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IMPROVING SOCIAL WORKER ENGAGEMENT WITH COMMERCIALY SEXUALLY EXPLOITED CHILDREN

Kennisha Lesley

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IMPROVING SOCIAL WORKER ENGAGEMENT WITH COMMERCIALY
SEXUALLY EXPLOITED CHILDREN

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Kennisha Lesley
May 2022

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ABSTRACT

This study used a survey to describe social workers' most pertinent barriers to engaging Commercially Sexually Exploited Children (CSEC) and sought to identify the most effective practices currently used to improve engagement with this population. The purpose of the research was to assess social worker's knowledge, preparedness, training, and most effective approaches to improve engagement. Data was collected from thirty participants. Findings were that social workers' knowledge was relatively high, despite the expressed need for more thorough training to engage and help the population. Social workers provided insight on what interventions and approaches have been most effective when engaging with the CSEC population to provide appropriate mental health services or resources. Recommendations include increasing and improving training for social workers and other helping agencies the CSEC population come into contact with to better serve them.

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“It is not a choice, if survival is the answer.” – Unknown

I would first like to acknowledge my mentor and supervisor, Mrs. Leslie Abram. You always made yourself available and believed in me so much. You gave me the encouragement to be myself, to be courageous, and advocate for myself, both personally and professionally. You gave me strength and kept me motivated especially during the hard times. Thank you for always taking the time out to check in, listen to me, support me, and being such a great mentor to me.

Lastly, I would like to acknowledge my inspiration for this research project, my first client. Thank you for being a light and teaching me so much personally and professionally. May peace, love, and joy follow you wherever you are.

DEDICATION

This is dedicated to my biggest supports, God and my family.

Mommy, thank you for being my rock and shield throughout my life. You are my driving force, my main supporter and cheerer, my helper, and my support system. I am so proud of you, thank you for being such a great example.

Kiona, thank you for always being available and taking the time out to check on me. You gave me strength, empowerment, and support that kept me motivated even during the hard times.

Jay, thank you for being such a great support, even during the frenetic hours, and for all the amazing food and fun times in-between.

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CHAPTER ONE

INTRODUCTION

Problem Formulation

Commercially Sexually Exploited Children (CSEC) exhibit certain qualities and behaviors that may lead to clinical and developmental concerns that effect their mental health and wellbeing. Most social workers find it difficult to engage and build rapport with the population due to many barriers and complicated factors. To overcome the barriers and improve engagement with the population, understanding the needs for the underserved population of CSEC requires knowledge of why they are marginalized victims. This includes why they have inadequate access to mental health resources and support.

CSEC is the exploitation of the children entails minors under the age of 18 being used in commercial transactions for child prostitution, child pornography, and the sale or trafficking of a child (Kenny et al., 2019). The solicitation of minors includes, but is not limited to, the use of online ads, escort services, recruiting, survival sex, transporting, pornography, stripping, live-sex shows, web-cam broadcasts, and harboring a minor with or without threat and the use of force, fraud, and coercion (Smith, 2010; Kenny et al., 2019).

These life experiences can negatively affect the child's exposure to adequate living standards and personal development which include cognitive processes, mental stability, emotional regulation, and social awareness.

According to Adams, Owens, and Small (2010), approximately 300,000 to 400,000 children are sexually exploited and 244,000 to 360,000 children are at-risk annually in the United States. CSEC youth often lack the proper coping skills or access to consistent resources to overcome their personal adversity. In most settings, social workers find it challenging to engage the CSEC population because the relationship between social workers and CSEC victims are difficult to cultivate for various reasons.

According to researchers, the typical window of opportunity for boys to be commercially trafficked is between ages 11 and 13 and for girls is between ages 12 and 14 (Kenny et al., 2019). Deshpande and Nour (2013) found that human trafficking is the fastest growing area of organized crime and half of the trafficked population on average are children; majority being females, but males are victims too. According to Olender (2018), boys are more difficult to identify and are less visible victims than girls. The demand for children in the sex trafficking industry has been on stable increase nationally and globally.

From 2010 to 2015, the National Center for Missing and Exploited Children (NCMEC) reported there has been 846% increase in reports of suspected child sex trafficking (Souras, 2015). The drastic increase with the current demand is directly correlated to the increased use of the internet to sell children for sex, including the utilization of online enticement including but not limited to social media, websites, chatroom platforms, shared video files, image files, and other files (Chang et al., 2015; NCMEC, 2022). According to NCMEC in

2020, online enticement had increased by more than 97%. NCMEC (2022) reported that their cyber tip line received 28% more reports in 2020 compared to 2019 about online child sexual exploitation. This amounted to 21.7 million reports including reports of child pornography, child sex tourism, child sex trafficking, child sexual molestation, misleading domain names, misleading words or digital images on the internet, online enticement of children for sexual acts, and unsolicited obscene material sent to a child (NCMEC, 2022). 494,388 of these reports were confirmed to be from within the United States; however, this number is not indicative of the level of sexual abuse that actually occurs within the United States (NCMEC, 2022). Researchers, Hartinger-Saunders, Trouteaud, and Johnson (2017) found that obtaining exact global estimates of CSEC is complex due to issues of defining, reporting, and effectively responding to the CSEC population. Domestically, in the United States, exact estimates cannot be determined due to no uniform reporting system existing (United States Department of State, 2010). The underground sex industry produced an estimated \$30-300 million and has increased the traffickers' global economic value by enabling them to profit an estimated \$99 billion (Dank et al., 2014).

The prevalence of issues encountered regarding CSEC victims affects the entire United States and remains under investigated and underreported because of the population's underground nature. The stigma and victimization of the population often includes secrecy and shame, preventing youth from willingly coming forward (Kenny et al., 2020). When CSEC victims come into contact with

social workers, often times the social workers are not aware and prepared to assist members of the population and may cause the child to feel isolated and may lead them to withdraw from participating in support services. Some social workers find it difficult to identify at risk and CSEC victims because there are a wide range of definitions and no uniform assessment for the population.

Numerous perspectives exist on how to best address both prevention and intervention for CSEC victims. No well-known universal assessment or training has been reached by any particular field or sector for universally screening and identifying victims from a multi-disciplinary perspective (Franchino-Olsen, 2019). Trying to serve such a disenfranchised population relies heavily on social engagement, especially to assist with their mental health needs including severe trauma symptoms and dissociation (Kenny et al., 2020). If social workers are unable to meet the populations needs and they continue to go unaddressed, they could lead to increased loss of life, instability, continued poor sexual health, rape, incarceration, crime, and substance use. Social workers overcoming barriers in engagement when providing mental health support to Commercially Sexually Exploited Children is critical to improve sufficiency of families, communities, and societies by generations.

Purpose of the Study

The purpose of this study was to assess how social workers can improve engagement with Commercially Sexually Exploited Children to improve the

youth's mental well-being. This study sought to obtain the perspectives of social workers affiliated with different human services agencies to provide insight on how to best overcome barriers and provide resourceful and effective mental health support to CSEC. This study had both a quantitative and qualitative methods design to provide insight on how well social workers are able to assess CSEC victims and what practices are most effective when engaging the population to increase the well-being of the client's mental health. The findings of this study will allow social workers to be more informed of how to improve engagement with the CSEC population regarding mental health. Overcoming barriers in engagement will allow social workers to decrease victimization, increase prevention, and provide education to minors and their families to implement a better recovery care model for CSEC victims. A better recovery care model for CSEC victims will increase retention rates of sex trafficked and at-risk youth in mental health services.

Significance of the Project for Social Work Practice

From the perspective of a social worker, breaking the negative recurrent behavior of a CSEC victim is imperative to healing the child to increase their chances of thriving into adulthood and being productive citizens of society. The findings from this study serve as a guide to improve how social workers engage and maintain rapport to meet the mental health needs of Commercially Sexually Exploited Children. Social workers must gain the competence to identify, engage,

and build rapport with CSEC victims to establish a therapeutic relationship. Knowing more about overcoming barriers with CSEC victims will increase retention in CSEC victims' ongoing participation in mental health services. Clients will be provided with the opportunity to learn healthy relationship patterns and boundaries, and increase their desire and expectation of self-respect in regard to their mental, physical, and sexual health (World Health Organization, 2002).

Social workers are ethically obligated to be mindful of exemplary service, the dignity and worth of a person, the importance of human relationships, and enhanced competence in order to contribute to mitigating barriers faced when working with CSEC victims and survivors (National Association of Social Workers, 2020). The findings from this study may contribute to implications for social work practice and policy to improve engagement with the CSEC population in order to improve their mental health. The lack of availability of adequate mental health services, misinformation caused by self-reliance, and feeling judged by others are amongst the concerns associated with the lack of mental health services for the CSEC population (Ijadi-Maghsoodi et al., 2016). A child's needs for mental health services, resources, and support varies upon circumstances; this may include but is not limited to, trauma and abuse.

Understanding a CSEC victim as a whole person and their interaction with changing environments can provide insight on how to effectively assess, provide intervention, and help during the process because the goal is to enhance a client's problem solving, coping, and developmental capacities (Zastrow et al.,

2019). Social workers in schools, child welfare, and in the community, can be healthy support systems for CSEC. Social workers can utilize effective practices to minimize the population's extreme fears, loyalty conflicts, shame, guilt, and hopelessness that they often experience. Providing adequate mental health care to CSEC could prevent trauma from continuing which would then improve society in its entirety as everyone is made whole individually, including the underserved CSEC population.

Social workers are ethically committed to serving those who are most vulnerable. Current research and social workers lack effective knowledge of how engage and serve the mental health needs of CSEC youth effectively. The research focus of this study was how social workers can better engage with Commercially Sexually Exploited Children to improve their mental well-being.

CHAPTER TWO

LITERATURE REVIEW

Introduction

Sparse literature currently exists on mental health concerns for Commercially Sexually Exploited Children (CSEC) from the perspective of social workers. Through the examination of research, it is known that CSEC victims and social workers have had a difficult time engaging with one another, which often leads to unmet mental health needs and lack of access to resources. Social workers new to working with the CSEC population are often unaware of the risk factors and barriers they face when engaging the population.

