COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN
A Review of The Literature
March 2021

Prepared for the
Tennessee Department of
Children's Services

Commercial Sexual Exploitation of Children:

A Review of the Clinical Literature

2020

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Treatment Committee

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Nationally and internationally there has been a heightened awareness and response to the commercial sexual exploitation of children (CSEC)/domestic sex trafficking of children. CSEC "refers to a range of crimes and activities involving the sexual abuse or exploitation of a child for the financial benefit of any person or in exchange for anything of value (including monetary and non-monetary benefits) given or received by any person" (Development Service Group, Inc., 2014).

Within the United States, the response has included both federal and state governments' recognition and efforts to address the issue.   Many view the Victims of Trafficking and Violence Protection Act of 2000 (TVPA) as a turning point in formal, organized recognition of the gravity of the issues of sex trafficking including of minors. Efforts to combat and prevent CSEC and develop resources to meet the needs of victims of CSEC has continued. The PROTECT Our Children Act of 2008 required the Attorney General to develop and implement a National Strategy for Child Exploitation Prevention and Interdiction (National Strategy). The first report was published in 2010 and was updated in 2016. Each report included a National Child Exploitation Threat Assessment and identified how the federal government and its partners can address the issue of child exploitation. The 2016 report focused on changes to the child sexual exploitation threat since 2010 and examined potential threats for the next five years.

In addition, the Office of Justice Programs (OJP), has provided significant funding to both combat human trafficking and assist in essential services being available to victims of trafficking. As a part of this funding, the Office for Juvenile Justice and Delinquency Prevention (OJJDP) specifically funds awards to support

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organizations providing mentoring services for children and youth who are victims of domestic sex trafficking or commercial sexual exploitation and projects focused on preventing sex trafficking of girls. The National Judicial Institute on Domestic Child Sex Trafficking was created by the National Council of Juvenile and Family Court Judges with the goals of helping judicial officers understand the dynamics involved in child sex trafficking, examining legal considerations for victims and connecting children at risk of, or who have been trafficked, to needed services.

The Tennessee Bureau of Investigation launched a public awareness campaign in 2014 aimed at educating residents of Tennessee about human trafficking and what they could do to help end trafficking. The Tennessee Department of Children's Services' provides a webpage about the commercial sexual exploitation of minors which includes links to resources and information from different organizations.

Despite the increased focus and efforts, commercial sexual exploitation of children and domestic sex trafficking continues be a serious issue impacting our children and youth. Research related to CSEC is ongoing and is important to our understanding of the issue and its impact. The research is also instrumental in developing strategies to prevent the sexual exploitation of children and youth, identifying needed services and developing appropriate treatment frameworks and modalities for victims of CSEC. There continues to be significant discussion about how we as adults, professionals and as a society can best help and support the children and youth at risk of or impacted by CSEC.

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The purpose of this document is to 1) provide a review of the research related to what is currently known about the experiences of children and youth who are commercially sex exploited, 2) discuss possible factors impacting the child/youth's exit from the sexual exploitation situation and 3) examine what is known about how to best help victims of commercial sexual exploitation including identifying their needs, appropriate approaches and possible interventions.

Overview of Document

"Language is a powerful tool" (Youth Collaboratory, 2019). Supported by a grant through OJJDP, the Youth Collaboratory developed a toolkit to increase youth service providers' knowledge about commercial sexual exploitation of children. The first module addresses the issue of what language is used in anti-trafficking work and emphasizes how the language and terms used can impact and influence how people view an issue. Specific to CSEC, the words and terms used can inadvertently be misleading, cause further harm or interfere with the child or youth receiving the support and services they need. An example is the contrast between the terms "prostitution" and "child victim of sex trafficking". Although both terms continue to be used, the words alone can trigger very different reactions. "Prostitution" infers negative and delinquent behavior by the child/youth while "victim of sex trafficking" often elicits feelings of concern for the child/youth.   We need to ensure the language we use is not victim blaming and reflects the situation. This can be the difference in the child or youth being supported and receiving appropriate help and services. This document purposefully uses the terms children and youth to reflect, and as a reminder

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of, the range of ages of minors who are victims of sexual exploitation. The person who exploited the child or youth will be referred to as exploiter.

The Department of Justice defines child sex trafficking as the "recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a minor for the purpose of a commercial sex act." The federal Trafficking Victims' Protection Act (TVPA, 2000) defines all minors involved in CSE as victims. Despite this, in some states a child or youth whom the TVPA would classify as a victim can still be charged with prostitution. For too long "prostitution" involving youth was treated as delinquent behavior, but this has begun to change (Mitchell, Finkelhor, & Wolak, 2010). Some states have instituted Safe Harbor laws to prohibit this from occurring. Safe Harbor laws are designed to safeguard against the child or youth facing criminal charges for prostitution and are intended to ensure services are available to these children and youth. These children and youth are now more often recognized as victims of commercial sexual exploitation of children (CSEC) and in need of services.

At the current time, there is no accurate estimate of the number of children and youth being commercially sexually exploited. Many of the numbers often cited are at best, guesses and often are based on flawed methodology, such as children and youth who may be at risk, (e.g. runaways), but for whom there is no evidence they were involved in CSEC (Fedina, 2015; Finkelhor, Vaquerano, & Stranski, 2017). However, regardless of the number nationwide, more of these children and youth are being seen by and/or are involved with social services agencies, mental health agencies, child advocacy centers and other agencies serving children and youth.

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Agencies and professionals working with children and youth who are victims of CSEC face questions about whether this group of children and youth have unique needs compared to other children and youth who have been sexually abused or have suffered other forms of child maltreatment and if so, what are the differences.

For example, some CSEC involved children and youth develop dependent relationships with their exploiter and many times view this person as a someone who "takes care of them" or as a boyfriend/girlfriend (Hampton & Lieggi, 2020; Williams & Frederich, 2009). In addition, a number of CSEC involved children and youth have been involved in the child welfare system and may have a hostile view of the system they feel has failed them (Williams & Frederich, 2009). Their experiences with the child welfare system or other systems, such as juvenile justice, may result in them being resistant to and not trusting helping agencies. A clinical report from one residential treatment program (Thomson, Hirshberg, Corbett, Valila, and Howley, 2011) found females who had experienced CSEC had lower successful program completion rates (25%) compared to other females in the program (73%). Many of the program completion failures of the females who had experienced CSEC were related to the youth running away. This review of the literature summarizes the clinical characteristics and needs of children and youth involved in CSEC in an effort to help guide and inform services needed for the population.

There is an extensive CSEC literature; however, several problems exist with the research in this area. Some of the problems are related to the use of varied definitions of CSEC, while others are related to small sample sizes and samples which may not be

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representative of all youth who have been victims of CSEC. Also, most of the studies lack control groups; comparison of youth who have experienced CSEC to youth who have experienced other forms of maltreatment, but not CSEC.

Many studies include youth from larger metropolitan areas, limiting the ability to generalize findings to youth in more rural areas. Research on male and lesbian, gay, transgender, queer, questioning (LGBTQ) youth involved in CSEC is also limited (Mitchell, Moynihan, Pitcher, Francis, English, Saewyc, 2017). It is important to consider these limitations.

Following the approach of other reviews of the literature (Hampton & Leiggi, 2020; Williams & Frederich, 2009), this report is organized into the following sections: experiences of these children and youth prior to being sexually exploited, their experiences while being sexually exploited, factors influencing their exit from sexual exploitation and a review of intervention approaches.

Experience Prior to CSEC

There are numerous studies focused on assessing factors placing youth at risk of becoming involved in CSEC (Fedina, Williamson, & Perdue, 2019; Greeson, Treglia, Wolfe, Wasch, & Gelles, 2019; Landers, McGrath, Johnson, Armstrong, & Dollard, 2017; Roe-Sepowitz, 2012; Williams & Frederick, 2009). In addition, there have been systematic reviews of this literature (Choi, 2015; Franchino-Olsen, 2021; Hampton & Lieggi, 2020; McCoy, 2019). Subjects were recruited from several sources, including youth who were homeless, in treatment programs, involved in child welfare system and involved in the juvenile justice system. Studies vary in design, quality of methodology,

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and sample size; however, despite these variabilities and limitations, some commonalities are identified in these children and youth's life experiences prior to becoming engaged in CSEC.

<u>Multiple Adverse Childhood Experiences</u>

Adverse Childhood Experiences (ACES) "are potentially traumatic events occurring in childhood. ACEs can include violence, abuse, and growing up in a family with mental health or substance use problems" (Centers for Disease Control and Prevention, 2020). Sexual abuse has been identified as one of the more salient risk factors for involvement in CSEC. However, these children and youth also experience multiple other forms of abuse and neglect with numerous studies indicating they have also experienced emotional abuse, emotional neglect, physical abuse and/or neglect.

