during data collection.

The recruitment challenges and attrition of CSEC and sex trafficked youths pose a problem as many samples are considered not to be representative of the population, which would invariably affect the findings of the studies (Fraley et al., n.d.). In Rafferty's (2016) qualitative research in South and Southeast Asia, the lack of awareness and referral to appropriate interventions by practitioners who came in contact with CSEC and sex trafficked youths is a de-service to them. This can be related to how different individuals in the micro, macro, and mezzo levels of government perceive the seriousness of CSEC and sex trafficking differently. Cole and Sprang (2015) examined practitioners' awareness, knowledge, and experience with CSEC and trafficked victims' issues and state and federal statutes. They found that perceptions of CSEC varied among practitioners in the rural, micropolitan and metropolitan areas, with metropolitan practitioners more likely to acknowledge the severity of the problem of CSEC and sex trafficked

youth. With more awareness, knowledge, and experience, practitioners in metropolitan areas, like NYC, are more apt to make informed service referrals with appropriate knowledge about the issue, current programs, and policies for identifying survivors (Ossa-Estrada & Munoz-Echeverri, 2017).

In the US child welfare system, interventions for CSEC and sex trafficked youth should be provided by licensed therapists and providers. However, while they have knowledge in the provision of child sexual abuse treatments, they may struggle with treatment modalities for CSEC and trafficked youths due to "poor best practice" fit (Fong & Berger Cardoso, 2010). Fong and Cardoso (2010) recommended individual, family, and group therapy as the conventional treatment modalities and warned that family members involved in family therapy with CSEC and sex trafficked youth must be non-offending family members who understand the trauma the youth has experienced. Thompson et al. (2019) suggest training and education as mitigating factors to address the challenges that obstruct the identification of survivors.

The number of prevention efforts to curb CSEC and sex trafficking continues to grow in the United States. Programs, including child and parent-focused initiatives, public awareness campaigns, media coverage in tourism destination countries like Indonesia (Rafferty, 2016; Miller-Perrin & Wurtele, 2016), are greatly encouraged. The provision of therapeutic interventions for at-risk youth may minimize the rate at which they are commercially and sexually exploited and trafficked. Rafferty (2016) believed that if nongovernmental organizations (NGOs) work collaboratively with lawyers, investigators, judiciary, police, social services, and regulatory agency personnel, those who are socially disadvantaged would be protected from exploiters and there would be outreach and educational services to ensure the

exploiters of children are stopped. For example, the NGO Maiti Nepal in Nepal works with immigration at borders to rescue children suspected of being trafficked the slave and sex trades (Rafferty, 2016). The support and protection of witnesses in the judicial proceedings of CSEC and sex trafficked victims would encourage others to ensure the exploitation of minors is curbed.

Summary

CSEC and sex trafficking are universal health concerns requiring individuals, organizations, communities, and nations to collaborate to stop the sexual crimes being committed against vulnerable minors. Minors who are victims of sexual exploitation and trafficking engage in sexual services for the benefit of someone else due to force, fraud, or coercion (Barnert et al., 2016). There are many risk factors, including poverty, identifying as LGBTQ, and substance use, that make minors more susceptible to sexual exploitation (Reed et al., 2019). Practitioners are encouraged to identify youths who may be victims of CSEC and sex trafficking through appropriate screening methods and signs of sexual abuse, overtly sexualized behavior, dysfunctional family relationships, truancy from school, health problems like STIs and abortions, suspicious marks, and an increase in funds among other factors (Corbett, 2018; Greenbaum et al., 2015; Sanchez et al., 2019).

The identification of the risk factors by social workers and other individuals who come in contact with the CSEC and sex trafficking victims would prevent further exploitation and allow for the provision of therapeutic interventions that would change the minors' behavior and increase their safety. While practitioners may connect CSEC and sex trafficked victims with community resources, the literature asserted most therapists lack the assessment skills and appropriate services to meet this population's mental, emotional, psychological, and individual

basic needs that would enhance sustainability in communities (Barnert et al., 2017). Some

practitioners, rather than engage CSEC with open-mindedness, criminalize and make them feel

worthless and unprotected (Hornor & Sherfield, 2018). To date, there is very little empirical

research conducted that shows the effectiveness of therapeutic interventions for CSEC and sex

trafficked victims. Despite growing interest among practitioners, providers, policymakers at the

micro, macro, and levels of government, and researchers in understanding the therapeutic needs

for CSEC and sex trafficked youths, evidence-based, trauma-informed care, and program

evaluations are still needed to determine the best treatment decisions. For this reason, laws, like

the Trafficking Victim's Protection Act (TVPA) of 2000 and Safe Harbor Act (2008), have

created increased connection and engagement among stakeholders, practitioners, law

enforcements, juvenile systems, and child welfare professionals to improve the assessment of,

advocacy for, policies, and referrals to appropriate services for this population.

Section 1 outlined the reasons and rationale for understanding the interconnection

between CSEC and sex trafficked youths' engagement and participation in services with clinical

social workers. Gaps, weakness, limitations, and strengths in current research were identified and

supported the need to further explore this clinical social work problem. Section 2 provides an

overview of the research design and methodology utilized in this research study. A

comprehensive rationale for prospective data, participant recruitment, and instrumentation

utilized is provided. Data analysis and ethical procedures are reviewed with a summary that

transitions to the final section of this study.

Section 2: Research Design and Data Collection

Research Design

This qualitative doctoral research project was performed to understand the perceptions social workers have on the effectiveness of interventions with CSEC behavior and safety. The social work practice problem that was explored in this case study was the effectiveness of seeking safety interventions on CSEC behavior and safety in NYC. The research question explored in the study was as follows: What are social workers' perceptions of the effectiveness of seeking safety therapy with CSEC behavior and safety in NYC? This research question relates to the purpose of this study by enhancing social work practice through the appropriate identification, assessment, and provision of evidence-based treatment plans to curb the behaviors elicited by the sexual exploitation of minors that can lead to victimization and criminalization at the micro, macro, and mezzo levels of government. This study allowed social workers involved with providing interventions to this population to describe the challenges and barriers faced in providing effective specialized resources to support and assist these youths to prevent revictimization and reentry to sexual exploitation. Addressing these identified challenges may promote better social work practice and result in effective practices for dealing with minors identified as CSEC and sex trafficked.

The goal of this study was to understand the perceptions social workers have on the effectiveness of provisions of interventions with CSEC behavior and safety, and if the interventions provided have a positive impact on this population's behavior and safety, with the ultimate goal of promoting positive social change. Thus, in this qualitative research study, the selection and participation of experienced and skilled clinical social workers in NYC working

with this population aligned with the research question. The key stakeholders in this research project were clinical social workers with a Bachelors in Social Work and Masters in Social Work who had experience in the identification, assessment, and provision of appropriate effective evidence-based treatment plans that address CSEC and sex trafficked youths' behavior and safety. I hypothesized that understanding their perceptions of the effectiveness of the intervention as it relates to behavior modification and self-actualization of CSEC and sex trafficked youths could promote and improve social work practice. In this study, social workers shared their thoughts, experiences, and insights regarding the challenges and barriers in service efficacy and provision with this vulnerable and powerless population. Their experience working with this population could lead to better advocacy, training, and collaboration among other stakeholders in law enforcement, child welfare, juvenile centers, the court system, and other services who come in contact with CSEC and sex trafficked youths. The collaboration of all change agents connected to this population could enhance awareness of and uniformity in the interpretation of legislation related to the CSEC and sex trafficked youths. Using an in-depth interview research method with these social workers afforded me the opportunity of obtaining different types of data on social workers' perspectives of CSEC and sex trafficked youths and provided a chance to acquire in-depth knowledge and understanding of the challenges and barriers to effective service provision for the CSEC population.

Methodology

This qualitative research used the in-depth individual interview method. This is a qualitative research technique that involves conducting intensive individual interviews with a small number of research participants to explore their perspectives on a particular idea, program,

or situation (Creswell, 1998). It involves direct, one-on-one, and face-to-face engagement with individual participants (Burkholder et al., 2019). This research method uses a naturalistic and holistic one-one-one approach to understand a phenomenon in a real-world setting (Eriksson & McConnell, 2011; Ravitch & Carl, 2016; Rubin & Rubin, 2012). Researchers who use the in-depth individual interview research method benefit from the "process as well as [the] outcome" (Burkholder et al., 2019, p. 228). This in-depth research methodology provided me with the opportunity to examine social workers' perceptions of the effectiveness of service provision with CSEC behavior and safety. An in-depth individual interview method can be applied to similar cases or situations with a small sample size, leading to transferability of the study (Creswell,1998).

As per Rubin and Rubin (2012), qualitative responsive interview follow-up questions and probes should have depth, have detail, be nuanced, and be rich with vivid thematic material. To obtain the depth and detail, it is important for an interviewer to be familiar with the interviewee's world and lived experiences. The researcher asks for details about a process, event, or ceremony, which lead to important findings and focus more on what and how. To obtain more responses from the interviewee, the interviewer encourages depth and detail of response by listening intently to long answers without interrupting and clarifying information obtained (Rubin & Rubin, 2012). The authors asserted that "detail adds solidity, clarity, evidence, and example, while depth adds layers of meaning, different angles on the subject, and understanding" (Rubin & Rubin, 2012, p. 104). The in-depth individual interview method of data collection includes interviews, recordings, field notes, conversations, self-memos, and observations in a natural environment (Creswell, 1998; Eriksson & McConnell, 2011; Ravitch & Carl, 2016).

In this qualitative study, I collected data through interviews, a note pad, and an audio recorder from clinical social workers who worked in NYC. These social workers provided seeking safety therapy to the CSEC and sex-trafficked youths. An interview appointment was scheduled with all participants. Probing and follow-up open-ended questions were asked to obtain more detailed and in-depth insight and understanding and allowed the participants to voice their experiences and perspectives (see Creswell, 1998). I followed up with telephone calls and texts with all participants. By using the in-depth individual interview method of data collection, I was able to note verbal and semiverbal cues. According to Royse et al. (2016), the use of multiple strategies of data collection reduces any underlying problems inherent with a single method, and the observation and interviewing of research participants is "key to understanding a program's success or failure" (p. 95). I communicated with participants using telephone and emails.

Participants

The composition of the research study was limited to NYC clinical social workers who had experience working with CSEC and sex-trafficked youths in the assessment, identification, and provision of appropriate interventions to address the youths' needs. A recruitment flyer was posted on various office internet sites, Facebook, and LinkedIn with information on my background, the reason for recruitment, and a description of the study. The flyer also included the research topic, the eligibility for participation, and information on informed consent and confidentiality.

The sampling strategy that was used for this study was purposive sampling as the selection of participants was based on specific purposes associated with answering the research

question (see Teddlie & Yu, 2007). This sampling strategy was used because it allowed me to

identify and select individuals knowledgeable about and experienced with a phenomenon of

interest (see Creswell & Plano Clark, 2011), specifically CSEC and sex-trafficked youths. This

sampling strategy allowed me to obtain more insight into the population of interest (see

Onwuegbuzie & Collins, 2007). Using a purposive sample allowed me to capture a wide range of

perspectives relating to the issue under study (see Palinkas et al., 2015).

The use of clinical social workers' relevant knowledge and experience in providing

services to CSEC and sex-trafficked youths provided rich information and education about the

effectiveness of interventions on this population's behavior and safety. The research study

included 10 NYC clinical social workers who provided interventions to CSEC and sex trafficked

youths geared at modifying their behavior and finding safety so that reentry into the world of

exploitation will be curbed. The selection of this number of clinical practitioners provided me

with an opportunity to examine the research problem to increase an understanding of that

bounded phenomenon that can be applied to similar cases or situations and that could lead to

transferability of the results despite the small sample size (see Burkholder et al., 2019; Creswell,

1998). Because of their experiences and knowledge, I was able to understand their thoughts,

perceptions, and barriers to providing effective evidence-based therapy to this population.

Instrumentation

There were no existing instruments for this qualitative study. A questionnaire was the

appropriate tool for data collection using interviews. Questions were developed from literature

about the effectiveness of interventions on CSEC's behavior and safety in NYC. Each clinical

social worker was asked a total of 20 questions to gain insight into their perspectives about the

effectiveness of seeking safety therapy with CSEC and sex trafficked youths' behavior and safety in NYC. According to Corbett (2018), studies have shown the lack of therapeutic services available to many CSEC and sex trafficked youths, and when received, research has shown these interventions are ineffective or have limited effectiveness.