Risk Factors for Becoming a Commercially Sexually Exploited Child

CSEC victims experience unique mental health and/or behavioral needs that affect the child's mental health wellbeing. Risk factors for CSEC include environmental, familial, and personal risk factors. These experiences and factors cause lifelong impacts that directly correlate to mental health concerns and systemic issues.

Environmental Risk Factors

CSEC youth often come from disadvantaged, impoverished, unhealthy, and unsafe environments. Research found that while enduring the peculiar combination of a public health crisis, unstable housing, social isolation, and

economic recession, existing mental health issues for children and adolescents may worsen causing unfavorable long-term and short-term outcomes (Golberstein et al., 2020). Environmental conditions increase the likelihood of a child becoming a commercially sexually exploited child (Olender, 2018). At-risk youth often leave their homes initially because it is an emotionally or physically unsafe situation, they were indirectly or directly asked or forced to leave, or there is a fear or distrust of adults in the home (Olender, 2018). Other contributing risk factors for youth running away include the youth being bored, under stimulated, or seeking a more affirming, more supportive, welcoming, and safe environment (Franchino-Olsen, 2019). They may attempt to fit in with same age peers and desire connection. This connection may be with an exploiter or with likeminded peers with appealing invitations that could lead to the coercive control of traffickers (Hampton & Lieggi, 2017). Homeless youth trade sex for money or material goods out of necessity including housing (Hampton & Lieggi, 2017).

Children in the child welfare system or that reside in youth shelters often have a fear or distrust of providers. Research found that providers often have inadequate or inappropriate service provisions for the youth, and an apparent lack of training or skillsets working with the CSEC population (Hampton & Lieggi, 2017). CSEC youth often experience negative experiences in systems of care including boundary crossings, further abuse, blame, and shame. Occurrences of CSEC contributes to the increase in maltreatment in foster care especially in group home placements (California Department of Social Services, 2019; De

Vries et al., 2020). This is relevant because 82% of at risk CSEC youth in child welfare care had four or more placements and 33% had eleven to thirty-six placements (Franchino-Olsen, 2019). This increases the likelihood of them being recruited by exploiters because they have the opportunity to manipulate the unmet need of stable housing and longing of connection (Kenny et al., 2019).

Familial and Personal Risk Factors

Research found that CSEC often have difficult relationships with caregivers, family history of substance abuse and criminal activity, along with peers or family members who normalize sex trade and having multiple sex partners. These factors also contribute to the increased rates of children running away from home and becoming vulnerable to being exploited (Kenny et al., 2019; Twigg & PHCNS-BC, 2016). Youth who anticipate rejection, stigma, and discrimination from familial and peer support systems have attachment difficulties. Intergenerational negative family dynamics do not promote safety, stability, reliability, consistency, love, connection, a sense of value, validation, protection, patience, or understanding of the child's needs. (Galea et al., 2020). This does not benefit the child's self-esteem, provide opportunity for development, provide opportunity to make mistakes and learn, or provide the structure and support a child's needs. Exploiters will act to attempt to provide these needs to the youth and makes it more difficult for youth to later flee or escape.

Personal risk factors such as lower intellectual functioning, school truancy, and inadequate social skills or relationships experienced by youth during the COVID-19 pandemic, substantially increased anxiety, depression, substance use, isolation, low self-esteem, and abuse for the population (Galea et al., 2020; McCaslin, 1993). Traffickers prey on known prior or current experiences of abuse or trauma, the lack of community, physical health concerns, and the current appearance of youth. Knowing that youth's basic needs are not met, traffickers target vulnerable victims by befriending, seducing, manipulating, and recruiting youth (Twigg & PHCNS-BC, 2016). The traffickers often isolate, micromanage, dominate, abuse, manipulate, belittle, and degrade youth (Winter et al., 2022). The youth will often express loyalties or positive feelings towards the traffickers.

Developmental and Mental Health Concerns for CSEC

Historical trends of childhood neglect, abuse, trauma and/or insecure attachments with caregivers are correlated with at-risk or CSEC victims becoming involved in abusive or violent dating relationships (Kenny et al., 2019). Ramaswamy and Seshadri (2020) found that child sexual abuse can cause identity and sexual norm confusion which will affect their life decisions. In clinical settings, it has been reported 70-90% of female victims reported to be previously sexually abused before they were recruited and trafficked (Kenny et al., 2019). At-risk youth often form trauma bonds with the exploiter which is an attachment that traffickers utilize by using love, security, and resources as bait to victimize children and often evolves into Stockholm Syndrome (Márquez et al., 2020).

Adverse childhood experiences take a toll on a child's mental, emotional, and psychological wellbeing, causing mental health conditions, in comparison to non-abused youth (Cook et al., 2018).

CSEC youth have lived limited lives and are easily manipulated by traffickers due to unmet needs often resulting in risky behavior with consequential and detrimental recurring patterns (Franchino-Olsen et al., 2020). They are limited in their recognition of healthy decisions compared to problematic decisions. As children, they expect to be controlled by another (Winters et al., 2022). Trauma of female sex trafficking victims has been correlated to a variety of damaging mental health outcomes, especially depression, post-traumatic stress disorder (PTSD), and anxiety (Kenny et al., 2019). CSEC victims often exhibit characteristics of explosive outbursts, a disregard for personal safety, immaturity, amnesia, mood dysregulation, lack of emotion regulation, self-mutilation, adjustment disorder, trust issues, lack of faith in spiritual power, impulsiveness, anger, rage, wavering levels of self-esteem and motivation, and deep emotional pain or grief (Kenny et al., 2019). Due to the negative impact experiences, CSEC victims have a higher mortality rate than those who were not trafficked (Kenny et al., 2019).

CSEC victims experience multiple physical and sexual traumas and display emotional and behavioral difficulties that contribute to their mental illness, which readies youth to submit to traffickers and keep quiet about it out of need or the desire of intense romance (Winters et al., 2022). Victims are reluctant to

report the incidences of abuse due to being psychologically broken and ashamed and often omit pertinent information from service providers (Ijadi-Maghsoodi et al., 2016; Olender, 2018). The stigma that is associated with being CSEC is negative, promotes blameworthiness, and prevents victims from self-disclosing their circumstances out of fear of retaliation from traffickers, fear of arrest, concerns with confidentiality, perceived low quality of care, and a fear of provider judgement (Barnert et al., 2019).

Systemic Issues

During the COVID-19 pandemic, CSEC victims have experienced an unforeseen exacerbation of sudden loss by being involved with the child welfare system, juvenile justice systems, having poor access to shelter, and experiencing discrimination (Ramaswamy and Seshadri, 2020; Twigg & PHCNS-BC, 2016).

Many factors in the United States favor victimization rather than embracing rescue and rehabilitation evidenced by forced assimilation, the historical impacts of the United States enslavement of people, and colonialism (Franchino-Olsen et al., 2020). Victims often go undiscovered and experience significant health issues because protective or rehabilitative options are lacking (Ramaswamy and Seshadri, 2020). CSEC victims may endure malnutrition, sexual transmitted infections, diseases, unwanted pregnancy, medical neglect, physical and sexual assault, sexually transmitted infections, forced abortions, and infertility and are victimized for it with limited access to health care resources (Barnert et al, 2019; Kenny et al., 2019). Systemic disadvantages that contribute

to the focus on retribution rather than rehabilitation include racism, poverty, ableism, and the legal system (Olender, 2018). The secretive and underground culture of CSEC makes it difficult to calculate precise rates of victimization.

Barriers Social Workers Face When Serving CSEC

CSEC victims suffer from emotional, behavioral, and psychological symptoms that increase the likelihood of them coming into contact with medical, legal, social services, child protection, and mental health professionals but are not accurately identified (Ijadi-Maghsoodi et al., 2016). Research has shown social workers lack readiness to provide services to the CSEC, these barriers prevent maintaining rapport and engagement with the population.

Training and Readiness of Social Workers

There are limited services available to identify CSEC victims and some mandated reporters lack awareness and continue to criminalize juveniles that are involved in prostitution (Hartinger-Saunders et al., 2017). Social workers need training that would provide a greater ability to identify, assess, and effectively engage CSEC victims with communication and interaction (Kenny et al., 2019). Lacking such education on how to identify, assess, and aid CSEC youth will increase the risk of continued victimization (O'Brien et al., 2019). CSEC needs are complex and may require immediate and long-term treatment that is not limited to case management, mental health counseling, and substance abuse treatment (Barnert et al., 2019).

County social workers in California, in specialized positions working with the CSEC population, are required to take a CSEC 101 and CSEC 102 courses (California Department of Social Services, 2020). These trainings are designed to increase understanding of the prevalence of the problem, recognition of trafficking dynamics and tactics, key roles of providers, and increase engagement skills of social workers towards CSEC youth to take a collaborative approach to coordinate effective practices for CSEC victims (California Department of Social Services, 2020). Researchers have found that despite social workers taking and participating in the training, social workers were still unable to adequately meet the needs of this underserved population and unable to report them to the appropriate agencies to be tracked (Kenny et al., 2019).

Rapport and Engagement Barriers with CSEC

Research states that CSEC victims pride themselves on preserving their autonomy and prefer social workers to allow them to apply self-determination to make decisions (Barnert et al., 2019). Research states that social workers should be invested and involved with the client by influencing clients to seek care and improve perceptions of care (Barnert et al., 2019). Societal risk factors for CSEC include glorification of pimp culture, objectification of girls, and gender bias which may influence a social worker's bias and negative attitude when engaging the CSEC population (Gerassi et al., 2017; O'Brien et al., 2019). A social worker's failure to effectively identify and engage a CSEC victim hinders their ability to provide appropriate services (De Vries et al., 2020). Moreover, victims require

multidisciplinary treatment from social workers to successfully integrate and provide appropriate services (Kenny et al., 2019).

When coming into contact with CSEC population researchers found the most effective intervention is motivational interviewing (Gerassi & Esbensen, 2021). Motivational interviewing is comprised of being collaborative, goal-oriented, and strength based while providing personal motivation, developing the youth's reasons for change and exhibiting acceptance and compassion. Social workers should engage youth with the use of open ended questions, move towards a focus of the youth making safer choices, and go at the youth's pace (Gerassi & Esbensen, 2021). The social worker should focus on hoped for changes and work through ambivalence (Gerassi & Esbensen, 2021). Motivational interviewing evokes and stimulates change talk while questioning and avoiding sustain talk. The social worker and youth work together to develop commitment and make a plan to follow through.

