CHILDHOOD EMOTIONAL MALTREATMENT AND PREVENTION OF

COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN:

A MIXED METHODS STUDY

by

TAMARA ELIZABETH HURST

(Under the direction of Michael J. Holosko)

ABSTRACT

Commercial sexual exploitation of children (CSEC) is a form of child abuse that involves the sexual use of a child under the age of 18, for an exchange of tangible or intangible goods. This study investigated the influence of childhood emotional maltreatment (CEM) as one area of the complicated issue of childhood vulnerability to recruitment into CSEC, with the goal of informing prevention efforts. CEM has undergone limited investigation with domestic samples of CSEC survivors thus, this study filled a distinct need in this body of empirical research.

Using a mixed methods design, the study drew participants from multiple sampling techniques from across four geographic areas in the United States. All participants were adult, female CSEC survivors ($N = 40$), who were contacted through multiple avenues. Data were collected concurrently utilizing two multiple-choice instruments, the Vulnerability to CSEC Survey developed by the author, and the well-known Childhood Trauma Questionnaire, along with individual semi-structured interviews. Four exploratory research questions guided this study which explored: (i) the social demographics of the survivors/participants, (ii) their

resulting influences on vulnerability to CSEC, (iii) experiences with childhood maltreatment, and (iv) themes related to CSEC prevention.

Demographically, the sample was predominantly Black/African-American (62.5%, $n = 25$) or White/Caucasian (30.0%, $n = 12$), with an average age of 41.35 ($SD = 10.08$). These women entered sexually exploitive relationships at the median age of 13.13 ($SD = 3.35$). Main results were: (i) noted chronological age differentiations describing varying pathways into CSEC with younger victims more likely exploited by their families and adolescent/teens more likely exploited by their boyfriends, (ii) internalized racism noted within the African-American participants that seemed to increase vulnerability to CSEC, (iii) noted severe to extreme levels of multiple forms of child maltreatment including emotional abuse/neglect in 97.5% of the sample, and (iv) a lack of outreach/attention/understanding of these women by proximate helping professionals including law enforcement, teachers, and physicians, among others. Implications for social workers and other helping professionals, and as well as strategies for prevention, including education, training and policy recommendations are discussed.

INDEX WORDS: Commercial sexual exploitation of children, CSEC, Childhood emotional maltreatment, Prevention, Child abuse, Complex trauma

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DEDICATION

This dissertation is dedicated to my husband and best friend, Philip Hurst. His encouragement and belief in my abilities led me to begin this doctoral program, and helped me stay the course throughout. Without his constant support and reassurance, I would not have experienced this amazing journey and I will be forever grateful.

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CHAPTER 1

INTRODUCTION

Each state in the United States, with the exception of a few counties in Nevada, imposes criminal sanctions for those who encourage or compel persons to sell sex for money, and for those who exchange sex for money (Law, 2000; Raphael, Reichert, & Powers, 2010). The exchange of sex for money is referred to as commercial sex, defined by current federal legislation through the *Victims of Trafficking and Violence Protection Act of 2000* (*TVPA*) as "any sex act on account of which anything of value is given to or received by any person" (U. S. Department of State, 2000). A particularly heinous form of commercial sex is the commercial sexual exploitation of children (CSEC), defined as the "sexual abuse of a minor for economic gain. It includes acts of physical abuse, pornography, prostitution, and the smuggling of children for unlawful purposes" (National Institute of Justice, 2007, p. 5). Estes and Weiner (2005) noted that "economic exchanges involved in CSEC may be monetary or non-monetary (e.g., food, shelter, drugs), but in every case involves maximum benefits to the exploiter and an abrogation of the basic rights, dignity, autonomy, and physical and mental well-being of the child involved" (p. 95). CSEC involves either an actual exchange of money, goods, or services, or just the promise of an exchange, for the sexual use of a child or youth under the age of 18 years.

The presence of force, fraud, or coercion does not need to be proven to determine whether or not child sexual exploitation occurred. Child victims of such exploitation are considered vulnerable, perhaps lacking caregiver supervision and family involvement, and often present as easy prey for predators. They are also often silent when confronted with offers or

demands to exchange sex for tangible or intangible goods, and may respond with "feigned confidence" (Cooper, Estes, Giardino, Kellogg, & Vieth, 2007, p. 17). CSEC is considered the most hidden form of child abuse in the United States (Estes & Weiner, 2001).

Modes of recruitment for children into commercial sexually exploitive relationships in the United States are as varied as the risk factors that lead to their vulnerability. Some victims are recruited by third-parties for financial gain. These include adult strangers, family members, and same age peers (Mitchell, Finkelhor, & Wolak, 2010). Methods of recruitment also vary by cultural networks with recruiters in Asian networks offering false promises of employment, recruiters in Latino networks offering false promises of marriage or employment, and recruiters in domestic networks offering false promises of love and support (*Polaris Project*, 2011). Risk factors may include traumatic childhood experiences of sexual or physical abuse, poverty, family dysfunction, and homelessness. Youth who find themselves homeless from running away, being thrown out, or because of economic circumstances, experience heightened vulnerability to commercial sexual exploitation (Mitchell et al., 2010). In a report on prostituted youth in New York City, Spangenberg (2001) noted that this city's homeless youth are frequently recruited into sexually exploitive relationships within 36-48 hours of living on the streets.

CSEC is an extraordinarily complex phenomenon encompassing diverse developmental stages and life experiences of children, adolescents, and teenagers. It involves various types of abusers who buy, and/or sell sexual encounters with children. The economic exchange of child sex includes youth involved with gangs, parents who advertise or prostitute their children, drug addicted youth, homeless youth who sell sex to survive, and/or organized crime. These varying contexts contribute to the difficulty of comprehensively addressing prevention. Further complicating the situation is the perceived dualistic concept of children as either offenders of

sexual solicitation laws, or victims of abusers/exploiters. These competing notions are found in the very agencies that typically seek to help victims of child abuse, such as child protective services and law enforcement.

Current prevention programs for CSEC include a range of service providers who scramble to develop or retrofit existing protocols, while seeking funding to expand resources to help survivors. Comprehensive prevention programs aimed at mitigating risk factors associated with entry to CSEC have been seemingly slow to develop, perhaps out of a lack of awareness of the problem, or a lack of direction about how to proceed. Limited data collection and inadequate monetary resources toward prevention have contributed to this lack of progress. Research into explanatory risk factors that create vulnerability for children, adolescents, and teens to sexually exploitive relationships is still in its infancy. Estes and Weiner (2001) conducted one of the first comprehensive studies into the magnitude of the problem of CSEC. This seminal work is over a decade old. Since then, a few pieces of empirical literature have emerged regarding the CSEC population. However, only a handful of these articles examine primary prevention initiatives.

Prevention programs and the research upon which they are based note that survivors of CSEC experience similar risk factors including personal traumas such as childhood sexual abuse, or environmental stressors such as poverty. Notably, not all children, adolescents or teenagers who experience such risk factors find themselves in commercially sexually exploitive relationships. There is a possibility however, that a commonality within these identified risk factors could be applied to primary prevention programs to stem the risk of entry into CSEC. This study posits that the link within these risk factors is founded primarily on a childhood history of emotional maltreatment. Based on an extensive review of the literature, this apparent link has yet to be fully explored.

Statement of Purpose

There appears to be numerous contextual complexities involved in CSEC that include vulnerability, recruitment, experiences during exploitation, and outcomes. The purpose of this study is to investigate childhood emotional maltreatment (CEM) as one contextual variable within the intricate and convoluted problem of childhood vulnerability to recruitment into CSEC. The central research questions are these:

1. What are the social demographics of the survivor/participants in this study sample?

2. Do the social demographics of the survivors/participants influence their vulnerability to CSEC?

3. What are the experiences among the sample of childhood maltreatment?

4. What were some identified themes related to CSEC prevention for this sample?

The first research question provides context to the survivor/participant sample, and is linked to the second research question, which seeks to deepen an understanding of how certain demographics (i.e., race/ethnicity or academic attainment) may influence vulnerability to CSEC. The third research question generally explores whether there were instances of childhood maltreatment among the sample, and specifically examines how adult female survivors of CSEC interpret emotional treatment by their childhood caregivers. CEM has long been considered a core component of child abuse and neglect (Hart, Binggeli, & Brassard, 1997). It also hinders the development of self-esteem, social competence, and the capacity for healthy interpersonal relationships (Garbarino, Guttmann, & Seeley, 1986, p. 1). Variables that define CEM are found intricately woven throughout many of the individual risk factors to CSEC.

Research has indicated that certain environmental, societal, and individual risk factors may make children vulnerable to commercial sexual exploitation (CSE). Environmental risk

factors can be characteristics in the person's surroundings or community that increase their

exposure to danger or harm. Environmental or external risk factors for vulnerability to CSEC

have further been identified as established adult sex industries; populations of transient males

such as military personnel and conventioneers; and high levels in communities or neighborhoods

of police corruption. Societal risk factors are noted in one's living or working conditions,

including sexualization of girls and young women, inaccessibility to legal economies, access to

technology, and acceptance of violence against women, and/or minority groups. Individual risk

factors can be found in behavior or genetics, including markers such as female gender; outcomes

from experiencing childhood physical abuse/neglect and/or sexual abuse; running away from

home or being thrown out of a home; gang association; drug dependency; and caregiver

dysfunction such as domestic violence, substance abuse, or mental illness (Clawson, Dutch,

Solomon, & Grace, 2009; Lebloch & King, 2006; Pearce, Williams, & Galvin, 2002; Reid,

2011). Few studies address how CEM plays a part into the entry of female into a commercially

sexually exploitive relationship.

  Finally, the fourth research question aims to identify themes through empirical research

that could be used in the development of CSEC prevention programs, or the enhancement of

existing programs. Creating a prevention program related to child sexual abuse is an

extraordinarily complex process. Berliner and Conte (1990) in their research on primary

prevention and child sexual abuse found that:

  The most insidious and powerful component of offender strategy is the least

  amenable to education: children's vulnerability to adult attention. In a world

  where large numbers of children are physically, sexually, or emotionally abused,

  neglected, grow up in homes with violent, alcoholic, or drug-abusing parents, or

are physically or mentally handicapped or deprived, there is a huge supply of

potential candidates for offenders. Even in less severely disrupted family

situations, children might have a temporary period during childhood in which they

feel different, isolated, uncertain, or in need. Timing might be enough to make

them vulnerable. (p. 39)

Creation of a CSEC prevention program includes all of these above-mentioned variables

and is similar, if not more complicated, than the potential barriers found in child sexual abuse

prevention programs. Efforts toward prevention can be found in well-established CSEC

programs from across the United States which include: New York City's *Girls Educational and*

Mentoring Services; Minneapolis's *Breaking Free*; Boston's *My Life My Choice*; Atlanta's

Center to End Adolescent Sexual Exploitation and its prevention initiative *The Voices' Project*;

and, the *Chicago Alliance Against Sexual Exploitation* among others. Representatives of these

programs, utilizing extant research and anecdotal information, present what is currently known

about CSEC to professionals and lay persons with the two general goals of increasing awareness

of the problem, and developing a language that engenders sensitivity to their victims. These

agencies work toward building clinical attentiveness to the concepts of power and control, and

describing the myths and stereotypes of persons involved in CSEC, whether victims or

perpetrators. A few programs suggest why victims might stay in sexually exploitive

relationships, citing vulnerability to exploitation as comparable to hostages who succumb to

Stockholm Syndrome, or women who exhibit traits of learned helplessness such as victims of

Battered Women's Syndrome.

Typically, these programs discuss identifiers of victims and review the interrelated

environmental, social and individual risk factors that might make a female more vulnerable to

CSEC. Several of these programs also work with at-risk youth in attempts to provide awareness

and education to exploitive persons, and personal insights into what might create vulnerability to

exploitation. This study will hopefully add to the limited research on CSEC victimization, and

provide some empirical context as to why certain youth are more vulnerable to CSEC whereas

others are not.

Rationale for Study

Three main rationales guide this study. First, there is a large gap in the literature

regarding the influence of CEM on children who experience commercially sexually exploitive

relationships. Despite research into the consequences of CEM, little is known about its potential

effects on the emotional vulnerability of children to the influences of exploiters. Overall, studies

have indicated that emotional abuse and emotional neglect are the least studied forms of child

maltreatment (Burns, Jackson, & Harding, 2010; Wright, Crawford, & Del Castillo, 2009). CEM

has been rather neglected in the clinical and empirical research in this area, even though it has

been associated with certain maladaptive beliefs such as feeling vulnerable to harm, feeling

defective or ashamed, or feeling that personal needs must be abandoned to meet another person's

needs (Wright et al., 2009). Early intervention for childhood experiences of CEM is indicated

and might provide insights that could possibly prevent recruitment into CSEC.

Second, this study offers the researcher an opportunity to make a scholarly social work

contribution in the field of prevention. Preventive social work encompasses the enhancement of

human potential and the promotion of competencies that help people "avoid or overcome

predicted and unexpected problems of living" (Barker, 2003, p. 338). The Council on Social

Work Education's (CSWE) *Education Educational Policy and Accreditation Standards* (EPAS)

noted that part of social work's purpose is realized through "the prevention of conditions that

limit human rights" including the analysis of prevention models and the implementation of prevention interventions (CSWE, 2008). Although part of social work's educational policy is prevention, it is considered a rather limited interest within the field of social work (Marshall et al., 2011).

Overall, social work research in prevention has been slow to emerge even though the profession is oriented toward a commitment to change. Reasons for the lack of prevention literature may include the difficulty involved in conducting research from the expensive and time-consuming acts of managing meetings with practitioners, to recruiting participants and analyzing data (Fraser, 2004). It appears that the lack of affordable or accessible resources, overwhelming case loads, and severe time constraints affect practitioners' efforts to meaningfully focus on prevention initiatives. Additionally, masters-level social work practitioners are rarely offered opportunities to focus on research or evaluation techniques in their graduate school curriculum, which creates yet another barrier to the development of prevention literature (Fraser, 2004).

Third, this study provides opportunities for CSEC survivors to contribute to prevention research that includes the variable of CEM. It is expected that these participants will provide richer context to the question regarding the influence of CEM on their experiences with recruitment. Research has been conducted with adult female CSEC survivors with varying goals, such as examining their exposure to violence during sexual exploitation and utilization of personal coping skills (Dalla, Xia, & Kennedy, 2003; Raphael et al., 2010). To build on this knowledge, this study asks survivors about issues that relate to prevention of CSEC.

Definition of Terms

To increase study clarity, it is important to minimally define central terms and concepts that undergird the purpose and instrumentation of this research including: age of the participant when the exploitation occurred, survivors of CSEC, sexual exploitation, childhood psychological or emotional maltreatment, child sex tourism, exploiter, and the life.

Participants for this study will be asked to discuss their experiences retrospectively when they were *children* or *youth*. This phase of life is defined as a child, adolescent, or teenager under the age of 18 which is considered by federal law as under the age of legal responsibility. The age of 18 years, which provides a chronological demarcation between "adult" and "child," was not set arbitrarily as it was used as a benchmark when the *26th Amendment to the Constitution*, ratified and signed into law in 1972, declared that persons 18 years of age were able to vote in elections. The federal government's reason for choosing the age of 18 was to bring the voting age into congruence with the age at which persons were eligible for the draft into armed services.

Survivors of CSEC are defined as these persons who experienced childhood commercial sexual exploitation, but are no longer involved in exchanging sex for tangible or intangible items. The adults in this study will be screened via self-report prior to their participation to ascertain that they are survivors of CSEC. A *survivor* in this study refers to someone who has come through an experience, but not necessarily unscathed. This study will use reports only from female survivors since literature has documented that gender differences are a risk variable for vulnerability to CSEC. Gender also relates to the exploration of emotional abuse and CSEC, as Wekerle et al. (2009) found gender differences in the experiences of adolescents who experienced emotional abuse. In their study, emotional abuse was found as a significant

predictor of post-traumatic stress disorder (PTSD) symptomology. PTSD was indicated as a significant mediator for male perpetration of emotional abuse, and as a significant mediator of female victimization for emotional and physical abuse.

Child sexual exploitation is a form of sexual abuse and involves any sexual act that may include physical or non-physical contact. For example, sexual acts involving physical contact could include fondling, oral sodomy, or vaginal or anal penetration. Sexual acts involving non-physical contact may include pornography or exotic dancing. To exploit is "to utilize for one's own ends, treat selfishly as mere workable material" or to benefit or profit from someone at their expense (Oxford University Press, 2012). To this end, *child sexual exploitation* involves acts by a person who achieves sexual gratification, financial gain, or advancement through abusing or exploiting a child's sexuality (Cooper et al., 2007).

Qualitative outcomes for this study are based on the comprehensive definition of psychological maltreatment provided by the *American Professional Society on the Abuse of Children* (Binggeli, Hart, & Brassard, 2001). This leading national organization defines *childhood psychological maltreatment* as "a repeated pattern of caregiver behavior or extreme incident(s) that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or only of value in meeting another's needs" (Binggeli et al., 2001, p. 5). It also provides eight sub-types of maltreatment that may prove be useful in coding the narratives from participants' qualitative interviews.

Similar to this definition, quantitative outcomes are based on definitions utilized by two of the *Childhood Trauma Questionnaire* subscales that measure *childhood emotional abuse* and *childhood emotional neglect.* According to the authors of the questionnaire, the definitions originated from extant childhood trauma literature (Bernstein & Fink, 1998). The questionnaire

defines *childhood emotional abuse* as "verbal assaults on a child's sense of worth or well-being, or any humiliating, demeaning, or threatening behavior directed toward a child by an older person." It defines *childhood emotional neglect* as "the failure of caretakers to provide a child's basic psychological and emotional needs such as love, encouragement, belonging, and support."

Child sex tourism occurs when persons travel to another geographic location, usually another country, for the purposes of sexual activity with a child. *Sex trafficking* involves the force or coercion of a person into the commercial sex trade through the use of false promises, threats, manipulation, or other oppressive means. Persons who engage victims of sex trafficking often prey on vulnerabilities such as the absence of shelter or food, inability to find legitimate work, or personal histories of abuse. *Child sex trafficking* includes the force or coercion of a child into the commercial sex trade (*Polaris Project*, 2011).

Exploiters can include traffickers, law enforcement officers, family members, and child sex abusers (Cooper et al., 2007, p. 87). Exploiters are frequently referred to as *pimps*, which can be male or female, and many times use force, fraud, or coercion or other threatens of harm to manipulate victims (Cooper et al., 2007, p. 86). Pimps can also be family members, acquaintances or peers of the child. Sometimes a child exchanges sex for money, some or all of which goes to the exploiter, and sometimes the exchange is for goods (i.e., money or clothing) or intangible items (i.e., affection or feelings of belongingness).

The life is a slang term that refers to the experiences of a victim/survivor within the lifestyle of prostitution.

CHAPTER 2

LITERATURE REVIEW

This literature review describes the relevant international and domestic policy initiatives and risk factors related to CSEC. There are limited streams of research focused on CSEC and extant literature reflects a lack of recognition of childhood emotional maltreatment (CEM) as a risk factor for vulnerability to CSEC. This review includes a brief chronology of attempts to define CEM, outlines CEM's relationship to the determination of child maltreatment, and situates it within the paradigm of CSEC.

The review is organized into four main sub-headings. First, the scope of CSEC will be examined through international and domestic recognition of its occurrence. Cultural influences on the sexual exploitation of children will then be briefly reviewed. Second, a framework is provided for the construct of CEM and its potential relationship to CSEC. Third, the concept of primary prevention and CSEC is explored through a review of existing prevention programs. Fourth, explanatory theories on the etiology of CSEC are described. There is a paucity of theoretical frameworks provided in extant literature related to CSEC. After an extensive search, the life course perspective and general strain theory were found to have been applied to relevant CSEC studies. Drawing from Bandura's *Social Learning Theory*, this literature review seeks to provide a robust conceptual framework that links the influence of childhood emotional maltreatment and vulnerability to CSEC for study purposes.

Commercial Sexual Exploitation of Children

International Recognition of CSEC

Political and social awareness of CSEC have rapidly increased throughout the last several decades as evidenced by the proliferation of international and domestic policy responses. Public and political recognition of CSEC is not a reflection of its discovery or of its recent onset. Generally, there has not been a documented period of time nor a particular society free from the physical, sexual, or psychological exploitation of children (Jenks, 1996, pp. 84-113). Indeed, CSEC can be found throughout the world in various settings including rural and urban centers, developing and industrialized countries, or impoverished and wealthy societies (*ECPAT*, 2011). Literature documents CSEC within the borders of Africa, Asia, Europe, North America, South America, and Australia, and suggests less than effective attempts at its eradication (Davidson, 2005; Ennew, 1986, 1997). CSEC is not unique to any one culture, country, race, or economic setting.

Organized international recognition of the occurrence of sex trafficking of children began shortly after the Ecumenical Coalition on Third World Tourism (*ECTWT*) studied child sex tourism in the Philippines, Thailand, and Sri Lanka (Lainez, 2010). An NGO organized in 1982, ECTWT had the goal of investigating the impact of tourism on third world countries. Specifically, the organization sought to determine the impact of tourism on local economies and native cultures. Their Thailand study was created in response to the proliferation of sexual exploitation during the Vietnam War in the 1960's and 1970's. During that war, military troops were flown from war-zone locations in Vietnam, to Bangkok and Saigon along with other destinations for what the U.S. Army termed "Rest and Recreation" or "R&R" (Carter & Clift,

2000; O'Grady, 2008). The flights were encouraged by the Thailand and United States'

governments, and were frequently facilitated by Pan American airlines.

Thailand during the 1960's and 1970's was a country burdened by poverty. At that time,

most of Thailand's citizens lived in the rural countryside which afforded little opportunity to

improve or stabilize their economic status. Currency from United States' soldiers while on R&R

flooded cities such as Bangkok. Thai men, women and children began to migrate to the cities as

economic opportunities increased. Unfortunately, prostitution became one of the most widely

accessible economic opportunities for the people of Thailand (Truong, 1990, p. 185).

Based in Bangkok where agencies such as ECTWT had investigated child sex tourism,

the agency End Child Prostitution, Child Pornography and Trafficking of Children for Sexual

Purposes (ECPAT) began its efforts in 1991 focusing on child prostitution in Asian tourism.

ECPAT soon expanded its reach to affiliates in over 50 countries. The First World Congress

Against the Commercial Sexual Exploitation of Children was initiated by ECPAT and was

hosted by the Government of Sweden in collaboration with the NGO Group for the Convention

on the Rights of the Child, and the United Nations Children's Fund (UNICEF). The NGO Group

for the Convention on the Rights of the Child is a network of 79 international and national non-

governmental organizations. It was originally formed in 1983 when members of the NGO Group

were actively involved in the drafting of the Convention. UNICEF became a part of the United

Nations in 1953 and currently operates in 191 countries. One of their focus areas is protection of

children from violence, abuse and exploitation. They continue to uphold the Convention on the

Rights of the Child.

The First World Congress in 1996 was attended by representatives from 124 countries. Their first working definition of CSEC was established during the Declaration and Agenda for Action. CSEC, according to the Declaration, is:

> sexual abuse by an adult and remuneration in cash or kind to the child or a third person or persons. The child is treated as a sexual object and as a commercial object. The commercial sexual exploitation of children constitutes a form of coercion and violence against children, and amounts to forced labour and a contemporary form of slavery (Adams, Owens, & Small, 2010, p. 1).

The First World Congress focused on child prostitution, trafficking and sale of children for sexual purposes, and child pornography. It was considered the first organized, public acknowledgement of CSEC by international organizations and governments (Leth, 2005). Their primary purpose was to create awareness and promote the development of national plans to fight CSEC. Their agenda, to which the attending governments committed themselves, included developing national plans of action, identifying focal points, and establishing databases in each member country.

Following the First World Congress, new practices to aid in the prevention of CSEC were developed including international conventions, protocols, and national legislation. In 1999, the International Labour Organization (ILO) adopted Convention No. 182 which called for the elimination of the "worst forms of child labor" including exploitation of children and child pornography (Doek, 2007; Leth, 2005). In 2000, the United Nations Convention against Transnational Organized Crime adopted a protocol to prevent and punish persons who trafficked women and children (Leth, 2005). Unfortunately, no follow-up plan was created to ensure fidelity to the original agenda (Leth, 2005).

Five years later, the World Congress met again in Yokohama, Japan. The 2001 Second

World Congress focused on what had been learned, achieved, failed, and changed from the initial

meeting in 1996. There were few measureable results from the 2001 meeting of the Congress,

although noted progress had been made in the policy arena, with several countries developing or

improving their legislative efforts (Leth, 2005). In 2008, World Congress III convened in Rio de

Janeiro, Brazil with over 3,000 participants from more than 125 countries. The focus of the

meeting was on protection of children from all types of sexual exploitation including child

marriage, CSEC, child pornography, and internet exploitation. Brazil's President Lula

commented during his opening remarks about the importance of educating children about sexual

exploitation. Lula acknowledged that the incidence of CSEC and sex trafficking was increasing.

World Congress III looked closely at the issue of CSEC into sexual exploitation by the family

and the increase of child sexual exploitation through the internet. Sexual exploitation was

framed as the ultimate abuse of power. There was a call for the media to play a role in

prevention by raising awareness and looking at the ways that CSEC issues are presented.

ECPAT is now planning for 2016 World Congress which will be the 20th anniversary of the First

World Congress. In the meantime, the world organizations are guided by their 2012 – 2015

strategic plans which include building awareness, strengthening collaborative efforts, and

improving legal frameworks.

Domestic Recognition of CSEC

Historically, the United States relied on religion to determine its policy on prostitution

and sexual exploitation. Harsh legal and criminal treatment of prostitution began soon after Sir

Thomas Dale introduced Puritanism to the Americas in the late 1600's (Cooper, 2005, p. 7).

Females were faulted for physical weakness -- at the same time they were expected to be morally

strong. Punishment was gendered with imprisonment or death as possible consequences for females who engaged in prostitution. Males who purchased sex from women were not dealt with as harshly. Generally, women during this time period were not allowed access to social aid, and work options were extremely limited. The public image of cities such as Boston, and the economy of these cities were thought to suffer from the behavior of women and girls who sold sex (Cooper, 2005, p. 7). Protection of children from sexual exploitation was generally not a consideration.

The Progressive Era, from the 1890's to the 1920's, saw increased criminalization of juvenile girls for real or suspected sexual behavior (Abrams & Curran, 2000). This movement was led by college educated women who viewed sexual encounters outside of marriage conducted by young females as acts of delinquency, possibly caused by society and weak family environments. Their focus on the sexual delinquency of misguided and out of control women ignored the role that males might have in victimizing females (Odem, 1995, p. 96). As well, their outspoken views played into public fears of the rise of female sexual promiscuity, which gave impetus to the eugenics movement.

Eugenicists were concerned that sexually promiscuous young women were diluting the gene pool of the nation. Their beliefs played a fundamental role in shaping public policy by promoting the idea that prostitution, lower socio-economic status, and/or criminal behavior was hereditary (Kennedy, 2008; Odem, 1995, p. 97). Eugenicists encouraged the wellborn to have children, and discouraged the unfit from reproducing (Kennedy, 2008). The wellborn were identified as White, Anglo-Saxon, and middle- to upper-class economic status. The unfit were poor and non-Anglo-Saxon, and were sometimes identified as *feebleminded* with mental deficiencies, moral deficiencies, or social inadequacies (Kennedy, 2008).

Feebleminded classifications were also gendered, linking males to criminal activity or social inadequacies at the same time that feebleminded females were defined in moral and sexual terms (Kennedy, 2008; Schlossman & Wallach, 1978). The female classification was reflected in the numbers who appeared in juvenile courts charged with moral offenses or suspected sexual behavior (Abrams & Curran, 2000). Moral offenses included prostitution, sexual acting out, or staying out past curfew (Abrams & Curran, 2000). Sentences for females were typically far harsher than for males who had been charged with more serious crimes (Kennedy, 2008). Females were required to tell the court in explicit detail about their sexual encounters, while males were rarely charged with moral offenses (Abrams & Curran, 2000; Schlossman & Wallach, 1978). Females were also subjected to virginity tests through gynecological exams to prove or disprove their sexual status (Odem, 1995; Schlossman & Wallach, 1978). The veracity of virginity tests remains a common myth to this day. There is not, and never has been, a legitimate test to prove without a doubt whether or not a female has had a sexual encounter.

During the Progressive Era, the social hygienic reform movement gained momentum within the medical community by expressing concerns about the spread of sexually transmitted diseases, particularly syphilis (Burnham, 1973; Kennedy, 2008). Members of the reform movement lobbied against prostitution and illicit sex, identifying "immoral women as the primary source of infection" (Odem, 1995, p. 97). The social hygiene movement, led by New York physician Prince A. Morrow, was a campaign to change how American's viewed sex acts (Burnham, 1973). Dr. Morrow was frustrated that physicians were not doing more to educate the population about the dangers of venereal disease. He formed the American Society of Sanitary and Moral Prophylaxis, and ultimately led a campaign that linked venereal disease with prostitution (Burnham, 1973).

