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Psychosocial Variables Common among Child Victims of Sex Trafficking

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Psychosocial Variables Common among Child Victims of Sex Trafficking

by

Katya Karaz, B.A.

MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
In partial fulfillment of the Requirements of the Degree of
Master of Social Work

Committee Members
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Lyndsay Gomos, MSW
Lauren Ryan, Director of Safe Harbor/ No Wrong Door (MDH)

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas, School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

Child sex trafficking is a dark and prevalent underground industry in the US. The Trafficking Victims Protection Act in 2000 brought this issue to the closer attention of the criminal justice system, social services, and the general public. Increased awareness prompted states to respond with varied efforts of policy change and victim-centered outreach programs, which seek to decriminalize, destigmatize, and rehabilitate victims of domestic minor sex trafficking (DMST). However, the complex needs of this population complicate intervention. Preventative approaches require better understanding of the risk factors common among DMST victims. This research used a systematic literature review to answer the question: what psychosocial variables are common among victims of DMST prior to their exploitation? While research does not prove causation of these variables, their correlation with vulnerability to DMST is evident in their prevalence among victims. The author searched for research-based articles using databases SocIndex, PsychNet, and EbscoHost. Search terms included combinations of: sex trafficking, sex work, prostitution, sex slavery AND minors, adolescent, child OR childhood OR children, underage, AND youth. Inclusion criteria included publication after 2000. Fourteen studies met criteria. Synthesis of the findings found three common individual variables: history of abuse/neglect, substance use/abuse, and unstable home life; and three systemic variables: homelessness, “in the system,” and lack of support/material need. Findings indicate a need for more comprehensive, long term wrap-around services for those at risk and those already “in the life.” Further research is needed to engage larger communities in prevention as well as to inform solutions to the individual and systemic barriers that victims face in accessing care.

Keywords: domestic minor sex trafficking, child sex trafficking, risk factors, psychosocial variables

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Introduction

Child sex trafficking in the US is a major topic of study and discourse that continues to emerge into the public consciousness. Contrary to the assumption that sex trafficking involves mostly international victims brought to the US, research indicates that the majority of victims are either US citizens or permanent residents (Kotrla, 2010). Among these domestic victims, children are the most vulnerable to exploitation (Greenbaum, 2014; McClain & Garrity, 2016; Kotrla, 2010). The average age of trafficked youth is uncertain, but most estimates fall between ages eleven and fourteen, with some age of entry estimates as low as five years of age (Berquist, 2015; Kotrla, 2010; McClain & Garrity, 2011; Reid & Jones, 2011). Entry age is lowering, as evidenced by the content of websites that traffickers use to post advertisements (Berquist, 2015).

The primary federal legislation that addresses this issue is the Trafficking Victims Protection Act (TVPA) created in 2000 and further reauthorized in 2003, 2005, 2008 and 2013 (Reid & Jones, 2011). The TVPA (2000) redefined minors engaged in commercial activity from offenders to victims, and classified sex trafficking as “a severe form of trafficking” (Reid & Jones, 2011). Under the TVPA (2000), minors are not required to prove their trafficker’s use of “force, fraud or coercion” to protect themselves from criminal conviction (Reid & Jones, 2011; Sec. 103).

Child sex trafficking involves varied terminology that reflects the complicated nature of this issue and societal conceptualization of the problem. Larger society’s consideration of prostitution, or sex trafficking, as a “moral or ethical” problem often disregards the age of victims of sex trafficking, who are commonly referred to with the blanket term “prostitutes” (Goddard, De Bortoli, Saunders, & Tucci, 2005; Kotrla, 2010). Child, youth or teenage “prostitution” or “sex slavery” are commonly cited terms (Reid & Jones, 2011). However,

labeling these youth “prostitutes” is legally inaccurate, and places the criminal act entirely on the victim without addressing the role of the trafficker (McClain & Garrity, 2011; Reid & Jones, 2011). Language analysis by Goddard, et al. (2005) examines society’s “textual abuse” of child victims, who are powerless in their exploitation as well as the media’s representation of their experiences (p.278). Reid and Jones (2011) summarize Goddard, et al.’s concept as “language that exploits and objectifies children by minimizing the seriousness of crimes committed against them in order to spare the reader from further acknowledging the child’s victimization” (p.278). Conversely, the label “modern day slavery” emphasizes its exploitative nature in the public eye (Kotrla, 2010; Leary, 2014). However, it also implies that child sex trafficking involves only extreme cases of kidnapping, and disregards the complex coercion of traffickers (Leary, 2014). According to Greenbaum (2014), the preferred term, Domestic Minor Sex trafficking (DMST), refers to “commercial exploitation of children who are U.S. citizens, or legal residents, and who are exploited in U.S. territory” (p. 246). Experts promoting the victim-centered approach refer to victims of DMST as child sex trafficking victims (CSTV) (Greenbaum, 2014; Kotrla, 2010; Reid & Jones, 2011). Per the TVPA (2000), a sex trafficker is “a person who recruits, entices, harbors, transports, provides, obtains or maintains a minor for a commercial sex act” (18 U.S. Code § 1591). This definition includes “third party traffickers” known colloquially as “pimps,” and the terms “obtaining” and “enticing” arguably include the purchaser of the sex acts, although this party is not specifically addressed in the definition (Leary, 2014, p.299). These terms will be used throughout this paper.

Despite the distinct legal difference between prostitution and sex trafficking, treatment of victims in the penal system remains inconsistent (Reid & Jones, 2011). According to Reid and Jones (2011), criminalization of these youth ignores the empirically studied “historical,

neurological, and developmental vulnerabilities” that impede victims’ ability to resist or escape their traffickers (p. 210). CSTVs are frequently arrested and charged as offenders engaging in illegal prostitution (McClain & Garrity, 2011; Reid & Jones, 2011). Reid and Jones (2011) cite a study by Halter (2010), which found 60% of youth from its sample were regarded as criminals by law enforcement and the remaining 40% were treated as victims. Whether a CSTV was classified as a criminal or a victim was based upon cooperation of victim, presence of trafficker, victim’s prior criminal record, and circumstance in which the victim was discovered by law enforcement (Reid & Jones, 2011, p.222).

Inevitably, money is the motivator for this criminal industry. DMST is not limited to a child performing sexual acts for money. Exploitation in pornography production, stripping or “live sex shows” are common (Reid, 2011; Wells, Mitchell & Ji, 2012). Online marketing further expands DMST’s industry to online “escort services,” email and chat rooms, and video live-streaming of sexual acts (Leary, 2014; Wells, et al., 2012). Leary (2014) noted that use of social media and technology brings DMST into the “mainstream,” so that “American businesses such as Village Voice Media (which owns backpage.com), Facebook, as well as all major cell phone companies, will profit from the selling of children for sexual exploitation by adults” (p.294). Online marketing of services offers traffickers a forum to make business turn-over as constant and lucrative as possible, to the danger of their victims. Social networking also allows traffickers to easily recruit and advertise minor sex workers (Berquist, 2015).

Estimates of trafficker income vary considerably. Interpol estimates that a single victim may earn a trafficker \$75-\$250,000 annually within the US (Greenbaum, 2014, p. 247). Experts estimate that DMST is a multi-billion dollar industry in the US (Greenbaum, 2014, Leary, 2014). But CSTVs typically receive only partial monetary payment, if any (Greenbaum, 2014). The

term “survival sex” refers to CSTVs exchanging sexual acts in exchange for basic necessities, like shelter and food, and is covered under TVPA’s definition of sex trafficking as sexual acts performed for “anything of value” (Greenbaum, 2014; Leary, 2014, p.298). Miller, et al. (2011) reported that an estimated 14-46% of “street entrenched youth” exchange sex for survival commodities (p.37).