<u>Family and Community Factors</u>

The family situations of some children and youth involved in CSEC may contribute to their vulnerability and susceptibility. Many of those involved may have family backgrounds which have exposed them to domestic violence, family conflict, parental alcohol and drug abuse and, in some instances, households in which family members have traded sex for money or drugs. A number live in neighborhoods with higher crime rates and higher rates of adult prostitution. Unfortunately, many of these children and youth do not have their basic physical or emotional needs met and at times are left to "fend for themselves", including sometimes also taking on responsibility for their siblings. This type of family background and situation, and their

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own experience of abuse and neglect, may lead youth to run away thereby significantly elevating risk for becoming involved in CSEC.

Behavioral Health

The evidence has shown these youth have multiple behavioral health issues including Post Traumatic Stress Disorder (PTSD), anger, anxiety, and depression (Cohen, Mannarino & Kinnish, 2017; Basson, Rosenblatt, & Haley, 2012). Also, because of their own life experiences they often have difficulty trusting others and have distorted views of what constitutes a healthy relationship.

Substance abuse by the youth is frequently identified as a risk factor related to CSEC (Choi, 2015; Franchino-Olsen, 2021; Hampton & Lieggi, 2020; McCoy, 2019). In addition, some studies indicate these youth also exhibit conduct problems and may be involved in other delinquent behavior. (Choi, 2015; Franchino-Olsen, 2019; Hampton & Lieggi, 2020; McCoy, 2019).

There are mixed findings in terms of these youth's educational achievement. Some studies have shown poor educational achievement, lower bonding in school and more truancy while others have not. (See Choi, 2025 for a review of this research).

There are several concerns noted with the literature related to behavioral health and substance abuse. First, it is difficult to disentangle what preceded the child or youth's entry into CSEC versus what behavioral health symptoms or substance abuse issues are related to experiences of being involved in CSEC.   Additionally, most of the research literature on risk factors for CSEC are retrospective studies; studies looking at children and youth who are already involved in CSEC or have exited being involved in

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CSEC. In addition, as previously mentioned, most studies of CSEC children and youth did not include a control group with matched samples thereby making it difficult to determine if these children and youth differ from non-CSEC involved children and youth who have been victimized or other children and youth in the child welfare or juvenile justice systems. There are a limited number of prospective and/or control group studies. There is a need for an increased focus on prospective studies and studies including a control group.

Prospective Studies

We found two prospective studies (Edwards, Iritani, & Hallfors, 2006; Kaestle, 2012) which used a national representative sample database, the National Longitudinal Study of Adolescent Health, (Add Health; addhealth.cpn.unc.edu). The National Longitudinal Study of Adolescent Health is an ongoing longitudinal study examining a wide variety of variables to assess adolescent health and the resulting data set has been used for multiple studies. Specifically, the study assessed youth at three different time periods (waves) utilizing computerized interviews. The first wave of data was collected in 1994 and 1995 when youth were in grades 7 to 12 and the last data was collected between 2006 and 2008. Over 20,000 youth were interviewed at Wave I and over 15,000 of those youth were interviewed at Wave III. Of the two identified prospective studies, the Kaestle (2012) study is the most relevant for looking at risk factors. This study identified the youth who at Wave I reported they had never been involved in CSEC and followed them through Waves II and III, up to 18 to 26 years of age. During Waves II and III approximately 2% of these youth reported involvement in CSEC.

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The weakness of this study is how the youth were screened for CSEC. Like many other studies, the screening involved one question asking youth if they had ever traded sex for money or drugs. Also, when a youth reported involvement in CSEC, it was not specified whether they were reporting being involved sexually with adults or peers. Although the study has some weaknesses, the strength is this was a true prospective study.

However, despite the weaknesses, the findings were very similar to what was outlined in the previous sections. Prior to being involved in CSEC, these youth had high rates of child sexual abuse, physical abuse and neglect. Those who reported being involved in CSEC had early histories of aggression, alcohol and drug abuse and reported histories of runaway behavior compared to those youth who did not report involvement in CSEC. Youth who reported living in a household with only one caregiver, also had increased risk for involvement in CSEC. Those who were involved in CSEC reported more involvement in delinquent behaviors, specifically shoplifting, prior to entering CSEC. Given the basic needs for some of these children and youth are not being met, the shoplifting could be their attempt to try to meet their own needs. Protective factors included bonding to school and having a parent who cares.

Several of the variables in these studies would be correlated, or related, such as various forms of abuse. For example, youth who have been sexually abused are more likely to also experience other forms of abuse. This makes it more difficult to determine if the physical abuse is a predictor itself or if it predicts because of its relationship to sexual abuse. In such cases, more sophisticated statistical techniques are used to control

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for the relationship between variables. In the further analysis the strongest predictors of future involvement in CSEC were being victims of child sexual abuse, a history of shoplifting, being homeless or running away, while being bonded to school again lowered risk. In terms of demographic variables, being female and being African American increased risk.

Control Group Studies

Two of the largest studies involving control groups were with youth involved in the juvenile justice system (Reid, Baglivio, Piquero, Greenwald, & Epps, 2017; Reid, Baglivio, Piquero, Greenwald, & Epps, 2019). Both studies used the same data set, but utilized different data analyses. The data set was comprised of a sample of all adolescents involved in the Florida juvenile justice system between 2007 and 2015 who were administered the full Community Positive Achievement Change Tool Risk Assessment upon arrest and intake into the juvenile justice system. This assessment tool is the standard data collection tool used by Florida's juvenile justice system, collecting information on a wide variety of variables, including ACEs. It should be noted the full assessment is only administered if a screening version identifies the youth as high risk; therefore, the youth in the sample exhibit more delinquent behaviors than the average youth entering the juvenile justice system. Overall, the data set included more than 67,000 youth. There are multiple published research studies using this data set, some of which are related to trauma in juvenile justice populations.

In Florida, the juvenile justice and child welfare systems use the same identification number; if a youth is involved in both systems, they have the same

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identification number across both systems. This dual use of numbers allows the two

data sets to be cross assessed. The investigators identified all youth on whom there was

a report of human trafficking to the Florida Child Protective Services (CPS) hotline and

matched these youth with youth in the juvenile justice system. This yielded 913 youth

who met both criteria of a report of human trafficking in the child welfare system and at

some time became involved in the juvenile justice system. These youth were matched

to a 913 youth member control group in the juvenile justice system who did not have a

report of human trafficking. This resulted in a study comparing two groups of youth in

the juvenile justice system. One group had a history of being investigated by CPS for

reports of being a victim of trafficking compared to a matched group of youth who had

no reports of being investigated by CPS as a victim of trafficking. Groups were

compared on 10 ACEs and several demographic variables. In this sample 87.7% of the

youth were female and 12.3% were male, which contrasts with the overall population of

youth in the Florida juvenile system in which 21.8% are female and 78.2% are male.

There were some limitations to this study. Initially, human trafficking was

identified as a general maltreatment code for both labor and commercial sexual

exploitation and the two could not be separated. Later, the child welfare system coded

the two forms of trafficking separately, but all subjects were included in this study, even

those where the type of trafficking was uncertain. However, after the change in coding,

only 4% of cases were labor trafficking, suggesting most subjects before codes were

separated were victims of CSEC.

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Another issue was the inclusion of any youth for whom there was a report of CSEC regardless of whether CPS substantiated the report or not. The investigators' rationale for this decision was the difficulty of substantiating human trafficking given a number of these youth may not be cooperative, so they included the whole sample. There was only one difference when youth with a substantiated finding of human trafficking was compared to youth without a substantiated finding. Fifty eight percent of youth with a substantiated report of human trafficking had a prior history of being sexually abused versus 49% of youth for whom there was no substantiation. This difference was significant, but there were high rates of sexual abuse in both groups.

The results of this large sample study with a matched control group were consistent with some of the results of studies without control groups, but not with others (see previous section on "Experiences Prior to CSEC"). Youth who were victims of CSEC had a higher average number of ACEs (4.45) than those who were not victims of CSEC (3.77) (Reid et al., 2017). Even though victims of CSEC had statistically significantly more ACEs, both groups of this juvenile justice sample had a variety of adverse childhood experiences.

The youth involved in CSEC reported high incidences of some adverse childhood experiences including emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, and family violence (Reid et al., 2019). They also had higher rates of foster care placement, suicidal ideation, drug use, chronic runaway, and having a "romance" with antisocial criminal individuals. Unlike studies without a control group, there was no difference between the youth involved in CSEC and the

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matched sample on household substance abuse, mental illness, parental

separation/divorce, or household member incarcerated. Also, unlike other studies, the

youth involved in CSEC had either lower rates or no difference on several indicators of

general delinquent behavior. This suggests youth in the juvenile justice system may

differ from youth in other systems regarding some ACES frequently mentioned in

uncontrolled studies.

Because many of the variables are correlated, Reid et al. (2017) used statistical

procedures to control for the correlation of various forms of abuse in order to look at the

most salient predictors and to investigate differences between males and females. The

study focused on the six ACES significant in the general analysis: physical abuse, sexual

abuse, emotional abuse, emotional neglect, physical neglect, and family violence. For

males, emotional abuse and sexual abuse were the most significant predictors, with

those reporting sexual abuse being eight times more likely to be involved in CSEC than

males in the control group not involved in CSEC. For females, all forms of child

maltreatment, except for physical abuse and emotional abuse, were predictive of being

involved in CSEC.