Theories Guiding Conceptualization

Ecological Model

Assessing the barriers social workers have when engaging CSEC will improve the youths' mental well-being in the United States, the Bronfenbrenner's Ecological Model can be used to enhance the understanding of ways to mitigate barriers. The Bronfenbrenner's Ecological Model (1979) provides perspective of how a child ecologically interacts within subsystems and its influence. This would

include social environment, socioeconomic status, health care, spiritual support, friends, family, governmental support, and community support. For example, the microsystem is the individual, the mesosystem can be natural supports, the exosystem can be the community, and the macrosystem can be government legislation (Bronfenbrenner, 1979). Orme and Ross-Sherriff's (2015) research suggest utilizing the subsystems approach to a multidisciplinary framework to serve CSEC would prevent compromise in service provisions. Law enforcement, social workers, health providers, legal services, and housing assistance could work together to provide needed resources to mitigate some of the needs of CSEC. Orme & Ross-Sheriff, 2015). Social workers should explore relationship based services while being trauma informed and slow and steady with the client.

Trauma Focused Cognitive-Behavioral Therapy

Trauma Focused Cognitive-Behavioral Therapy (TF-CBT) avoids traumatization by integrating awareness of what the client needs into policy and practice. This awareness would include not judging or shaming the client but rather being compassionate, empathetic, and respectful to their individualistic needs. While maintaining transparency, it encourages collaboration, trust, sense of safety, and empowerment for the client (Barnert et al., 2019). Social workers are expected to understand and effectively respond to the youth's behaviors and concerns. Due to trauma specific behaviors, the development and implementation of TF-CBT would address psychosocial difficulties experience by exploited by utilization of gradual exposure (Márquez et al., 2020).

When working with CSEC victims, social workers should know the definition of exploitations, legal protections, and use nondiscriminatory language that is culturally sensitive (Barnert et al., 2019). Social workers should know the difference between consensual sex acts and exploitive ones, be able to identify signs of exploitation or related risks factors, and know recruiting and grooming tactics. Social workers should avoid dispensing advice, having a directive approach, being an expert, being confrontational, assessing the youth out loud, and rushing to a focus (Basson et al., 2018). Social workers should emphasize replacing patterns of correction with patterns of protection including suggesting safer alternatives and making them feel seen and heard (Kenny et al., 2018). CSEC victims value mental health services including individual therapy and coping skills with providers that are nonjudgmental and exhibit some level of understanding of commercial sexual exploitation (Kenny et al., 2018).

Summary

Most of the peer reviewed research is limited and has been provided by service providers and is predominately exploratory in nature in regard to improving the mental well-being of CSEC. There is a lack of peer reviewed research that directly seeks to improve social worker engagement with at risk and CSEC victims.

Social workers improving the rapport and engagement with CSEC victims would support victims' ability to learn how to have healthy relationship patterns,

boundaries, and increase a child's desire and expectation of mental, physical, and sexual respect. Negative behaviors and trauma could be prevented from reoccurring if proper policies and legislation incorporated a developed universal multidisciplinary system for working with CSEC youth and combating their mental health concerns. A greater understanding of CSEC will provide a social worker a heightened desire to advocate for clients and raise awareness by educating others (Kenny et al., 2019).

CHAPTER THREE

METHODS

Introduction

This study describes social workers' most pertinent barriers to engaging Commercially Sexually Exploited Children (CSEC) and sought to identify the most effective practices currently used to improve engagement with this population. The subsections in this chapter detail the study design, sampling, data collection and instruments, procedures used, protection of human subjects, and data analysis.

Study Design

The purpose of this study was to identify and describe the barriers social workers face when engaging Commercially Sexually Exploited Children (CSEC) victims to provide appropriate mental health services or resources. Unlike previous research that identified barriers and risks factors with CSEC assessing mental health services, this study explored which practices work best to maintain the engagement and rapport with CSEC youth. Understanding and improving engagement with CSEC victims will in part alleviate the current mental health crisis in the United States. Due to limited research from the social worker's perspective, this was exploratory research using a mixed-methods research approach that consisted of a research survey. The self-administered survey

collected qualitative and quantitative data from social workers from several different agencies that encounter high risk children. All of the participants had diverse backgrounds and worked within different levels of services. The goal of the research was to inform social workers of the most effective practices available to combat barriers when engaging Commercially Sexually Exploited Children. The survey was distributed to different networks, such as reddit.com, instagram.com, and facebook.com. To increase participants, a scannable QR code was also shared amongst participants to share with others.

The survey described and explored the professional perceptions of several different agencies of social workers. A significant strength of the mixed method exploratory research approach is that the quantitative approach considered and correlated the social and psychological aspects of the barriers encountered and the effectiveness of practices used. The qualitative open-ended questions allowed participants to anonymously apply their own professional and personal expertise to identify new details on barriers and practices currently used with the CSEC population.

The purpose of the mixed method was to allow participants to be more forthcoming about their point of view that could lead to further follow-up research.

A limitation of using the survey was that it may have improperly influenced and distorted the reality of what the study intended to measure which was identifying the most prominent barriers and practices social worker's experience and utilize with CSEC victims. This may have led participants to have false

assumptions and bias when answering the questions. In depth interviews of the participants may be necessary in future research. A different limitation of the study was only using the perspective of social workers, which limited the number of respondents. Another limitation was that it did not include input from CSEC victims.

Sampling

The data collected from this study used a convenience sampling method using the recruitment method described earlier. Social workers from several agencies voluntarily completed the self-administered electronic mixed method research survey assessable through Qualtrics. When necessary, a letter of support and approval for participating social workers from government agencies and non-profit social service agencies was available to upon request. The insight of social workers was elicited for their expertise in directly coming into contact and working with Commercially Sexually Exploited Children (CSEC) victims with the goal of overcoming identified barriers and improving engagement to improve their mental wellbeing. The participants recruited from the researcher's personal and professional networks, including online, for their knowledge and experience working with the CSEC population. The selection criteria for this study required for participants to be professional social workers. Forty-eight participants completed the survey.

Data Collection

Quantitative and qualitative data of this study was collected from the participants that completed the survey. The questionnaire consisted of 33 questions (Appendix A). The survey consisted to two domains. The first part of the survey assessed social workers' level of preparedness and knowledge of the CSEC population using the ordinal level of measurement to collect quantitative data; which consisted of primarily Likert scale questions. The overall level of knowledge and preparedness was assessed along with the influence of the independent variables of years of experience as a social worker, current employment status, age, ethnicity identification, gender, and highest level of education. Examples of questions asked included "I am able to identify and assess current vulnerabilities CSEC are harmed or influenced by (considering common environmental or behavioral risk factors, and historical trauma)" and "I have a strong understanding of CSEC, including risk factors, characteristics, and behaviors."

The second part of the survey consisted of open ended questions to gather the perceptions of how social workers can improve engagement with the Commercially Sexually Exploited Children (CSEC) population to improve their mental health and the barriers they face. This set of questions collected qualitative data using the nominal level of measurement.

The survey and procedures were developed by the researcher with the assistance of faculty. The data was collected using an online questionnaire using

the *Qualtrics* survey system. At the beginning of the research survey, demographic information collected included age, gender identification, ethnicity identification, achieved education level, current field/practice position, years of current field/practice experience, and amount of time they have worked with the CSEC population.

In this research study, the dependent variable utilized was the social worker's level of knowledge and experience working with the CSEC population. A social worker's knowledge about the CSEC population is based on having training, their ability to identify risk factors, and being able to successfully engage the population despite some barriers. The independent variables were the demographics, including level of experience, of the social workers that participated in the survey. The qualitative data gained from the survey identified common themes to better understand how social workers can meet the needs of the CSEC population, especially regarding their mental health needs and support. Identifying the correlations between social worker's readiness to engage CSEC, their perception of CSEC, and current effective approaches used with the population can be implemented by other social workers in field/practice. The hypothesis of the study is that if a social worker has fundamental knowledge of CSEC, they can improve engagement with them to improve the youth's mental well-being.

A limitation of the of the study is it may have provided an incomplete understanding of how social workers can improve engagement with CSEC and

improve their mental wellness, as further explanation is needed. Due to the use of the non-standardized questionnaire, the research survey was pretested and tested for reliability with a mock test where feedback was provided to the researcher by a participant. A strength of the questionnaire was that it provided social workers with a description of effective engagement tools when coming into contact with CSEC youth that will better equip the social workers to assess, identify, and take preventative action when encountering the population in the field/practice.

Procedures

The participants were recruited from the researcher's personal networks, professional networks, and online, for their knowledge and experience working with the Commercially Sexually Exploited Children (CSEC) population. The questionnaire was distributed to all volunteer social workers from various agencies via an email link sent to the participant's email address. The email sent included: an introduction, description of the study and its purpose, informed consent, and proposed deadline. The questionnaire link in the email redirected the participant to the *Qualtrics* website to have their responses recorded. During this study, all participants were informed that their participation was voluntary, and no incentives were provided. Identifying information about the participant and their former or current clients was not collected; therefore, it remained

anonymous. Data obtained from the questionnaire was destroyed at the conclusion of the data analysis.

Protection of Human Subjects

For this study, there were no foreseeable risks to the participants. Social workers volunteered on their own free will. All participants indicated their agreement to participate in the study by reading the consent included in the email, in its entirety, as required. An application to the Institutional Review Board (IRB) of California State University, San Bernardino was submitted for safe measure. The protocol was approved as exempt by the IRB. Letters of approval were available upon request from IRB and the participating human services agencies. To ensure the mitigation of any coronavirus 2019 exposure during the global pandemic, this study was completed virtually with no in person contact with participants.

