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RISK FACTORS FOR THE COMMERCIAL SEXUAL
EXPLOITATION OF 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
Melinda Ann Anderson
Daniel Gregory Fletcher

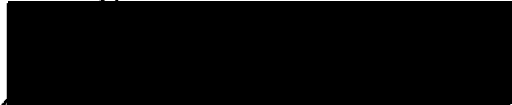
June 2012

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Approved by:



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6/8/12
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ABSTRACT

This study focuses on the phenomena of the Commercial Sexual Exploitation of Children (CSEC). Children caught up in such exploitation are estimated to number from 100,000 to 3,000,000, the most reliable count being 293,000 according to the FBI. An emerging perspective is that children used in prostitution are victims and not criminals, the label currently applied to them. Using the quantitative methodologies of frequency distribution and measures of central tendency for analysis, a population of twelve young adults (18-21) who met the criteria for being an "at risk population" for commercial sexual exploitation were surveyed to assess their exposure to risk factors in childhood for CSEC. All who participated in our study indicated various levels of risk for sexual exploitation with 25% of the participants being found to have been victimized by CSEC. Our findings confirm existing knowledge and validate that aged out foster youth are at greater risk than others for CSEC.

Recommendations include broadening research into the etiology of CSEC so that programs can be created to screen all Junior High School students to identify vulnerable children who can then be provided preventive intervention.

ACKNOWLEDGMENTS

Melinda Anderson

I first would like to thank my husband, Jeremy Anderson, who has remained my constant support system during this project. I know without you, I never would have accomplished this work or even finished graduate school. Thank you for not only your unconditional love but also for your unwavering support and patience.

Secondly, I would like to thank my family and friends who have also offered support to me while I have been working towards my MSW. My parents, Carl Kimball and Carrie Duff; my brother, Taylor Micali; my grandmothers, Joan Duff and Aurora Amato-Toro; and my aunt, Dana Kramer. All of you have continued to offer me your love and support during these past two year and I will forever be thankful.

Thirdly, I would like to thank the members of the CSUSB School of Social Work faculty, who not only provided me with a wonderful education but also provide me with a once in a lifetime experience that I will always treasure. I would specifically like to thank Susan Culbertson and Dr. Laurie Smith, both who played a significant role in my

time at this school. Thank you both for the guidance that you have given me.

Finally, I would like to thank my research partner, Daniel Fletcher, for joining me on this journey and for creating a wonderful partnership over this shared calling.

Daniel Fletcher

I am thankful for the forbearance of my immediate family during this tour of duty. I am a veteran all over again. This time bore it's trials too, such as my father's open heart surgery and the vicissitudes of life complicated by scholastic engagement. I'm home everybody!

My calling is sacred to me but certainly no more so than my beloved wife Pearl whose constant companionship has carried me through; my beloved parents, John and Barbara; my sisters Rebecca and Marvel; my former wife, Susan, who has cheered me from the very start; my amazing sons Gregory and William who are the mirrors of my soul; my gorgeous step children, Dominique, Ryan, April and Thnisia and I gladly include my daughters in law, Charlene and Melissa. Last but not least, I am so pleased to have the sparkle of my grandchildren, Haiden, Devin, Tashiana, Elija, Devon, Marcus and Anthony. I must add my Pearl's former husband, Bryan, for he too is dear to me. How our

ex's during this time became best friends to Pearl and I is quite a sustaining miracle for us.

I am grateful to my research partner, Melinda Anderson, for our shared calling. I must acknowledge the pleasure of growing with her and my peers in class whom I have become so fond of, and wish to thank Ruby Aceves for her humor. She lightened the load at times when I really needed it.

To my professors and school staff, thank you for your patience.

DEDICATION

Melinda Anderson

I dedicate this research to the millions of individuals affected by the issue of CSEC. It is my hope that through this research and future research, that those who have been affected by this horrific injustice will have a voice and one day will have justice.

I also dedicate this research in memory of the two influential men that taught me at a very young age to fight for what is right and to never silence my voice when faced with injustice. To James Paul Duff and Peter Wayne Toro, while you both have left your physical bodies, your spirits remain strong within me and I will continue to fight against injustice.