An additional study by Reid and Piquero (2016) used data from the Pathway to

Desistance study (www.patwaysstudy.pitt.edu). This is a well-known study of 1,354

serious youthful offenders recruited in Pittsburg, Pennsylvania, and Maricopa County,

Arizona. This study recruited a sample of youth with chronically delinquent behaviors

and followed them into adulthood. The study involved multiple measures including

trauma, mental health and of delinquent behaviors. It did not include a control group,

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but did compare males and females.   About 8% of the sample reported a history of CSEC, although this was based on one question.

This study focused on the relationship of CSEC to caregiver strain defined by arrest or jailing of mother or father, past or current drug problems in the mother or father and arguing and fighting between the mother and father. Although a complicated study, the goals were to look at how caregiver strain impacted negative psychosocial emotions in the youth and what was labeled "endangering behaviors" across genders. Endangering behaviors included number of times youth ran away, age of first sexual experience and age of first alcohol use. A summary of the results indicates caregiver strain impacted parental nurturing for both males and females and was linked to negative psychosocial functioning, running away and initiating substance use and sexual experiences at earlier ages for both genders. For males, negative psychosexual functioning and early initiation of sexual experiences were related to CSEC, while for females the risk of CSEC was more strongly linked to early substance use.

Two studies identified focused on youth investigated by Child Protective Services across the United States or systems serving victims of abuse. O'Brien, White, and Rizo (2017), used data from the National Survey of Child and Adolescent Well-Being (NSCAW; acf.hhs.gov/research/project/national-survey-of-child-and-adolescent-well-being-ncsaw), a national longitudinal panel study of safety, permanency and well-being and service use for child welfare involved youth and their families. CSEC was defined by answering the following question in the affirmative: "In

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the past six months, have you been paid for having sexual relationships with someone?" Overall, there were 38 children and youth who met the definition of being sexually trafficked and 776 children and youth who did not report a history of CSEC. Sexually trafficked children and youth were between the ages of 10 and 17 and were approximately a year older than non-sexually trafficked children and youth. The groups did not differ statistically on terms of gender with 53% of the sexually trafficked group being female compared to approximately 60% of the non-sexually trafficked group being female. Slightly over half of each group were non-minorities. The sexually trafficked group was more likely to have run away from home (59.39% versus 8.9%), have a substance abuse diagnosis (53.32% versus 17.27%), and had a higher externalizing score (62.18 versus 52.68) on the Child Behavior Checklist (CBCL; Achenbach & Ruffle, 2000). They did not differ on the CBCL internalizing score or on the PTSD subscale of the Trauma Symptom Checklist for Children (TSCC; Briere, 1996). Factors most predictive of being in the CSEC group, when controlling for demographic variables, were runaway behavior, substance abuse and externalizing disorders.

A second study (Cole, Sprang, Lee, & Cohen, 2016) used the National Child Traumatic Stress Network Core Data Set (NCTSN CDS; nctsn.org/resources-ncstn-core-data-set). At the time of this study, the core data set consisted of 14,088 clients from 56 NCTSN centers representing all regions of the United States. The data came from a variety of child service settings including outpatient mental health clinics, child welfare agencies, juvenile justice facilities and schools. Using this data set, 43 youth were identified as victims of CSEC and compared to a group of 172 youth who had been

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sexually abused/assaulted, but who were not victims of CSEC. Propensity score

matching is a statistic technique for matchings groups and groups were matched on

age, race, ethnicity, and primary residence using this procedure. The CSEC group was

significantly more likely to skip school, display developmentally inappropriate sexual

life history, report alcohol use, have a history of substance abuse, have engaged in

delinquent behaviors, and have a history of running away from home. The sexually

trafficked group was also likely to have higher scores on the CBCL externalizing scale

and a significantly higher prevalence of sexual behavior problems (61% versus 29.2%),

conduct disorder (24.4% versus 16.8%), general behavioral problems (73.8% versus

50.3%) and substance abuse (65.9% versus 32.3%). The CSEC group also had a higher

proportion of youth with dissociation (41.5% versus 22.4%). On the UCLA Post

Traumatic Disorder Scale Reactive Index (Steinberg, Brymer, Decker, & Pynoos, 2004)

the CSEC group had significantly higher scores on the avoidance subscale,

hyperarousal subscale and PTSD total score.

<u>Sub-Types</u>

In the above sections we reviewed several risk factors associated with becoming

a victim of CSEC. The research indicates CSEC victims, as a group, report significantly

more adverse childhood experiences. more behavioral health issues and more

behavioral problems when compared to groups of youth who have not experienced

CSEC. However, within any one group of individuals such as CSEC victims, there may

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be different patterns of risk factors. There are statistical methods to determine if there are various subtypes within any one group of individuals, in this case CSEC victims.

A study by Reid, et al. (2019) attempts to address this issue. This study used the same data as the Reid et al. (2017) study we have previously reviewed. It includes all subjects who entered the Florida Department of Juvenile Justice System between 2007 and 2015. All youth in the juvenile justice system who had been reported as a potential or indicated victim of human trafficking by the Florida Department of Children Services were included in the current study. There were 913 subjects. Variables for the analysis include the following ACES: Emotional Abuse, Physical Abuse, Sexual Abuse, Physical Neglect, Emotional Abuse, Family Violence & Foster Care. The following health risk behaviors were also collected: Alcohol Use, Drug Use, Suicidal, Anti-Social Romantic Partner, and Chronic Runaway. The variables chosen were ones where the identified sexually trafficked youth differed significantly from youth in the juvenile justice system who were not known victims of human trafficking. The statistical analysis found six subtypes of CSEC victims with different patterns of ACES and different patterns of health risk behaviors.

Type 1 (249 youth) were youth who were more likely to have been in foster care, experienced multiple forms of abuse and engaged in extensive health risk behaviors. Type 2 (86 youth) also experienced multiple forms of abuse, but had less extensive substance abuse history than other groups. Type 3 (134 youth) were like Type 1 youth but were less likely to have been in foster care. Type 4 (193) youth were those who

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experienced emotional abuse and family violence and drug use. They experienced other forms of abuse less often than the first three types. Type 5 (99 youth) were youth who had experienced less abuse than other types, but had high levels of drug use. Type 6 (152 youth) also had lower levels of abuse, but also had low levels of risk behaviors.

There were limits to this study and some of these limits were outlined when discussing the Reid et al. (2017) study. In addition, this is the only study with CSEC victims, and it is important for there be further studies like this. It is known specific profiles sometimes change when one studies different samples. For example, this sample is of youth in the juvenile justice system and different profiles could emerge in social service samples or from samples drawn from mental health agencies. However, it does indicate not all youth may have the same profile of risk factors. This information is also relevant from a clinical standpoint as it denotes the need for individualized assessment of each child or youth and the importance of not assuming what the child or youth's needs may be.

Entry Into and Experiences During CSE

In this section, we will review children and youth's entry into CSEC and their experiences during CSEC. Much of this research has focused on children and youth sexually exploited by a third-party exploiter; commonly referred to as a "pimp". However, there are other pathways into CSEC including what is referred to as "solo cases", where there is no identified third-party exploiter, and those exploited by family members.

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<u>Third Party Exploiters</u>

Youth who become sexually exploited by a third-party exploiter are an extremely vulnerable group. As we reviewed in the risk factors section, these children and youth had been exposed to multiple forms of trauma, experienced a lack of appropriate parenting and nurturing, grew up in a highly dysfunctional family situation and many times were homeless. While homeless, youth are at risk of further abuse, hunger and have difficulties meeting their own basic needs. Some youth develop significant substance abuse problems.

There are multiple studies of the child and youth's experiences while being commercially sexually exploited which were reviewed by Hampton & Lieggi, 2020 and Williams & Frederick, 2009. Hampton and Lieggi is a very comprehensive review of child and youth's experiences while being sexually exploited. Exploiters use threats of violence, actual violence and threats against the child or youth's families to control them. The child and youth also experience abuse from the person buying sex, including physical violence and rape. They are exposed to other youth being abused, at times are forced to recruit other youth and be the enforcer against other youth (Hooper, 2017).

Hampton and Leiggi also suggest there are "rewards" for the children and youth who are being exploited. They are initially "showered" with gifts and what they may perceive as love, many times identifying the exploiter as their boyfriend/girlfriend or romantic partner. In addition, others working as "sex workers" become a surrogate family; the age of others was not specified. The child or youth may also, at least initially, receive money, material possessions and what is perceived to be a glamorous

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lifestyle. Many of these are things they may never have received in their lifetime. They may be provided drugs, avoid experiencing substance withdrawal and avoid the negative consequences of being homeless. In addition, some youth reported "sex work" can provide "validation and sense of self-worth" and view it as a marketable skill. Other studies, however, report CSEC can have a significant negative impact on feelings of self-worth, with significant shame (Hopper, 2017).

