2019

Substance Use Treatment Needs for Survivors of Commercial Sexual Exploitation of Children

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This is to certify that the doctoral study by

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Walden University
2019

Abstract

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MSW, Wheelock College, 2003

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Project Submitted in Partial Fulfillment

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Abstract

Commercial Sexual Exploitation of Children (CSEC) is the sexual exploitation of minors for commercial profit. The intersection between sex trafficking victimization and substance use has not yet been explored in clinical research and is not reflected in current clinical treatment of survivors when they exit their exploitation. The research question explored in this study focused on the substance use treatment considerations and challenges clinical social workers face when treating survivors of CSEC living in Massachusetts. Subquestions included understanding how cumulative trauma from CSEC impacts substance use treatment and how the coercive use of substances aimed at maintaining victim submission impacts substance use treatment. Contemporary trauma theory was the theoretical basis that informed this action research study. The sample included 5 clinical social work practitioners who had experience working with victims and survivors of CSEC. Data collected through a focus group was coded, compared, and analyzed for major and emergent themes using the constant comparison method. The key findings of the study include the lack of training and experience specific to the population, the impact of trauma, the effect of CSEC on substance use treatment, and the need for specialized treatment services. The findings of the study may create positive social change by increasing knowledge of the dynamics of substance use treatment with CSEC survivors, informing best practices for social worker professionals working with this population, and advising the development of trauma-informed substance use treatment for CSEC survivors.

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Dedication

I am dedicating this project to my amazing husband, Jim Horvath. You have always believed in me and lifted me up when I did not believe in myself. I never could have followed this dream without your unconditional support and love. Thank you for picking up the pieces and pitching in so I could work all those late nights on my research. You never complained but instead always offered to help (as much as I would let you). Together we are an amazing team and there is nothing we cannot accomplish.

I love you forever and ever, amen.

Acknowledgements

My deepest appreciation to my Committee Chair, Dr. Debora Rice. It is hard to believe that one year ago I was ready to quit and walk away. I am blessed that you intervened and personally became my chair. Your support, guidance and belief in me helped me to overcome the challenges I faced and revived my passion for this work.

Thank you to Dr. Holstein and Dr. Yick for your support and guidance as my committee chairs. This has been a long and challenging process, but your kindness and support were truly appreciated.

For my daughters Anne and Jennifer, my son James, and my amazing grandchildren Joshua, Hailey, Logan, Jason and Carly, I hope you always pursue your dreams. I am blessed and grateful every day to have you all in my life.

To my mother and father who believed in education and taught me that there were no racial or gender obstacles to achieving my dreams. To my brother, John who always believed in his big sister.

To Dot, who truly is my faithful friend and not at all surprised when I came up with this crazy idea to pursue a Doctorate. It's your turn my friend and I will support you every step of the way.

One last thing;

Josh, Dr. Grandma Bear it is

Table of Contents

Section 1: Foundation of the Study and Literature Review

Sex trafficking is an international, multibillion dollar, criminal enterprise (Dank et al., 2014; Okech, Choi, Elkins, & Burns, 2018). Globally, the International Labor Organization estimates that there are 4.5 million people trapped in forced sexual exploitation each year (Konstantopoulos, 2013). American society views sex trafficking as an issue that is primarily international or a rare, sensational case in the media domestically (Jordan, Patel, & Rapp, 2013). The reality is that an estimated 324,000 children in the United States are at risk of sexual exploitation (Estes, 2017). The commercial sexual exploitation of minors (CSEC) has been reported in every state across America (Fedina, Williamson, & Perdue, 2016). The National Center for Missing and Exploited Children (NCMEC) estimated that approximately 100,000 minors are engaged in the commercial sex trade domestically each year (Polaris, 2014). These statistics suggest that CSEC is a modern-day form of slavery practiced within the United States and it involves those that are most vulnerable - children.

Sex trafficking is a high demand enterprise with a large profit margin that has driven this transnational criminal activity to be the third most profitable, illegal operation in in the United States (Enderwick, 2016). While traffickers' profit from the exploitation of their victims with minimal risk, the cost of sex trafficking to a victim is immeasurable. Due to the high demand for young victims and the low risk of arrest or prosecution, traffickers have little regard for the wellbeing of their victims (Beck et al., 2015). Victims are therefore continuously exploited until the traffickers feel they have decreased in value due to ageing out or the effects of chronic trauma and abuse (Macy & Graham,

2012). To maximize profits, traffickers will require victims to work long hours (typically 10-18 hours a day) without rest to meet their quotas (Bouché & Shady, 2017; Hickle & Roe-Sepowitz, 2016; Lloyd, 2012). Extreme violence, psychological and emotional abuse, and deprivation of basic needs such as sleep, food and shelter are common (Horning, & Sriken, 2017; Turner-Moss, Zimmerman, Howard, & Oram, 2014).).

The psychological effects of witnessing unspeakable events, being objectified, enduring continuous movement to disorient and increase instability, loss of individual power over the most basic acts of daily living, sleep deprivation, and malnutrition strip victims of their human dignity. Victims that can successfully exit their exploitation or *The Life* as it is referred to within this subculture, have long term consequences related to their exploitation (Estes, 2017). A 2010 study interviewed 204 trafficked girls and women in seven posttrafficking settings and found that 77% had PTSD, 55% had depression, and 48% had anxiety related to their exploitation (Ottisova et al., 2016).). Goldberg et al. (2016) found in a study of 41 identified victims, 32% had medical issues, 20% had psychiatric issues, and 88% had substance use issues at the point of exiting *The Life.* While these studies capture the immediate needs upon exit, underlying complex medical, substance use, and psychological needs may further manifest over time.

I began working with victims and survivors of CSEC in 2005 when an adolescent involved in therapy me was exploited. This experience led to further study, training, and networking with providers working with this population. While working at a major Boston city hospital, concerns were raised about the lack of policies, protocol, and aftercare follow up for identified victims of CSEC who had received treatment at the

hospital's emergency room. Specifically, the lack of understanding and training of this issue with providers was leading to multiple providers repeatedly questioning identified victims while in crisis. Victims were not engaging or forthcoming due to this, leading to incomplete medical and substance use histories being obtained. In some instances, victims were reported to be detoxing while in residential or foster care after not identifying their substance use while in the emergency room. I worked with a dedicated team of social workers to develop protocols, training, and education for emergency room staff. As the staff learned more from survivors, the need for CSEC specific services that would be accessible to victims, provide safety and addressed concrete needs, collaboratively addressed social work, medical and substance use issues using senior staff that were knowledgeable about CSEC was discovered. A pilot program was developed that provided a clinic from midnight to 7 am once a week for victims and survivors of CSEC named After Midnight (Gavin & Thomas, 2017). This experience inspired me to learn more about the effects of this form of exploitation on a victim's substance use, explore the impact of complex trauma on treatment readiness, and question how to improve social work practice with this population.

The clinical social work practice problem that was explored in this action research study is substance use among CSEC survivors, specifically in Massachusetts. In order to explore this issue, this action research study conducted a focus group consisting of clinical social work practitioners treating victims or survivors of CSEC with substance use history. Focus groups stakeholders, serving as participants, were asked to share their experiences and insights into barriers and challenges to substance use treatment for this

population. The collected data will inform best practice strategies for future engagement and affect positive social change by improving clinical social work understanding of the impact of CSEC on a survivor's understanding of their substance use and treatment needs.

The research question explored in this study was: What are the unique substance use treatment considerations and challenges for clinical social workers treating survivors of CSEC with substance use history living in Massachusetts? Subquestions include (a) How does cumulative trauma from CSEC impact substance use treatment? and (b) How does the coercive use of substances aimed at maintaining victim submission impact substance use treatment? To address these questions, an action research study was conducted to examine clinical social work practitioner's insight into the substance use treatment needs for survivors of sexual exploitation. This insight is especially important given the complex trauma experienced by CESC survivors and the different ways substances are employed to coerce and enforce a victim's complicity. The methodology and the goals for this study aligns with the values of the social work profession by promoting justice for a marginalized population and improving clinical social work practice through effective implementation of substance use treatment for survivors of sexual exploitation.

To further understand the clinical social work problem addressed in this study, Section 1 has been divided into eight subsections. Subsection 1 illustrates the background and the foundational basis for this study. Subsection 2 presents the problem statement and discusses gaps in the literature that necessitate further research. Subsection

3 outlines the purpose of this study and provides a description of the proposed research questions. In Subsection 4, the nature of the doctoral project is reviewed. The significance of the proposed research and potential implications to the field of social work is contained in subsection 5. Subsection 6 includes the theoretical foundation and the conceptual framework of the study. A review of the values and ethical issues that need to be considered when conducting this research is explored in subsection 7. Finally, subsection 8 contains a comprehensive literature review focusing on the key variables and concepts that informed this study.

Problem Statement

The clinical social work practice problem that was explored in this action research study is substance use among CSEC survivors, specifically in Massachusetts. Integrated medical and mental health care is considered best practice for a victim upon identification (Varma, Gillespie, McCracken, & Greenbaum 2015). However, treatment for substance use has not been identified as a treatment need despite research findings that substance use has a statistically high comorbidity with CSEC (Greenbaum & Crawford-Jakubiak, 2015). The use of drugs and alcohol as a means of maintaining the complicity of a victim creates a serious effect on a victim and confounds their ability to understand their own substance use (Hargreaves-Cormany, & Patterson, 2016). This can result in a lack of self-identification of an underlying addiction, resistance to change, and delay in treatment (Lorenz, 2017). Substance use within this population is used as a method to manage the traumatic events they are experiencing, a means that allows them to continue to work in this climate, and as a way to self-medicate symptoms resulting from their exploitation

(Gibbons, & Stoklosa, 2016). Varma et al (2015) conducted a retrospective study of patients between 12-18 who presented to three pediatric emergency rooms or one child protection clinic for suspected sex trafficking compared to patients between 12-18 who presented to the same facilities for sexual assault/abuse but were not victims of sex trafficking. They found that 69% of the sex trafficking victims had a history of drug use with 50% presenting with a history of multiple drug use (Varma et al., 2015). The comparative population that were not victims of sex trafficking had 19.2% history of drug use and 5.8% history of multiple drug use (Varma et al., 2015). One of the challenges for clinical social workers treating survivors of CSEC living in Massachusetts is how the psychological manipulation used on victims creates an atmosphere that normalizes substance use within this form of exploitation (Sapiro, Johnson, Postmus, & Simmel, 2016). An additional layer of complexity that I discovered during my study is the multiple types of drug use that a victim is using as part of their exploitation and the effects of each one in conjunction with the physical and mental health implications. Recovery needs to be done in synchrony with physical and mental health treatment to provide a survivor with the structure needed to process and grieve on multi levels or the individual processes will be undermined.

Purpose Statement

The purpose of this action research study was the improvement of clinical understanding and practice of social workers by increased knowledge of substance use treatment challenges when working with CSEC victims and survivors. Sex trafficking is a unique subculture and the impact of the exploitive environment a victim endures can

affect the perceptions and understanding of a victim's experience (Hargreaves-Cormany, & Patterson, 2016; Lutz, 2018; The Victims., 2014). This can create barriers to effective treatment for providers working with this population. The intention of this study aligns with the ideals of social work practice by promoting positive social change for this marginalized population through identification of best-clinical practices (National Association of Social Workers, 2017). The data from this study is needed to help social workers who are working with this population to understand and support all aspects of a survivors' recovery. This understanding may improve clinical social work practice and increase effective treatment protocols for survivors of CSEC with substance use disorders.

Definition of Terms

The following definitions are included to clarify the language and terminology used by this population. Common terms that have significance are also further defined in this section.

Coercion: Use of threats to gain control of an individual (Polaris, 2014). Threats can include; manipulation, emotional and physical abuse, isolation, intimidation, restraint, and creating a climate of fear (Polaris, 2014).

Commercial Sexual Exploitation of Children (CSEC): Commercial transaction of a sex act involving a minor in exchange for something of value (Gibbs et al., 2015).

Domestic Minor Sex Trafficking (DMST): Commercial sexual exploitation of an American minor within the United States for the profit of a third party (Marcus, Horning, Curtis, Sanson, & Thompson, 2014)

John/Purchaser/Trick: A person who pays or trades something of value for a sexual act (Streetgrace, 2017).

Maladaptive Coping: Strategies that may lead to increased emotional upset and co-occurring disorders (Dank et al., 2014).

Pimp/Daddy: Person who controls and financially benefits from the commercial exploitation of a victim (Hardy, Compton, & McPhatter, 2013).

Quota: A set amount of money a victim must meet before they can stop working (Miccio-Fonseca, 2017).

Stable/Family: A group of victims under the control of one pimp (Miccio-Fonseca, 2017).

Survival Sex: The exchange of a sexual act for an item of value (Greenbaum & Crawford-Jakubiak, 2015).

Survivor: A victim of sex trafficking who has exited *The Life* (Dank et al., 2014).

Survivor Mentor: A survivor who is now mentoring victims and survivors (Gasca-Gonzalez, & Walters, 2017).

The Life/The Game: The subculture of sex trafficking that includes its own rules, class structure and language (Streetgrace, 2017).

Trade Up/Trade Down: Move a victim between pimps for another girl or money (Streetgrace, 2017).

Trauma Bond: A psychological response when hostages become attached to their captors (Contreras, Kallivayalil, & Herman, 2017).

Research Question

The research question explored in this study was: What are the unique substance use treatment considerations and challenges for clinical social workers treating survivors of CSEC with substance use history living in Massachusetts? Subquestions include (a) How does cumulative trauma from CSEC impact substance use treatment? and (b) How does the coercive use of substances aimed at maintaining victim submission impact substance use treatment? These questions directly relate to the goal of this action research study by examining factors that are unique to this population and how these factors can impact clinical social work practice. My goal with this action research study was to generate new knowledge through exploration of the current challenges faced by clinical social workers providing substance use treatment to survivors of sexual exploitation.

The data from this study is needed to help social workers who are working with this population to identify CSEC specific considerations, improve clinical social work practice, and develop effective treatment protocols for survivors of CSEC with substance use disorders.

Nature of the Doctoral Project

The methodology used to organize and analyze the data generated by this study was action research. While all research seeks to generate new knowledge, action research does not focus on behavioral outcomes but on "informed, committed action that gives rise to knowledge as well as successful action" (McNiff, 2016, p. 20). This methodology uses stakeholders with a shared commitment to problem solve identified

issues. Reframing stakeholders as coresearchers enhances the attainment of actionable knowledge while empowering participants (Lawson et al., 2015).