Daniel Fletcher

I dedicate this thesis and my labors to the countless, too often nameless souls lost in the crucible of adolescent prostitution and sex trafficking. Their suffering is an indictment on us all that I can no longer remain silent about.

I dedicate this as well, to my grandfather, Harold Fletcher, who left us over 50 years ago. He bequeathed to his descendants the desire and the courage to "become

somebody"...and we all did! Thank you grandpa! You still live in our hearts, never to be forgotten.

Lastly, I dedicate this to Professors such as Tom Davis whose unique blend of humor, humanity, wisdom and knowledge, inspire me in ways I could not have imagined. I want to be just like him when I grow up some day!

TABLE OF CONTENTS

ABSTRACT	iii
ACKNOWLEDGMENTS	iv
LIST OF TABLES	ix
CHAPTER ONE: INTRODUCTION	
Problem Statement	1
Purpose of the Study	8
Significance of the Project for Social Work	10
CHAPTER TWO: LITERATURE REVIEW	
Introduction	13
Risk Factors for the Commercial Sexual Exploitation of Children	13
Theories Guiding Conceptualization	20
Stigma and Psycholinguistics	22
Summary	25
CHAPTER THREE: METHODS	
Introduction	27
Study Design	27
Sampling	28
Data Collection and Instruments	29
Procedures	30
Protection of Human Subjects	32
Data Analysis	33
Summary	34

CHAPTER FOUR: RESULTS

Introduction	35
Demographic Information of the Participants	35
Family and Individual Background Information	37
Identification of Commercial Sexual Exploitation of Children Victims	43
Summary	45

CHAPTER FIVE: DISCUSSION

Introduction	47
Discussion	47
Limitations	50
Recommendations for Social Work Practice, Policy and Research	51
Conclusions	54

APPENDIX A: ANDERSON AND FLETCHER IDENTIFICATION OF RISK SURVEY	55
APPENDIX B: INFORMED CONSENT	59
APPENDIX C: DEBRIEFING STATEMENT	61
APPENDIX D: THE NATIONAL ASSOCIATION OF PROSTITUTION RECOVERY PROFESSIONALS	63
REFERENCES	66
ASSIGNED RESPONSIBILITIES PAGE	73

LIST OF TABLES

Table 1. Demographic Information	37
Table 2. Individual and Family Background	41
Table 3. Identification of Commercial Sexual Exploitation of Children Victims	45

CHAPTER ONE

INTRODUCTION

Problem Statement

Childhood is commonly perceived as a time of innocence and freedom for most children. Sheltered from the harsh realities of the world, it is a time in which children, under normal circumstances, occupy a safe and protective bubble. Such is not the case however for the victims of the Commercial Sexual Exploitation of Children (CSEC), particularly those who work the streets. CSEC as a term covers a broad range of sexual exploitation which includes street level, brothel, escort, and call girl prostitution and it includes pornography and performances in strip clubs. It is common that those who are not working as street prostitutes at first will ultimately end up there as they decline from their abuses over time (Brawn & Roe-Sepowitz, 2008). For these children no protection or security exists and their daily lives are filled with trauma. Instead of a safe and nurturing environment being provided, victims of CSEC have a destructive quality of life imposed upon them by

circumstances and individuals that they have no control over.

Researchers such as Yew (2010), indicate that the most common age of entry into the commercial sex industry in the United States is 12-14 years old, adding that this entry age has been getting younger and recent reports have indicated that children as young as nine have been seen entering the profession of CSEC (Yew, 2010). Additional research provided by Herman (1987), has found children as young as three months of age being victims of CSEC (Herman, 1987, p. 523). Regarding the number of CSEC victims within the United States, research provided by the United States Department of Justice (USDJ) estimates that each year there are at least 293,000 children involved in some form of CSEC (USDJ, 2011). According to the End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes (ECPAT) there are as many as 400,000 youths involved in CSEC and other research provided by Schetky (1988) has indicated that there are as many as 1.1 million individuals involved in some form of CSEC. Finally, research has indicated that the number of CSEC victims is estimated to be as high as 3 million (Mitchell, Jones, Finkelhor & Wolak, 2011).