The movement appealed to social service caseworkers who advanced the fight against

venereal disease by expanding their focus on the mental health treatment of delinquency

(Abrams & Curran, 2000). Richmond (1917) wrote in her introduction to *Social Diagnosis* that

social casework should make new use of scientific approaches such as certain treatment methods

developed by the mental hygiene movement, including diagnostic methods and care of the

feebleminded. She wrote that eugenic studies were far reaching, but that the gathering of certain

facts concerning the extended family was an important part of social diagnosis because it had a

direct bearing on treatment (Richmond, 1917, p. 186). While maintaining that social workers

could not diagnosis, Richmond (1917) put forth the importance of documenting family histories

to assist physicians with diagnosing and recommended assessments documenting hereditary

mental, moral, or physical defects by family members (p. 437). Additionally, Richmond (1917)

advocated for the investigation of moral neglect or moral contagion (p. 410).

Meanwhile, various media vehicles during the Progressive Era such as books, films, and

articles documented female victimization with warnings that white slavery was rampant in the

cities of the United States. The media stories helped define the theme of white slavery by

depicting 'innocent, Caucasian girls' leaving their idyllic country homes for the city, and falling

prey to villains who tricked the girls into a life of prostitution (Odem, 1995, p. 97). Purportedly,

girls and women were naturally virtuous and innocent, and would only turn to prostitution if they

had been seduced, raped, or drugged (Beckman, 1983-1984).

States began passing laws against prostitution, which led to the passing of the *White*

Slave Traffic Act by the United States Legislature on June 25, 1910 (Beckman, 1983-1984).

Word choice for the title of the act came from Progressive Era reformers to promote "the vision

of women held in bondage gains their will, of mysterious drugging and abductions of helpless

young girls, and of unexplained disappearances of innocent and naïve immigrants forced into lives of prostitution and vice" (Beckman, 1983-1984). Estes and Weiner (2001) defined the term "white slavery" as referring to Caucasian girls and women sold into prostitution against their will and stated that the term now refers to all women, including "people of color and other minorities."

The *White Slave Traffic Act*, later known as the *Mann Act*, was named for its author, Congressman James Robert Mann. It was one of the first pieces of federal law to penalize interstate crime (Beckman, 1983-1984). The *Mann Act of 1910* made it a felony to "transport women or girls in interstate or foreign commerce for the purpose of prostitution, debauchery, or any other immoral purpose" (Beckman, 1983-1984; Conant, 1999). It was designed to prevent the transportation of girls and woman from the country to urban settings across state lines, and to prevent the recruitment of immigrants upon their arrival to the United States (Beckman, 1983-1984). The Act was not designed to eradicate prostitution on a local level. It was intended to target persons who recruited and sold persons for sex and to prevent the nationwide operation of prostitution rings (Beckman, 1983-1984).

In 1986, an amendment deleted the words "debauchery" and "immoral purpose" from the *Mann Act* and substituted "any sexual activity for which any person can be charged with a criminal offense" (Conant, 1999). The 1986 revision also replaced the words "women or girls" with the words "individuals." The intent of the change was not an admission that all genders should be protected under the law but rather a response to the argument that "all federal statutes should be gender-neutral" (Conant, 1999). The *Mann Act* was the only piece of federal legislation that focused on prostitution and trafficking of girls and women until the 1996 First World Congress Against the Commercial Sexual Exploitation of Children.

Just prior to the establishment of the 1996 First World Congress, the National Center for Missing & Exploited Children (NCMEC) was established during the 1984 Reagan administration. A series of high-profile child abductions and murders in recent previous years sparked the movement to create an agency that would assist law enforcement with their investigations. NCMEC continues its operations today as a non-profit agency, and works to address the problems related to missing and sexually exploited children. In 1995, NCMEC joined with federal agencies in the creation of a task force that focused on coordination of services for missing children including children involved in the sex trade. The task force was instrumental in the passage of the first domestic legislation designed to assist victims of trafficking.

In 2000, the United States legislature under the leadership of President William J. Clinton passed the *Trafficking Victims Protection Act (TVPA),* which is considered to be a seminal piece of national legislation to fight CSEC (Adams et al., 2010; Barnitz, 2001). The Act included provisions for labor trafficking and involuntary servitude, and defined sex trafficking as the "recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act" (U. S. Department of State, 2000). The *TVPA* provided a three-pronged approach to address human trafficking. It provided for potential funding mechanisms for prevention through public awareness programs, protection for foreign national victims, and prosecution through new federal crime statutes. It also increased the maximum prison term to life in prison for those found guilty of sex trafficking of children younger than 14; made victims of trafficking eligible for the Federal Witness Protection Program; and created a new visa status for victims who cooperated with law enforcement (Barnitz, 2001).

The *TVPA* was re-authorized by the George W. Bush presidential administration as the Trafficking Victims Protection Re-authorization Act of 2003 (TVPRA). The administration authorized over $200 million to assist the reported 15,000 to 20,000 international victims of human trafficking who came into the United States every year. Neither the original legislation, nor the 2003 re-authorization provided resources for domestic victims of exploitation and trafficking. The Act was subsequently re-authorized in 2005 and 2008. Each re-authorization strengthened provisions for international victims. The re-authorization in 2008 appropriated funding to provide services to U.S. citizen survivors of human trafficking through 2011. S.B. 1301 was designed to reauthorize funding for 2012 – 2015. It was sponsored by Senators Patrick Leahy (D-VT), Brown (R-MA), Kerry (D-MA), Boxer (D-CA), Cardin (D-MD), and Wyden (D-OR). President Barack Obama signed the reauthorization of the TVPA on March 13, 2013.

In the years since its inception, the *TVPA* created the Office to Monitor and Combat Trafficking, which provided reports to the State Department ranking international countries' efforts to combat trafficking. Information was gathered from several sources including U.S. embassies, government officials, NGO's and international organizations, published reports, research trips to every region, and information submitted to a special email address. Analyses of the collected information are based on each government's efforts to reach compliance with the *TVPA*'s minimum standards for elimination of human trafficking. The Office of the President is able to impose sanctions on countries in the report that are not in minimum compliance for the elimination of trafficking. For example, as a consequence for a poor ranking on the report, the United States could withhold non-humanitarian, non-trade-related foreign assistance. The report was called the *Trafficking in Persons* report, or "TIP" Report, and it provided information to

raise global awareness of human trafficking. Ratings are not permanent and are re-assessed

every year (U. S. Department of State, 2010).

Information from the TIP report generated the following defined tiers:

Tier 1: Countries whose governments fully comply with the (*TVPA*) minimum
standards

Tier 2: Countries whose governments do not fully comply with the *TVPA*'s
minimum standards but are making significant efforts to bring themselves into
compliance with those standards

Tier 2 Watch List: Countries whose governments do not fully comply with the
TVPA's minimum standards but are making significant efforts to bring
themselves into compliance with those standards

AND:

a) The absolute number of victims of severe forms of trafficking is very significant or
is significantly increasing; or
b) There is a failure to provide evidence of increasing efforts to combat severe forms
of trafficking in persons from the previous year; or
c) The determination that a country is making significant efforts to bring themselves
into compliance with minimum standards was based on commitments by the
country to take additional future steps over the next year.

Tier 3: Countries whose governments do not fully comply with the minimum
standards and are not making significant efforts to do so (U. S. Department of
State, 2010)

Examples of rankings from the 2013 report included Tier 1 ranked countries such as

Armenia, Austria, Columbia, Canada, Germany, Australia, Belgium, and the Netherlands; Tier 2

ranked countries such as Ecuador, Ethiopia, Ghana, Greece, Guinea, Guatemala, and Nepal; Tier

2 Watch List ranked countries such as Liberia, Lebanon, Kenya, and Afghanistan; and Tier 3

ranked countries such as Libya, Papua New Guinea, Saudi Arabia, Sudan, North Korea, and Iran.

The United States did not initially participate in its own ranking system. On June 14,

2010, Secretary of State Hillary Clinton presented the TIP Report to Congress and stated that,

"the United States takes its first-ever ranking not as a reprieve, but as a responsibility to

strengthen global efforts against modern slavery, including those within America. This human rights abuse is universal, and no one should claim immunity from its reach or from the responsibility to confront it." (U. S. Department of State, 2010). Thus, United States became part of the TIP report and gave itself a Tier 1 ranking. As of 2013, the United States has maintained its Tier 1 ranking.

Recent proposed CSEC legislation was introduced in H.R. 2730, *Strengthening the Child Welfare Response to Human Trafficking Act of 2011*. Sponsored by United States Representative Karen Bass (D-CA), this legislation sought to amend Title IV-E of the *Social Security Act* by directing the Secretary of Health and Human Services to develop guidelines for state child welfare agencies in training employees to identify, document, and counsel children who are at risk of becoming victims of human trafficking, or who are already victims of human trafficking. Should the legislation pass as written, the Secretary of Health and Human Services would publish guidelines for state child welfare agencies which would include a list of recommended experts in the field. These trainings would include guidelines for engaging parents of potential or current victims as appropriate. On April 25, 2013, this bill was reintroduced as H.R. 1732, and it was assigned to a Congressional committee for review.

The *Prosecutorial Remedies and Other Tools to End the Exploitation of Children Today* (*PROTECT*) was passed by Congress in 2003 (Adams et al., 2010). This Act strengthened existing legislation and expanded territorial jurisdiction so that Americans, or sex tourists, travelling abroad to commit CSEC can be prosecuted (Fraley, 2005). *PROTECT* also provided for the creation of *Suzanne's Law*, which requires federal, state, and local law enforcement agencies to enter information about missing children younger than 21 years old into the Federal Bureau of Investigations' National Crime Information Center database. Prior to this, law

enforcement officials were mandated by the *Crime Control Act of 1990* and as such were only required to enter missing children into the database if the children were younger than 18. *Suzanne's Law* was created after college student Suzanne Lyall went missing after leaving her job at a local shopping mall. Law enforcement did not start immediately start an investigation after she was reported missing, instead waiting for two days as was their typical protocol. To date, there is no information about the whereabouts of Suzanne Lyall.

 PROTECT included provisions for the national coordination of state and local AMBER Alert programs, and for a national AMBER Alert coordinator. AMBER is the acronym for *America's Missing: Broadcast Emergency Response*. The program is voluntary and it represents the collaboration of law enforcement, broadcasters, transportation agencies and the wireless industry when a child is missing. The AMBER Alert program is part of the U.S. Department of Justice. *PROTECT* also created the Code ADAM program which requires authorities in public buildings to establish protocols for locating a child who is missing in the building. Although *PROTECT* includes consequences for sex tourism, most of its funding is provided for other programs that assist a population not necessarily victimized by commercial sexual exploitation.

 In 2010, there was bi-partisan federal legislation that sought to provide funding for CSEC resources. S.B. 2925 "*Trafficking Deterrence and Victims Support Act of 2009*" was introduced in 2009 by Senator Ron Wyden (D-OR). H.R. 5575 "*Domestic Minor Sex Trafficking Deterrence and Victims Support Act of 2010*" was introduced in June, 2010 by Congresswoman Carolyn Maloney (D-NY). The bills were similar and experts in the field advocated for the Senate version to mirror the House version. H.R. 5575 died in committee. Had it passed, it would have provided up to six block grants throughout the United States with a mandate that

50% of the funding be used for direct services, and 50% be used for law enforcement and prosecution efforts. The bill did not provide funding for prevention.

In 2011, the Department of Justice took the lead in developing and implementing programs to combat CSEC. Within the Department of Justice, the Federal Bureau of Investigation began the Innocent Images initiative designed to fight technology related crimes. In 2003, their Crimes against Children Unit started the *Innocence Lost* initiative, which to date has prosecuted 1,110 persons for the exploitation of children, and has located over 900 missing children.

Recent federal support for future CSEC research may be found in a 2012 directive from the Obama administration that increased resources for victims of human trafficking. The directive included initiatives to expand services and legal assistance to victims. As an example, a public-private partnership was formed with Humanity United and supported by the Goldman Sachs *10,000 Women* Foundation to provide $6 million in funding for the development of collaborative solutions to help trafficking victims. Additionally, the 2013 Federal budget included a proposal that if appropriated, would provide a $5 million competitive grant program designed to equip child welfare agencies to address and prevent sex trafficking in foster care, homeless and runaway youth populations.

Childhood Emotional Maltreatment

Blurred Terminology

An abundance of empirical research exists regarding the origins and outcomes of emotional or psychological abuse endured during childhood. A common theme throughout the literature concerns the blurring and difficulty in defining *childhood emotional abuse* and *childhood psychological abuse*. Furthermore, *childhood emotional abuse* and *childhood*

psychological abuse are used interchangeably with the terms *childhood emotional neglect* and *childhood psychological neglect*. One piece of literature suggests that the use of *childhood psychological maltreatment* is preferable to *childhood emotional maltreatment* because "it denotes a category sufficiently broad to include all of the important cognitive and affective dimensions of maltreatment" (Hart, Brassard, & Karlson, 1996). This is one of the few examples of literature that makes a distinction between the terms. The article does little to expound upon its conclusion that the construct of *childhood emotional maltreatment* does not effectively convey the same dimensions.

A position statement issued by Prevent Child Abuse America (2010) utilizes the term *child emotional abuse*. The widely referenced *Adverse Childhood Experiences (ACE) Study* (*N*=17,337) conducted between 1995 and 1997 by researchers with the Centers for Disease Control and Prevention, uses the construct of *childhood emotional abuse* as part of the survey (Felitti et al., 1998). Their data collection instrument defined the occurrence of *childhood emotional abuse* as times when "a parent or other adult in the household swore at you, insulted you, or put you down and sometimes, often or very often acted in a way that made you think that you might be physically hurt" (*CDC*, n.d.).   However, in an article describing the study's methods including the questionnaire design, the authors claim they utilized questions from other published studies including studies that defined *psychological abuse during childhood* (Felitti et al., 1998).

There are numerous studies that attempt to operationalize the constructs with little consensus as to which construct is more applicable or accurate. Given the lack of definitional consensus, this study uses the term *childhood emotional maltreatment* (CEM) as utilized by Bernstein and Fink (1998) in their *Childhood Trauma Questionnaire*. This instrument measures

acts of commission such as emotional abuse which includes verbal assaults, humiliating, or threatening behavior. The instrument also includes acts of omission such as the failure of caregivers to provide love, encouragement, a sense of belong, and support.

CEM is supported by a model of human motivation as conceptualized by A. H. Maslow who postulated that people have a need for self-respect, self-esteem, and for the esteem of others (Maslow, 1943). Self-esteem is based on capacity, achievement, and respect from others. It encompasses a desire for adequacy and confidence (Maslow, 1943). Achieving self-esteem leads to feelings of being useful and necessary, whereas a lack of self-esteem produces feelings of inferiority and helplessness (Maslow, 1943).

Childhood Emotional Maltreatment (CEM) and its Relationship to CSEC

Literature describes CEM and its significant impact on developmental psychopathology. It presents outcomes from CEM that can increase instances of teen dating violence, sexual aggression or victimization, and psychological or somatic symptoms in women (Egeland, 2009; Shaffer, Yates, & Egeland, 2009; Wekerle et al., 2009; Zurbriggen, Gobin, & Freyd, 2010).

Likewise, multiple studies of CSEC noted various risk factors associated with entry into sexually exploitive relationships. Research identified certain commonalities among victims of CSEC including: child maltreatment (Barnitz, 2001; Clawson et al., 2009; Estes & Weiner, 2001; Kalergis, 2009; Lalor & McElvaney, 2010; Reid, 2011); domestic violence in the home (Estes & Weiner, 2001; Williams & Frederick, 2009); poverty, unemployment or lack of economic opportunities, and untreated or uncontrolled mental health problems (Clawson et al., 2009; Estes & Weiner, 2001); homelessness, lack of family support or exiting foster care (Barnitz, 2001; Clawson et al., 2009; Estes & Weiner, 2001; Fong & Cardoso, 2010); living in vulnerable or high crime areas (Clawson et al., 2009; Cooper et al., 2007; Estes & Weiner,

2001); young age and societal attitudes toward children and youth (Barnitz, 2001; Clawson et al., 2009; Estes & Weiner, 2001); and gender inequality (Barnitz, 2001; Clawson et al., 2009).

A history of childhood sexual abuse is one of the more predominant risk factors mentioned in literature related to risk factors and CSEC (Silbert & Pines, 1983). A study of current and former prostitutes (N=200) in the San Francisco Bay Area revealed that 60% had prior histories of sexual victimization (Silbert & Pines, 1983). Participants had been victimized between the ages of 3 and 16, by an average of 2 males (Silbert & Pines, 1983). Experiencing child sexual abuse can lead to low self-esteem, anxiety, and depression (Lalor & McElvaney, 2010; Spertus, Yehuda, Wong, Halligan, & Seremetis, 2003).

Briere and Elliott (2003) found that the psychological sequelae of childhood abuse including childhood sexual abuse can present as low self-esteem, anxiety, depression, anger and aggression, posttraumatic stress, dissociation, substance abuse, as well as various forms of self-injurious and self-destructive behaviors. Research on the adverse effects of CEM is similar to the outcomes of child sexual abuse. Like childhood sexual abuse, CEM is related to low self-esteem, self-criticism, depression, and sexual maladjustment among other ill effects (Hart et al., 2011). The experiences of child sexual abuse are so closely related to the experiences of CEM that they can be difficult to tease apart.

CEM is a recent addition to the risk factors related to CSEC. For example, a study of adult female survivors of sexual exploitation, ages 18 to 53 ($N = 71$), explored the differences between females who were commercial sexually exploited before the age of 18 (CSEC), and females who entered prostitution after the age of 18 (Roe-Sepowitz, 2012). The researchers found that childhood emotional abuse was significantly associated with CSEC (Roe-Sepowitz, 2012). This study also found that childhood emotional abuse predicted an earlier age of entry

into CSEC by 4.5 years, after controlling for the variance accounted for by race, and childhood physical and sexual abuse (Roe-Sepowitz, 2012).

The *American Professional Society on The Abuse of Children* (APSAC) published guidelines for psychosocial evaluation of suspected psychological maltreatment of children (Binggeli et al., 2001). These guidelines were based on prior research by Garbarino et al. (1986) who defined five subtypes of psychological maltreatment: rejecting, terrorizing, ignoring, isolating, and corrupting. Garbarino et al. (1986) found that caregivers who engaged in one of the five subtypes of psychological maltreatment may perceive the children as different or as the one who elicits the maltreatment (p. 85). Additionally, children who experienced this type of maltreatment might perceive these caregivers to be unjust, or worse --they might believe that they deserve the abuse (Garbarino et al., 1986, p. 85).

APSAC expanded Garbarino et al.'s (1986) guidelines to include six subtypes of CEM: spurning, terrorizing, isolating, exploiting/corrupting, denying emotional responsiveness, and mental health, medical, and educational neglect. Experiences of sexual abuse are intertwined within these subtypes CEM. For example, *spurning* is verbal or nonverbal acts that reject or shame a child (Binggeli et al., 2001, p. 6). During the grooming process a perpetrator of sexual abuse might try to emotionally bind a child to him or her. Through this process, a perpetrator alternates between cycles of kindness and rejection, or spurning, thus causing the child to comply with sexual requests to avoid negative interactions. Children can be *terrorized* into participating in sexual acts or threatened to keep a sexual act a secret. Further, children might be *exploited or corrupted* into committing sexual acts including prostitution or pornography.

Females can experience emotional abuse when they are recruited into sexually exploitive relationships or while they are in the midst of sexually exploitive relationships. Raphael et al.

(2010) conducted a study with 100 women who were sold for sex. Of the sample, the majority of the participants ($n = 71$) had been recruited into prostitution. Within this subsample, 67.6% indicated they were experiencing threats of harm by their pimp and 84.5% indicated they were experiencing verbal abuse at the time of the interview. These women also indicated that they experienced threats of harm (39.4%) and verbal abuse (54.9%) at the time of their recruitment (Raphael et al., 2010).

Primary Prevention Programs and CSEC

One of the purposes of this study is to contribute to knowledge of the primary prevention of CSEC. *Primary prevention* is defined as "coordinated actions seeking to prevent predictable problems, to protect existing states of health and healthy functioning, and to promote desired potentialities in individuals and groups in their physical and sociocultural settings over time" (Bloom, 1996, p. 2). Primary prevention is multi-dimensional and includes practices such as: (a) increasing individual strengths (i.e., the ability to self-advocate); (b) increasing social supports; (c) increasing physical environment resources; (d) decreasing individual limitations; (e) decreasing social stresses; and (f) decreasing physical environmental pressures (Bloom, 1996, p. 22). The rationales for conducting this study incorporate these tenets of primary prevention, especially in seeking to prevent predictable problems and to promote desired potentialities of at-risk children and youth.

A lack of widely available established CSEC agencies and developed prevention programs make it difficult for child protection agencies, schools, or other youth-oriented organizations to access and implement CSEC prevention efforts. The majority of existing primary prevention programs are informed and facilitated by CSEC survivors. Even though outreach coordinators and training facilitators from the programs make concerted efforts to travel

outside of their predominantly metropolitan agency homes, it is impossible to reach much of the at-risk youth population.

Many of the agencies train their graduates to work as peer counselors and outreach coordinators for agency-specific prevention programs. Girls Educational and Mentoring Services (GEMS) in New York City, founded in 1999, promotes survivor-led outreach and prevention programs. The agency GEMS was created by CSEC-survivor, Rachel Lloyd. The agency provides prevention programs through peer led outreach workshops throughout New York City and specializes in working with residential and detention facilities. Their programs facilitate open discussion about CSEC, domestic violence, sexual abuse, and other factors that contribute to CSEC.

Much of the program's intervention process is based on the Transtheoretical Model of Change which provides for a theoretical model of behavior change. As theorized by Prochaska and DiClemente (1983), the model was initially applied to behavior change in the field of public health, for intervention programs related to smoking cessation. The model involves a series of five stages of change including: (a) precontemplation, (b) contemplation, (c) action, (d) maintenance, and (e) relapse. The precontemplation stage is defined as a time when people are not planning to take action toward a behavioral change in the foreseeable future. Persons in this stage "tend to be defensive and avoid changing their thinking and behavior" (Prochaska & DiClemente, 1983). The GEMS program applies this framework and stages of change to victims of CSEC. For example, participants in the program might be considered in the precontemplation stage to CSEC indicated by denial of involvement in sexual exploitation, defensiveness, or rejection of offers of help or assistance (*WCSAP*, Summer 2011).

Although there is a need for people who are not survivors of CSEC to promote prevention, Ms. Lloyd and her organization are strongly rooted in survivor-led programs. During presentations and trainings Ms. Lloyd promotes the need for a personal connection to the issue -- which can only be provided by survivors. While there is certainly merit to this argument, the small number of trained facilitators compared with the magnitude of the at-risk population makes it rather impossible to reach those who are in need. Service providers in this field contend that we must have programs addressing the risks within this population, which can also be presented by non-survivors. Further, CSEC prevention programs must be broadly disseminated in order to achieve their goal of stopping the supply of vulnerable children and teens, and a primary way to accomplish this goal is to educate and train non-survivors to effectively deliver timely and meaningful prevention programs.

Some CSEC prevention programs are based on public health models informed by experiences of survivors, with assumptions of 'what will work' with future generations of adolescents and teens. The effectiveness of these programs is untested since funding is not readily available for program evaluation. My Life, My Choice (MLMC) is a CSEC program based in Boston, Massachusetts that created a primary prevention curriculum by combining survivor experiences and information from evidence-based prevention practices. MLMC is headed by program director Lisa Goldblatt Grace. Her agency, the Home for Little Wanderers, is considered one of the oldest child welfare agencies in the country (Kalergis, 2009). The Home traces its history back to 1799 when the Boston Female Asylum established an orphanage with one of contributing founders, Abigail Adams.

Ms. Grace has an academic background in social work and public health. She worked with a CSEC survivor from her agency to write a prevention program curriculum after receiving

funds from Boston child protection services (Kalergis, 2009). Ms. Grace synthesized survivor experiences with literature reviews of prevailing protection research in the areas of HIV, teen pregnancy and violence. She then examined existing theoretical frameworks from a social work and public health perspective, and applied a gender-based lens (Kalergis, 2009). MLMC incorporates techniques to influence attitude, knowledge and skills to facilitate significant behavioral changes in at-risk youth populations (Kalergis, 2009). MLMC keeps survivors as part of the prevention training staff to ensure the program authentic in its approach, and because part of the philosophy of the agency is that changing attitudes of at-risk youth requires presenting raw details of experiences of exploited lives (Kalergis, 2009).

A major goal of this 10-week program is to prevent entry into exploitation by eliciting a strong emotional response from the audiences about topics such as the lack of punishment for exploiters, and the long-term health and emotional consequences for the exploited. The 45-minute sessions include information about sexual health, recruitment tactics of pimps, and resources for a path out of the life of exploitation. MLMC also provides community awareness training and teaches best responses for law enforcement and child protective service workers when faced with exploited children and/or teens. MLMC has been referred to as a national model for sexual exploitation preventative education and has been used to help create prevention programs in other agencies.

Explanatory Theories and CSEC

Few researchers in this field have applied theoretical frameworks or perspectives to their findings to explain or predict children's vulnerability to sexually exploitive relationships. As previously noted, outcomes presented in extant literature are largely atheoretical. Much of the literature offers suggested risk and protective factors that might influence vulnerability rather

than organizing the variables through the lens of a theoretical perspective. Even though limited in number, there are a few studies that have organized their findings within the paradigm of a conceptual theoretical framework. These studies utilized concepts typically found in the field of criminology such as General Strain Theory or the Life Course Perspective.

General Strain Theory

General Strain Theory (GST) was introduced by Robert Agnew in 1992 as a means to understand why individuals might engage in crime. His theory furthered the work of prior strain theorist Robert Merton who posited that the quest for material wealth and financial success were cultural goals, and that the means that people used to obtain these goals could violate societal norms (Vito & Maahs, 2012, p. 152). Merton argued that persons paid less attention to *how* wealth was obtained, than to whether or not wealth was actually obtained (Vito & Maahs, 2012, p. 152). Agnew (2006) built on Merton's seminal work by concluding that not all individuals responded to stressors by resorting to crime but that some are "pressured into crime by the strains they experience" (p. 3). For instance, individuals might engage in criminal behavior when they lack the skills to respond to negative treatment by others, lose something valuable, or are unable to reach their goals (Agnew, 2006, p. 4). GST identified three major types of strain including loss of something valuable, negative or aversive treatment by someone, and inability to achieve goals (Adams et al., 2010, p. 193).

GST has gained significant empirical support in the past decade. Several recent studies have applied GST to explain behaviors such as substance abuse (Sharp, Peck, & Hartsfield, 2012; Slocum, 2010), juvenile delinquency (Froggio, 2007; Hay & Evans, 2006; Jennings, Piquero, Gover, & Perez, 2009; Lin, Cochran, & Mieczkowski, 2011; Rebellon, Manasse, Van Gundy, & Cohn, 2012); school bullying (Moon, Hwang, & McCluskey, 2011); recidivism

among sex offenders (Ackerman & Sacks, 2012); white-collar crime (Langton & Piquero, 2006); work place violence (Hinduja, 2007); and domestic violence (Gibson, Swatt, & Jolicoeur, 2001). These studies show how deviant behaviors caused by various types of strain are used as coping mechanisms to deal with negative emotions.

Reid (2011) applied the framework of GST to her study which hypothesized that vulnerability to CSEC was caused by the consequences of the lack of adult or caregiver support. Reid's (2011) model was tested utilizing secondary data. Initially, a sample of female victims of sexual assault (*N=1*,401) between the years of 1973 – 1975 were identified from a local municipal hospital. From this a sub-sample (*n*=790) was created as part of a National Institute of Mental Health study on the consequences of sexual assault. The study produced three waves of data and included comparison groups from the same time period. The third wave took place in 1996 – 1997 and included interviews of *n*=174 females (Siegel & Williams, 2001). From this third wave sample, Reid reviewed interview and survey data and found that 12% of the females indicated involvement in prostitution as a minor.

Reid's (2011) application of GST to adolescents and teens caught up in commercially exploitive relationships demonstrated how caregiver strain led to juvenile delinquency which led to vulnerability to CSEC. This study identified risk-inflating behaviors such as running away -- which are considered identifiers of low constraint in GST. Low constraint, as defined by Agnew (2006, p. 20), is risk taking behavior and subsequent rejection of social norms or rules. Agnew cited parental rejection and harsh parental discipline as strains that influence low constraint behaviors. These behaviors were implied in Reid's study, and could be also be found within the paradigm of CEM. Additionally, Agnew (2001) found that persons with low constraint may "often select themselves into environments where they are treated badly" (p. 21).

The application of GST to CSEC has implications for prevention where various social and environmental risk factors are noted; however a potential drawback to utilizing this theory as an explanatory framework for childhood vulnerability to CSEC can be found in its unidirectional approach. The purpose of Reid's study was to explore a theoretical framework to help understand what might increase vulnerability to victimization. As such, the approach ignores reciprocal relationships between youths, exploiters, and their environments, while focusing on the behaviors of youths which are externally regulated and motivated by their caregivers.