Data Analysis

The survey is a research questionnaire comprised of two domains. The data collected from participants using Qualtrics was downloaded and exported to SPSS to be analyzed. The scale measured the social workers level of preparedness, knowledge, and ways to improve engagement with the population. The scale used was tested for alpha reliability correlations for internal consistency. The ordinal level of measurement of the first domain assessed how

a social worker's level of readiness to engage Commercially Sexually Exploited Children (CSEC) correlated with having a knowledge of CSEC risk factors, vulnerabilities, and preparedness. Demographics were used for descriptive analysis. The nominal level of measurement of the second domain assessed the correlation of social workers' perceptions of their barriers when engaging, how it affected maintaining rapport with CSEC, and what current approaches social workers find most effective when engaging with CSEC victims using thematic analysis. In this study, the social worker's readiness to assess, identify, and engage CSEC victims influences the effectiveness of the practices used when engaging and building rapport with CSEC victims.

Summary

This study examined the social workers' knowledge and preparedness, and most pertinent barriers to engaging with Commercially Sexually Exploited Children (CSEC) and identified the most effective practices currently used to improve engagement with this population. The research survey can be used to broaden social workers' understanding of overcoming barriers when engaging CSEC in field or practice during a mental health crisis, such as the current Coronavirus 2019 pandemic. The mixed-method design used entailed volunteer participants completing a *Qualtrics* survey that was received via online on [Reddit.com](https://www.reddit.com), [facebook.com](https://www.facebook.com), [instagram.com](https://www.instagram.com), or by scanned and shared QR code.

CHAPTER FOUR

RESULTS

This chapter provides an overview of the results and the analysis of the research conducted. This chapter will contain the detailed report of the data collections, descriptive statistics, and thematic analyzation of the data collected. This chapter will summarize the results of the survey themes such as social worker knowledge, preparedness, barriers, and perceptions on how to improve engagement with the CSEC population. Results of tests of any influence of background variables will also be presented.

Demographics

The sample size consisted of forty-eight participants recorded through the Qualtrics survey. After collecting all the quantitative and qualitative data from each participant, a thorough data examination and cleaning process was needed in order to qualify the validity of the testing. This process resulted in thirty applicable social worker respondents who are currently employed. The sample size consisted of more females (93.3%) than males (6.7%). The social workers' years of experience reported by the participants ranged from 0 to 20 years. Approximately half had zero to five years of experience as social workers whereas the other half had six or more years. The social worker's years of experience reported specifically with the CSEC population averaged approximately six years, with an average of four years spent in the field. Twelve

of the participants' age ranged from twenty five to thirty years old, whereas eighteen participants' age ranged from thirty one to fifty eight years old.

In regard to ethnic identification, 30% were African American, 30% were Hispanic, 23.3% were Caucasian, 10% were of mixed descent, and 6.7% identified as other. Other consisted of one person identifying as Asian Indian and the other as White Hispanic (See Table 1). In regard to education, 50% of the participants reported to have a Masters of Social Work, 26.7% had an undergraduate degree, 16.7% had a different specified education, and 6.7% possess a doctoral degree. For the different specified education category, five people reported to individually have a Masters in Higher Education, Masters in Counseling Psychology and Forensic Psychology, Masters in Public Administration, License in Marriage and Family Therapy, and a current Master in Social Work student.

Table 1: *Participant's Demographics (N=30)*

Demographic Variable	Frequency (N)	Percentage (%)
<u>Years of Experience</u>		
0-5 Years	15	50.1%
6-20 Years	15	49.9%
<u>Age</u>		
25-30 Years	12	40.0%
31-58 Years	18	59.7%
<u>Ethnicity Identification</u>		
White/Caucasian/European-American, etc.	7	23.3%
African-American/Black, etc.	9	30.0%
Hispanic-American/Latinx, etc.	9	30.0%
Mixed Race/Biracial/Triracial, etc.	3	10.0%
Other (Specified)	2	6.7%
<u>Gender</u>		

Male	2	6.7%
Female	28	93.3%
<hr/>		
<u>Education</u>		
Undergraduate	8	26.7%
Masters of Social Work (MSW)	15	50.0%
Doctoral	2	6.7%
Other (Specified)	5	16.7%

The Survey

The first domain of the survey was to measure social worker's knowledge and preparedness to engage with the CSEC population. To increase validity of the data analyzation, 10 surveys that had missing quantitative answers were removed. Another survey was removed due to the participant reporting their age as five years old in error. Another seven surveys were removed because they were not social workers. After this final step in cleaning the data and prepping its integrity to use under statistical plots, 30 total respondents were left.

The Likert scaled questions were tested as in two groups for reliability. The risk factor questions (4) as a group had a high alpha reliability of .784. The six engagement questions had a low to moderate alpha reliability of .483. It was decided to analyze the results of each question separately rather than creating scales.

The first step to trying to relay any correlative behavior between the engagement of CSEC children by social workers is by understanding a few key demographic factors that can play a major role to the success of the social

worker's mission. Experience, age, ethnicity identification, gender, and education all are key demographics social workers possess which have made them the ideal traits to use as the independent variables in this testing sequence, given the fact that they will determine the outcome of how each person in the sample reacts to the field initiatives. In order to create functioning dependent variables that would be determined by each demographic given, a simple set of questions were prepared to test amongst four basic characteristics that professional social workers which included the level of their knowledge, training, risk factors, and engagement.

The first domain of the survey asked eleven questions that allowed participants to delegate between seven different answers that measured their preparedness to engage the CSEC population. It included questions on inquiring about the social workers' knowledge of risk factors, if training was taken and was helpful, and the social workers' attitudes and perceptions about engagement. The answers being (1) Strongly Disagree, (2) Disagree, (3) Somewhat Disagree, (4) Neither Agree or Disagree, (5) Somewhat Agree, (6) Agree", and (7) Strongly Agree. Testing against these variables yielded some critical test results reflecting the validity or rejection of how social workers can improve engagement with the CSEC population to improve their mental well-being utilizing a mixed method survey.

The test results generated by SPSS's software yielded values in reference to the dependent variables which will be discussed using mean scores and

frequency distributions for each question, shown in Table 1. The Likert scaled variables had provisions of frequency total, range of data, minimum and maximum frequencies, variance, median, average (mean), standard deviation, and also skewness and standard error of skewness as shown in Table 2. The Likert scaled questions were testing for training experience (T#), risk factor knowledge (RF#), and engagement perception (E#) as indicated in Table 2. In regard to engagement, the data reflects those social workers knew how to recognize risk factors and acknowledged a thorough assessment is needed to assess a child for CSEC resulting in the mean scores of 6.37. It was interesting that the lowest mean score was for the question asking if the social worker received specific training for the CSEC population that resulted in 3.53. This was indicative of why the results found that thirteen respondents did find training helpful compared to the seventeen respondents who either did not participate in training or was not offered training by their agency. The average number of trainings social worker participated in were at least three. Another relatively low mean score of 4.93 was indicated for the question that social workers engaging with the CSEC victims improves their mental well-being. Forty percent neither agreed or disagreed.

Table 2: *Dependent Likert Scaled Frequencies*

Dependent Variable		Frequency (N)	Percent (%)
14 - T3) At the current agency I work for, I was provided with specific training and resourceful information to work with the CSEC population.	Strongly Disagree	5	16.7%
	Disagree	5	16.7%
	Somewhat Disagree	4	13.3%
	Neither Agree or Disagree	5	16.7%

	Agree	7	23.3%
	Strongly Agree	4	13.3%
10 - RF1) I have a strong understanding of CSEC, including risk factors, characteristics, and behaviors.	Strongly Disagree	1	3.3%
	Disagree	1	3.3%
	Somewhat Disagree	1	3.3%
	Somewhat Agree	9	30.0%
	Agree	11	36.7%
	Strongly Agree	7	23.3%
11 - RF2) I can identify risk factors for the CSEC population. (Considering common environmental or behavioral risk factors and historical trauma)	Strongly Disagree	1	3.3%
	Disagree	2	6.7%
	Somewhat Agree	7	23.3%
	Agree	13	43.3%
	Strongly Agree	7	23.3%
12 - RF3) I am able to identify and assess current vulnerabilities CSEC are harmed or influenced by. (Considering common environmental or behavioral risk factors and historical trauma)	Strongly Disagree	1	3.3%
	Disagree	2	6.7%
	Somewhat Disagree	1	3.3%
	Somewhat Agree	8	26.7%
	Agree	12	40.0%
	Strongly Agree	6	20.0%
20 - RF5) Negative family dynamics, unstable housing, and child maltreatment contribute to the likelihood of a child becoming a part of the CSEC population.	Neither Agree or Disagree	1	3.3%
	Somewhat Agree	3	10.0%
	Agree	10	33.3%
	Strongly Agree	16	53.3%
17 - E1) I feel comfortable engaging and interviewing a child who has been sexually exploited.	Strongly Disagree	1	3.3%
	Disagree	2	6.7%
	Somewhat Disagree	1	3.3%
	Neither Agree or Disagree	2	6.7%
	Somewhat Agree	4	13.3%
	Agree	16	53.3%
	Strongly Agree	4	13.3%
18 - E2) Completing a thorough assessment in order to determine if a child is CSEC or at risk is important.	Strongly Disagree	1	3.3%
	Somewhat Agree	2	6.7%
	Agree	9	30.0%
	Strongly Agree	18	60.0%
22 - E4) Social workers engaging with CSEC victims improves their mental well-being.	Somewhat Disagree	1	3.3%
	Neither Agree or Disagree	12	40.0%
	Somewhat Agree	8	26.7%
	Agree	6	20.0%
	Strongly Agree	3	10.0%
23 - E5) When engaging and assessing a client, I am comfortable asking a client if they are forced to do anything that they have not wanted to do or perform.	Neither Agree or Disagree	2	6.7%
	Somewhat Agree	4	13.3%
	Agree	17	56.7%
	Strongly Agree	7	23.3%
24 - E6) I have received pushback or unresponsiveness from CSEC victims when engaging them.	Disagree	2	6.7%
	Somewhat Disagree	1	3.3%
	Neither Agree or Disagree	3	10.0%
	Somewhat Agree	6	20.0%
	Agree	13	43.3%
	Strongly Agree	5	16.7%
25 - E7) Explosive outbursts, dysregulated emotions, and	Strongly Disagree	1	3.3%
	Disagree	2	6.7%

impulsiveness is associated with CSEC behaviors and make it difficult for a social worker to maintain engagement with the population.	Neither Agree or Disagree	7	23.3%
	Somewhat Agree	2	6.7%
	Agree	14	46.7%
	Strongly Agree	4	13.3%

Most social workers were knowledgeable of risk factors for the population by responding agree or strongly agree, as shown in Table 2. However, about one-third of the respondents said they had not been provided with CSEC specific training or resource information. Social workers were able to acknowledge barriers when engaging the population including maladaptive behaviors and dysregulation of emotions. Social workers were able to acknowledge CSEC victims often intentionally omits pertinent information when engaging with them. When asked if prostitutes are victims of being sexually exploited and/or trafficked all 30 social workers answered yes.