Prevalence and Hidden Nature

Lutnick, Miller and Kluckman (2015) stated, “within the US, the existence of trafficking is well established, yet not well understood” (p. 1). Due to the “hidden nature” of sex trafficking of minors, obtaining data on its true prevalence in the US is not possible (Berquist, 2015; Greenbaum, 2014; Kotrla, 2010; McClain & Garrity, 2011; Reid & Jones, 2011). A combination of societal factors, such as public denial, tolerance, and lack of awareness, promote the hidden nature of DMST (Reid & Jones, 2011). Furthermore, there exists no common database to track prevalence across the country (Greenbaum, 2014). Experts noted a lack of research on DMST, as well as limited local and national investigations (Kotrla, 2010; Reid & Jones, 2011). Estimates range from tens to hundreds of thousands of children are coerced into DMST each year, reflecting the various methods, data sources and definitions employed in the research (Berquist, 2015; McClain & Garrity, 2011; Reid & Jones, 2011; Gibbs, et al., 2015).

The National Center for Missing and Exploited Children (NCMEC) reported that “one in six endangered runaways (reported to NCMEC) were likely sex trafficking victims” (NCMEC, 2014). Regardless, evidence of its increasingly high occurrence calls for interventions to protect current and potential victims (Berquist, 2015). In a groundbreaking 2009 study, Williamson and Prior reported findings of the first national investigation on human trafficking, which found sex trafficking in all 50 states and evidence of increasing recruitment in the Midwest (Kotrla, 2010;

Williamson & Prior, 2009). Williamson and Prior (2009) found that 83% of 1,229 human trafficking investigations involved sex trafficking, 63% of these involved US citizens, and almost one-third involved minors (Kotrla, 2010).

Exploitative Tactics

Any child can become a victim of DMST, but vulnerability is maximized for isolated children in dysfunctional families, children “in the system” or foster care, and those who lack stable homes and social supports (Berquist, 2015; McClain & Garrity, 2011; Reid & Jones, 2011). Drug use, poor school attendance, and criminal history increase the likelihood of a minor’s coercion into sex work (Reid & Jones, 2011). Homeless youth, such as runaways, orphans, and youth thrown from their homes, are easy targets for sex traffickers (Greenbaum, 2014). Traffickers often recruit from areas with high poverty, violence, and drug use (Reid & Jones, 2011). While locations may vary, traffickers approach minors in malls, shelters, bus stops, schoolyards, and even at home (Reid & Jones, 2011). Cities with easy access to highways and waterways are popular for traffickers to transport victims to high demand areas like military bases, truck stops and tourist destinations (Reid & Jones, 2011). According to Williamson and Prior (2009), victims are approached:

While walking to a friend’s house or hanging out with a group of friends, at corner stores, malls and hang out houses, outside of the juvenile just center while waiting to meet probation officers, and at their own homes (p. 49).

Youth reported that traffickers who approached them were not complete strangers; they included girls, women, and younger and older men who they knew personally, were acquainted with through friends, or recognized from their community (Williamson & Prior, 2009). In contrast to victims being approached in public areas, DMST can also occur within a child’s home. “Familial

prostitution” involves a parent or relative exploiting a child in DMST for money of drugs (Kotrla, 2010). Regardless of where minors are recruited, traffickers employ a wealth of techniques, known as “seasoning” or “grooming,” to prep their victims for the world of commercial sex work, also known as “the life” or “the game” (Greenbaum, 2014). According to Greenbaum (2014), “seasoning” involves “breaking the victim’s will through use of physical and sexual violence, psychological manipulation and abuse, physical and emotional deprivation, isolation, threats and intimidation” (p. 258). Williamson and Prior (2009) identified a common “network of underground players” (p.53). The authors described the definitions of these titles within the DMST circles. “Connectors” are individuals that receive compensation for “hooking up” children with traffickers (Williamson and Prior, 2009, p. 53). Similarly, “recruiters” seek new victims and work directly for a trafficker (Williamson and Prior, 2009, p. 53). While traffickers, or “pimps,” collect money from DMST victims (Williamson and Prior, 2009, p. 54), “groomers,” often experienced sex workers themselves, are compensated to prepare victims for sex work (Williamson and Prior, 2009, p. 54). A “bottom” is the sex worker “closest to the pimp” who takes on a role of “second in command” over other sex workers (Williamson and Prior, 2009, p. 54). “Watchers” escort victims to and from job sites to prevent their escape (Williamson and Prior, 2009, p. 54). Among victims, “wife in law” relationships may form among victims operating under the control of a single trafficker (Williamson and Prior, 2009, p. 54). These roles form a “trafficking ring” in which traffickers assign duties, or choose to work independently (Williamson and Prior, 2009).

Once coerced into “the life,” it is exceptionally difficult for victims to leave (Berquist, 2015; McClain & Garrity, 2011; Reid & Jones, 2011). Traffickers use psychological terrorizing and manipulation to convince victims that sex work is their only option for survival (Reid &

Jones, 2011). Many victims are given new identities as “property” of their pimps (Reid & Jones, 2011, p. 214). Traffickers purposely refer to their victims with dehumanizing labels, many of which carry over into the vernacular of the general public (Leary, 2014, p.299). Creating new identities for the victims further enforces the trafficker’s perceived control over the victim’s identity and essentially “rebrands” them as commodities to their enterprise (Leary, 2014, p. 299).

Effects of Exploitation: Trauma

Victims of sex trafficking face multiple sources of physical, mental, emotional, and sexual trauma, which often result in lifelong afflictions (Berquist, 2015; Greenbaum, 2014; McClain & Garrity, 2011; Reid & Jones, 2011). Indeed, it is widely known that child victims of sexual abuse are at high psychological risk for developing mental illness such as depression, suicidality, substance abuse problems, post-traumatic stress disorder, and eating disorders (Reid & Jones, 2011). According to Greenbaum (2014), CSTVs are at increased risk of injury for physical assault, infections such as HIV/AIDs, pelvic inflammatory disease, and cervical dysplasia/cancer (p.253). Further health threats caused by neglect are also common among CSTVs. Malnutrition/dehydration, chronic disease neglect, dental neglect, and pregnancy or abortion complications abound in this population (Greenbaum, 2014, p. 253). Reid and Piquero (2014b) reported that CSTVs are at increased risk for substance abuse and addiction. Williamson and Prior (2009) noted that an estimated 77% of female CSTVs will remain in sex work into their adulthood (p. 58).

The repeated trauma of sexual abuse erodes a child’s ability to trust others. The Traumagenic Dynamics theory by Finkelhor and Browne (1985) conceptualizes four effects of child sexual abuse: traumatic sexualization, betrayal, powerlessness, and stigmatization (Reid & Jones, 2011). Children who experience violation of sexual boundaries often struggle to develop a

clear understanding of overall boundaries in all other relationships (Reid & Jones, 2011). Further, CSTVs are unable to set boundaries for fear of punishment by traffickers, abusers and even law enforcement (Greenbaum, 2014; Reid & Jones, 2011). Traffickers frequently use physical and emotional abuse to maintain their control over victims, whose efforts for self-solidarity are discouraged vehemently with physical or emotional threats (Reid & Jones, 2011). The use of force and violence is known as “guerrilla pimping” (Greenbaum, 2010; McClain & Garrity, 2011). In spite of this, trafficker manipulation is not limited to just violent behavior. Traffickers will often employ psychological abuse and guilt their victims into engaging in sex work (Reid & Jones, 2011). Empirical data that identifies the variables that put youth at risk for sex trafficking may inform preventative efforts to protect this highly vulnerable population.