Action research is an "emancipatory practice aimed at helping an oppressed group to identify and act on social policies and practices that keep unequal power relations at work" (Herr & Anderson, 2014, p. 11). This reflective process can generate new knowledge and increase understanding through critical analysis of data from an identified focus group. The creation of new knowledge can enable societal and cultural change.

This research study was action oriented to provide an intentional examination from the perspective of social workers on clinical practice related to substance use with this unique population. The action research design was a qualitative study utilizing a focus group methodology. This methodology allows for enhanced understanding of abstract concepts of values and how to apply them in real world practice. Focus groups provide valuable insight into an individual's experiences, perceptions, thoughts, and understanding. It can also allow for examination of how these insights differ between individuals through intra- and interpersonal dialogue (Flynn, Albrecht, & Scott, 2018; Ryan, Gandha, Culbertson, & Carlson, 2014). The methodology outlined aligns with the purpose statement and research question for this study.

The overall method for collecting the data was a focus group of clinical social work practitioners who had experience working with this population. The goal of data collection was to examine insight and perspectives about unique challenges the participants face related to serving this population. The specificity of the stakeholders' experience working with this unique population justified a purposeful sampling and a

small sample size for the focus group (O'Nyumba, Wilson, Derrick, & Mukherjee, 2018; Padget, 2016). Data generated by this focus group was collected by the researcher, transcribed, organized, manually coded, and analyzed for common themes and patterns. Interpretation of the outcomes from this study may be used to enhance social work practice with survivors of CSEC.

Significance of the Study

Survivors of CSEC have been victimized by a severe form of child abuse that has many complex factors which differentiate it from other forms of abuse. There is inadequate research that critically examines how the coercive use of substances aimed at maintaining victim submission and the cumulative trauma from CSEC impact substance use treatment s. Conducting research to enhance understanding of this subculture will increase awareness and advance social work practice knowledge for clinical social workers treating survivors of CSEC with substance use history.

While there has been minimal research conducted with this population, there is a common theme in the literature that long-term mental health treatment is needed for sustained recovery (Kristiansson & Whitman-Barr, 2015; Orme & Ross-Sheriff, 2015; Shandro et al., 2016). Konstantopoulos et al., (2013) found that there is a comorbidity between substance use and sex trafficking, but current best practice recommendations upon identification of CSEC victimization is mental health treatment with no recommendations for co-occurring substance use treatment. This gap in the literature illustrates the need for further exploration of this issue in order to improve social work practice knowledge. Clinical social workers' insight into a survivor's use of drugs and

alcohol can have significant impact on future research, policy and social work practice. This research is therefore relevant to advance collaborative efforts in treatment modalities that will address the complex needs indicative of a victim of CSEC.

This study may improve clinical social work practice and holds significance for the field of social work by examining the factors that influence the substance use treatment needs of survivors from the perspectives of social workers. It may address the long-term recovery needs of victims and examine the role of substance use through the observations of social work providers who are currently working with this population to effect positive social change.

Theoretical Foundation and Conceptual Framework

Contemporary trauma theory (CTT) is the theoretical basis that informs this action research study. CTT proposes creating a paradigm shift from viewing a survivor's behavior or limited ability to function as a weakness of character (Kristiansson & Whitman-Barr, 2015; Van der Kolk, 2017). Instead, viewing a survivor's behavior as a trauma response can provide insight into how a subject conceptualizes their world and experiences due to their history of exploitation. Through the lens of CTT, social workers can increase understanding of a survivor's presentation and symptoms by thoroughly assessing past traumatic experiences and framing clinical practices utilizing trauma informed care.

CTT believes in five central properties: (a) dissociation, (b) attachment, (c) reenactment, (d) long-term effect on later adulthood, and (e) impairment in emotional capacities. These central properties focus on the bio-psychosocial impact of trauma and

the effects of cumulative childhood trauma on long term health. Herman (2015) explained that childhood trauma "overwhelms the ordinary human adaptation to life" (p.33). A CSEC survivor endures multiple traumatic experience during their exploitation including ongoing violence, malnutrition, sleep deprivation, coercion, and medical complications caused by the traffickers and buyers (Cole, & Sprang, 2015; Dell et al., 2017; Hampton, & Lieggi, 2017). The repercussions of this form of exploitation can include dissociative episodes (Oselin, 2014), inability to establish healthy or trusting relationships (Nichols, 2016), reenactment of traumatic events (Choi, 2015), ongoing medical and mental health issues (Goldberg, Moore, Houck, Kaplan, & Barron, 2017), inhibiting normal developmental growth(Contreras et al., 2017), emotional numbing (Horning, & Sriken, 2017), compromised ability to self-regulate (Heil, & Nichols, 2014), hyperarousal symptoms and maladaptive capacity for intrapersonal and interpersonal relational functioning (Reid, 2016). These factors are reflective of the five central properties of CTT.

CTT theory focuses on examining the individual, not the behavior. Due to the high correlation between childhood trauma and substance use disorder in later life (Banducci, Hoffman, Lejuez, & Koenen, 2014), the CTT lens allowed me to posit that through increased understanding of how a survivor endures this form of exploitation, social workers can increase understanding of how trauma can shape the victim's beliefs about substance use. Khantzian and Albanse (2008) reported that trauma-informed care should examine how trauma critically impacts a survivor's sense of safety. They further found that self-medication with drugs and alcohol may help a survivor feel they have

achieved a baseline of normalcy (Khantzian, & Albanse, 2008) Recovery can feel overwhelming to a survivor due to these maladaptive strategies.

To further understand the barriers and challenges that clinical social workers who are currently working with this population have experienced providing treatment to survivors of CSEC, it is important to use a theoretical model that examines past traumatic experiences. The implications for clinical social work practice are that through understanding of trauma, the high correlation between childhood trauma and substance use disorder, and the curative role of resilience and coping in the recovery from substance use disorder, using CTT can be impactful in treating substance use disorders without retraumatizing a survivor.

Values and Ethics

The National Association of Social Work (NASW) code of ethics guides the conduct of social workers in the field. While the NASW code of ethics does not specify which principles need to be applied under specific situations, it does provide guidance for reflective process by the social worker. The NASW values and principles related to this study include self-determination, respect, social justice, dignity and worth of the person, and competence (NASW, 2017).

NASW Ethical Standard 1.02 describes the obligation of social workers to recognize a client's right to self-determination (NASW, 2017). However, with victims of CSEC, facilitating change is complicated by the victim's receptiveness (or lack thereof) to initiate change (Berthold, 2015). This can be an area of conflict for a social work

practitioner as the client may not be ready to initiate change and choose to stay in *The Life* (Estes, 2017).

Social justice is one of the guiding principles of the NASW code of ethics (NASW, 2017). Effecting social change with oppressed and vulnerable populations is the focus of this ideal. Victims of sex trafficking come from marginalized, at risk and vulnerable populations (Cottingham, 2013). To effect change, the facilitator must have an understanding and knowledge of the oppression of the victims that they are hoping to conduct research with. Action research lends itself well to this ideal since the participatory nature of working with social workers who are involved with this population can inform the direction of this study. A facilitator may not have the experiences of the victims or survivors as they have not lived it, but inclusion of social workers that have worked with this population in the design and implementation of the study can assure that the victim/survivor's voice is part of the process (Berthold, 2015). This project will endeavor to contribute to the existing body of knowledge related to best practices for clinical social workers, particularly those working with this vulnerable and marginalized client population.

Review of the Professional and Academic Literature

In order to provide relevance to this social work problem and justify the need to conduct this study, a thorough review of relevant literature with a focus on peer reviewed and academic journals published with the past 5 years was conducted. Six key issues relevant to this study were the focus of this literature review. The first subsection provides an overview of the culture of sex trafficking to establish an educational

foundation for this problem. The second subsection examines social work involvement with CSEC. The third subsection provides an overview of complex trauma and considerations for treatment of survivors of CSEC. The next subsection reviews the role of substance abuse within the culture of sex trafficking. The fifth subsection reviews the current best practice treatment recommendations for survivors of sex trafficking. The final subsection examines unanswered questions.

The search process consisted of reviewing publications within the last 5 years using the subsection headings as keywords for this search. Additional keywords used to identify relevant articles were determined by identifying similar terms that could also describe the main concepts related to the research study. These included: *commercial sexual exploitation, domestic minor sex trafficking, trauma, sexual exploitation, human trafficking, CSEC long term treatment need, substance use treatment,* and *system theory.* Published dissertation and thesis, peer reviewed articles and online databases including PsychINFO, ProQuest, SocINDEX, Sage Publications, Sage Premier, PubMed, and MEDLINE were used. In addition, materials from sex trafficking training conferences and trainings from local providers state police and the FBI were examined. Data search limiters included peer reviewed journals with a 2012 publication date.

Conducting research with this population has many challenges, which can therefore limit the range of available data. In reviewing research on the identified social work problem for this study, areas where there was little, or no current research were investigated in similar clinical areas. Substance use, for example, has been extensively researched with multiple populations but there is relatively little research that has been

done in this area with survivors of CSEC. Exploration into literature involving various forms of exploitation, such has torture, have also been reviewed to help understand the dynamics that may be affecting treatment for survivors of CSEC.

Finally, researchers in clinical social work have addressed the identified social work problem of sex trafficking in the past. Historical review of the cultural understanding and impact of sex trafficking has been conducted to further identify the strengths and weaknesses of recent research on this topic.

Overview of Sex Trafficking

Definition

The United Nations defined sex trafficking as;

> The recruitment, transportation, transfer, harboring or receipt of persons by means of threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person for the purposes of exploitation. (United Nations, 2000, article 3, p. 42)

CSEC defines a subcategory of sex trafficking, which has distinct factors. This category refers to sex trafficking of victims that are under the age of 18 at the time of their exploitation and includes the exchange of sexual acts for something of value (Farrell, DeLateur, Owens, & Fahy, 2016; Lorenz, 2017). CSEC does not require a third-party involvement or profiting from the exploitation (Hodge, 2014). For example, survival sex, which is the exchange of a sexual act for an item of need, such as a bed,

food, or drugs would be categorized as CSEC. Domestic minor sex trafficking adds an additional factor to this definition with the requirement of a third party that profits from the exploitation of a minor child within the United States (Heil, & Nichols, 2014)An example of this would be a stable of victims under the age of 18 who are performing sexual acts for profit, all of which is given to the trafficker or pimp (Dank et al., 2014). Since a sex trafficking victim may fit both definitions, the terminology of CSEC will be used for this study.

Prevalence

Due to the criminal nature of this form of exploitation, researchers have found that incidents involving sex trafficking are severely underreported (Chisolm-Straker et al., 2016; Dell et al., 2017; Estes, 2017). This makes it difficult to determine the prevalence of the problem. Kostantopoulous et al. (2013) conducted a comparative study of eight metropolitan areas in five countries to examine the context of sex trafficking. This study supported the concern that current estimates undercount the number of victims both nationally and internationally (Kostantopoulous et al., 2013). This research further found that that while survivors had substantial, long-term medical, mental health, and substance use needs, there was poor understanding and responsiveness from the various health systems (Kostantopoulous et al., 2013). The study concluded, "recognizing sex trafficking as a pervasive form of gender-based violence with major health, mental health, and public health implications is crucial" (Kostantopoulous et al., 2013, p. 1201). Add summary and synthesis to fully conclude the paragraph and integrate the direct quote.

This form of exploitation is complicated by the hidden in plain sight nature of this subculture which prevents identification, treatment, and support at the time of victimization (Hodge, 2014; Jordan et al., 2013). When a victim does interact with a care provider, lack of training in this form of exploitation can result in treatment of the presenting symptoms with little understanding of the underlying medical, psychological, and substance use needs of a victim (Macias-Konstantopoulos et al., 2015). Significant gaps in provider training, community education, and victim-centered services can lead to inefficient support or misdiagnosis, resulting in revictimizing the victim or even relapse/return of the victim back into *The Life* (Piening & Cross, 2012).

In Massachusetts, there is currently no systematic way to quantify the scope of CSEC within the state. Suffolk County, which includes the city of Boston, has been tracking their intervention with youth identified as trafficked. They found that from 2005 to 2012, there were 480 children that were identified as sex trafficking victims that had received services within that county (Goodman, Neely, & Sewall, 2013). Additionally, the leading Massachusetts agency working with minors that have been trafficked, My Life, My Choice (MLMC), tracked their interventions and their data showed that in 2015, MLMC treated 143 survivors under the age of 18 (Gibbons & Stoklosa, 2016). Of the 13 counties in Massachusetts., this data encompasses only four counties and victims that were identified by law enforcement or the Department of Children and Families. This data, limited as it may be, demonstrates that CSEC is present within the state of Massachusetts and reflects the difficulty with identifying this subculture that is hidden in plain sight.

National Legislation

The Trafficking Victims Protection Act (TVPA) was established in 2000 by the United Nations as the first comprehensive act that sought to protect victims and prosecute human traffickers worldwide. The United States did not include itself in the global community to be ranked under TVPA until 2010 (Kelley & Simmons, 2015). The United States is currently a Tier 1 ranking, which is defined as a government that has acknowledged and addressed the issue of sex trafficking (U.S. Department of State, 2016). TVPA defines trafficking as "the act of recruiting, harboring, transporting, providing, or obtaining a person for compelled labor or commercial sex acts using force, fraud, or coercion" (U.S. Department of State, 2016, p. 29). However, when defining coercion, TVPA has a narrow definition, which includes three criteria: threats of serious harm, threats of restraint, and threats involving the legal process and criminal prosecution (Hampton, & Lieggi, 2017; Lorenz, 2017; Roby & Vincent, 2017). It does not identify psychological or mental coercion, nor does it consider the coercive use of drugs and alcohol to maintain control of a trafficking victim.

Massachusetts Legislation

Massachusetts recognized the growing problem of sex trafficking within the Commonwealth and on January 11, 2011 Massachusetts became the 48th state in the country to pass a human trafficking law that gave greater power to prosecute traffickers (Sanchez, 2017). The Act Relative to the Commercial Exploitation of People took effect on February 19, 2012 (Dess, 2013). This act included a Safe Harbor Provision that presumes that children under the age of 18 engaged in commercial sex are victims of

CSEC rather than criminal offenders of prostitution laws (Cole & Sprang, 2015; Moore, Kaplan, & Barron, 2017). This shift in understanding has begun to decriminalize DMST for survivors and recognizes that they are victims of exploitation (Dempsey, 2014; Farrell, Pfeffer, & Bright, 2015).