Reid (2011) found that the suitability of GST for explaining vulnerability to CSEC was largely substantiated with caregiver strain accounting for 34% of the variance. These findings were consistent with previous studies which found an association with caregiver strain and child maltreatment. Although rather narrow in its approach, Reid (2011) provided a plausible theoretical pathway for vulnerability to recruitment. Perhaps a broader theoretical perspective examining the reciprocal interactions between vulnerable youths and their social environments, could also have application to this population.

The Life Course Perspective

The Life Course Perspective (LCP) is a theoretical model that has gained popularity over the last 45 years (Hutchinson, 2011, p. 10). Generally, the LCP recognizes the interplay between biological, psychological, social, cultural, and spiritual forces that shape a person's life trajectory. It evaluates patterns of human behavior without assuming a deterministic element to life events. The perspective examines patterns and sequences that develop over a lifetime. It incorporates several concepts involving the analyses of cohorts, transitions, trajectories, life events, and turning points. The concept of cohorts is defined as a group of participants who were born during the same time period and who experienced particular social changes in

approximately the same sequence and at the same age (Hutchinson, 2011, p. 11).   The LCP has been applied to research domains including juvenile delinquency (Audas & Willms, 2001) and substance use (Teruya & Hser, 2010; Van Gundy & Rebellon, 2010).

The outcomes of these studies are dependent on the variables uncovered from utilizing a LCP. For example, Audas and Willms (2001) sought to expose the processes that lead to youth dropping out of school. Their intent was to inform policy and improve interventions. Teruya and Hser (2010) indicated that the LCP is underutilized in substance use research. Their study highlighted the need to investigate turning points in substance use such as the timing and sequencing of factors that lead to relapse or abstinence. Van Gundy and Rebellon (2010) studied whether marijuana was a "gateway" drug for juveniles to use more dangerous substances. They confirmed that while marijuana use can be a gateway drug to other illicit substances, its effect is mediated by age related experiences such as teen stress.

In the field of CSEC, Williams and Frederick (2009) utilized a LCP while researching runaway or homeless adolescents who had experienced sexual violence. These researchers chose this perspective to as a framework to assist in the development of community approaches to policy and practice responses. A secondary purpose of their research was to discover what might have led the participants to leave their homes (i.e., running away), thereby generating yet another potential pathway into vulnerability to sexual exploitation.

Their cross-sectional study was funded by the Office of Justice and Delinquency Prevention and included interviews of teenagers (N=61). Interview data was collected between July, 2007 and October, 2008 from youth residing in Boston, Massachusetts and Washington, D.C. (Williams & Frederick, 2009).   Youth were recruited from drop-in centers, youth shelters and other services agencies. The majority of the participants were female ($n = 42$). The

remainder were male ($n = 17$) and transgender ($n = 2$). Close to half of the primarily African-American, female participants ($n = 28$) indicated direct involvement with commercial sexual exploitation (Williams & Frederick, 2009).

From this sample came narratives depicting multiple experiences within the foster care system (Williams, 2010). Participants described a general lack of trust with persons in helping positions such as child welfare workers. This lack of trust was exacerbated by experiences such as witnessing violence, neglect, abuse, and sexual violence. The experiences ultimately caused at-risk youth to avoid assistance or support. The study provided recommendations for prevention of CSEC including the creation of programs that are more intentional in reinforcing the connection to key adults. Furthermore, Williams (2010) indicated that prevention programs should identify peer or community leaders who can be involved in helping others avoid CSEC.

Hutchinson (2011) noted a strength of the LCP as a framework such as its capacity to account for cultural diversity and the effects of power and privilege. A second strength of this perspective is its capacity to explain the effects of biopsychosocial and spiritual elements during a person's life. Additionally, the LCP is valued for its application to prevention research, especially with its focus on early risk factors.

Limitations to the LCP have also been noted. Although it was originally meant to link aspects of the micro world (e.g. individual and family) of participants with their macro world (e.g. social institutions and formal organizations), some studies have not accomplished this goal (Hutchinson, 2011, p. 36). Williams and Frederick (2009) revealed linkages between the micro and macro worlds of their participants as they studied relationships between youth and multiple social institutions and agencies. They noted that a lack of training in child protection services and law enforcement led to negative treatment of the youth and multiple foster care placements.

Specifically, professionals at agencies designed to help children were treating the youth as perpetrators of crimes rather than victims of exploitation. Additionally, the study noted a gap in services once the youth became too old for the child welfare system but were too young to access resources so they could survive on their own. This study provided a platform for continued research into LCP and prevention.

Social Learning Theory (SLT)

The final theory presented herein of SLT, holds potential to assist in framing this study's variables and ensuing methods. Early learning theorists worked along a path to develop a model of human behavior that would encompass both psychodynamic theory and behaviorism (Grusec, 1992). They attempted to marry Freud's insights into human nature with the scientific rigor of behaviorism (Grusec, 1992). Bandura built upon developments in the field of SLT and suggested that social experiences affected the cognitive processing of both children and adults, and that such processing later affected their behavior and development (Grusec, 1992). He sought to show how people learned through modeling, that intrinsic motivation such as a sense of accomplishment was important to learning, and that learning does not always change behavior. To distinguish the cognitive processing aspect from others in the social learning arena, Bandura often referred to his theory as *social cognitive theory* (Grusec, 1992). The assumptions of SLT represent an unexplored line of inquiry in the area of CSEC. They are applied in this study as a potential explanation for increased vulnerability to CSEC through experiencing CEM. Specifically, this study seeks to utilize the constructs of observational learning, self-efficacy, and reciprocal determinism within the framework of SLT as conceptualized and defined by Bandura (Bandura, 1977b).

Through the development of SLT, Bandura expanded upon the concept of psychological modeling or observational learning which posited that human behavior is transmitted through exposure to social models (Bandura, 1971, p. 1). Observational learning involves four interrelated sub-systems: attentional processes; retention processes; motoric reproduction processes; and reinforcement and motivational processes. As an example of attentional processes, a person must be attending to the modeling for it to affect his/her behavior. If the behavior is modeled by someone with whom the person has regular, repeated associations with and whom holds power/authority, then there is likelihood that attentional processes are high, thus the modeled lessons are more ingrained (Bandura, 1971, p. 17)   As an example, a child who is repeatedly emotionally maltreated by a person in power such as a caregiver, might closely attend to this model of abuse and internalize its lessons, by either taking on the characteristics of a perpetrator of maltreatment, or a victim of maltreatment.

Burton, Miller, and Shill (2002) conducted an anonymous, cross-sectional study comparing the experiences of sexually victimized adolescent males. Within this sample, *n*=216 committed sexual offenses while still adolescents, and *n*=93 committed delinquent acts other than sexually-based offenses. The average age of the youth in the sample was 16.9 years (*SD* = 1.47) with a range of 12 to 21. The purpose of the study was to explore the relationship between the characteristics of sexual victimization and characteristics of sexual offending. The researchers tested a number of hypotheses such as the prediction that sexually victimized, sexually offending delinquents would be more closely related to their perpetrators, and would be at a young age at the time of their victimization. These hypotheses were based on Bandura's theories of observational learning. For example, Burton et al. (2002) anticipated that the participants who were closely related to their perpetrators, thus experiencing repeated, long-term

contact with a person in authority, would increase their opportunity to learn offending behaviors. Their results indicated that the sexual perpetrators of the sexually offending youth were more likely parents or relatives (N=269, p=.000). Sexual perpetrators for non-sexual offending youth were more likely to be friends, neighbors, or strangers -- possibly indicating that limited psychological modeling may have occurred. These researchers concluded that the study supported the SLT hypotheses, and suggested that future studies should explore how youth who were not sexually victimized but still became sexual offenders may have learned these behaviors.

Self-efficacy is defined as an expectation that one can successfully execute a behavior required to produce an outcome (Bandura, 1977b, p. 79). It is an internal *belief* of one's ability to perform a task as opposed to one's actual ability (Mullen, Gottlieb, Biddle, McCuan, & McAlister, 1988). Self-efficacy can also affect one's choices of behavior, the ability to apply and maintain a behavior, and the personal definition of goals (Bandura, 1997, p. 4). Bandura (1977b) suggested that a person's belief in their own effectiveness determined whether or not s/he would be able to handle difficult situations (p. 79). He hypothesized that when facing challenges or obstacles, personal expectations of one's ability could determine which, if any, coping behavior would be used, how much effort will be expended, and how long the effort would be sustained (Bandura, 1977a).

Using Bandura's SLT as a framework, Ball and Martin (2012) measured two forms of self-defense training and its impact on multi-dimensional self-efficacy and fear in relation to sexual victimization. A sample of N=69, mostly Caucasian women were recruited from a Midwestern university. They had registered for modern self-defense or traditional martial arts courses, and ranged in ages from 18 to 61 years ($M = 26.3; SD = 10.1$). Within this sample, 40% indicated histories of attempted (6%) or completed rape (36%). As part of the study, they

completed several scales that measured self-efficacy, fear, sexual victimization, and social desirability. Results showed that the participants who engaged in modern self-defense training experienced substantial increases in self-defense self-efficacy, which in turn resulted in reductions in fear and potentially an increase in one's quality of life. From a theoretical perspective Ball and Martin (2012) cited support for SLT and its concept of self-efficacy, by linking an increase in self-defense skills with a decrease in fear.

Embedded within SLT is the concept of *reciprocal determinism* which is defined as a continuous interaction between the domains of personal (i.e., cognitive, affective, or biological events), behavioral (i.e., actions or decisions), and environmental (i.e., laws, social networks, access to resources, culture, family) determinants (Bandura, 1978). In this triadic model, each determinant bi-directionally reciprocates with other determinants (Bandura, 1997, p. 6). Bandura (1977b) avoided defining people as powerless or solely controlled by environmental forces. He also shied from seeking causes of human behavior from strictly internal sources such as instincts, drives, or traits (Bandura, 1978). He theorized that although limited environmental factors constrained the options that people had to become whatever they choose, the choices that people made might allow them to overcome such barriers.

Finally, Smith, Grov, Seal, and McCall (2013) used a social learning theoretical perspective while studying how young male sex workers entered the sex trade industry. As part of a larger study, the researchers collected survey and interview data from a sample of $N=38$, predominately Caucasian males ranging in age from 18 to 35 years old ($M = 22.30$, $SD = 3.41$ years). They were recruited from a small, mid-Atlantic city male escort agency. Smith et al. (2013) contended that their data was consistent with a social learning framework, by demonstrating how the participants' behavioral, environmental and cognitive factors interacted

simultaneously with each other. The participants' behavior, supported by their beliefs in efficacy and outcome expectations, interacted with their decision or cognitive factors, thus influencing them to engage in sex work. Further, the behavioral and cognitive factors interacted with environmental opportunities presented by friends and acquaintances.

In sum, a review of the above noted literature revealed a decided gap in the application of conceptual or theoretical inquiry into CSEC. The literature presented justification for the application of Bandura's SLT, an empirically sound and well-tested theory, to the data provided by a participant sample, in order to determine what might be effective in terms of prevention. Specifically, Bandura's concepts of observational learning, self-efficacy, and reciprocal determinism will hopefully advance the efforts of CSEC prevention.   Tying elements of all of these concepts to this study's variables and ensuing method will hopefully bolster its eventual theoretical and empirical findings.

Conceptual Framework

Estes and Weiner (2001) noted that the ability to accurately measure the number of CSEC victims is non-existent. An extensive review of the literature confirms that to date, accurate measures of the population do not exist, and the collection of such data seems beyond the capabilities of researchers. Reasons for this inability include: (a) the extreme secrecy involved in the act of sexually abusing a minor for economic gain; (b) the lack of ongoing centralized data collection to measure the number of children exploited, and (c) an absence of basic awareness of the existence or symptoms of CSEC among the helping professions (Estes & Weiner, 2001).

Because of these difficulties, CSEC studies generally refer to or explore risk factors that may influence entry into CSEC. Such studies typically use an ecological risk factor perspective/framework which provides insights into the multiple levels (i.e., individual, familial,

or community) of risk that may increase the probability of experiencing CSEC. Exploratory studies of risk factors affecting adolescents and their relationship to possible negative health outcomes have been applied in other research concerning (a) the increased likelihood of adolescents becoming sexually active (Small & Luster, 1994), (b) greater rates of suicidal ideation or suicide attempts by adolescent victims of child sexual abuse (Soylu & Alpaslan, 2013), and (c) higher probabilities of adolescents consuming alcohol (Cleveland, Feinberg, & Jones, 2012).

Estes and Weiner (2001) collected first generation data related to patterns of CSEC in North America, Mexico, and Canada. They identified risk factors related to CSEC within their sample of homeless adolescents. Further, their study isolated risk factors that among others, included histories of sexual or physical abuse, parental dysfunction, and parental drug abuse/dependency. Subsequent literature by Cooper et al. (2007) identified similar risk factors including family dysfunction, parental drug dependency, and childhood experiences of crime or violence (p. 7). These risk factors provide a starting point for this study's conceptual framework.

Risk Factor Commonalities of CSEC Victims: Main Independent Variables

Figure 1 illustrates selected risk factor commonalities among victims of CSEC of (a) histories of sexual or physical abuse, (b) parental dysfunction, and (c) lack of caregiver support. As indicated, there is a posited direct relationship between experiencing certain risk factors and becoming involved in sexually exploitive relationships.

These factors were selected for the starting point of this conceptual framework because they seem to contain elements of CEM as evidenced by examples found in the literature. CEM is considered intertwined within cases of physical abuse and is thought to have more detrimental outcomes than the actual physical injury (Claussen & Crittenden, 1991). Sex offenders have

reported the use of CEM in the child sexual abuse victimization process including spurning, isolating, and denying emotional responsiveness (Sermabeikian, 2007). Further, children from homes with higher levels of family dysfunction, especially when exposed to domestic violence, also experienced elements of CEM such as terrorizing and exploiting (Graham-Bermann & Hughes, 1998).
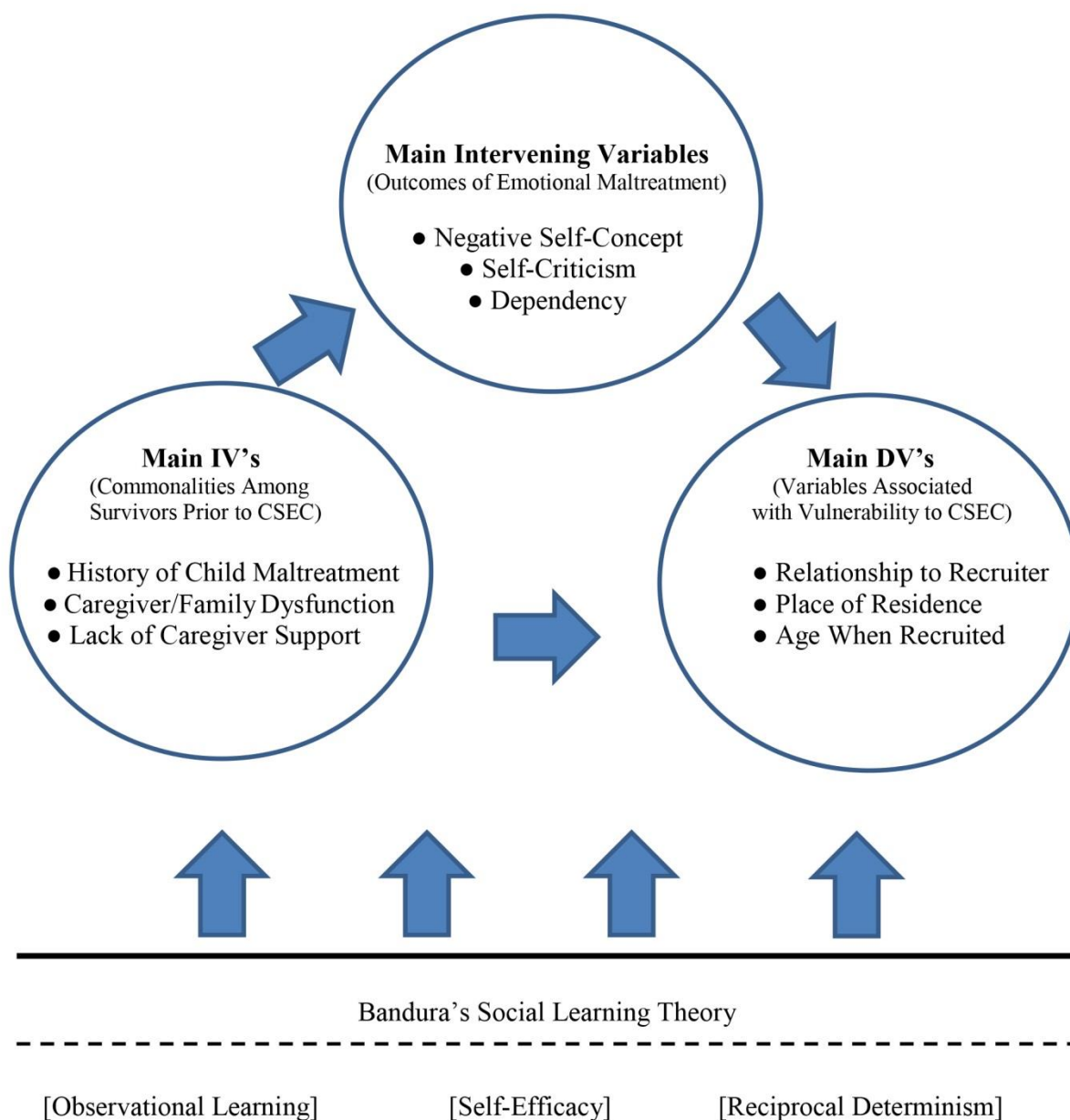
Figure 1. Theoretical framework and study variables configured: Independent (IV), intervening, and dependent (DV).

Consequences of CEM: Main Intervening Variables

Outcomes from CEM include problems with social problem-solving, such as a belief that submission to violence or giving up in the face of challenges is the only way to interact with others (Graham-Bermann & Hughes, 1998). CEM has also been associated with lower social competency, anxiety, impulse control problems, low self-esteem, negative life views, delinquency or criminality, and isolation (Binggeli et al., 2001, pp. 26-27). Yet, other symptoms associated with CEM include emotional instability or emotional maladjustment, underachievement, and withdrawal (Binggeli et al., 2001, p. 24).

Figure 1 shows selected CEM outcomes of negative self-concept, self-criticism, and dependency as intervening variables between the risk factors associated with CSEC and entry into sexually exploitive relationships. These were selected as they have been noted in survivors of CSEC and are linked with entry into sexually exploitive, violent relationships. Nixon, Tutty, Downe, Gorkoff, and Ursel (2002) conducted qualitative interviews with *N*=47 women who had been involved in sexually exploitive relationships. More than two-thirds of their participants began their involvement in CSEC at age 15 or younger. Several women perceived that their involvement in CSEC became a way to regain control over their lives, and overcome feelings of powerlessness that came from experiencing childhood abuse (Nixon et al., 2002). Over 80% of these participants were introduced to CSEC through friends or acquaintances, and they reported that lower self-esteem and internalized self-hatred caused them to stop caring about themselves (Nixon et al., 2002). They also noted that the violence experienced in childhood resulted in them 'becoming numb' to further violence, such as that sometimes found in sexually exploitive relationships. These participants' reports were supported by subsequent studies indicating links identified between experiencing CEM and relationship violence in adulthood (Berzenski &

Yates, 2010). Finally here, a similar study found a link between CEM and teen dating violence (Wekerle et al., 2009).

      Negative self-concept. *Self-concept*, or one's self-perception, was defined by Bandura (1977b) as either "a proneness to devalue oneself" or alternatively, "a tendency to judge oneself favorably" (p. 139). The notion that a person possesses exceptional personal skills could be defined as *positive self-concept*. This belief about personal skills can have an impact on an ability to feel deserving of happiness or to successfully navigate challenges in life. *Negative self-concept* is generally found in higher rates of females over males, and has been associated with early initiation into sexual activity, and damaging psychological and/or social outcomes (McClure, Tanski, Kingsbury, Gerrard, & Sargent, 2010; Small & Luster, 1994).

      Self-criticism. *Self-criticism* can include negative views (i.e., negative self-concept) of self with feelings of inferiority and inadequacy, possibly originating in experiences with caregivers (Yu & Gamble, 2009). As defined by Blatt, D'Afflitti, and Quinlan (1976) in their *Depressive Experiences Questionnaire* (DEQ), self-criticism is a dimension of depression. These researchers did not consider self-criticism to be a direct symptom of depression; however, it was frequently associated with depression. Self-criticism has been characterized by "intense feelings of inferiority, guilt, and worthlessness, and by a sense that one has failed to live up to expectations and standards" (Blatt et al., 1976). It also involves intensely severe self-scrutiny and a fear of criticism by others (Blatt, 2004).

      Dependency. *Dependency* was also defined in the DEQ and is sometimes termed *anaclitic depression* (Blatt et al., 1976). Persons experiencing dependency are characterized as feeling helpless and/or week with a fear of abandonment, along with a wish to be cared for,

loved and protected. Dependency is further regarded as an outcome of parental rejection which is considered a form of CEM by omission (Rohner & Rohner, 1980).

Entry into Commercially Sexually Exploitive Relationships: Main Dependent Variables

Pathways into CSEC are contextual and multi-faceted involving a range of characteristics in exploiters who have access to potential victims through a variety of settings. By definition, CSEC victims are under the age of 18 years, and thus can occur any time from infancy through teen years. Participants in this retrospective study will be asked about their approximate age when first exploited, the nature of their relationships with their first exploiters, and the settings from which they were exploited. This study explores the entry or pathway into CSEC through the influence of CEM with particular attention on exploiter relationships, age of first experience with exploitation, and location of setting.

Exploiters. Recruitment into CSEC can be facilitated by exploiters, also referred to as *pimps* or *traffickers*, who have diverse associations with children and adolescents. A recent news story from Macon, Georgia told of parents who instructed their 14-year-old daughter to engage in sexual acts with a car salesman, in exchange for payments on the family car. Reportedly, the family had purchased a new vehicle but they could not afford the monthly payments (WSBTV, 2011, March 1). Exploiters could also be complete strangers or acquaintances to the victim with recruitment taking place in person or over the internet (Cooper et al., 2007, p. 8). For example, in September 2012, a 37 year-old male from Douglas County, Georgia was sentenced to 80 years in prison after he was found guilty of six counts of human trafficking and two counts of aggravated child molestation . The adult male reportedly recruited male teens through *Facebook* and other social media sites where he would lie about his age, take the teens into his home, and then force them into prostitution (Willoughby, 2012).

Alternatively, entry into CSEC may be attained independently of pimps or traffickers such as when a child exchanges sex for rent, shelter, money, food or drugs as a means of survival. The selling of sex just to subsist is often referred to as *survival sex* (Greene, Ennett, & Ringwalt, 1999). A survey of homeless adolescents (N=93) from Los Angeles, California reported that more than one-third of the sample had traded sex for money, food, or drugs (Greenblatt & Robertson, 1993). As well, a convenience sample of street youth (*N*=528) were surveyed concerning their participation in survival sex (Greene et al., 1999). Outcomes from the study indicated that 27.5% of the sample had exchanged sex for money, food, shelter, drugs, or other needs/wants. The researchers believed that respondents to the survey likely underreported their participation in survival sex since the behavior tends to be highly stigmatized (Greene et al., 1999). Many studies correlate survival sex with the runaway or homeless adolescent population which is also one of the identified risk factors of the CSEC population (Estes & Weiner, 2005; Mitchell et al., 2010; Roe-Sepowitz, 2012; Spangenberg, 2001; Williams & Frederick, 2009).

Age of child victim. It is estimated that in the United States the initial age of entry for a female into CSEC ranges from approximately 12- to 15-years old (Barnitz, 2001; Estes & Weiner, 2001; Silbert & Pines, 1983). Unfortunately, there is limited empirical evidence to support the claims regarding the 'average age' of initial victimization for female youth from the United States. Some studies have indicated that the average age of victims is decreasing (Clawson et al., 2009). This study hopes to contribute to the limited knowledge base concerning age of entry into CSEC.

Location of potential victim. Potential child victims may be living with family in shelters or homes, living in foster care or independently in shelters, or on the streets at the time of their recruitment. There are also indications that youth are more likely recruited when they

are homeless or have run away from home (Clawson et al., 2009; Reid, 2011). Locations such as

bus depots are often sites where runaway juveniles are recruited into CSEC (Silbert & Pines,

1983).

In conclusion, the influence of CEM as a mechanism that enables entry into CSEC

through a series of consequential intervening factors such as those identified in Figure 1, has not

yet been fully investigated. Erickson, Egeland, and Pianta (1990) noted the importance of

identifying the consequences of particular patterns of maltreatment to inform legal and social

child welfare policies (p. 650). Thus, this study builds on previous research by: (a) isolating

certain CSEC risk factors commonalities and determining what the risk factors might have in

common such as CEM; (b) extracting specific outcomes related to CEM that might apply to

victims of CSEC; and (c) linking the outcomes to vulnerability of recruitment into sexually

exploitive relationships.

SLT, CEM, and Vulnerability to CSEC: Bridging Elements of Theory to Support the
Framework

Bandura's SLT provided constructs to help bring together the concept of CEM and its

influence on entry into CSEC. Specifically, Bandura's concepts of observational learning, self-

efficacy, and reciprocal determinism provided an opportunity to offer insight into how CEM may

increase vulnerability to recruitment into CSE.

Observational learning. Bandura built on prior research about the process of learning

through direct experience, by focusing his studies on learning by example. Within SLT, his

concept of observational learning posited that humans acquire response patterns through repeated

observation (Bandura, 1971, p. 3). In order for someone to internalize a response, there must be

more than minimal exposure to the model. A child might not learn a behavior through singular

exposure, especially if the model was not stimulating enough to hold the child's attention (Bandura, 1971, p. 17).

Additionally, Bandura noted that once attention was paid to a modeled behavior, it could be encoded in symbolic form so reproduction of the behavior can occur at a later time without the model being present (Bandura, 1971, p. 17). This concept has useful application to the study of vulnerability to CSEC. For example, child who repeatedly witnesses a caregiver experiencing physical or verbal domestic violence might interpret and symbolically code the caregiver's submissive response as a survival skill. Submission to abuse becomes symbolic of survival and thus, as the child grows and matures s/he might respond with submissive behavior when faced with acts of verbal or physical abuse. Finally, there must be some form of positive reinforcement for the behavior to be fully adopted. For instance [theoretically speaking], a child who witnesses the submissive behavior of a caregiver, then later acts on the model, will find the behavior engrained if s/he is positively reinforced for avoiding the pain of abusive acts through becoming submissive (Bandura, 1971, p. 29)

Self-efficacy. Self-efficacy is a personal belief that one can successfully perform a behavior in order to produce a certain outcome (Bandura, 1977b, p. 79). The level of one's perceived efficacy can have an impact on choices of activities, the environment in which the activities are conducted, and the expectation of successfully completing the activities (Bandura, 1977a). The construct of self-efficacy depends on the strength of a person's expectation of success and their subsequent coping efforts. If there is a lower expectation that a specific task can be successfully accomplished, a person might not persevere when faced with disconfirming experiences (Bandura, 1977a). For instance, a female might have a lower expectation that she can live independently, and any setback that affirms her belief may cause her to discontinue her

efforts. Alternatively, if a female has a higher expectation that she can live independently, a setback in her efforts might cause her to try harder and persist toward her goal.

Indeed, many victims of CSEC consider themselves "survivors" of their experiences. (Williams & Frederick, 2009). For example, adolescents who experienced abusive homes and/or caregivers, sometimes find themselves faced with the need to survive on their own, outside of their homes. Success in these endeavors might lead to their personal beliefs of high levels of self-efficacy. As a result, the violence or manipulation involved in commercially sexually exploitive relationships may be viewed as yet another obstacle to survival, for which they have the skills to endure and persevere. This chain of events can lead to a 'survivor mentality,' which in turn can lead to resistance to offers of assistance by helping professionals.

Reciprocal determinism. Bandura's (1978) concept of reciprocal determinism provides for mutual interaction between the spheres of personal characteristics, behavior, and the environment. Specifically, the perspective was proposed for "analyzing psychosocial phenomena at the level of intrapersonal development, interpersonal transactions, and interactive functioning of organizational and social systems" (Bandura, 1978, p. 344). Reciprocal determinism might have application to an adolescent's vulnerability to CSCEC. For example, a female might be raised in a home where she experiences parental dysfunction or child maltreatment. These experiences in turn, may cause intrapersonal difficulties such as decreased coping skills or feelings of low self-esteem. Exhibited behaviors from these personal characteristics might cause involvement with substance abuse or running away from home. Thus, resulting behaviors could place her in an environment where she is at risk of recruitment into CSEC from exploiters.

Williams and Frederick (2009) presented similar scenarios in their previously described qualitative study of adolescents (*N*=61) with experiences in CSEC. Although some youth described avoiding or escaping exploitive relationships, others detailed how they were manipulated or coerced into having to exchange sex for money, drugs or shelter. Many of these youth came from abusive homes and were trying to survive on the streets which led to their involvement with exploiters.

In sum this sub-section, based on an appraisal of the literature presents three main risk factors associated with entry into CSEC, three intervening consequences related to experiencing CEM, and three main variables associated with the dependent variable recruitment into CSEC. Empirical and theoretical justifications for these constructs are found in the literature. All will be included in the development of recommendations for agencies that provide primary prevention programs with at-risk youth, and used to frame the empirical study variables in the next sub-section.