Overall, despite most respondents not having CSEC specific training (63%), most social workers felt comfortable engaging with the CSEC population and were knowledgeable and prepared to engage with the population (79.9%). Most agreed (96.7%) that a thorough assessment should be completed in order to determine if a child is CSEC or at risk is important.

The second domain of the survey consisted of eight open-ended questions to measure perceptions of how social workers can improve engagement with the Commercially Sexually Exploited Children (CSEC) population to improve their mental health and the barriers social workers face. This domain was analyzed using systematic thematic analysis (see Table 3).

Fifteen of the thirty respondents completed this section; however, twenty-eight responses presented no answer or was not applicable for the social workers service delivery to the population.

Table 3: *Study of Major Themes in Open Ended Questions*

Themes	Description
Theme 1	<p>Addiction</p> <p>Substance use addiction was identified as a risk factor for CSEC victims. Substance use was also identified as a barrier for social worker engagement. Substance abuse treatment would be a needed resource to offer CSEC victims during engagement.</p>
Theme 2	<p>Unmet needs of the CSEC population</p> <p>Unmet needs of CSEC victims included but was not limited to the need for housing, food, resources, support, protection, adequate adult supervision, medical services, and safety. Unmet needs are often associated with marginalized groups and lower socioeconomic statuses.</p>
Theme 3	<p>Mental Health</p> <p>Mental health concerns that may interfere with engagement of social workers included but was not limited to conditioning, brainwashing by traffickers, maladaptive behaviors, experiences of trauma, experiences of abuse, being unable to cope with stigma and shame, and not being trusting of others.</p>
Theme 4	<p>Best practice to improve engagement</p> <p>To improve engagement, social workers recommended the use of techniques, approaches, and interventions to meet the needs of CSEC victims. This included the use of mindfulness in the treatment of clients, building rapport, and providing a safe space.</p>
Theme 5	<p>Trainings</p> <p>Many social workers felt engagement was difficult with CSEC victims because no formal and thorough training was offered to them to improve engagement.</p>

There were five themes that emerged for how to improve engagement with the CSEC population (see Table 3). The first is addiction which is comprised of compulsive drug seeking despite continued use leading to harmful consequences for the CSEC victim. Social workers identified addiction as a known risk factor five times. This indicated CSEC victims are at higher risk to participate in sexual exploitation due to them seeking drug use or money to obtain drugs. Two social workers indicated drug use could be a barrier in engaging the CSEC victims due to them being intoxicated and not willing or unable to engage with the social worker. Three social workers suggested providing substance abuse resources, such as “substance abuse treatment”, during engagement would be helpful to improve engagement with the population and to resolve an unmet need.

The second theme identified a wide range of unmet needs for the CSEC population acknowledged by social workers. The unmet needs mentioned included basic needs such as food, clean clothes, water, stable and adequate housing, and safety. These same concepts are often used by traffickers to entice children to be sexually exploited. Providing access to these resources was mentioned as “a way to improve engagement when coming into contact with the population” and meeting the child’s needs outside the enticement of sexual exploitation. Eleven social workers mentioned unstable housing and homelessness as a risk factor that could lead to sexual exploitation and social workers’ input included it may be associated with abuse, trauma, domestic

violence in the home, substance use in the home, dysfunctional households, and placement in foster care. Nine social workers recommended providing safe and supportive housing and/or trauma informed foster care placements as resources during engagement to meet the unmet need. Two social workers recommended if the children are placed in foster care, it is most appropriate not to place the children in youth shelters and group homes because it is easily accessible to traffickers.

Lack of supervision and support was also considered an unmet need from CSEC victims' parents, families, and their communities; it was mentioned seven times as a risk factor for a child to become CSEC and was mentioned twice as a barrier in social worker engagement. One social worker stated that CSEC victims not having "structure, parents, or support, and coming from low income families" were risk factors. Another social worker stated "minors talking on the phone at odd hours, having inappropriate conversations, and sending nudes to others" were risk factors for becoming trafficked due to lack of supervision. Social workers stated that marginalized groups have an increased risk of being trafficked that would include children that live in poverty, foster care, and/or are a part of the LGBTQ populations; it was mentioned seven times. Social workers recommended providing employment resources, CSEC survivor peer advocates, medical services ("reproductive care and screenings"), family finding services, and mentors to positively support this group of children during engagement.

For the third common theme, mental health, was listed due to the complexity of experiences the CSEC population encounter. Unmet mental health needs were considered risk factors for children becoming CSEC included experiencing or being exposed to trauma, domestic violence, and child maltreatment. General child maltreatment was mentioned four times, neglect was mentioned twice, sexual abuse was mentioned five times, and domestic violence was mentioned once by respondents. These experiences can be difficult for children to cope with. Stigma, shame, unresolved mental illness, and trust was identified as barriers for CSEC victims during engagement with social workers and mentioned several times. According to reporting social workers, this could be correlated to them not feeling safe, not feeling protected, and/or judged.

Victims are often “resistant” about engaging with social workers because of fear of their trafficker, having loyalty to their trafficker, or enticed to continue in the “lifestyle”. Social workers stated that providing trauma informed engagement approaches and services would combat the barrier in engagement with the population. This would include counseling, crisis intervention, and early intervention to combat the complex trauma experienced and the “brainwashing” done by traffickers. The need for appropriate mental health approaches was mentioned thirteen times, seven of those suggested to be a resource provided during engagement.

The fourth theme identified several best approaches social workers can use during engagement with the population. The most identified was engaging

and building rapport, which was mentioned eleven times. This included the mention of social workers having awareness, respect, empathy, compassion, networking skills, and being supportive of the CSEC victims' story and history during engagement.

Therapeutic approaches included using motivational interviewing, mentioned three times, using the person centered approach, mentioned two times, using the strength based perspective, being solution focused, and using biopsychosocial interviewing skills. The data presented that being trauma informed, using active listening, and providing a safe, non-judgmental space would improve engagement to support the CSEC victims' mental well-being. To build a "quality" therapeutic alliance, social workers should present themselves as open minded, accepting, and should be aware of their own biases as this could present as a barrier during engagement. Social workers indicated that CSEC victims want to "feel heard" but are open to having a "safe space to heal", as two social workers mentioned.

Three social workers mentioned meeting the CSEC victim where they are and being mindful of a child's vulnerability. In regard to language, one social worker stated being "honest, straight forward, and using a language that matches their maturity level". Four social workers individually mentioned making "multiple attempts", "being available", "following up with the client" and "using multiple approaches to engage the child until it works." Five social workers indicated that social workers should be aware of the population's tendency to be "slow to

engage” and be aware of “maladaptive behaviors” due to them being enticed by the lifestyle due to “choice, force”, or being motivated by “love, security, escape”, “money, and freedom.”

The fourth and final theme indicated in the data was the lack of training offered or available within their agencies or the agencies they worked with. Training was identified eleven times, with four being mentioned as a way to improve engagement for the CSEC victims’ mental wellbeing. One social worker indicated they were “not offered formal training at all”, despite having nine years of experience working with the population. Another social worker indicated that placement or housing agencies they work with do not have “trauma informed training” which can be a barrier during engagement if housing resources are a need for the child. One social worker identified themselves as a barrier because they may be viewed as an authoritative figure. Two social workers suggested more training should be offered within the legal system.

One of the qualitative questions asked if social workers “noticed any significant changes when engaging the CSEC population during the COVID-19 pandemic. The data showed there was not a significant difference during the pandemic when engaging the population, as they are difficult to engage anyway.

T-Testing

T-Tests were ran for each independent variable (demographic) for the dependent variable survey questions to run independent samples in order to

compare each level of knowledge to different years of experience, ages, ethnicity identifications, genders, and educational levels. Each individual T-Test generated was in reference to comparing two groups from the independent variables given. Experience was compared to those with five or less years as opposed to those with more than five years' experience. Age was compared to those who were thirty years old and under as opposed to those who were over thirty years of age. Ethnicity identification was compared from "White/Caucasian/European-Americans" as opposed to all other ethnic identities given in the survey. Gender compared against the two male and female classifications. Lastly, education compared to those that have less than a Master's degree as opposed to those with a Master's degree or higher.