While all of the previously mentioned research indicates disturbing numbers of individuals involved in CSEC, such numbers are often hypothesized to be grossly underestimated, which creates a question as to the true number of those involved in CSEC.

Alarmingly, the FBI (2005) reports that adolescents used in prostitution have a life expectancy of seven years following entry into prostitution. It is not a stretch to conclude that at least 41,857 adolescent victims of CSEC are dying every year in the United States based on FBI adolescent prostitute counts. This equals 115 children every single day in the United States and the most common causes of death are homicide, suicide, drug related fatalities and disease (FBI, 2005).

Despite such a high prevalence of CSEC, very little is known about efficient and effective remedies. Perhaps what interferes with a more aggressive response to this problem is how the victim is perceived by the public, public institutions such as the courts and other branches of the criminal justice system and even by therapeutic practitioners who work with these children. Framed as a criminal problem and not a victim problem, the language associated with prostitution tends to demean the gravity

of this phenomenon. Much stigma arises from the psycholinguistic aspects of public perception as too many see these victims as "criminals", "prostitutes", "sluts", "whores" and so forth, falsely believing that prostitution is an informed choice that preyed upon children actually make.

Studying this problem is important for social work practice at this time because far too little is being done to address this tragedy. Social workers at public agencies routinely refer child victims to the criminal justice system for help so it can be said that the profession of social work tends to be influenced institutionally by the perceptions of these victims as criminals instead of as victims. How CSEC has been understood has an impact on how it has been responded to and a movement from punishment to treatment is overdue.

The risk factors children face that make them vulnerable to CSEC are many. Included among these are: inadequate social skills (Twill, Green, & Taylor, 2010), early sexual initiation (Wilson & Widom, 2010), unhealthy family structures (Lung et al., 2003), substance abuse (Lavole, Thibodeau, Gagne, & Herbert, 2010), negative self-schema (Reid, 2011) and low socioeconomic status

(Brawn & Roe-Sepowitz, 2007). According to the FBI (2005), 88% of adolescents in prostitution want to leave but feel trapped and 84% report past or present homelessness, a condition that the FBI acknowledges as a risk for exploitation.

Stigma attached to prostitution compounds the problems that a prostituted child endures (Brannon, 2010). The "victim as criminal" issue is quite apparent in terms of how it is addressed in our legal statutes. According to the California Penal Code section 261.5 (2011), a minor is unable to give legal consent to any form of sexual activity and any adult person who is found engaging in unlawful sexual activity with a minor will be found guilty of a felony and can face up to 6 years in prison. In contrast, if the adult is found to be engaging in sexual contact with a prostituted minor, the penalty is no greater than a misdemeanor. Despite the fact that minors are not legally allowed to give consent to engage in sexual activity with an adult, in the event a minor is caught doing so, that minor can be charged with solicitation and face a year of incarceration. It is just as arguable that such adolescents are victims of statutory rape and given the immaturity of their

neurological development and immature social development, are incapable of genuinely informed consent.

It is argued that consent or non-consent to sexual contact with an adult is still a victimization of the child (Hess & Hess Orthman, 2010). This mislabeling of victims of CSEC as criminals results in stigmatization which is detrimental to recovery (Brannon, 2010). Presently, the most likely source of intervention is incarceration which confirms a negative self-schema thus making the victim even more vulnerable for further exploitation once released (Reid, 2011).

In as much as how the words attached to this problem and contradictory laws affect response by the legal system and by clinical practitioners (Niemi, 2010), the dominant culture further obscures victimization. Terms such as "sex workers" and "sex industry" re-conceptualize the whole of child and adult sexual exploitation as though it were a typical commercial venture and the current literature, however sparse, broadens to a trichotomy: victim vs. criminal vs. commodity (Brannon, 2010). The dichotomy of criminal vs. commodity nullifies the more accurate label of victim. As a result, public resources for providing needed treatment and recovery

related bed spaces for victims are miniscule while bed space is substantially abundant for criminalized children who become stigmatized and have access to less desirable treatment.