CHAPTER 3

METHOD

Sample

Data collection for this study began in August 2012 upon formal approval from The Institutional Review Board at The University of Georgia. Data collection continued until April 2013. This exploratory study drew from more than one sampling technique. A non-probability, criterion-based sampling technique was used to obtain a unique research sample of participants who could provide the most comprehensive understanding of the study's research problem and central topic (Creswell, 2007, p. 125; Merriam, 2009, p. 77; Rubin & Babbie, 2008, p. 342). Additionally, a maximum variation sampling technique was applied. This type of purposeful sampling seeks maximum heterogeneity and diversity within a small cohort of participants, which adds importance to the common patterns or themes that emerge from their experiences (Patton, 2002, p. 235).

The population consisted of adult female survivors of childhood sexual exploitation who were 18 years or older. Initial recruitment into commercially sexually exploitive relationships must have happened before the age of 18, and occurred within the United States. Participants through self-report had to verbally acknowledge that they participated in a therapeutic program related to their childhood sexual exploitation. They also had to deem themselves emotionally stable enough to participate in the surveys and interviews.

Initially, specific U.S. cities were selected for data collection based on the location of established federal, state, or privately funded CSEC agencies and nonprofit CSEC agencies. The

plan for site selection was originally modeled after the Estes and Weiner (2001) study which collected data in North America among other locations. Criteria used for their United States city selection included: (a) an urban area with a population of over one-million persons; (b) a metropolitan area that is considered one of the major trafficking destinations for sexually exploited children; (c) a city in which a CSEC specific agency had been established which provides prevention programs to institutions and to surrounding communities; (d) a city in which a CSEC agency that can provide access to survivors who already participate in outreach programs, or who want to contribute to the development of a primary prevention program; and (e) a host agency whose prevention personnel and/or survivors could be accessed. Eventually, the quest for specific U.S. cities was abandoned, as participants began directly contacting the researcher themselves. Participants learned of the study through social media notifications on listservs and survivor networks. Social media expanded the ability to connect with survivors who were independent of CSEC agencies, and/or who may be located in rural areas or small towns.

Study Design

This study applied a mixed methods approach to data collection and analysis. The design provided for concurrent collection of qualitative and quantitative data. This mixed method convergent design was selected as it allowed for the strengths of the quantitative data to support the strengths of the qualitative data (Creswell, 2009, p. 215; Creswell & Plano Clark, 2011). Resulting qualitative data will be merged with quantitative statistical results during data analysis.

Instruments of Study

Vulnerability to CSEC Scale (VCS)

The purpose of the self-developed VCS was to collect demographic and qualitative data that augmented data collected during in-person and telephone interviews. The 17 items on the VCS were designed following a literature review and consultation with key informants. The key informants included: a female CSEC survivor; an executive director of a government funded CSEC agency; an executive director of a nonprofit CSEC agency; a CSEC-specific mental health therapist; two trained CSEC forensic interviewers; a doctoral candidate who was completing her dissertation on the topic of human sex trafficking; and a Ph.D. behavioral scientist not connected with the field of CSEC. Each informant offered opinions and suggestions for changes to the VCS. The scale was reviewed by the informants each time changes were made, until all informants were satisfied with the precise wording of the questions and responses in the scale.

Items on the VCS are closed-ended except the final question which is open-ended, and asked for any comments or suggestions related to the study. Participants are first asked to provide general demographic information to provide an overall description of the sample. The data requested included participants' race or ethnicity, age, educational attainment, and country of birth. The VCS explored: (a) levels of violence within exploitive relationships and its potential increase over time; (b) emotional treatment by exploiters; (c) length of time spent with exploiters; (d) involvement with the sex industry (i.e., dancing, stripping, etc.) prior to entering sexually exploitive relationships; and (e) the relationship of the participant to her first exploiter [see Appendix A].

The Childhood Trauma Questionnaire (CTQ)

The CTQ is a well-known and cited 28-item self-report inventory designed to screen for histories of childhood abuse, and/or neglect (Bernstein & Fink, 1998). It can be used with adolescents ages 12 and over, and with adults. Copyright restrictions prohibit the provision of the CTQ items in the Appendices section of this study. The CTQ was selected for this study because of its ease of use, good psychometric properties, brevity, and ability to assess multiple subtypes of maltreatment. It is also one of the few instruments validated to measure emotional abuse and emotional neglect within retrospective studies.

The initial CTQ study included seven samples of clinical and nonreferred individuals (N = 2,201) from a range of ages, income levels, and diagnoses (Bernstein & Fink, 1998). The samples incorporated a variety of individuals such as patients with medical disorders, psychiatric disorders, college undergraduate students, and a group of randomly selected females from a health maintenance organization (Bernstein & Fink, 1998). Reliability coefficients for the CTQ subscales were computed with Cronbach's alpha. The authors indicated the reliability coefficients were good with the Emotional Abuse Scale (M = .88) and the Emotional Neglect Scale (M = .89) (Bernstein & Fink, 1998).

Similar reliability coefficients have been indicated in a recent study designed to examine the prevalence of five types of childhood trauma in an adult outpatient clinical population (Shi, 2013). The sample (N = 497) was 17 years of age or older and 65.1% female (Shi, 2013). Internal consistencies for this study were good for the Emotional Abuse subscale (α = .85) and excellent for the Emotional Neglect subscale (α = .91) (Shi, 2013). Another study examining the psychometric properties of the CTQ analyzed responses collected from (N = 1,007) male and female residents between the ages of 18 and 65 years located in Memphis, Tennessee (Scher,

Stein, Asmundson, McCreary, & Forde, 2001). Alpha coefficients for this studies' subscales were comparable to previous studies for Emotional Abuse ($\alpha = .83$) and Emotional Neglect ($\alpha = .85$) (Scher et al., 2001).

The CTQ elicits *scripted* or *generic* memories of abuse or neglect without asking for details of specific episodes (Bernstein & Fink, 1998, p. 4). Generic memories, particularly for traumatic childhood events, are typically retained at higher rates (Bernstein & Fink, 1998, p. 5). A reduced ability to access specific memories of stressful events, or *overgenerality*, is thought to be a protective mechanism possibly correlated with posttraumatic stress disorder, major depressive disorders, and other clinical disorders related to experiencing trauma (Moore & Zoellner, 2007). For example, someone who experienced a traumatic event as a child might tend to describe broad or general categories of events rather than specific details (Moore & Zoellner, 2007). The CTQ asks general questions about abuse or neglect such as whether or not the respondent was made to watch sexual things, or was called names like "stupid" or "ugly." The questionnaire does not ask for specific details such as who committed the acts or their frequency of occurrences.

Developers of the CTQ recommend that administration of the questionnaire be done by a trained mental health professional with at minimum a master's degree. Although some adverse reactions by participants to the instrument have been reported, severe adverse reactions appeared to be rare according to the instrument's authors (Bernstein & Fink, 1998, p. 14). The lack of noted reactions was important in this study, since the participant population likely had already experienced victimization and trauma.

The CTQ contains five clinical subscales that evaluated experiences of childhood emotional, physical and sexual abuse along with physical and emotional neglect. Response

choices are provided on a 5-point Likert scale indicating frequency of abuse or neglect.

Response options with the CTQ include: (a) never true; (b) rarely true; (c) sometimes true; (d)

often true; and (e) very often true. Authors of the CTQ also provided cut scores for detecting

likely cases of emotional, physical, and sexual abuse as well as physical and emotional neglect.

The classifications of the scores were in the ranges of: (a) none or minimal; (b) low to moderate;

(c) moderate to severe; and (d) severe to extreme (Bernstein & Fink, 1998).

Semi-structured Interviews

Additional open-ended questions were used to promote dialogue about participants'

childhood experiences with their caregivers, extended family members, neighborhoods, and

communities along with interactions with professionals such as educators, medical professionals,

law enforcement, and mental health professionals. This self-developed 25-question open-ended

interview guide began by asking participants about positive experiences from their childhood.

The opening question was designed to avoid beginning the session with negative memories or

dialogues, and allowed the participants to talk about positive life experiences that are sometimes

not addressed in a research setting. The items of this interview guide were developed from an

analysis of the extant literature previously reviewed.

Ensuing questions asked about family experiences from birth to 10 years old, 10 to 15

years old, and after 16 years old. Topics of substance abuse, domestic violence, family coping

skills, and role models for healthy intimate relationships were addressed. Participants were

asked about family or caregiver involvement with law enforcement and child protective services.

They were also asked about their current personal strengths and whether these strengths existed

during their childhoods. Finally, participants were asked if professionals such as physicians or

teachers inquired about whether the participants' safety or if they were having troubles at home.

Participants were invited to comment on prevention programs and to offer their opinions as to

what might be effective prevention strategies for at-risk youth [see Appendix B].

Data Collection

Participants were identified and screened after IRB approval was received on August 22,

2012. Participants were initially contacted through CSEC agencies, and then later through

survivor social media networks, and CSEC-specific listservs. Several agencies throughout the

United States shared information about the study with potential participants, but did not engage

in screening or in communicating the details of the informed consent. CSEC survivor networks

and listservs were provided with an overview of the study along with the researcher's telephone

number and email address.

A dedicated phone line with a voice mail message describing the study criteria was used

to assist in the initial screening of participants. The voice mail message included an overview of

the informed consent and communicated the confidential nature of the surveys and interviews.

Potential participants who left voice mail messages indicating their interest were then contacted

and further screened. Participants who met the study criteria were advised of the informed

consent. The IRB waived the requirement for signatures on the informed consent form to further

protect the identity of the participants. After verbal permission was obtained to proceed,

participants were either scheduled for an in-person or telephone session, or they proceeded

directly to the survey/interview sessions via telephone.

The instruments and interviews were either administered in person ($n = 26$, 65%) or by

telephone ($n = 14$, 35%). Each participant completed their surveys before beginning their

interviews. This was to avoid possible bias with the survey answers, particularly with the CTQ.

General testing guidelines for the CTQ advised that the most conservative practice is to avoid

extensive discussions with participants about their trauma histories prior to test administration (Bernstein & Fink, 1998, p. 13).

In-person participant contact ($n = 26$; 65%) included the use of an audio computer assisted self-interview (ACAS-I) system. This particular questionnaire system was developed at Tufts University School of Medicine in Boston, Massachusetts. ACAS-I is especially well-suited for use with sensitive topics such as sexual exploitation during childhood. It allowed for consistent application of the surveys while alleviating data collection concerns such as participant literacy levels. The ACAS-I also helped reduce potential data entry errors and socially desirable responses from participants. Literature has noted the effectiveness of ACAS-I as a reliable assessment method, particularly when there are concerns for social desirability bias when researching sensitive topics (Ghanem, Hutton, Zenilman, Zimba, & Erbelding, 2005).

VCS questions and response choices were recorded on the software using the researcher's voice allowing for auditory consistency across applications of all instruments. Participants used headphones to listen to questions and response choices, and used a point and click method with a computer mouse to select survey answers. All participants were oriented to the computer and the software prior to beginning the survey process. Participants were also advised to ask questions as they progressed with the surveys.

The VCS was entirely administered with the ACAS-I system during in-person encounters. During telephone encounters ($n = 14$, 35%), participants were read the questions and answers by the researcher. Participant responses were manually recorded into the ACAS-I system by the researcher, as they responded to questions. Participants could request to have questions or answer choices repeated as many times as they needed. Verbal prompts were offered during telephone encounters to ensure that participants understood the questions and to

verify their responses. These participants, as with the others in the sample, were reminded that they could take a break at any time. The researcher made several inquiries during data collection to assess the participants' emotional states and to confirm that they wished to proceed.

General testing guidelines for the CTQ indicated that the test should not be administered to individuals with poor reading skills or with IQ scores below 80. This study procedure did not screen for reading ability or IQ, so to minimize this potential instrument limitation, the researcher read out loud all CTQ items to all participants during the in-person and telephone sessions. This technique was supported by administration guidelines in the CTQ manual which advised that test materials can be read aloud by an examiner (Bernstein & Fink, 1998, p. 12).

The semi-structured interviews were conducted following the two surveys. These interviews were audio-recorded using two digital recorders. Interviews conducted over the telephone were similarly recorded using a cell phone and a digital recorder cell phone adapter. Permission to audio record the interviews was addressed during the explanation of the informed consent, and again prior to actual recording. Each in-person participant meeting also included explanations of the informed consent, the surveys, and the interview. Both telephone and in-person sessions lasted for approximately one hour. Participants were compensated $40 for their time and travel expenses. Participants using the telephone method of data collection had their compensation mailed to them. No record was kept of participants' names or addresses, just an identification number for coding purposes. False names are provided for the survivors in the *Results and Description* chapter of this study.

Data Analysis Procedures

Qualitative Data Analysis

Qualitative data were generated from the transcribed interviews of participants. Each interview was transcribed verbatim and analyzed using *Atlas.ti* Version 7.0.89, a Computer Assisted Qualitative Data Analysis (CAQDAS) software program. A CAQDAS program was chosen over manual data analysis methods for its ability to manage and track large chunks of data, its ability to search and retrieve text, and the ease of data organization. CAQDAS programs also have the ability to map analytic processes by creating illustrations of relationships, patterns, and processes (Lewins & Silver, 2007, p. 9).

This basic qualitative study applied a *content analysis* approach which is considered a flexible method for exploring text data (Hsieh & Shannon, 2005). An objective of content analysis is to "provide knowledge and understanding of the phenomena under study" (Downe-Wamboldt, 1992). Traditionally, content analysis incorporates quantitative data with qualitative data (Padgett, 2008, p. 142).

Three distinct approaches to content analysis have been identified as *directed*, *conventional*, and *summative* (Hsieh & Shannon, 2005). This study used a directed content analysis approach as a method to explore how well the theoretical model of Bandura's *Social Learning Theory* explained the influence of CEM on the childhood entry into commercially sexually exploitive relationships. A hallmark of directed content analysis is the development of objective codes from a study's theoretical framework or from previous relevant findings, which can be consistently applied by other researchers or readers (Berg, 2007, p. 241). It also allows for codes to be defined both before and during data analysis (Hsieh & Shannon, 2005; Miles & Huberman, 1994, p. 58).

Prior to this study's data collection, codes were created based on the study's research questions and theoretical framework. In addition to these codes, others were inductively created from the transcribed interviews. These codes were created using an amalgam of descriptive, *in vivo*, and emotion coding strategies. Whereas descriptive coding summarizes words or short phrases, *in vivo* coding uses the exact words of the participants. Emotion coding explores commonalities or variations in the emotions expressed by participants and is considered appropriate for use with studies that explore interpersonal experiences (Saldana, 2009, p. 86). The combination of these approaches allowed for the development of themes and the recognition of patterns among the narratives.

Rigor of qualitative measures. There are numerous strategies associated with establishing rigor in qualitative research. Creswell (2009) recommended the use of multiple strategies within a study, specifically: triangulation; member checking; rich, thick description; clarification of the researcher's biases; presentation of negative or discrepant information; a prolonged time in the field; peer debriefing; and use of an external auditor (p. 192). A review of 100 articles from social work journals that utilized Creswell's strategies as a template found the most commonly applied strategies to establish rigor in qualitative studies were the use of a sampling rationale, analyst triangulation, and mention of methodological limitations (Barusch, Gringeri, & George, 2011). Of the criteria in the study's template, the authors found that researchers used an average of two strategies (Barusch et al., 2011).

This study applied the five techniques of: data collection triangulation; peer debriefing; seeking negative or discrepant cases; prolonged engagement, and a subjectivity statement to discuss researcher biases. Data collection triangulation involves analysis of different data sources of information (Creswell, 2009, p. 191). It was accomplished in this study by utilizing

both surveys and interviews to support emerging themes, along with an extensive review of the

literature. Peer debriefing is a process of presenting emergent themes to peers to see if they seem

reasonable and plausible (Lincoln & Guba, 1985, p. 308).   The researcher informally presented

concepts that emerged from the data to five forensic interviewers/social workers who work with

CSEC-involved youth, to obtain feedback. The purpose of seeking cases contrary to emerging

themes is to bring realism and lend increased credibility to a qualitative study (Creswell, 2009, p.

192). To this end, attempts were made to seek negative or discrepant cases by starting the semi-

structured interviews with questions about positive childhood experiences.

Prolonged engagement in the field allows a researcher to develop an in-depth

understanding of the phenomena of interest. As defined by (Lincoln & Guba, 1985), *prolonged*

engagement involves "the investment of sufficient time to achieve certain purposes: learning the

culture, testing for misinformation introduced by distortions either of the self or of the

respondents, and building trust" (p. 301). Prior to the onset of the study, this researcher spent six

years in the field of child sexual abuse investigations as a social worker and forensic interviewer.

The researcher remained in the field of child sexual abuse and child sexual exploitation both

during and after data collection. Remaining in the field facilitated access to the sample and to

CSEC agencies, and allowed for efficient rapport building with participants which facilitated the

data collection process.

A statement concerning researcher subjectivities is appropriate here as a follow-up to

mentioning prolonged engagement in the field. The researcher is forensic interviewer, and as

such, is trained to engage in neutral, fact-finding dialogues. Interactions in forensic settings are

different than those in a therapeutic setting, since the interviewer does not typically delve into the

interviewees' emotions or beliefs, nor does s/he supply a mental health diagnosis. Thus, the

purpose of the forensic interview is to obtain details from victims of, or witnesses to, child abuse and/or other crimes. This type of interview strives to approach and converse with victims/witnesses as objectively as possible, so as not to introduce biases into the dialogue. In this context, this researcher's approach to the survivors was more fact-finding than an attempt to mine their stories for deep emotions. It may be that this approach minimized the information revealed by the survivors, or that the depths of their child maltreatment histories were not fully realized.

Additionally, this researcher is not a survivor of CSEC, and thus did not have these experiences to draw upon when analyzing data or drawing conclusions from the surveys and interviews. Resulting data was explored through the lens of an employed, white, middle-aged, female social worker with a graduate education. The interpretations of this researcher may be distinctly different than those from someone from a different gender, race, educational background, or with different life experiences. [Additional biographical information about the researcher can be found in Appendix D]

Quantitative Data Analysis

Quantitative data were analyzed using Predictive Analytic Software Statistics 18 (PASW), formerly SPSS Statistics. Raw data from all participants ($N = 40$) were collected with ACAS-I software and then downloaded to PASW for analysis. First, frequency distributions and measures of central tendency (mean, median, and mode) were obtained for the demographic items on the VCS, and the five CTQ maltreatment subscales. These measures provided an overview and summary of the sample. Second, each CTQ subscale score was summed and averaged to determine the extent of the childhood maltreatment experienced by the sample as measured by the instrument's cut level categories: none or minimal; low to moderate; moderate

to severe; or severe to extreme (Bernstein & Fink, 1998). Third, intercorrelation matrices were obtained and examined to determine if there were significant correlations between the five CTQ maltreatment subscale scores.

Reliability and validity of quantitative measures. Cronbach's alpha coefficients were computed for the CTQ subscales. The overall coefficient alpha was $\alpha = .91$. Similar to previous studies, this study found good reliability with the Emotional Abuse subscale ($\alpha = .83$) and for the Emotional Neglect subscale ($\alpha = .90$). The coefficient alphas for the remainder of the maltreatment subscales were as follows: Physical Neglect ($\alpha = .85$); Physical Abuse ($\alpha = .85$); and Sexual Abuse ($\alpha = .87$).

Pearson correlation coefficients were obtained for the five maltreatment subscales (see Table 1). Of the significant correlations ($p < .001$), the strongest associations were between physical abuse and emotional abuse, and physical neglect and emotional neglect. Weak associations were found between emotional neglect and physical abuse. The findings for this study are partially supported by a previous comparable study which found a strong association ($r = .67$) between physical abuse and emotional abuse, and weak associations between sexual abuse and physical neglect ($r = .42$), emotional abuse ($r = .37$), and emotional neglect ($r = .33$) (Stoltz et al., 2007).

There were no significant associations between the maltreatment subscales of sexual abuse and physical neglect ($r = .25$), emotional abuse ($r = .20$), and emotional neglect ($r = -.03$). The weak associations seemed to be unique to this sample as these results are not found in other studies. To further explore the lack of significance and weak associations between these subscales, this researcher obtained z-scores to search for univariate outliers, however, none were found.

Table 1

Pearson Correlation Coefficients of Associations Among the Five CTQ Maltreatment Subscales (N = 40)

	Sexual Abuse	Physical Abuse	Physical Neglect	Emotional Abuse
Sexual Abuse				
Physical Abuse	.46**			
Physical Neglect	.25	.50**		
Emotional Abuse	.20	.70**	.51**	
Emotional Neglect	-.03	.32**	.70**	.43**

** $p < .001$ (2-tailed)

Scatterplots were then obtained to detect potentially influential bivariate outliers. Two participants were identified as outliers by their extremely high scores on the sexual abuse subscale and their extremely low scores on the emotional abuse, emotional neglect, and physical neglect subscales. An additional three participants were identified as outliers by their extremely low scores on the sexual abuse subscale and their extremely high scores on the emotional abuse and emotional neglect subscales.

One possible explanation for these outliers is that these participants minimized some of their experiences with the goal of protecting maternal caregivers. Outcomes from the qualitative data supported this potential explanation as the narratives of some participants clearly revealed their desire to protect their mothers from blame. Review of the minimization/denial subscale scores on the CTQ however, did not support this explanation. Participants who have a combined score higher than "1" on these three minimization/denial subscale items bear closer scrutiny as they may be underreporting experiences of childhood maltreatment (Bernstein & Fink, 1998, p.

18). None of the participants' scores minimization/denial scores indicated underreporting. Another possible explanation is that these participants did not understand the survey questions or the response choices.

The five outliers came from varying locations (i.e., Boston, Chicago, and St. Paul). They ranged in age from 32 to 48 years old, and had either completed the surveys in person with the researcher or over the telephone. The complex constellations of childhood maltreatment within the sample lead this researcher to believe that these outlier participants merely had different experiences than the others, and a decision was made not to remove them from analysis.

Coefficient alphas for the empirical items on the VCS were also obtained. The six items included questions concerning involvement in the sex industry, relationship to a pimp or seller, level of violence during the first association with a pimp, level of violence in association with last pimp, and level of self-esteem felt during relationship with the first pimp and last pimp. Reliability coefficients were acceptable for the VCS ($\alpha = .70$).

Merging the Data Sets

A mixed methods convergent design was chosen for analyses of the collected quantitative and qualitative data sets. This design works well when a researcher has a limited time in the field for collecting data, and must collect both types of data within one visit (Creswell & Plano Clark, 2011, p. 77). A convergent design also recognizes the equal value in collecting and analyzing quantitative and qualitative data when trying to understand a problem (Creswell & Plano Clark, 2011, p. 77).

Figure 2 illustrates this study's mixed methods convergent parallel design.
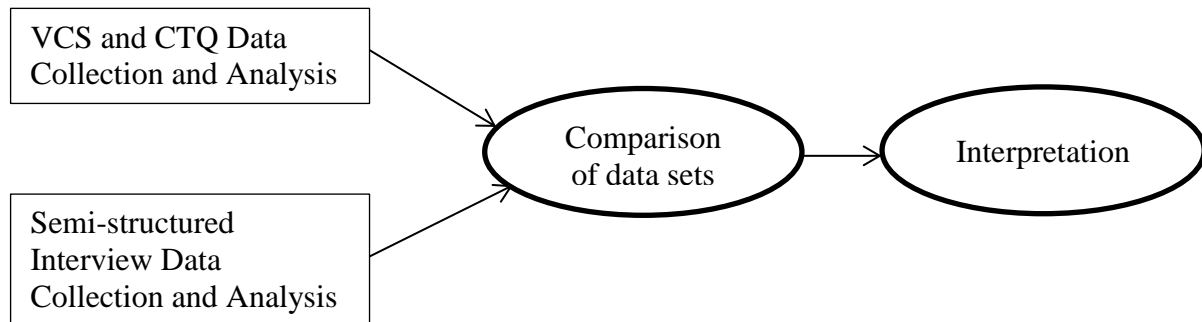
Figure 2: Mixed Methods Convergent Design adapted from (Creswell & Plano Clark, 2011, p. 69).

CHAPTER 4

RESULTS AND DISCUSSION

Given the study's concurrent quantitative and qualitative data collection design, it was decided to write this subsection by combining the results and discussion. Findings thus incorporated the results of the independent analyses of the quantitative and qualitative data strands. Outcomes of the two strands were then merged to produce an overall interpretation of the data. This strategy is consistent with the previously mentioned mixed methods convergent design (Creswell & Plano Clark, 2011, pp. 70-76). The formative study questions presented in the earlier statement of purpose are used to frame this subsection. These are:

1. What are the social demographics of the survivor/participants in this study sample?

2. Do the demographics of the survivors/participants influence their vulnerability to CSEC?

3. What are the experiences among the sample of childhood maltreatment?

4. What were some identified themes related to CSEC prevention for this sample?

Research Question #1 - What Are the Social Demographics of the Survivors/Participants in This Study Sample?

Initial findings about sample characteristics were organized by the U.S. geographic Census regions in which the survivors were living at the time of their participation in the study. Grouping responses in this manner provided another level of protection to their identities, while offering additional context to their personal presentations (i.e., regional accents or cadence of speech). The places of residence were categorized by United States Census regions [see

Appendix C] with 47.5% (*n* = 19) from the Midwest; 22.5% (*n* = 9) from the Northeast; 22.5%

(*n* = 9) from the South; and 7.5% (*n* = 3) from the West. These do not reflect the only regions

where CSEC occurs; rather they represent actual locations of access to the sample for

participation in this study.

All participants were originally from the United States, and spoke English as their

primary language. None reported still being involved with prostitution at the time of their

interviews, and all reported being out of the life for at least one year. Further, all participated in

some type of therapeutic program related to their CSEC experiences. Even though they were out

of the life, there were examples noted about how a pathway back could arise at any moment. For

instance, prior to the start of an interview, one survivor revealed how on the previous day, she

was unexpectedly approached on the street by a pimp who had formerly exploited her. She was

going to speak with her counselor after her interview was completed to plan how to handle this

intrusion. Table 2 presents some of the selected demographics of the study sample.

Age of Sample

The average age of the participants at the time of their interviews was 41.35 years with a

range of 18 to 56 years (*SD* = 10.08). The literature in this area presented a wide range of

participant ages (i.e., 14 – 60 years) in studies involving females who were recruited into CSEC.

For example, Raphael et al. (2010) interviewed female teens and young adults *(N* = 100) ages 16

to 25 years for their study on pimp control and violence. In their study, it appeared that a

number of participants were recruited into CSEC, but it was not clear what percentage of the

actual sample fit this description. Cobbina and Oselin (2011) analyzed interviewed accounts of

women (*N* = 40) ages 20 to 60 years (*M* = 36.5) from five cities in the United States. Twenty

women in their sample entered prostitution when they were under the age of 18. Finally, Nixon

et al. (2002) interviewed women ($N = 47$) ages 18 to 36 years who had been recruited into

prostitution before the age of 18, to examine their experienced levels of violence. From these

data, it would appear the average age of the sample was more similar than dissimilar than the

limited existing empirical literature on this subject.

Table 2

Selected Demographic Variables of the Sample (N = 40) of Adult Female Survivors

Demographic Variables	Frequency (*n*)	Percentages (%)
1. Ages		
18 – 29	7	17.50
30 – 39	10	25.00
40 – 49	15	37.50
50 – 56	8	20.00
2. Race or ethnic identity		
Black or African American	25	62.50
White or Caucasian	12	30.00
Mixed Race	2	5.00
Hispanic	1	2.50
3. Age when entered the life		
10 and under	6	15.00
12 – 14	17	42.50
15 – 17	17	42.50
4. Academic attainment prior to entering CSEC		
Middle school (grades 6-8)	22	55.00
Some high school (grades 9-12)	14	35.00
Other	3	7.50
Completed high school	1	2.50

Research Question #2 - Do the Social Demographics of the Survivors/Participants Influence

Their Vulnerability to CSEC?

The social demographics shown on Table 2 of race/ethnicity, age when entered the life, and academic attainment, had implications for vulnerability to CSEC.

Race/Ethnicity of Sample

As shown in Table 2, the majority of this sample identified as *Black/African-American* (25, 62.5%), while the least represented ethnicity was *Hispanic* (1, 2.5%). Race/ethnicity was mentioned in previous studies concerning child sexual abuse and exploitation as a variable that merited further understanding, as these experiences may have culturally specific significance (Holger-Ambrose, Langmade, Edinburgh, & Saewyc, 2013; Wyatt, 1990). Many participants spontaneously described being verbally abused because of their skin color, or racial identity. The perpetrators of this intolerance most often involved the participants' family members and/or school mates. These participants appeared to have subsequently internalized these demeaning, negative messages which later seemed to increase their vulnerability to entering sexually exploitive relationships.