Massachusetts has also targeted the demand for victims by focusing on the purchasers of sex and the pimps engaged in exploiting victims (Gavin & Thomas, 2017). Since this law went into effect, Massachusetts Attorney General Coakley's office along with the Massachusetts Human Trafficking Division have charged more than 35 people with human trafficking (Judge, Murphy, Hidalgo, & Macias-Konstantopoulos, 2018). The law increased the punishments for traffickers to a mandatory minimum of five years and a maximum up to 20 years with a fine of up to $25,000 for each offense (Gavin & Thomson, 2017). If the victim was a minor at the time of the offense, the trafficker can potentially be sentenced to life (Gavin & Thomson, 2017). Purchasers or Johns are also held accountable (Gavin & Thomson, 2017). Enticing a minor to engage in any commercial sex activity, including by electronic communication is a crime that includes up to 5 years in state prison and a $2,500 fine (Gavin & Thomson, 2017). A second offense carries a 5-year minimum and $10,000 fine (Gavin & Thomson, 2017). Finally, businesses convicted of human trafficking may be fined up to 1 million dollars (Dess, 2013). While Massachusetts has made legislative improvements, the focus on demand has incentivized traffickers to increase control over their victims to prevent them from exposing either the trafficker or John to criminal prosecution (Gavin & Thomas, 2017).

Add summary and synthesis throughout the paragraph to fully develop it and balance out the use of information from sources with your own analysis.

Social Work Involvement with CSEC

Roles

Inclusive in global social work values is the need to advocate for vulnerable and oppressed populations. Children who are exploited for the sexual gratification of others are a vulnerable population (Alpert, & Chin, 2017; Davidson, 2014; The Victims., 2014). The traumatic and violent manipulation to control and exploits this population is the definition of oppressed. Social workers in any capacity may at some point in their professional career work with a victim or survivor of CSEC (Middleton, Gattis, Frey, & Roe-Sepowitz, 2018). Due to the hidden in plain sight nature of this subculture, social workers who have not had substantive training on CSEC may not be able to identify signs or concerns that require further assessment for CSEC (Estes, 2017; Hargreaves-Cormany, & Patterson, 2016; Ijadi-Maghsoodi, Cook, Barnert, Gaboian, & Bath, 2016). CSEC should be a central concern of clinical social workers transnationally and it is incumbent on governing organizations to provide education on this exploitive subculture.

Treatment environments

Hodge (2014) has found that points of acute crisis are significant opportunities for identification of victims. However, evidence from the literature demonstrates that victims of sex trafficking have been increasingly misdiagnosed in acute care settings across the United States (Greenbaum et al, 2015; Hargreaves-Cormany, & Patterson, 2016; Lutz, 2018; Middleton et al., 2018). While routine medical and dental care are often neglected,

acute injury or medical issues resulting from this form of exploitation provides a rare opportunity for a victim of CSEC to be treated within the community (Chisolm-Straker et al., 2016; Gibbons, & Stoklosa, 2016; Warria, Nel, & Triegaardt, 2015). Social workers in this setting are in a unique position to interact with sex trafficking victims at this critical juncture. Based on this, social workers should have a higher rate of identification of victims but, the opposite is more often the case (Gibbons, & Stoklosa, 2016; Lederer, & Wetzel, 2014; Loeffler, 2015).

Social workers in acute and medical settings are in a unique position to interact with sex trafficking victims at this critical juncture, yet identification of victims often does not occur (Lederer & Wetzel, 2014; Loeffler, 2015). Lederer & Wetzel (2014) employed a mixed-methods approach with 107 sex trafficking survivors selected through purposive sampling during calendar year 2012 and Loeffler (2015) conducted a qualitative study with a snowball sample of 15 service providers during 2013. Both studies identified a lack of identification of sex trafficking victims in acute care or medical settings.

Substance use treatment is another point of acute crisis and has a statistically high comorbidity with CSEC (Greenbaum et al., 2015; Hargreaves-Cormany & Patterson, 2016; Lopez & Minassians 2017). Social workers in this setting may be unaware that the individual being treated is also being exploited. In both the medical and substance use treatment settings, victims may not disclose due to fear of their exploiters, fear of being arrested, fear of being taken into the custody by child protective services or have aligned

with their exploiters and want to protect them (Chisolm-Straker et al., 2016; Hopper 2017; Judge et al., 2018).

Social workers who work in child protective services or within the juvenile justice system may intersect with a victim who is being exploited (Hargreaves-Cormany & Patterson, 2016; Middleton et al., 2018). The victim may or may not have disclosed and may be resistant for fear of being charged criminally or be kept in custody of child protective services. While federal law protects victims who have been exploited, state law varies, and juveniles can be arrested and criminally charged with prostitution in twenty-seven states (Farrell et al., 2016; Judge et al., 2018; Russell & Marsh, 2018). Whether in acute medical environments, community medical or mental health care, child protection, or juvenile justice, social workers are on the frontline of treatment opportunities with CESC survivors. Further understanding about the unique treatment needs of this population could enhance social work practice.

Complex Trauma

Definition

The term *complex trauma* was originally identified by Herman (1992) to describe the effect of repeated, prolonged exposure to chronic, interpersonal traumatic experiences and the impact of this across multiple domains of functioning and development. Herman is considered the seminal researcher in this field and described complex trauma as "characterized by a pleomorphic symptom picture, enduring personality changes, and high risk for repeated harm, either self-inflicted or at the hands of others" (Herman, 1992, p. 387). Add summary to fully integrate the quote and conclude the paragraph.

Complex trauma is the cumulative effect of repetitive traumatic experiences in childhood (Knefel, Garvert, Cloitre, & Lueger-Schuster, 2015; Wong, Clark, & Marlotte, 2016). The immediate and long-term consequences of complex trauma can result in domains of impairment which can severely compromise development and lead to maladaptive behaviors (Cook et al., 2017). A comprehensive review of the literature on complex trauma suggests seven primary domains of impairment: attachment, biology, affect regulation, dissociation, behavioral regulation, cognition, and self-concept (Cook et al., 2017; Kinniburgh, Blaustein, Spinazzola, & Van der Kolk, 2017; Van der Kolk, 2017; Wong et al., 2016). Children exposed to complex trauma are at higher risk for additional trauma exposure, substance use disorders, psychiatric disorders, chronic medical illness, legal, employment and family problems (Cook et al., 2017).

Relationship to CSEC

Survivors of human trafficking are exposed to multiple layers of trauma, including psychological, physical violence and repeated sexual trauma (Beck et al., 2015; Chisolm-Straker et al., 2016; Contreras et al., 2017; Varma et al., 2015). Dell et al (2017) reviewed six studies of sex trafficking survivors postexit interviews which revealed that incorporating trauma treatment into postexit interventions was appropriate and necessary considering the complex trauma that the victims had experienced. Substance use treatment was identified as a need with this population in the study, but not addressed in the treatment recommendations for postexit interventions (Dell et al., 2017).

Victims of sex trafficking endure continuous psychological and physical torture, isolation and deprivation (Varma et al., 2015). Health consequences can include, sexually

transmitted diseases and infection, eating disorders, reproductive health problems, complications from malnutrition, sleep deprivation, untreated dental disease, Traumatic Brain Injury, and physical trauma from abuse or sexual violence (Goldberg et al., 2017; Moore et al., 2017; Varma et al., 2015).

The individuals who purchase a minor for sex can also be violent and force victims to engage in dangerous or degrading sexual acts (Bouche & Shady, 2017). Sexually transmitted disease, HIV, unintended pregnancy, multiple abortions, medical complications due to abuse, and restricted access to medical care, medication, or follow up can result in long term medical consequences for victims of CSEC (Ravi, Pfeiffer, Rosner, & Shea, 2017). Jonsson (2012) found that victims of CSEC had a 40% higher mortality rate than non-victims due to homicide, suicide, or complications from violence within 2-4 years of being trafficked.

Mental health issues related to the complex trauma a victim experiences while in *The Life* can have long term consequences for treatment (Hargreaves-Cormany, & Patterson, 2016; Ijadi-Maghsoodi, et al., 2016; Kristiansson, & Whitman-Barr, 2015). Putnam, Harris, and Putnam (2013), conducted a retrospective study of over 5000 adults which identified childhood sexual abuse as the highest risk factor associated with outcomes for adult psychopathology. Kisiel et al. (2014), using secondary data analysis of the National Child Traumatic Stress Network Core Data Set, found that chronic sexual abuse suggested an increased risk for long term psychopathology including suicidality, sexualized behaviors, and depression. However, they further found that when chronic sexual abuse occurs in the context of other chronic traumas, it can result in more

persistent internalizing effects, pervasive attachment-related issues, and difficulties with emotional regulation that need to be the focus of long-term treatment (Kisiel et al., 2014). Rafferty (2013), through a programmatic evaluation of promising programs addressing the needs of CESC survivors, concluded that the psychological impact of trafficking increased a child's risk for educational deprivation, physical health, depression, low self-esteem, anxiety, suicidal ideation, antisocial behavior, attachment disorders and alcohol and drug use.

The Adverse Child Experiences (ACE) scoring system was devised to study the relationship between exposure to adverse childhood experiences and health risk behavior and disease in adulthood (Felitti et al., 1998). Through measurement of three categories which include childhood abuse, neglect and household dysfunction, points are attributed for each exposure. Higher ACE scores are associated with depression, suicide, heart and liver disease, intimate partner violence, alcohol and drug use and early death (Felitti et al., 1998). In 2016, a qualitative analysis of CSEC among adults and minors was done to examine the ACE scores for survivors of DMST from The Eva Center and My Life, My Choice in Massachusetts and Girls Education and Mentoring Services in New York (Goncharenko & Gehrenbeck-Shim, 2016). In the Center for Disease Control Kaiser ACE Study (Larkin, Shields, & Anda, 2012), scores for the average population of women ranged between 0 and 1. Scores for both a 2015 study of The Eva Center survivors as well as the 2016 study of all three survivor agencies resulted in survivors average scores ranging from 8 to 10 (Gavin & Thomson, 2017).

Baglivio & Epps (2016) found that juveniles that were justice involved have significantly higher ACE scores compared to the general public. Naramore, Bright, Epps, & Hardt (2015) conducted a comparative study, 64,329 youth between 11.4 and 22.5 who were charged with violations not related to sex trafficking and a cohort of 102 youth who were arrested for violations related to sex trafficking. Naramore et al., (2015) found that sex trafficking victims had higher than average ACE scores compared to justice involved youth of comparable age that had not been exploited. These studies demonstrate that victims of sex trafficking have the highest rate of childhood adverse experiences compared to the general population and justice involved youth and has important implications for clinical social workers providing services to this population (Naramore et al., 2015).

Recognition of the impact of early childhood trauma and incorporating trauma informed treatment for a victim's complex trauma allows for emotional safety and engagement of the victim. (Grady, Swett, & Shields et al., 2014; Grady, Levenson, & Bolder, 2017).

Complex trauma & CSEC treatment considerations

The Complex Trauma Workgroup of the National Child Traumatic Stress Network examined seven primary domains of impairment and established six core components to complex trauma treatment (Bartlett et al., 2018; Champine, Matlin, Strambler, & Tebes, 2018; Cook et al., 2017; Van der Kolk, 2017). The first component is to establish safety in the environment and internally for the survivor. Second is focus on skills to enhance self-regulation and develop coping skills to modulate arousal. The

third concept is processing of self-reflective information followed by reintegration of traumatic experiences. Relational engagement focuses on interpersonal relationships and attachment issues. The final component is positive affect enhancement which focuses on the self-worth, self-esteem and developing a positive sense of self.

While these components can be done sequentially, survivors may be in various stages of recovery and unable to focus on specific treatment components (Bartlett et al., 2018). For example, if there is legal involvement trying to work on re-integration of traumatic experience's may not be appropriate and positive affect enhancement may be more necessary to support the survivor through testifying and the court process. Flexible adaptation in response to where the patient is at clinically is an important consideration in treating survivors of CSEC (Kinniburgh et al., 2017; Van der Kolk, 2017). Multiple modalities such as individual, family, and group therapy should be utilized depending on the interdependent systems such as child protective services, residential or foster care, school and court systems that the youth is involved with (Wong, Clark, & Marlotte, 2016). In all recommended treatment modalities, strength-based trauma informed intervention is considered best practice for treatment of complex trauma (Bartlett, et al., 2018; Champine et al., 2018; Van der Kolk, 2017).

Clinical work with victims and survivors of sex trafficking is uniquely different from treatment of other populations. Mistrust of providers and the therapeutic process is common with this population due to the manipulation used by their traffickers (Bouché, & Shady, 2016; Hargreaves-Cormany, & Patterson, 2016). Building a therapeutic relationship and establishing trust can take longer with a survivor and may not be a

possibility with time limited interventions or managed health care. The stigma of a survivor's exploitation and the lack of supportive or healthy relationships can undermine engagement in treatment (Bartlett et al., 2018; Fedina, Williamson, & Perdue, 2016). Legal consequences to disclosure for the victim or the pimp can also cause resistance and lack of engagement/trust with providers (Bouché, & Shady, 2016; Lloyd, 2002). Finally, understanding of the complex trauma elements that led to a survivor's vulnerability as well as the culture of sex trafficking itself is essential to provide trauma informed care and treatment (Hargreaves-Cormany, 2016; Ijadi-Maghsoodi et al., 2016).

Providers understanding of complex trauma and the culture of CSEC can change a clinician's view of the survivor's presentation when engaging in therapy. Understanding that a survivor's behavior may actually be a coping mechanism adopted over time to manage their traumatic experiences can change initial negative perceptions (Moore, Kaplan, & Barron, 2017; Oselin, 2014; The Victims., 2014). By viewing these maladaptive coping strategies as the strength of the survivor to overcome their trauma, behaviors and presentation develop a new context for treatment. Viewing a survivor of CSEC through the lens of complex trauma, a clinician can utilize trauma focused treatment to build on the strengths that the survivor has, decrease stigmatization, increase engagement and support development of healthy coping strategies.