It is important to understand and address victimization as it relates to adolescent development. The developmental tasks attached to healthy adolescent growth are the achievement of "interpersonal relationship and formation of personal identity" (Erickson as cited in Lesser & Pope, 2011, p. 58; Twill et al., 2010, p. 190). The traumas intrinsic to CSEC threaten normal development.

Inhibiting appropriate help may be related to cost factors. For example, one 24-bed facility has an annual budget in excess of \$2,000,000 (Lee, 2007). The total number of bed spaces available for the comprehensive treatment prostituted children need, in the entire United States, is 39 beds (GEMS, 2011; Gracehaven, 2009). To meet the FBI (2005) estimated population of victims would cost over \$24.42 billion.

Purpose of the Study

The purpose of this study is to compare known risk factors for sexual exploitation among young adults in transitional housing, such young adults having recently aged out of the foster care system. The goal is to identify variables that may differentiate those who have experienced CSEC with those who have not. By surveying these individuals, insight on their recent experience as adolescents is gained. Combinations of risk factors will be evaluated for greater likelihood of exposure to sexual exploitation.

Furthermore, according to Perrino (2010), there are notable risk factors that victims of CSEC may share with clients in the foster care system such as childhood abuse, neglect, familial maladaptive behavior patterns and poor school performance (as cited in Wilson & Widom, 2010, p. 211).

An additional purpose for this research is to assist the Coalition Against Sexual Exploitation (CASE) by determining demographic and risk factors characteristic of our study population in order to assist in their advocacy and outreach to victims of prostitution. Understanding risk factors and demographics will assist

in their development of client services, practices and policies and help to expand the services their organization seeks to provide. CASE is a consortium of the San Bernardino County Children and Family Services organization, the San Bernardino District Attorney's Office, concerned members of the community including clinicians and with local law enforcement agencies. It is apparent that their ambition is to fill a service void as it exists for victims of CSEC and prostitution in general, and public and agency education on these issues are of paramount concern. The significance of this organization is that it addresses specific agency problems, needs and issues in a manner inclusive of the community resources available in the County of San Bernardino and it sides with the view of children subjected to CSEC as being victims instead of criminals.

The research method selected was an exploratory survey design using a 21-item survey instrument which captured basic demographic information and featured risk assessment questions. In addition to this, onset ages for exposure to each of the risk factors questioned was requested. The survey instrument itself was created by the investigators due to a lack of any known assessment

instrument available for meeting the researchers study purpose.

Significance of the Project for Social Work

One of the major difficulties in understanding the issue of CSEC is how limited the existing information actually is. Scant research has been done explaining the etiology of CSEC victimization in the first place. Theoretical foundations for understanding CSEC are not readily apparent or much discussed in the research community and for this reason, which may best conceptualize effective treatment modalities is superficially non-existent. Does dialectical behavioral theory (DBT) or cognitive behavioral theory (CBT) work best? What orientations might be preferable? Constructionist, narrative, or other post-modern? What makes one child a victim and another not a victim when both appear to face the same risk factors is simply not known. Barriers exist, such as institutional apprehensiveness which prevents direct research with adolescent victims of CSEC in even controlled and secure settings with abundant clinical support available. As a result, studying young adults recently attached to child

welfare systems is the best we can do, direct from the source. By studying young adults just recently leaving foster care, the field of social work has the opportunity to not only gain information regarding the population of at risk youth but also the ability to develop better intervention strategies based on what is learned.

By inquiring of the subjects about their prior exposure(s) to children and family services and other life experiences, the various Departments of Children and Family Services and other members of the CASE coalition stand to benefit from insights gained. The need for enhanced services becomes apparent. What is apparent presently is a lack of specialized treatment facilities. The option available for many victims is incarceration, which is almost always entirely inappropriate, or placement by Children Services into foster care or group homes which may also not be appropriate for many of these victims (Brannon, 2010; Gracehaven, 2009; GEMS, 2011; Lee, 2007). Program options, let alone programs at all, are scant. The field remains in need of beginning further treatment specific research, better assessment measures, planning and program implementation and the development

of tools that can evaluate the efficacy and efficiency of these interventions.