Victim-Centered Intervention

Advocacy for this population is largely focused on decriminalization of victims, or a “victim-centered approach” to action (Barnert, et al., 2016; Berquist, 2014; Greenbaum, 2014; Leary, 2014; McClain & Garrity, 2011). This stance opposes punitive judicial responses to victims in favor of rescue and rehabilitative efforts (McClain & Garrity, 2011). The victim-centered approach requires interdisciplinary effort to identify and aid victims (McClain & Garrity, 2011). Professions that come in contact with victims primarily include, but are not limited to law enforcement, medical professionals, legal advocates, health care workers, and social service providers (McClain & Garrity, 2011). Any adults working closely with youth have potential to screen for trafficking, although those who specifically serve at-risk youth populations will certainly encounter this issue.

Victim-centered approaches pose challenging, multistep efforts to identify and rescue victims, provide rehabilitation, and facilitate reintegration into a safe and stable community

(McClain & Garrity, 2011). The hidden nature of DMST is reinforced by the exploitative measures taken by traffickers to ensure that victims remain unreported and thus unable to seek help. Victims who approach law enforcement or attempt escape risk punishment from their pimps (Berquist, 2015; McClain & Garrity, 2011; Reid & Jones, 2011). Interventions are further complicated by resistance from victims who align with their traffickers and insist that they do not need “rescuing” (McClain & Garrity, 2011). Still, many are distrustful of adults and fear further abuse, and it is not uncommon for victims who escape their traffickers to continue selling their bodies for survival (McClain & Garrity, 2011). Victims may also feel ashamed or embarrassed by their experience due to the stigma equating sex trafficking with a lowly criminal offense (McClain & Garrity, 2011). The illegality of prostitution in the US is another motivator for minors to remain underground, because in most states prostitution or solicitation is a second degree misdemeanor (Reid, 2011). Criminalization of victims can actually prevent their escape from sex work by eroding trust between victims and law enforcement. This ultimately prevents investigations against traffickers. According to Reid (2011),

the adjudication of the minor victim further validates the threats and half-truths traffickers repeatedly tell to minors, asserting that they (the traffickers) are above the law, and affirms that the criminal justice system should not be trusted to protect the victim from exploitation” (p. 157).

Although CSTVs are protected by federal law as victims and may escape criminal charges, few victims are aware of this. Furthermore, the risk of violent punishment by traffickers often diminishes hope for escape (Reid & Jones, 2011). Many victims are coerced into believing that their traffickers are their only source of security (Berquist, 2015; McClain & Garrity, 2011; Reid & Jones, 2011).

In 2012, nine states enacted “Safe Harbor” laws in an effort to transfer victims of DMST from the criminal justice system to child protection (Barnert, Abrams, Azzi, Ryan, Brook, & Chung, 2016). This legislation emphasizes a victim-centered, trauma-informed, and youth-centered approach (Barnert, et al., 2016). Currently, these states include Connecticut, Florida, Illinois, Massachusetts, Minnesota, New York, Tennessee, Vermont, and Washington (Barnert, et al., 2016). These laws seek to decriminalize victims of DMST while providing diversion programs to direct victims to proper services to prevent further exploitation (Barnert, et al., 2016). Safe Harbor laws result from the TVPA (2000) reorientation of how DMST victims are viewed by law enforcement and the general public. However, Barnert, et al. (2016) found that “legislation varied widely and significant service gaps exist” among these states, and noted that lack of funding prevents proper implementation (p. 249). One significant variance among Safe Harbor laws are the use of three program approaches: decriminalization only, diversion only, and decriminalization-plus-diversion (Barnert, et al., 2016). Presently, the United States Congress is considering use of federal grants to fund state programs and encourage more states to enact Safe Harbor legislation (Barnert, et al., 2016).

Role of Social Work

As CSTVs are a unique population among child victims of sexual abuse, social workers have worked with this population long before legislation brought the issue of DMST into public awareness (Berquist, 2015). Berquist (2015) noted that client access to services provided by social workers “is controlled by law enforcement and judicial processes that prioritize processes over victim needs, a process arguable antithetical to the social work ethic of client self-determination” (p.315). In 2006, the National Association of Social Work responded to TVPA legislation by updating the practice guidelines on its website with three “points of intervention”

including “victim identification, rehabilitation and reintegration, and prevention” (Berquist, 2015). These points of intervention are reflected in Zimmerman’s (2003) Fives Stages of Trafficking. This framework conceptualizes victim experiences “in the life,” the consequences of exploitation, and the challenges to escape and rehabilitation (Greenbaum, 2014). The Five Stages are:

- pre-departure stage;
- travel and transit stage;
- destination stage;
- detention, deportation, and criminal evidence stage; and
- integration and reintegration stage

This paper addresses variables present in the pre-departure stage, which occurs prior to a child’s coercion and exploitation in DMST (Greenbaum, 2014). Common psychosocial variables, and possible risk factors, are observable in this stage. Per the Ecological model these variables occur on micro, mezzo, and macro levels (Forte, 2007). For example, a micro variable is a child’s experience of caregiver abuse and subsequent homelessness status after running away from home. A mezzo variable may be the presence of crime and high poverty in a child’s home environment. Finally, a macro variable could be a societal lack of awareness of DMST in a community, resulting in reduced law enforcement intervention and subsequent victim protection. Research identifying variables that increase youth victimization in sex trafficking are critical to identification of victims in need of rescue, as well as to the prevention of trafficking.

Methods

The purpose of this research is to explore psychosocial variables common among minors prior to their exploitation in DMST in the US. This systematic review of research literature asks the question: What psychosocial variables are most frequently noted among minors prior to their exploitation in DMST? For the purpose of this study, the term “minor” will refer to any person under age 18. TVPA’s (2000) definition of minor advocates that any person under age 18 is “legally incapable of consenting to involvement in commercial sex acts” (Reid & Jones, 2011). This study refers to the TVPA’s (2000) definition of sex trafficking:

the recruitment, harboring, transportation, provision, or obtaining of a person for the purposes of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age.

Furthermore, the TVPA (2000) broadly defines “commercial sex act” as “any sex act on account of which anything of value is given to or received by any person” (p.7). Variables that put minors at risk are considered from a psychosocial framework (Forte, 2007). Examples of variables include developmental factors, home environment, and history of abuse. However, it is worth noting that these variables are not determinants of involvement in DMST. Therefore the author does not wish to suggest there is a causal relationship between psychosocial variables and a child’s involvement in DMST. Rather, this literature review synthesizes findings from prior studies that reported these variables. The recurrence of these variables among victims implies that while they may not directly cause DMST, they present added vulnerabilities and risk of victimization.

Research Design

This research presents a systematic literature review process and did not involve human subjects. The University of St. Thomas International Review Board approval and Protection of Human subjects does not apply. The literature review process involved finding and vetting existing literature that addresses the research question, and synthesizing findings of included research articles. Literature was gathered from electronic bibliographic databases SocINDEX, PsychNet, and EBSCOhost databases. SocINDEX searches were refined to include only articles published from the year 2000 to present within the US. PsychNet combined findings from databases PsychTESTS, PsychARTICLES, PsychBOOKS, and PsychINFO. EbscoHost databases included Social Work Abstracts and Child and Adolescent Studies. Database searches used a combination of the following terms: sex trafficking, sex work, prostitution, sex slavery AND minors, adolescent, child OR childhood OR children, underage, and youth. Four included articles were found through personal search of literature cited in the included articles.