Substance Use as a Coercive Tactic

The Uniform Act on Prevention of and Remedies for Human Trafficking was drafted by the National Conference of Commissioners on Uniform State Laws to address the omission of coercion (Hall, 2014). The Uniform Act led to the first recognition that

there is a connection with forced drug use and sex trafficking. It identified that drug coercion is used to maintain control of a victim and to drive them to perform acts they might not have otherwise considered except for fear of withdrawal (Helton, 2016). Goldberg et al., (2017) conducted a retrospective cohort study of 41 identified victims of DMST during a period from August 1, 2013 to March 31, 2015 and concluded that 88% use/abused substances while in *The Life*. Consistent with current research this data demonstrates the presence of substance use within this subculture (Estes, 2017; Middleton et al., 2018; Twigg, 2017). Further research has demonstrated that there are three distinct phases during the exploitation of a sex trafficking victim where substance use is utilized to coerce compliance in victims; recruitment, initiation and indoctrination (Hopper, 2017).

Recruitment

Substance use has several unique roles with this form of exploitation that can be dependent on the stage of victimization (Hickle & Roe-Sepowitz, 2016). Perpetrators generally do not tolerate substance use in their victims in the initial recruitment stages of exploitation (Bouché, & Shady, 2016; Lloyd, 2012; Oselin, 2014). Perpetrators are concerned with the marketability and productivity of their victims to earn the optimum value (Hickle & Roe-Sepowitz, 2016; Marcus et al., 2014; Varma, 2015). Substance use can result in reduced productivity or potential death by overdose that, to a pimp, means a loss of product (Horning & Sriken, 2017). Use of hard drugs decreases the value of a victim to a purchaser and could potentially lead to health consequences or death (Horning, & Sriken, 2017; Lloyd, 2012).

Treatment for substance use can result in visibility of the victim and endanger the perpetrator's operation (Hodge, 2014; Macy & Graham, 2012). During the recruitment stage, vulnerability of a victim is essential (Alpert, & Chin, 2017; Marcus et al., 2014). Isolating the victim from family, friends and the community increases their vulnerability that makes them more susceptible to the influence of the exploiter (Alpert, & Chin, 2017; Estes, 2017; Helton 2016). Pimps will move victims through multiple cities and states, to isolate the victim and avoid arrest. This movement also limits contact and connection with outside providers (Bouché, & Shady, 2016). Guerrilla or sneaker pimps use violence, threats and fear to season a victim while Romeo pimps will seduce a victim, often acting the part of a boyfriend to indoctrinate a victim into *The Life* by psychological manipulation (Hickle & Roe-Sepowitz, 2016; The Victims., 2014). While pimps may have different approaches to how they present to a victim, the isolation and introduction of a second "family" to the victim to increase their dependence is commonly used (Middleton et al., 2018). Victims are forced to call their pimps Daddy, and other victims are called wife in laws, wifey, or family (Dell et al., 2014). Use of these terms' fosters belonging and a sense of family, which can be a powerful motivator to disenfranchised youth (Middleton et al., 2018; O'Brien, White & Rizo, 2017). The bottom's role is to look after new victims and initially help the victim to feel accepted without shame or judgement (Lloyd, 2012). All of this is done to groom the victim, gain the victim's trust, and separate the victim from any caring adults who may intervene and prevent the exploitation (Oselin, 2014; Rafferty, 2013). Accessing treatment for substance use can

decrease vulnerability of the victim, risk exposure of the criminal enterprise, and endanger the dependence that the exploiter is fostering during this stage.

Initiation

When a victim has moved into the next phase and is firmly under the control of their perpetrator, substance use becomes a factor in maintaining that control (Hopper, 2017; Van der Kolk, 2017; Varma, 2015). The continuous fear, violence, and emotional abuse perpetrated by the trafficker isolates victims from other means of managing their ongoing trauma. The victim is indoctrinated into a distorted reality where the exploiter has unilateral authority over all aspects of their life (Hickle & Roe-Sepowitz, 2016). Victims who fail to make their quota or do not comply with any of the rules given to them often experience beatings, humiliation, rape, gang rape, food depravation, etc. (Orme & Ross-Sheriff, 2015).

Traffickers seek to maximize profit with little regard for the physical or emotional trauma to the victim (Oram et al., 2016; Powell, Dickins & Stoklosa, 2017). Victims may be forced to perform multiple sex acts, 10-20 times a day, 7 days a week, live in sub-par conditions with minimal nutrition or sleep and be exposed to numerous unsafe and dangerous situations (Bouché, & Shady, 2016; Hickle & Roe-Sepowitz, 2016). Drugs and alcohol can be introduced to control the victim as the true nature of their exploitation becomes more apparent (Middleton et al., 2018). These conditions and the use of substances are normalized within the culture of *The Life* as a method that enables victims to continue to perform (Bouché, & Shady, 2016; Lloyd, 2012). This maladaptive coping

strategy can result in a victim's inability to self -identify his or her own substance use or see it as problematic (Hopper, 2017).

Indoctrination

Victims who stay in *The Life* through this stage have reported increased use of substances to numb or sedate the trauma they face due to their exploitation (Alvarez & Alessi, 2012; Muraya, & Fry, 2016). During this phase, the trafficker will force their victim to engage in acts that will conflict with a victim's morals to further isolate them (Bouché, & Shady, 2016; Dell et al., 2014). This creates a strong disconnect between the victim and society, maintains the victim's submission, and creates a sense that no one would understand or want the victim outside of *The Life* (Loeffler, 2015). This unrelenting coercion leads to increased dependence on drugs and alcohol, which the trafficker will use to further exert control (Dell et al., 2014). Pimps will also foster fear of withdrawal to force victims to engage in acts they would not have consented too in earlier phases of their exploitation (Bouché, & Shady, 2016; Hickle, & Roe-Sepowitz, 2016; Horning & Sriken, 2017).

Substance use becomes a method of coping with the ongoing trauma as the victim transitions into different roles within the stable or is traded down to new perpetrators as their perceived value decreases (Dank et al., 2014; Oselin, 2014). This chronic fear activation further destabilizes the victim and creates a need to please the trafficker for survival (Dell et al., 2014). While in the initial phases a victim may identify with their exploiter due to grooming and isolation, in the indoctrination phase this traumatic bonding is formed out of the victims increased sense of futility (Hopper, 2017).

Substance Use & CSEC Treatment Considerations

While current treatment information reflects the need for long term care that fluctuates with the victim's recovery, there is no evidence in current literature that substance use education and support should be incorporated at any phase of the victim's recovery. Considering the prevalence of substance use and its link with complex trauma endured by a victim while in *The Life*, the lack of substance use treatment integration into the recovery process for victims fails to support the long-term treatment needs of a survivor.

Current Approaches to Treatment for CSEC Survivors

In order to improve best practice treatment options for survivors of CSEC it is important to understand the current trends in treatment and how effective these treatment options are for this population. Muraya and Fry (2016) examined 15 peer reviewed journal articles on aftercare services for child victims of sex trafficking. The review confirmed the scarcity of research available that focuses on aftercare treatment recommendations for sex trafficking victims and emphasized that there is markedly less research available for child victims of sex trafficking. Muraya and Fry also found that there is a need to provide specialized training about the population, complex trauma, and trauma informed treatment to providers that work with survivors (2016). While this review explored 35 domains of treatment needs for sex trafficking victims, substance use was not included.

The focus in current literature has been on the identification of sex trafficking victims in the community and emergent interaction, engagement and treatment (Lutz,

2018; Schwarz et al., 2016; Titchen et al., 2017,). Beck et al (2015), conducted a survey of 168 medical providers including social workers and found that 63% of respondents had never received training on how to identify sex trafficking victims. The literature supports the need for comprehensive training of medical providers on this form of exploitation to assure all needs are addressed including both acute and chronic issues resulting from the patient's victimization. (Chisolm-Straker et al., 2015; Greenbaum et al., 2015; Macias-Konstantopoulos, 2015; Powell, Dickins, & Stoklosa, 2017).

Lederer and Wetzel (2014), conducted a study of 107 survivors of sex trafficking ranging in age from fourteen to sixty to understand the health consequences of sex trafficking. The findings were significant with 91.5% reporting neurological problems, 69.2% had medical issues related to injuries or violence, 63.8% had gynecological problems and 71.2% reported at least one pregnancy while 21.2% reported 5 or more pregnancies during their exploitation (Lederer & Wetzel, 2014). The 107 participants had a total of 114 abortions during the time they were trafficked (Lederer & Wetzel, 2014).

While these statistics highlight the long-term medical complications that result from this form of exploitation, Lederer and Wetzel (2014) also found that mental health and substance use issues were significant. 98.1% of participants reported at least one mental health diagnosis, 41.5% participants reported between 1 and 9 suicide attempts while they were being trafficked, and 84.3% reported substance use with 27% reporting forced substance use as part of their trafficking experience (Lederer, & Wetzel, 2014).

The complexity of the medical, mental health and substance use consequences of CSEC on a survivor necessitate that providers are trained on the interconnection of all

these factors. Middleton et al. (2018), conducted a study of 131 homeless youth from age twelve to twenty-five and found that 41.2% of the participants were victims of sex trafficking. Varma, Gillespie, McCracken and Greenbaum (2015) found that 70% of survivors of CSEC reported use of drugs and alcohol and 50% of CSEC survivors report use of multiple types of drugs during their exploitation. Twigg (2017) examined aftercare treatment needs of survivors of CSEC in residential treatment and found that in addition to addressing emergent needs such as safety, shelter, and medical care there is a need to also address substance use, mental health and family reunification. However, while emergency substance use assessment and treatment were emphasized as a need for survivors upon identification, there is no research on long term substance use needs or treatment for this population. This gap in the literature necessitates further research to increase social work knowledge and provide effective long-term substance use treatment for survivors of CSEC.

Unanswered Questions

While substance use has been the focus of numerous research studies, the interconnectivity of substance use, complex trauma, substance use treatment, and sex trafficking victims has not been explored in current research. This gap in the literature supports further study to improve the efficacy of clinical social work practice and modalities of treatment for this population.

Summary

In summary, a review of the current literature provides further exploration into three key areas; sex trafficking, complex trauma, substance use, and treatment needs for

survivors of CESC. Section 1 outlined the reasons and rational for understanding the interconnection between CSEC and substance use to increase the effectiveness of clinical social workers providing services to this population. Gaps 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 selection, and instrumentation utilized is provided. Data analysis and ethical procedures and considerations are reviewed and a summary, which transitions to the final section of this study, is provided.

Section 2: Research Design and Data Collection

This study may improve clinical social work practice through the examination of the unique substance use treatment considerations and challenges for clinical social workers treating survivors of CSEC to inform best practice options. The goals for this study were to close the gap in the professional literature regarding factors that influence the substance use treatment needs of survivors, provide information to improve clinical social work practice with this population and affect positive social change.

This section is divided into five subsections. The first subsection reviews the design of this study and the need to address this social work practice problem. The second subsection provides the rationale for the research design and methodology, prospective data, participant selection and instrumentation to identify how it aligns with the purpose of this study. The fourth subsection focuses on the data analysis, chronological steps in the analysis process and the methods used to address the rigor of the study. Finally, the fifth subsection will review the ethical considerations including informed consent procedures, procedures used to ensure ethical protection of participants, and protections for data collection and storage.

Research Design

Through this doctoral project, I sought to understand the unique substance use treatment considerations and challenges for clinical social workers treating survivors of CSEC with substance use issues living in Massachusetts. The clinical social work practice problem that was explored in this action research study was substance use among CSEC survivors, specifically in Massachusetts.

The research question explored in this study was: What are the unique substance use treatment considerations and challenges for clinical social workers treating survivors of CSEC with substance use history living in Massachusetts? Subquestions include (a) How does cumulative trauma from CSEC impact substance use treatment? and (b) How does the coercive use of substances aimed at maintaining victim submission impact substance use treatment? These questions directly related to the goal of this action research study by examining factors that can improve clinical social work practice and treatment for survivors of CSEC with substance use disorder. The selection of Massachusetts clinical social work practitioners who have experience working with this population aligns with the identified research question. Insights from these participants as to the barriers they have experienced while supporting survivors of CSEC as well as their feedback about treatment challenges for survivors with substance use disorders address the research question explored in this study.

This study was designed with the intent to identify concepts that are unique to survivors of commercial sexual exploitation and how these factors influence the substance use treatment needs of victims and survivors from the perspectives of social workers. For this study, I collected data from a focus group to gain further understanding. This research design ensured that the focus group participants can benefit equally from this research as the participants were given access to the completed action research.

Action involves the observation and description of what people do individually or collectively in certain social situations in order to understand and develop useful

improvements through a process of collective inquiry (Mirra, Narcia, & Morrell, 2015). Lewin (1946) has been credited with originating action research after he determined that experimental methods were not adequate and felt research needed to be based on individual's real-world experiences. Carr and Kemis (2003) defined action research as "a form of self-reflective enquiry undertaken by participants in social situations in order to improve the rationality and justice of their own practices, their understanding of these practices and the situations in which the practices are carried out" (p.5). Add summary and synthesis to integrate the quote and fully conclude the paragraph.

The goals for this study were to examine social work practitioner's insight into the substance use treatment needs of victims and survivors of sexual exploitation, provide information to improve clinical social work practice with this population and affect positive social change. Action research aligns with the goals of this study.

In order to clarify operational definitions used in this study, CSEC is distinguished in this study as separate from other forms of sexual exploitation of children such as sexual abuse, sexual molestation, or rape. CSEC is an umbrella term that defines a subcategory of sex trafficking, which has distinct factors (Hodge, 2014). This category refers to sex trafficking of victims that are under the age of eighteen at the time of their exploitation and includes the exchange of sexual acts for something of value (Lorenz, 2017). CSEC does not require a third-party involvement or profiting from the exploitation (Macias-Konstantopoulous, 2015). DMST adds an additional factor to this definition with the requirement of a third party that profits from the exploitation of a

minor child within the United States (Hodge, 2014). Since a sex trafficking victim may fit both definitions, the terminology of CSEC was used for this study.

Complex trauma is the cumulative effect of repetitive traumatic experiences in childhood (Van der Kolk, 2017). The immediate and long-term consequences of complex trauma can result in domains of impairment which can severely compromise development and lead to maladaptive behaviors (Powell et al., 2017). Children exposed to complex trauma are at higher risk for additional trauma exposure, substance use disorders, psychiatric disorders, chronic medical illness, and legal, employment, and family problems (Cook et al., 2017; Hargreaves-Cormany & Patterson, 2016; Lederer & Wetzel, 2014). Gould (2014) found that the consequences of sex trafficking can include complex trauma, ongoing violence, malnutrition, sleep deprivation, coercion, and medical complications that are caused by the traffickers and buyers. Considering the prevalence of substance use and its link with complex trauma endured by a victim while in *The Life*, complex trauma was explored within this study.