Table 4: T-Tests for the Quality of Means for Education, Gender, Ethnicity Identification, and Age

Question		Significance: Education One sided P	Significance: Gender One sided P	Significance: Ethnicity Identification One sided P	Significance: Age One sided P
How long have you worked with children that are at-risk to be sexually exploited or are victims of sexual exploitation? (Please specify in years)	Equal variances assumed	.463	.270	.451	.002
	Equal variances not assumed	.466	.137	.453	<.001
How many years of field/practice have you had working with the CSEC population? (Please specify in years)	Equal variances assumed	.338	.406	.069	.002
	Equal variances not assumed	.314	.359	.150	<.001
At the current agency I work for, I was provided with specific training and resourceful information to work with the CSEC population.	Equal variances assumed	.131	.108	.178	.231
	Equal variances not assumed	.113	.171	.212	.225
I found the CSEC training beneficial or helpful.	Equal variances assumed	.016	.065	.458	.084
	Equal variances not assumed	.013	<.001	.460	.092
How many trainings about Commercially Sexually Exploited Children (CSEC) have you completed? Please specify using numbers:	Equal variances assumed	.177	.441	.269	.313
	Equal variances not assumed	.078	.429	.281	.321

Is there a specific protocol for investigating CSEC within the agency you currently work for?	Equal variances assumed	.214	.345	.059	.500
	Equal variances not assumed	.224	.433	.039	.500
I have a strong understanding of CSEC, including risk factors, characteristics, and behaviors.	Equal variances assumed	.145	.487	.008	.124
	Equal variances not assumed	.076	.478	.086	.136
I can identify risk factors for the CSEC population. (Considering common environmental or behavioral risk factors and historical trauma)	Equal variances assumed	.254	.340	.001	.251
	Equal variances not assumed	.168	.362	.044	.239
I am able to identify and assess current vulnerabilities CSEC are harmed or influenced by. (Considering common environmental or behavioral risk factors and historical trauma)	Equal variances assumed	.417	.289	.006	.231
	Equal variances not assumed	.399	.317	.062	.230
Negative family dynamics, unstable housing, and child maltreatment contribute to the likelihood of a child becoming a part of the CSEC population.	Equal variances assumed	.166	.407	.033	.378
	Equal variances not assumed	.228	.412	.005	.388
I feel comfortable engaging and interviewing a child who has been sexually exploited.	Equal variances assumed	.242	.439	.428	.372
	Equal variances not assumed	.250	.395	.441	.389
Completing a thorough assessment in order to determine if a child is CSEC or at risk is important.	Equal variances assumed	.491	.223	.049	.119
	Equal variances not assumed	.488	.003	.169	.189
When engaging CSEC victims, are you knowledgeable or acknowledge if and when the youth intentionally omits pertinent information? (Including but not limited to all or any personal identifiable information)	Equal variances assumed	.365	.178	.207	.208
	Equal variances not assumed	.365	<.001	.236	.197
Social workers engaging with CSEC victims improves their mental well-being.	Equal variances assumed	.171	.106	.085	.280
	Equal variances not assumed	.188	<.001	.126	.282
When engaging and assessing a client, I am comfortable asking a client if they are forced to do anything that they have not wanted to do or perform.	Equal variances assumed	.193	.477	.260	.011
	Equal variances not assumed	.126	.412	.305	.020
I have received pushback or unresponsiveness from CSEC victims when engaging them.	Equal variances assumed	.127	.263	.191	.130
	Equal variances not assumed	.074	.011	.218	.183
Explosive outbursts, dysregulated emotions, and impulsiveness is associated with CSEC behaviors and make it difficult for a social worker to maintain engagement with the population.	Equal variances assumed	.067	.270	.376	.343
	Equal variances not assumed	.024	.177	.398	.331

Each grouping showed that the significant p-values generated, in Table 4, indicated groups were in fact similar in many areas pertaining to each question, and in agreeance with the hypothesis. This ultimately meaning that the difference in demographics does greatly affect the sample survey on the level of knowledge assessment that was tested. Results indicated that those with more experience and practice was more knowledgeable and prepared to work with the population than those that had CSEC specific training. Ethnicity also seemed to have an influence for some items; however, there were often inconsistent test results depending on the assumption of equal variances. Results indicated those with less CSEC specific training found that a thorough assessment should be done when engaging the population, despite most social workers not having a specific protocol or assessment.

Summary

A survey was developed and made available in an online format using Qualtrics. Participants were recruited from the websites of Reddit, Facebook, Instagram, and was shareable with a QR code associated with the Qualtrics URL link. A total of forty-eight responses were recorded, of those, thirty participants completed the quantitative portion of the survey, and, of those, fifteen completed the qualitative portion of the survey.

The survey measured themes such as social worker knowledge, preparedness, barriers, and perceptions on how to improve engagement with the

CSEC population to improve the population's mental well-being. The quantitative data showed that social workers were prepared and highly knowledgeable of risk factors for the population. However, social workers collectively agreed more adequate training is needed to properly engage the population, which was seen as a significant barrier. The qualitative data allowed social workers to suggest multiple approaches to improve engagement with the population with themes of addiction, unmet needs, mental health, best practice for engagement, and training.

CHAPTER FIVE

DISCUSSION

Introduction

The purpose of this chapter is to interpret and extrapolate from the results and analysis of the research conducted. This chapter will conclude with implications of how social workers can improve engagement with the Commercially Sexually Exploited Children (CSEC) population. It will include subsections detailing the summary of results, limitations of the study design, and recommendations for future Social Work Practice and Research.

Discussion

The purpose of the study was to explore how social workers can improve engagement with Commercially Sexually Exploited Children (CSEC) to improve the youth's mental well-being. The study intended to measure the social workers level of preparedness, knowledge, and ways to improve engagement with the population. Overall, the data provided practical need suggestions, emotional and therapeutic suggestions, program suggestions, and policy suggestions.

Practical Needs Suggestions

Findings from the qualitative data collected supported past research by indicating that social workers have to meet the need of the CSEC victim during engagement and mitigate barriers. For example, from the data collected, social workers recommended that providing a resource such as substance abuse

treatment could combat the barrier of addiction when engaging with a CSEC victim. Meeting the child's other unmet needs included but was not limited to the basic needs of food, clean clothes, water, stable and adequate housing, and safety. CSEC victims often lack adequate support and supervision, social workers recommended providing them with supportive and goal oriented resources, services, and additional support. Additional support included linkage to employment resources, CSEC survivor peer advocates, mentors, access to medical services, and family finding services.

Understanding the complexity of needs for the CSEC population will allow social workers to better serve and address their needs. Something as simple as modeling self-respect, healthy relationships patterns, and boundaries can increase a child's desire and expectation of mental, physical, and sexual respect and counteract detrimental effects.

Emotional and Therapeutic Suggestions

CSEC victims are often slow to engage with social workers, have unresolved trauma, and maladaptive behaviors making their needs complex. According to the data presented, to meet CSEC's mental health needs social workers recommended building a strong therapeutic alliance entailing trust, safety, non-judgement, and allowing the client to feel heard in order to improve engagement. From the qualitative data collected, social workers stated that providing trauma informed engagement approaches and services would combat the barrier in engagement with the population. This would include trauma

informed cognitive behavioral therapy, motivational interviewing, the person centered approach, the strength based perspective, being solution focused, using biopsychosocial interviewing skills, and working through ambivalence of the client. According to other researchers, before sexual exploitation, children do not exhibit unique mental health or behavioral needs but after, they exhibit complex issues including hypervigilance, school attendance, substance use, running away, and developmentally inappropriate sexual behaviors (Basson et al., 2018).

Despite social workers reporting “engaging with the CSEC population improves their mental health” as inconclusive, social workers are often on the front lines to help, serve, and engage the child who may be at risk or a victim. Social workers would have to be equipped with the skillsets to not make the child feel isolated, supporting the child’s cognitive processes, mental stability, emotional regulation, social awareness, and providing alternative choices and solutions. This could be achieved by enhancing the child’s problem solving skills, coping skills, developmental capacities, and “building a strong therapeutic alliance.” Social workers can engage the child, at the child’s pace, to discover what motivates them and what they want out of life. Respondents reported having an “unconditional positive regard, meeting the clients where they are”, and “validating them” would benefit the child’s emotional needs to improve engagement with social workers and meet their needs.

Program Suggestions

According to the findings of the qualitative data, ongoing specialized training for all service providers should be implemented in all agency settings that come into contact with children. This would increase the quality of care to the CSEC population. Using the quantitative survey questions that inquired about knowledge and preparedness and responses to demographics, the results yielded signified that social workers are highly knowledgeable of CSEC risk factors and are prepared to engage with the population. With findings indicating that experience outweighed training opportunities, training remained a high need for social workers.

Social workers need training that increases their awareness by practicing identifying risk factors, conducting proper assessments, using appropriate screening tools, reporting victims to the appropriate entity so that they can be tracked, learning traffickers' recruiting and grooming tactics, and learning effective engagement approaches. This would include learning not to mimic protective and coercive tactics that traffickers use when engaging the youth in attempt to provide services or the social worker learning to be mindful of their own reactions, being aware of countertransference, and maintaining an open stance. One social worker respondent stated that "hearing their stories" would be a great asset, this could be included in training by a video or documentary being watched, or the presence of a guest speaker that is a CSEC survivor. A social worker should be prepared with an up to date definition of exploitations, legal

protections, and know how to use nondiscriminatory language that is culturally sensitive.

Based on the findings, trauma informed training would educate social workers and other service providers to create and promote an inclusive safe space where the CSEC population can seek refuge, share their stories, and be provided with immediate care that effectively responds to their needs. Other than social workers, service providers include school staff, law enforcement, the juvenile court system, substance abuse service providers, mental health service providers, placement and housing agencies, and employment agencies. This could be achieved through a multidisciplinary interagency approach. Using a multidisciplinary interagency approach would be a holistic approach across systems with shared goals. This could increase the ability to cross report information on a CSEC victim, implement a better recovery care model to the victim and/or their supports, and increase access to appropriate service provisions and resources.

Policy Suggestions

The findings of the data indicated that more change in policy is needed for the CSEC population, as one social worker indicated “the community can be the biggest barrier”. Due to the underground nature of sexual exploitation, stigma, blame, shame will equate to more secrecy. Change needs to occur in regard to increasing awareness of sexual abuse with education, possibly through media, continuing to further legal protections against discrimination related to the

population, and preventative action for at-risk youth. Victims of sexual exploitation need the opportunity for development including learning from their mistakes and not being criminalized. A rehabilitative and protective approach should be taken as indicated by multiple social workers acknowledging that children are a vulnerable population.

The CSEC population requires advocacy that will diffuse social oppressors and negative societal factors. Therefore, more policies should be implemented for all social workers to be prepared to engaged with the CSEC population as they require immediate and long term treatment. A policy implementing a universal multidisciplinary system working with at risk youth and CSEC victims could prevent children's negative behavior, experiences, and trauma from being recurrent.

Limitations of Study Design

The research study design had many characteristic shortcomings. The sample size was relatively small. Originally there were forty-eight respondents, of which twelve accessed the survey using a shareable QR code linked to Qualtrics, whereas thirty six accessed the survey online via Reddit, Facebook, or Instagram. Ten surveys were left blank or only the demographic questions were answered. Only thirty respondents identified themselves as "social workers" and answered the quantitative questions of the survey; moreover, of those only fifteen respondents answered the qualitative open-ended questions.