A qualitative approach through individual interviews, observations, and open-ended questions/interviews allowed me to form thoughts and opinions regarding the CSEC and sex trafficked youths' study and to obtain a better understanding of the phenomenon through inductive reasoning. Participants' responses were audio recorded participants, and note pads were used to record observations, feelings, and thoughts (see Ravitch & Carl, 2016; Royse et al., 2016; Rubin & Rubin, 2012) during the interviews. Semistructured interviews were used, so verbal, semiverbal, and nonverbal cues were recorded, observed, and noted. The semistructured interview method allowed me to obtain more detailed and in-depth insight and understanding into the participants' experiences and perceptions on the effectiveness of interventions on CSEC and sex trafficked youths' behavior and safety.

Data Analysis

Data were collected by me, a Walden University doctoral research student. I collected information by audio recording individual interviews with 10 clinical social workers who provided services to the CSEC and sex trafficked youths. Semiverbal communication by each social worker was recorded in a reflexive journal or note pad. I also recorded my thoughts and observations during the collection of data to ensure that the semiverbal cues elicited during the interview were not forgotten. Then, I transcribed the data after listening to the audio recording to eliminate any misconceptions and misunderstandings.

In a qualitative study, researchers use codes, categories, and themes in data analysis. After each individual interview, I completed transcription to ensure the data collected were appropriate. The transcript was coded, and salient codes were merged to form categories that became descriptors of themes. Codes were chosen based on patterns, similarities, the order of presentation, and meaning of the information provided in the interviews (see Laureate Education, 2016). According to Ravitch and Carl (2016), codes are inferential labels that are assigned to units of data and enable researchers to organize data into manageable units to help with analysis. Coding is about naming segments of data with a label that categorizes, summarizes, and accounts for each piece of data (Thornberg & Charmaz, 2014).

Categories were formed when similar codes were merged to obtain a more complete sense of the data. A category refers to the descriptive level of text and is an explicit manifestation of the participant's account (Ravitch & Carl, 2016). Categories are descriptors of themes. It is the primary product of the analytical process, has a descriptive identity, and is mainly used at the beginning of the theme development process to classify findings (Ravitch & Carl, 2016; Vaismoradi et al., 2016). Categories are groups a researcher imposes on coded sections of qualitative data to lessen the number of different data in the analysis (Vaismoradi et al., 2016).

Themes, then, constitute many categories or one depending on the concepts. Themes are "summary statements, causal explanations, or conclusion" (Rubin & Rubin, 2012, p. 194). Themes organize a group of repeating ideas, and in this study, it enabled the researcher to answer the research question.

For this qualitative study, data analysis commenced using thematic analysis during data collection. Ten social workers' responses and insights were audio recorded, and thoughts and

observations of semi-verbal cues were recorded in a reflexive journal. The researcher listened to the individual social worker's audio recording repeatedly to ensure that no important information was missed. Then the recordings were transcribed. The researcher listened to the audio recordings several times to ensure the contents correlated with the transcription.

The transcript was synthesized into themes. Various colored highlights and colored markers were used to manually mark the transcribed texts to note emerging themes (Saldana, 2013). The review of all data collected, and the transcription of the audio recording completed the data collection process. According to Creswell (1998), after qualitative data are collected and field notes and interviews are transcribed, and then text segments are located and patterns of themes are formed within the data (Saldana, 2013), which the researcher then uses to interpret and validate the findings.

To address the rigor of a study, qualitative researchers ensure data trustworthiness by reviewing for credibility, transferability, dependability, and confirmability (Shenton, 2004). By using the in-depth individual interview method of data collection, the researcher was able to note verbal and semi-verbal cues. Royse et al. (2016) explained that the use of multiple strategies in data collection reduces any underlying problems inherent with a single method, and the observation and interviewing of research participants are "keys to understanding a program's success or failure" (p. 95).

The credibility of the study means the researcher ensures the study measures what it is intended to measure (Shenton, 2004). Credibility is an important factor in establishing trustworthiness. Rubin and Rubin (2012) noted a study is said to have credibility when the researcher engages with participants who are knowledgeable about the research concerns and

observes the participants in their natural setting. This researcher's engagement with the clinical social workers who were knowledgeable in working with CSEC and sex-trafficked youths ensured the credibility of this study. To further establish the credibility of the study, triangulation, member checks, and peer scrutiny of the research project was used.

Another component of data trustworthiness is data transferability. This is when the study findings can be applied to other similar situations and show external validity (Shenton, 2004). The results of this study may be applied to other, similar situations in a different setting in the US. Transferability also means that the findings and conclusions of a smaller group can be applied to a larger group with similar situations (Shenton, 2004).

A research study is deemed dependable if the study is repeated in the same context, methods, and with the same participants to arrive at the same findings by a future researcher (Shenton, 2004). There must be in-depth methodological descriptions to allow for study replication (Ravitch & Carl, 2016; Shenton, 2004). Because social change is a phrase change agents are familiar with, a researcher would arrive at the same findings if the research problem is carried out in the future with the same methodology as prior researchers.

Finally, a study is said to have confirmability when it can be replicated by other researchers whose findings show that the data are the result of the experiences and ideas of the participants and not the researcher (Shenton, 2004). Shenton (2004) asserted triangulation is used to reduce the effect of researcher bias. Thus, the researcher's biases were examined throughout the research process to ensure the issues of rigor in data collection and analysis were curbed using triangulation.

Ethical Procedures

This research study was conducted based on the ethical standards of the Walden University Review Board (IRB). The IRB approval of this study ensured the ethical protection of the research participants who were recruited and participated in the in-depth individual interview process for this study. The IRB approval number is 11-19-20-0935096.

An introductory script was developed that delineated the research study, reviewed the data collection methodology, and discussed the participants' informed consent. Research participants were emailed a consent form to fill out. The consent form highlighted the purpose of the research and requested their consent to have their interviews audio recorded. This ensured that all participants understood the study's purpose and process as well as their role before interview commencement, which was in alignment with the principles of respect for people, privacy and confidentiality, informed consent, beneficence, and justice mandated by the NASW (2018) in social work research.

Respect for people is the recognition of participants' rights, including the right to be informed about the study, the right to freely decide whether to participate in a study, and the right to withdraw at any time without penalty (Ravitch & Carl, 2016). Participants were informed the study was voluntary and they had the right to withdraw at any time without any form of punishment. According to Burkholder and Cox (2016), the NASW (2018), and Ravitch and Carl (2016), the principle of respect for persons refers to researchers respecting autonomy, which involves acknowledging a person's autonomy to make personal choices and decisions regarding participation in research and protection from harm and beneficence, which refers to an obligation to do no harm and maximize potential benefit (NIH, 2008). When researchers adhere to

beneficence, they ensure that they maintain the privacy and confidentiality of the participants, which helps to protect participants from potential harms, including psychological harm, social harm, or criminal or civil liability (NIH, 2008). Finally, justice refers to treating individuals in a morally right way so that the selection of research participants and any potential benefits are equitable among groups and informed consent is provided (NIH, 2008).

Maintaining the participants' confidentiality encouraged a professional relationship to be formed with the researcher, which enabled them to feel comfortable, and free to express their thoughts and insights honestly. Each participant was assigned an identifier to protect their identity. Conversations relating to the CSEC and sex trafficked youths may help develop programs to help curb their behavior and safety, which may protect youths from revictimization, thereby making these interviews necessary and crucial to the future of this population.

The protection of human objects or participants in a qualitative study is imperative. Qualitative researchers should report the incidents and ethical issues encountered in their studies to ensure discussion, analysis, and prevention of future mistakes (Burkholder & Cox, 2016). To assure the participants' confidentiality, all interview data were stored on a password-protected USB device. The data will be destroyed and disposed of in a personal bin after five years.

Summary

The purpose of this case study research project was to obtain information from clinical social workers in New York City regarding their perceptions of the effectiveness of the seeking safety therapeutic intervention on CSEC and sex trafficked youths' behavior and safety. Data were collected from ten clinical social workers with experience working with CSEC and sex trafficked youths. The information obtained from the participants increased the researchers'

understanding and awareness of the effectiveness of the intervention on the CSEC and sex trafficked population. The results of this project may contribute to improved service provision to curb negative behaviors, improve the safety of, and protect CSEC from further exploitation, revictimization, and re-entry into commercial sexual exploitation and sex trafficking. Section 3 will discuss the analysis of the findings, details of the participants, data analysis, and themes that emerged.

Section 3: Presentation of the Findings

The purpose of this case study was to understand social workers' perceptions of the effectiveness of seeking safety therapy on CSEC behavior and safety in NYC. This study may improve social work practice in the identification, assessment, and appropriate provision of treatments to the CSEC and sex trafficked minors who have suffered victimization and criminalization in the hands of exploiters, law enforcement, and the judiciary system. The goal of this study was to understand social workers' perceptions of interventions on CSEC behavior and safety in NYC and if these interventions could have a positive impact on this population's behavior and safety finding abilities. It was important to understand the skills social workers possess in the identification of risk factors, at-risk children, and assessment of this vulnerable population as identification and proper assessment lead to appropriate treatment plans in addressing the needs of CSEC.

The research question this study was completed to answer was as follows: What are social workers' perceptions of the effectiveness of seeking safety therapy with CSEC's behavior and safety in NYC? This question related to social workers' perceptions of the effectiveness of seeking safety therapy with the CSEC and sex trafficked youths' behavior and safety in NYC. Subquestions included (a) What are the reasons why female CSEC and sex trafficked youths may be reported more than males? (b) What are the reasons CSEC youths reenter the *Life* after intervention? (c) What do you believe will help you to be an effective social worker in the provision of seeking safety therapy to CSEC and sex trafficked youths? (d) What has it been like working with CSEC and sex trafficked youths? These questions posed to the social workers related to the goal of this research study by examining available resources to address this

population's needs and skills that could improve social workers' practice, efficacy, and service provision to this population. It was crucial to know if these service providers remained objective and provided services to this population with compassion and empathy, or if they experienced any form of trauma themselves.

I collected and analyzed the perceptions of social workers who were employed in NYC and worked with the target population during the time of this study. These social workers participated in semistructured in-depth interviews regarding their perceptions of the effectiveness of seeking safety therapy on CSEC's and sex trafficked youths' behavior and safety. Data were collected using individual, semistructured interviews that were audio recorded. Individual interviews were used because they allowed for more information to be obtained as participants were more likely to be open when answering questions about personal and professional issues (see Rubin & Rubin, 2012). In individual interviews, participants are assured that the disclosure of such information is only being disclosed to the interviewer (Rubin & Rubin, 2012).

I administered the questionnaires via interview. There were eight demographic questions and 20 questions relating to the study. Each interview took 60 to 90 minutes to conduct. Because of COVID-19, each participant was given an option of completing the interview via telephone or Zoom as physical contact was prohibited due to social distancing guidelines. All the participants opted for the telephone interview. I gathered the demographic information of each participant, such as their date of birth, employment background, the number of years working with this population, educational and professional licenses, race, ethnicity, and gender identification. The gathering of this demographic information allowed me to determine the social workers' expertise

in working with this population and the education and license required to provide evidence-based services to CSEC and sex trafficked youths.

When necessary, open-ended questions, follow-up questions, and probing questions (Ravitch & Carl, 2016) were asked to elicit more detailed, rich, and nuanced responses (see Rubin & Rubin, 2012). Listening, clarifying, and redirecting the participants added substance to the information received. Taking notes also helped me to remember the follow-up questions that needed to be asked. It is crucial to take notes so that the interviewee is not interrupted while speaking (Rubin & Rubin, 2012). I asked follow-up questions after the participants stopped speaking; taking notes enabled me to listen and pay attention to details (see Rubin & Rubin, 2012).

Audio recordings were transcribed, and then the data were analyzed. Semiverbal cues from the social workers were noted and documented using a reflexive journal, and memoing was used to record my thoughts. Burkholder et al. (2016) and Rubin and Rubin (2012) opined that memoing during individual interviews can mitigate preconceptions that a researcher's worldview and experiences may have created during data collection. Memoing helped me to bracket my assumptions and opinions that may have contaminated data analysis.