An explanatory context for better understanding such internalized racism was provided by Boyd-Franklin (2003). This author differentiated between externalized racism (i.e., discrimination experienced outside of the family), and internalized racism (i.e., assumed beliefs that culminated in sense of shame about oneself) (p. 28). Internalized racism is apparent when members of a minority culture identify with, or reject the physical features of a dominant society, and is an outcome of the long history of racism in the United States and subsequent generations of discrimination. Among African-American families, internalized racism can sometimes be

seen in preferences for lighter skin, straighter hair, or more Caucasian facial features (Boyd-Franklin, 2003, p. 41).

Alternatively, internalized racism may appear as a strong rejection of Caucasian features, as these markers are often offensive reminders of slavery and the rapes inflicted by White masters which resulted in mixed-race offspring. Issues related to skin color, privilege, and racism can occur within other populations as well, including those who are of Hispanic or Asian descent. As there were no Asian survivors in this sample, and only one Hispanic, all examples of internalized racism came from the predominately African-American participants.

Thus, as related to CSEC, the theme of internalized racism seemed to create additional vulnerability for some African-American participants, by lowering their feelings self-worth and creating a drive for external acceptance. Related to emotional abuse, the degradation and humiliation inflicted by family members through racist remarks upon their children can be been defined as *spurning*. This is deemed a form of emotional maltreatment, especially when it is inflicted at high rates of frequency (Binggeli et al., 2001; Kairys & Johnson, 2006).

Indeed, descriptions of familial shaming because of skin color emerged during the first survivor interview. This researcher asked this survivor a question from the interview guide about emotional support received from her family between the time she was born and 10 years old. Her response detailed experiences of overt rejection based primarily on her skin color. The following rich text examples poignantly illustrated such feelings.

Danica (Northeast): I got a lot of flak about being light skinned, even from [my family]. [They would say things like] "she thinks she's better 'cause she's light skinned. Sit yo' yellow pus colored ass down."

Shortly thereafter, another survivor echoed similar events. She described a lack of emotional responsiveness from her father, which she related to her skin color.

Naomi (Midwest): He'd say he was coming to see us when we were little and I remember standing on the porch waiting and crying and didn't wanna go in the house because my dad was supposed to be coming and he was gonna come and everybody said, "Come in the house. He's not coming." The disappointment, but that still affects me. Gosh.

[My Dad] never told me he loved me. He never acknowledged that I was his daughter actually. I was too light. I asked my mother whether or not if I really was hers or if I was adopted. I used to ask it all the time.

Following is an account of how Danica connected how her skin color brought her acceptance and success in the life of prostitution.

Danica: So when I got into the life that was the only place that I felt it was okay to be light skinned because I started making a lot of money. The tricks like -- if they couldn't find a White girl they'd take me. If they wanted a Black girl and didn't want a dark skinned Black girl because they might be afraid she'd rob them, they'd take me. Ya' know what I'm saying. So that kept me out there many, many years. That was the only place I felt like I was beautiful and a star and I must be 'cause they keep giving me all their money.

Yet another survivor, Jada, described how her darker skin color related to her negative self-concept and subsequently influenced her positive feelings toward a lighter-skinned pimp who had approached her while she was in a restaurant at a penny arcade.

Jada (Northeast): My first pimp came to me. He was hot. He was gorgeous. I'm dark skinned. You had to be light skinned and this is my crazy saying. You had to be yellow to be my fellow. I'm straight crazy. He looked like Rod Stewart. He had the little gold streak in his hair. Because my self-esteem already played in me bein' black, my color.

Interviewer: Being dark?

Jada: Like dark skinned, right. So the opposite attract.

These narratives from these three African-American survivors seemed to indicate how their skin color influenced their feelings of self-worth. Jones (2000) provided further insights into additional levels of variables related to internalized racism:

It is characterized by their not believing in others who look like them, and not believing in themselves. It involves accepting limitations to one's own full humanity, including one's spectrum of dreams, one's right to self-determination, and one's range of allowable self-expression. It manifests as an embracing of "whiteness" (use of hair straighteners and bleaching creams, stratification by skin tone within communities of color, and "the white man's ice is colder" syndrome); self-devaluation (racial slurs as nicknames, rejection of ancestral culture, and fratricide); and resignation, helplessness, and hopelessness (dropping out of school, failing to vote and engaging in risky health practices).

Similar to the attributional factors of internalized racism noted by Jones (2000) and Boyd-Franklin (2003), these survivors [above] expressed how verbal rejection by their families, for being too light-skinned or too dark-skinned, ultimately influenced their interactions with those who sought to sexually exploit them. Previous literature had noted that all races and

ethnicities are represented in CSEC, although African-American girls seem to be arrested at higher rates than Caucasian girls (Estes, n.d.; Flowers, 2001). This may create the appearance that more African-American females than other races/ethnicities are involved in CSEC. It has also been noted that African-American adult women who reported severe to extreme levels of childhood emotional abuse were more likely to engage in prostitution than those with similar levels of trauma who identify as Hispanic or White women (Medrano, Hatch, Zule, & Desmond, 2003). Finally, there are no known studies that have explored how rejection and emotional abuse are seemingly interconnected with internalized racism, African-American females, and potential influence on entry into CSEC.

Age When First Sexually Exploited

Within the sample, 17 (42.5%) survivors first experienced sexual exploitation between the ages of 12 and 14. Six of the survivors (15%) were first sexually exploited at the age of 10 or under. The age of entry into CSEC has relevancy to prevention and intervention when combined with other variables such as relationship to first exploiter. As indicated earlier, age of entry in this present sample reflects similar age ranges already determined in previous studies (Barnitz, 2001; Estes & Weiner, 2001; Williams & Frederick, 2009).

Academic Attainment

Participants' experiences with school were explored through questions on both the VCS and the Interview Guide. As shown in Table 2, 55% of the participants were in middle school (grades 6-8), when they were first commercially sexually exploited. It has been noted that children who have experienced trauma often have difficulties in school with maintaining attention, developing an ability to finish a task, and concentration (Levine & Kline, 2007, p. 57). Additionally, children might appear as constantly fidgeting or as compulsive talkers, and unable

to stay seated (Levine & Kline, 2007, p. 57). One goal of exploring survivors' experiences in school was to determine if their academic difficulties, possibly triggered by traumatic experiences, had been addressed or recognized by families or teachers. The assumption put forward here was that if their behavioral problems were caused by certain troubling events, investigation into their origins may have yielded information that could have ended the sexual exploitation or may have prevented entry into CSEC.

Not surprisingly, the majority of the participants (88%) described difficulties staying focused, or maintaining attention during school. Their external displays did not seem to trigger demonstrated concern from school personnel, and these participants may have been viewed as students who were generally unmotivated or unengaged. Only five participants stated they had "no problems" when in school. These participants used school as "an escape," or as a place to be "the good child." The following are excerpts from survivor narratives that illustrate the difficulties experienced in school.

Interviewer: Tell me about school.

Danica: Couldn't stay focused. Was always talkative or joking and getting in

trouble to avoid doing the work. I could not stay focused. Lived in a lot of fear,

whether it was fear that another kid was gonna beat me up or a lot of times so

fearful if I got in trouble in school for something I'd be afraid all day of the fear

that my mother was gonna beat me.

Interviewer: So, how about with reading and math? Did you have any trouble

with reading or math?

Aaliyah (Northeast): Yeah, I don't – to this day, I don't read. I mean, I can read.

But I don't read, like – I even want – like, sometimes people be like, "___, why

don't you read books?" And like, I don't – things don't hold my attention very long. Like, I get very excited about something and then it goes away, you know? So...I don't know.

Interviewer: How about school? How'd you do in school?

Victoria (Northeast): Sometimes okay and sometimes not. Most of the times, not. You know, which I get why now, you know what I mean? Sometimes I had some all right grades and then sometimes it just wasn't. I wasn't applying myself….I was being touched every time I went over my aunt's house. I was too scared to tell because if I told then something's gonna happen to my family or, you know? So, I had this stuff inside of me. I was living out of fear.

Interviewer: How did you do in school?

Izabella (Northeast): I never read a book until I was in seventh grade. I didn't have any focus. I couldn't concentrate. I would often – During class we'd be having a discussion and I would raise my hand and talk about something totally different – way off the wall that was nowhere – My concentration was just not there. I was very creative.

Interviewer: How was school for you?

Naomi: School was good; science, math, art, gym, social studies and that, eh, couldn't stand it. I liked making the projects, but if it had to do with anything else other than projects that we did, nah. Couldn't do it.

Interviewer: Did you make good grades?

Naomi: Yeah, D's.

Interviewer: So you passed.

Naomi: Yeah, exactly. That's been a lot of things. I even passed my GED by as many as you can get wrong. I passed my drivers' test by as many as you can get wrong.

The VCS provided quantitative data about the participants and their academic attainment before they entered the life. In the sample, 55% had reached grades 6 through 8, and 35% were in grades 9 through 12 prior to entering CSEC. Additionally, one member of the sample had graduated from high school. The remaining survivors were in elementary school ($n = 2$), or were not old enough to attend school ($n = 1$) before they were exploited. In all, it appears that 90% of the survivors were enrolled in middle or high school at the time they were first commercially sexually exploited. It is possible that resources or helping professionals could have been accessed, if there had been enough awareness by the at-risk youth, or by their school professionals. This makes academic settings a potential portal for identification and prevention of vulnerable youth.

The outcomes of poor success in school have been studied in other settings. Variables affecting a lack of engagement, and school dropout included: individual effects, family effects, peers, and schools and community (Audas & Willms, 2001). CSEC and academic problems have also been noted as related variables (Clawson, 2009; Williams & Frederick 2009). In general, causes for dropping out of school have been described on a continuum of issues leading to a decision point rather than a singular act of rebelliousness (Audas & Willms, 2001). This study provided similar findings to samples without histories of CSEC, including the inability to concentrate/focus caused by undiagnosed learning disabilities or abuse suffered in the family.

Bullying. Closely related to events that might cause academic difficulties is the issue of bullying. Seven survivors (17%) described ongoing rejection from their middle

and high-school peers related to their race, physical appearance, early puberty, and/or academic abilities. Ava commented that, "kids [made] fun of me at school 'cause I was Black and then [they made] fun of me 'cause I had to go to special ed classes 'cause I wasn't able to be in a normal classroom with them all day. So I got called stupid and stuff." Others commented on parent/child lunch days and being ostracized because they were the only White children with Black parents in attendance.

Evelyn identified herself as Black, and described being bullied in school because her skin was a different color than her parents, "I was brought up in a White household and I always was confused. I'd get teased at school 'cause most of the schools I went to were predominantly White. So they'd ask me, "Why is your mom and your grandma and your grandpa - everyone else is White but you have darker skin?"

Finally here, Shields and Cicchetti (2001) found that children who experienced maltreatment in their homes through acts of commission (i.e., physical or sexual abuse), were at risk for being victimized or exploited by their peers. Further research has indicated that multiple connections between a child victimized by physical or emotional abuse, and subsequent rejection by their peers (Hong, Espelage, Grogan-Kaylor, & Allen-Meares, 2012). As such, victimization from bullying may be seen as part of a chain of events beginning with childhood maltreatment, and possibly culminating with CSEC. This presents another area to target for prevention for certain at-risk youth such as these. Table 3 further explains other selected variables on the VCS, and their relationship to ages of entry into CSEC.

Exploiting or corrupting is a deemed form of emotional maltreatment which includes the modeling or encouragement of inappropriate behaviors, such as involving children in sexual

relationships with adults or in prostitution (Garbarino et al., 1986; Kairys & Johnson, 2002, pp. 26-27). In the study, 77.5% of the survivors were first engaged in CSEC by someone who was known personally to them. Of these exploiters, 12.5% were family members. That the majority of the survivors knew their exploiters prior to CSEC was similar to previous literature findings, which noted that most child sexual abuse victims knew their offenders before their abuse occurred (Berliner & Conte, 1990).

Table 3

Selected Variables of Entry into CSEC by Age (N = 40)

	Ages of Entry into CSEC (%)		
Selected VCS Variables	10 and under ($n = 6$)	12-14 ($n = 17$)	15-17 ($n = 17$)
1. First pimp or seller who arranged for a john or a seller			
Biological family member	33.33 (2)	11.76 (2)	5.88 (1)
A friend or acquaintance from school	-	17.65 (3)	17.65 (3)
A boyfriend or girlfriend	33.33 (2)	52.94 (9)	52.94 (9)
A stranger	33.33 (2)	17.65 (3)	23.53 (4)
2. Place of residence before CSEC			
Living with biological family or adopted family	66.67 (4)	58.82 (10)	64.71 (11)
Living with relatives or extended family	16.67 (1)	35.29 (6)	29.41 (5)
Living on the streets	16.67 (1)	5.88 (1)	5.88 (1)

Note. Percentages may not total 100% due to rounding

Outcomes from other VCS variables (i.e., relationship to first pimp and place of residence) support the actual survivors' narratives, indicating that the younger the victim, the more likely she was exploited by a family member. As shown in Table 3, once survivors in this

sample aged to middle or high school (ages 12 – 17), they were more frequently exploited by a boyfriend/girlfriend who sometimes became their pimp. Given these results, consideration should be given to the age of the victims, and similarly their relationships to their exploiters. Some of the more dated literature in this area has indicated that the majority of females were recruited by pimps who were external to the family structure (Finkelhor & Ormrod, 2004; Giobbe, 1993). However, this might not always be the case, especially for younger victims who were recruited by family members as was found in this study.

Pimps Who Were Family Members

Elizabeth endured emotionally abusive and sexually exploitive acts first from her older sister, then in turn from her mother. She was initially sexually exploited when she was 12 years old, in middle school, and still living at home. Specifically, her older sister arranged for her to have sex with boys. Even though her sister was sexually exploiting her, Elizabeth did not perceive or refer to her sister as a pimp. She described her sister as mean and abusive, physically assaultive toward her by pushing her head under the water in the bathtub and verbally threatening to do more damage, if Elizabeth told their mother.

At 15 years old, Elizabeth became pregnant and had an abortion. A couple of years later she became pregnant again, but had the baby and married the father. She was a straight-A student and in the 11th grade when she dropped out of school. She said her husband smoked weed, abused other illegal substances, and was eventually arrested on unrelated charges. This is when Elizabeth met the person who she identified as 'her first pimp.' She described him as "giving her the attention [she] wanted and needed." The man was just released from jail, and his kind words to her counteracted the harsh words of her sister who called her "ugly" among other things.

Soon, the man met Elizabeth's mother, and they formed a "business relationship." She believed that her mother negotiated a financial arrangement with this pimp, whereby both the mother and the pimp were making money by selling Elizabeth for sex. She described her mother's overtly demeaning and dismissive comments after a night out when this pimp had been physically violent.

> **Elizabeth:** There was once, one time, I wanted to kill myself. I remember that. Oh my goodness, I remember that. It was after I was with my pimp and he had – this is the day he had beat me. I had on a white suit and he had beat me up so bad that the whole front of my suit was red and my mom asked me. She goes, "Well, what did you do?"
>
> **Interviewer:** She asked what did you do?
>
> **Elizabeth:** So that night I remember going to her cabinet and taking a handful of pills and swallowing 'em and I can remember her saying, "You're stupid," you know? Yeah, I can remember her saying that and that's when, like, you know, don't ever do that again, you know what I mean? She told me I was stupid for trying to do it.

It was not clear if Elizabeth's mother thought she was "stupid" for trying to kill herself or because she thought that her daughter had made her pimp mad. Elizabeth went to the hospital after her suicide attempt and believed it was her desire to eventually change her life that kept her from dying; however, it took many years before she was able to leave the life. Today, Elizabeth has two adult children and an 11 year old. The father of her middle child was another pimp. The oldest two children had been removed from her care during their young lives, but she is now in

contact with them and trying to build relationships. Elizabeth is currently out of the life, clean and sober, and raising her youngest child.

Pimps External to the Family

As illustrated below, there were some survivors who were lured into CSEC by persons they felt emotionally close to, but who were outside of their family or extended family unit. The VCS revealed that 50% of the survivors in this study were initially pimped by their boyfriends/girlfriends. For example, Jada's pathway to CSEC began when she ran away from home and was met by a pimp. She said she first ran away because she was "rebellious," and nobody was going to tell her what to do. Jada contributed the start of her defiant behavior to her unresolved grief following her father's unexpected death. Within her family, she was emotionally closest to her father, but he died suddenly in a fire when she was 6 or 7 years old. The researcher asked what she remembered about the death of her father and any ensuing family support, and here was her answer.

> **Jada:** I think life just went on. I'm not saying that [my mother] didn't have any emotions about it, but because I was young, too, and I was doin' my own thing by tryin' to escape to my own self, as I got older and I would come in and out of the process, sometimes I'm here, sometimes I'm not, sometimes I'm here, sometimes I'm not.

The lack of emotional support from her mother following her father's death was compounded when Jada later became a victim of sexual abuse. She described her mother as "young" and "struggling" to raise the family as a single caregiver. Her mother did not have extended family members who were able to assist with childcare, so she would sometimes leave Jada, and Jada's younger sister, with babysitters. During one such time, a babysitter's family

members sexually molested the two girls. After this, the sexual abuse from these family members became a frequent occurrence. Jada's mother had taught her to keep family matters private and as a result Jada did not disclose the sexual abuse.

> **Jada:** I learned the hush, hush game from [my mother] because when I'm talkin' about, for instance, if the telephone rang and she'd be like, "Don't answer the phone." Or if someone knocked on the door. Ya' know what I'm sayin'. We ain't home. So I learned that one real fast, real early on in life.

At 12 years old, Jada ran away. She was befriended by a man whom she found out later was a pimp.

> **Jada:** So he looked at me and I looked at him, but he didn't come in no disguise, like the hat with the feather on the side or some high heeled platforms. He looked good. He looked at me and I looked at him and I was like 'wow'. I really thought that he was gonna be my boyfriend. I was real grateful that when I got up to that house I seen a whole bunch of people runnin' around. They looked like they was in place and they looked flawless and stuff and I was the only one that was feelin' some kind of way. It was one of the girls that came and they communicated with me it gave me a sense of peace like I was safe like nobody was gonna take me up here to kill me. So by them doin' that, now I wanna show my loyalty. Well they're my friend. They like me.

The pimp had taken Jada to a house where there were women who taught her how to have sex with the customers. She remembered that she was paid $15.00 per sex act when she first started in the life.

Jada: Then my first experience I can remember, too. I remember the girl was like, "All you gotta do is just come with me, girl." She's like, "You don't gotta do nothin'. I'm gonna show you. You don't have to do nothin'. Don't worry about it." I remember getting in a room with two guys and I remember I watched her and I remember her givin' the guy a blow job and I remember I was mortified. I was mortified. But I went back.

Outcomes from Jada's CTQ scores for sexual abuse were in the *severe to extreme* range, which was anticipated given her shared experiences with the babysitter's family members. The remainder of Jada's CTQ outcomes revealed almost no instances of physical and emotional abuse, moderate levels of emotional neglect, and moderate to severe levels of physical neglect. Jada's memories from the interview supported the low CTQ scores for childhood physical and emotional abuse. Her perception was that she came from a "loving and caring family." She was supportive of her mother's caregiving efforts as she commented that, "the only thing she couldn't do was our hair. So we were dressed. We had the canopy beds. When she seen that one neighborhood was out of order where she didn't want her kids to be in that neighborhood, we moved to a better place."

As well, other scenarios as recounted by Jada supported her CTQ scores in the moderate range for emotional neglect. For example, Jada reported memories of her father's death in which she indicated receiving limited emotional support from her mother to help her understand his sudden absence and the resulting changes in family dynamics. As well, Jada kept to herself the information about the sexual abuse she experienced, and thus she received no emotional support. She also recounted during her interview that she felt like she was "emotionally missing something," while she was a child.

The moderate to severe subscale scores for physical neglect on the CTQ may have been a reflection of what occurred during Jada's childhood with her "struggling" single, caregiver mother. Items here asked about availability of food and clean clothing, whether or not medical care was provided, and if the respondent felt protected. It appeared from Jada's responses that these items were not endorsed on the subscale. The outcomes from Jada's narrative and survey responses are supported in the literature which noted that "physical neglect always has some emotional impact on a child (Daniel, 2005, p. 13). Additionally, emotional neglect can occur without the presence of emotional abuse (Minty, 2005, p. 66).

Another survivor, Samiyah, was 16 years old when she moved out of her mother's home. She secured a job and was working for minimum wage when she met a man who told her how much money she could make by selling drugs for him. She described [during her interview] how insecure she felt because of her skin color and her worn out clothes, and she remembered that this man made her feel special. Samiyah eventually moved into the man's apartment, but he later skipped town when the rent came due. A female friend of his came by the apartment and told Samiyah she knew of another way for her to make money.

Samiyah: So she said, "Okay I know how you can get money, if you do this." And she's the one who taught me how to wear makeup, how to do my hair and all this and such. She is the one who turned me out.

Interviewer: Did she keep the money from it?

Samiyah: Yes, but it's funny because in my mind it's like, "She's looking out for me," because she would set up these plays. She would set up the dates and the johns. So I'm like, "Oh she's looking out. She's doing all these things for me. I'm going to give her this." In my mind – but that's – in reality that's not the way it

was because she would've – whether I felt like that or not she would've been getting that money.

Interviewer: Was she older than you?

Samiyah: Yep. I was 16. She was probably 25 or 24.

Yet another survivor Aubrey, described her experiences with CSEC and gave additional insights into how pimps external to the family, could be neighbors or close family friends. Aubrey was first sexually exploited by a close family friend. Additionally, she grew up observing models of sexual exploitation, and believed that her mother knew what was happening but did nothing to intervene. The role models were Aubrey's two sisters who were in the life, but frequently returned home for brief respites from their violent pimps.

Aubrey: And I looked at him as an uncle because I been knowin' him since I was nine. My mom knew him. We rented from him. He had several houses he owned so we rented from him. We barbecued. We lived in the same house he did. It was just like Uncle Leon turned into Trick Leon.

Interviewer: Did your mom know what happened?

Aubrey: My mom had some kinda' idea 'cause I started bringin' home TVs and drivin' cars and all this kinda' stuff and she was strugglin'. So, I felt like I had to take care of my mom and my nieces and my nephews who my mom was takin' care of. We was on public assistance. She just used to say things to me like, "I don't know how you're doin' it, but thank you for doin' what you're doin'." You know what I'm sayin'? Like that because she was gettin' sick and she was gettin' old and she couldn't do very much anymore. She couldn't work anymore, but I think she knew.

Aubrey's sister was 14 when she entered CSEC, and she was later murdered by the pimp who exploited her. A second sister was also sexually exploited and physically abused. Aubrey witnessed what happened to her sisters and thought it was how everyone else lived. As she described it, "nobody ever told me the definition of prostitution. Sugar daddy used to mean just sugar daddy. Prostitutin' a trick was just like I'm gettin' money from you. I ain't prostitutin'." Findings similar to this perception were similarly reported by Cobbina and Oselin (2011) who noted that 40% of the adult women in their sample of street prostitutes had been socialized during childhood, into exchanging sex for income. Their study's participants learned about the life of prostitution through observation of family members and others in the neighborhoods in which they lived (Cobbina & Oselin, 2011).

Place of Residence When First Sexually Exploited

Surprisingly, none of the participants were staying in shelters, or living in group/foster homes at the time of their recruitment into CSEC. As indicated in Table 3, only three survivors were living on the streets at the time they were first sexually exploited. Almost 60% of the participants were living with their biological or adopted families when they were first sexually exploited. This is in contrast to other studies which indicated many of these vulnerable youth are on the streets or in the foster care system (Fong & Cardoso, 2010). This study implied that there are no absolute or definitive models for youth who are vulnerable to CSEC.

Positive Childhood Experiences

Participant interviews began with an initial inquiry concerning positive childhood experiences. This was designed to allow participants opportunities to reminisce about events that may have made them feel happy or safe, while they were children. Additionally, asking about such positive experiences allowed the researcher to sift through participant histories for

narratives, which might provide opportunities to conduct more in-depth case analyses. The question was purposefully open-ended, and there were only a few participants who needed verbal prompts (i.e., asking about birthdays or other celebrations) to cue their recall. The vast majority of the participants (over 80%) began with such positive memories that this researcher thought they may not have experienced abuse or neglect during their childhood years prior to exploitive relationships. This was not the case. All survivors eventually provided descriptions of one or more forms of childhood abuse or neglect during their interviews.

The question concerning positive childhood experiences triggered strong emotional responses from many in the sample. A few cried and explained that they had not thought about their families and childhood years for quite some time. The emotions displayed when talking about 'happy moments' seemed to be expressions of grief, in stark contrast to their subsequent descriptions of childhood abuse or neglect, which were discussed in a more matter-of-fact style. Some were surprised by their own deep emotional responses and it was apparent that although these memories were pleasant, they were combined with pain. The researcher's impression was that no one, including therapists, spent time asking about the 'good or happy events' in their lives, the details of which might have been used to draw upon their personal strengths. The survivors' positive, although emotionally-laden, memories most often involved experiences with extended family members, especially grandparents.

Interviewer: What positive experiences do you remember from childhood?

Jada: Hanging out with my grandparents, getting up in the morning and having breakfast with my grandfather, eating his runny, scrambled eggs and drinking coffee with him at like age three and going on walks with him. He was from the south, couldn't read or write, loved his family and you'd walk with him and he'd

be like, "This is one of my grands." My fondest childhood memories are spending time with my grandfather.

Interviewer: What positive experiences do you remember from childhood?

Natalie (Midwest): I had great parties and stuff, like tent parties in the summer with my friends. Me and my brother and sister were real close. We had a nice life. We had really nice Christmases, family gatherings. My grandparents had a cabin up north; spent our summers up there.

Interviewer: So what positive experiences do you remember from growing up?

Ava (Midwest): Being with my grandfather. He was a seventh degree Black Belt in taekwondo. So my mother had me when she was 15 so my grandfather spent a lot of time with me. He loved me a lot. He spent a lot of time with me, took me everywhere with him. He spoiled me. He showed me that he loved me more than anybody ever did in my life. So those are positive childhood memories that I have was from him.

Interviewer: What positive experiences do you remember from childhood?

Grace (South): [My Grandfather] was at the one safe place for me. My mom had been married. My mom married and divorced a lot. By the time I think I was 14 she had been married 4 times. It was always men that were in the military. So when they'd be out to sea, she'd do her own thing. So she'd always leave me at my grandparents' house. So my grandfather was the one safe place for me.

Not all of the participants however, could remember specifics about their childhood experiences. Madison and Emma, both from the South, stated they had no specific memories of their childhoods – only 'vague recollections.' These survivors also had extremely young

childhood involvement with prostitution and drugs (i.e., Madison from infancy, and Emma from approximately 5 years old).

Madison was born with illegal drugs in her system. She was immediately removed from her biological mother's care and placed in a kinship care setting with her maternal grandparents. Madison was later sexually molested by her maternal grandfather while living in their home. After her grandmother died, she was reunited with her biological mother who then swapped the girl for drugs in a financial exchange with a drug dealer. Madison was 12 or 13 years old at the time of the exchange and was sexually exploited by the drug dealer for 6 years.

> **Madison:** I just remember I ended up with her drug dealer. I think she was trying to get drugs or whatever. Then I was with him for about six years after that. When I went with my mother to his place that night they shot me up with dope. It was the first time I shot up with dope. It was my mother who injected the needle.

Shortly before she was sold to the drug dealer, Madison met her biological father for the first time in her life. Within her brief description, she stated five times, that her father was in her life for only one day. Her father asked for something, got what he was looking for, and then left her. Madison expressed feelings of excitement and anticipation that she was meeting her father. There was a willingness to comply with his request so he would stay. Ultimately, she was disappointed and confused that he left and never came back.

> **Madison:** I met my dad once. One time. I remember getting some drugs for him and then that was it. It was one day. It was only one day. He was gone. He was there one day and he was gone. I was probably about 12 then. My mom called me over at my friend's house and told me I need to come home. My dad was

there. I went in and he was there and he wanted some dope. I got him some
dope. I think he took me to the mall and he bought me a skirt and I bought a little
Crown Royal. Then, I just know he was gone after that.

The next survivor, Emma, remembered being told that when she was an infant, her
mother died and she was "taken in" by another family. This new family sold Emma as a sex
slave in auction-type settings from the time she was a small child until her teenage years. Emma
had no knowledge of any legal arrangement with the new family, or if it was formalized through
the courts and/or through child protective services. Her perception was that the living
arrangements were informally planned and completed outside the regulations or oversight of a
foster care or adoption agency. Her history made the researcher ponder if she perhaps had been
sold, or given away by her biological family to the new family. Emma described her new family
as "typically middle class, living in a subdivision". Her new mother taught pre-school, and her
new father taught high school. Emma's earliest memories were of sexual molestation and of
being sold to men for sex.

> **Emma:** I don't remember a time that it wasn't happening. I remember my
> earliest memory, conscious memory, was of them doing that to me. That was my
> first memory that I have is of them molesting me and selling me to people. They
> would come in the house and that's how they saw me as they would come in the
> house where I was living or if they went on trips or whatever.