Methodology

The methodology utilized used in this study was action research. While all research seeks to generate new knowledge, action research does not focus on behavioral outcomes but on "informed, committed action that gives rise to knowledge as well as successful action" (McNiff, 2016, p. 20). This methodology is based on individuals working collaboratively to improve practice by improving learning (McNiff, 2016).

This research study was action oriented and provided an intentional examination of the clinical practice of social workers working with this unique population. The

qualitative design was action research methodology using a focus group for data collection. Focus groups provide valuable insight into an individual's experiences, perceptions, thoughts and understanding (Flynn et al., 2018; O'Nyumba et al., 2018). It can also allow for examination of how these insights differ between individuals through intra and interpersonal dialogue (Ryan, Gandha, Culbertson, & Carlson, 2014). Action research methodology allowed for enhanced understanding of abstract concepts of values and how to apply them in real world practice

Prospective Data

The overall method for collecting the data was a focus group of clinical social work practitioners who have experience working with this population. Qualitative data was obtained from the focus group to understand the clinical perspective of social workers addressing the needs of this population and increase understanding of the substance use issues for survivors of CSEC. Common themes from this focus group were identified, analyzed, and presented, to offer therapeutic options for survivors of CSEC that addresses substance use treatment needs.

This action research study was conducted to identify treatment considerations and challenges that are unique to survivors of CSEC from the perspectives of social workers. Additional concepts that I explored were specifically related to the impact on treatment considerations and challenges. These included the cumulative trauma from this form of exploitation and the coercive use of substances to maintain a victim's submission. The data from this study is needed to help social workers who are working with this

population identify these unique concepts and increase understanding of how these factors influence the substance use treatment needs of survivors.

Participants

The composition of the focus group was limited to clinical social work practitioners who had experience working with victims, survivors, and community resources/providers specific to the needs of this population. Inclusion of social workers with this identified experience allowed for firsthand knowledge of current trends in the field as well as clinical expertise.

The sampling strategy for the focus group included purposive sampling (O'Nyumba et al, 2018). The justification for selection of this strategy was that it allowed for an in-depth analysis of a specific issue within a subgroup and the effect on clinical social work practice. "From the perspective of qualitative methodology, participants who meet or exceed a specific criterion or criteria possess intimate (or, at the very least, greater) knowledge of the phenomenon of interest by virtue of their experience, making them information-rich cases." (Palinkas et al., 2015, p.2). Purposive sampling with specific inclusion criteria will limit the focus group to social workers who have real life experiences with this population and enhance the discussion and examination of the challenges faced within social work practice.

Conducting a successful focus group depends on a combination of similar experiences that provide enough common ground for engagement but individual diversity to ensure a rich exchange of perspectives (Palinkas et al., 2015). In order to identify the target audience, purposive sampling to find clinical social workers that have experience

working with this population was needed (Lampard & Pole, 2015). Purposive sampling was a crucial part of the participant recruitment stage since focus group discussion relies on the participants' ability to understand the context of the issue in order to engage in a rich in-depth discussion (O'Nyumba et al., 2018).

The strategy I used to identify and recruit participants for this study was noncoercive solicitation through networking of Massachusetts social service agencies that work with this population. Professional contacts and organizations involved in the Brockton Domestic and Sexual Violence Task Force were emailed a flyer that outlined the purpose of the study. The Brockton Domestic and Sexual Violence Task Force was selected since it includes members from 30 social service organizations that provide sexual violence services throughout the state. It is a voluntary group that is not affiliated with any single organization. I am a member of the task force representing Boston VA Healthcare and but do not work with victims or survivors of CSEC in this capacity. I am not employed by or with any of the other members.

Task force members were asked to review the flyer and contact me if they would like to participate in the focus group. Members were also asked if they could share the flyer with other social workers who met the stated criteria. This process is called snowball sampling (O'Nyumba et al., 2018) and allowed for identification of additional social workers that were not directly involved in the task force. O'Nyumba et al. (2018) discussed how snowball sampling can assist in identifying participants for a difficult population. Since there are a limited number of social workers working with this population, identifying social workers that met this criterion through purposive sampling,

then networking with these social workers to further identify candidates that met the criteria through snowball sampling, I was able to maximize my recruitment efforts.

The flyer contained my contact information and respondents were screened used the following inclusion criteria questions to assure the candidate is suitable for the focus group (see Hennink, 2017):

1. Are you a clinical social work practitioner in Massachusetts
2. Do you have clinical experience working with victims and/or survivors of CSEC with substance use issues.

Clinical experience was defined as at least one or more experiences working with either a victim or survivor of CSEC. Broadening the eligibility criteria allowed for a sample that is more representative of the population of clinical social workers and allows the researcher to draw valid inferences about the population (see Flynn et al., 2018; O'Nyumba et al., 2018). Since victims of CSEC are an invisible subculture, social workers in multiple settings may be interacting with victims without recognizing that they are being exploited (Lutz, 2018; Middleton et al., 2018; Orme, & Ross-Sheriff, 2015.) Inclusion of social workers who have at least one identified experience of working with a victim or survivor, as well as social workers with more experience with this population, enriched the data by examining the scope and complexity of interactions at various stages of a social worker's career.

Fifteen social workers responded to the flyer. Seven of the respondents did not meet the identified inclusion criteria and received a respectful explanation of why they were not selected for the study and thanked for responding to the invitation. The eight

respondents that did meet the identified inclusion criteria were invited to join the focus group. They were emailed information about the location and time for the focus group.

To ensure confidentiality and privacy for the participants, the focus group was held at a community space available through a local library. Since the community space is not a provider of services for CSEC, holding the focus group at this location reduced the likelihood that a victim of CSEC would be on the library campus or that a provider or employee on campus is working with a minor victim of CSEC. Participants were notified of the location of the conference room, but no signage was displayed to indicate the purpose for the focus group. Since the conference room is available to be scheduled for use by the community it is not considered a partner organization.

Instrumentation

To collect data for this action research study, I used an interview protocol incorporating a list of open-ended questions with accompanying prompts (Appendix A), audio recordings and a reflexive journal. An interview protocol with a list of open-ended questions based on the topic, the findings of the literature review, and the theoretical lens being used (trauma theory) was used with accompanying prompts to promote discussion. Additional probes or secondary questions were developed to explore issues in greater depth if needed. The interview protocol ensured that specific points were discussed and supported a synergistic discussion (Ryan et al., 2014). Further details of the focus group are described in section 3. There were no existing measurement tools or data that was required or used for this study.

Data Analysis

The main source of data that was analyzed for this action research study were the transcribed audio recordings from the focus group. Nonverbal communication by the focus group members and reflections about the interaction and setting were documented in a reflexive journal. This data provided context and dimension for analysis of the data (Ryan et al., 2014). Merriam and Tisdell (2015) explained that in a qualitative study, the researcher should be considered the main instrument for data collection. This researcher collected information through focus group audio recordings and then personally transcribed the responses to avoid misunderstanding of the data by a third-party transcriber. Merriam and Tisdell (2015) further found that when an interviewer transcribes data personally it should be viewed as a strength of the research since personal transcription strengthens comprehension of the issues and concepts.

Content analysis of the textual data was the next chronological step in the data analysis process. Elo et al., (2014) describe 3 main steps in content analysis; preparation, organization and the tabulating of results. The first step, preparation consists of data collection, understanding the data and selecting the means of analysis (Palinkas et al, 2015). For this study, data analysis began during data collection with the facilitation of the focus group, recording of the participant's responses and insights, documenting observational notes, and summarizing notes at the conclusion of the focus group. Review of all data obtained and then transcription of the audio recordings completed the data collection process. Familiarization and immersion in the data by listening to audio recordings, transcribing, and reviewing the transcribed data, observational notes and

reflexive journal helped to fully understand the information and details as a whole. The transcript was then hand coded, categorized and synthesized into themes based on the coded data. To achieve rigor, I utilized Nvivo 12 data analysis software to validate my findings. I coded, categorized and sorted into themes using the software then compared analysis and findings from my initial coding.

Qualitative research evaluates the rigor and quality of a study based on the authenticity of the data and the trustworthiness of the analysis (Creswell, 2013). To ensure the quality and rigor of this study, data triangulation was used. Data triangulation is the method of providing a more comprehensive view of the subject being studied by using more than one data source. For this study, participants included clinical social workers who have experience working with this population.

This researcher's biases were examined and tracked throughout the process to avoid any possibility of affecting the validity or reliability of the data collection and analysis. Observational notes were completed during the focus group process and information was analyzed during the data analysis process to provide context as needed

Ethical Procedures

This study was conducted based on the ethical standards of the Walden University Institutional Review Board (IRB). The IRB approval of this study ensured the ethical protection of the participants who were consulted and involved in the focus group for this study. The IRB approval number is 2018.09.2 5 18:29:15 -05'00.

An introductory script was developed that outlined the research study, reviewed the data collection methodology, and discussed the participants' informed consent for the

focus group. Prior to the focus group, each participant was emailed a copy of the informed consent and proposed focus group questions to allow them time to review the documents. This ensured that all participants understood the study's purpose and process as well as their role before engagement (Molewijk, Hem, & Pedersen, 2015).

All study participation was voluntary, and participants were informed that they had the right to leave the study at any time without penalty (Tong, Tong, & Low, 2018). There were no exposures to emotional, psychological, or physical risk, criminal activity, or child/elder abuse concerns since the participants were not survivors of CSEC but clinical social work professionals with experience working with the population.

There were no identified conflicts of interest by this researcher with the participants or with this study. Participants did not receive compensation for their involvement with this study. Information on how to contact this researcher was given to each participant at the beginning of the focus group.

Focus groups have unique issues regarding confidentiality (Ryan et al., 2014). Assuring confidentiality means that issues discussed will not be repeated outside of the focus group without the participants permission. However, participants in the focus group have knowledge of the discussion and can themselves discuss specifics of the focus group. Also, the researcher will report on the findings of the research which means that the aggregate information of what was discussed cannot be confidential.

What the researcher can do is assure that identifiable information and the identity of the research participants is protected in the study (Creswell & Creswell, 2017). This researcher instructed the participants to respect the privacy of the other participants and

maintain their confidentiality prior to the beginning of the focus group. Confidentiality was provided in the reporting of this study as no identifying information was collected or used (Carey & Asbury, 2016). Each participant was given a pseudonym to protect her identity when data was transcribed. Instruction about confidentiality for participants was also on the consent form under the Privacy section.

All recordings and transcriptions were password protected, saved electronically and encrypted to preserve the confidentiality of the participants. All written documents were scanned, saved in an electronic format on a password-protected database on the researcher's laptop and on a password protected USB device. Only this researcher and associated doctoral committee members reviewed the data collected. All hard copies of information, letters and consents will be maintained in a secure locked file for five years after which point all documents will be shredded and disposed of in privacy-controlled bins.

Summary

Section 2 outlined the data collection and analysis process used for this action research study. This action research study was an exploratory, qualitative study utilizing a focus group of clinical social work practitioners who had professional experience working with this population. Data obtained from the participants of the focus group was transcribed by this researcher, then the content analysis of the textual data was completed utilizing a constant comparison method to establish a thematic framework of identified categories. Following this inductive process, data was indexed into categories using

color codes, organized into themes and presented in the finding section along with participant quotes to illustrate and confirm the themes.

Section 3 will discuss the findings of this study. Details of the participant sample, data analysis process, and codes, categories, and themes that emerged are presented.

Section 3: Presentation of the Findings

Through this doctoral project, I sought to understand the unique substance use treatment considerations and challenges for clinical social workers treating survivors of CSEC with substance use issues living in Massachusetts. The purpose of this action research study was the improvement of clinical understanding and practice of social workers by increasing knowledge of substance use treatment considerations and challenges with CSEC survivors.

The research question explored in this study was: What are the unique substance use treatment considerations and challenges for clinical social workers treating survivors of CSEC with substance use history living in Massachusetts? Subquestions included (a) How does cumulative trauma from CSEC impact substance use treatment? and (b) How does the coercive use of substances aimed at maintaining victim submission impact substance use? These questions directly related to the goal of this action research study by examining factors that can improve clinical social work practice and treatment for survivors of CSEC with substance use disorder.

The overall method for collecting the data was a focus group of clinical social work practitioners who have experience working with this population. The main source of data that was analyzed for this action research study were the transcribed audio recordings from the focus group. Nonverbal communication by the focus group members and reflections about the interaction and setting were documented in a reflexive journal.

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

Data Analysis Techniques

The findings from this action research study may be used to add to the body of knowledge for social work practitioners working with this population. Elo et al. (2014), describe three main steps in content analysis: preparation, organization, and the tabulating of results. The first step preparation consists of data collection, understanding the data and selecting the means of analysis (Palinkas et al., 2015). For this study, data analysis began during data collection with the facilitation of the focus group, recording of the participants responses and insights, documenting observational notes, and summarizing notes at the conclusion of the focus group. The focus group provided qualitative data that may improve the clinical understanding and practice of social workers by increasing the knowledge of substance use treatment considerations and challenges when working with victims and survivors of CSEC.

The strategy that was used to identify and recruit participants for this study was noncoercive solicitation through networking of Massachusetts social service agencies that work with this population. Professional contacts and organizations involved in the Brockton Domestic and Sexual Violence Task Force were emailed a flyer that outlined the purpose of the study. The Brockton Domestic and Sexual Violence Task Force was selected since it includes members from 30 social service organizations that provide sexual violence services throughout the state. It is a voluntary group that is not affiliated

with any single organization. I am a member of the task force representing Boston VA Healthcare and do not work with victims or survivors of CSEC in this capacity. I am not employed by or with any of the other members. Task force members were asked to review the flyer and contact me if they would like to participate in the focus group. Members were also asked if they could share the flyer with other social workers who met the stated criteria. Since there are a limited number of social workers working with this population, identifying social workers that met this criterion through purposive sampling then networking with these social workers to further identify candidates that met the criteria through snowball sampling, I was able to maximize my recruitment efforts.

Defining the aim of the study led to the determination that a smaller sample size would be appropriate (Malterud, 2016). Recruitment for participants began after I received IRB approval for my study and took approximately 4 weeks to identify enough participants. I received 23 responses asking questions about the study. Eight of the responses were from social workers who had no experience working with this population but wanted to be a part of the group to learn about CSEC. These individuals were thanked for their interest and sent information to contact My Life, My Choice for further education and training opportunities about CSEC. Fifteen potential participants that responded were in the initial sampling pool and were followed up with using the eligibility protocol to see if they were eligible for the study. Eight of these participants met the eligibility requirements and were accepted into the focus group. Three of these participants dropped out and the remaining five participants attended and engaged in the

focus group. Identification and recruitment of five clinical social worker practitioners that met the identified parameters allowed for an optimal group dynamic.