Saturation

In this study, I aimed to recruit 12 participants, but saturation was reached with 10 interviews. Data saturation is the "point when no new information or themes are observed in the data" (Guest et al., 2006, p. 59). Guest et al. (2006) completed a study of 60 women's perceptions of social desirability bias and accuracy of self-report behaviors in reproductive health issues (HIV) in West Africa and noted that saturation was achieved after 12 interviews.

They asserted that the more the participants share similarities concerning the study, the sooner researchers reach saturation.

This section is divided into three subsections. The first subsection reviews the data analysis techniques used in this study. The second subsection addresses the findings of the study. The third subsection includes a summary and transition to Section 4.

Data Analysis Techniques

The findings from this in-depth interview research study may contribute to positive social work practice and increase knowledge in the identification, assessment, and provision of therapeutic services to CSEC and sex-trafficked youths. Burkholder et al. (2019) listed different stages of the in-depth interview process. The first step is the construction of interview protocol, which is a form that guides the interviewer. This is followed by interview preparation, which considers the participants, the site of the interview, and the researcher. The third step is conducting interviews, which determines who conducts the interview. The last step is transcribing the interviews.

For this study, data analysis commenced after data collection. Data were collected from 10 semistructured interviews with 10 social workers who provided seeking safety therapeutic services to CSEC and sex trafficked youths. All interviews were audio recorded and transcribed. Reflexive journal and memoing were used to document the participants' semiverbal cues and my thoughts and observations. Barnert et al. (2018) argued that social workers' understanding of commercial sexual exploitation and child sex trafficking could promote better awareness of this population's victimization and advocacy against the criminalization of this population.

The sampling strategy that was used to identify and recruit participants for this study was purposive sampling where the selection of units of individuals was based on specific purposes associated with answering the research question (see Teddlie & Yu, 2007). According to Creswell and Plano Clark (2011), this sampling strategy allows the researcher to identify and select individuals knowledgeable about and experienced with the phenomenon of interest. It also allows the researcher to obtain more insight into the population of interest (Onwuegbuzie & Collins, 2007). Using the purposive sampling method meana a wide range of perspectives relating to the issues could be captured (Palinkas et al., 2015).

Participants were recruited through advertisements placed on various CSEC and sex trafficked agencies' websites, Facebook, and LinkedIn. After an extensive search for participants, I obtained an ample sample of social workers working with the CSEC and sex trafficked youths from one NGO through LinkedIn. However, the vice president of the agency emailed me and requested that social workers who had consented to participate not be included in the study.

Due to this challenge, snowball instead of purposeful sampling was used to obtain an adequate number of participants. Snowball sampling, which is a method of purposive sampling, was used because there are a limited number of social workers providing services to this population. By using this method, participants were asked if they knew of anyone who met the eligibility and criteria and would like to participate in the study. Due to the clandestine nature of this sampling population and the restrictions of movement caused by the COVID-19 pandemic, this method of participant recruitment was suitable. Several postings were distributed online throughout the recruitment period. The participants who agreed to participate also distributed the

flyers to the social workers they knew and who met the criteria. Some social workers offered contact information of possible participants, and I texted or emailed these individuals information about and invitations to participate in the research.

The recruitment of participants began after IRB approval was received. The recruitment flyer informed participants that this research was about social workers' perceptions of the effectiveness of seeking safety therapy with CSEC and sex trafficked youths' behavior and finding safety in NYC. It took about 5 weeks to identify and recruit the participants. Nineteen social workers who had an interest in the study responded and requested more information on the study. Out of the 18 who responded to the email that provided more information and informed consent, six did not qualify for the study as they did not provide seeking safety therapy to the target population. Twelve social workers met the criteria for this study, and preferred dates for an interview were assigned to individual participants. They were informed that they would receive a $50 gift card of their choice for their time and participation. Participants were contacted through a Yahoo email account specifically set up for this study, phone calls, and texts, and they responded via the same mode of communication. Those who qualified were emailed the informed consent form and asked to respond with the words "I consent" as the COVID-19 pandemic prohibited the collection of physically signed consent forms. The 12 eligible participants were confirmed by email, and email was used to confirmed assigned interview dates. However, two participants indicated their workload prevented them from participating. Thus, only 10 participants were interviewed for this study.

On the interview date, each participant was reminded of the consent form and their previous indications of "I consent." Once consent had been reaffirmedI informed participants of

the purpose of this study to collect data on their perceptions of the effectiveness of seeking safety

therapy with commercially sexually exploited children and sex-trafficked youths' behavior and

safety in NYC. They were also informed that during the interview that demographic information

and several open-ended questions would be asked to generate narrative data. They were

reminded the entire interview would be recorded. I asked them to feel free to share their

experiences, thoughts, and opinions as all responses were vital to this study. They were also told

that their names or other identifying information would not be included in the final report and

that the interview would last about 60 to 90 minutes. The participants were also reminded that

questions about the study could be asked at any point and to feel free to alert me of any

discomfort or anxiety at any time. The participants were informed that the interview would be

discontinued if they requested without any questions or reprimands.

      In this study, a voluntary and confidential telephone interview was utilized to protect the

social workers' identities due to the sensitivity of the data. Interviews were conducted in private

locations and were audio recorded with the participants' knowledge and consent. Voice Memos,

a tape-recording device for iPhone, was utilized to record the interviews. Names and personal

data were collected by asking demographic questions; however, these were kept confidential and

separate from the interview data. Identifiers were assigned to each participant, and these were

utilized when describing the participants' responses to the interview questions. No participant

under the age of 18 was included in this study.

      When the formal interview began, this researcher allowed some time for the participant to

reflect on their responses. When there was a response that elicited new areas of thoughts and

views, open-ended follow-up questions were asked. Each interview lasted between 60 to 90

minutes. Upon completion of the interview, each participant was thanked for their time and participation and was given the options for a follow-up interview, member checks, and an emailed transcription of the interview. According to Rubin and Rubin (2012) and Saldana (2013), member checking maintains the credibility of a research study when participants are requested to verify their verbal responses. Each participant was then sent a $50 e-gift card to a site or store of their preference via email. A follow-up "thank you" text was sent with the e-gift confirmation email, asking participants to confirm receipt of the gift card.

Prior to transcription, the researcher listened to the audio recordings. At this time, participants were given identifiers using the letter "P" and a number (1-10). The identification combination from P1 to P10 assisted with accurately attributing responses to each individual participant. This process took over three weeks, and it took approximately 14 hours to transcribe one audio recording. Once audio recordings were transcribed, the researcher listened to the audio recording again and compared the audio recording to the transcribed texts to ensure accuracy. Sometimes, the researcher called some participants to verify what is being said in the recording when the meaning was unclear. The researcher then emailed the transcript to each participant for review, which is known as member checks. This process assured the accuracy of the transcription as any discrepancies in transcription could be corrected by the participant. None of the transcriptions returned with corrections. Then, the researcher re-read the transcription once more in its entirety while listening to the audio recording and reviewed her reflexive journal and memos to ensure that she understood all information and details in context. Review of all the data obtained and the completion of audio recording transcription completed the data collection process.

The process of comparing transcripts then began to determine any emerging themes. Themes are bigger concepts that constitute one category or many categories depending on the core concepts (Rubin & Rubin, 2012). Themes are "summary statements, causal explanations, or conclusion" (Rubin & Rubin, 2012, p. 194). Vaismoradi et al. (2016) noted that because themes contain codes with a common point of reference, there is a high degree of generality that unifies ideas regarding the subject of inquiry. Themes organize a group of repeating ideas, and identifying themes enabled this researcher to answer the research question.

The transcript was re-read several times, and themes were noted and reviewed each time. The researcher highlighted words, phrases, sentences, or sections to identify themes. The data were comprised of the thoughts, concepts, insights, experiences, activities, opinions, and processes of the participants and what was believed to be relevant to the study. The researcher was the main coding instrument. Themes were highlighted in different colors during each read to differentiate each participant's responses. During this process, five themes were identified: (a) lack of funding and specialized services, (b) long-term housing, (c) training and skills acquisition, (d) trust and transparency, and (e) community collaboration. Relevant quotations were pulled from the raw data to reflect the participants' perceptions and support the thematic identification.

Validation and Legitimation Process

Reflexivity

I kept a reflexive journal from the beginning of the recruitment process through the completion of data analysis. This journaling assisted me in noting the challenges, biases, assumptions, thoughts, and feelings in writing. I noted how the participants felt about this

population, particularly their compassion and empathy. Journaling helped me to note the feelings

some participants elicited regarding how some provider CSEC and sex trafficked agencies do not

have enough space for these youths, and this impacts youths who feel demoralized. Entries were

made in the journal after each interview and during data analysis. The use of a reflexive journal

allowed me to note how many years of experience and the number of agencies the participant

had worked at and if social work was their first and only profession before the interview. The

journal acted as additional data for analysis as it revealed any presuppositions I had regarding the

study (see Burkholder et al., 2016).

Trustworthiness

In qualitative research, it is common practice for a researcher to do a validity check with

participants to ensure the researcher is open to changing opinions and to verify that the data are a

representation of the participants' narrative (Ravitch & Carl, 2016). This research approach

enables the researcher to be reflexive in the engagement and interaction with others. The

transcribed narratives were sent to the participants for correction. The ten participants were

emailed the transcript for correction. All of them responded, stating the transcript was a

representation of the interview.

Credibility

The credibility of the study assures the study measures what it is intended to measure

(Shenton, 2004). Credibility is an important factor in establishing trustworthiness. A study is said

to have credibility when the researcher engages with participants who are knowledgeable about

the research concerns as all the participants provide services to this population (Rubin & Rubin,

2012). To establish the credibility of this study, I used triangulation and member checks to

contribute to the trustworthiness of this study. The participants were asked the same research questions in different ways to ensure the questions were understood, which aligned with the triangulation strategy. The triangulation strategy reduces researcher biases, and Shenton (2004) opined that it promotes the confirmability of a study.

Further, member check-in allowed participants to verify their statements and modify them if need be (Shenton, 2004). With peer scrutiny, the researcher's colleagues, peers, and academic offered feedback, which was then utilized to modify research methods (Shenton, 2004). To assure the integrity of this study, I examined my biases throughout data collection to avoid affecting the trustworthiness of the data collection and analysis. Because I had run a CSEC group in the past, I had preconceived assumptions about this population regarding their engagement in service plans and treatment. This was important to consider because one of the interview questions related to this population's participation in services. One participant noted how some CSEC and sex trafficked youths do not participate in services because of the attitudes that therapeutic professionals have when working with them. When asked to expatiate, the participant narrated how some clinicians address these youths in a negative and derogatory manner and passing judgment which negatively impacts their willingness to participate in services. This participant's emotions using nonverbal cues, like the voice quivering and silence, were recorded to reflect the participant's emotional state when asked to expound on her answer. Another participant discussed how some youths do not participate in services due to their ambivalence, meaning that some youths do not participate because they want to go back into the *Life* to maintain their lifestyle. Reviewing the reflective journal allowed me to check my biases during data collection and analysis.

Dependability

A research study is deemed dependable if it is repeated in the same context with the

methods and with the same participants and future researchers arrive at the same findings

(Ravitch & Carl, 2016). There must be in-depth methodological descriptions to allow for study

replication (Ravitch & Carl, 2016). This research study could be replicated in any state in the

United States of America with social workers who are knowledgeable and provide evidence-

based services to CSEC and sex trafficked youths. The dependability of qualitative research

means that the data collected answers the research question, and this can be achieved by the

utilization of the triangulation strategy during data collection (Shenton, 2004).

Confirmability

A research study is said to have confirmability when it can be replicated by other

researchers whose results show that it is the result of the experiences and ideas of the participants

and not that of the researcher. Throughout the data collection and analysis process, the utilization

of reflexive journaling, implementation of triangulation strategies, and member checks (Ravitch

& Carl, 2016) allowed me to check my positionality and biases as the sole collector of data in

this research study. To assure confirmability in this in-depth individual interview research study,

qualified clinical social workers who had experience working with this population were selected

as participants. Data were analyzed by exploring their various perceptions of the effectiveness of

interventions with CSEC and sex-trafficked youths' behavior.