Although there were one or two others with no positive memories, Madison and Emma
stood out [from the sample] for their inability to recall any specific details of their childhood.
Both were seemingly "lost" to formal systems of care as they were apparently placed into
families without agency involvement. These survivors also did not have contact with informal

systems, such as shelters, outreach services, or other resources which are sometimes available to homeless, or runaway/throwaway youth. To date, no known empirical literature has examined the phenomena of young children who have had no contact with formal and/or informal systems of care, who are also ensnared in CSEC. Thus, although other studies have indeed looked at these systems as entry points into CSEC, there may be other children with histories similar to the two above, who are off the radar screen of any system.

Research Question #3 – What Are the Experiences among the Sample of Childhood Maltreatment?

This research question explored experiences of childhood abuse/neglect of this sample, by presenting their interview responses integrated with relevant quantitative findings from the CTQ.

CTQ Findings

The authors of the CTQ set cut scores for each classification (e.g., *none or minimal*, *low to moderate*, *moderate to severe*, and *severe to extreme*) of type of trauma (e.g., *emotional abuse*, *physical abuse*, *physical neglect*, *sexual abuse*, and *emotional neglect*) (Bernstein & Fink, 1998). In an effort to maximize detection of childhood maltreatment, the researcher used the lowest score within each classification range, as recommended by the instrument's authors (p. 17). Across the five noted dimensions of childhood trauma, only sexual abuse lacked endorsement in the *none-minimal* classification. The highest frequency of occurrence for any of the five classifications was found with African-American survivors in the category of sexual abuse (96%). The lowest frequency of occurrence for the classifications was within the child maltreatment dimension of physical neglect, in which 27% of the entire sample endorsed the classification of *none-minimal*. Only three people total identified as Hispanic or mixed race.

This smaller number did not discern any patterns across all child maltreatment types. Table 4 provides a summary of the CTQ scores of the sample by race/ethnicity, according to the classifications listed in the CTQ manual (p. 55).

Table 4

CTQ Maltreatment Classifications by Race (N = 40)

Maltreatment Types/ Classifications	Race/Ethnicity (%)			
	Black/ African-American % ($n = 25$)	White/ Caucasian % ($n = 12$)	Mixed Race % ($n = 2$)	Hispanic % ($n = 1$)
1. Sexual Abuse				
None-minimal	-	-	-	-
Low-moderate	-	16.67 (2)	-	-
Moderate-severe	4.00 (1)	25.00 (3)	-	-
Severe-extreme	96.00(24)	58.33 (7)	100 (2)	100 (1)
2. Physical Abuse				
None-minimal	16.00 (4)	41.67 (5)	-	-
Low-moderate	12.00 (3)	-	100 (2)	-
Moderate-severe	32.00 (8)	8.33 (1)	-	-
Severe-extreme	40.00(10)	50.00 (6)	-	100 (1)
3. Physical Neglect				
None-minimal	16.00 (4)	50.00 (6)	-	100 (1)
Low-moderate	12.00 (3)	-	100 (2)	-
Moderate-severe	32.00 (8)	25.00 (3)	-	-
Severe-extreme	40.00(10)	25.00 (3)	-	-
4. Emotional Abuse				
None-minimal	4.00 (1)	16.67 (2)	-	-
Low-moderate	8.00 (2)	-	-	-
Moderate-severe	28.00 (7)	33.33 (4)	100 (2)	100 (1)
Severe-extreme	60.00(15)	50.00 (6)	-	-
5. Emotional Neglect				
None-minimal	8.00 (2)	41.67 (5)	-	-
Low-moderate	24.00 (6)	8.33 (1)	100 (2)	100 (1)

|				
Moderate-severe	12.00 (3)	8.33 (1)	-	-
Severe-extreme	56.00(14)	41.67 (5)	-	-

As indicated in Table 4, over half the participants reported *severe to extreme* levels of childhood emotional abuse (52.5%, *n* = 21), and sexual abuse (85%, *n* = 34). Less than half reported *severe to extreme levels* of childhood physical abuse (42.5%, *n* = 17), physical neglect (32.5%, *n* = 13), and emotional neglect (47.5%, *n* = 19). Generally, Black/African-American participants reported higher rates of childhood maltreatment than did the White/Caucasian participants. It has been recommended that caution should be used when interpreting differences between race/ethnicity, and types of childhood maltreatment based on certain CTQ scores, particularly within the physical abuse subscale (Thombs et al., 2007). Specifically, researchers have noted there may be definitional variations [of abuse and neglect] between cultures, especially with concepts such as physical punishment and physical abuse, that could ultimately affect subscale findings (Thombs et al., 2007).

Stoltz et al. (2007) used the CTQ subscales to measure levels of childhood abuse/neglect while examining associations between childhood maltreatment and involvement in the sex trade. These researchers considered their study to be the first to show an independent relationship between childhood emotional abuse and involvement in CSEC (Stoltz et al., 2007). They analyzed the responses of a cohort (*N* = 361) of street youth, ages 14 to 26 years, from Vancouver, Canada. Prevalence rates of abuse/neglect in their study were determined by collapsing the four classifications of scores in the CTQ (*none to minimal*, *low to moderate*, *moderate to severe*, and *severe to extreme*) into dichotomous classifications of "abuse" or "no abuse." Within their sample, 87% of participants reported emotional abuse, and 93% reported

emotional neglect. Other types of maltreatment within their sample were evident with 32% of

participants reporting sexual abuse, 73% reporting physical abuse, and 85% reporting physical

neglect (Stoltz et al., 2007). Figure 3 presents a comparison of the CTQ outcomes between

Stoltz et al. (2007) and the CTQ outcomes of this present study using this same dichotomous

summarization.
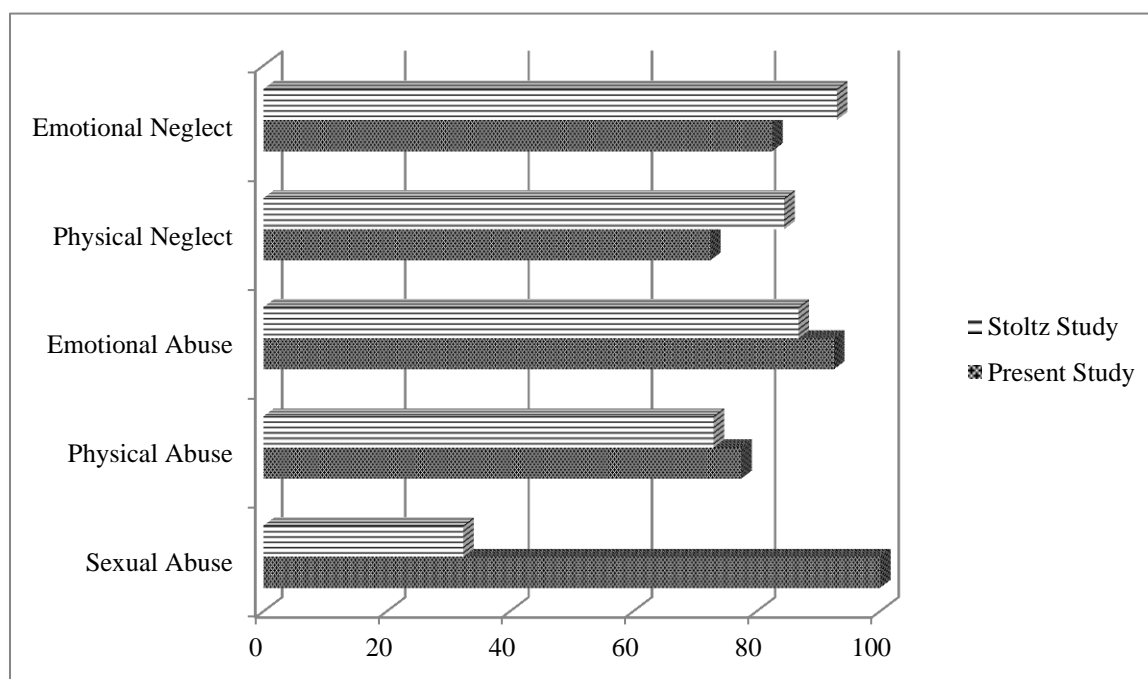
Figure 3. Prevalence (%) of abuse types based on dichotomized CTQ subscale scores:
Comparison of outcomes from Stoltz et al. (2007) study and the present study

As indicated in Figure 3, dichotomized findings from this study revealed that 92.5% of

these participants reported emotional abuse, while 82.5% reported emotional neglect. Other

experiences of maltreatment within this sample were: sexual abuse (100%); physical abuse

(77.5%); and physical neglect (72.5%). Although there were methodological differences

between the Stoltz et al. (2007) study and this present research, Figure 3 reveals that the findings

of the CTQ scores were overall remarkably comparable, with the exception of very different scores from the sexual abuse subscale.

Differences between these studies within the demographic of gender might offer a possible explanation for the dissimilarities in the sexual abuse subscale scores. For instance, Stoltz et al. (2007) included males within their sample and only 29% ($n = 106$) were female. Survivors from this present study were all female. Gender differences in disclosure of sexual abuse have been noted in the literature with males disclosing at much lower rates than females (Priebe & Svedin, 2008). Despite these differences, the findings from Stoltz et al. (2007), and in this present study support the use of the CTQ for the purposes of prevention and/or intervention of CSEC, across different racial/ethnic and gender mixed samples.

Survivors' Perceptions of Childhood Emotional Abuse and Emotional Neglect

Two survivors were asked for their personal definition of *childhood emotional abuse.* The intention behind this question was that personal definitions of the term from these survivors may have implications for prevention programs. Danica and Emma provided their own definitions here, which moved beyond simple provisions of meaning, to revealing some rather insightful and striking details of what they had endured.

Interviewer: What is your definition of childhood emotional abuse?

Danica: My definition? Calling your children names, telling them they're not gonna be shit, making everything your fault. I was bullied a lot. So when I would go back and tell my mother people did things to me, it was always my fault. Ya' know what I'm saying? So I walked around in a lot of fear because my mother just wasn't there for me. She wasn't there if I got in trouble for school.

Those are the scars, the things that my mother said to me and her being

unavailable and how she embarrassed me all the time, those are the scars that I

carry. I had welts on my legs from extension cords. That didn't bother me like

the emotional abuse. So emotional abuse is really talking down to your children,

tearing their self-esteem apart. So for me emotional abuse means tearing your

children's self-esteem to goddamn shreds and making them seem not important,

no encouragement to move on. Just tear 'em down and make it to a place where

they can't even come or go. That they fear to go to her with anything positive.

That's emotional abuse to me.

Danica further commented on how the wounds of emotional abuse were more difficult to

bear and longer lasting, than wounds suffered from physical abuse.

Interviewer: You had said that you had the marks on your legs and you could

deal with that a little bit easier than the emotional piece. Tell me how you feel

like the emotional piece is more difficult.

Danica: Because that's what tore me down. I think it's easy to say when I got a

beatin' I did something wrong. My mother wasn't a person that -- not justifying

her, but she didn't come and just beat you for no damn -- you didn't just get a

beating -- the emotional abuse, you didn't have to say much to get that.

Interviewer: What is your definition of childhood emotional abuse?

Emma: I think tearing down a person to where they think that they're nothing.

For me there was not one single loving thing that was said or done for me. It was

always cursing me or calling me names. To me that's emotional abuse. Then not

being allowed to even have my own thought process.

Danica and Emma described their experiences with emotional abuse, which involved acts of commission by caregivers. Alternatively, Brianna described the emptiness she experienced through the emotional indifference of her alcoholic mother. Her comments described emotional neglect, which is an act of omission.

Interviewer: What do you remember about emotional treatment from your childhood?

Brianna: Well, I was the type of child that never got any attention. I just always spent time by myself, whether it be playin' by myself or different stuff, but I was always a child - like, I never got beat with a belt or nothin'. I just didn't get anything. I didn't get verbally abused. I just didn't get anything and that's worser than gettin' anything. I mean just didn't get anything. Just was there.

Brianna went on to communicate her deep emotional pain from a lack of connection with her mother. She was one of the few survivors who could not recall positive childhood experiences. Even when prompted with questions about birthdays or holidays, she replied that her mother was always drinking, so there were no celebrations. Her individual CTQ scores supported her interview responses, as she scored in the *severe to extreme* range for both emotional neglect and emotional abuse. In addition to her feelings of emotional rejection by her mother, Brianna described her needs for closure and an apology, for acts that she believed made her vulnerable to subsequent sexual exploitation.

Brianna had been sexually abused as a child and as a teen by her biological father. Her mother was unable protect her from the abuse. The family also frequently relocated, disrupting Brianna's social and academic connections, thus she never finished school. At 55 years old, she was still trying to obtain her GED. Brianna had two children, having her first child at the age of

14 and second at 17. Both children were subsequently taken into custody by child protective services, but she worked through the system to have them returned and she now has relationships with them.

At 13, Brianna was sexually exploited by a male family friend. Afterwards, he gave Brianna a paper sack with money in it, and told her to say she had found it. Her mother saw the money but did not question Brianna about its origin. Her mother's lack of concern about the money was interpreted by Brianna as implicit permission to be compensated for sexual acts. At the same time, the ongoing sexual abuse by her father seemed to reinforce her belief that it was normal and acceptable for men to use her body.

Brianna shared that she felt ostracized from her family because of the sexual abuse, and her later drug and alcohol use. Throughout her adolescence, her father continued to impress upon her the need to keep their secret, suggesting that if she told, it would be in the media and everyone would know what happened. She kept the secret, but the burden became so unbearable that she started cutting her wrists. During this time, her father was diagnosed with an advanced stage of leukemia. and laid dying in a hospital. She refused to visit him and her family pressured her to reconsider, not knowing the history she shared with her father.

Interviewer: So you said you did go see your dad in the hospital?

Brianna: Yeah, I did. I finally did and when I did I expected him to apologize to me because what I always believe is that people on their death bed, they make amends. So when I did go, like I said, I didn't wanna go, but everybody started questioning in my family so I went, but when I went I expected him to apologize to me. I was in the room with him by myself. So I just really expected an apology and he said that he wasn't afraid to die and that threw me. I couldn't

understand why wouldn't he be afraid to die after what he had did to me all my life. So I didn't get it then. Time went by. I would go see him and I was there when he took his last breath and he never apologized. So it was like he left it on me and my life just got worser. I feel like if he'd apologized to me my life wouldn't have been as hard or lots of things wouldn't have happened just as it has happened, but he didn't. So it left it on me.

Brianna was 13 when her father died. The lack of the needed apology propelled her deeper into the world of prostitution. The broken connection with her family never healed. She left school when she became pregnant, thus severing one of the remaining ties she had to something stable. Brianna no longer belonged to anything.

> **Brianna:** I wanted more drugs, more alcohol. I just wanted a lot more. Just I couldn't deal with it. I couldn't deal with the prostitution and I couldn't deal with bein' sober. So I had to have the drugs to help me escape. The prostitution was what supplied it.

Brianna shared her dream of a 'family' that she developed as a child.

> **Brianna:** Well used to be when I was growin' up I used to watch *Father Knows Best* on TV. I always pictured that as – I always wanted that when I was young kid. I always pictured my life being like that. I pictured my life for many years being like that and it never was and I still have that. I still remember and I still want that. Somewhere inside me still wants that white picket fence with the kids and a good husband. It's the *Father Knows Best* stuff. So that's what I always wanted.

Brianna was not the only survivor to mention the dream of the "white picket fence" and the desire for a home with a husband and children. Aubrey used these exact words when she described the life her sister had, and how that life what she also wished for.

Bloom (1996) encouraged practitioners to apply thoughtful consideration to the nature of a problem, before attempting to achieve a goal that changes a problem (p. 328). Clearly, any psychological damage that underlies the experiences of survivors such as these, must be explored before determining what will be most effective in preventing the problem of CSEC with at-risk youth. The CTQ outcomes of the sample support this notion with almost half scoring in the *severe to extreme ranges* for emotional abuse (52.5%) and emotional neglect (47.5%). These high percentages are especially striking when compared to the results of a meta-analysis of 69 studies that utilized the CTQ in clinical, community, and victim samples (Baker & Maiorino, 2010). Within their combined community samples, 15.4% reported severe to extreme emotional abuse, and 13.1% reported severe emotional neglect (Baker & Maiorino, 2010). As well, their clinical samples reported 32.2% for severe to extreme emotional abuse, and 19.1% severe to extreme emotional neglect (Baker & Maiorino, 2010). Findings in this present study of such extreme levels of childhood emotional maltreatment as experienced by CSEC survivors, indicated a critical need for building awareness of the prevalence of emotional abuse/neglect within populations of at-risk youth.

Protective Factors

Positive childhood experiences point to the notion that relationships with extended family members may provide protective factors, which may shield youth from experiencing emotional harm. Scores on the CTQ Emotional Abuse and Emotional Neglect subscales belie this assumption. As the previously described "positive experiences" showed, the care that survivors

received from extended family members was not enough to lessen the impact of emotional abuse/neglect inflicted by immediate caregivers.

Ava spent extended amounts of time with her grandfather yet scored in the *severe to extreme* range on the CTQ Emotional Abuse subscale. As well, Danica, who had the positive memory of having breakfast with her grandfather and eating his runny, scrambled eggs, scored in the *severe to extreme* range on the Emotional Neglect subscale. It may be that although the quality of relationships with extended family members was strong, the frequency of experienced protective factors may not have been enough to overcome the emotional abuse or neglect experienced within the immediate family. The *National Plan to Prevent the Sexual Exploitation of Children* advocated for research that builds protective factors in children and communities (The National Plan, 2012). In addition, Todres (2010) cited a need for increased public health related research to determine community protective factors, and informed prevention program design. Beyond these recommendations, there is a dearth of literature addressing possible connections between CSEC, protective factors, and prevention. Outcomes from this study also indicate the need for increased exploration into protective factors for youth at-risk for CSEC.

Research Question #4 – What Were Some Identified Themes Related to CSEC Prevention for This Sample?

Analyses of the survivors' narratives' data revealed some difficulties/challenges with certain helping professionals (i.e., mental health professionals, physicians, law enforcement, and teachers) prior to entering the life. These obstacles, along with other issues related to their previously noted childhood abuse and neglect, potentially hampered CSEC prevention efforts. Six identified themes that related to CSEC prevention for this sample were:

1. Difficulty trusting medical and mental health professionals

2. Difficulty trusting law enforcement officials

3. Protecting their mother

4. Substance abuse, eating disorders, and other self-destructive behaviors

5. CSEC awareness and their teachers

6. CSEC awareness and at-risk youth

Difficulty Trusting Medical and Mental Health Professionals

These survivors often did not find their experiences with therapists or physicians useful or helpful. In addition, their encounters were sometimes exacerbated by previous feelings of distrust to such professionals. This lack of trust was interpreted [by the researcher] as originating from their own feelings of shame, potentially from experiences with one or more forms of childhood abuse/neglect. As well, they expressed fears of harm to themselves, or family members, by their abusers. For example, Emma shared her thoughts on trusting therapists, and how building any trust with her might take more concerted efforts by different professionals, perhaps in varying settings.

> **Emma:** So I think that you can't just see somebody once a week and determine
>
> that -- or [trust them] enough after so many years of being hurt. It just takes time
>
> and I think that's gonna take an effort of everybody, like the teacher or whoever
>
> feels like there's something going on.

Izabella described how, over time, professionals would ask her directly about her own personal well-being. Her reported CTQ outcomes reflected scores in the *severe to extreme* range for emotional abuse, emotional neglect, physical abuse, and sexual abuse. Izabella's distrust of people in general, and underlying fears of consequences for telling, were such that she could not

bring herself to mention her exploitation to physicians, teachers, friends, or child protection services professionals.

Interviewer: Did … doctors ever ask you about possible sexual abuse?

Izabella: Only one doctor and I said – you know, like no. I was shocked that they even asked me and angry at that time.

Interviewer: You remember being shocked and angry that they asked?

Izabella: Yeah.

Interviewer: Do you remember why?

Izabella: I was afraid. I was afraid that hell was going to break loose.

Interviewer: Had your dad –

Izabella: Different times he would tell me different things. He would tell me he'd kill our pets and I believed him about the pets 'cause he beat my one cat in front of me after I tried kicking him. And that the family would break up and it'd be my fault. But they believed me.

Interviewer: They believed you when you said no?

Izabella: Right when I said no, yeah.

Interviewer: Do you remember how old you were?

Izabella: Not really but I'd say probably at least 14 – maybe 14? And with the child protective services I don't remember being told [there was help]. Maybe I was told and I was just so afraid that I wasn't hearing them. I was just – there was no sort of – it was just an office setting. Then it was not comforting. It was scary. It was almost institutional like. I just thought, "Okay, I'm going. They're going to lock me away. The ground is going to fall out underneath me." And I'm thinking,

"What did I do?" And, "Who did this? Who told?" It was very scary. It was

definitely – there were times where I – especially as I was getting older where I

was just – it seemed to be getting worse. And emotionally I just wasn't able to – I

didn't seem like I was as hard – my spine would seem to be getting looser per se.

I was getting more emotionally overwhelmed.

Interviewer: So there were times when if those resources had been there you

may have actually tried to reach out to somebody?

Izabella: Absolutely.

Kiara had similar CTQ findings in the *severe to extreme* range for emotional abuse,

physical abuse, and sexual abuse, as well as physical neglect. She described her interactions

with a court-ordered therapist. Kiara's description highlighted her fear that her grandfather [her

exploiter] would get angry if she told, or that *she* might be blamed for the abuse. Additionally,

her grandmother had previously counseled Kiara by telling her that "that's the way boys

experiment," and that she needed to be quiet about it.

Interviewer: Anybody in the court system help you out? Did they get you

therapy or anything?

Kiara: I remember this one lady. She was really nice but I can't remember her

name. I remember seeing her you know. But therapy really didn't help me

because I just didn't want to go too deep. You know what I'm saying? Like for

the fear of my grandpa getting mad of me telling them what happened to me

sexually. And it seems like – it was a small town so it felt to me like everybody is

going to know what really happened to me and I am not going to be seen as

somebody good. Like it was all my fault. That's the way I felt – like it was all

my fault 'cause I was pretty and innocent you know? I was just – never really

opened up to them you know? Cause I worried about what my grandma said,

"you know that's the way boys experiment," so everything was okay.

Laila was concerned that her "secret" would not be safe with her family doctor, if she decided to
share information about her abuse.

Interviewer: Was there… thinking about you and your sisters, was there

anybody out there that could have helped, but didn't. Was there someone like a

teacher or doctor or somebody?

Laila: I probably could have told any one of them and they would have done

something. We had a real good family doctor. I just chose not to say anything.

And I think… I didn't want to have to go through my young adulthood with that

label on me, that…. kids were cruel in school when I was coming up and it didn't

help that I had a name like I did and hair color like I did. So for that to get out, it

would have been a lot more devastating than what it was.

Kayla was also mistrustful of therapists. Between the ages of 4 and 8, she was sexually
molested by her biological father. During these years, she started experiencing problems in
school, and she described symptoms of depersonalization (e.g., feelings of detachment or being
disconnected from one's body). She further described how her lack of trust and her fear of
negative consequences, kept her from disclosing the molestation.

Kayla: I remember as a child my mom would take me to therapists,

psychologists and doctors to see what was going on 'cause they knew something

was going on, cause there was times where I would lose my vision, I would pass

out or I'd be in school and the teacher would be tapping me and I'd disassociate

and I'd be far gone. Like I'd be there physically, but my mind was elsewhere and

I could hear the teachers calling for me, the kids calling for me, but I was just so

far out that it took me awhile to come back to my body. I would literally come

out of my body. So, my mom, no one knew what was going on. They would take

me -- I kind of knew what the doctors wanted.

Interviewer: Did they ever ask you?

Kayla: Yeah, and I didn't want to say anything. I held it inside because in my

mind it was like -- they would even put me to play with dolls to see how I would

interact with the dolls and stuff and I knew what they were trying to do. Like y'all

ain't getting it out of me. My fear was okay, if I say something, I know what my

mom's reaction's gonna be, I know what my stepfather's reaction's gonna be, I

know what my grandfather's reaction's gonna be and my uncle's. This man's not

gonna make it to jail. So I'm thinking okay, if I say something what's gonna

happen. What's gonna be the repercussion of me saying something? I'm gonna be

taken away from my family, and that was my fear. That I would get taken away

from my mom or that something ugly -- my dad would get killed -- my biological

father would get killed, or something and that was my fear. So I never said

anything till I guess, I felt safe.

Other survivors such as Gabrielle, said she "didn't trust the system," so she would not

have responded to a doctor if s/he had asked if she needed help. Both Elizabeth and Aaliyah

remembered seeing doctors during their childhoods, and both said they would not have

responded truthfully to questions if they had been asked.

The literature on this issue reveals that it is not considered uncommon for survivors of CEM to report a lack of trust in others (Reyome, 2011, p. 230). Distrust has also been suggested as a symptom of *complex trauma*. Complex trauma is a result of repeatedly experiencing two or more forms of recurrent childhood abuse/neglect by caregivers (Cook et al., 2005; Greeson et al., 2011; Kisiel, Fehrenbach, Small, & Lyons, 2009). As indicated, Izabella and Kiara experienced not only CEM, but also complex trauma, as did all survivors/participants in this study, with the exception of Jillian who only endorsed a history of sexual abuse.

Therapists and physicians represent the front lines of intervention, and/or prevention with at-risk youth. Unfortunately, they are sometimes also perceived by survivors as hindrances or threats, rather than as professionals who could help. This seemingly negative interaction between youth and helping professionals has been noted in previous studies (Williams & Frederick, 2009). To break this barrier, Ford, Courtois, Steele, van der Hart, and Nijenhuis (2005) recommended that clinicians begin engagement with at-risk youth by developing a "working alliance." However, they also noted that this would be difficult and time-consuming, since many youth in these circumstances have "long standing feelings of mistrust," and have never learned how to safely engage with a caregiver (Ford et al., 2005). Despite the difficulties that might be encountered, it is imperative that frontline professionals continue with efforts to build their awareness of the risk factors and outcomes related to CSEC.

Difficulty Trusting Law Enforcement Officials

Survivors also discussed the related distrust and fears that came from negative and sometimes sexually abusive interactions, with law enforcement officers. These survivors were further victimized by the very authority figures that could have helped them access resources, as indicated below.

Jada: Sometimes the police will make a deal with me. "You suck my dick and shit and I won't take you to jail."

Madison: I was raped by a police officer.

Emma: There was a police officer that lived next door to us 'cause we lived out in the country and he was involved in all of the -- he knew what was going on cause he was actually a 'john' or whatever you call it.

Gabrielle: They thought we were the cute ones out there, so we unfortunately ended up doing all the police parties. They pay you a whopping $5.00 for a blow job. Yeah. Yeah and the police know. They knew who I was. They knew I was there. They knew I was underage. I told them I wanted to go home. They didn't help me.

Alexis: So the house would get raided a couple times. They raided it. The police would come in, see me all black and blue and just make a big joke of it. The police would see me walking down the street black and blue and wouldn't do anything. [My pimp] had drug me down the street by my hair one day and the police had drove by and did nothing.

In addition to these survivors, five other respondents also reported their involvement with law enforcement, although their experiences were not of the same abusive nature. Two had contact with law enforcement because they were runaways, two were caught stealing, and one was arrested for prostitution. Generally, among these survivors, law enforcement was not seen as a source of support or help. The literature noted extreme variations in the treatment of CSEC-involved juveniles by law enforcement officials (e.g., some are treated as victims, while others are treated as offenders or delinquents) (Finkelhor & Ormrod, 2004; Halter, 2010). These

inconsistencies are supported by other literature that noted a need for increased training of law enforcement on the dynamics of CSEC. Specifically, it has been suggested that law enforcement officials needed training that reframed their concept of sexually trafficked girls as victims, rather than as offenders (Raphael et al., 2010). This inconsistent treatment of juveniles due to lack of education may be a recognized issue for law enforcement, but these survivor-described scenarios pointed to deeper, justice-related issues, such as the use of authority with a vulnerable population of CSEC-involved youth and the determination of who is deserving of protection.

Abusive behavior by law enforcement upon CSEC-involved youth has not been explored in extant empirical literature, but there are anecdotal accounts of such encounters. Rachel Lloyd, a CSEC survivor and executive director of the New York City nonprofit agency GEMS, Inc., noted such incidents in her memoir. She provided accounts of girls who were threatened with jail if they refused to have sex with police officers, and cited how sometimes police officers 'looked the other way,' when they saw men buying girls (Lloyd, 2011, p. 124). Lloyd (2011) pointed out that "the fact that some girls are 'already out there' makes them less of a victim, less deserving of rights or boundaries" (p. 125).

Her observations seemed to be supportive of the survivors' narratives in this regard. These events however, do not represent the views or actions of all law enforcement members. Nonetheless, they are very concerning for the negative impressions they created of law enforcement, and for the possible barriers created between at-risk youth and access to resources.

Protecting Their Mother

An unexpected theme that emerged during this part of the analyses was that of *protecting their mother.* This emerged from six survivors' accounts of how their mothers worked more than one job to support the family, and/or raised several children single-handedly. In these accounts,

survivors expressed their desires to protect, or avoid blaming their mothers for their childhood experiences of neglect or abuse. They seemed to recognize that their mothers may not have intentionally tried to harm them, even though that was the outcome.