This research is relevant to child welfare practice. A contribution to the field of social work that this research aspires to is that through the findings, intervention services for this population may be further explored and developed. The ethical standards of social work practice demand a response to these most thrown away of our throw away children (Herman, 1987; Workers, 2008). Social workers need to better educate the public and the legal system on this issue and could serve to de-stigmatize the victims of CSEC. This study, in as much as its focus is on risk factors, could lead to a better public understanding of these children which may motivate reforms in how our legal systems understand the problem of adolescent prostitution and prostitution in general. The research question: "What are the demographic and risk factors for CSEC for at risk adolescents?" merits attention because the problem of CSEC is of a scale that the profession of Social Work, with its' ethical standards, simply must not over-look. Persons of conscience, if informed, would also feel compelled to respond, so we must too.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter presents a review of literature relevant to the issue of the Commercial Sexual Exploitation of Children (CSEC). What it targets is research pertaining to risk factors in particular and will expand to include some discussion on how stigma and psycholinguistics contaminate public and legal perception. Theories guiding conceptualization will be discussed and the relations of this study to other studies.

Risk Factors for the Commercial Sexual Exploitation of Children

There are significant risks of long-term harm to children caught up in CSEC and then there are precipitating risk factors leading up to CSEC which is the focus of this study. Both are important but a goal of this study is to contribute toward prevention, this being better, and probably less draining on limited resources than treatment. Thus the focus will be on risk factors leading to CSEC.

Wilson and Widom (2010) identified early sexual initiation, running away, juvenile crime, school problems and early drug use as precipitating risk factors for CSEC. Preceding each of these is childhood abuse and neglect, the dominant factors for predisposing a child to CSEC. Perrino (as cited by Wilson & Widom, 2010, p. 211), referencing ecodevelopmental theory, makes mention of "the development of maladaptive behavior patterns and suggest that family relationship impact other social contexts, such as peer groups and school, which further contribute to the development of deviant...behavior". The author further goes on to describe that abuse and neglect can cause "a cascading of negative effects across multiple domains of the developing child's psychological and social functioning." In the context of dysfunctional family dynamics resulting in abuse and neglect, any other risk factor becomes a greater indicator of future victimization.

Wilson and Widom's study (2010) involved identifying a verified population of abused and neglected children (N = 908) and a control group of youth not notable for this (N = 667) for a total population of 1,575. Longitudinal follow up research was done using interview

research methods years after the reported incidence of abuse and or neglect (N = 1,196). They indicated that "sexual initiation prior to age 15 occurred among 38.9% of the abused and neglected participants; running away before age 15 occurred among 21.3%; being arrested as a juvenile occurred among 30.4%; misbehavior resulting in expulsion from school occurred among 45.2%; drug use before age 15 occurred among 23.5%. They concluded that while abuse and neglect were predictive of negative behavior with CSEC as a possible outcome, the most significant factor, combined with all of the rest, was early sexual initiation in any manifestation that this occurred.

Wilson and Widom (2010) also note a relationship between this and survival sex, the trading of sex for survival needs, as a means toward ends requiring satisfaction for lack of familial and relational support. Confirming this, Yew (2011) provides an estimate of 1.6 million runaway children in the United States each year. Of these it is estimated that one out of every four runaway children will be solicited for sex with 48 to 72 hours of running away from home and becoming homeless.

Twill, Green, and Taylor (2010) confirm many of the risk factors already mentioned and add mental health issues such as depression, educational deficiencies and immaturity resulting in social skills deficits. The other risk factors evaluated were family influence, abuse history and school performance. These researchers conducted a study of 22 adolescent girls who had participated in a 90-day program at a residential facility that had 6 beds with admissions ranging from 1 day to 141 days. Their sample included a mix of victims of CSEC and non-victims of CSEC that had been charged with juvenile offenses. All of the study subjects were African American females with a mean age of 14.9, the ages ranging from 12.7 to 16.2 years of age and 82% of these were found to have come from environments of poverty prior to admission into the program (Twill et al., 2010, p. 193). Notably, the focus of this particular study is on female victims as is the case with most CSEC studies which suggests a greater prevalence of female victims making gender a possible risk factor in its own right. This study selected both male and female subjects for comparison.