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Limitations

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The length of time the recruitment of participants took was unexpected. This was

attributed to the surge in the number of COVID-19 pandemic cases in NYC, which limited

movement and face-to-face contact with social workers who were experienced working with the CSEC and sex trafficked population. Recruiting social workers through social media was a daunting task as many responses were received, but most of the social workers were ineligible to participate. Using LinkedIn, the target number of 12 social workers was found and recruited. These social workers worked in an agency that provided evidence-based services to the population of interest, were eligible for the study, and had consented to participate in the study via a private email. However, a top administrator of the agency requested me to discontinue the recruitment process with these social workers.

Two responses were then received from two social workers who worked in different agencies that provided therapeutic and evidence-based services to this population. With these two eligible participants, the snowballing sampling strategy was utilized to recruit 12 participants, but two could not participate due to their high caseloads. Out of the 10 participants, there was only one male social worker despite efforts to seek male social workers. This supported Miller-Perrin's and Wurtele's (2017) assertion that few male social workers provide services to this population since the identification of female CSEC and sex trafficked youths is easier for females than their male counterparts as more female CSEC youths report their exploitation than males (Corbett, 2018). The timing of the interview was another limitation. The participants teleworked and could only interview after work hours, so there was some multitasking while the interviews took place. Finally, the COVID-19 pandemic caused the recruitment process to last longer than envisaged. As per Bryson (2018), Chermack (2011), Erikson and McConell (2011), Fukuyama (2007), and Wade and Wade (2012), pandemics and crises are ladened with uncertainties, information deficits, and time pressure.

Findings

Participant Demographics

The participants in this research were given identifiers during the data collection process to ensure their confidentiality was protected and to easily identify the participants' individual data in the findings section. Out of the ten participants, five were Caucasian, three were African American, and two were Hispanic. There were nine female participants and one male. All participants had clinical experience working with CSEC and sex-trafficked children in New York City. The number of years of experience working with this population ranged from two years to 11 years.

Themes

A review of the audio recording and transcripts from the ten participants provided rich data in the development and identification of common themes. Through data collection, five themes were identified along with specific quotes from the study participants that related to the research question. The themes were: lack of funding and specialized services, long-term housing, training and skills acquisition, trust and transparency, and community collaboration.

Theme 1: Lack of Funding and Specialized Services

The findings of this research project identified problems with funding to effectively provide evidence-based treatment plans to the target population. All the participants echoed how lack of funding and specialized services hindered the effectiveness of Seeking Safety therapy. One of the participants shared,

> I think something that can be important for that is kind of more groups and dynamics like
> that in terms of I think a lot of the young people I've worked with in this population,

sometimes they know they're not the only ones that have gone through this or going through this but sometimes it can feel like they are. And by having places where they have other young people that are going through it or have been through it just like them where they can relate where they know that they can relate to the trauma they've been through and they can be in a space where they can be open and not be judged. I think that can help more. So, having those kinds of resources right like support groups, Community groups, just for that specific population. I think that could be beneficial because that can also serve as an intervention of sorts to not revert back to either going into the *Life* or where some of the dangerous situations they put themselves in if they find you know, that kind of support that they can have, you know out in the real world, so to speak, not just necessarily their social worker at a shelter or program.

While participant P9 above shared more dynamic programs, such as support groups and community groups for these youths, participant P8 felt the disparity in service provision with male CSEC and sex-trafficked survivors was concerning. According to P8, male CSEC are marginalized. She explained how difficult it is for the males who have been sexually trafficked:

So, I definitely am aware of, you know, program's first like LGBTQ identifying folks, but I have a hard time finding things for male survivors, and I also noticed that like I said before they have a very hard time disclosing this information. I think there's a lot of you know societal sort of ideas about the masculine and the feminine and what's what it is to be commercially sexually exploited or not. And I think that it's hard for them to talk about it. I think they often feel very alone in it. So, I think any sort of community building opportunities for male survivors would be great because it happens so much

more frequently than people are aware of and I think that translates into male survivors

feeling very alone in their experience and very ashamed in their experience. So, if there

were more…. I know of a lot of opportunities specific to female survivors and very few

for males. I just I don't know of any formal services for men and maybe there maybe,

there's more that I just am not aware.

Participants narrated how male CSEC and sex-trafficked youths do not participate in

specialized programs due to under-reporting. Male CSEC and sex-trafficked youths have been

noted to minimize their exploitation and thus, are often neglected by service providers. One

participant shared,

Male CSEC and sex-trafficked youths have the fear of not being believed. So, you can try

and report it to someone but then they won't believe that what it is like you're reporting to

them, is true. Right, and they may fear that you know, what they experience makes them

less masculine. As a result, they lack the specialized care needed to heal from their

trauma.

Participants reported that in order to reduce negative behavior of this population,

continued specialized care available to these youths positively impacts their behavior positively.

Participant P9 agreed that for the CSEC and sex-trafficked youths' behavior to change, it is

essential for them to recognize that they are victims of exploitation and with evidence-based

services, there would be a reduction in negative behavior and an increase in their safety. P9

stated,

So, I think, I think one thing is access to mental health care and it's not necessarily

because when people, especially the young people, when they hear the word mental

health, there's a lot of stigma behind it. Sometimes right. a lot of them will say I'm not

crazy, I don't need anybody and that's where and I'll tell them like, you know, first of all,

the word crazy, not a great word to use. I don't like to think of that word in terms of any

of the young people and I say no, sometimes people just need a little more assistance than

others, right and sometimes even if you don't have mental health by the definition of the

DSM, it doesn't mean you couldn't use somebody to talk to. So, I think access to that kind

of Mental Health Resources is important whether they're in our program or even once

they leave our program or whether we do an intervention with them or before or after

they leave our program. I think access to that resource of having the ability to have a

counselor, a therapist in somebody to talk to, I think that helps in allowing them to

continue to be safe wherever they are whether it's in our facility or not. Because if they

have that access it allows them to have a place where they can be open, where they can

feel safe, where they can feel where they can let their vulnerabilities show, and you know

at the same time to a place where they can you know, if they revert back if they go back

into the *Life* if they if they in their minds make a mistake like that, a place where they can

come and talk through it and work through things to continue to then build their safety

back again. So I think wherever they are in our facility or out I think having access to

Mental Health Resources as well as you know, you kind of ask about it before as well as

access to housing resources right, in terms of long-term housing and then also to job

resources, right like if they're in our facility, we have the Cov Works like I mentioned,

but if you're not living in our facility, you know being able to have access to going to

Workforce one or something like that for job referrals where you know, by having

money, by having housing, by having access to a counselor of sort, it can help you to

manage and maintain at safety as opposed to lacking any of those resources, you could

potentially revert back to going back into the *Life* or you're back to doing what you need

to do to survive.

Continuity in services is critical in the reduction of negative behavior as reported by this

participant:

So, I think by being involved in this type of groups, yes, it can help to reduce some of the

potential negative behaviors. But as part of that it can also continue to maintain their

safety because you know, it's a place where they can be around others, where they can be

held accountable and be held accountable. But anyway in a safe space with people that

are in the same, you know, same arena with staff that are in the same Arena and I think I

think that's definitely a benefit of group therapy and any sort of population, but with this

population specifically because you know, they can go to a group therapy session in a

regular therapist office in the city with other people that haven't been through CSEC and

it's not the same because these people have not been through what I've been through but

going to a therapy session a group therapy session at GEMS, that can be someplace

where they can be, they can be themselves and they can feel comfortable being

themselves and not feel judged.

The participants identified that funding and the availability of specialized services are

integral in the reduction of behaviors that lead to exploitation or re-entering the *Life* and

increasing their safety through interventions like Seeking Safety therapy.

Theme 2: Long-Term Housing

Participants in this study reported that long-term housing is critical in the reduction of CSEC and sex-trafficked youths' behavior and safety as it facilitates some stability and permanence in these youths' lives. Participants noted that the availability of long-term housing would mean better funding from the government, which when provided, would reduce exploitation. A participant narrated that long-term housing is crucial in the reduction of exploitation:

> 100 Percent, I think, specifically the first thing is long-term housing. I think a lot of the young people I've worked with sometimes say I had to allow this to happen or I had to do this in terms of either selling themselves or going and getting a pimp or you know, you know any sort of commercial exploitation where it's like I have no other choice and part of it relates to housing stability or instability, basically where sometimes, they don't know where they're going to go next, especially when they age out of our shelter system, then it's like well, where am I going to go? And so sometimes they have to do anything they need to do to survive which means I'll do whatever I have to do to get money so I can have a place to live so I don't have to be worried about am I going to sleep on the streets? Am I going to sleep on the trains? Am I going to sleep from different peoples' houses? So, I think housing is definitely like one of the first key pieces. If they have that stability, it allows them to you know, be comfortable and know like I don't have to move from place to place but this is something stable, it's going to be there long term, where from there, it allows them to continue to work on themselves and in their economic piece, and their mental health piece because if they don't have this ability of a place that they know

they can go to sleep every night and be safe, then everything else is not going to be able

to be worked on the best to the best of their ability.

Like participant P9 above, all participants identified that stable long-term housing would

facilitate employment for this population. Participant P7 sees long-term housing as essential in

this population's quest for employment, capacity to build skills, and abilities to practice

productive citizenry. P7 said,

So, one of the biggest issues people, or individuals within the CSEC area is like not

having housing or a place to stay or support, right? So, I think that connecting these

individuals with stability, whether it's housing or a job or whatever like I think that is also

important. Housing, employment, and fund would greatly influence the rate CSEC and

sex-trafficked youths are recruited.

The continual lack of resources necessary for the reduction in exploitation of this

vulnerable population cannot be emphasized. Lack of long-term housing forces survivors to go

back to the *Life* as noted in the following narrative by P9:

…because some of them when they leave us they might be stable in a housing program for

some of the programs. We refer them to housing for like one year or two years and it's

great because they are stable for that year or two years, but then a year or two years comes

by really quickly and then those two years are done and then it's like what is my next step

and if they haven't prepared themselves fully for trying to find an apartment or applying to

NYCHA Housing then they might be stuck back in a way almost back where they came

from, like back to being unsure where they're going to live, unsure of employment, and

then like the cycle kind of starts all over again. So, I think the instability that could

eventually happen has led some of them to go back into the *Life*.

P4 believed that

If every youth that came into the shelter were able to be placed in a long term and

permanent housing right away, I think that would be a very helpful, as well as you know,

getting connected to some financial support program whether it's a job. Another

challenge of that is a lot of youth would say like, I'm not going to make much money,

you know at a 9 to 5 as I make money now, which may be true but, getting them

connected with financial support, getting them connected like, you know, it's interesting

to hear like a lot of youths…it's interesting to hear like their goals, like a lot of youths

like, are like, I want to go to college, I want to do this, I want to that, and it's like getting

them connected with resources to help them, you know reach their goals and do the

things they want to do. I have a client right now. She wants to I think have her own

business in five years and it's like, you know kind of connect them with the resources to

feel empowered that they can do these things that they want to do".

Participant P5 added,

Absolutely Independent Living skills, also housing, right, all the things we know that

tend to help as anti-poverty measures, tend to help kids who are in the CSEC in a way

and even if it means they continue practicing sex as labor, or they continue living in the

Life, it can lead to a safer version of that.

Survivors of CSEC and sex-trafficking may become productive citizens when there is

access to available funding, long-housing, and other resources. Connecting youth to these

resources may reduce their exploitation by their pimps, families, or peers. Considering these factors, the availability of funds and long-term housing for survivors of CSEC and sex-trafficking must be made accessible to them to improve their living conditions and so that they can without fear of their safety being endangered, being recruited, and re-entering the *Life.*

Theme 3: Training and Skills Acquisition

Though many of the study participants had Master's in social work and were licensed, they identified specific training and skills that are needed to effectively provide appropriate services to this population. Participant P7's perceptions about training and skills acquisition were as follows:

I'm all about continuing education and also like just looking for training myself, right? So, I think it's important for us because things change all the time, right? So, I think it's important for us to always me educated and with everything that's going on. Like I said, I think we need to be trauma informed, I think that we should always go. I think that we should, you know be understanding or be knowledgeable of different behaviors, right? I think we need to be open-minded, research, have training.