The small number of respondents may depict a sample bias due to the data not being able to be generalized with other fields of study other than social work. In addition to, no question in the survey solicited information regarding where the social worker was currently employed; therefore, the survey achieved anonymity but was unable to gauge what agencies the social workers were reporting from. A larger sample and data collection would be required to measure significant differences in perceptions, readiness, and how to improve engagement. Another limitation was that there were more female respondents than males (14:1). Increasing male participants could have prompted a significant difference in barriers and perception.

Another limitation was that social desirability bias may have been present due to there being no control for possible bias in responses provided, especially for the collection of qualitative data. Due to the survey being of exploratory design, the data collected was highly subjective and lacked standardized analysis. Another limitation was the statistical analyses was distorted due to the question styles not being consistent throughout the survey.

Recommendations for Social Work Practice and Research

In regard to social work practice recommendations, social workers should be provided with adequate training regarding the CSEC population before engaging with them. Results indicated that social workers were able to engage with the population based on experience however they desired more training.

Training should be included in policy to ensure the social worker is equipped and prepared with knowledge to appropriately and effectively engage with the population. With knowledge being based primarily on experience, training could provide social workers with up to date approaches and techniques rather than trial and error experiences in the field. One of the respondents stated that social workers should do “research” on current relevant information which would improve their engagement.

In regard to future social work research, the findings of this study can help social workers improve engagement with the CSEC population; however, this study would have benefited from the input of current or past CSEC survivors. Future research should include a more diversified sample including the categorization of agencies the social worker is working for and get input from more male social workers. More research could also go into how to cross report a CSEC victims’ information across agencies to better meet their needs. More concise research could measure which evidence-based practices work best with the population and how to effectively use them, even if interchangeably. To expand on findings, in depth interviews could be conducted with social workers. Social workers could really benefit from the development of a multidisciplinary interagency screening, assessment, and tracking system. As a social worker, other research could include how increase social change towards eliminating buyers and sexual exploiters all together.

Conclusion

This study explored the preparedness and knowledge social workers have to engage the CSEC population in addition to gaining perceptual insight about the most effective approaches and interventions used to improve engagement. Thirty social workers provided insightful responses to an online survey. They were able to identify risk factors of the CSEC population, engagement barriers, and provided recommendations on current best practices to improve engagement despite most social workers not having training. Social workers that participated in the study reported that overall experience provided them with overall knowledge about the population; however, they were highly interested in training, which some agencies did not offer. Due to the limited information provided by the results of the online survey, further exploration and future research is necessary.

APPENDIX A
INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate is designed to assess how social workers can improve engagement with Commercially Sexually Exploited Children (CSEC) to improve the youths' mental well-being during the Coronavirus 2019 (COVID-19) pandemic. The study is being conducted by Kennisha Lesley, a graduate student, under the supervision of Dr. Armando Barragan, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

PURPOSE: The purpose of the study is to assess how social workers can improve engagement with Commercially Sexually Exploited Children (CSEC) to improve the youth's mental well-being during the Coronavirus 2019 (COVID-19) pandemic.

DESCRIPTION: Participants will be asked to answer a list of questions on a survey to assess social workers' readiness to identify, assess, and engage Commercially Sexually Exploited Children (CSEC), their perception of barriers in engagement, and inquire about current effective practices in use to increase rapport and promote mental well-being of the population. Demographic information will also be collected.

PARTICIPATION: Participation in this study is completely voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY: The information obtained from this study will remain anonymous as the responses to the survey will not be linked to the person completing the survey in any form.

DURATION: The survey will take approximately 15 minutes to complete.

RISKS: There are no anticipated risks from completing this survey. However, in the event that you feel uncomfortable answering any of the questions, you may skip the question or terminate your participation in the study.

BENEFITS: Although there is no direct benefit to participants, the study will generate valuable results to increase current knowledge in the area of social worker engagement with the CSEC population.

CONTACT: If you have any questions related to the study, please contact Dr. Smith at (909)537-3837.

RESULTS: The findings from the study can be obtained by accessing CSUSB's Pfau Library ScholarWork Database (<http://scholarworks.lib.csusb.edu/>) after July of 2022.

I understand that I must be 18 years of age or older to participate in your study. I read and understand the consent document and agree to participate in your study.

APPENDIX B
DEMOGRAPHICS

DEMOGRAPHICS

Current Social Worker: Yes, No

Years of Experience in Social Work: Fill in - varied

Current Employment Status: Not working, Working, Part-time/On-Call

Age: Fill in - varied

Ethnicity: Caucasian, African American, Latinx, Asian, Mixed, Other

Gender: Male, Female, Other

Education: High School, Undergraduate, MSW, Doctoral, Other

Years of Experience Working with CSEC: Fill in – varied

Years of Field/Practice with CSEC: Fill in - varied

APPENDIX C
SURVEY

Social Workers Engaging the CSEC population
SW's Background, Experience, and Readiness to engage the CSEC population

1. Is your current profession a social worker/social work practitioner?
 - a. Yes
 - b. No
2. How many years of past experience do you have in social work?(Please specify in number of years):
3. What is your current employment status?
 - a. I am currently not working
 - b. I am currently full-time
 - c. I am currently part-time/on-Call
4. What is your current age in years? (Please specify in years):
5. What race(s) do you identify with?
 - a. White/Caucasian/Euro-American, etc.
 - b. African American/Black, etc.
 - c. Hispanic American/Latinx, etc.
 - d. Asian/Pacific Islander
 - e. Native American
 - f. Mixed Race/Biracial/Triracial, etc.
 - g. Other (Please specify):
6. What is your gender?
 - a. Male
 - b. Female
 - c. non-binary / third gender
 - d. Other (Please specify):
 - e. I prefer not to answer
7. What is your highest achieved education level?
 - a. High School Graduate
 - b. Undergraduate graduate
 - c. Master of Social Work (MSW)
 - d. Doctoral
 - e. Other (Please specify):
8. How long have you worked with children that are at-risk to be sexually exploited or are victims of sexual exploitation? (Please specify in years):
9. How many years of field/practice have you had working with the CSEC population? (Please specify in years):
10. I have a strong understanding of CSEC, including risk factors, characteristics, and behaviors.

- a. Strongly disagree
 - b. Disagree
 - c. Somewhat disagree
 - d. Neither agree or disagree
 - e. Somewhat agree
 - f. Agree
 - g. Strongly agree
11. I can identify risk factors for the CSEC population. (Considering common environmental or behavioral risk factors and historical trauma)
- a. Strongly disagree
 - b. Disagree
 - c. Somewhat disagree
 - d. Neither agree or disagree
 - e. Somewhat agree
 - f. Agree
 - g. Strongly agree
12. I am able to identify and assess current vulnerabilities CSEC are harmed or influenced by. (Considering common environmental or behavioral risk factors and historical trauma)
- a. Strongly disagree
 - b. Disagree
 - c. Somewhat disagree
 - d. Neither agree nor disagree
 - e. Somewhat agree
 - f. Agree
 - g. Strongly agree
13. In some cases, prostitutes are victims of being sexually exploited and/or trafficked.
- a. Yes
 - b. No
14. At the current agency I work for, I was provided with specific training and resourceful information to work with the CSEC population.
- a. Strongly disagree
 - b. Disagree
 - c. Somewhat disagree
 - d. Neither agree nor disagree
 - e. Agree
 - f. Strongly agree
15. I found the CSEC training beneficial or helpful.

- a. Yes
- b. No
- c. I did not have training

16. How many trainings about Commercially Sexually Exploited Children (CSEC) have you completed? Please specify using numbers:

Start of Block: Social Worker's perceptions of engaging the CSEC population

17. I feel comfortable engaging and interviewing a child who has been sexually exploited.

- a. Strongly disagree
- b. Disagree
- c. Somewhat disagree
- d. Neither agree nor disagree
- e. Somewhat agree
- f. Agree
- g. Strongly agree

18. Completing a thorough assessment in order to determine if a child is CSEC or at risk is important.

- a. Strongly disagree
- b. Disagree
- c. Somewhat disagree
- d. Neither agree nor disagree
- e. Somewhat agree
- f. Agree
- g. Strongly agree

19. Is there a specific protocol for investigating CSEC within the agency you currently work for?

- a. Yes
- b. No
- c. I do not know

20. Negative family dynamics, unstable housing, and child maltreatment contribute to the likelihood of a child becoming a part of the CSEC population.

- a. Strongly disagree
- b. Disagree
- c. Somewhat disagree
- d. Neither agree or disagree
- e. Somewhat agree
- f. Agree

- g. Strongly agree
21. When engaging CSEC victims, are you knowledgeable or acknowledge if and when the youth intentionally omits pertinent information? (Including but not limited to all or any personal identifiable information)
- a. Yes
 - b. No
22. Social workers engaging with CSEC victims improves their mental well-being.
- a. Strongly disagree
 - b. Disagree
 - c. Somewhat disagree
 - d. Neither agree nor disagree
 - e. Somewhat agree
 - f. Agree
 - g. Strongly agree
23. When engaging and assessing a client, I am comfortable asking a client if they are forced to do anything that they have not wanted to do or perform.
- a. Strongly disagree
 - b. Disagree
 - c. Somewhat disagree
 - d. Neither agree nor disagree
 - e. Somewhat agree
 - f. Agree
 - g. Strongly agree
24. I have received pushback or unresponsiveness from CSEC victims when engaging them.
- a. Strongly disagree
 - b. Disagree
 - c. Somewhat disagree
 - d. Neither agree nor disagree
 - e. Somewhat agree
 - f. Agree
 - g. Strongly agree
25. Explosive outbursts, dysregulated emotions, and impulsiveness is associated with CSEC behaviors and make it difficult for a social worker to maintain engagement with the population.
- a. Strongly disagree
 - b. Disagree

- c. Somewhat disagree
- d. Neither agree nor disagree
- e. Somewhat agree
- f. Agree
- g. Strongly agree