Cole and Anderson (2013), in a study of sexually trafficked minors, surveyed 323 officials from a variety of agencies. Among these professionals, 161 had worked with definite or suspected victims of CSEC. These professionals reported on the experiences of these youth. Multiple tactics were used to recruit youth and many exploiters used more than one tactic with a youth. Information provided by the professionals indicated 6.3% of youth were recruited by an authority figure, 26.9% for access to money for the victim's drug habit, 34% for promises of employment or by emotional manipulation involving romantic relationships, 38% were initially recruited by the promise of money, food, shelter and expensive goods while 43% were recruited through threats to victims or others, physical force, deprivation of basic necessities and imprisonment.

Multiple methods were also used to maintain control over the youth. Approximately 70% mentioned social isolation, 13% noted material possessions and approximately 20% used parental authority. In addition, 24% maintained control by providing access to drugs for the victim's drug habit and using emotional manipulation

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by promising employment or romantic relationship with 61% using threats of harm to the victim or others.

CSEC involved youth also report multiple medical problems (Edinburgh, Pape-Blabolil, Harpin, & Saewyc, 2015; Hopper, 2017). In Hopper's small sample of 32 subjects, 19% reported they were not allowed to see a physician, 44% had a sexually related medical problem, 28% had a child during adolescence, and 19% had a head injury.

This summary indicates the exploiter uses multiple ways to recruit and to maintain children and youth in CSEC, many times fluctuating between the use of violence or threats of violence and showering the child with affection and gifts. Children and youth involved in CSEC continue to experience ongoing chronic trauma while being abused and many have health issues. In addition, many develop dependent relationships with the exploiter, view the exploiter as a boyfriend and, as described by Hooper (2017), begin to see the world through the eyes of the exploiter.

No Identified Third-Party Exploiter

The National Juvenile Prostitution Study (Mitchell, et al. 2010) involved collection of data from law enforcement agencies and found 57% of the youth were exploited by a third-party exploiter. However, 21% were what they labeled "solo cases", where no third-party exploiter could be identified. Twelve percent of the cases were what would be considered more typical CSEC, where the sexual victimization was not for profit, but involved the offender using bribes of some type, which could include money, to engage the victim in sexual behavior or to control the victim's disclosure.

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The study found differences between these groups. In third-party exploiter cases, almost 100% of the victims were female while in solo cases 77% of the victims were female and 23% were male. Eighty-four percent of the third-party exploiter cases had a history of runaway while only 33% of the solo cases had a history of runaway. Solo cases were two times more likely to be arrested than those with third party exploiters; 90% versus 45%. Those who had third party exploiters were exposed to more diverse range of sexual behaviors, such as more frequent involvement in anal intercourse, stripping or lap dancing and group sex.

Edinburgh, et al. (2015), studied children and youth receiving services from a child advocacy center and found almost half of their sample did not report being trafficked by a third-party exploiter. They found few differences between victims of CSEC who reported a third-party exploiter and those who did not in terms of their mental health distress, gynecological findings, substance use, truancy and run-away behavior and level of supported relationships. Those with an exploiter were six times more likely to report suicidal thoughts than solo cases, but there were minimal differences in terms of suicide attempts. Again, males were more likely to not report a third-party exploiter. The finding for males is consistent with other observations of many males are engaging in survival sex; survival sex refers to when a person engages in sex for shelter or to meet other basic needs.

Family Members

As noted earlier in this review, most of the literature focuses on CSEC involving a third-party exploiter. Exploitation by family members is an under-investigated area.

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Cole and Anderson (2013) in their survey of 323 professionals who reported on 161

victims, noted approximately 61% of identified exploiters were family members.

Sprang and Cole (2018) found 64.5% of a clinical sample of 31 youth were exploited by

their mother. However, in the cases where the mother was the exploiter, 65% involved

a second exploiter; this was generally an acquaintance or paramour of the mother. In

other studies, the range of cases involving a family member exploiting the youth ranged

from 8% to 31% (Edinburgh, et al., 2015; Hooper et al., 2017; Reid, Huard, & Haskell,

2015; Reed, Kennedy, Decker, & Cimino, 2019).

Reid et al. (2015) studied 92 youth from four social service agencies located in

major metropolitan areas in south Florida. Of the overall sample, 62 had information

regarding the exploiter and 19 or 31% were exploited by a family member. In this case,

sexual trafficking was defined as the trafficking occurring for profit. Findings indicated

youth exploited by family members had higher levels of all forms of maltreatment

compared to those exploited by a non-family member. Fifty five percent of the victims

exploited by family members had experienced four types of child maltreatment (sexual

abuse, physical abuse, neglect/abandonment, witnessing domestic violence). For those

exploited by non-family members, 18% experienced all four forms of victimization.

Those exploited by family members had less likelihood of running away. Ninety-two

percent of those exploited by non-family members had a history of running away

compared to 69% of those exploited by a family member. Although a significant

difference, the data indicates running away was of concern for both groups. There was

no difference between the groups on drug/alcohol use, being arrested for prostitution

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or receiving child protective services. It should be noted the rates of alcohol use and arrest were higher in the females with non-relative exploiters and those receiving child protective services were higher in the females with family exploiters. However, the small sample size probably negated any significant findings. Sprang and Cole (2018) also found high levels of exposure to multiple forms of abuse in this group of children and youth trafficked by a family member. However, there was no comparison group.

Another significant difference found in the Reid et al. study was the child and youth's age when family members began exploiting them. The mean age of the family CSEC's was 11.5 years and for those exploited by others was 14 years. There was also a varied difference in age range for entering CSEC, with family exploited cases ranging from 4 to 16 years, many being exploited prior to puberty, and other cases ranging from 11 to 17 years. Sprang and Cole (2018) found 74% of youth experiencing familial CSEC were less than 14 years old when exposed to CSEC, compared to 23% of youth in the National Juvenile Prostitution Study (Mitchell et al., 2010).

In the Spang and Cole (2018) study, twelve of the family exploiters were female and seven of the family exploiters were male. Of the 12 females, 11 were mothers and one was the maternal figure.   Of the males, three were cousins, two were uncles and two were fathers. In nine of the 19 cases, the motivation for the trafficking appeared to be money, while in four cases the motivation appeared to be to obtain money to support drug addiction. In the other cases, no specific benefits were detailed but, in these cases, they were exploited to have sex with the exploiter's acquaintances.

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There were specific factors identified as being barriers to disclosure (Reid et al (2015). For some in the family exploited groups, the early age of onset made it difficult for them to recognize what was happening to them was not normal. The second barrier identified was related to the authority of the role of exploiter and the child or youth's dependency on them. Also, several of the youth were undocumented and were fearful of approaching authorities. There were also examples of some other trafficking cases where other forms of coercion were used to maintain the victim's silence (Reid et al., 2015).

Exiting CSEC

Most of the professional literature related to CSEC has focused on risk for entry into CSEC and the child and youth's experiences while being sexually exploited. Less focus has been on what impacts the child or youth's decision to exit and it is recognized for many youth the exit is facilitated by law enforcement and other agencies. However, identifying what impacts the child or youth's decision to exit can help professionals support the child or youth's motivation to exit.

Hampton and Lieggi (2020) identified several themes related to desistance, ceasing to be involved in, or exit from child sexual exploitation. The first theme includes what they refer to as turning points. One turning point was the youth's psychological symptomatology and distress were significant enough to be unable to continue in CSEC. A second turning point was the youth no longer found "sex work" (authors' terminology) tolerable. The third turning point was labeled an "epiphany or spiritual experience." The youth made a shift from day-to-day survival to a focus on

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other goals, such as education and a future career. Williams & Frederick (2009) also described a similar concept. One youth described CSEC was bringing down their self-esteem and they needed their family and wanted to be back with them. This youth made the statement, "I wasn't that type of person" … "I'm not a person to get in trouble." Another youth reported as she got older, she realized "Please, I'm smarter than that." In a sense, the youth were changing their personal narrative of who they are and what they want to be. For those supporting or intervening with these children and youth, an important consideration is the child or youth's personal strength Williams (2010) reported a common theme for these children and youth is survival and their sexual abuse and exploitation can be viewed as a form of survival-based coping.

Hampton and Lieggi's (2020) second theme was optimism and support. They note youth successful in exiting received assistance in meeting basic needs, such as money, housing and relocation. These youth also had access to services, such as substance use and mental health services. Williams (2016) also found some youth were motivated to exit when they observed other young girls brought into CSEC being beaten.

Some of the youth, in the Williams (2015) and Hooper (2017) studies commented on the role of law enforcement in the children and youth exiting, both positive and negative. Many of these youth had a fear of and negative experiences with police, while others noted experiences with the police which assisted their exits. Sometimes it was as simple as listening in a non-judgmental way, reminding the youth it was not their fault and trying to assist them in finding at least basic services. Hargreaves-Cormany and

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Patterson (2016), in a quantitative study of three, found positive interaction with police facilitated exiting CSEC for some youth. Having an opportunity to advocate or help other youth was also found to be an important factor in exiting.