Table 1: Database results for articles

| Database | Search results | Included articles |
|---|----------------|-------------------|
| PsychNet | 68 | 5 |
| SocIndex | 286 | 2 |
| EbscoHost: Child Development & Adolescent Studies | 83 | 3 |
| EbscoHost: Social Work Abstracts | 938 | 1 |

Data Analysis

Inclusion Criteria

This literature review included research articles that address the topic of DMST in the US. These articles included qualitative, quantitative and observational studies. In preliminary searches using the above noted databases, no systematic literature reviews examining variables that place youth at risk for sex trafficking were found. Thirteen studies met inclusion criteria.

Exclusion Criteria

Hundreds of publications on the topic of DMST were found, but only research-based articles were included in the review. Research that did not include psychosocial variables of DMST victims in its findings were not included. This study aimed to find variables common among child victims, defined as those who began sex work before age 18. Studies that included combined samples of both child and adult victims of sex trafficking were excluded, unless the variables from the groups were reported separately for comparison. Studies that included labor trafficking or other forms of human trafficking were also excluded.

Preliminary research found related literature that examined sex trafficking and minors in other countries, particularly the United Kingdom and developing nations like Nepal. The author

excluded research addressing DMST in other countries. Research on children trafficked from other countries into the US were also excluded. Some research examined specific populations within the US, such as Native American female adolescents, and these were excluded as this sample may not be generalizable to a larger US population. Many articles noted psychosocial variables, but were excluded if they did not formally report variables in their findings. Several studies examined the presence of specific variables, such as substance abuse, among victims. These were excluded as their focus was too narrow and did not consider the victim from a biopsychosocial lens (Forte, 2007).

Table 2: Included Articles

| Database | Title | Author(s) |
|--|--|---|
| SocIndex | Domestic minor sex trafficking: A network of underground players in the Midwest. | Williamson & Prior (2009) |
| | Doors wide shut: Barriers to the successful delivery of victim services for domestically trafficked minors in the Southern US metropolitan area. | Reid (2010) |
| PsychNet | Domestic minor sex trafficking: Assessing and reducing risk. | Countryman-Rosworn & Bolin (2014) |
| | Conflict and agency among sex workers and pimps: A closer look at domestic minor sex trafficking. | Marcus, Horning, Curtis, Sanson, & Thompson (2014) |
| | On the relationships between commercial sexual exploitation/prostitution, substance dependency, and delinquency in youthful offenders. | Reid & Piquero (2014) |
| | Juvenile entry into prostitution: The role of emotional abuse. | Roe-Sepowitz, D.E. (2012) |
| | Age-graded risks for commercial sexual exploitation of male and female youth. | Reid, J. A., & Piquero, A. R. (2014) |
| EbscoHost Child Development & adolescent Studies | Services to domestic minor victims of sex trafficking: Opportunities for engagement and support. | Gibbs, Hardison Walters, Lutnick, Miller, & Kluckman (2015) |
| | Exploited vulnerability: Legal and psychological perspectives on child sex trafficking victims. | Reid (2011) |
| | Sex trafficking of minors in metropolitan, micropolitan, and rural communities | Cole & Sprang (2015) |

| | | |
|---------------------------------|---|--|
| EbscoHost Social Work Abstracts | Characteristics of child commercial sexual exploitation and sex trafficking victims presenting for medical care in the US. | Varma, Gillespir, McCracken & Greenbaum (2015) |
| Noted in other articles | It's not only for the money: An analysis of adolescent versus adult entry into street prostitution. | Cobbina, & Oselin (2011) |
| | Meaningful differences: Comparison of adult women who first traded sex as a juvenile versus as an adult | Martin, Hearst & Widome (2010) |
| | Age at entry into prostitution: Relationship to drug use, race, suicide, education level, childhood abuse, and family experiences | Clarke, Clarke, Roe-Sepowitz & Fey (2012) |

Summary of Included Articles

Clarke, R.J., Clarke, E.A., Roe-Sepowitz and Fey (2012) conducted a qualitative study to explore factors related to age of victim at entry into prostitution. The authors interviewed 389 women arrested for prostitution who had attended a diversion program. Interviews gathered information on demographics and history of involvement in sex work, which were coded in SPSS. Reported age at entry into sex work ranged from 8 to 63. The study separated respondents into two groups: DMST victims and those who entered sex work at age 18 or older. Women who entered as minors were found to be more likely to be African American, report having a family member with a substance use problem, have a history of attempted suicide, and not have completed middle or high school. The age at first drug use was found to significantly impact the reported age at entry.

Roe-Sepowitz (2012) also addressed age of entry in sex work. The author used regression analysis to assess the unique role of childhood emotional abuse in the prediction of age of entry

into prostitution, and noted differences between DMST victims and those who entered sex work after age 18. Seventy-one female residents of a prostitution-exiting program, ages 18-53, responded to interviews structured from the life experience Esuba Survey, the modified Parental Psychological Maltreatment Scale, and the Trauma Symptom Inventory. Age of first exploitation ranged from 5-86 years old. The DMST group reported more history of running away, symptoms of dissociation, and use of survival sex for money, shelter, and protection. The DMST group also reported longer engagement in sex work into adulthood than the adult entry group. Childhood emotional abuse contributed uniquely toward predicting younger entry into prostitution, with an average decrease in age of entry by 4.5 years.

Martin, Hearst and Widome (2010) used data from the North Minneapolis Prostitution Research (NMPR) project. In this study, a sample of sex workers ages 18-70 completed a questionnaire on issues relating to sex work. Backwards stepwise logistic regression identified risks, behaviors, experiences associated with age at first sex trade. Of 63 DMST victims, of 38 reported that they first traded sex before the age of 16. DMST victims were more likely to report: running away, a younger age of first sex, ever having an STD, drug use at younger age, and an unstable home life. DMST victims were also more likely than adults to accept clothes as payment for sex. DMST victims had worse outcomes in several domains, including unstable housing, higher rates of teenage runaways, higher rates of STDs, lower rates of HIV testing, greater number of sex trades per week, higher incidence of street-based sex trading, and drug use at a younger age. Finally, drug use and pregnancy for juvenile starters tended to occur after first sex trade.

Cobbina and Oselin's (2011) qualitative study analyzed 40 in-depth interviews with female sex workers from five US cities to analyze the role the age of onset in sex work has on victim

outcomes, specifically the time spent in sex work and its “toll” on victims. The interview questions related to: crime, entry into prostitution, age of entry, length of time in the trade, and experiences associated with the work. The participants were ages 20-60 and half of the participants were DMST victims. The study found pathways differed according to age of entry. The DMST victims noted entry into sex work as a way to “reclaim control of one’s sexuality” (coded victimization) and/or saw “prostitution as normal” (coded socialization). Conversely, the adult group noted survival and sustaining an addiction as entry paths. Notably, the adolescent group remained in sex work for longer periods, likely increasing the “toll” of sex work outlined in the study, including violent encounters, elevated levels of exhaustion, heightened stigma that resulted in broken relationships with family members, intensified drug addictions as a way to cope with the difficulties of the work, and arrests and incarceration.

Reid and Piquero (2014a) collected data from 1,354 serious youthful offender participants of the Pathways to Desistance study, a longitudinal investigation of adolescents’ transition to adulthood. The authors examined two “key criminal career parameters” of DMST: “age of onset and drug involvement” (p.247). Reid and Piquero also used structural equation modeling to “explore concurrent associations and causal links” between DMST and minor drug involvement. The study found a “general sequential pattern” between ages of onset of substance use and selling drugs prior to involvement in DMST. Variables noted in CSTVs prior to their exploitation were substance use, a history with the juvenile justice system, and prior arrests related to selling drugs.