Social work practitioners engaged with CSEC and sex-trafficked youth receive regular training to equip them with skills to provide professional and evidence-based intervention to this vulnerable population. Participant P5 reported more dynamic models would benefit these youths. The participant stated,

…more Dynamic Models, like the ones that are being used in a lot of homeless Youth Services would benefit many of these programs might yeah, I think models that focus on needs and that fund young peoples, you know, that focus on needs, that focus on housing,

that focus on you know, social justice for these young people, that focus on centering the voices of young people, and that we talk about them as young people and not children, right? I think that that is where we start. Yeah, I think that would really help. We do not distinguish nearly enough. We do not distinguish, we assume somebody is coming in with trauma and that every kind of sex they have has been traumatizing as opposed to saying this person can tell you about their trauma, but you have to ask, and you have to listen and you have to believe right? So I think a much more effective model would also be in providing space, and clinical response for that difference right, for that distinction of this person is coming in, and this is what they're doing for work, and this is what they're doing to survive, this is how they're having a place to stay, but when they tell you about the time that they passed out and were raped at a party, you are there to see that as difference, and you know to not connect that to the things they're doing to survive necessarily unless they make that connection because that is a really deeply… it's a huge issue. I know it sounds sort of like cleat Niche, but I found it to be consistent over and over and over and over again.

While participant P5 reported the importance of employing more dynamic models in working with the CSEC and sex-trafficked youths, participant P6 stressed the need to network with survivors as experts, hear their stories and experiences, and then offer appropriate services based on the individual needs of this population. P6 had this to say:

…having continued and an additional training in this field is crucial to be an effective social worker, as well as you know, different networking opportunities to learn from, you know experts in this field and especially Survivor leaders at this field. I think it's really

important for people in this work to listen carefully to survivors because they are the true

experts and also just being able to offer young people more reasonable and effective

resources like the financial stipends that I was referring to earlier.

Specialized training is crucial in the provision of treatment plans to CSEC and sex-

trafficked youths. Also important are certain skills that are needed to work with this population

without bias or judgement. P2 shared,

What helps me is just being consistent, being transparent and being available which is

tough because you know, it's an emergency shelter that I work in and then I also work

with the long-term program. So, it's like sometimes there are not enough hours in the day,

right? But you know, that's the reality of it in and that's where the safety planning comes

in a plate and you know having different coping skills in place if they can't reach would

have been alternatives to people they're able to contact. We need skills that will help

them see strength where they felt like they weren't strong, and really acknowledging that

their experiences are unique to them and that what they've been through not everyone

would have been able to come out and be here in this moment to talk about it.

Participants disclosed attending training periodically increased their knowledge and skills

building. Most of the training received provided them with skills to use the trauma reduction

approach, be nonjudgmental and open-minded, utilize trauma informed lens in the assessment

and identification of CSEC and sex-trafficked youths, and provide appropriate services to

address this population's specialized and individualized needs.

Theme 4: Trust and Transparency

Working with CSEC and sex-trafficked youths requires the ability to establish trust with victims and a clear understanding of what the engagement process entails. When CSEC and sex-trafficked youths are identified as victims of exploitation, trained and skilled social workers capable of identifying risk factors are crucial in building trust and rapport with this population during intervention. Social workers must be mindful not to impose their beliefs onto CSEC. The role of the social worker is to collaborate and safety plan with the survivor and then create a plan for exiting the *Life* when the youth is ready. The following is what P5 had to say regarding trust and transparency:

I think being able to handle your implicit bias, you know more than anything, coming in and understanding that being able to come, that we all say something when we enter a room before we enter our mouths, you know, open our mouths, you know, I'm a white woman, I am a white woman who speaks in a certain way. I'm a white woman with a bunch of letters to her name right LM SW. I come in saying a lot to a young person before I open my mouth. So, what do I need to learn to do is not undo that person's perception of me, but actually to focus primarily on that person's perception of themselves and to be open to that even if it troubles me, even if it hurts me, even if it upsets me that's what supervision is for. When you're in that room, when you're in that intervention with that young person, the ability to set aside what you are defining as wrong, and right is absolutely key in this work. I would argue is key in any youth work, in any work in general but especially with these CSEC youths, they are so used to being

judged, they are so used to being told that they don't know what they're doing, that they're

victims or that they're wrong, that they've heard that their whole life.

Building trust and rapport is integral in the engagement and helping process when

working with CSEC and sex-trafficked youths. Issues of confidentiality must be explained to

them to assure them of safety. P8 narrated that trust and transparency are crucial for survivors of

CSEC and sex-trafficking to fully understand the modus operandi of service providers. P8

narrated why it is important to build trust and transparency:

I like you know, start off from a very friendly place of getting to know the young person

whenever, I mean every single young person that comes in regardless of whether they've

you know been screened, you know for concerns or trafficking or substance use anything.

I need every single one because it's a smaller program where I work. So, I like to set a

good amount of time. That's for the initial conversation. So yes, I'm going to do

screenings. But I also like to just sort of start the conversation and be very friendly and

welcoming and get to know them and their interests likes and dislikes a little bit. I let

them know every new person who comes into the program, we do these screenings across

the board. So, it's not, you know, it's not personal. And anyway, it's not targeted. We just

want to get to know everybody better and get to know, get a sense of how we can help the

young people in our care. I also make really clear that in my interactions with them things

are confidential. I let them know sort of the rules of mandated reporting that you know, I

do not need to share anything outside of it. If I'm concerned about, you know, them being

a harm to themselves or other, if there's a child in danger anything like that. I just let

them know all the rules around that and let them know that this is it is a safe space to

share things confidentially as well because the intention is not to put someone on the spot

or to make them feel, you know, uncomfortable, but just to really get a sense of where we

can be helpful. So, I think oftentimes letting them know that background is helpful in

making them feel comfortable and also sometimes it takes a little time. I'll sometimes do

these screenings and the answers are no and then after a little bit more time and comfort

is built, they'll come back and maybe talk about some things with a little more honesty or

openness once they feel more settled than the environment.

P9 affirmed what P8 narrated. The following is P8's narration of trust and transparency:

So, basically meeting them where they're at. There's some people that want to talk right

away and sometimes they've been dying to talk to somebody so they want to sit there and

talk to you for an hour and talk your head off and it's fine because they just need that

space. Then other times you try and engage somebody, and they don't want to talk, there's

a lot of silence they may miss appointments. They don't really want to you know; they

may be scared to engage at certain times. So, by meeting them where they're at because

most of our young people have gone through trial in one-way shape or form. So, by

continuing to reach out, continuing to not hold things against them. They missed an

appointment, it's not the end of the world. You should reach out; you should try and re-

engage. You try and show them it's okay, that you're not going to reject them at you're

still going to be there. Hey, you don't want to talk to me this week. That's fine. We can try

again next week. Because a lot of them, as part of their trauma, have had people abandon

them, people neglect them. So, by showing them that we know will still be there. I'll still

be here next week. I'll still be here tomorrow, if you want to talk. By kind of showing

them that, it kind of just helps build that relationship with them and that comfort with

them, and not forcing it upon them and letting them know it's their choice. I think like

reinforcing that self-determination for them helps build it; where it's not you have to meet

with me, you have to talk to a social worker. It's hi. I'm one of the social workers. I let

them know what my job is and you know, if you want to keep talking, you know, this is

something that's your choice we can keep doing this, you know empowering them

because a lot of the times when they were younger it was something that you have to do

this, you have to go to a therapist, you have to go you know talk to a psychiatrist, where

it's forced upon them by either their parents or the school or any agency. So just kind of

that like self-empowerment and self-determination aspect helps too.

More often than not, CSEC and sex-trafficked youths who seek help often fear

punishment from the law. Law enforcement agents often arrest and criminalize them, especially

minorities and those that are undocumented. P9 described,

I had some young people especially a few years ago, where they were very worried that

we were going to call ICE or immigration on them, and they were very fearful of it. And

that's why like there'd be some that wouldn't want to talk to anybody some that were

Spanish-speaking only, would say they were Spanish-speaking only just to get out of

conversations because of that fear that if I talked to somebody in English, they'll actually

find out my history and then you know, they're going to deport me. So, we have a lot of

avoidance with that. So, actually I am Spanish-speaking also, so I would be one of the

people that would engage these young people in Spanish to try and like build that rapport

with them a little bit try and get them a little more comfortable and let them know that we

were a safe space for them that you know, we don't deport people, we don't call them

migration, we don't call ICE and actually our facility, when they were having a lot of ICE

raid a few years ago, our facility is under like a safety blanket, so ICE could not like

legally come and raid our facility and I would tell some of our young people that

sometimes when they had those fears.

Most CSEC and sex-trafficked youth do not trust service providers and as such, are

resistant to services. Building some sort of trust facilitates better service provision as participant

P8 noted:

I think that with a lot of the young people we talk to they're not comfortable with social

service providers in general for a variety of reasons. A lot of them have had negative

experiences in the past that maybe they're not really initially very open to communicating

with a new person or they have assumptions about you know, they maybe they could get

in trouble if they share the wrong thing or someone might be out to get them or, you

know, just different perceptions from previous experiences or previous communications

with other people's maybe sometimes people have said, you know don't share much

because you don't want yeah, like I don't want to get in trouble. So, I think people

sometimes come in with some guards up based on that.

Racial/ethnic and gender identity also played a part in the trust and relationship building

between CSEC survivors and practitioners. Participants reported that trust plays an integral role

in service provision and participation, regardless of the social worker's racial/ethnic and gender

identity. The client willingly participates in therapy knowing that trust and transparency exist.

This is what a participant said regarding CSEC's willingness to participate in interventions:

So, I think, I think one of the challenges I faced early on and less so now but one of the challenges I faced early on was, I was a male which I worked mainly with the female population at the shelter facility to start. So, some of them were not comfortable with males all the time. So, I think that was something I learned to kind of work on in my own my own pre-conceived biases around that as well, like working on that, but also just the racial and ethnic background type thing. I think a lot of them sometimes would just assume by looking at me just physically that I would identify as white or Caucasian. So, sometimes and I've had some way in the past say, you know, I'd rather talk to somebody that's more like me whether it's Latino, whether it's African American. So, I think that was some of it too like I've had young people say well what would you know about having to deal with poverty or having to deal with growing up in the hood as they would say. You know, what would you this white man here know about that? So, and even though I don't identify as white I would like in the moment, tell them you're right. I do not, I cannot say I could put myself in your shoes. I cannot say I know where you're coming from because that would be a lie. I don't but I would get that comfort level by letting them know even though I don't know what you've gone through even though I can't say I understand your experiences. I can say I'm here to listen and be with you in this moment to help learn about your experiences.

Participant P8 narrated that it takes time to build a trusting relationship. Rapport must be built first, then trust and transparency become essential in intervention. P8 said,

…you know who you can or can't trust afterwards, too and it takes a lot of trust to open up about these things. So I think that I think what I have found is that in time people are

more open once they get to know you better, once they feel more connection and more

trust, but I think especially immediately as much as I said like yes, I immediately start

working with somebody that doesn't mean they're necessarily going to start talking about

what they've experienced immediately it's you know, it takes some time to get to that

comfortable place.

Building trust and then relationship fosters a better working environment for both the

social worker and the youth. This process is usually slow due to the feelings of ambivalence

these youths have when they encounter service providers. Social workers need to be aware of

their implicit bias and cultural worldviews when working with these survivors. The identification

of these youths as victims by social workers validates their trauma and exploitation. Maintaining

a consistent, compassionate, and nonjudgmental attitude and transparency would strengthen and

encourage CSEC and sex-trafficked youths to participate in a spectrum of specialized evidence-

based and trauma informed services that would reduce exploitation and increase their safety.

Theme 5: Community Collaboration

Social workers expressed that continuum of care is essential for CSEC and sex-trafficked

survivors. Thus, it is critical for service providers to collaborate and coordinate among

themselves in the improvement of identification of CSEC and sex-trafficked victims, facilitation

of appropriate service needs, and the provision of safety for them. Participants identified how

CSEC, and sex-trafficked youths' behavior can be reduced with ongoing community services. P6

narrated how it is important for youths to engage in continued after care services:

…a lot of these programs that we all work in, you know, singularly aren't able to serve

young people and these survivors everything that they need. So even though my agency

specifically offers a vast array of resources, we don't offer everything. So, I think that it's

really important for us to collaborate with you know, legal aid and different housing

opportunities and even you know the police who can be problematic many times, but they

offer their own set of resources. So, I think it's very crucial to collaborate with as many

community providers as possible in order to provide the best care for these survivors.