Twill et al. (2010) indicated that every child studied had on average two primary mental health disorders, and thirteen presenting indicators meriting enrollment in special education programs. Thirteen had psychiatric histories including six who were diagnosed with PTSD; two had adjustment disorders; one had depression and other disorders; one had generalized anxiety disorder. Other disorders found included oppositional defiance disorder, conduct disorders, drug abuse problems and so forth. Their analysis indicates mental health issues as a critical risk factor for CSEC and for criminal behavior in general, although some debate could be made over onset ages for these conditions and which may have begun before or during involvement in CSEC and criminal behavior (Twil et al., 2010). What was emphasized was the shared mental health risks of juvenile offenders who were not victims of CSEC as well as juvenile offenders who were.

Another study examining for risk factors for CSEC adds "deviant image of oneself and one's sexuality" (Lavole, Thibodeau, Gagne & Herbert, 2010), meaning negative self-image and negative regard for one's sexuality or sexual behaviors. This study had surveyed

the work of eight different researchers who had measured for this in their various studies. This study also confirmed findings on risk factors already addressed such as childhood family dysfunction, abuse and neglect, childhood behavioral problems and substance abuse.

Reid (as cited in Lavole et al., 2010, p. 1148) cited "negative self-schema, problematic interpersonal relationship patterns due to feelings of betrayal and powerlessness, and maladaptive sexual reactivity." To this, one can include the research of Brawn and Roe-Sepowitz (2007) which summarizes bodies of research that endorse the risk factors being measured in this study such as chaotic and ineffective parenting, low socioeconomic status, domestic violence and engagement in early sexuality.

Kramer and Berg (2003) contribute to an analysis of risk factors for CSEC by discussing in their research such variables as childhood sexual and physical abuse, substance abuse by caregivers, minority status, relational demographics, and level of education obtained. In their survey research of 309 women working in street level prostitution, risk factors for CSEC crossed all ethnic boundaries but that "even history analysis

indicates that minority women consistently experience significantly higher hazard rates for entry into prostitution" and they entered into prostitution at an earlier age than white prostitutes (Kramer & Berg, 2003, p. 511).

Lung, Lin, Lu, and Shu (2002) studied 158 adolescent prostitutes in a halfway house in Taiwan and compared these to a control group of 65 high school girls. Among the adolescent prostitutes, 54.5% had parents who were divorced, separated or were from single parent homes compared to the control group measured at 13.8%. Drug abuse occurred among 16.9% of the prostituted girls but in the control group only 3.8% had used drugs. Alcohol consumption among the prostituted girls was measured at 41.9% compared to 8.3% among the control group (Lung et al., 2002). Inexplicably, according to Chen and Ku (as cited in Lung et al., 2002, p. 287), "no participant had any clinical evidence of psychiatric disorders according to the Chinese version of the Structured Clinical Interview for DSM-III-R which differs substantially from the findings of Twill et al. (2010).

The survey questions used in this study draw from existing research and appear to have relevance to all youth populations.

Gaps in CSEC research occur at the level of planning, treatment and intervention procedures, program design for such, implementing and evaluating these, and methods for empirically assessing efficacy of program designs and outcomes. As this study adds to foundational research in the realm of assessing for risk factors, future research can build on this to address these additional research concerns.

Theories Guiding Conceptualization

Erickson's psychosocial stages of human development (as cited in Lesser & Pope, 2011, p. 66-67) can be applied toward understanding the victims of CSEC. Given that the study population is young adults, what Erikson has to say in his developmental theory provides for analysis of victims of CSEC at any age along his continuum of psychosocial development. As it pertains to adolescents, the appropriate developmental task is to "...establish a sense of personal identity as part of their social group, or they become confused about who

they are and what they want to do in life" according to Erikson, which is level five on the continuum of psychosocial development referred to as "Identity vs. Role Diffusion" (as cited by Lesser & Pope, 2011, p. 67). For young adults, the step six task is referred to as "Intimacy vs. Isolation".