Cole and Sprang (2014) used a telephone survey to examine the awareness, knowledge and experience of professionals working with CSTVs in metropolitan and nonmetropolitan communities. Questions included victim characteristics, vulnerability and trafficking situations.

A sample of 289 professionals included juvenile court workers, juvenile justice workers, victim services workers, at risk youth services, behavioral health professionals, and other agencies (schools, etc.). Victim psychosocial variables found by the study included: compromised parenting or unstable home/family, material need, substance use/misuse, developmental issues, mental health or feelings about self, victim history of abuse or neglect, and being in foster care. Victim characteristics, vulnerability, and trafficking situations did not vary across regions. More metropolitan community professional reported former training on DMST, familiarity with state/federal laws, and experience with CSTVs.

Countryman-Rosworn and Bolin (2014) conducted an exploratory study to identify risk factors for the development of the Domestic Minor Sex Trafficking Risk and Resiliency Assessment. The study used Rosenberg Self-Esteem Scale and the Lotus Psychoeducation Group (from Lotus Recovery, Vitality, and Prosperity Anti-Trafficking Model) to collect data from 23 homeless/runaway/street youth ages 14-21, at an urban drop-in center. The study used a pre-test/post-test design after ten psychoeducational group sessions. Goals of the group were to: increase awareness of healthy vs. unhealthy relationship patterns, increase knowledge to set healthy boundaries, increase desire for mental/physical/emotional/sexual respect, and assist in safe exit from exploitative relationships. The study found the following variables common among CSTVS prior to their exploitation: unmarried parents, had been in state custody, had stayed in shelter or group home, history of angry physical abuse by caregiver, thoughts of self-harm, and substance use.

Gibbs, Walters, Lutnick, Miller, and Kluckman (2015) reported selected findings from program evaluations of three programs providing intensive case management services to CSTVs. All three programs were funded by the Department of Victims Services. Program staff provided

data on clients and services using the Intake Status form, Client Service Needs and Service Provision form, and Closing Status form. An evaluation team also collected qualitative data through semi-structured interviews of program workers, and compiled and coded 45 case narratives. The study found two patterns of sex work engagement: romantic relationship and survival sex. Variables of victims included history with a child welfare caseworker and the juvenile justice system, history of physical and sexual abuse and neglect, and homelessness.

Marcus, Horning, Curtis, Sanson, and Thompson (2014) collected data from three exploratory studies of active “pimps,” and CSTVs in New York City and Atlantic City. The authors gathered qualitative data from participant observation in these communities, and interviewed pimps and sex workers through snowball sampling. The authors observed that a complex set of life crises, not only trafficker coercion, compelled victims into the sex trade. The study found that pimps were less prevalent and important in the market and recruitment. Rather, variables such as homelessness enticed more CSTVs to enter sex work. Contrary to most literature, the study found CSTVs had increasing agency and control to leave abusive pimps over time. The authors concluded that CSTVs require nuanced solutions beyond rescue from pimps. The study reported the following variables common among CSTVs prior to exploitation: a lack of education or marketable skills, homelessness, runaway history involvement in juvenile justice or child protection, and abuse and exploitation by parents or foster parents.

Varma, Gillespie, McCracken, and Greenbaum (2015) conducted a retrospective cross-sectional study of medical records from two pediatric emergency rooms and one child protection clinic. The study sought to track variables common among patients identified by staff as potential victims of DMST. The records covered two years and recorded 84 patients age 12-18. Twenty-seven patients from the sample of were identified as CSTVs and the remaining 57 were

identified as victims of sexual abuse (VSA). The study sought to identify characteristics of CSTVs that distinguished them from VSAs seeking medical care. The study found that CSTVs were more likely to have: prior sexually transmitted infections, history of physical abuse, history of violence with sex, substance use/abuse, history of running away, history with child protection and judicial systems, and a longer sexual history.

Williamson and Prior (2009) interviewed 13 female CSTVs from the Midwest to examine their experience and history with: violence, HIV, condom use, emotional and physical health, substance use, home or street life, and experience with local juvenile justice, health care, and social services. The authors chose Toledo, Ohio due to the prevalent history of DMST in this area. The qualitative data revealed a complex “system of underground players” in “trafficking rings” that sustained DMST in the Midwest. Respondents reported experience with two types of trafficker recruitment: “finesse pimping,” in which a trafficker charms and coerces a victim into DMST, and “guerrilla pimping,” which involves use of threat, violence, and force. The variables common among victims prior to their exploitation included: lack of basic needs, lack of support for substance use (most often crack), history in child protection, foster care or children thrown out of their homes, history of running away from home, history of neglect, parental substance abuse, and history of physical and sexual abuse by caregivers.

Reid and Piquero (2014b) used structural equation modeling with a subsample of 114 youth participating in the longitudinal Pathways to Desistance study of delinquent youth’s path to adulthood. The authors examined the sequencing, chronicity and causal links between DMST and youth substance use; they also analyzed age of onset, frequency, rate or recurrence, and duration of involvement in DMST. The findings suggest that CSTVs have high likelihood of

substance use. Variables common in CSTVs prior to exploitation included drug use and delinquency.

Reid (2010) Reid conducted a survey of existing research and completed 34 interviews using a semi-structured questionnaire with representatives from 18 agencies and organizations that frequently interact with CSTVs. The location of the study was identified by the Federal Bureau of Intelligence as a high trafficking and major sex tourist site. Goals of study were to explore scope of the problem of DMST in a southern metro area, assess how and where CSTVs are accessing services, how these services are reaching out, and if not, why. The study found that CSTVs were rarely identified and often misidentified by professionals. Variables common among victims included a history in juvenile court, history of running away, and addiction facilitated by trafficker.

Reid (2011) explored the connection between caregiver strain and child maltreatment to the risk of sexual exploitation of minors. Reid used structural equation modeling in interviews with 174 predominantly African American women, 12% of whom reported sex work as minors. The study found that child maltreatment was linked to three major risk factors for DMST: running away, substance use and sexual denigration at younger ages. Common variables identified in CSTVs included history of caregiver strain (due to mental illness, drugs and alcohol use, and domestic violence), history of sexual and physical abuse, caregiver neglect, history of running away, sexual denigration of self/others, and alcohol and drug use.

Research Synthesis

The most frequently noted variables were coded into two different categories, individual and systemic. Each of these categories was then coded into three subcategories. Individual variables refer to life circumstances of child victims prior to their entry in DMST. Individual variables were coded into three subcategories: abuse and neglect history, substance use and/or abuse, and unstable home life. Systemic variables refer to social and environmental factors faced by children that may increase the risk of exploitation in DMST. These variables include subcategories: in the system, homelessness, and lack of support and material need.