Community collaboration enhances the continuum of care in the delivery of specialized

services to CSEC and sex-trafficked youths. Through community collaboration, social workers

can ensure that best practices are utilized to ensure that these youths continue to receive trauma

informed care in order to stabilize them should any crisis arise. P2 talked about how a larger

network of services would support survivors:

> I think a larger network of support services for survivors would help like special status
>
> for housing and everything the same way you have domestic violence would help
>
> tremendously because we have so many young women and young men that have been
>
> exploited and have gotten themselves together, but it's like they just can't find an
>
> apartment. Even if it's a shared apartment. It's just they can't do it, so working in
>
> collaboration with NYCHA would ensure permanent housing for these young people.

Participants narrated how important after care services are to reduce exploitation and re-

entry into the *Life*. Participant P7's thoughts for continuity of care in the community are

presented below:

> So, after intervention no matter how long, I think that it's important for the youth to.. for
>
> me, I think that it's important for them to have continued support whether it's from family
>
> or friend or family or friends or like an agency. So, typically like usually, youth would

meet with providers once a week and then they stop. So, I think that if they have

continued support whether it's someone checking in with them, maybe about once a

month or so or once every other month going forward, I think that would be beneficial for

them. Aftercare, support group. I think those like resources after intervention would be

beneficial.

Participant P8 reported that more community collaboration would create awareness and

decrease exploitation of CSEC and sex-trafficked youths:

…like community-based organizations, and schools everywhere and it's just I think

increasing awareness for young people before they find themselves in spaces where they

might be easily recruited. Just increasing the conversation in a lot of different directions

could be I guess preventive as opposed to reactive.

Participant P9 added,

…and collaborating with their case managers and their workers there, that way we were

able to provide the best resources and the best multi-disciplinary way to you know,

positively affect the young person.

Participant P2 added the importance of working collaboratively with outside agencies to

provide some stability and financial independence to this population:

…being able to have connections with certain like employment agencies or job site where

not everyone knows, you know the population as being hired but like there's like a team

liaison that's able to help support these young women and men in finding employment. I

think that would be helpful. There're so many anti trafficking organizations in New York

City. It would be so great if we all provided the same treatment model so that even if

they're not at one location, we can all just kind of work together to make sure they're

getting that consistency. That's going to take some time. I think it would be helpful if we

all use like the same treatment models for clients. And we had collaboration, where if we

worked with a client and they say, you know, do you mind signing a consent so I can

speak to your previous social worker and you know, we don't have to know about what

you discussed but maybe the treatment models that you were using and then ask that

young person how effective it was, so that we're just being consistent across all agencies,

just a really like improve that networking and collaboration since some of you know, we

can work with the same clients at different stages in life. I think you know that would be

like a bigger plan.

The important learning point in this study were the challenges of the COVID-19

pandemic. Participants reported their frustration with community collaboration. Due to the

pandemic, it was more difficult to refer youths to agencies that offered specific services that

could address individual youths' needs. Participants reported that most services were through

telework during the pandemic, and youths mostly did not keep those appointments. Referrals to

public assistance, supplemental security income (SSI), and housing took time and required

obtaining an appointment. Participants reported that lack of incentives, like monetary stipends

obtained from public assistance programs and SSI, may lure CSEC and sex-trafficked youths

back to their exploiter or back into the *Life* through peer recruitment. A participant stated,

> …we have to consider environmental factors so we can do all the treatment in the world,
>
> you know to support these young people and they make progress and they're doing good.
>
> And then it's like we're in a pandemic. So many people lost their job, getting employment

is so competitive especially for jobs that our clients qualify for because of their level of education and experience, right? But then, you know, they're facing homelessness again. If they're over 21, you know, it's harder to get into an emergency shelter that you feel safe in. Although you know shelters tend to be a little bit more compact right, they might have the therapeutic support, and the case management support, but if you're in a situation where you know you can't find a job, you're tired of being in shelter sometimes relapsing and reverting to something that you know, that's a little bit more black and white tends to be a choice that a lot of young people make. And sadly, you have some exploiters that you know are nice like I hate to say that, but you have some exploiter that are supportive, they don't like, you know, abuse or beat that person that they are exploiting, and then it's hard to like come in between that trauma Bond because that person is able to provide things that as a social service provider we can't. You know, we can't move the court system, so your case closes quicker because they're trying to figure out how judges are going to see people, you know, SSI, we can't see that up because they're not taking appointments right now. So, it's like it's so many things that in this pandemic we cannot do, it's harder.

The pandemic has had a tremendous impact on service provision, and many social workers are grappling with ideas on best practices and appropriate community collaborations to effectively service the youths.

Unexpected Findings

An unexpected finding during data analysis was one participant's thoughts of disclosing the truth to youth during the intake and identification process. The participant's inability to

advise the youth of the right thing to do when a youth was referred to this agency became an ethical issue for this participant. The participant narrated how a deaf and dumb 18-year-old female youth was referred to the agency. On further assessment, this participant discovered the youth was not a CSEC but had come from another state to visit her boyfriend. Due to difficulty in communication, she was brought to the agency by law enforcement. The agency labelled her as sex trafficked, but all she wanted to do was go to her boyfriend. Though this social worker could not tell the female to leave, she however felt bad she could not do so because the more CSEC and sex-trafficked youths the agency housed, the more funding the agency receives. This was surprising as it was in direct violation of the NASW's core values and showed clear de-service given to this youth.

Another unanticipated finding in this project was the discussions about ongoing service continuity with youths and their social workers after intervention. For instance, participants discussed how working with this population after intervention would encourage and motivate youths to keep from being re-exploited and re-entering into the *Life*. A participant discussed how keeping in touch with one youth after intervention helped the youth to navigate the system. Though social workers work from 9am to 5pm, it was noteworthy and an unexpectedly positive trend to learn that many of them would want to continue to utilize trauma informed care models, guidance, and evidence-based interventions without compensation to enable youths to thrive in the community.

Summary

Section 3 summarized the study as related to this practice-focused research question explored in this study. Ten participants who provided evidence-based intervention to the CSEC

and sex trafficked youths in NYC were interviewed to obtain a clearer understanding of their perceptions regarding the effectiveness of the seeking safety therapeutic intervention on CSEC's behavior and safety. The primary research question was: What are social workers' perceptions of the effectiveness of seeking safety therapy with Commercial Sexual Exploited Children's behavior and safety in New York City? This question related to their perceptions of the effectiveness of seeking safety therapy with the CSEC and sex trafficked youths' behavior and safety in New York City. Sub-questions included (a) What are the reasons why female CSEC and sex trafficked youths may be reported more than males? (b) What are the reasons CSEC youths re-enter *the Life* after intervention? (c) What do you believe will help you to be an effective social worker in the provision of Seeking Safety therapy to CSEC and sex trafficked youths? (d) What has it been like working with CSEC and sex trafficked youths?

The participants in this in-depth individual interview research study shared their perceptions of the effectiveness of service provision to the CSEC and sex trafficked youths. After transcription and analysis, five major themes emerged from the participants' interviews which included: (a) lack of funding and specialized services, (b) long term housing, (c) training and skills acquisition, (d) trust and transparency, and (e) community collaboration. These themes answered the research questions and sub-questions that were the basis of this research project. In Section 4, the findings from this in-depth individual interview research study will be further analyzed and discussed. Applicability, recommendations, and implications derived from the data will also be further explored and discussed.

Section 4: Application for Professional Practice and Implications for Social Change

     The purpose of this study was to explore social workers' perceptions of the effectiveness of seeking safety therapy on CSEC's behavior and safety in NYC. The in-depth individual research design was a qualitative study, and participants were 10 clinical social workers who had a minimum of a Bachelor's or Master's degree in Social Work and experience with working with CSEC and sex-trafficked youths. This study was conducted to increase the understanding of the perceptions of social workers on the effectiveness of the seeking safety intervention on CSEC's and sex trafficked youths' behavior and safety.

     The findings of this in-depth individual interview research study highlighted the barriers social workers face when providing interventions that address CSEC and sex trafficked youths' behavior and safety, access to community specialized services, and developing solutions to contribute to the efficacy of evidence-based therapeutic interventions with the target population. The information obtained in this research study may be used to advise and enhance social work practice, increase awareness of, and identify solutions that may reduce exploitation of this population and reentry into the *Life,* reduce negative behavior, and increase their safety.

     In this section, I examine findings from the analysis of the qualitative data that were collected in this in-depth qualitative research study. The applicability of the findings to social work, recommendations, and implications derived from the data are further explored and discussed in this section.

Application for Professional Ethics in Social Work Practice

     The NASW Code of Ethics provides ethical principles that guide social work practice. The following are six core values that social workers must adhere to in their professional

conduct: service, social justice, dignity and worth of the person, importance of human

relationships, integrity, and competence (NASW, 2017). Although all these ethical principles

have importance to research, the principles of dignity and worth of a person and competence

were significant to the social work practice that was examined in this study.

The value of dignity and worth of a person follows the ethical principle that social

workers must treat each person in a caring and respectful fashion while being mindful of

individual differences (Burkholder & Cox, 2016; NASW, 2017; Ravitch & Carl, 2016). Social

workers must respect a CSEC and sex trafficked survivor's autonomy to make personal choices

and decisions pertaining to participation in evidence-based therapeutic services as well as

maintain privacy and confidentiality to protect them from potential harm, including

psychological distress or criminal or civil liability (NIH, 2008).

The data from the in-depth interview of social workers documented their perceptions on

the need to engage CSEC and sex trafficked youths with respect and dignity and to take their

vulnerability into consideration. Respect of persons refers to the social workers' treatment of

youths as autonomous individuals who are capable of making their own decisions. One

participant narrated the importance of acknowledging the respect and worth of a survivor during

intervention:

> I first like kind of introduce myself and explain to them what I do, and you know, that I
>
> specifically work with young people that have been sexually exploited and abused and
>
> sometimes I ask them questions like, you know, tell me what you know about, you know,
>
> human trafficking or you know, sexual exploitation. We will have a conversation about it
>
> first. A lot of times they'll bring up things they've seen in movies or on TV. So, we kind

of get to know each other that way and have that initial conversation. And then I let them

know that I'm going to you know, ask them some questions and some of them have to do

with their sex life and you know, I let them know that they're not required to share

anything with me, but they're not comfortable with sharing with me. And then I let them

know that I'm going to ask them a few questions, but they can always say skip or ask me

to stop the assessment at any time. And so that seems to put them at ease a little bit and

you know instead of you know, just jumping right into it and making them feel like they

have to answer I try and ease into it as much as possible.

Another participant agreed and added,

So, I think that's first off and then, you know, just meeting them where they're at can be a

skill because sometimes I think social workers, case managers, they want to help and I

think sometimes they push too hard like they'll try and push the conversation too hard or

will try and pull the conversation and direction that the social worker or case manager

wants to go in. So, I think like being able to take that step back and be able to let the

young person take the direction. And that's what I mean by meet them where they're at,

because if they're at the point where they're not ready to have certain conversations as

part of the intervention or process, then you have to be okay with that and not try and

force it. So, I think meeting them where they're at, is important. And then I think also a

skill which I've definitely grown on in 8 years is trying to have a trauma-informed lens

when you're looking at the world or behaviors of the young person.

The participants described the importance of youths making their own choices, knowing

they have autonomy. A participant described it in the following way:

And then, lastly I think is that piece of autonomy is making sure that you know, the young person feels like they have choices that they have information and it's about empowering them to make the choices that are best for them because I think people disengage especially the teens that I was working with, you know, when they feel like they're being told what to do. So, I think that's another piece of it is, you know, giving them the option to make those choices and for them to know that those choices are theirs to make and that we're not making them for them. We just want them to know as much information as possible.