Erickson's developmental theory posits that successful movement along the continuum depended on the successful completion of developmental tasks at each stage. Future development was predicated upon success at each preceding stage. Given that adolescents engaged in CSEC are traumatized in ways that interfere with normal development, their vulnerability and risk of further exploitation can be more easily understood. Given histories that often include prior childhood sexual abuse, family dysfunction, and so forth, Erikson's psychosocial stages of development would indicate impairment in these individuals prior to adolescence. Even the most fundamental of Erickson's stages, "Trust vs. Mistrust" (the infantile stage), could be compromised sufficient to render an adolescent as greatly impaired by insecurity in terms of ascension to the more age appropriate task of establishing identity and beginning

to define life goals (Lesser & Pop, 2010). This theoretical framework establishes sufficient ground for claiming victimization and impairment in need of treatment.

Ecological perspective is relevant to explaining a "transactional focus for defining problems and solutions" (Lesser & Pope, 2011). Agnew (as cited in Reid, 2011, p. 147) contributes an ecological conception in his general Strain Theory (GST), a theory that conceptualizes accumulative strain in a youth culminating in their selection of environments where they are treated poorly and where they remain increasingly vulnerable. Reid (2011) mentions a lack of research investigating why some juveniles vulnerable to CSEC become trapped while others do not.

Stigma and Psycholinguistics

Albanese (2007), in a speech to the National Institute of Justice in Washington, D.C. recognized the stigma of the word "criminal" and termed victims of CSEC as "victims" instead. A common belief is that criminals deserve what they get and are not regarded as important by society once incarcerated. Mitchell, Finkelhor, and

Wolak (2009) further comment that adolescent prostitution has not been regarded as a high priority in many jurisdictions, no doubt reflecting a stigma that makes the problem seem unimportant.

Brannon (2010, p. 3) commonly hears the phrase: "Of course I'm against forced prostitution" as if there was any other kind in the world of CSEC. Brannon cites a branch of psychology, psycholinguistics, in which the concept of the Whorlian Principle describes how the words we use shape our thoughts and perceptions and produces distortion. An example cited of the consequences of word manipulation was the book titled "Sex Work" by Priscilla Anderson. Brannon argues: "That two word phrase described (what is actually) an astounding agglomeration of un-related and even strongly opposed categories" which instantly relabeled the entire universe of sexual exploitation, from adolescent prostitution, pornography, pimping and so forth, re-labeling all of this as the "sex industry" (Brannon, 2010). There is abundant conceptual linguistic torture going on that has the effect of legitimizing or mitigating sexual slavery and CSEC.

Brannon (2010) adds to CSEC research a focus on how the use of commercial language warps perceptions of

prostitution which further dehumanizes its victims and how this can also affect clinical perception. Are adolescents involved in CSEC commercial commodities, criminals, or victims?

Brannon and every researcher cited in this study concur with the designation of victim. Further, Brannon (2010) suggests that the feminist alternative to "prostitute", namely, "A girl being used in prostitution" should be used. "Sex worker" will not do. Stigma and psycholinguistic confusion are very much risk factors for misunderstanding victims of CSEC and further research in the area is needed. How we help victims recover must include sensitivity to linguistic traps that oppress such victims.

The investigator's concern is that the Whorlian Principle bears an insidious influence on how survey subjects may answer the survey questions provided them. How survey questions are answered may be influenced by perceptions that cannot be clarified through self-administered questionnaires so further research may be needed employing more qualitative forms of study.

Summary

This chapter reviewed studies relevant to the problem of CSEC with particular emphasis on precipitating risk factors leading to exploitation. We looked to young adults recently exiting a particular population at risk for insight. Research on this population could become significant as access to younger victims for research purposes is difficult. Theories guiding conceptualization were reviewed and stigmas and psycholinguistics were discussed which may bare influence on how the study research instrument is responded to by our participants.

The need for further research is evident. Estimates of victim populations range between 100,000 and 3,000,000. Further, lacking ready access to known adolescent victims for any research purpose eliminates a valuable source of information for which there is no substitute. And just how inclined are victims to come forward to us for any reason when doing so presently seems to require a confession to being a criminal and to possibly having to own somehow, the onerous labels that psycholinguistics bestows upon them? The academic community remains unclear on how to better elaborate theories of conceptualization of the problem. The

professional and academic community remains just as unclear on possible best treatment practices and for these reasons, this problem requires a dedication to more research in every aspect of this nearly invisible national crisis with an understanding that this is a subset of the global crisis of human trafficking and modern day slavery.