Abuse and Neglect History Abuse and neglect history was the most frequently noted variable among all six categories. Thirteen articles, or 93% of all articles, noted victim abuse and neglect history in their findings. The articles all noted physical, sexual and emotional abuse by caregivers. Relationship violence, rape and sexual assault were also coded under this theme. Child neglect was reported as poor care due to the caregiver's use of drugs or alcohol, poor supervision, lack of love, inadequate medical care and lack of food. Caregivers who acted as traffickers were also coded under abuse and neglect history. In the study by Cole and Sprang (2015), roughly 63% of professionals reported that their three most recent victims identified family members as traffickers, and roughly 46% reported their parent or guardian as a trafficker. Martin, et al. (2010) compared CSTVs with those who began sex work as adults, and reported experience of all three types of abuse in either groups, or 61.5% of respondents (p. 1260). In Countryman-Rosworn and Bolin's (2014) study, 61% of the sample of DMST victims reported they "had been pushed, shoved, or grabbed in anger by a caregiver," 83% reported a caregiver "slapped them in the face or head," and 13% reported sexual abuse by caregivers (p. 532). Overall, 48% of victim respondents in the study by Gibbs, et al. (2015) reported past and current

physical abuse, 58% reported caregiver neglect, and 34% reported sexual abuse unrelated to trafficking (p.3). Marcus, et al. (2014) reported victim experience with abusive families carried more weight in “determining personal outcomes” in trafficking than active recruitment from pimps (p. 8). Varma, et al. (2015) reported that 43.8% of DMST victims, as identified by medical professionals upon arrival in emergency rooms, had a “history of violence with caregivers,” and 40% had a history of fractures, loss of consciousness and/or wounds” (p.102). Cobbina and Oselin’s (2011) study compared juvenile and adult pathways into sex trafficking, and found that over half of DMST victim respondents reported “fleeing abuse and reclaiming control.” Reid (2011) used “child maltreatment” as a latent variable in her study measures, which employed structural equation modeling (p.150). Reid (2011) reported seven indicators based on participant responses regarding their abuse and neglect experience: poor supervision, lack of food, lack of medical care, poor care due to drugs and alcohol use by caregiver, lack of love, child physical and sexual abuse (p.150). Reid (2011) also found that child maltreatment had a positive relation to sexual denigration of self and others and running away, both identified as significant structural paths to DMST exploitation (p. 151). Reid and Piquero (2014a) reported maternal drug or alcohol problems increased youth’s risk for early age of onset in DMST, noting that “children with caregivers with substance use are three times more likely to be abused and four times more likely to be neglected” than children with caregivers that do not abuse substances (p. 1764). Reid and Piquero (2014a) noted that maltreated and neglected youth are “consistently found to be at greater risk for child sex trafficking” (p. 1764). Reid and Piquero (2014a) also reported that experiences of rape or sexual assault significantly correlated with earlier ages of onset in sex trafficking (p. 1761). Although Reid (2010) noted sexual abuse history as a common variable among CSTVs, youth tend to deny or minimize their experience to child protective services due

to incapability, lack of sexual awareness, or confusion due to trauma bonding with traffickers who also act as caregivers (p.157). Roe-Sepowitz's (2012) study reported that childhood emotional abuse significantly contributed to youth involvement in DMST and "predicted younger entry ages" as reported by 61.5% of participants (p.572). The study also reported history of physical abuse (65.4%) and sexual abuse (84.6%) in DMST victims (Roe-Sepowitz, 2012, p. 571). Martin, et al. (2010) reported lower instances of abuse than Roe-Sepowitz (2012) and found the highest prevalence of abuse was emotional, followed by sexual, and then physical. Contrary to Roe-Sepowitz (2012), Clarke, R. J., et al. (2012) reported "no statistically significant differences in rates of abuse" between CSTVs and those who entered sex work as adults (p. 281). Clarke, R. J., et al. (2012) also reported that the presence of childhood abuse did not directly relate to a lower age of entry in DMST. This study noted a lack of standardization in abuse measures as a source of inconsistent findings among studies (Clarke, R. J., et al. (2012). Williamson and Prior (2009) reported physical abuse at the hands of caregivers. While the authors found that 57% of respondents reported sexual abuse, neglect was actually "the most prevalent" (Williamson & Prior, 2009, p. 52). Parental substance abuse was reported as a cause of neglectful environments where children lacked adequate food, clothing and had gas and electricity turned off in their homes (Williamson & Prior, 2009).

Substance Use and Abuse Ten articles, or 72% of all articles, reported substance use and abuse in their findings. This theme was noted as drug and alcohol use, dependence, addiction, and age of first substance use. Clarke, J., et al. (2012) explored factors related to age of entry into sex work and found that the age of first substance use significantly impacted age of entry. The authors reported lower ages of first drug use among CSTVs than those who entered sex work as adults, and reported "for every one year increase of age of first drug use, there was an increase of

0.4 years of age at entry into prostitution” (p. 281). Clarke, J., et al. (2012) reported the “most commonly reported drugs were crack/cocaine (41.1%), alcohol (39.8%), and marijuana (26.2%)” (p. 278). Roe-Sepowitz (2012) also compared drug use between CSTVs and adult entry sex workers, and found that 69.2% of juvenile victims reported drug use as a reason they entered sex work, compared to 77.8% of adult sex workers (p. 571). Reid (2011) found DMST victims had an average lower age of initial substance use than adult sex workers (p.150). In the study by Cole and Sprang (2015), professionals reported substance use/misuse (including parent’s) among 36% of victims in rural communities, 28.6% micropolitan communities, and 31.4% in metropolitan communities; the average among all three was 29.4% (p. 117). However, this study combined parent and child use in this factor, so it is unknown how much this reflects to child use alone (Cole & Sprang, 2015). Countryman-Roswurm and Bolin (2014) reported 74% of respondents had used alcohol and 70% has used drugs prior to their exploitation in DMST (p. 533). Marcus, et al. (2014) reported drug addiction as a means of easy coercion by traffickers, but stated “in general the pimps whom we met were wary of depending on addicts whose expensive habit and unreliability could endanger their business” (p. 10). Traffickers reported exploiting a victim’s addiction to “make extra money or get her to do something she normally would not have done,” but it was not noted if victim’s addiction existed prior to their exploitation (Marcus, et al., 2014, p. 10). Varma, et al. (2015) reported history of drug use in 69.6% of children, and history of multiple drug use in 50% of children identified as CSTVs by medical professionals (p.102). One CSTV respondent in the qualitative study by Williamson and Prior (2009) stated, “I was 13 when I started prostituting through my uncle. First, basically I had sex to get crack,” (p. 50). Beyond this, there was no explicit data reported on the prevalence of substance use among respondents (Williamson & Prior, 2009; p. 50). Reid and Piquero (2014a) assessed risk factors for early age

of onset of involvement in DMST in male and female groups, and reported “youth substance dependency symptomology was significantly related to child sexual exploitation/prostitution” (p.1761). The study noted that boys who started sex work at earlier ages scored higher on the dependency symptomology score, and conversely girls scored highest among late starters (Reid & Piquero, 2014a, p. 1761). In another study, Reid and Piquero (2014b) examined the relationship between DMST and victim substance dependency and delinquency. In this study, 47% of CSTV respondents reported substance use prior to their exploitation; on average, respondent’s first use was 5 years prior to trafficking (p. 252).