There are also barriers to exit. Hampton and Leiggi (2020) identified stalking by their exploiter and being unable to meet survival needs as making it difficult to not return to CSEC. In addition, they reported the exit process was cyclical and there may have been several attempts to exit before the child or youth were successful.

Hooper (2017) also reported a lack of trauma informed systems providing services impeded desistance or exiting. One youth described dropping out of a drug abuse program because the program increased their nightmares which could have in part been potentially related to having been placed on a co-ed unit. Another youth noted therapy as helpful, but it also triggered many negative emotions which leads to avoidance of therapy which suggests the need for therapists to carefully pace their interventions. A youth also complained about therapists wanting to "fix them" and not letting them "express their feelings including self-blame."

Other barriers to exit are related to the overall experiences of these youth before and during the time of their exploitation. First, many of the child or youth's perceptions of their exploiter and their life in child sexual exploitation may not align to what others expect. As we have pointed out, there are "rewards" from CSEC at least in the child or youth's view. They see their exploiter as a boyfriend/girlfriend who provides emotional support and the child/youth has developed a surrogate family among other "sex workers." The exploitation is abusive, but the child/youth may also

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view the exploiter as the one who "rescued them from the street" and provided things they never had in their lives such as nice clothes, jewelry and money. Part of the decision to exit is the child or youth balancing the risk versus the perceived rewards (Hampton & Leiggi, 2020).

These youth have impaired relationships and because of their experiences are likely to have significant difficulty and challenges in attaching with others in a healthy manner. This includes being sensitive to feeling criticism and rejection by others as well as difficulty trusting those attempting to help them.

Interventions

Compared to studies on risk factors for becoming involved in CSEC, there are few studies of interventions and treatment approaches for children and youth to address the negative sequalae of being involved in CSEC. There are a number of systematic reviews of various interventions (Dell, Maynard, Born, Wagner, Atkins, & House, 2019; Institute of Medicine & National Research Council, 2013, Macy & Johns, 2011; Moynihan, Pitcher, & Saewyc, 2018; Muraya & Fry, 2016); however, most of these reviews are limited to less than 20 studies. Within any one review there were varied interventions noted. The only true randomized controlled study identified is O'Callaghan, McMullen, Shannon, Rafferty, and Black (2013). This was a study of Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) with sexually trafficked, war affected Congolese girls. The other studies were observational studies or quasi-experimental designs, with variations in outcome measures, many subjective and few using any standardized measures. Some included a mixture of subjects including

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CSEC victims, those at risk of CSEC, and at times youth who had been sexually abused, but not involved in CSEC. Many studies were with females and few studies involved males or LGBTQ youth. Given the limitation of the research, there is no established evidenced-based treatment for victims of CSEC.

However, across reviews the need for comprehensive interventions is a consistent theme and there are also similarities in the interventions identified. We will attempt to highlight the most relevant areas.

Engagement

One of the issues raised throughout the review was the impact of CSEC on children and youth's ability to trust others and impaired attachment. The research frequently notes the child or youth many times views the relationship with the exploiter as romantic and not as an abusive relationship and/or the child or youth is very dependent on the exploiter emotionally as well as for meeting basic needs. There is also a significant amount of societal stigma due to some in society, and at times the child or youth themselves, inaccurately viewing the involvement in CSEC as "prostitution" and failing to recognize these children/youth are victims. This and other factors can often result in the child/youth being sensitive to how others may be judging them. These factors can make it difficult to maintain the child or youth in programs and services and to develop healthy relationships with service providers and other supportive adults. There are few studies focusing specifically on strategies for engaging these children and youth in services.

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Ahern, Sadler, Lamb, and Gariglietti (2017) report on a qualitative study focused on strategies for rapport building. This involved interviews with police and child welfare social workers about their perceptions of effective techniques to build rapport with victims of CSEC. Although the role of police and child welfare social workers may be different than the role of a therapist, some results are relevant. These professionals reported frequent and repeated contact over time with youth were most effective in building rapport. They needed to minimize their role as an authority figure and "maximize their '*authenticity as caring people.*'" They also identified the need to be dependable and focus interactions on more general issues instead of specifics of the child or youth's abusive experiences.

Thomson, et al., (2011) describe several changes in their group home program for female victims of CSEC to increase previously poor rates of completion. They adopted the transtheoretical model of change (TTM) which is an integrative, biopsychosocial approach to behavioral change taking into consideration the individual's readiness to change and views change as a process. The approach supports and guides the individual through the stages of change towards a healthier life.   The group home component only accepted youth identified at a minimum in the contemplation stage of change, while females in denial were offered the residential component of the program. All participants were assigned a staff mentor, a life coach and initial treatment with an educational group led by a survivor of commercial sexual exploitation. The use of survivors as part of treatment will be discussed in a separate section. The youth were paid for attending groups, attending community meetings, and doing chores. They had

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control over this money and money from part time jobs if they were employed. The program also involved family members when possible. It is difficult to determine what component of this program was effective. However, prior to the changes in the program, the rate of unplanned discharges was 65% to 69% and after changes the rate was 15%, with the recognition there was a small sample size.

Given the experience of CSEC survivors, it is important for all systems working with these youth to be trauma informed care systems. This is a common recommendation in the literature (Institute of Medicine & National Research Council, 2013; Hooper, 2017). It would also be expected for systems trained in Motivational Interviewing (Miller & Rollnick, 2013) would have improved engagement and motivation.

Survivor Involved Services

The Institute of Medicine & National Research Council, 2013 report recommends the involvement of survivors in provision of services to these youth. In the previous section, we described one such program and one of the better known programs in the United States, which was founded by and is led by survivors, is the Girls Educational and Mentoring Services (GEMS: gems-girls.org). They describe the core components of their program as survivor leadership and transformational relationships. The program has also used the transtheoretical model and describe their core values as:

- Gender Responsive

- Trauma Informed

- Developmentally grounded

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- Strength Based

- Social Justice Oriented

- Culturally Competent

This program offers several services and also includes a focus on education, transitional and supportive housing, and court advocacy. These types of services meet basic needs of the youth and provide skills to help them support themselves in the future.

Case Management Services

Youth who have experienced CSEC have a variety of problems in addition to mental health needs (Muraya & Fry, 2016). All the reviews of intervention studies listed above stress the importance of intensive case management services with key components of these services being trauma informed and advocacy. Muraya and Fry (2016) and Moynihan, et al. (2018) also stress the different needs of CSE involved youth at different points of recovery, although there will be overlaps across phases of recovery and the process may not be linear.

Muraya and Fry (2016) suggest a preliminary needs assessment for all CSEC involved youth. Primary needs when exiting CSEC are safety, housing, and food. Because many of these youth may have significant and/or untreated physical health problems, medical care needs to be available. Other potential needs include legal aid to address potential legal charges including prostitution, drug charges, and/or charges such as shoplifting. Some youth may be undocumented and need assistance with the immigration process and for others there may be an issue of guardianship.

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Once the child/adolescent is safe, then behavioral health interventions for the variety of mental health issues becomes more central. However, these youth may need assistance with life skills, finding more long-term housing and educational assistance. Muraya and Fry (2016) also discuss the need for the youth to recover their identity and to learn to cope with the stigma of having been involved in what may have been viewed by some, including themselves, as "prostitution."

In the long-term, children and youth will be reintegrated into the community and will need continued educational and possible vocational training and job placement. They will continue to need safe housing and may need assistance with transportation. The child/youth also needs skills to develop healthy long-term positive social support. If the child/youth is returning to their families, family reunification work may be beneficial. Barnert, Godoy, Hammond, Kelly, Thompson, Mondal, & Bath (2020) found 31% of the 350 CSEC involved youth they evaluated had experienced pregnancy with 18% having had multiple pregnancies. They stress the importance of "applying a reproductive justice approach", with a need for reproductive education, family planning and parenting skills. Some youth may have children who are in the custody of the state and may need legal assistance in understanding and working with state social service systems.

An example of one such program is the Runaway Intervention Program in Minnesota (Edinburgh & Saewyc, 2009; Saewyc & Edinburgh, 2010) The program is specifically for runaway sexually exploited girls who are not in state custody as services were already in existence in the community for youth in state custody. This is a home

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visiting program staffed by Advance Practice Nurses and also provided access to a weekly girls' empowerment group staffed by mental health professionals. The conceptual framework of the program is developmental traumatology and resilience and adopts a harm reduction approach. The program is strength-based designed to "work with girls and their families to help girls return to home and return to school, improve family interactions, and help navigate juvenile justice, chemical dependency treatment and health care as needed". The program begins with an initial assessment including a health assessment, including physical and behavioral health. Initially in-home visits are made four times a month for the first month, then two times a month for two months with visits tapering off to every three to four weeks. The program lasts for one year and youth may be referred for other needed services, including behavioral health services. The program focuses on goal setting, crisis intervention, reconnecting to school, mental health screening and referral, health and mental health education, skills for daily living, parent education and support for positive parenting. An initial evaluation of the program (Saewyc & Edinburgh, 2010) found significant increases in a variety of protective factors and a significant decrease in a variety of risk behaviors and negative outcomes after 6 months and 12 months of participation.