All eight of the participants who met the eligibility protocol and were invited to the focus group confirmed by email before the focus group was scheduled. However, on the day of the focus group, three participants contacted me to withdraw due to organizational staffing issues. A fourth participant was late for the same reason but was able to attend, allowing for the focus group to meet the minimal requirement of five participants. The lack of qualified staff was an issue addressed during the focus group and the last-minute withdrawals from this study due to staffing concerns highlights this issue.

Before to the scheduled focus group, each participant was emailed a copy of the interview protocol and release form to review. When the participants arrived, they were each given a folder with a copy of the release, a copy of the interview questions, an overview of the research study, and my contact information for them to refer to during the focus group and to take home in case they had any questions after the focus group concluded. At the beginning of the session, I reviewed the documents, reviewed the audio recording methods used during the session and where the audio recorders were in the room, reviewed confidentiality, gave each participant a release form, and reviewed the form together as a group. Participants were then given the opportunity to take a short break to familiarize themselves with the documents, ask questions, sign and submit the release as well as get some refreshments and use the rest rooms before the focus group began.

The focus group met for 1 hour and 30 minutes at the previously identified community center conference room. The focus group was audio recorded using three recording devices and the location of the devices throughout the conference room was disclosed to the participants at the beginning of the focus group. At the end of the focus group, participants were thanked for their participation and had the opportunity to ask any remaining questions. I emailed each participant 48 hours after the focus group to formally thank them for their participation and confirm that they had the contact information for this researcher if they needed to contact me in the future.

I transcribed the audio recording over 5 days, taking approximately 20 hours to transcribe the focus group data. I gave each participant a pseudonym and created a chart based on their location at the focus group table to assist me with accurately attributing statements to each recorded voice. I then compared the transcript to the audio recording from all three devices on separate days to ensure accuracy.

Familiarization and immersion in the data are the next steps in the analysis process (Ryan et al., 2014). Listening to audio recordings, transcribing, and reviewing the transcribed data, observational notes, and my reflexive journal helped to fully understand the information and details in context. Review of all data obtained and then transcription of the audio recordings completed the data collection process.

Once the final transcript was complete, I reviewed the transcript using constant comparison to identify reoccurring statements. Using an inductive approach, the next step was the organization phase which included coding, categorization and abstraction (see Saldana, 2015). I initially began coding the data by hand. To do this, I read and

highlighted different concepts on a hard copy of the transcripts and notated different descriptive codes in the margin. Once I had completed the initial coding, I used data analysis software to ensure that I was comprehensive in my initial coding and to review any data variance. I used Nvivo 12 for Mac software to assist me with the organization, categorization, and indexing of my data. Using Nvivo 12 provided independent validation for my initial coding and helped me to store and organize my data efficiently. Primary and secondary codes emerged through this process and are listed in Appendix B and Appendix C.

Categorization included creation of categories, identification of all data relevant to each category, then examination of the data through constant comparison. Additional categories were added as needed to encompass as much variation in the data as possible. This step was followed by the indexing of all data with color coding stripes within Nvivo 12 to group similar categories and differentiate themes.

Greenwood et al. (2017) found that during this reflexive process, major themes will begin to emerge. Four themes were identified and evaluated on the extent to which they answered the research question. These themes were (a) training and experience, (b), impact of trauma, (c) effect of CSEC on substance use treatment, and (d) treatment services. The final phase of analysis, mapping and interpretation, aligned with the original study objectives and highlighted the themes that emerged from the data. During this phase, I also identified participant quotes that illustrated and confirmed the findings.

Validation and Legitimation Process

Reflexivity

Throughout this process I used journaling to track my progress, challenge preconceived thoughts, and analyze my findings. This reflexive practice provided valuable insight and awareness into my assumptions, identified my biases, and informed my decisions throughout the research process. Taking the time to reflect on my assumptions and the data helped me to clarify my thoughts, recognize additional information, and incorporate these insights into my findings.

Validity

For this study, an audit trail was used to establish validity. An audit trail was maintained that included the raw data from the study, field notes, transcripts of the focus group interaction, and a reflexive journal. After transcribing the focus group data, I reviewed the transcript using constant comparison to identify reoccurring statements. I then coded the data by hand and validated this process by using Nvivo 12 for Mac software to assist me with the coding, organization, categorization and indexing of my data. During analysis of the data, I reviewed the audio recording, transcripts, field notes, and reflexive journal to confirm I was presenting the data accurately.

Credibility

Credibility assures the authenticity of the research participants information. In order to achieve this, researchers must examine their own bias. Researcher bias can affect the design of the study and interpretation of the data (Cope, 2014). In order to ensure the integrity of the action research study, my biases were examined and tracked throughout the process to avoid any possibility of affecting the trustworthiness of the data collection and analysis. For example, based on my experience working with this

population, I had a preconceived assumption that substance use was introduced during the exploitation and that this was not one of the risk factors that made potential victims vulnerable to traffickers. During the focus group, the participants discussed how traffickers do target potential victims with risk factors such as prior homelessness, child protection involvement, poverty, neglect, abuse, and sexual abuse history, but they also target prior substance use history. One participant noted that traffickers will identify residential treatment centers, foster and group homes, and common pathways to connect with victims such as their walking route or bus stop to go to school. They will offer free drugs in addition to the attention and monetary gifts/ items to entice the victims to trust them and engage further. Participants also discussed how this objectification minimized victims by minimizing the use of their bodies by others for their sexual gratification and viewing this as currency for the victims to get items they wanted in exchange. This was a way to begin the devaluation of the victim. If a victim was already in residential care or child protective custody due to a history of drug use or legal issues, this was a way to also isolate them further out of shame and fear of repercussions for relapse. Reviewing my journal helped me to see that my biases may have limited me from exploring these added dimensions to this complex problem.

Observational notes were completed during the focus group process and information was carefully reviewed during the data analysis process to provide context as needed. The notes also helped to explain the pace of the dialogue where gestures or nonverbal responses left silent pauses on the recordings. Reviewing these notes

reminded me of the physical and nonverbal responses that occurred during the session and gave a richer insight into the dialogue.

Credibility can also be impacted due to research reactivity. Research reactivity is when the study findings are impacted by the researcher's influence on the participants (Schmidt, 2017). This influence can be the decisions the researcher makes in designing the interview questions or the study itself. For example, I purposely planned to facilitate and not participate in the focus group discussion to avoid reactivity. However, on two occasions, the participants did not respond to the questions and asked for clarification or an example. I provided an example and noted in my journal what I added to the discussion and why. When I reviewed the audiotapes, I had written the questions and approximate time in my journal to review later. I listened carefully to the two questions, my response and the conversation directly after. In both cases, the conversation went in a different direction from my comments and I felt that while I was able to clarify the question, my involvement did not impact the discussion. Awareness and careful review of research procedures to identify any unintentional influence that may impact the collection of data is necessary to assure trustworthiness.

Transferability

Most qualitative research examines specific issues or phenomenon identified in a certain population or group (Padgett, 2016; Rubin & Babbie, 2016). Because of this, generalizability is not an expected method to address rigor in qualitative research (Leung, 2015). While the data collected is specific to the context of the study, the processes and findings from this collaboration can be transferred to clinicians whose clinical practice

includes this unique population. This transferability means that knowledge generated by this form of research can be applicable beyond the immediate setting being studied and utilized to improve clinical social work practice (Elo et al., 2014). Decisions about the transferability of the findings rest in the hands of the reader.

Auditability

Auditability is the ability for outside researchers to evaluate the documentation of the study in order to replicate or critique (Schmidt, 2017). In order to assure auditability in this research study a written account or audit trail was maintained including information about reflexivity. Horsburgh (2003) defined reflexivity as "active acknowledgement by the researcher that her/his own actions and decisions will inevitably impact upon the meaning and context of the experience under investigation" (p. 308). For this study, an audit trail was used to establish validity. An audit trail was maintained that included the raw data from the study, field notes, transcripts of the focus group interaction, and a reflexive journal.

Confirmability

Confirmability is the ability to confirm that the research studies findings are based on the data from the study participants and not due to potential researcher bias (Cope, 2014). In order to increase this research study's confirmability, I used an audit trail, negative case analysis, and peer debriefing. Negative case analysis, or analytic induction, is when a researcher intentionally examines elements of the data that contradict the findings (Schmidt, 2017). By including diverse participants to provide differing points of view and richer data, contradictory patterns or elements will occur in the data collection.

Contradictions in the data can lead to unexpected findings, which in turn strengthens the research study (Morse, 2015).

Negative case analysis was conducted by actively searching for elements of the data that contradict the goals of the study. Questions were designed that were open ended to allow for contradictory responses. For example, when the following question was asked; "How would you describe the influence of substance use on the treatment needs of survivors of CSEC?", a focus group participant responded that they have worked with survivors who have not had issues with substance use. Further investigation to understand the negative case by asking clarifying questions ensured understanding. Understanding and including negative cases in this study can lead to altering the themes or explanation, which strengthens the findings. To assure confirmability in this action research study the participant selection criteria only required that the participant was a clinical social work professional with experience working with this population. By limiting the requirements only by professional experience and occupation, the participants could be of varying age, race, ethnicity, etcetera to allow for more diverse experiences and richer data. Analysis of the data included careful examination of contradictory patterns or elements to provide a comprehensive examination and richer understanding of the clinical social workers perspectives.

Limitations

When recruiting for the focus group, it became quickly apparent that one limitation was the lack of clinical social work practitioners who had experience working with this population. Even with purposive sampling, a large number of respondents were

found ineligible for the focus group because they had never worked with a victim or survivor. Several individuals contacted me because they themselves wanted to learn more about this population and hoped to join the focus group to learn more. This added validity to the findings of this study that additional education and training is needed in this area.

Research has shown that CSEC effects both females and males, as well as youth that identify as LGBTQ (Friedman, 2013). The focus group participants have had training that included education on how CSEC can present differently for male and LGBTQ identified youth but have not had experience working with them. The fact that all clients served by the participants were female could have influenced the data in unknown ways. Further research into the substance use treatment considerations and challenges with male and LGBTQ victims is recommended and may add insight into this research by comparing and contrasting findings to provide knowledge inclusive for all CSEC victims and survivors.

Findings

Participant Demographics

All participants were given a pseudonym during the data collection process to assure their confidentiality and enhance the readability of the participant data in the findings section. Three of the participants were Caucasian, one was African American, and one was Hispanic. All participants were female and employed in Massachusetts. Clinical experience with victims and survivors of CSEC ranged from less than five years to over 30 years and included work in outpatient substance use treatment, residential

treatment, survivor group therapy, inpatient treatment, Section 35 treatment, and educational settings. Under Massachusetts General Law, Chapter 123, Section 35, the court can commit an individual involuntarily if there is a likelihood of serious harm due to their substance use (Honig, 2015). This process, commonly referred to as a Section 35 within Massachusetts, requires that a family member, police officer, physician, guardian or court official petition the court to involuntary civilly commit an individual into substance use treatment (Honig, 2015). If the court mandates treatment, the individual is remanded to a designated facility in Massachusetts for up to 90 days (Honig, 2015). Several of the focus group participants had experience at non-mandated and mandated Section 35 treatment facilities.

Themes

Review of the focus group audio recordings and transcription provided rich data to code, categorize, and use in development of common themes. Four themes were identified along with supporting quotes from the study participants.

Theme 1: Training & Experience

The focus group raised several concerns about the lack of specialized training on CSEC that was available for providers. Four of the five participants sought specialized training on their own after they identified and worked with a victim in the course of non CSEC treatment. One of the participants gave an example of how she became interested in further education about CSEC:

> I was first working in the field as a case coordinator for youth in intensive foster care and transitioned independent living programs. I was assigned a

> young girl who had been living in Boston but due to safety concerns, because Boston was where she had been being commercially exploited, they shipped her up to Amesbury, Massachusetts. Amesbury is like the middle of nowhere for a youth that is usually from Dorchester. I worked closely with her and because of my involvement with her, learned about other organizations helping victims. She was involved with My Life My Choice and this small program out of the Park St. DCF office, the GIFT Network. They were doing a lot of on the ground stuff and trying to involve providers from all over to see how we could better serve the youth in our treatment programs.

While participants of the focus group each individually obtained training about CSEC, additional providers that they collaborated with in the community had not. This can create barriers when attempting to obtain resources/services for victims. For example, Alecia explained how important it is to address a client where they are at and not based on what providers feel they need:

> When you try to help them in the beginning, of course you want to put everything in place. But as you gain experience you change your approach. A lot of people want them to do well, but it's usually people who do not have any understanding of their reality. So, they say things like "Oh, we need to help, here are the Walmart cards and here are the clothes" … and I say, hmm, something is not working here. What these

> children need are basics, like a roof, a place to sleep, right? To be able to sleep safely at night.

Participants discussed how the most experienced providers tend to be senior staff who often do not cover the overnight or weekend shifts, when this population is most active. Therefore, clinicians who are most likely to interact with victims of CSEC are often the least qualified to support their needs. Donna described how this can greatly affect engagement with a population that is difficult to engage with already due to their exploitation history:

> In a lot of treatment programs, we task the most entry level staff with the most difficult jobs. We don't train them, you know, we pay them $12 and hour, $12.50 an hour, to do the most difficult work. They have so much influence and they don't always understand it. You have the least academically trained, who don't have the experience to know what they are seeing.

Elizabeth agreed and talked about the consequences of not having experienced staff providing substance use treatment to exploited youth:

> As far as treating trauma, you need to be educated around what to ask, how to ask it and being sensitive to how that will impact the person you are having a conversation with. Inexperienced staff are going to make some judgement or say something to trigger that youth.
>
> Elizabeth and Donna identified that education and training about CSEC is needed but experienced clinicians are also an essential treatment

> consideration. The ability to understand and provide a strength based, non-judgmental, trauma informed approach requires expertise and skill that is not reflected in the recruitment, pay scale and scheduling of staff at treatment facilities that provide substance use treatment to survivors of CSEC in Massachusetts.