For example, Audrey was a survivor who had sisters that were also sexually exploited. She was asked about any emotional supports that she received within her family, and she commented, "So I know my mom felt a lot of guilt and things, but she had a lot of stress goin' on. She had 11 kids. I couldn't expect her to drop everything and deal with me, but the time that she did give to me I was appreciative and I love her." Jillian's mother would leave the children home alone for weeks at a time. She described how her mother was also prostituting, and said it was because she needed money to support her family.

Interviewer: So what was your mom doing for weeks at a time?

Jillian: Same thing I was doin'.

Interviewer: Oh, okay.

Jillian: The prostitution.

Interviewer: Okay. So she was supporting the family?

Jillian: Yeah. She was tryin' to support the family, pay bills, put food on the
table, but it was like by us livin' so far away it was hard because she was workin'
from the cities. Then she would have to come back, miss out on money and then
have to go back.

Jada seemed defensive about her mother, and commented in her narrative how her mother went to work and took care of the children at home. The following is her response to a question concerning her mother's role in Jada's sexual exploitation.

Jada: But I just wanna touch on a piece and you'll have to excuse me if I get overprotective about this piece. I can't really elaborate on how my mother felt. My mother bein' a mother like any other mother, I'm pretty sure that -- like I said, my mother did the best she could.

Concern over who might be blamed for their abuse/neglect provided yet another potential reason why at-risk youth may not be open to assistance from outsiders. Their desire to avoid casting blame perhaps showed a strong need to protect the family, even though there were high levels of ongoing childhood abuse and neglect. These survivors sought to shield their mothers' reputations, while perhaps discriminating between intentionally abusive acts versus neglectful acts. This theme of *protecting their mother* arose unexpectedly however, the notion was not surprising. Protection of family members, even those who were perpetrators of abuse, is well documented in the literature (Paine & Hansen, 2002). These efforts by survivors' to defend the family, also have implications for helping professionals, especially as they attempt to offer resources or probe for details about survivors' histories and experiences.

Substance abuse, eating disorders, and other self-destructive behaviors

These survivors described several accounts of self-destructive behaviors. For example, Evelyn engaged in what she termed "self-sabotaging" behavior. She described herself as "rebellious" and recalled incidents of running away from home. Izabella lived with an untreated, severe, eating disorder. Danica, Jada, Alice, and Ava, among several other survivors, became involved in drug use. Brianna, who would cut herself to "let the pain out," recalled a particularly stressful event that started her on the path toward substance abuse. The event occurred when she was 11, and Brianna was babysitting a neighbor's infant. After the incident, she started using

drugs to help her cope with her emotions. She obtained the money to purchase the drugs through prostitution.

Interviewer: So you had a lot of stress going on when you were growing up. How did you deal with all the stress?

Brianna: The usin' and then I – usin', prostitution. I was babysittin' a lady's baby and the baby died when I was 11. So that made me want drugs. It was just one thing after thing in my life where –

Interviewer: What happened to the baby?

Brianna: The baby suffocated. She told me just to put the bottle in the baby's mouth and I propped the bottle in the baby's mouth. She didn't tell me to take the bottle out the baby's mouth. I thought I had to take it out when the baby cried.

Interviewer: What happened after that?

Brianna: I remember my mom had bought me a pink tea set and I remember bein' locked in a room. I remember after about two or three years later and [the baby's mother] didn't say anything about it. She just said "hi" to me and she didn't say anything about it and it just made me wanna use more 'cause the way she did, I felt like she thought I had forgot that that baby died and stuff like that. I think I woulda' felt better if she woulda' been upset with me or somethin', but just actin' like it didn't happen and I know it happened. I didn't forget it and I still haven't forgot.

Interviewer: Who helped you with all of that? To get through all of that afterwards?

Brianna: Alcohol, drugs. I'd stay up for days.

Other areas of emotional dysfunction within the domain of self-harm included eating disorders. Izabella described her active childhood and how she played softball, performed with a dance team, and swam in competitive events. She grew up living with her mother, sister, and father in a small town, and she attended a private school. For several years during this time, she was also repeatedly sexually exploited by her biological father.

Interviewer: How did your dad traffic you so much without anybody else knowing it?

Izabella: My mom worked. She worked full-time and it was easy. You know what I mean? What mom thinks even on weekend if her dad is like, "Oh we're going to go on a little father/daughter adventure"? She just never thought anything of it. And when we would go to – We went to [an out of town location]. That's where he's originally from and that was just an adventure. We were going together. I mean like everyone knew that the two of us were supposedly really close and I wasn't close to my mom. She just took it at face value that I was a daddy's girl.

Izabella eventually developed a severe eating disorder for which she received no treatment. The eating disorder resulted in toxic optic neuropathy, and as a result she is now permanently visually impaired. Ferentz (2012) noted that destructive coping strategies such as substance abuse or eating disorders, can deepen a victim's sense of shame or increase secrecy. Thus, these consequential subsequent dysfunctional coping patterns, along with the coping strategies of the other survivors, represented another potential barrier to resource acquisition.

CSEC Awareness and Teachers

Jasmine had been sexually abused by her grandfather, and was later sexually exploited by a pimp. She communicated her wish that her teacher would have asked if she needed help. Jasmine also said that she might not have responded to her teacher, but in hindsight she was not sure. It is possible that had the teacher asked, resources could have been activated that prevented Jasmine from subsequent sexual exploitation.

> **Jasmine:** This teacher was my favorite teacher, in elementary school, and I
> hoped that she would ask me, like, I was hoping somebody could, like, see it in
> my eyes or something. Nobody ever asked me. Nobody ever took me to the
> hospital for someone to look at me and they probably if they had examined me,
> they would've noticed, like, there's a grown man having sex with me, so there
> had to be something wrong. It hurt so there had to be something wrong with me,
> medically, but nobody ever asked me, no.

Other teachers did not seem to know how to approach at-risk youth. For example, Alice was driven to high school by what she called "an obviously older male". She wore expensive clothes that she said were inappropriate for a school setting (e.g., short skirts and high-heeled boots). Alice was approached by a teacher who asked her if she was stripping. When Alice denied the activity, the teacher did not follow up with other questions or offer resources.

Teachers were sometimes mentioned by survivors as kind, attentive role models and professionals. Unfortunately, some survivors also commented that their teachers rarely asked about their safety or their need for resources. It may be that their teachers lacked their own professional development in this area, and thus did not recognize the need to ask. Alternatively, they might have recognized the need to ask, but felt unable to provide help or resources.

Nevertheless, these survivors recognized that they might not have responded to their teachers' offers. Still, being asked about safety or the need for resources might have provided a path to prevention for some at-risk youth. The need for teachers to become more aware of and involved in child sexual abuse prevention programs has been recognized (Scholes, Jones, Stieler-Hunt, Rolfe, & Pozzebon, 2012). To date however, there has been no empirical literature that addressed teacher awareness of CSEC, or of their willingness to provide assistance to such at-risk youth.

CSEC Awareness and At-Risk Youth

A recurring them within the narratives indicated a lack of education available to youth about CSEC. Kayla noted, "Back then, I thought I had the choice. This was my choice to do this. I didn't think of me being exploited. I didn't know what that was." Jasmine shared that education about sexual abuse/exploitation awareness would have been helpful to her.

> **Interviewer:** When I asked about prevention programs, you said, "Maybe if a mentor had been there for you," is there anything else in that program that you think would be valuable?
>
> **Jasmine:** Education. Nobody told me that I was much more than my body. Nobody told me that somebody would want to take advantage of me. Nobody told me that that wasn't okay. Nobody told me that, "If your grandfather or somebody you trust is touching you, tell somebody." Nobody told me that, you know, and I don't know that that would've stopped anything however, if I had a place where I knew I could go, maybe it would've been different, you know?

Jordan, who had been first sexually abused at the age of 5, described how she became sexually active at the age of 11. Two years later she entered a sexual relationship with a 28-year-old male who she knew from her apartment complex. He paid for sex with her by giving her mother $100 a month for rent. Jordan's perceived observation of this was that the relationship was a normal occurrence, rather than an abusive act.

> **Jordan:** You know so he was just a neighborhood friend. We lived in like a –a
> big complex you know? First he told me he was 19 even though that's still not
> okay. Come to find out he was 28-years-old and I was 13. But it was okay with
> me because I didn't know any better. I was very sexually active at a young age. I
> think it came from a part of having been sexually abused and me having no
> attention at home and being felt like I wasn't loved. I think when I started – when
> I got sexually abused I believed that somewhere along the line I lost my sense of
> who I was. I lost me and I began not to care. But I was sad that this thing he was
> doing, I didn't care about. But actually I didn't know how it was screwing me up
> on the inside because I couldn't see anything. I couldn't see right from wrong. I
> think I've developed with using my body to please men, and at the time young
> boys or men. I developed somewhere in my mind that it was okay for it to happen.

These survivors recognized that more education about sexual abuse and exploitation may have been helpful to preventing their trajectories into CSEC. Less clear is who might have most effectively provided this education and awareness, and/or if it would have altered their life paths. In sum, the depth and complexity of preventing CSEC became apparent after reviewing these narratives and reflecting on extant literature. Additionally, there was not a commonly agreed upon concept for prevention of CSEC among these survivors. For example, Danica suggested

more prevention programs in schools, and Aaliyah commented that youth needed to be told "the truth." Jada and Elizabeth recommended places for youth where they could safely express themselves. Tiffany advocated for a place that taught youth how to "get a better sense of themselves" so they would not be manipulated by exploiters. Each of them experienced their own journeys to CSEC, and their childhoods included widely varying combinations of risk factors, which gave them individually unique perspectives on the notion and reality of prevention. Overall, these survivors' narratives indicated an urgent need for building awareness and for specialized training involving helping professionals.

Utility of Social Learning Theory as an Explanatory Framework for Prevention

This study previously explored survivors' childhood histories which included depictions of negative self-concepts (i.e., tendencies to devalue oneself), self-criticisms (i.e., harsh self-scrutiny, or fears of being disapproved of), and dependencies (i.e., fears of abandonment, or desires to be cared for, loved, and/or protected). These variables derived from the literature, were organized and analyzed through the perspective of Bandura's (1977b) *Social Learning Theory*. Specifically, the variables were analyzed through this theory's concepts of (a) observational learning, (b) self-efficacy, and (c) reciprocal determinism. The findings from this study indicated that certain facets of Bandura's *Social Learning Theory* may help advance a model of CSEC prevention, one of the objectives of this research.

Observational Learning

Examples of observational learning were provided in the qualitative data by some survivors who described their perceptions of healthy, intimate relationships. Unexpectedly, four respondents indicated they had observed positive relationships. For example, Jillian and Aubrey shared that they perceived their sisters to be in what they labeled as healthy relationships. As

well, Kiara and Grace were of the opinion that their grandparents had positive relationships. As noted earlier in the data, the survivors' more salient incidents, and perhaps the most impactful, were those familiar proximal events that ultimately seemed to overshadow their limited exposures to such positive, healthy relationships. For instance, even though one of Aubrey's sisters was identified as having a healthy relationship, her other sisters endured physically abusive relationships with their pimps. Jillian grew up with a mother who was prostituting in another city to support the family. Finally, Kiara observed her mother prostituting inside their home, and was then punished if she interfered. These 4 survivors varied significantly in their ages of entry into CSEC (i.e., ages 12, 14, 16, and 18). The quantitative data showed that Jillian, Aubrey, and Kiara had more than one pimp while in the life. Jillian and Kiara also reported they had permanent scars or marks on their bodies, resulting from violence in these relationships. These survivors' perceptions of healthy, positive relationships were not strong enough to prevent entry into CSEC and ensuing physically violent relationships.

Grace remembered that her mother had been married 4 times by the time Grace was 14. Grace also entered the life at 14, and only had one pimp. Her responses on the VCS indicated that she endorsed a high level of violence in this relationship, which left her with permanent, physical scars. Her responses also indicated that this pimp initially made her feel "happy." Giving context to these quantitative findings is Grace's narrative, in which she noted that her mother had difficult relationships with abusive males. She surmised that this influenced her choices of future partners.

> **<u>Interviewer:</u>** Did you have anybody when you were growing up that modeled a healthy, intimate relationship?

Grace: My grandfather and my grandmother, but that ended, ya' know what I mean? Just my grandparents. It was about the only healthy relationship that I ever seen 'cause my mom was physically abusive to me, but I need to say that she was being physically abused, too. Her husbands were very abusive. She had bad choice in men. So it kind of rubbed off on me.

Seven respondents denied having any positive role models for relationships. Brianna and Alexis commented that their role models for healthy relationships came from characters on television shows and in magazines. Naomi considered her mother as a positive role model, because she had "boundaries," and did not drink or smoke. She later described her mother's married relationship to a prisoner who was convicted of killing his first wife. Naomi described her mother as being "happy" in her relationship, until it ended in a divorce shortly before the man escaped from prison, after which he was shot and killed.

Samiyah indicated that her available role models were the mothers of her friends. These mothers were also dating known drug dealers. In her own home, there was observable, ongoing domestic violence/physical abuse between her parents. As noted below, Samiyah described how she viewed her mother as a role model in her relationships.

Samiyah: She put up with a lot from my dad who was abusive and also an addict. He was in and out of our lives. So to me that made her not a very strong woman. She – You know she was a single mom. And she actually, in her younger years, did drugs as well. I didn't really see any of that growing up. I know she did smoke marijuana when we were growing up and cigarettes. But to me she wasn't a very strong woman because of what she allowed my father to do. One day I woke up. It had to be 8:00 PM or 9:00 PM and I saw her crouching in the corner.

And my dad was holding a knife in his hand and she was bleeding and she was

crying. That's one of my earliest memories of my father and mother together.

And that's – I don't know what happened that night but that image just stuck with

me. My mom wasn't – She wasn't a role model to me. She wasn't someone that I

looked up to.

Later in her narrative, Samiyah described her first pimp [a woman] who helped her live

on her own, told her she loved her, and that she wanted the best for her. Samiyah reflected that

her pimp acted "the way that I thought a woman should act," and conveyed her deep emotional

connection to her, as shown below.

> **Samiyah:** Actually I loved her. You know she was my role model. Like she was
>
> very nurturing to me. She was very – I can remember the first time that I was
>
> beat up and I was crying. She was, "Oh you know, oh Sweetie this is not going to
>
> happen again. This is what we're going to do next time to make sure." You know
>
> making a plan and very nurturing in that way. So I really cared about her. She
>
> was one that I really looked up to and I really cared about.

Samiyah's description of her mother who she considered "not a strong woman"

contrasted with the female pimp who offered emotional support to Samiyah and seemingly tried

to teach and protect her. Perhaps in Samiyah's eyes, the pimp was "a strong woman" who could

handle difficult moments.

Social learning theory posited that aggression between family members provided

modeled acts of violence, and could give the impression that the violent behavior was condoned

(Bandura, 1973). Observations by family members of such aggression can result in the

intergenerational transmission of violence, which is a concept that has been widely researched

and prominently represented in the literature (Widom, 1989). Observational learning, as depicted in the domestic violence literature, also has implications for youth who are at risk for CSEC. As indicated, these survivors observed models of abusive relationships that may have subsequently normalized the violence and exploitation they experienced by their pimps. Alternatively, Samiyah observed her mother in an abusive relationship, concluded that her mother was submissive, and thus not a good role model as "a woman." When Samiyah was later nurtured and protected by her female pimp, this seemed to fulfill her expectations, resulting in admiration for her exploiter. These narratives have implications for helping professionals as they might wish to explore what at-risk youth have observed, and the symbolic meanings of those observations.

Self-Efficacy

Bandura conceptualized a model of self-efficacy as a component of social learning theory. As such, he provided four sources of information input that served to shape personal expectations of efficacy: (a) performance accomplishments, (b) vicarious experience, (c) verbal persuasion, and (d) emotional arousal (Bandura, 1977b, pp. 80-81). An expectation of efficacy is defined as "the conviction that one can successfully execute the behavior required to produce [an] outcome" (Bandura, 1977b, p. 79). Examples of how expectations of self-efficacy can be formed through vicarious experiences and/or verbal persuasions were found in Jada's narrative. Her specific experiences involved her personal observations of a woman performing oral sodomy on a male, while another male was in the room. As previously described, Jada was 12 at the time of this incident.

Although Jada had never seen such an act, and was initially shocked and somewhat intimidated by it, she noted that there were no negative consequences to the woman. According

to Bandura's model, this observation may have heightened Jada's perceived self-efficacy, thus leading her to believe that she too could engage in such an act without any resulting harm (Bandura, 1977b, p. 81). As well, Jada did not seem to experience intense fear during the incident, which may have allowed her to overcome any hesitancy in possibly performing a similar act in the future. This is also consistent with the self-efficacy construct in which Bandura (1977b) posited that a personal perception of high self-efficacy can reduce fears and inhibitions, thus providing the necessary motivation to attempt and succeed at a task. Jada's vicarious experience was seemingly strengthened by verbal persuasions from the woman, who encouraged Jada to engage in such sexual acts, which Jada may have otherwise avoided in the past (Bandura, 1977a, p. 82). This example represented one potential pathway into CSEC, and could offer an opportunity for prevention by helping professionals if they were to assist at-risk youth in identifying and/or developing alternative areas of high self-efficacy.

Bandura (1994) also noted that persons who do not believe they will be successful in a given task, may not subsequently undertake the task, particularly if they believe it is somehow personally threatening (pp. 71-81). Additionally, these persons may give up quickly, harbor beliefs that they are somehow deficient or ultimately unable to accomplish a certain task, and they can be slow to recover a sense of faith in their capabilities (Bandura, 1994, pp. 71-81). Persons with a sense of low self-efficacy may believe that certain tasks or goals are insurmountable. This personal conviction that one might not have the capacity to succeed suggests the importance of beliefs in one's own capabilities.

This concept related to survivors who spoke of staying in the life because they had no other way of supporting themselves. The life was all they knew as a means of social and economic support. For example, although Jada started in the life because she had the expectancy

that she could succeed, she was ultimately unable to leave the life because she believed she would not succeed at any other endeavor. She is now almost 50, and still struggling with how to manage without being in the life.

> **Jada**: I'm afraid. Can I say that? I'm afraid. I'm afraid. I'm almost 50 years old. My God. Like where else can I work? I told you. I don't mess with the internet. Where am I gonna go? Where the heck am I gonna go? So when I came in at the end, I couldn't even get arrested no more. That was my bottle. The police they don't even arrest me no more. The men used to be "Are you a man or are you a woman?" The wig looked like it just came off the clearance rack from the Salvation Army and shit. My shoes was all twisted up with tape to hold 'em together.

To further explore perceptions of personal capabilities, survivors were asked about their perceived talents or strengths as children/teens. For example, Aaliyah was asked to recall personal strengths she may have had while growing up.

> **Interviewer:** How about when you were growing up? What were your strengths back then?

> **Aaliyah:** Fighting. I don't remember really, like, 'cause I was fat. Well, I probably wasn't fat, but I was heavy, you know? And I don't remember having any strengths, you know? The only strengths I had – well, I thought that I had – pretty much were the ones that I gained when I was like, in the life, like hustling and doing stuff like that.

Aaliyah remembered that she engaged in physical fights to protect others who were bullied, but minimized a subsequent inquiry by the researcher about her possible strengths of

protective instincts or of having a "good heart". Her VCS outcomes noted that she experienced physically violent relationships with her pimps that left her with permanent marks or scars. She was living with her family when she was first involved with CSEC, and her first pimp was her boyfriend. Aaliyah's CTQ scores indicated that she experienced severe levels of childhood emotional abuse/neglect and sexual abuse. Her scores for childhood physical abuse/neglect were in the moderate to severe range. A youth's inability to identify personal strengths or capabilities might relate to a sense of low self-efficacy and, similar to at-risk youth with perceived high levels of self-efficacy, this may represent a pathway ripe for helping professionals to incorporate prevention strategies.

Reciprocal Determinism

Bandura's (1977b) triadic model of reciprocal determinism, as illustrated in Figure 4, shows the continuous synergy and interaction between three factors: behavioral, personal, and environmental (p. 194). For example, as shown below, behavior can be singularly or jointly affected by personal factors, and/or environmental factors. Similarly, Bandura (1977b) regarded personal factors and environmental factors as interdependent, rather than separate (p. 197).
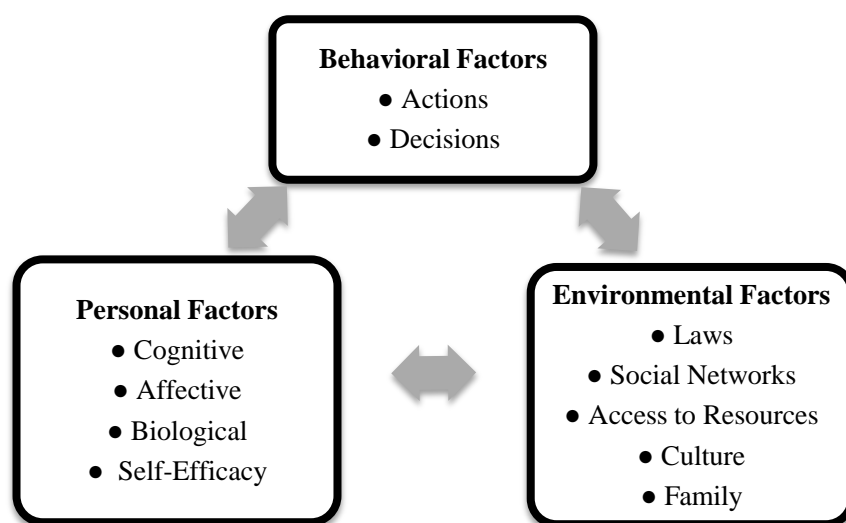
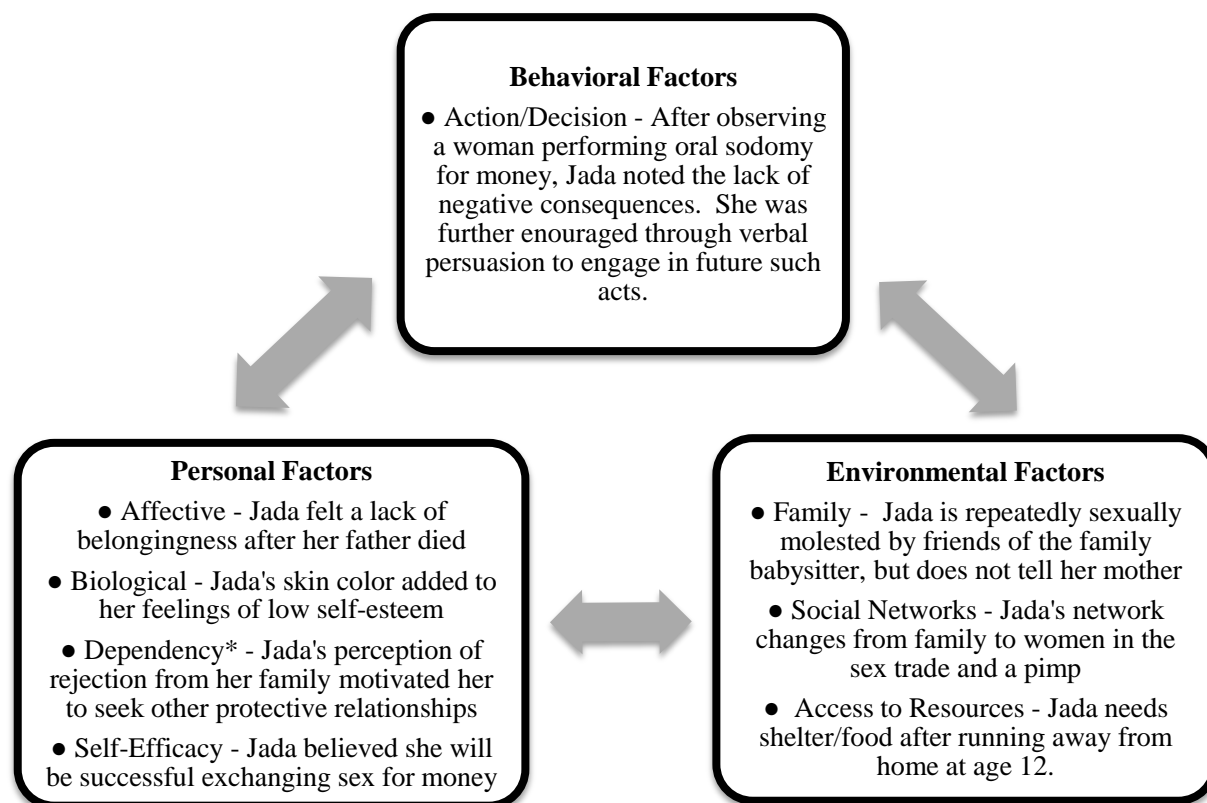*Figure 4*. Bandura's triadic model of reciprocal determinism.

Figure 5 expands upon Bandura's model by reviewing the experiences of Jada and her possible perception of self-efficacy. Figure 5 illustrates how Jada's behavior may have ultimately changed, due to combined personal and environmental factors within the model. As discussed, Jada experienced changes in her perception of her own self-efficacy after observing a woman performing a sex act on males. As well, Jada's narrative communicated her feeling of a lack of belongingness and/or connectivity, related to the sudden death of her father when she was six. Additionally, Jada noted that her darker skin color led to her feelings of lower self-esteem. Jada believed that her low self-esteem triggered to her attraction to her light-skinned pimp, who approached her after she had run away from home.

Situated within the environmental domain of the model are Jada's described experiences of childhood sexual molestation and running away from home at age 12, which left her with limited access to resources. Additionally, her social network changed from her biological family, to relationships with women engaged in the sex trade and a pimp.

The application of Bandura's *Social Learning Theory* to the concept of CSEC prevention has potential utility for helping professionals working with CSEC. The model as filled in with data supporting these concepts in Figure 5, shows that helping professionals may have had potentially *several* opportunities to prevent Jada's entry into CSEC. For example, Jada could have been considered an at-risk youth in need of services and resources. As revealed earlier in this chapter, Jada's CTQ scores indicated that she experienced childhood sexual abuse, emotional neglect, and physical neglect. These scores were expected given Jada's experiences with complex trauma however, she received no counseling or provision of supportive resources, which seemed particularly important following the loss of her father. Likewise, there may have been other opportunities for Jada's mother to receive parenting/supportive assistance following

the sudden death of her husband, and/or for Jada to participate in support groups or other places of education to help increase her self-esteem.

Behavioral Factors

● Action/Decision - After observing a woman performing oral sodomy for money, Jada noted the lack of negative consequences. She was further enouraged through verbal persuasion to engage in future such acts.

Personal Factors

● Affective - Jada felt a lack of belongingness after her father died

● Biological - Jada's skin color added to her feelings of low self-esteem

● Dependency* - Jada's perception of rejection from her family motivated her to seek other protective relationships

● Self-Efficacy - Jada believed she will be successful exchanging sex for money

Environmental Factors

● Family - Jada is repeatedly sexually molested by friends of the family babysitter, but does not tell her mother

● Social Networks - Jada's network changes from family to women in the sex trade and a pimp

● Access to Resources - Jada needs shelter/food after running away from home at age 12.

Note: Dependency was defined in Chapter 2 as "an outcome of parental rejection which includes feeling helpless and weak, fear of abandonment, and a wish to be cared for, loved and protected."

Figure 5. One participant's experiences through the lens of the reciprocal determinism model

Although seemingly dated, it appears that Bandura's (1977) model, sifted from the considerable literature reviewed for this study, holds much credibility for understanding the interactional effects of how at-risk youth might become vulnerable, and perhaps be caught, in the life of CSEC. The researcher was encouraged by the fact that a theory to practice connection (to

study this sample), was reciprocated by a practice to theory connection from the data collected.

All prevention initiatives require this research informed practice, and practice informed research,

which is one of the core educational competencies of social work accredited programs.

CHAPTER 5

LIMITATIONS, CONCLUSIONS, AND IMPLICATIONS

One of the stated rationales for this study was to explore the influence of childhood emotional maltreatment on the vulnerability to CSEC, thereby making a contribution to prevention programs for at-risk youth. This line of inquiry represented a conspicuous gap in the literature. A driving force behind this exploration was to provide opportunities for adult female CSEC survivors to contribute to the empirical research base by sharing qualitatively significant aspects of their childhood experiences, with an ultimate goal of preventing others from following their same paths. These $N = 40$ survivors completed two quantitative surveys (i.e., the CTQ and the VCS), and participated in qualitative semi-structured interviews, all conducted between August 2012 and March 2013. The results of their efforts generated multiple themes related to experiences of childhood maltreatment, and provided potential opportunities to improve efforts related to CSEC prevention.

Findings from this inquiry were situated and organized within the framework of social learning theory to assist social workers and other helping professionals in identifying potential points of prevention. This is one of the few known studies designed to integrate theory with suggestions for CSEC prevention. Recent changes to federal and state legislation, along with increasing general awareness of CSEC made this research timely. The social justice and basic human rights issues inherent in the prevention CSEC have applicability to the profession of social work. This final sub-section examines this study's limitations, concludes from its findings, and presents implications for the profession of social work.