Behavioral Health Services/Psychotherapeutic Services

Our review of the literature indicates children and youth who have been involved in CSEC have multiple mental health needs including depression, anxiety, substance abuse, and post-traumatic stress disorder (PTSD. Given these youth may have co-morbid disorders, comprehensive treatment will likely need to utilize a wide

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variety of approaches. The probability of the presence of co-morbid disorders and the reality not all youth present with the same mental health issues underscores the importance of an initial mental health assessment prior to initiating treatment. One issue noted in this review is the tendency for these children and youth to not "trust the system". Treatment will require time to develop a therapeutic relationship and "quickly jumping into techniques" will likely be counterproductive. In addition, treatment will probably be most effective when professionals utilize a strengths-based approach, focus on and build on resilience, and provide the child/adolescent with choices and control including making decisions about their own therapy goals. Across various interventions, a core underlying theme is for interventions to support and assist the victim of CSEC in developing self-agency and regaining control of his or her own life. Self-agency is a term used to describe the power an individual has over their own life. It is important to remember healing is on the child/youth's timetable, not ours.

Due to safety considerations and/or the severity of psychiatric needs present, residential care may be needed for youth who are acutely suicidal, severely emotionally decompensated, or who have uncontrolled substance abuse problems. Residential care is also sometimes recommended as a safety measure due to the youth's continued run-away behaviors. However, even when this more restrictive environment may be warranted, there are also potential negative impacts of placing the youth in a setting in which there is heighted structure and increased authority by others. This includes the reality of continued disruption to normal childhood/adolescent development as well as the interference of the youth being able to move towards developing self-agency and

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regaining control of his/her life. Such placements, while at times warranted due to safety, psychiatric issues or substance abuse related issues, should only continue for the period of time they are necessary for the safety and well-being of the child/adolescent.

A review paper from the U. S. Department of Health and Human Services (Williamson, Dutch & Clawson, 2010) outlined potential evidence-based treatment for victims of human trafficking. This is not specifically for victims of CSE and is not specifically for children or youth. However, it does provide examples of well-established evidenced based treatments for a variety of mental health issues.

Youth who have experienced commercial sexual exploitation have high rates of PTSD in addition to a number of other mental health issues. (See Cohen, et al., 2017 for a summary of this research). There are variety of evidence informed, and often well recognized, treatments for PTSD including Trauma Focused-Cognitive Behavioral Therapy (TF-CBT), Eye Movement Desensitization and Reprocessing (EMDR) and Cognitive Processing Therapy (CPT). However, it needs to be recognized these children and youth do not have a single traumatic event or one type of trauma, but have experienced multiple forms of trauma, usually from multiple people occurring over numerous developmental phases of their life.

Although, traditional treatments for PTSD may be appropriate at times, consideration of a broader conceptualization of the child and youth's trauma experiences is important. One recommendation is to conceptualize the child or youth who have experienced long-term poly victimization through a lens of complex trauma or complex PTSD (Cohen, et al., 2017; Hooper, 2017; Musicaro, Spinoazzola, Arvidson,

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Swaroop, Grace, Yarrow, Suvak, & Ford, 2017; Ottisova, Smith, & Oram, 2018).

Complex PTSD is a diagnostic category in the International Classification of Diseases (Cohen, et al., 2017; Armstrong, Phillips, Alkemade,& O'Donnell, 2020). The diagnosis requires the individual has experienced chronic trauma, usually interpersonal trauma beginning early in life. The diagnosis requires "typical" PTSD symptoms of re-experiencing the trauma, avoidance and a sense of threat, but also includes affect dysregulation, negative self-concept, and interpersonal disturbance (Cohen, et al., 2017). Children and youth with complex trauma have more severe PTSD symptoms and more externalizing behaviors.

Clinicians working with CSEC involved children and youth must recognize the complexities present while acknowledging the individualized basic needs (shelter, food, etc.) of the child or youth and his/her situation. Children and youth who are victims of CSEC experience disruption of normal childhood and adolescent development in a number of areas across different developmental stages. The trauma can result in changes in their view of self, others and the world resulting in dysfunctional schemas impacting important areas of functioning including affect regulation, cognitions and relationships. These children and youth often have distorted views of sexuality as well as a significantly distorted view of self and what having a relationship with someone means.

While this review of the clinical literature is not intended to provide detailed descriptions of therapeutic approaches, there are several resources for mental health professionals. The National Child Traumatic Stress network has extensive resources

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related to complex trauma (www.nctsn.org/what-is-trauma/trauma-types/complex-trauma).   This includes information summarizing the effect of complex trauma, assessment approaches and an outline of numerous promising treatment approaches. Many of the treatment approaches are based on cognitive behavioral approaches, but also integrate attachment theory and systems theories among others. Many also include families as part of the treatment process. While several of the treatment approaches described seem consistent with the problems seen in children and youth experiencing poly-victimization and complex trauma/complex PTSD, few have been tested with randomized controlled trials, although they do have support from less rigorous research designs.

Cohen and colleagues (Cohen, et al., 2017; Cohen, Mannarino, Kliethermes, & Murray, 2012) have described a number of modifications to traditional TF-CBT for children and youth experiencing complex trauma. In addition, Cohen, Berliner, & Mannarino, (2010) have described adaptation to TF-CBT for children with co-occurring trauma and behavioral problems.

Professionals also collaborate with one another in an effort to identify the most salient needs of victims of CSEC, discuss different treatment approaches and share ideas. The networking of professionals can be especially beneficial given the continued ongoing research and questions related to intervention and treatment.

One Nashville area example of this type of collaboration involved a member of the Tennessee's Joint Task for Children's Justice and Child Sexual Abuse. In partnership with the Sexual Assault Center and University of Tennessee School of Social Work-Nashville

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Campus, Kamrie Ericson, a member of the Joint Task Treatment Committee facilitated conversations around treatment with a group of local professionals working with survivors of commercial sexual exploitation (CSE) in the Nashville area.

The group included case managers, therapists, advocates and others with experience ranging from one year to fifteen plus years. Participants' input was obtained through facilitated led discussions across three meetings and completion of a survey. The facilitated discussion format was utilized to provide an opportunity for the professionals to share their perspectives, offer ideas and provide recommendations. Discussions focused on basic needs of victims of CSE, trainings, barriers, and ongoing recommendations. The intent of the facilitated discussions and survey was to obtain information helpful to other professionals working with survivors of CSE. While many of the professionals worked with adult survivors of CSE, some of their observations may be informative for those working with child and youth victims of CSEC. The group's overall input, observations and recommendations were consistent with the literature and research available related to treatment and intervention with victims of CSEC.

The group identified the need to ensure stabilization of basic needs as a part of effective intervention/treatment. These needs included safe housing, clothing, food and transportation. In addition, needs such as enrollment in state benefits, legal advocacy (court accompaniment, child protection involvement, divorce, etc.), access to healthcare and dentistry, education, employment, translation services, reconnecting with family of origin, and ongoing safety planning were identified. The group discussed the

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importance of recognizing the distinction between rescuing versus empowering the survivor with one member noting the risk for service providers to mirror trafficking dynamics by limiting and prioritizing the teams' goal(s) for survivor as opposed to survivor's goal(s) for self.

Clinicians relied on multiple therapeutic approaches, modalities and models and involvement in trauma informed trainings in serving survivors. These include, but are not limited to: Comprehensive Resource Model (CRM), Eye Movement Desensitization and Reprocessing (EMDR), Internal Family Systems (IFS), Dialectical Behavioral Therapy (DBT), Cognitive Behavioral Therapy (CBT) and Seeking Safety as well as 12-step recovery, Motivational Interviewing, sensorimotor techniques and play therapy. Trainings included understanding brain science and the dynamics of trauma, dissociation, anger management, co-dependency, and relapse prevention. The group identified various ways they, as professionals, prepared to work with survivors which included: cultural competence trainings for CSE, drawing from personal and volunteer experience, meeting with survivors, attending various conferences and reading books by professionals and survivors. The group highly recommended professionals have ongoing access to trainings, supervision, and collaboration with peers throughout one's work with a survivor.

Barriers to treatment were identified and encompassed two main themes: survivors' distrust of the "system" and people as well as survivors not identifying trafficking as a "major" concern in need of change. Other underlying barriers likely

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contributing to these themes include: clients receiving "enough" outside support, managing PTSD symptoms (primarily hypervigilance and flashbacks), fear of experiencing feelings, substance use, limitations to memory, access to income, survivor's guilt, identifying needs and communicating them effectively, addressing trauma bonding and intermediary factors to protect survivors. The group stressed the importance of having time and patience when working with survivors of CSE as well as recognizing the various aspects present for professionals and the community in developing a relationship with a survivor, which provides appropriate support to overcome these barriers.

Ongoing recommendations provided by the group focused on empowering the survivor to lead the team in their recovery. The team working with the individual must understand their role and when to introduce other partners. Collaboration with a team, identifying trafficking and misconceptions and modeling consistent boundaries along with psychoeducational approaches and recognizing the role of grief/loss (as it relates to trauma anniversaries, survivors' guilt, identity, etc.), fosters a healthy rapport and supports stabilization for the survivor.