Theme 2: Impact of Trauma

Focus group participants described how traumatized youth forced to act as adults prematurely may not experience or achieve adaptive developmental milestones. They identified how victims live a marginalized existence and may have limited capacity to see past their own immediate needs. Carlie described examples of this:

> They are operating from a simple, adolescent kind of brain and they get stuck there. They could be in their twenties but mentality, they don't think of anyone else. They don't think about what they say, they don't think about the feelings of other people, they don't care that they just had a baby and the baby is given up…that's the trauma.

The continual disempowerment and degradation survivors of CSEC endure during their exploitation can corrupt their growth process and leave survivors questioning their identity. Participants noted that for survivors, it can be scary to feel either the lack of control or too much freedom to make their own decisions. This dichotomy is due to their exploitation. Beth described how control can impact a survivor:

> The lack of control that these victims felt when they were put into this treatment center, not knowing where they were going next, where DCF

> was going to place them, what was going to happen can be really triggering? I think, in some ways, they appreciated and needed the structure and control, I think that was familiar to them based on their experience. Given the fact that they were pretty much under someone's control, in the community.

Due to multiple losses and inconsistent attachments experienced by victims of CSEC, a common defense mechanism for survivors is to protect themselves from further pain by pushing people away. Carlie discussed how relationships are distorted and engagement becomes difficult:

> Symptoms of trauma can be difficult to identify at first. It's not somebody just being a difficult brat, it's somebody that doesn't know how to connect with you. They are using techniques, like manipulation to get their needs met and that's worked for them in the past. That's not a judgement, it just is.

Early childhood trauma can alter the development of a child's brain and have long term effects on attachment, physical health, emotional regulation, cognitive ability, and behavioral control. Survivors of CSEC may be forced to use substances by their pimp or as a maladaptive coping strategy to survive their exploitation. Considering these factors, effective substance use treatment for survivors of CSEC must include an understanding of the specific treatment barriers and needs of this population.

Theme 3: Effect of CSEC on Substance Use Treatment

While the focus group was able to identify specific clinical challenges to treatment of victims' with CSEC, they felt the comorbid diagnostic issues due to trauma added an additional layer of complexity to substance use treatment. Donna described what she has seen in treatment:

> People will walk to the sober high school and they meet up with maybe five people that offer them marijuana. "You want marijuana? You want weed? You want weed? You want weed?". They start to use that marijuana and then one of the days, they are like, wow, that weed was really weird, what was that. And they are told," You like that? That's something different we are doing, if you want that same weed, come back to me tomorrow". They don't know it's laced with cocaine. So, now they are getting a bigger rush from it. And then it's but you don't have to pay, you don't have to pay, so now there is currency in it. A lot of our girls have been groomed to trust the dealer. "See, he doesn't expect anything from me, I don't have to pay for these drugs. "They start trusting their dealer, which is an oxymoron, but they do. Then all of a sudden, the dealer will say, "Hey you've been getting this stuff off me for free for two months. I need you to do me a favor. I need you to just run out there, there is a guy in the car. He's going to have you do some things and then you'll get more weed, you're actually going to get some coke too, for free. But you just got to go meet up with that guy first… and the girls are scared but they also feel that initial rush and that initial high and they don't want to

> necessarily let that go. And, why would you? Because, now getting sober means I have to deal with all that stuff without being high."

While other youth seeking substance use treatment may have supports and concrete needs met before entering treatment, this is not the case for a victim of CSEC. Carlie discussed how this can impact a CSEC survivor beginning treatment for substance use:

> You have to take care of the basic needs first. You shouldn't just be bombarding them. Have they showered? Have they eaten? Have they slept? You're not going to get people to answer questions until you take care of those things first. The trauma, effects them, they're not really willing to move forward with treatment. They can't. It's like they don't feel safe in that moment. The people we serve can't feel safe because of their trauma.

Superficial glamorization of *The Life* can create a false sense of adulthood and independence with limited understanding of the constraints. Donna described how this can affect the judgement of CSEC survivors:

> You can work at Dunkin Donuts and earn $11 an hour PLUS tip money or, you can go back to a life where you were earning $2000 a night and "I would much rather earn $2000 a night and get my ass kicked, get high as "F", then figure out the rest tomorrow. Cause the rest of you people are just crazy. Why wouldn't you think I am going to go?". I used to have girls that we would get their quarterly clothing check and they would be

> like, "Ok, yeah, we will go shopping with $284 dollars but really, I go shopping with $2,500 dollars, that's what I am usually going shopping with". It's things that are given, cars that are provided, cell phones, credit cards, clothing, nails, hair, make up, but none of it is long lasting.

The continual trauma from this form of exploitation can cause detachment from the horrific events that a survivor has witnessed or experienced. Victims need to compartmentalize their feelings and values in order to continue to work and survive. It can also confound understanding of their use of substances and their addiction. CSEC victims and survivors require a spectrum of specialized services that need to be strength based and trauma informed to effectively support their recovery from addiction issues.

Theme 4: Treatment & Services

The focus group found that effective treatment also needed to be long term, comprehensive, easily accessible, and include collaborative services. Elizabeth talked about the current treatment barriers such as length of treatment and lack of transitional, supportive services that are trauma informed:

> Within our agency, where we are short term, typically, if they are there 14 days the first week or so they are detoxing. So, then you really have only a week to do any type of work with them. There are so many layers to the problem, where do you start? I think that's something that could be a struggle, 14 days is not enough.

Carlie added:

> I almost think when it comes to working with sexually exploited youth, they need to be removed from the environment completely and placed in a locked setting. Because, they can be treated for the safety issues first and then on what the treatment team decides after. But, how do you learn to live after you've been locked up. You can only keep someone locked up and provide treatment for so long then they need to be re-integrated back into the community. Those risks exist once you re-enter the community… How do you practice refraining from falling back into the old behavior or relapsing, given a trigger that might come up? How do you even enter into a relationship and know that you are entering into a healthy relationship with someone that you trust?

Beth talked about how hard it is for clinicians to utilize a harm reduction approach with CSEC survivors:

> With somebody that's identified having some commercial exploitation history, how do you meet someone where they are at around that? You're not safe, you're at risk, you're in danger, and I think the treaters goals is to get that to stop. It's been hard for treaters to take a step back and understand that's a life for them, that, they may identify as a survival tactic, as something they need. They may still be involved with their pimp, but they don't identify them as a pimp. They say, "but that's my boyfriend he takes good care of me". We've had some survivors that on the third admission tell us "You were right, that was my pimp".

Donna discussed the positive effects of her substance use treatment facility utilizing a trauma informed approach with survivors;

> Our treatment approach is the "I am" approach. It's a basic foundation of when is the last time you got angry with somebody who was treating you with respect. We try with every part of our being to treat everybody with respect upon entry to our building. So, it's not a judgement of mmm, your back again? It's, your back again! So glad you're here. Grateful that your back, grateful that your safe. When you can start to see yourself as valuable again, that people care about me, and when you feel cared for and you feel like, Oh, OK, they see me as more than just somebody they can sell multiple times, then that person can open up and begin to do some work. But, until that point, your just meeting basic needs while still demonstrating respect, demonstrating trust, demonstrating that they are worth something. That is really very hard to do for someone who has been traumatized, victimized, over and over again. Their self-value is, you know, I'm to be sold every night, it affects everything. How can I empower you to transfer those skills that I am giving you to other clinicians? To other people? To teach boundaries to you when everyone else has told you that your boundaries don't matter? My goal is to empower them.

Due to the complexity of the exploitation and its impact on the victim's ability to

recognize their own addiction and/or engage in substance use treatment, treatment must be trauma informed and trauma specific to the needs of this population in order to be effective.

Research Question

The research question explored in this study was: What are the unique substance use treatment considerations and challenges for clinical social workers treating survivors of CSEC with substance use history living in Massachusetts? Sub-questions include (a) How does cumulative trauma from CSEC impact substance use treatment? and (b) How does the coercive use of substances aimed at maintaining victim submission impact substance use treatment?

Analysis of the focus group data identified four themes: (a) training & experience, (b), impact of trauma, (c) effect of CSEC on substance use treatment and (d) treatment & services. I then cross referenced the identified themes with my research questions to determine if the data answered the research questions for this study.

The sub questions for this study were addressed by themes (b) and (c) with participant quotes about their experience specific to complex trauma and substance use issues resulting from a survivor's exploitation. Participants were able to describe how the impact of complex trauma and substance use during a victim's exploitation impacted their ability to understand their own addiction, engage in treatment, and sustain long term recovery.

The information from themes (b) and (c) can alter the way that providers need to programmatically structure treatment options and individually engage with survivors to

support their recovery. Participants examined this and provided information for treatment and services in theme (d) that included trauma informed and trauma specific services to support this unique population.

Gaps in training and education about CSEC for social workers was highlighted throughout the focus group but experienced clinicians with the ability to understand and provide a strength based, non-judgmental, trauma informed approach was also identified as an important treatment consideration. Theme (a) examined the recruitment, pay scale and scheduling of staff at treatment facilities that provide substance use treatment to survivors of CSEC in Massachusetts.

Comparison of the findings from the focus group and resulting themes with the research question and sub questions that were the basis for this action research study demonstrated that the findings did answer the research questions

Unexpected Findings

An unexpected finding that resulted from the focus group was related to victim identification. Participants reported that while identification still presents challenges for this hidden population, there is an increased awareness for adolescent treatment providers and screening is now making identification more the norm. In Massachusetts, the Justice Resource Center partnered with the Department of Children and Families and was awarded a five-year grant to combat human trafficking within the state (Chisolm-Straker & Stoklosa, 2017). The Child Welfare and Trafficking grant is a 60-month (2014-2019) project to develop infrastructure, interagency collaboration across Massachusetts, and implementation of training and tools on identification and engagement with victims. As

Massachusetts enters the last year of the grant period, a review of the grant implementation over the past four years has shown improvement and progress across the state (McGloin, 2018). While there is concern that the grant period is ending and without continued funding current initiatives may suffer, the changes within the state appear to be reflected in the focus group data that awareness, screening, and identification has improved.

Even with adult survivors, the trauma informed care model has resulted in increased discussion of trauma history at intake and subsequent identification. While the focus group acknowledged that they had been trained and had a wide variety of experience working with this population which may not be the case in other areas, it was a positive trend that was unexpected.

Summary

Section 3 summarized the study findings as related to the practice-focused research questions I explored in this study. The primary research question was: What are the unique substance use treatment considerations and challenges for clinical social workers treating survivors of CSEC with substance use history living in Massachusetts? Sub-questions include (a) How does cumulative trauma from CSEC impact substance use treatment? and (b) How does the coercive use of substances aimed at maintaining victim submission impact substance use treatment?

The participants in this action research study shared their experiences working with victims and survivors in multiple settings within Massachusetts. They were able to identify challenges that they faced when trying to engage victims and survivors in substance use

treatment. Analysis of the resulting data revealed 4 themes which included: (a) training & experience, (b), impact of trauma, (c) effect of CSEC on substance use treatment and (d) treatment & services. These themes answered the research question and sub questions that were the basis for this study.

In Section 4, the findings from this Action Research study will be further analyzed and discussed. Applicability, recommendations and implications derived from the data will be further explored and discussed in Section 4.

Section 4: Application for Professional Practice and Implications for Social Change

The purpose of this study was to improve the clinical understanding and practice of social workers through increased knowledge of substance use treatment considerations for CSEC victims and survivors. The action research design was a qualitative study using a focus group methodology. Interpretation of the outcomes from this study may be used to enhance social work practice with survivors of CSEC.

The findings of this action research study highlighted barriers for social work practice due to the complexities of trauma and substance use that are intertwined with exploitation from CSEC. The information obtained in this study allows the voices of social work practitioners to give a real-world perspective on the current issues and challenges that need to be addressed. Interpretation of the outcomes from this study may be used to inform and enhance social work practice, address gaps in the literature and add to the current body of knowledge concerning social work practice with this population.

This section examines findings from analysis of the focus group data that were collected in this action research study. Applicability, recommendations, and implications derived from the data will be further explored and discussed in this section.

Application for Professional Ethics in Social Work Practice

The NASW Code of Ethics provides guidance for the professional conduct of social workers. NASW believes that there are six core values which encompass the mission of social work practice: service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence (NASW, 2017). While all of these core values have importance, two were brought up during the focus group as

significant to the social work practice problem I was examining were social justice and competence.

The value of social justice follows the ethical principle that social workers must pursue social change for vulnerable and marginalized people, promote understanding about cultural diversity, increase knowledge on how the culture is being oppressed, and provide access to needed services or resources that are specific to the population (Orme & Ross-Sheriff, 2015). Social workers are uniquely positioned to provide strength based interventions, ecological perspective, and empowerment approaches that can address the larger context of factors that are impacting a victim or survivor of CSEC (Herman, 2015).

The data from the focus group documented social workers 'experiences that illustrated an ecological perspective as well as empowerment and strength-based approaches. One participant explained the additional complex layers faced by a victim or survivor entering substance use treatment:

> I think, when it comes to trauma and experiencing multiple traumas, being repeatedly taken advantage off, substance use, law enforcement and how to manage the treatment, it can get complicated.

Another participant agreed and added:

> Because when you go through so much, you don't have time for that petty stuff. They need to be somewhere that actually fits where they are… you can't pop someone that has lived that life and put them in an everyday routine and then wonder why they relapse.

Understanding the effect of exploitation on a victim and how this can form maladaptive coping strategies to assure the victims safety shifts the perception of how a victim is perceived. Addressing the specific cultural needs of this population begins with a foundation of understanding and knowledge of their oppression which will inform future engagement and treatment.

While these examples appear to be common sense, the providers professional and personal experiences with this population enabled them to see beyond the presentation by these survivors and view them through an empowerment and strength-based lens. They did not identify the survivor as difficult or treatment resistant but instead, using an ecological perspective, looked at the totality of their lived experience and understood how this can affect the survivor's ability to process feelings, understand input they are receiving, begin to engage, and allow themselves to trust and begin to heal. Social work has an ideological commitment to social justice and an understanding of the complex connection between an individual's oppression and the social context that enables the oppression to continue (Reamer, 2016). Understanding from a social worker's perspective the effects of exploitation and how it can create barriers to treatment is the first step to creating social change.

The second value from the NASW Code of Ethics that was discussed in the focus group was competence. This ethical principle identifies the importance of professional expertise and for social workers to not only enhance their own professional knowledge but to also contribute to the social work profession (Reamer, 2013). The participants identified that training and experience was essential in working with this population.

Specifically, they addressed the difficulty with engagement due to victims' exploitation, repeated violations of trust and violation of appropriate boundaries that victims were continually exposed too.