Study Limitations

Every social science study by its very nature is fraught with various study limitations. First, although this study represents one of the larger sample sizes ($N = 40$) of domestic adult female CSEC survivors, the results from the surveys may not be generalizable to other samples. As with any medium-sized sample (Holosko, 2006, p. 30), it is impossible to capture a finite array of risk factors due to the sample size. This study did however, provide important insights into concepts which were previously unexplored, and such findings or parts of them might be transferrable to prevention programs.

Second, the study used a non-probability, criterion-based, purposive sampling technique. Although a maximum variation sampling technique was also applied, there remain limitations to this approach. For example, the majority of the participants were over the age of 30, and approximately 20% were between the ages of 50 and 56. Although these survivors' histories and perspectives were critical to this study, their experiences as exploited youth from several decades ago, may be different than experiences of present day.

Further, the ages of these survivors may have affected their recall, and thus the validity of their retrospective reports. The veracity of adult retrospective reports of childhood trauma has been examined in the literature as a potential research limitation (Hardt & Rutter, 2004). Research has indicated that participants' responses are sometimes biased, as evidenced by their communication of false negative reporting. As previously mentioned, the CTQ's minimization/denial subscale helped overcome this potential limitation. None of the participants were excluded from the analysis based on high scores in this subscale. As well, it has been noted that the occurrence of participants' false positive reports are probably rare (Hardt & Rutter, 2004; Hardt, Vellaisamy, & Scholes, 2010). It has also been noted that the use of surveys, such

as those used in this study, might facilitate valid responses to questions, particularly when exploring rather sensitive emotional issues (Hardt & Rutter, 2004).

Third, although attempts were made to provide for racial heterogeneity within the geographically diverse sample, ultimately most participants identified as either African-American or Caucasian. This study included the responses of only one Hispanic survivor, and there were no Asian survivors/respondents. The inclusion of participants from a wider variety of races or ethnicities, and thus the inclusion of their potentially distinctive CSEC experiences, may have been an enriching addition to these findings.

Finally, limitations inherent in the use of surveys and semi-structured interviews for social science research data collection are discussed. Rubin and Babbie (2008) noted the strong possibility of error in the design of questionnaires, and recommended that such instruments be pre-tested by a small, non-randomly selected sample (e.g., 10 persons or less), who might be representative of a study's participants (p. 211). The researcher asked eight persons, including a female CSEC survivor, to read through and complete the 17-item VCS questionnaire. Feedback was requested from the pretest sample about items that might be vague or ambiguous. Their suggestions were incorporated into the final version of the instrument. The 28-item CTQ however, was not pretested since this instrument had already been validated by seven large sample groups ($N = 2,201$) (e.g., adult substance users, adult psychiatric outpatients, college students, and HMO members) (Bernstein & Fink, 1998, p. 9).

Limitations have also been noted with the use of interviews to collect self-reported data (Rubin & Babbie, 2008, p. 178). Although there are several perceived benefits to conducting face-to-face interviews, such as allowing a researcher to observe body language and/or tone of voice, there are also concerns for socially desirable responses. This particular measurement error

can occur when a participant responds to questions in such a way that shows him or her in a favorable light to the researcher (Rubin & Babbie, 2008, p. 176). A possible remedy to this bias could be the use of an interviewer/researcher who is "task-oriented" or "professional", rather than one who belongs to the same social group (Nederhof, 1985). This researcher was professionally trained to maintain objectivity while conducting interviews that concern sensitive and/or emotionally-laden topics, while at the same time avoiding asking leading questions that could contaminate resulting data. In addition, the surveys were administered by an ACAS-I system which has been shown to minimize social response biases (Ghanem et al., 2005).

Conclusions Drawn From the Findings

This sub-section organizes the study's main findings by the research questions presented in the statement of purpose. Each question is in boldface, followed by relevant finding(s) which are numbered and italicized, with their accompanying rationales. The findings for the first and second research questions were closely interrelated, so they are presented together here.

Research Question #1: What are the social demographics of the survivors/participants in this study sample?

Research Question #2: Do the social demographics of the survivors/participants influence their vulnerability to CSEC?

1. *Familial rejection of a youth based on skin color/race, can be considered 'spurning,' or a form of CEM, and perhaps lead to increased vulnerability to CSEC.*

   Rationale – Survivors within the African-American subgroup of respondents reported several instances of harsh, racially prejudiced remarks made by their own family members, or by others close to them such as classmates, about their skin color. These comments regarding their skin color seemed to lower their own personal feelings of

self-esteem, thus possibly influencing them to seek acceptance through other means. Further, there was apparent acceptance by pimps or buyers of sex, of the survivors' skin colors (e.g., buying sex with females of specific skin colors that represented "safe" or "exotic" encounters). These instances were noted in the various survivors' narratives.

2. *A child under the age of ten, who is at risk for CSEC, may be more likely to be exploited by one or more members of her extended or biological family. Once she reaches age 11 and older, she might more likely be exploited by a boyfriend, who could later become her pimp.*

   Rationale – Outcomes from the VCS and the CTQ indicated that a child under the age of 10 appears to be more vulnerable to commercial sexual exploitation by her family member(s). Likewise, quantitative data indicated that as children/teens age chronologically, they are more likely to be recruited into CSEC by their boyfriends or pimps. These findings were supported by most of the survivors' narratives, and as noted earlier have implications for prevention programs. Additionally, this may reveal that very young CSEC victims are essentially "invisible" to helping professionals, as they appear to be outside assumptive demographic profiles for this at-risk population and ostensibly may 'fly under the radar' of professionals.

3. *Children/teens may still be living with their families when they are first commercially sexually exploited.*

   Rationale – Outcomes from the VCS indicated strongly that, regardless of their ages, survivors were more likely to be living with their families, rather than on the streets or in shelters when recruited into CSEC. These data were supported by numerous

survivor narratives.   Although literature indicates that many CSEC victims are runaways or homeless youth, living on the streets or in shelters, this finding reveals that helping professionals may also need to consider family dynamics when developing any prevention models.

4. *Children/teens may be enrolled in school when first commercially sexually exploited.* <u>Rationale</u> – Data from the VCS indicated that the majority of survivors were likely enrolled in school at the time of their recruitment into the life. Their narratives provided rich examples and context to this notion, by indicating that they may not have been attending school regularly, and thus may have escaped the oversight of teachers or other academic professionals. As well, these survivors noted their difficulties in academic settings such as problems with learning, studying, or behavioral issues. These difficulties may serve to further alienate at-risk youth from a school setting, further increasing their vulnerability to CSEC.   Survivors' narratives also indicated a critical need for building CSEC awareness among professionals in academic settings, given these are the very settings where they may begin their path into CSEC.

Research Question #3: What are the experiences among the sample of childhood maltreatment?

5. *More than one form of childhood maltreatment may be experienced by youth who are at risk for CSEC. As well, CEM may be one of these forms of childhood maltreatment and should be explored by helping professionals as either a primary or contributory risk factor.*

Rationale – Dichotomized outcomes (i.e., presence of childhood abuse vs. no abuse) from the survivors' responses to the CTQ indicated the following forms of frequent childhood maltreatment experiences within the sample: sexual abuse (100%); emotional abuse (92.5%); emotional neglect (82.5%); physical abuse (77.5%), and physical neglect (72.5%). Childhood histories of sexual abuse and physical abuse are frequently cited in the literature, however, in this sample, the rates of emotional abuse and emotional neglect seemed extremely high, and as such they warrant closer attention. Also embedded within this finding was the revelation that all participants with the exception of one, experienced more than one form of childhood maltreatment, indicating that they may also be survivors of severe complex trauma issues.

6. *Children may experience certain protective factors, such as support by extended family. However, these seemingly positive factors with relatives do not necessarily overcome experiences of childhood emotional abuse/neglect inflicted by close family members.*

Rationale – Most survivors could recall numerous positive childhood experiences, many of which included support and love shown to them by extended family members, especially grandparents. They also seemed to cling dearly to such experiences. The narratives describing such positive childhood experiences with extended family members were in sharp contrast to their accompanying CTQ scores - - which indicated high levels of childhood maltreatment. This finding does not negate the positive effects of grandparents; however, it does perhaps indicate that

helping professionals must continue to seek out other protective factors for children/teens, beyond extended family members.

7. *A child who experiences ongoing CEM may have more difficulty overcoming its effects, than their experiences from childhood physical abuse alone.*

   Rationale – Survivors' narratives indicated that their internalized emotional scars from CEM took longer to heal than the external wounds resulting from physical abuse. This is concerning for all helping professionals who work with at-risk youth, particularly since may not be observable cues with CEM to prompt offers of support or resources.

8. *Failure to provide support and coping skills to a child following a traumatic event(s), such as childhood maltreatment, witnessing a death, or the death of a parent, may increase vulnerability to CSEC.*

   Rationale – Narratives from survivors indicated that traumatic events can sometimes set in motion a chain of events that lead to CSEC. For example, a child/teen that uses substances to help her cope with the death of a family member could later become involved with CSEC to support her own substance use. This suggests that the provision of therapeutic resources, and/or coping skills following traumatic events could be another preventive entry point that is critical to decreasing one's vulnerability to CSEC.

9. *The lack of role models for healthy intimate relationships, and/or for healthy coping skills, may increase one's vulnerability to commercial sexual exploitation.*

   Rationale –Many survivors were unable to name persons who modeled healthy intimate relationships, from which they could base their future relationship decisions.

Some survivors cited characters from television shows as idealized models from which they envisioned what relationships should be like. As well, there were few models for healthy coping skills cited by these survivors. This finding has implications for prevention programs that may provide opportunities to teach these skills to such at-risk youth, often deprived of such learning opportunities.

Research Question #4: What were some identified themes related to CSEC prevention for this sample?

10. *Childhood emotional abuse/neglect, as well as experiences of complex trauma, can ultimately influence youth to distrust helping professionals, which may in turn, create additional barriers to accepting assistance. As well, such distrust can be exacerbated by negative encounters with helping professionals, especially if at-risk youth are further victimized and/or disregarded by these contacts.*

    Rationale – The narratives clearly revealed the perceived negative encounters with helping professionals, such as those in mental health and law enforcement that tainted future encounters, and thus limited access to potential resources. These data were supported by the survivors' CTQ scores, indicating their experiences of childhood maltreatment. This finding has implications for all those who might come into contact with such at-risk youth. Indeed, these youth may require extra time and relationship building before they are willing or able to accept assistance.

11. *Some at-risk youth may not be amenable to discussing their personal histories of childhood maltreatment, if this act requires that they name close relatives, such as their mothers, as perpetrators.*

Rationale – Survivors' narratives indicated that although some of their mothers may have been the perpetrators or facilitators of their childhood abuse/neglect, their mothers were also perceived as needing and deserving of protection. This behavior has been documented in the literature with victims of child abuse/neglect, but has not yet been noted with victims of CSEC. Again, this finding has implications for prevention programs and for helping professionals who seek to engage such at-risk youth.

12. *Substance abuse, eating disorders, and other self-destructive behaviors might be indicators of vulnerability to, or involvement in CSEC.*

Rationale – Many of these survivors noted their own histories of self-destructive behaviors just prior to, during, or following their involvement with CSEC. Such behaviors may screen or mask vulnerabilities related to CSEC, and thus have implications for therapeutic efforts designed to treat them. For example, programs that work with youth who suffer from eating disorders and/or substance abuse may wish to educate their staff on these risks and vulnerabilities related to CSEC as a way to augment their treatment protocols.

13. *At-risk and other youth need access to educational awareness about CSEC.*

Rationale – These survivors noted during their narratives that they had received none or little training or education about CSEC during their childhood or teen years. This lack of education was reflected in their comments which noted a decided level of naiveté regarding available options to the exchange of sex for money, or intangible goods. This combined with a shortage of resources or advice, and a lack of trust with helping professionals, sometimes opened a gateway into sexually exploitive

relationships. Specifically noted in these narratives were the 'lost opportunities' for

youth education.

In summary here, this subsection presented 13 findings that have implications for helping

professionals in this area. Specific suggestions for social work practice, predicated on the

professions' dedication to social justice and professional competence, are noted below.

Social Work Practice Implications

Todres (2010) noted that "one key component of prevention is the early identification of

vulnerability." Findings from this study revealed several challenges and opportunities related to

the early identification of these youth, which in turn, could possibly decrease their vulnerability

to CSEC. This subsection is organized by social work principles designed to guide practice

activities for social workers. These guidelines are also rooted in the *National Association of*

Social Workers Code of Ethics, particularly with the practices' call to challenge social injustices.

Potential social work practice activities for assisting survivors of CSEC might include (a)

building on the client's strengths, (b) engaging in evidence-based practices, (c) continuing the

ongoing evaluation of direct practice and programs, and (d) treating clients with utmost dignity

(Sheafor & Horejsi, 2012, pp. 50-55) .

First, empirical evidence in this growing, uncertain and understudied area of practice

must be generated at a faster pace, so that social workers can have the necessary information

they need, to appropriately address this population of exploited youth. The result of this

increased research will most likely *not* generate a "one size fits all" prevention/intervention

protocol or paradigm, but will hopefully work to increase the field's understanding of this highly

complex and ongoing human rights violation. The production of effective and measurable

evidence-based practices to inform policy makers and practitioners is critical, as social workers

and others seem to be attempting to build and disseminate programs based on the extremely limited knowledge that has been thus far accumulated.

Second, evidence-based knowledge should be readily accessible and widely disseminated to social workers and other helping professionals through education, training, and publications. A lack of education was reflected in the 'lost opportunities' for prevention/intervention as described by these participants, when their apparent vulnerabilities were not noted or addressed by teachers, physicians, and law enforcement officials, among others. Likewise, a lack of training was noted in the survivors' treatment by law enforcement officials. Calls for increased training related to CSEC have been noted in other studies (Williams & Frederick, 2009). Training and awareness seem to have increased slightly on local, state, and national levels however, there is be much more that needs to be done in this important area.

Third, the field of social work has multiple opportunities to apply preventive measures with such at-risk youth in a variety of settings. For example, these participants may have had contact with social workers in schools, hospitals, juvenile justice facilities, child protective services, individual, and/or group mental health settings, and/or emergency shelters. The social work profession, with its massive capacity for diversity and flexibility, could have the greatest single impact of all helping professions on CSEC prevention. Additionally, social workers are trained to work in multi-disciplinary environments, where they can apply key skills of communication and facilitation. It will take such multi-disciplinary efforts with varying professions, while widely disseminating CSEC awareness and prevention efforts, to ultimately have an impact in this area.

Fourth, the application of theory to practice provides a structured, systematic approach to identifying avenues of prevention. As shown, Bandura's Social Learning Theory seems to be

one such theory that can be applied to youth at risk of CSEC. While it appears that social learning theory can assist in determining where in the chain of events prevention can occur, it is not the only means of investigating CSEC. Social workers have many conceptual and theoretical paradigms at their fingertips that can be applied to practice with at-risk youth, and they should be rigorously explored until we move beyond the still rudimentary empirical exploration of CSEC.

Finally, social workers must become more invested in the long-term work of prevention, along with sharpening hands-on practice skills to "treat" this problem. Shifting away from the medical model (i.e., treating the problem after it occurs), to a preventive approach (i.e., preventing major problems of living), seems to be more in line with the professions' core values of integrity, and dignity and worth of the person. As noted in many of these narratives, survivors had direct involvement with professionals after they exited the life, however, none could recall efforts made by professionals toward prevention.

Concluding Remarks

To date, most empirical literature concerning CSEC has examined risk factors, possible points of entry into the life, theoretical perspectives of vulnerability, and selected social demographics of these at-risk youth. While these studies make important contributions to the field, there is still much work to be done. For example, certain risk factors such as the presence of CEM noted herein, warrant further investigation. As well, findings from this study suggest that social workers and helping professionals, must further increase their understanding of how and why youth become involved in CSEC, in order to accomplish the ultimate goal of prevention. It appears that their efforts might be most effectively coordinated and accomplished by utilizing multidisciplinary approaches designed to keep all professions accountable and responsible for educating others. The goal then, is to move forward in tandem, while increasing

knowledge of at-risk youth and their potential vulnerability to CSEC. Hopefully, this study has

contributed knowledge to not only this at-risk population, but to how assessment, treatment, and

prevention issues about CSEC could be more meaningfully addressed accordingly.

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APPENDICES

APPENDIX A

THE VULNERABILITY TO CSEC SCALE (VCS)

Please answer the following questions about yourself as honestly as possible. There are no right or wrong answers in this survey, simply your opinions and ability to recall life events. You will be asked a few questions about your age, race or ethnicity, and country where you were born. After that, you will be asked about your life before and then after you were commercially sexually exploited. There are 16 questions to answer. You can stop the questionnaire at any time if you do not want to continue. You can stop the questionnaire at any time if you want to ask a question. You can go back and change your answers. Please select only one answer for each question.

In this survey, the person who kept the money or who got something in return like money or drugs, is called a "pimp" or "seller." The person who participated in the sex act with you is called a "john" or a "buyer." "Sexually exploited" means that someone gave you something such as a place to stay, money, drugs, food, etc.) in exchange for sex.

Remember that all of your answers will be kept strictly confidential and you will never be identified by name. Thank you for your help with this survey. Your responses will be used to plan prevention strategies for children at risk of commercial sexual exploitation.

Some background questions about you:

1. Select the race and/or ethnicity that you most closely identify with
   a. Asian
   b. Black/African-American
   c. Hispanic
   d. White/Caucasian
   e. Other _____

2. Select the country where you were born
   a. United States
   b. Mexico
   c. Europe
   d. Africa
   e. Other _____

3. What is your age today

_____ years old

4. What was your age when you were first sexually exploited by another person. For example, what was your age when you first traded sex for money, rent, drugs, etc.)?

_____ years old

5. What was your level of education <u>before you entered the life</u>
   a. Middle school (grades 6-8)
   b. Some high school (grades 9-12)
   c. Completed high school
   d. Some college
   e. Other _____

6. What was your level of education <u>at the time you exited the life</u>
   a. Middle school (grades 6-8)
   b. Some high school (grades 9-12)
   c. High school graduate
   d. Some college
   e. College graduate
   f. Other _____

These are some questions about your life experiences. Remember to choose only one
answer for each question:

7. Who was the first person who sexually exploited you?
   a. A john or buyer. I don't know who the person was.
   b. A boyfriend
   c. A girlfriend
   d. A family member
   e. Other _____

8. What was your involvement in the sex industry for example dancing, prostitution,
   survival sex, stripping, bartering, etc.) before your association with a pimp or seller
   a. I had no involvement with the sex industry
   b. I had tried dancing, stripping, or bartering once or twice
   c. I had tried dancing, stripping, or bartering several times (more than twice)
   d. I had been frequently dancing and/or stripping, and had tried prostitution
   e. I was frequently involved in several areas of the sex industry

9. What was your age when you were first sexually exploited in a relationship that
   involved a john or buyer, AND a pimp or seller?

   _____ years old

10. Who were the people you were staying or living with before a pimp or seller got
    something because you had sex or participated in a sex act with a john or a buyer
    a. I was living with my biological family or adopted family
    b. I was living with relatives or extended family
    c. I was living with a foster family or in a group home
    d. I was staying in a shelter
    e. I was living on the streets

11. During my time in the life, <u>my relationship to the pimp or seller</u> who got something such as money or drugs in exchange for me having sex or participating in a sex act with a john or a buyer was:
    a. A member of my biological family such as my mom, dad, brother, or sister
    b. A member of my extended family such as an uncle, aunt, cousin
    c. A friend or acquaintance from school or other social setting
    d. A boyfriend or girlfriend
    e. A complete stranger to me

12. How much time did you spend in your first association with the pimp or seller who made money or got something because you had sex with or participated in a sexual act with a john or buyer
    a. It was only one or two days
    b. It lasted for a couple of weeks
    c. It lasted for one or two months
    d. It lasted for several months – longer than two months but less than a year
    e. It lasted for longer than one year or for several years

13. What was the level of violence experienced in your association with your <u>first</u> (or only) pimp or seller
    a. There was no violence
    b. I was yelled at, or insulted, or told things that were humiliating
    c. I was grabbed, slapped, thrown, or punched. I did not bleed or see any marks left by the injuries.
    d. There was some bleeding and/or marks on my body that lasted a few days or weeks
    e. I have permanent marks or scars from the injuries

14. What was the level of violence experienced in your association with your <u>last</u> pimp or seller
    a. I was only involved with one pimp
    b. There was no violence
    c. I was yelled at, or insulted, or told things that were humiliating
    d. I was grabbed, slapped, thrown, or punched. I did not bleed or see any marks left by the injuries.
    e. There was some bleeding and/or marks on my body that lasted a few days or weeks
    f. I have permanent marks or scars from the injuries

15. How did your <u>first</u> pimp or seller make you feel about yourself?
    a. I felt good about myself for the first time in a while. I was happy.
    b. I felt good about myself but I wasn't really happy
    c. I felt ok – nothing special
    d. I felt bad about myself and I was unhappy
    e. It was the worst I had ever felt about myself

16. How did your <u>last</u> pimp or seller make you feel about yourself?
    a. I only had one pimp
    b. I felt good about myself for the first time in a while. I was happy.
    c. I felt good about myself but I wasn't really happy
    d. I felt ok – nothing special
    e. I felt bad about myself and I was unhappy
    f. It was the worst I had ever felt about myself

17. Are there any comments or suggestions you would like to make related to this study?

I do not have any comments or suggestions at this time.

Thank you for your time and participation with this study. Your efforts will have a significant impact on supplying prevention programs with useful information as they help at-risk youth stay out of sexually exploitive relationships.

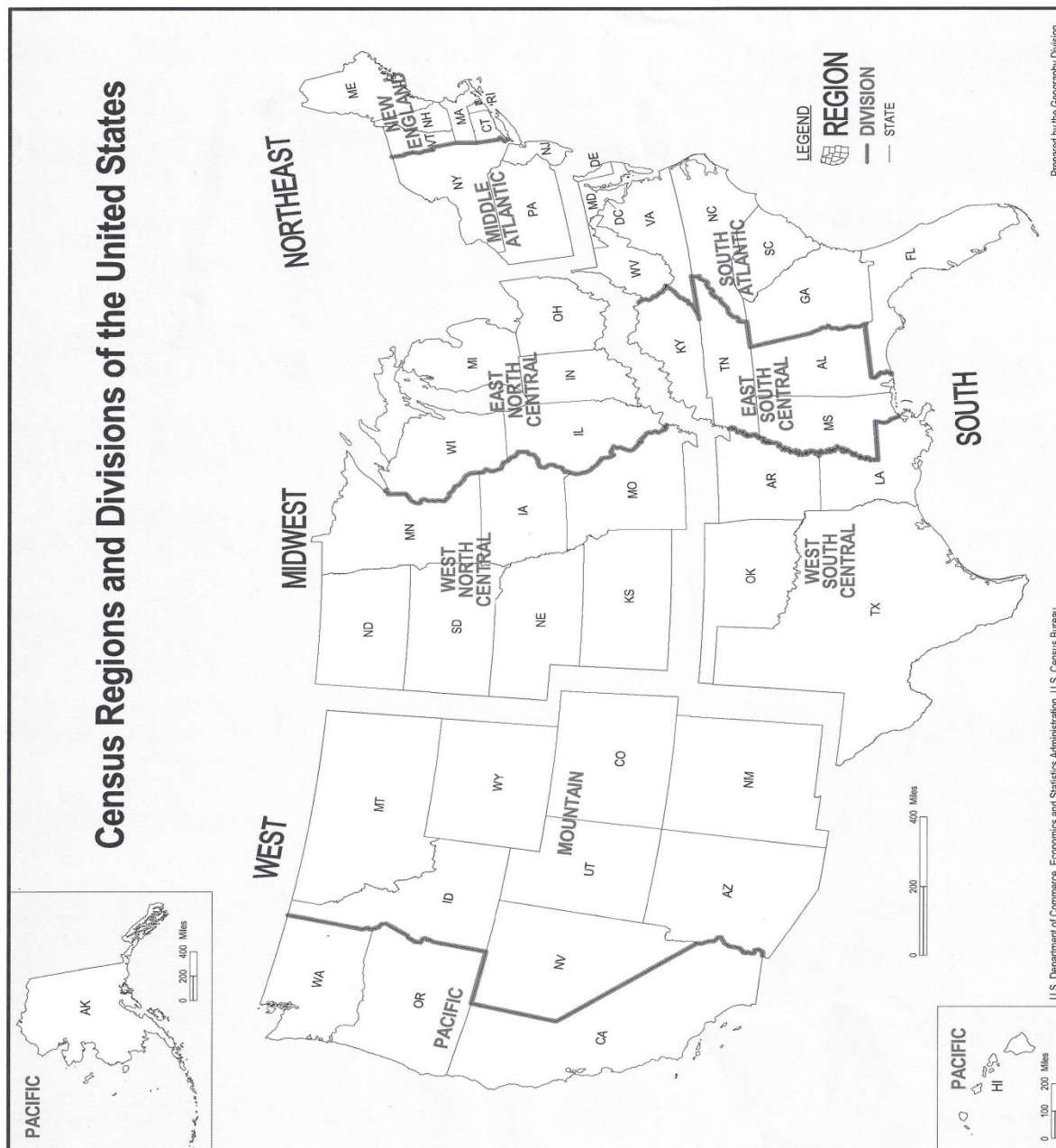**APPENDIX B**

SEMI-STRUCTURED INTERVIEW GUIDE

1. What positive experiences do you remember as a child?

2. Where did you live before from birth to 10 years old?

   a. Who was in your family?

   b. What do you remember about emotional support from your family during these years?

3. Where did you live from 10 years old to 15 years old?

   a. Who was in your family?

   b. How were you treated emotionally by your caregivers during these years?

4. Where did you live from 16 years old and beyond?

   a. Did you have contact with your caregivers during these years

   b. How were you treated emotionally by whoever you were staying with?

5. Do you still have contact with your family/caregivers?

   a. Who are you closest to now?

6. Who were you closest to when you were growing up?

7. How did your primary caregiver (mother, other caregiver, etc.) deal with stress?

   a. What were his or her coping strategies?

8. Were there issues of substance abuse/alcohol abuse in your home?

   a. Who was involved?

9. Was there domestic violence in your home?

   a. Who was involved?

10. Who in your family talked to you about the substance abuse and/or domestic violence so you could understand what was happening?

11. What other stressors can you remember from your childhood?

12. What happened when someone got into trouble in your childhood home?

    a. How was someone punished?

13. Were child protective services ever involved with your family while you were growing up?

14. Was law enforcement involved with your family while you were growing up?

15. What is your definition of childhood emotional abuse?

    a. Do you think this happened to you when you were growing up?

    b. Were any of your friends or family members emotionally abused as children?

16. Did any professionals/agencies/doctors that you were involved with as a child or teen ask you about emotional abuse or maltreatment?

17. Did any professionals/agencies/doctors that you were involved with as a child or teen ask you about sexual exploitation or sexual abuse?

18. Tell me about school.

    a. Did you have any trouble in school with reading or math?

    b. Who helped you with school work or if you had trouble with school?

    c. Were you ever bullied in school?

19. How did you cope with stressful events in your life while you were growing up? What were your coping strategies (i.e. escapism, substance use, etc.)

20. What information were you taught about healthy intimate relationships?

    a. Who taught you about healthy relationships?

21. Who were your role models for healthy intimate relationships?

22. Before you entered the life did you have dating relationships that were not related to commercial sexual exploitation or sexual exploitation?

23. Thinking back about the emotional treatment that you received as a child, was there anything in particular that you think made you more vulnerable to recruitment?

24. What do you consider your personal strengths? Did you feel your strengths were the same as a youth or teen?

25. If you were in charge of designing a prevention program for young girls at risk of recruitment into CSEC, what would you include?

    a. What would you leave out?

APPENDIX C

CENSUS REGIONS

Census Regions and Divisions of the United States

APPENDIX D

RESEARCHER SUBJECTIVITY STATEMENT

My family relocated to 10 different parts of the United States by the time I graduated from high school. These relocations always involved new schools, and provided opportunities to experience different social habits and dialects. Although the locations varied, our new residences were mostly similar. That is, we usually lived in a single family residence located in a primarily white, middle-class neighborhood inhabited by employed, intact families whose children attended a local public school system. Back then, I did not appreciate the multiple times we were uprooted and subsequently expected to flourish in new environments; however, the experiences assisted me in the future with meeting new people and valuing different upbringings. Living in multiple locations may have influenced my choice to visit various cities to speak with adult CSEC survivors. I appreciated the richness of their histories and their world views which enhanced the context of their interviews.

I attended college immediately after high school but left after two years. Perhaps I was not ready at that time to stay in one place after so many relocations. I returned to college when I was in my 40's after I worked in the business world for more than 20 years. I earned bachelor and master degrees in social work. Post-graduation I worked with persons with mental illness in the criminal justice system, and then later with children and teens as a trained forensic interviewer. Over the years, I have interviewed hundreds of children and teens who have experienced abuse and/or neglect, or who were witnesses to crimes. I suspect this experience helped with my research as I was able to speak with survivors, and empathetically listen to and transcribe their difficult histories without being vicariously traumatized.

These experiences, along with an award of a fellowship that funded research pertaining to child maltreatment prevention, led me to the concept of delving into variables that might influence entry into sexually exploitive relationships. It is through the lens of these varied experiences that I analyzed the data from this study and formulated my findings.