SW's current approaches & interventions to improve engagement with CSEC

- 26. In your own words, what risk factors can you identify that lead to sex trafficking? Please specify:
- 27. What particular approach have you specifically used that were most effective to assess risk factors for Commercially Sexually Exploited Children? (Consider your current practices, methods, and/or interventions) Please specify:
- 28. In your own words, what barriers exist when engaging CSEC victims? Please specify:
- 29. What particular approaches have you specifically used that were most effective when engaging Commercially Sexually Exploited Children? (Consider your current practices, methods, and/or interventions) Please specify:
- 30. As a social worker, what primary resources are needed for CSEC victims during engagement? (Including but not limited to mental health services and other clinical resources) Please specify:
- 31. Have you noticed any significant changes when engaging CSEC victims during the COVID-19 pandemic? If so, please specify changes:
- 32. In your own words, how can social workers improve engagement with CSEC victims and at-risk youth to increase their mental well-being? Please specify:
- 33. In your own words, what are your perception and/or beliefs about Commercially Sexually Exploited Children? (Consider both professional and personal) Please specify:

Developed by Kennisha Lesley

APPENDIX D
INSTITUTIONAL REVIEW BOARD APPROVAL LETTER

IRB #: IRB-FY2021-157

Title: Challenges to Social Workers Engaging with CSEC Clients

Creation Date: 11-30-2020

End Date:

Status: **Approved**

Principal Investigator: Laurie Smith

Review Board: Main IRB Designated Reviewers for School of Social Work

Sponsor:

Study History

Submission Type	Initial	Review Type	Exempt	Decision	Exempt
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Key Study Contacts

Member	Laurie Smith	Role	Principal Investigator	Contact	lasmith@csusb.edu
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REFERENCES

- Adams, W., Owens, C., & Small, K. (2010). *Effects of federal legislation on the commercial sexual exploitation of children*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Barnert, E., Kelly, M., Godoy, S., Abrams, L. S., Rasch, M., & Bath, E. (2019). Understanding commercially sexually exploited young women's access to, utilization of, and engagement in health care: "Work Around What I Need". *Women's Health Issues, 29*(4), 315-324.
- Basson, D., Langs, J., Acker, Katz, S., Desai, N., & Ford, J. (2018). *Psychotherapy for commercially sexually exploited children: a guide for community-based behavioral health practitioners and agencies*. WestCoast Children's Clinic.
- California Department of Social Services. (2019). *California Child and Family Services Review*. Sacramento, CA: U.S.
- California Department of Social Services. (2020) CSEC Training Information. <https://cdss.ca.gov/inforesources/child-welfare-protection/child-trafficking-response/csec-training-information>
- Chang, K. S. G., Lee, K., Park, T., Sy, E., & Quach, T. (2015). Using a clinical-based screening tool for primary care providers to identify commercially sexually exploited children. *Journal of Applied Research on Children, 6*(1), 6.

- Cook, M. C., Barnert, E., Ijadi-Maghsoodi, R., Ports, K., & Bath, E. (2018). Exploring mental health and substance use treatment needs of commercially sexually exploited youth participating in a specialty juvenile court. *Behavioral Medicine, 44*(3), 242-249.
- Dank, M., Khan, B., Downey, P. M., Kotonias, C., Mayer, D., Owens, C., Pacifici, I., & Yu, I. (2014). Estimating the size and structure of the underground sex economy in eight major US cities. Retrieved from <https://voiceofsandiego.org/wp-content/uploads/2014/03/urban-institute-underground-commercial-sex-economy.pdf>
- Deshpande, N. A., & Nour, N. M. (2013). Sex trafficking of women and girls. *Reviews in Obstetrics & Gynecology, 6*(1), e22–e27. Retrieved from <https://www.ncbi.nlm.nih.gov>.
- De Vries, I., Kafafian, M., Goggin, K., Bouchard, E., Goldfarb, S., & Farrell, A. (2020). Enhancing the identification of commercial sexual exploitation among a population of high-risk youths using predictive regularization models. *Child Maltreatment, 25*(3), 318-327.
- Franchino-Olsen, H. (2019). Vulnerabilities relevant for commercial sexual exploitation of children/domestic minor trafficking: a systematic review of risk factors. *Trauma, Violence, & Abuse, 22*(1), 99-111.
- Franchino-Olsen, H., Chesworth, B. R., Boyle, C., Rizo, C. F., Martin, S. L.,

- Jordan, B., & Stevens, L. (2020). The prevalence of sex trafficking of children and adolescents in the United States: a scoping review. *Trauma, Violence, & Abuse, 23*(1), 182-195.
- Galea, S., Merchant, R. M., & Lurie, N. (2020). The mental health consequences of COVID-19 and physical distancing: The need for prevention and early intervention. *JAMA Internal Medicine, 180*(6), 817-818.
- Gerassi, L., Edmond, T., & Nichols, A. (2017). Design strategies from sexual exploitation and sex work studies among women and girls: Methodological considerations in a hidden and vulnerable population. *Action Research, 15*(2), 161-176.
- Gerassi, L. B., & Esbensen, K. (2021). Motivational interviewing with individuals at risk of sex trafficking. *Journal of Social Work, 21*(4), 676-695.
- Golberstein, E., Wen, H., & Miller, B. F. (2020). Coronavirus disease 2019 (COVID-19) and mental health for children and adolescents. *JAMA Pediatrics.*
- Hampton, M. D., Lieggi, M. (2017). Commercial sexual exploitation of youth in the United States: a qualitative systematic review. *Trauma, Violence, & Abuse, 21*(1), 57-70.
- Hartinger-Saunders, R. M., Trouteaud, A. R., & Matos Johnson, J. (2017). Mandated reporters' perceptions of and encounters with domestic minor sex trafficking of adolescent females in the United States. *American Journal of Orthopsychiatry, 87*(3), 195.

- Ijadi-Maghsoodi, R., Cook, M., Barnert, E. S., Gaboian, S., & Bath, E. (2016). Understanding and responding to the needs of commercially sexually exploited youth: Recommendations for the mental health provider. *Child and Adolescent Psychiatry Clinics of North America*, 25(1), 107-122.
- Kenny, M. C., Helpingstine, C. E., Harrington, M. C., & McEachern, A. G. (2018). A comprehensive group approach for commercially sexually exploited girls. *The Journal for Specialists in Group Work*, 43(4), 376-398.
- Kenny, M. C., Helpingstine, C., Long, H., & Harrington, M. C. (2020). Assessment of commercially sexually exploited girls upon entry to treatment: Confirmed vs. at risk victims. *Child Abuse & Neglect*, 100, 104040.
- Kenny, M. C., Helpingstine, C., Long, H., Perez, I., & Harrington, M. C. (2019). Increasing child serving professionals' awareness and understanding of the commercial sexual exploitation of children. *Journal of Child Sexual Abuse*, 28(4), 417-434.
- Márquez, Y. I., Deblinger, E., & Dovi, A. T. (2020). The value of trauma-focused cognitive behavioral therapy (TF-CBT) in addressing the therapeutic needs of trafficked youth: A case study. *Cognitive and Behavioral Practice*, 27(3), 253-269.
- McCaslin, R. (1993). *An intergenerational family congruence model. Family, self,*

and society: Toward a new agenda for family research [PDF file].

Retrieved from <https://learn-us-east-1-prod-fleet01-xythos.s3.us-east-1.amazonaws.com>

National Association of Social Workers. (2020). NASW code of ethics. Retrieved from <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>

National Center for Missing and Exploited Children. (2022) Child sex trafficking fact sheet. Retrieved from <http://www.missingkids.org/content/ncmec/en/ourwork/impact.html>

O'Brien, Jennifer E, Jordan, Brooke, Honeycutt, Nina, Wilsnack, Catherine, & Davison, Clara. (2019). "It's All about Breaking down Those Barriers...": Exploring Survivors' Perspectives on Services and Treatment Needs following Commercial Sexual Exploitation during Childhood. *Journal of Evidence-Based Social Work (2019), 16(2), 1–177.*

Olender, S. (2018). Combatting domestic minor sex trafficking in the child Welfare system. *Kennedy School Review, 18, 65-72.*

Orme, K., & Ross-Sheriff, F. (2015). Sex trafficking: policies, programs and services. *Social Work, 60(4), 287-294.* doi:10.1093/sw/swv031

Ramaswamy, S., & Seshadri, S. (2020). Children on the brink: Risks for child protection, sexual abuse, and related mental health problems in the COVID-19 pandemic. *Indian Journal of Psychiatry, 62(3), S404.*

Smith, G. F. (2010). *The commercial sexual exploitation of children in foster care:*

Health implications and policy considerations. Retrieved from

<http://libproxy.lib.csusb.edu/>

Souras, Y. G. The National Center for Missing and Exploited Children. (2015)

Human Trafficking Investigation Hearing (November 19, 2015). Retrieved

from

[https://www.hsgac.senate.gov/imo/media/doc/Souras%20Testimony%20-](https://www.hsgac.senate.gov/imo/media/doc/Souras%20Testimony%20-%20PSI%202015-11-19.pdf)

[%20PSI%202015-11-19.pdf](https://www.hsgac.senate.gov/imo/media/doc/Souras%20Testimony%20-%20PSI%202015-11-19.pdf)

Twigg, N. M., PHCNS-BC, R. N. (2016). Comprehensive care model for sex

Trafficking survivors. *Journal of Nursing Scholarship*, 49(3), 259.

U.S. Department of State. (2010). *Trafficking in Persons Report*. Washington,

DC: U.S.

Winters, G. M., Schaaf, S., Grydehøj, R. F., Allan, C., Lin, A., & Jeglic, E. L.

(2022). The Sexual Grooming Model of Child Sex Trafficking. *Victims &*

Offenders, 17(1), 60-77.

World Health Organization. (2002). Defining sexual health: report

of a technical consultation on sexual health. Retrieved from

https://www.who.int/reproductivehealth/publications/sexual_health/defining

[_sexual_health.pdf](https://www.who.int/reproductivehealth/publications/sexual_health/defining)

Zastrow, C.H., Kirst-Ashman, K.K., Hessenaer, S.L. (2019). Understanding

human behavior and the social environment. Boston, MA: Cengage

Learning.