<u>Voice of Victims/Survivors</u>

In this document we have reviewed the research and clinical literature related to CSEC. Some of the studies reviewed have been based on interviews with victims/survivors or those providing services to CSEC victim/survivors. Although research is important, it also important to listen to those who have experienced CSEC and what they feel their needs are. One example of this is a Minnesota project (Hennepin County No Wrong Door Initiative, Paula Schaefer &

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Associates, Minnesota Coalition Against Sexual Assault, and the Ramsey County Attorney's Office, 2015) which included surveys and focus groups and involved approximately 15 organizations. Participants included victims/survivors of CSEC with 40 of the 72 focus group participants being younger than 18 years of age and 16 being 18 to 24 years of age. Several recurring themes relevant to this current document emerged from the surveys and focus group discussions.

A main need identified by victims/survivors was the need for safe shelter and food. They directly identified needing a "reliable place to sleep and nutritious food" to exit their situation. In addition, other resources to support moving towards an independent life were identified as important including job training, school, GED coaching, additional educational opportunities including how to access grants/funding for education, etc.   Mentoring services and having information about outreach programs and resources were also identified as a need. The victims/survivors identified definite "must-haves" in regard to relationships with advocates and professionals involved with systems or providing services. These included a strong sense of trust, transparency about the limits of confidentiality and sincere rapport. These were viewed as being necessary to help the victim/survivor. Their comments and input reinforced the need to take time for the relationship to develop. Specifically, they talked about adults not pressuring or pushing, but rather being patient and letting the victim/survivor take their time in talking about their experiences. One youth summarized it by saying "People will share when they feel safe".

A related area is cultural competency and inclusivity. Victims/survivors identified a lack of these as the most prevalent reason they do not feel safe being involved in services, working with professionals or being in shelters/placements. They further identified discrimination and mistreatment as a main worry when police are involved. While the value of

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survivors having an active leadership role in programs was discussed earlier, the participants in this project identified the inclusion of survivors as part of the services and staff as being a form of cultural competency.

Adults' misperceptions about sexual exploitation were consistently noted as source of frustration for victims/survivors. This included assumptions about what was referred to as "the life", lack of recognition their involvement in CSEC is not by choice and is related to survival, and failure to address causes related to being sexually exploited. Participants identified poverty, racism, family abuse and marginalization as factors related to involvement in sexual exploitation.

Victims and survivors can inform prevention, interventions and treatment. It is important to listen to what they tell us and examine how it can be of benefit in our work towards preventing CSEC and helping those impacted by CSEC.

Interventions Summary

In summary, treatment with children and youth who have experienced CSEC needs to be carefully thought through and approached. The therapeutic and treatment process needs to be viewed through a trauma lenses recognizing how trauma can impact emotions, cognition, physical health, relationships, mental health, brain development and behavior (Bartlett and Steber, 2019). This includes looking at the underlying purpose/reason the child or youth's behavior serves rather than simply labeling it as dysfunctional. Mental health professionals need to conduct an initial assessment to help determine the needs of the individual child or youth, take time to build a therapeutic relationship and empower the child or youth to have voice in their treatment goals and focus. In addition to any behavioral health focused treatment

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efforts, it is also important to ensure case management type services addressing basic needs are in place.

Summary

CSEC is a serious national and international problem. Within the United States, a number of organizations and agencies, including federal, state and local, have increased their focus and efforts to help prevent CSEC and provide services to children and youth impacted by CSEC. However, the task is complex and while there is some research to guide these efforts, more is needed to be effective in preventing CSEC and to meet the basic needs of these children and youth and ensure evidence informed services, approaches and interventions are provided to victims of CSEC. There has been progress in shifting the mindset from viewing these children and youth as engaging in child prostitution to recognizing they are victims. While there are increased efforts to educate the public about the reality of CSEC and signs of CSEC, there is more to be done in shifting how society addresses this issue and views the victims of CSEC. Research and information presented in this document was viewed as being some of the most relevant at the time the document was being prepared; however, research strategies to address CSEC is ongoing and it is important for professionals involved in CSEC cases to stay updated as new research becomes available since this can impact their work.

Working with children and youth who have experienced CSEC is a complex situation. CSEC has a psychological, spiritual, physical, emotional and social impact and a trauma informed response encompassing safety, empowerment, trustworthiness,

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choice and collaboration is needed. "Treatment" is more than behavioral health and includes case management and service planning with a focus on supporting the child/youth's own agency and them regaining control over their life. The healing process takes time and will vary from child to child and adolescent to adolescent.

A collaborative approach is needed to address CSEC and professionals are encouraged to reach out to others to share ideas and provide support. It is also important to continue to facilitate conversations and cultivate opportunities for children and youth who are victims of CSEC to have a voice and share in their own words about their experiences, what they need and what we need to know.

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References

Achenbach, T. M., & Ruffle, T. M. (2000). The Child Behavior Checklist and related forms for assessing behavioral/emotional problems and competencies. *Pediatrics in Review*, 21, 265–271.

Ahern, E. C., Sadler, L. A., Lamb, M. E, & Gariglietti, G. M. (2017). Practitioner perspective on child sexual exploitation: Rapport building with young people. *Journal of Child Sexual Abuse,* 26(1), 78-91.

Armstrong, R., Phillips, L. Alkemade, N., O'Donnell, M. L. (2020). Using latent class analysis to support the ICD-11 complex posttraumatic stress disorder diagnosis in a sample of homeless adults. *Journal of Traumatic Stress,* 33, 677-687.

Barnert, E. S., Godoy, S., Hammond, I., Kelly, M. A., Thompson, L. R., Mondal, S., & Bath, E. P. (2020). Pregnancy outcomes among girls impacted by commercial sexual exploitation. *Academic Pediatrics,* 20(4), 455-459.

Bartlett, J. D., & Steber, K. (2019). *How to implement trauma-informed care to build resilience to childhood trauma.* Child Trends, https://www.childtrends.org/publications/how-to-implement-trauma-informed-care-to-build-resilience-to-childhood-trauma.

Basson, D., Rosenblatt, E. & Haley, H. (2012). *Research in action: Sexually exploited minors (SEM) needs and strengths.* West Coast Children's Clinic. https://www.westcoastcc.org/wp-content/uploads/2012/05/WCC_SEM_Needs-and-Strengths_FINAL1.pdf.

Briere, J. (1996). *Trauma symptom checklist for children.* Odessa, FL: Psychological Assessment Resources.

Center for Disease Control and Prevention (2020). *Adverse childhood experiences (ACEs).* https://www.cdc.gov/violenceprevention/aces/index.html.

Choi, K. R. (2015). Risk factors for domestic minor sex trafficking in the United States: A literature review. *Journal of Forensic Nursing,* 11(2), 66-76.

Cohen, J. A., Berliner, L., & Mannarino, A. P. (2010). Trauma focused CBT for children with co-occurring trauma and behavior problems. *Child Abuse and Neglect,* 34, 215-224.

Cohen, J. A., Mannarino, A. P., & Kinnish, K. (2017). Trauma-focused cognitive behavioral therapy for commercially sexually exploited youth. *Journal of Child and Adolescent Trauma,* 2017(10), 175-185.

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Cohen, J. A., Mannarino, A. P., Kliethermes, M., & Murray, L. A. (2012). Trauma-focused CBT for youth who experience complex trauma. *Child Abuse and Neglect,* 36, 528-541.

Cole, J., & Anderson, E. (2013). *Sex trafficking of minors.* University of Kentucky, Center on Drug and Alcohol Research, Center on Trauma and Children. http://www.cdar.uky.edu/CoerciveControl/docs/Sex%20Trafficking%20of%20Minors%20in%20KY.pdf.

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

Dell, N. A., Maynard, B. R., Born, K. R., Wagner, E. Adkins, B. & House, W. (2019). Helping survivors of human trafficking: A systematic review of exit and postexit interventions. *Trauma, Violence, & Abuse,* 20(2), 183-196.

Development Services Group, Inc. (2014). *Commercial Sexual Exploitation of Children/Sex Trafficking: Literature review.* Washington, D.C.: Office of Juvenile Justice and Delinquency. Prevention. https://www.ojjdp.gov/mpg/litreviews/CSECSexTrafficking.pdf.

Edinburgh, L., Pape-Blabolil, J., Harpin, S. B., Saewyc, E. (2015). Assessing exploitation experiences of girls and boys seen at a child advocacy center. *Child Abuse & Neglect,* 46, 47-59.

Edinburgh, L. D., Saewyc, E. M. (2009). A novel intensive home visiting intervention for runaway, sexually exploited girls. *Journal of Specialist in Pediatric Nursing,* 14(1), 41-48.

Edwards, J. M., Iritani, B. J., & Hallfors, D. D. (2006). Prevalence and correlates of exchanging sex for drugs or money among adolescents in the United States. *Sexually Transmitted Infections,* 82, 354-358.