Unstable Home Life The literature consistently noted factors related to victim experience in unstable homes as a variable separate from abuse and neglect. Nine articles, or 64% of all articles, reported unstable home life as a common variable in CSTVs. These variables related to a victim’s home environment and challenges faced by guardians or caregivers that compromised caregiving. Reported factors included: exposure to substances from caregivers, maternal or caregiver addiction and substance use, domestic violence, and caregiver strain due to mental illness, drug and alcohol use or domestic violence. Cole and Sprang (2015) categorized participant responses “lack of parental supervision,” “chaos in family life,” and “lack of support from family” under the “compromised parenting” category (p. 118). Reid and Piquero (2016a) stated, “when caregivers fail to protect, nurture, or guide their children, these youth are more likely to seek out others to meet these needs, exposing them to exploitation by others” (p.1765). The authors reported higher scores of maternal drug and alcohol problems among DMST victims (Reid & Piquero, 2016a, p. 1761). Reid (2011) reported that child maltreatment, as a result of caregiver strain, corresponded to higher levels of sexual denigration of self/others in children and put them at greater risk of DMST (p. 152). Child maltreatment included reports of physical and

sexual abuse, but also: poor supervision, lack of food, lack of medical care, poor care from caregivers due to drugs or alcohol, and lack of love (Reid, 2011, p. 151). The study by Roe-Sepowitz (2012) found 53.8% of CSTVs reported parental domestic violence in their homes (p.571). In the study by Clarke, R.J., et al. (2012), 62.2% of CSTV respondents reported “growing up with a family member with a drug or alcohol problem” (p.278). Cobbina and Oselin (2011) reported “fleeing abuse and reclaiming control” and child perceptions of sex work as “normal” as pathways to exploitation in DMST related to childhood neglect (p. 318). Participants described caregivers preoccupied with conducting crime and sex trafficking in their homes (Cobbina & Oselin, 2011). These home environments were rife with abuse and normalized sex work to children (Cobbina & Oselin, 2011). Eleven-year-old Tisha stated,

My grandmother was also engaged in a lot of activities such as selling drugs, doing drugs, renting out rooms of her house and stuff like that...she had so many men in the house and I had been sexually molested and raped a lot of times” (Cobbina & Oselin, 2011, p.319).

Cobbina and Oselin (2011) stated that CSTVs reported that “they began to perceive their sexuality as a way to garner power over men and reap monetary rewards” (p.319). For example, Janelle engaged in prostitution as a teenager: “[b]ecause from my childhood, I had been molested. And then as time went on, I was still getting molested, so I got tired. And I said well, if a man going to take it from me, why not sell myself?”(Cobbina & Oselin, 2011, p. 319). Similarly, CeeCee rationalized her entry into prostitution, “It gave me a sense of control because I had been molested as a child...it felt like I was getting a revenge for the predators in my life at that time.” (Cobbina & Oselin, 2011, p. 319). Several studies noted victims coerced into sex work to escape neglect while seeking new sources of caregiving from traffickers. Williamson

and Prior (2009) reported that neglect was “the most prevalent form of child maltreatment” reported by CSTV respondents. It was more prevalent than physical, sexual, and emotional abuse (p. 52). In this study, neglect referred to a home that lacked adequate food, essential clothing or “ragged clothing,” and “had gas or lights turned off” throughout the years (Williamson & Prior, 2009, p.52). Parental substance abuse was a noted cause of caregiver neglect (Williamson & Prior, 2009, p.52). Respondents reported neglect as the most common reason to run away from home, where “emotional, mental and physical obligations and adult responsibilities,” including care for siblings, were too stressful to manage (p. 52). Williamson and Prior (2009) quoted study participant Sue, for whom DMST was a means of survival:

We were starving...we had no money, no lights, no gas. One box heater for the whole family. He didn't want to waste drug money on birthday presents or Christmas presents. He took our toys away when I was 8. He sold them and bought drugs. I started prostituting at 11 (p. 52).

Marcus, et al. (2014) reported that victims recruited by traffickers did so “knowing that they were trading an oppressive situation in a shelter, group home, or natal family for a pimp who might prove violent, abusive or exploitative” (p. 7). Based on qualitative research, Marcus, et al. (2014) found that a majority of traffickers in the study played a “formal or informal parental role” to their victims (p.13). Martin, et al. (2010) found that DMST victims were twice as likely to report unstable home lives and accepted clothing as payment for sex more than adult sex workers (p. 1261). Reid (2010) noted that traffickers exploited victims’ experience with neglect in their “grooming” tactics, noting that they may be the first people in the child’s life to “buy them a gift or take them to a nice restaurant” (p.158). Participants reported manicures and

pedicures or a day at a theme park as common new, exciting experiences offered by traffickers to children who lacked nurturing caregivers (Reid, 2010, p. 158).

Systemic Variables

In the System Eight articles, or 57% of all articles, included variables related to the theme “in the system.” In the system included victim involvement in state custody, foster care, having a child welfare caseworker, and the juvenile justice system, including prior arrests. This code also included “giveaway” situations in which a parent turns a child over to other relatives or authorities. In the system represents the systemic, or mezzo and macro, result to the individual variables abuse and neglect history and unstable home life. These systems frequently encounter CSTVs, and therefore offer a rich source of data for DMST research. Several studies gathered data from interviews with respondents working in the juvenile justice and welfare systems, as well as juvenile offenders. Reid and Piquero (2014b) analyzed data from the Pathways to Desistence Study of 1,354 delinquent youth (p.250). The authors reported 75% of respondents were arrested prior to their exploitation in DMST; on average these arrests occurred 3 years prior to exploitation (p. 251). Cole and Sprang (2015) gathered data from a sample of professionals at agencies serving CSTVs. In this study, 26.7% of respondents were juvenile court workers who aided victims in diversion agreements. 26.4% of respondents worked in juvenile justice (Cole & Sprang, 2015, p. 115). Cole and Sprang (2015) reported abuse and neglect as the second most commonly noted risk factor, with one indicator being “involvement in the foster care system” (p. 118). Reid (2010) also interviewed a sample of 34 respondents from “law enforcement, juvenile justice, child protective services, and nongovernmental organizations” who had regular contact with CSTVs (p. 153). Countryman-Roswurm and Bolin (2014) examined a youth sample from

an urban drop-in center, and 61% of respondents reported that they “had been in state custody” prior to their exploitation (p.533). Gibbs, et al. (2015) evaluated three programs serving CSTVs and reported more than one third of clients across all programs had “a child welfare case worker” (p. 3). In one program, SAGE, 62% of clients reported prior involvement in the juvenile justice system (Gibbs, et al., 2015, p. 3). The study by Marcus, et al. (2014) reported that “life in the system—foster homes, group homes and juvenile facilities” carried more weight in “determining personal outcomes” of CSTVs than the initial recruitment process (p. 8). Varma, et al. (2015) reported that 47.7% of the CSTVs identified by medical professionals had involvement in child protective services in the past, and 75% had a history with police (p. 102). Respondents in the study by Williamson and Prior (2009) reported that one site of recruitment took place “outside of the juvenile justice center while waiting to meet with a probation officer” (p. 49). The authors noted an unhelpful cycle perpetuated by system involvement:

The girls reported that systems such a juvenile court and social services simply brought additional demands in their attempt to ‘put a girl back on the right path in life,’ while providing minimal relief to existing stressors... (these stressors) sometimes resulted in the girls being overwhelmed to the point of giving up and running away again (Williamson and Prior, 2009, p. 53).