Understanding the autonomy of an individual allows social workers to meet with the youths at their comfort level with a trauma informed lens, giving them the opportunity to process feelings, understand there are choices to be made, and allow them the freedom to make their own decisions without any judgments or bias. The participants described that when the youths can make their own decisions, they participate in interventions willingly. Social workers who adhere to the principle of respect of persons understand the importance of autonomy and the need for survivors to make their own decisions regarding treatment plan and intervention (Ravitch & Carl, 2016).

The second value from the NASW Code of Ethics that was discussed by participants was competence. This ethical principle identifies the importance of professional expertise in relation to social work best practice. Social workers should obtain education and seek to understand the nature of social diversity and oppression with CSEC and sex trafficked survivors in respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political beliefs, religion, immigration status, and mental or physical ability

(NASW, 2017). Not only should social workers enhance their own professional knowledge, they should also make contributions to the social work profession (Burkholder & Cox, 2016). The participants identified that regular training, skills, and experience were crucial in working with this population. A participant discussed the importance of competence and experience in the helping process:

> First of all continuing to stay up-to-date on potential resources and with seeking safety, but also like with other interventions that are beneficial to this population. Continuing to just keep up on that and continuing just to build relationships with them. Continuing to be non-judgmental. I think that's one of the big things, and continue to be comfortable with having uncomfortable discussion because I think a lot of the times, and I know this from my own experiences when I was a younger social worker where, when it came to uncomfortable discussions, potentially, whether it was around sex, whether it was around suicide, whether it was around prostitution or sexual exploitation, where if therapist is uncomfortable in any way with this, the young person could see it. By using, even when using specific language where you kind of like go around the topic and try not to say specific words, like the young person can tell when you're uncomfortable with talking about things. So, I think I've done a good job in growing in that and I can have very open and honest discussions with young people and I can talk specifically, okay, you know you were talking about your pimp and what you were, you know, how you were feeling around this this like I can bluntly have this conversations with them. And I think continuing to just grow in that in that way to have a dialogue and then also as part of that also staying on top of like the terminology in a way. I feel like the young people that are

involved in CSEC and trafficking and prostitution, there's a lot of specific lingo and words that go with it, where being on top of those things and being able to relate to those things to make the young person comfortable to where they can tell you something and you actually know what they're talking about rather than it going completely over your head when they're trying to be open and trying to have a discussion with you, but it's something that you just don't know so I think being able to have those kind of discussions too.

The importance of having the skills of engagement from a trauma-informed lens was also noted by this participant:

If the young person says or does something, whether it's with you as part of the intervention or whether it's just them living our facility not just jumping to okay, they curse me out in the session, I never want to speak to them again; rather than okay using a trauma-informed lens, what they must have been going through that made them feel like they were at that point where they were cursing you out, what was really going on, what's internally going on, not just looking at the external of what they're saying and doing. And I think that's a big skill for any therapist to have is to be able to look using that trauma-informed lens and that's how you can really help a young person rather than just thinking on the surface and you know personalizing things.

Though it is crucial for professionals working with this population to adhere to the value of competence, one participant added that working with other helping professionals who lack the competence to engage and work with CSEC and sex trafficked survivors can be difficult:

Well, I don't even think police are trained to respond to female youth that are exploited. A lot of times they think that the female youths, it's their choice or you know, they're choosing to do this, or they could you know, leave at any moment and they don't realize that it's trauma bonding and they don't realize sometimes it's a choice or I mean, it's not a choice or it's force or there's other things behind it. And I think like, if you look at domestic violence reporting when a male reports domestic violence, a lot of times the police will just laugh at them or say whatever, figure it out, or you know, how could that happen to you?

The participants discussed the need for competence with every professional working with this population. Competency eases collaboration and allows for better coordination when everyone in the helping profession is competent and skilled in the delivery of services. The participants gave insight into the difficulties social workers face when working with other professionals who lack competence, experiences, and skills with CSEC and sex trafficked survivors. Where there is a lack of competence, helping professionals fail to engage, assess, and identify survivors with a trauma-informed lens. When this failure occurs, they cannot provide appropriate interventions based on an individual's needs. For instance, competence could allow social workers to increase identification of male victims because they hardly report their victimization as they do not view themselves as sexually exploited. As a result, male CSEC youths are likely underreported and do not engage in therapy. Experience, education, and ongoing training about this population may change the perceptions and responses by all service providers to CSEC's and sex trafficked youths', behavior that may ultimately improve this population's engagement and participation in treatment plans.

The NASW Code of Ethics (2017) guides clinical social work practice to improve the well-being and basic needs of all persons connected to the helping profession. The engagement, assessment, identification, and appropriate delivery of services to this population requires competence, skills, and experience. Through competence and respect for individuals, social workers can use strength-based, best practice treatment modalities that reduce negative behavior and improve the safety of CSEC and sex trafficked youths, allowing them the opportunity of increased productivity in the community. The findings of this study may impact social work practice work practice by showing the need for ongoing, specialized education best suited to engage and provide the best practice of individualized therapeutic treatment plans for this vulnerable population. Further, the results could increase understanding of how exploitation impacts youths' ability to engage with the services provided.

Recommendations for Social Work Practice

Based on the findings of the in-depth interviews, there are two areas of clinical social work practice that would benefit from further action. Education and specialized training for clinical social work practice were identified as crucial to implement individualized treatment plans for this population in question. Currently, social workers do not receive specialized training on seeking safety therapy for CSEC and sex trafficked youths. The participants felt that agencies who specifically work with this population must have ongoing training on seeking safety therapy due to the increase in exploitation and sex trafficking of youths locally, nationally, and globally. They indicated that understanding the culture of this population would enhance social workers' skillsets needed to assess CSEC and sex trafficked survivors with a trauma-informed lens, educate them on safety measures which would ultimately increase safety, and

reduce exploitation or re-entry into the *Life*. Therefore, increased knowledge, skillset

enhancement, and provision of specialized individualized therapeutic interventions and

modalities are recommended to improve social work practice.

Collaboration with other CSEC and sex trafficked service providers and inter-agency

collaboration with agencies specifically working with this population was also identified as

necessary to adequately meet the special needs of this population. The participants narrated the

need for all service providers connected to this population to engage, support, and implement

trauma specific services without judgment, implicit bias, and use of derogatory language. They

noted the importance of ongoing therapeutic services and community support, individualized

basic needs, long-term housing, and legal services that could reduce CSEC and sex trafficked

youths' negative behavior, increase safety, and improve their sense of self-worth in the

community. The collaboration, coordination, and delivery of specialized services to this

population between agencies, communities, law enforcement, the judiciary system, and policy-

makers on the macro, micro, and mezzo levels are highly recommended to address this target

population's problems (Barnert et al., 2016; Corbett, 2018, Varma et al., 2015). This research

study demonstrated the need for future specialized educational solutions for social work

practitioners, community service providers, law enforcement officers, and the judiciary system to

increase their understanding of the intricacies in working with CSEC and sex trafficked youths

survivors' behavior and safety in New York City.

Personal Impact

My relationship to the phenomenon of interest (CSEC) started when I was privileged to

run a CSEC group during my internship in my organization. I observed and heard about their

lived experiences, the stereotypes, criminalization, and discrimination they faced daily due to no fault of theirs without appropriate service provision. I encountered cases where children were sexually abused and screened for sexual exploitation and referred to services that were not specialized and individualized to meet their needs. My intersection with this population inspired me to evaluate and change my individual practice, which was stereotypical, ladened with implicit bias, and judgmental. I sought training and education to increase my knowledge, and I then decided to pursue a doctoral program in Social Work. Throughout my doctoral education, I thought about how to advance myself as a practitioner, and to realize my dreams, I decided to conduct this research in pursuit of the efficacy of evidence-based practice solutions that CSEC and sex trafficked youths would benefit from.

This in-depth interview research study has inspired me to pursue further research after my doctoral study. My dream is to continue carrying out research that impact social work practice in providing effective evidence-based interventions that reduce re-exploitation and re-entry into the *Life* and address any barriers in the literature that affect the efficacy of clinical interventions and treatment strategies to this vulnerable population. The usefulness of the findings from this in-depth interview research study may impact social work practice and knowledge through publication and dissemination of information about the challenges and barriers social workers face in the provision of evidence-based interventions that address this population's exploitation, re-entry into the *Life*, and finding safety in their communities.

Limitations of the Study

One limitation of this in-depth interview research study was the lack of male social workers who worked with this population. Only one male was recruited for this study, which

may have been due to COVID-19 pandemic. While this number of in-depth interviews provided

allowed for data saturation to be reached, the results may not generalized to a larger population.

In the future, further exploration of male social workers' perceptions of the engagement,

assessment, identification, and provision of evidence-based therapeutic interventions should be

performed since it may offer new perspectives on ways to reduce CSEC exploitation, re-entry

into the *Life*, and increase of CSEC's safety.

Another limitation was the recruitment issues of study participants through social media.

The COVID-19 pandemic made it impossible for face-to-face interviews with participants.

Additionally, all participants opted for a telephone rather than Zoom interview. The inability of

this researcher to observe and record nonverbal cues, like participants' body language and facial

expressions, may have impacted the richness and nuance of the data.

Future Research

First, social workers must make themselves available to participate in future research

studies. Due to administrative reasons and the COVID-19 pandemic, some social workers who

had the skills, knowledge, and experience working with this population were unwilling to

participate in this study. Thus, despite many efforts, recruiting and obtaining more data for this

research was difficult due to the pandemic (Bryson, 2018; Wade & Wade, 2012). The

participation of more practitioners would have increased the richness of the data,

generalizability, trustworthiness, and transferability of this study's results (Ravitch & Carl,

2016).

Collaboration and continued community outreach and ongoing services are two areas that

may help in the reduction in CSEC exploitation and re-entry into the *Life*. Barnert et al. (2016)

found that continued community outreach by CSEC and sex trafficked youths and ongoing evidence-based interventions by social work practitioners (Corbett, 2018) had a positive impact on this population's behavior and safety. As a result, social workers providing services to CSEC youths may be perceived as crucial in obtaining rich data about this vulnerable target population. Therefore, it is essential for trained and skilled social workers to collaborate with other service providers and the surrounding community in the delivery of services to CSEC and sex trafficked youth survivors.

There are various ways to disseminate the information of this in-depth interview research. The publication of this study and the publication of future research by social work practitioners on this topic would enhance the understanding of CSEC and sex trafficked survivors. Training social workers and all service providers in the community, including law enforcement officers and the judiciary system, would increase their understanding and awareness of the challenges and barriers that impact service delivery to survivors. Training allows all professionals who work with CSEC to have a common goal, understand the intricacies of CSEC and sex trafficked youths' behavior, and work with them with a trauma-informed lens, trauma reduction approach, and from a strengths perspective. Dissemination of this study's findings could create better awareness to every one providing appropriate, individualized services to CSEC and sex trafficked population at the macro, micro and mezzo levels field of social work.

Implications for Social Change

Social change means the quest to address and correct a societal ill on an individual, community or a group of individuals, or a society in general (Walden University, 2018). Social change is also about improving the conditions of individuals, group of individuals, community,

or a society. Social change involves a collective action of individuals who are closest to the social problems to develop solutions that address social issues. As such, social workers play an integral role in advocating for the most vulnerable, marginalized and at-risk within the macro, micro, and mezzo levels. At the micro level, social work practitioners should endeavor to address issues relating to CSEC and sex trafficked youths' safety and wellbeing by meeting their individualized basic needs through therapeutic and evidence-based interventions. The findings from this in-depth interview research included improved long-term housing resources and ongoing community collaboration for CSEC and sex trafficked youths to reduce exploitation, re-entry into the *Life,* and increase their safety and wellbeing. Understanding the dynamics of CSEC and sex trafficked youths with a trauma-informed lens by all service providers connected to the survivors is crucial in the recommendation and implementation of individualized treatment plans. This would ensure that services provided are implemented using a harm reduction approach and are tailored toward each survivor's individualized needs. Assessing and identifying youths with a trauma informed lens and implementing services using a harm reduction approach would provide the youth with tools to resist re-exploitation and re-entry into the *Life*.