Fedina, L. (2015). Use and misuse of research in books on sex trafficking: Implications for interdisciplinary researchers, practitioners, and advocates. *Trauma, Violence & Abuse,* 16(2), 188-198.

Fedina, L., Williamson, C., & Perdue, T. (2019). Risk Factors for domestic child sex trafficking in the United States. *Journal of Interpersonal Violence,* 34(13), 2653-2673.

Finkelhor, D. Vasquerano, J., Stranski, M. (2017). *Sex trafficking of minors: How many juveniles are being prostituted in the US?* Crimes Against Children Research Center. http://unh.edu/ccrc/pdf/CV279_Revised_Sex_Trafficking_Bulletin.pdf.

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Franchino-Olsen, H. (2021). Vulnerabilities relevant for commercial sexual exploitation/domestic minor sex trafficking: A systematic review of risk factors. *Trauma, Violence and Abuse,* 22(1), 99-111.

Greeson, J. K. P., Treglia, D., & Wolfe, D. S., Wasch, S., Gelles, R. J. (2019). Child welfare characteristics in a sample of youth involved in commercial sex: An exploratory study. *Child Abuse and Neglect.* Advanced online publication. https://doi.org/10.1016/j.chiabu.2019.104038

Hampton, M. C., & Lieggi, M. (2020). Commercial sexual exploitation of youth in the United States: A qualitative systematic review. *Trauma Violence and Abuse,* 21(1), 57-70.

Hargreaves-Cormany, H. A., & Patterson, T.D. (2016). Characteristics of survivors of juvenile sex trafficking: Implications for treatment and intervention initiatives. *Aggression and Violent Behavior,* 30. 32-39.

Hennepin County No Wrong Door Initiative, Paula Schaefer & Associates, Sexual Violence Justice Institute at Minnesota Coalition Against Sexual Assault, & Ramsey County Attorney's Office (2015). *Voices of safe harbor: survivor and youth input for Minnesota's model protocol on sexual exploitation and sex trafficking of youth.* https://www.hennepin.us/~/media/hennepinus/your-goverment/projects-initiatives/documents/no-wrong%20-door-viuces.pdf?la=en.

Hooper, E. K. (2017). Polyvictimization and developmental trauma adaptation in sex trafficked youth. *Journal of Child and Adolescent Trauma,* 10, 161-173.

Institute of Medicine & National Research Council. (2013). *Confronting commercial sexual exploitation and sex trafficking of minors in the United States.* Washington, DC: National Academic Press.

Kaestle, C. E. (2012). Selling and buying sex: A longitudinal study of risk and protective factors in adolescence. *Prevention Science,* 13, 314-322.

Landers, M., McGrath, K., Johnson, M. H., Armstrong, M. I., Dollard, N. (2017). Baseline characteristics of dependent youth who have been commercially sexually exploited: Findings from a specialized treatment program. *Journal of Child Sexual Abuse,* 26(6), 692-709.

Macy, R. J., & Johns, N. (2011). Aftercare services for international sex trafficking survivors: Informing U.S. service and program development in an emerging practice area. *Trauma, Violence, & Abuse,* 12(2), 87-98.

McCoy, M. (2019). Measurement of vulnerability to domestic minor sex trafficking: A systematic review. *Journal of Human Trafficking,* 5(1), 1-12.

Commercial Sexual Exploitation of Children: A Review of the Clinical Literature
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Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change (3rd ed.)*. New York, NY: Guilford Press.

Mitchell, K. J., Finkelhor, D., & Wolak, J. (2010). Conceptualizing juvenile prostitution as child maltreatment: Findings from the national juvenile prostitution survey. Child Maltreatment, 15(1), 18-36.

Mitchell, K., Moynihan, M., Pitcher, C., Francis, A., English, A., & Saewyc, E. (2017). Rethinking research on sexual exploitation of boys: Methodological challenges and recommendations to optimize future knowledge and generation. *Child Abuse and Neglect,* 66, 142-151.

Moynihan, M., Pitcher, C., & Saewyc, E. (2018). Interventions that foster healing among sexually exploited children and adolescents: A systematic review. *Journal of Child Sexual Abuse,* 27(4), 403-423.

Muraya, D. N., & Fry, D. (2016). Aftercare services for child victims of sex trafficking: A systematic review of policy and practice. *Trauma, Violence, & Abuse,* 17(2), 204-220.

Musicaro, R. M., Spinazzola, J. Arvidson, J., Swaroop, S. R., Grace, L. g., Yarrow, A., Suvak, M. K., & Ford, J. D. (2017). The complexity of adaptation to childhood trauma in youth and young adults: Recommendations for multidisciplinary responders. *Trauma, Violence & Abuse,* 20(1), 81-98.

Naramore, R., Bright, M. A, Epps, N., Hardt, N. S. (2017). Youth arrested for trading sex have the highest rates of childhood adversity: A statewide study of juvenile offenders. *Sexual Abuse: A Journal of Research and Treatment,* 29(4), 396-410.

O'Brien, J. E., White, K., & Rizo, C. F. (2017). Domestic minor sex trafficking among child welfare-involved youth: An exploratory study of correlates. *Child Maltreatment,* 22(3), 265-274.

O'Callaghan, P, McMullen, J., Shannon, C., Rafferty, H. & Black, A. (2013). A randomized controlled trial of trauma-focused cognitive behavioral therapy for sexually exploited war-affected Congolese girls. *Journal of the American Academy of Child & Adolescent Psychiatry,* 52(4), 359-369.

Ottisova, L., Smith, P., & Oram, S. (2018). Psychological consequences of human trafficking: Complex posttraumatic stress disorder in trafficked children. *Behavioral Medicine,* 44(3), 234-241.

Reed S. M., Kennedy, M. A., Decker, M. R, Cimino, A. N. (2019). Friends, family, and boyfriends: An analysis of relationship pathways into commercial exploitation. *Child Abuse & Neglect,* 90, 1-12.

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Reid, J. A., Baglivio, M. T., Piquero, A. R., Greenwald, M. A., & Epps, N. (2017). Human trafficking of minors and childhood adversity in Florida. *American Journal of Public Health,* 17(2), 306-311.

Reid, J. A., Baglivio, M. T., Piquero, A. R., Greenwald, M. A., & Epps. N. (2019). No youth left behind to human trafficking: Exploring profiles of risk. *American Journal of Orthopsychiatry,* 89(6), 704-715.

Reid. J. A., Huard, J., & Haskell, R. A. (2015). Family-facilitated juvenile sex trafficking. *Journal of Crime and Justice,* 38(3), 361-376.

Reid, J. A., & Piquero, A. R. (2014). Age-graded risks for commercial sexual exploitation of male and female youth. *Journal of Interpersonal Violence,* 29(9), 1747-1777.

Reid, J.A., & Piquero, A. R. (2016). Applying general strain theory to youth commercial sexual exploitation. *Crime and Delinquency,* 62(3), 341-367.

Roe-Sepowitz, D. E. (2012). Juvenile entry into prostitution: The role of emotional abuse. *Violence Against Women,* 18(5) 562-579.

Saewyc, E. M., & Edinburg, L. D. (2010). Restoring healthy developmental trajectories for sexually exploited young runaway girls: Fostering protective factors and reducing risk behaviors. *Journal of Adolescent Health, 46, 180-188.*

Sprang, G, & Cole, J. (2018). Familial sex trafficking of minors: Trafficking conditions, clinical presentation, and system involvement. *Journal of Family Violence,* 33, 185-195.

Steinberg, A., Brymer, M., Decker, K., & Pynoos, R. S. (2004). The UCLA PTSD reaction index. Current Psychiatry Reports, 6, 96-100.

Thomson, S., Hirshburg, D., Corbett, A. Valila, N. & Howley, D. (2011). Residential treatment for sexually exploited adolescent girls: Acknowledge, commit, transform (ACT). *Children and Youth Services Review,* 33. 2290-2296.

Twill, S. E., Green, & D. M., Taylor, A. (2010). A descriptive study on sexually exploited children in residential treatment. *Child Youth Care Forum,* 39, 187-199.

Williams, L. M. (2015). Police and domestic sex trafficking of youth. What teens tell us that can aid prevention and interdiction. *Journal of Crime and Justice,* 38(3), 297-314.

Williamson, E., Dutch, N. M., & Clawson, H. J. (2010). *Evidenced-based mental health treatment for victims of human trafficking.* U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. http//aspe.hhs.gov/hsp/07/Human Trafficking.

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Williams, L.M. & Frederick, M.E. (2009). *Pathways into and out of commercial sexual victimization of children: Understanding and responding to sexually exploited teens.* Office of Juvenile Justice and Delinquency Prevention (Grant No. 2006-MU-FX-0060). https://www.researchgate.net/publication/228972986_Pathways_into_and_out-of_commercial_sexual_victimization_of_children_Understanding_and_responding_to_sexuallyexploited_teens.

Youth Collaborative (2019). *The importance of language in anti-trafficking work.* https://www.youthcollaboratory.org/resource/The-Importance-of-Language-in-Anti-Trafficking-Work.

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