> That is the conflict, the relationship piece. Because, many of the girls were not trusting and when they started to develop a relationship with you and start to begin to trust you, that's when we would see them run. I know that that's a history, often times when they come in, that they are running from their long-term placements and then they sort of repeat that behavior with us... it's most likely a trauma response, feeling that "These people care, this feels a little bit safe" but that leads to, "This isn't ok, I can't do this, I am gonna go". So, how do we keep people in treatment? We've seen and heard of, re-traumatization, quickly after leaving. They leave in the middle of the night and are victimized again while on the run because they are trying to get rides, it's a huge risk factor.

Another participant added,

> They are not in a place long enough to build a connection or trust that no one is going to come and scoop them up and say, oh there's a bed open for you over here, you have to go right now. To them it feels like the adults are always forcing this time frame, like," I need you to address all of this in this amount of time". There is this outside influence of when and where trauma work needs to happen that has no understanding of what a victim has gone through… They (providers) don't have the training to know what

> they are seeing and what that is… and we know, with trauma, give me any reason to run and I will. "See it was your fault again".

The focus groups responses gave insight into the difficulties social workers face when engaging with this population. Survivors actions alone can be viewed as resistance to treatment, lack of readiness for change or attention seeking behavior. All these labels avoid looking deeper at the underlying complexity of trauma that guides the current biophysical and psychological responses from the survivor. Experience, education and training about this population will change the perspective and response by a clinician to a survivor's behavior and may alter the survivor's own perspective about engagement with professionals.

The NASW Code of Ethics (2017) guides clinical social work practice to enhance the well-being and basic needs of all human beings. This is due to the underlying social justice orientation of social work practice that fundamentally believes that through helping the most vulnerable within society to better their individual lives, society is improved overall (Reamer, 2013). Competence requires that the social work profession strive to be critically self-conscious and aware that competence in one aspect of treatment may not apply to all cultures (NASW, 2017). Engagement, trauma informed care, and strength-based treatment modalities require additional knowledge and competence about the culture of CSEC (Jani & Anstadt, 2013), safety concerns (Herman, 2015; Hickle, & Roe-Sepowitz, 2018), and the stigma of sex work and sex trafficking (Kotrla, 2010). The findings from this study may impact social work practice by showing the need for increased education and awareness of the needs of this vulnerable population and how the

exploitation that victims and survivors have endured impacts their ability to engage with providers.

Recommendations

Social Work Practice

Based on the findings from the focus group there are two specific areas of clinical social work practice that would benefit from further action steps. First, increased interagency collaboration was identified as necessary to support the complex needs of victims and survivors of CSEC. Successful engagement and treatment for substance use cannot be done in isolation and this population requires comprehensive, trauma specific, wrap around services and support. Substance use and mental health treatment, residential housing options, concrete basic needs, and access to legal/immigration services can present unnecessary hurdles and barriers. Collaboration and coordination between community providers, law enforcement and policy makers both on the local and national level would be a practical and realistic first step to address this practice problem. (Baker & Grove, 2013; Busch-Armendariz, Nsonwu, & Heffron, 2014; Heilmann & Santhiveeran, 2011).

Education and training for social work practitioners was the second area of clinical social work practice that the findings addressed. The focus group felt that the broader field of social work practice would benefit from incorporating CSEC specific training into social work college curriculum. Participants indicated that understanding the culture of CSEC and the impact of exploitation from CSEC would be critical for practitioners who are trying to engage in substance use treatment with a victim or

survivor. Understanding that victims basic and concrete needs will be the priority upon engagement (Baker & Grove, 2013; Heilemann & Santhiveeran, 2011), safety and trust must be clearly addressed (Heffron, 2014) or that harm reduction versus exiting *The Life* should be respected as a safe choice (Farrell et al., 2015) are not normally taught to clinical social workers. Knowledge expansion, skill enhancement and development of trauma specific interventions and modalities of treatment are recommended to improve social work practice.

This study demonstrates the need for future educational solutions for social work practitioners and community providers to increase awareness of the complex needs of victims and survivors of CSEC with co-occurring substance use disorder.

Personal Impact

Throughout my professional career I have intersected with victims and survivors of CSEC. Their strength and resiliency inspired me to evaluate and change my own individual practice, find trainings and education to increase my personal knowledge and finally, pursue a Doctorate in Social Work. Through the doctoral process as I worked towards becoming an advanced practitioner, I realized that in order to create lasting change, I needed to conduct research and actively search for evidence- based practice solutions.

This action research study has motivated me to pursue further research after I attain my Doctorate. I hope to continue researching the impact of CSEC on victims and survivors and address the gaps in the literature on the long-term clinical outcomes for survivors of CSEC that my review demonstrated. One limitation of this action research

study was the lack of experience the participants had with male or LGBTQ youth that were being exploited. I would like to explore future research with male and LGBTQ survivors to examine how gender dynamics effect treatment and engagement. Research that is inclusive of gender and identity would ensure safe and accessible supports for all victims of CSEC.

Usefulness in research is the ability to do something of value with the outcomes or findings that are discovered (Padgett, 2016). Publication of this study will hopefully impact social work practice and knowledge through dissemination of information about the barriers and challenges faced by social workers currently providing substance use treatment to this population.

Future Research

There is an opportunity to add to the base of research knowledge and provide valuable data about this population that is currently not available within the research community. Due to the secretive and illegal activity surrounding CSEC, obtaining data for research is difficult (Nichols, 2016). Victims who are currently in *The Life* are unable to safely participate in a research study and, depending on the stage of their exploitation, may not be reliable historians. Because of this, there is a paucity of empirical research available about this population. The specificity of this subculture also raises questions about the transferability or generalizability of this study and any future research.

Hodge (2014) found that points of acute crisis are significant opportunities for identification and engagement with victims of CSEC and Middleton et al. (2018) found that social workers are in a unique position to engage and interact with victims and

survivors. Based on this assumption, social workers can be viewed as an asset in obtaining data about this vulnerable and underserved population. Increased awareness and subsequent visibility of this subculture will also challenge the concerns of transferability to the broader field of social work practice. Publication of this action research study and future publications of research by social work practitioners on this topic, will disseminate the information to a wider audience and benefit the greater community.

Implications for Social Change

Social workers play an important role by advocating for the most at risk, marginalized and vulnerable within our society. In order to facilitate systemic social change that can have a lasting impact, social workers must address barriers and challenges for their clients on a micro, mezzo and macro level. At the micro level, social workers address methods to promote the well-being of individual clients. The findings from this action research study recommended meeting the victim or survivor where they are at and provide for safety and concrete basic needs to strengthen engagement and trust. Understanding and implementing a harm reduction approach to reframe decisions that victim's feel they need to make to maintain their personal safety or the safety of their loved ones is essential. Developing and using a victim centered, trauma informed approach will provide a strong foundation for future treatment.

On a mezzo level, the findings from this study can be used to inform and revise treatment modalities to improve efficacy of treatment with this population. Improved and enhanced integration of services with community providers, as well as reviewing internal

hiring structures to better serve this population, was recommended. The lack of education and training of social work students and clinical professionals about CSEC should also be addressed at this level. Recognition that the social work profession is in a key position to interact and engage with victims while they are being exploited and that strengthening education and training to include identification, assessment, and engagement skills, will have a sustaining impact on increasing accessible service provision to victims and survivors.

On a macro level, viewing survivors as victims instead of criminals can benefit society by providing services for long term, successful exit and reintegration into society rather than punitive or criminal applications. Criminalizing this population continues to stigmatize and isolate survivors, empowering the exploitive measures that were used to control them. Herman (2015) found that developing one's own voice, finding meaning though helping others, and receiving validation can help begin the healing process after sustaining dehumanizing exploitation. Engagement and trust in providers cannot occur when the victim believes that they will be persecuted or judged. Public advocacy and awareness to destigmatize this form of exploitation will support the long-term process of recovery and reintegration into society. It will also destabilize the manipulation and control that a pimp uses through shame to isolate a victim and prevent them from outreaching for help.

Viewing the scope of this complex issue on a micro, mezzo and macro level identifies significant and long-term opportunities to advance clinical social work practice with this vulnerable population. By listening to the voices of social workers who are

currently working with victims and survivors of CSEC, this study provides first-hand experience and knowledge of the challenges and barriers that social workers face in the field. This study supports social change, contributes to the field of clinical social work and informs best practice applications for social worker professionals working with this population through increased understanding of the impact of CSEC, complex trauma and substance use.

Summary

In the United States, sex trafficking is viewed primarily as an international issue or, domestically, as a rare, sensational case in the media (Jordan, Patel, & Rapp, 2013). Lack of awareness of this population enables its continued existence within our communities and isolates victims. Intertwined with their exploitation, victims of CSEC endure the insidious use of drugs and alcohol to maintain their complicity. This intersection between sex trafficking victimization and substance use has not yet been explored in clinical research and is not reflected in current clinical best practice treatment recommendations for victims when they exit their exploitation. This qualitative action research study was designed to address this gap in the literature and provide an intentional examination of the long-term consequences to substance use treatment readiness that is unique to victims of CSEC.

Using a focus group methodology, this study explored the phenomenon of CSEC and the impact of exploitation on a victim's substance use treatment from the perspective of social work practitioners. The participant's real world experiences and insights from their work with victims and survivors of CSEC provided rich and valuable data. This data

was coded, categorized and analyzed to reveal four themes: (a) lack of training and experience specific to the population, (b) the impact of trauma, (c) effect of CSEC on substance use treatment, and (d) need for specialized treatment services. Clinical recommendations based on the findings from this research were formulated on a micro, mezzo and macro level and will hopefully contribute to the development of futures service provision and improve recovery outcomes for survivors of CSEC.

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Appendix A: Focus Group Questions

These questions were formulated to understand from a clinical social workers perspective how, trauma involved with the phenomena of CSEC can impact substance use treatment for survivors of sexual exploitation.

1. Please share your experience working with victims and survivors of CSEC.
2. What do you consider to be unique treatment considerations when working with survivors of commercial childhood sexual exploitation?
3. Can you describe the influence of substance use on the treatment needs of survivors of CSEC?
4. How would you describe the influence of trauma on the unique treatment considerations when working with survivors of commercial childhood sexual exploitation?
    a. Does this create a treatment challenge? If so, how?
5. How would you describe the influence of substance use on the unique treatment needs of survivors of CSEC?
6. In your social work experience, how have you understood substance use as a coercive tactic with the CSEC survivor?
    a. Does this create a treatment challenge? If so, how?
7. What challenges have you experienced with providing or finding resources to provide substance use treatment for victims or survivors of CSEC?
8. What changes would you like to see in substance use treatment for this population to address the unique treatment considerations and challenges?

9. How do you see these unique treatment considerations and challenges impacting your long-term treatment with this population?
10. What advice would you give to a new social worker who is beginning to work with this population?
11. Do you have any thoughts on training/education opportunities for clinical social workers about this population? What about with community providers?
12. Do you have anything else you would like to add about unique treatment considerations or challenges with CSEC survivors with substance use?

Appendix B: Initial Codes

Treatment barriers	Meet where they are at	sexually exploited	readmission	re-traumatize	gangs
Trauma	risk factors	time in treatment	remove environment	school	grooming
Treatment suggestions	basic needs	Adolescent Residential care	treatment needs	Service need	housing
distortions	Elopement	aftercare	unhealthy relationships	skill training	immigration
control	Exploited	Re-admission	adolescent	someone cares	Individual therapy
Relationships	developmental	Emergency room	adrenalin	stage	Insurance
breach of trust	Harm reduction	empowerment	cocaine	survival	international trafficking
Population	Loss	hope	consequences	treaters	jail
engage	progression	Identified victims	coping skills	trigger	Safety
Age	substance use	layers to problem	future	work as a team	lack of food
Length of treatment	Homeless	locked setting	independence	adults	legal
safety	maladaptive coping	multiple placements	Inpatient Psychiatric hospitalization	advocate	level of exploitation
trust	treatment	My life my choice	Issues	child abuse	long term treatment
choice	boundaries	normalize	job	currency	Mental health
experience	clinical conflict	risk	lack of sleep	dealer	methadone
the life	DCF	section 35	language	depression	motivation
Readiness to change	manipulation	victims	length of time using substances	desensitized	motivational interviewing

modeling	detoxing	parents	outside influences	shared resources
alcohol	deal with tomorrow	Non-profit	overdose	sold
removed from home	care and protection	escape	paramedics	sugar daddy
respect	caring	expectations	peer manipulation	surrogate parent
salary	change approach	fall through cracks	perception issues	Survivor group
selfcare	coalition	fear	police	testing
social media	commonality	Judgement	prescription pills	their own money
staff retention	communication	fit in	presentation	therapeutic management
support	communities of faith	focus group	provider burn out	threaten
Survivor program	Sexual abuse	Outsiders don't understand	quota	train
Sold	community based support	Shared resources	raid	Treatment age
transition	concrete	Opiates	re-admission	Modeling
trauma response	confidentiality	belonging	police	Parent
unaccompanied minors	coping strategy	Self-worth	ability to pay for treatment	cops
Internalized	Employment	Self-value	John	Lack of food
accessibility	criminal	offend	cycle	danger
Normalize	cultural differences	against medical advice		

Appendix C: Secondary Codes

Comorbid treatment issues impacted by CSEC		**Clinical challenges due to CSEC**	**Evidence based practice recommendations**
Relapse	Repetitive trauma	Safety/physical violence/threats	Basic needs
Withdrawal	History of abuse/neglect	Distortions	Provider training/ education
Relationship with substance use	Lack of support	Control	Provider experience
Length/chronicity of exploitation	Multiple placements	Choice	Progression
Self-identify substance use	Loss	Trust	Meet where they are at
Length of time using substances	History of abuse/neglect	Unhealthy relationships/ grooming	Length of treatment
Length of treatment	Desensitization to violence	Lack of boundaries	Trauma informed care
Re-admission	Mental health/ misdiagnosis	international trafficking/Immigration	Motivational interviewing
Readiness to change	Maladaptive coping	Invisible	Empowerment
Unable to cope/work when sober	Lack of CSEC specific training & resources	Legal/multiple jurisdiction/DCF	Need for connection to build trust
Overdose	Readiness to change	Isolation	Modeling
Coercive use of substance use from exploitation	Functioning/developmental impairment	Lack of connection	Community collaboration, and shared resources
Accessibility of treatment	Lack of engagement	Lack of attachment	Harm reduction
Safety concerns	Elopement/Flight risk/ run away	Shame	Transition plan to re-integrate into community