On a mezzo level, social workers should increase their understanding of the laws related to CSEC and sex trafficked youths and the available resources needed to work with the survivors. The findings from this study may raise the awareness about CSEC and sex trafficked youths and the local changes needed to reduce exploitation, re-entry into the *Life,* and increase the safety and wellbeing of this population. The narratives from the participants of this study could enable other social workers to understand services that are provided and how the lack of funding has a negative impact on social change. Using the findings of this study could enhance

other practitioners' knowledge regarding services that require government funding and how

limited funding adversely affects the safety and wellbeing of CSEC and sex trafficked survivors.

The findings could educate policy-makers and encourage them to pass laws that would effect

change and benefit this target population through service provision.

On a macro level, many CSEC and sex trafficked youths are criminalized, dehumanized,

and stigmatized. Rather than view them as victims and survivors, they are treated as criminals by

professionals who work in law enforcement and juvenile delinquent centers and by the

community in general. Viewing them as victims and survivors and providing them with

appropriate individualized services would benefit them and reduce the exploitation by their

pimps, families, and friends (Barnert et al., 2016; Corbett, 2018). The increased awareness of

social workers, agencies, families, and law enforcement may contribute to better service

provision to this population without them feeling judged and criminalized. Training and sharing

of information about this target population would decrease stigmatization and increase the

knowledge base of all service providers in implementing services that address the youths'

individual, basic needs. CSEC and sex trafficked survivors trust and engage in services when

there is transparency, knowing they will not be judged, persecuted, prosecuted, and jailed due to

no fault of their own. Their willingness to participate in therapeutic services would reduce re-

exploitation by their pimps, increase their safety and wellbeing, and lead to their reintegration

into society.

Examining the complexities of this problem on a micro, mezzo, and macro level could

encourage social workers to educate themselves and enhance their knowledge base and skills

regarding this vulnerable population. The identification and provision of individualized

therapeutic treatment plans may advance social work practice, reduce exploitation, and increase the safety and wellbeing of CSEC and sex trafficked youths. Participants of this study who currently provide services to this population provided rich information regarding the challenges and barriers they faced while working with this population and offered solutions that address these problems. Thus, this study supports social change and promotes social work and best practice applications in the field of social work for practitioners who provide services to this vulnerable population. The provision of evidence-based therapeutic interventions addresses the individual needs of CSEC and sex trafficked youths. Further, it could allow them to reintegrate into their communities and become productive citizens.

Summary

CSEC and sex trafficking is often considered an international issue. However, the problem exists locally, affecting children of different ethnic and racial backgrounds, socio-economic statuses, and genders (Corbett, 2018; Varma et al., 2015). Despite laws, such as the Safe Harbor Act of 2008 which prevents any child under 18 years from being prosecuted for prostitution and President Obama's Anti-Trafficking Law of 2015, youths continue to face exploitation. Participants of this study were social workers who agreed that CSEC and sex trafficking youths face challenges and that the lack of resources is a barrier to providing effective and appropriate individualized services to this population. They gave helpful insights into how the appropriate use of resources can effectively address and reduce exploitation and re-entry into the *Life* and increase the safety and wellbeing of these minors.

Using an in-depth interview methodology, this study explored the perceptions of social workers on the effectiveness of seeking safety therapy with CSEC and sex trafficked youths'

behavior and safety in NYC. The participants' real-world experiences and work with this population provided valuable and rich data. These data were organized and categorized into five themes: (a) lack of funding and specialized services, (b) long term housing, (c) training and skills acquisition, (d) trust and transparency, and (e) community collaboration. Clinical recommendations from these findings may contribute to better provision of appropriate individualized evidence-based services that address CSEC and sex trafficked youths' behavior, safety, and wellbeing within society.

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Appendix A: Recruitment Flyer

Researcher is seeking social workers for an important research study

- Are you a social worker employed to work with commercially sexually exploited children (CSEC) and sex-trafficked youths for more than one year?

If you responded **"yes"** to the above question, then you may be eligible to participate in a social work research.

The purpose of this research study is to explore social workers' perceptions of the effectiveness of Seeking Safety therapy on CSEC and sex-trafficked youths' behavior in New York, USA.

Participants will receive a $50 gift card for participating.

Social workers above the age of 21 employed by any social service agency for more than one year are eligible for recruitment.

Interview will be conducted through telephone or online platform like Zoom (depending on your preference).

Kindly contact Tonia Ukanwoke at XXX for more information.

Appendix B: Demographic Questionnaire and Script for Narrative Interviews

Introduction:

Good day, my name is Tonia Ukanwoke, a doctoral student at Walden University conducting interviews regarding social workers' perceptions of the effectiveness of Seeking Safety therapy with commercially sexually exploited children and sex-trafficked youths' behavior and safety in New York City. During the interview, I will ask for demographic information and several open-ended questions to you to generate narrative data. The entire interview will be recorded. Please feel free to share your experiences, thoughts, and opinions, as all responses are vital to this study. Your name or other identifying information will not be included in the final report. Please feel free to ask questions pertaining to the interview now. If you have a clear understanding of the interview process, then let us begin. The interview will last about sixty minutes. Let me start with getting your demographic information.

What is your date of birth?

What gender do you identify with?

What race/ethnicity do you identify with?

Are you employed in a social services agency?

If yes, how long have you been employed?

If no, do you have your own private practice?

What is your highest degree in social work?

How many years have you worked with CSEC/sex-trafficked youths?

Thank you for answering the demographic questions. Let us now begin the interview with questions relating to this study. Commercial sexual exploited children and sex-trafficked youths

have challenges with their behavior and finding safety due to the exploitation they experience in the hands of their exploiters. Social workers provide therapeutic interventions like Seeking Safety therapy to this population to address their behavior, decrease re-entry into exploitation and ultimately find safety. The goal of this interview is to explore your perceptions of the effectiveness of Seeking Safety therapy on this population's behavior and finding safety during and after intervention.

What has it been like working with CSEC and sex-trafficked youths?

At what stage do you begin working with a CSEC and sex-trafficked youth?

How do you identify the youth is commercially sexually exploited?

How do you identify the youth is sex-trafficked?

What steps do you take to make them comfortable?

How do you know their comfort level?

What challenges, if any do you have in making them feel comfortable?

What time do you commence Seeking Safety therapy on CSEC and sex-trafficked youths?

To what degree is Seeking Safety therapy effective in the behavior of CSEC and sex-trafficked youths?

To what degree is Seeking Safety therapy effective in the safety of CSEC and sex-trafficked youths?

What challenges do you face in providing Seeking Safety therapy to CSEC and sex-trafficked youths?

What resources do you believe would help in the reduction of CSEC and sex-trafficked youths' behavior after intervention?

What resources do you believe would help in increasing CSEC and sex-trafficked youths' safety after intervention?

What are the reasons why female CSEC and sex-trafficked youth may be reported more than males?

What are the reasons why male CSEC and sex-trafficked youths may be under-reported?

What are the reasons why CSEC and sex-trafficked youth do not participate in intervention?

What are the reasons why CSEC youths re-enter *The Life* after successfully completing intervention?

What do you believe will help you to be an effective social worker in the provision of Seeking Safety therapy to CSEC and sex-trafficked youths?

What skills do you believe you need in the provision of Seeking Safety therapy to CSEC and sex-trafficked youths?

This concludes our interview. You have provided me with great insight and information, and I thank you for your participation in this study. Please feel free to contact me at (917) 207-9882 should you have questions or require additional information.

Appendix C: Organization of Themes

Codes	Themes
Lack of funding for basic needs	Lack of funding and specialized services
Frustration with funding	
Resources are limited	
Basic needs not met	
Lack of allocation of resources	
Inadequacies in community resources	Lack of funding and specialized services
Agencies lack resources	
Inadequate funding for services	
Struggle to obtain capital	
State funding regulations	
No adequate resources	
Services are limited due to	
lack of resources	Lack of funding and specialized services
Lack of funding for services	
Seriousness of limited funds	
Lack of funding for this	
vulnerable young persons	
Agencies not financially equipped	
Practitioner limited in securing	

funding   Lack of funding and specialized services

Post intervention services

limited due to lack of capital

Less financial donations

due to COVID-19

Decrease in donors due to pandemic

Frustration about capital

Lack of stipend programs   Lack of funding and specialized services

Short-term treatment plans

due to lack of resources

Financial supportive

programs

Help with basic needs

Lack of housing programs   Long term housing

Inadequate housing

No long-term resident

programs

Lack of independent living

programs

Unavailability of long-term

housing   Long term housing

No secure housing

Unstable housing programs

Limited rooms for this

population in programs   Long term housing

Agencies resident programs

not enough

Very limited resident programs

for this young people   Long term housing

No safe housing

Strict housing programs

No incentive for housing

Lack motivation to obtain

housing   Long term housing

Inadequate CSEC housing

Limited rooms in program

No affordable housing

Few residential programs

Agencies not equipped

for permanent housing   Long term housing

Inadequate residential

programs

Lack of permanence in

housing programs

Few agencies with	
permanent residential boarding	
long term housing not	
affordable	Long term housing
No permanent housing	
No long-term and permanent	
housing	
Not having housing or a	
place to stay	Long term housing
Helpful if placed in	
long term or permanent	
housing	
inadequate transitional	
living programs	Long term housing
Safe, secure placement	
in organization	
Steadily housed	
Safe permanent placement	
Long term housing initiative	Long term housing
Supportive ongoing training	
programs	Training and skills acquisition
Limited specialized	

programs

Recognize red flags

Offer individualized treatment

Plans   Training and skills acquisition

Lack of specialized training

Community collaboration

requires skills

Individualized needs for the

young people   Training and skills acquisition

 Limited specialized

Practitioners

Trauma-informed lens

Lack of training to identify

male survivors

training to identify CSEC

victim versus non CSEC   Training and skills acquisition

Lack of awareness

Up to date with CSEC lingo

Lack of CSEC existing laws

Lack of knowledge on

sex-trafficking laws   Training and skills acquisition

Lack of knowledge and

practice by social workers

Male CSEC and sex-trafficked	
victim not properly identified	Training and skills acquisition
Lack of assessment skills	
Lack of knowledge about	
the vulnerability of victims	
Misidentification of CSEC victims	
Specialized skills to properly	
identify young persons	Training and skills acquisition
Misidentification of victim	
due to lack of proper assessment	
No specialized skill for engagement	
Control implicit bias	Training and skills acquisition
Empathy when working with	
CSEC youth	
Use of more dynamic models	
Using trauma bond approach	
Inappropriate treatment plans	Training and skills acquisition
Dedicated and motivated	
practitioners	
Knowledge about DSM-V	
by practitioners	Training and skills acquisition

Lack of trust	Trust and transparency
Make it very clear	
Possible clear information	
Clear about what I could	
or could not do	Trust and transparency
Ensure honesty	
Telling the youth, the truth	
Telling them the truth	
Tell youth about confidentiality	Trust and transparency
Treat youth with respect	
Do not lie to youth	
Meet them where they are at	Trust and transparency
Children do not like to	
be lied to	
Engage young people with honesty	
They don't like being lied to	Trust and transparency
No information, there is	
no transparency	
Encourage youth to take	
the direction	Trust and transparency
Practitioners to care for	
CSEC and be consistent	

Let youth know the options

available   Trust and transparency

Explain the engagement process

to youth

Tell them the choices available

Build a raport

Be transparent and offer support   Trust and transparency

Make young person feel comfortable

Youth feel safe when they

trust social workers

Connect and build a therapeutic

bond with CSEC victim   Trust and transparency

Don't tell victims what to do,

Let them know they have a choice

Remain consistent and transparent

Straight forward and clear

Young people don't trust easily   Trust and transparency

Ongoing services in the

community   Community collaboration

Every provider should be

on the same page

Victims should be referred to

community based services	
Inter-agency collaboration	Community collaboration
After care services in the community	
Working together with outside agencies	Community collaboration
After care service with social worker	
Continuous check in with providers	Community Collaboration
Collaborate with police, legal aid, Public Assistance	
Ongoing therapy in the community	
Collaborate with many providers for best care for survivors	Community collaboration
Free lawyers to prosecute pimps	
Build relationship with community	
Access to alternative financial Opportunity in the community	Community Collaboration

Appendix D: Themes

Common Codes	Times Repeated
Lack of funding and specialized services	75
Long term housing	41
Training and skills acquisition	35
Trust and transparency	49
Community collaboration	37