Three quarters of respondents reported involvement in child protective services at one point in their lives, and over half had a history of involvement in the foster care system (Williamson and Prior, 2009, p. 52)

Homelessness Ten articles, or 71%, reported variables related to homelessness. The most frequently noted variable was “runaway” behavior of victims. Another theme under this code were “throwaway” situations, in which parents forced the child out of their home and onto the

streets. All ten articles noted escape from abuse and neglect as the primary motivator for children to run away from home. Homelessness was also reported as a victim staying in a shelter and group home, living on the street or subway, and “couch surfing.” Countryman-Roswurm and Bolin (2014) use the term Runaway, Homeless and Street Youth (RHSY) to describe “unaccompanied youth without adequate stable housing and/or supervision, regardless of their reasoning for leaving home” (p.527). In their study, 70% of respondents reported that they “had stayed in a shelter or group home” prior to exploitation (p.533). Across all three programs evaluated by Gibbs, et al. (2015), 62% of clients identified long term housing as a need during intake, 53% needed emergency housing, and 34% needed transitional housing (p.4). Varma, et al. (2015) reported that 80.8% of CSTVs identified in medical settings had a “history of running away” (p. 102). Several articles noted that traffickers targeted victims on the street and offered shelter. Williamson and Prior (2009) reported that most respondents reported running away to escape the stress caused by taking responsibility for the care of self and others in neglectful homes. Reid (2010) stated “teen runaways who are prostituted by a trafficker are often unwilling witnesses” in court proceedings (p. 158). Reid (2010) also noted that “throwaway” or foster care children are especially vulnerable to trauma bonding and trafficker grooming tactics (p. 158). Reid (2011) reported runaway behavior as one of three variables “predicted to directly increase vulnerability” to DMST, and “girls who ran away were more likely to report being prostituted as a minor than those who did not” (p. 150). In the study by Martin, et al. (2010), 79.37% of CSTVs reported that they had “ever run away,” compared to 46.3% adult sex workers (p.1259). Roe-Sepowitz (2012) reported that 92.3% of CSTVs “ran away during childhood,” and 65.4% identified “a place to stay” as a reason for entering sex work (p. 571). Marcus, et al. (2014) found that traffickers needed “little enticement” to coerce minors into sex work if they offered an

alternative place to live besides the streets, group homes or shelters (p. 7). One 17-year-old described her recruitment:

He found me at Franklin Shelter in the Bronx. We was outside. It's a lot of pimps out there...I was getting' kicked out because I got into a fight, so he offered to let me stay in a hotel with him. So, I packed my stuff and left wit' him (Marcus, et al., 2014, p. 7).

Several respondents described being "thrown out" of their homes by their parents (Marcus, et al., 2014, p. 7). CSTVs in Cobbina and Oselin's (2011) study also reported "fleeing abuse" as a pathway to DMST (p.318). One respondent, Janice, described her entry:

I used to run away from home a lot because my father used to beat us. So I ran away from home and I met this guy...I explained to him how my father beated on us, he said 'well I'm not gonna beat you. Call me Daddy.' He used to buy me anything I wanted (Cobbina & Oselin, 2011, p. 318).

Lack of Support and Material Need Seven articles, or 50%, noted lack of support and material need as variables common among CSTVs. This category included lack of education, dropping out of school, lack of other marketable skills, and access to other income-earning work. Material need included basic needs such as food and shelter as well as gifts and recreation such as apparel and outings. Beyond these needs, these articles described a sense of community and support that CSTVs found through their traffickers. Clarke, et al. (2012) found that, when compared to adult sex workers, CSTVs were "more likely to have dropped out of middle school or high school," and only 24.7% completed high school (p.280). Clarke, et al (2012) noted that school connectedness, academic achievement, and positive adult and peer relations may act as protective factors against DMST (p. 284). Cole and Sprang (2015) reported that trafficker's use of force or coercion as the most commonly cited way they maintained control of victims. This

coercion included instilling in victims “a fear of being homeless and without food” as well as “promises of love and promises to take care of and meet their needs” (Cole & Sprang, 2015, p. 119). Marcus, et al. (2014) reported economic need as a major motivator for a child’s entry into sex work (p. 8). One 16-year-old victim began sex work after her boyfriend, the father of her infant, urged her to “sleep with his friends to pay her way,” and later “she found that it paid well and was flexible enough to enable her to stay home with her son” (p.8-9). Respondents used their earnings to buy food, diapers and cigarettes, among other daily necessities (Marcus, et al., 2014). Victims’ perceptions of limited options also enticed them to remain under the control of a trafficker (Marcus, et al., 2014). Martin, et al. (2010) reported that CSTVs exchanged sex for “food, a place to stay, and other daily needs” and were more likely to “accept clothes as payment” than adult sex workers (p. 1261) Roe-Sepowitz (2012) found that while CSTVs were just as likely as adult sex workers to accept drugs, clothes and jewelry, they were actually more likely to accept “protection in the streets” as compensation for sex acts (p.570). Williamson and Prior (2009) found that victims had their needs more readily and consistently met by traffickers than outreach programs with limited funding:

The streets provide support, albeit negative and life-altering. They offer places to sleep, ways to earn money, and a network of accepting others...in typical social service interventions of two hours per week or more, agencies cannot compete with the underground network of players and their continued system of support (p.59).

Reid and Piquero (2014a) reported “financial pressures and the need to provide for dependents” as a reason for entry into DMST. The authors also noted “economic marginalization of minority youth exacerbated by limited job opportunities and/or failure to attain sufficient education” as a risk factor for DMST among African Americans (Reid & Piquero, 2012a, p.1766). This study

implied higher completion of grades as a protective factor against DMST (Reid & Piquero, 2012a, p.1766).

Table 3: Reported Variable Codes for Included Articles

| Variable Code | Number of Articles Reported |
|-----------------------------------|-----------------------------|
| Abuse and neglect history | 13 |
| Substance use/abuse | 10 |
| Unstable home life | 9 |
| Homelessness | 10 |
| In the system | 8 |
| Lack of support and material need | 8 |

Other Noted Variables

Reid & Piquero (2014a) and Clarke, R. J., et al. (2012) reported increased risk among African Americans for involvement in DMST (p. 1768). Varma, et al. (2010) noted pre-existing mental illness as a common variable in CSTVs, but found no statistical differences in the variable in the control group of child victims of sexual abuse (p. 101). Cole & Sprang (2014) noted developmental issues, mental health and victim's feelings about self as variables. Reid & Piquero (2014a) reported a positive connection between psychoticism and "impulse control" and early onset age for involvement in DMST.

Discussion

This systematic review found six categories of psychosocial variables common among CSTVs prior to their exploitation. Three individual variables were coded from recurring themes found in the literature: abuse and neglect history, substance use and abuse, and unstable home life. These individual variables directly caused or increased vulnerability to the three recurring systemic themes found: homelessness, history in the system, and lack of support and material need. History of abuse and neglect was the most frequently cited variable. All articles that reported the second most common variable, homelessness, cited escape from abusive and neglectful homes as a cause for youth to run away and live in streets, shelters, or group homes.

The variables identified in this study are often co-occurring. Simple rescue efforts for CSTVs are not efficient. Support services that provide the needs otherwise met by traffickers must exist to prevent a return to DMST. The findings indicate the complex nature of micro, mezzo, and macro variables that social workers must consider in the prevention of DMST for vulnerable youth. Furthermore, CSTVs are at increased risk of lifelong physical and emotional trauma and must be treated accordingly. Once a child is “in the life,” victim-centered approaches are challenged in providing adequate care for trauma as well as the child’s developmental needs on an individual and systemic level. Social workers play a significant role in advocating for children at risk of DMST. This advocacy begins with awareness of potential risk factors in child clients. All social workers should be prepared to encounter these vulnerable youth in any given work setting.

Limitations

The research does not establish a causal link between these variables and prevalence of DMST. While this paper has investigated variables that are associated with child sex trafficking within the US, it did not address victims recruited in foreign countries who have been brought to the US. Therefore, its findings may not be as generalizable to populations, such as foreign born people, who are at high risk of being trafficked. Due to the hidden nature of DMST, it is highly likely that other variables exist but have not yet been identified by the current research.

Knowledge of these variables could be helpful in preventive efforts. Furthermore, most of the research surrounding DMST includes female CSTVs. While it is often assumed that females are at greater risk of being involved in DMST, male CSTVs are a potential ‘missed’ population.

Additionally, there may be knowledge gained from tracking and monitoring the change or stagnation of variables associated with DMST over time. However, since this research only included studies that were published after 2000, these comparisons are not possible. Further research is needed to address the aforementioned limitations.

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