CHAPTER THREE

METHODS

Introduction

In this section, an overview of the research methods used during the course of the study is presented. In particular, the study's design, the sampling methods used, the data collection process, and details regarding the specific instrument used is described. In addition, data collection procedure, the efforts of the researchers to protect participant confidentiality, and an analysis plan for the data is discussed in detail.

Study Design

The purpose of this study was to identify demographic characteristics and risk factors associated with the Commercial Sexual Exploitation of Children (CSEC) through surveying young adults recently aging out of the foster care system. For the purpose of this study, the researchers examined what types of risk factors correlated with entry and subsequent victimization through CSEC. Onset ages for the presence of risk factors were analyzed. Such potential risk factors examined during the course of the study included: running away

from home, exposure to domestic and community violence, physical/sexual abuse, romantic relationship violence, homelessness and drug exposure. In examining these specific variables, the researchers obtained a clearer picture as to what specific factors or combination of factors contributed towards entry into CSEC or greater risk of entry. This study employed a quantitative survey design using self-administered questionnaires.

Sampling

The sample population consisted of young male and female adult residents of a transitional foster youth living program. For the purposes of this study, the researchers used non-random sampling during the data collection period in order to reach every resident at the site. The researchers had received written permission to present the survey questionnaire on site from the program director and received supportive correspondence from the Coalition Against Sexual Exploitation (CASE), a consortium of advocates as described previously. The researchers closely assessed subjects who had become identified through the survey as having been victims of CSEC. Comparison was made between this population and

surveyed subjects that did not indicate victimization by CSEC. No other sampling criteria was applied to this study.

The researchers chose this particular setting in the belief that such survey research could not be safely done on the street given likely risks for all involved. Furthermore, this setting was perceived as safely housing a specific at risk population thus minimizing any risk to them for participation.

Data Collection and Instruments

The data for this study was collected by means of a self-administered questionnaire being passed out, completed, and returned. The researchers anticipated the participation of the entire residential population and were successful. The questionnaire consisted of 21 questions which ask the participants about CSEC involvement, risk factors that may have influenced CSEC involvement (domestic violence, relation violence, drug exposure, etc.) and demographic information about the participants such as age, gender, ethnicity and family background. Onset age of initial exposure to risk factors were also requested.

As there are no existing instruments for surveying the CSEC population, the researchers created the instrument used in this study which has been formally named the Anderson-Fletcher Identification of Risk Survey (AFIRS). As this survey was a newly created instrument, the researchers conducted a pre-test prior to administering the study to the targeted population. The pretest was administered to individuals who fell into the same age category as the intended participant population in order to gather opinions on wordings and items on the instrument. The pre-test was informative and successful.

Procedures

Participants for the study were recruited through the use of a poster indicating date and time and describing the event which was conducted in the community room of the transitional living facility and every resident was invited to participate. Prospective participants were not denied access to participating in this study based on gender, ethnicity, sexuality or age and all individual had equal access to participation.

Prospective participants were reminded in advance by residential staff of the researcher names and contact

information was made available prior to the event. A question and answer session was included in the administration of the survey and resident staff was able to attend. Fruit juice and donuts were served and a group discussion on the subject of the survey occurred and much discussion was given to things the residents could do to avoid getting trapped into situations that could get them into trouble and becoming more vulnerable to predators. The survey was then commenced. Participation was unanimous and as residents completed questionnaires they were provided a \$10 Target gift card.

Prior to being distributed to the volunteers in the community room, the adult consent form was reviewed. Instruction was given directing participants to skip any question they felt uncomfortable about answering and should they have a change of heart, they could turn in a substantially incomplete survey and still get their \$10 gift card for participating.

Participant confidentiality was emphasized. Participants were instructed to not put their name on the survey, that once the survey was data loaded for statistical purposes only, the survey form itself would be shredded and disposed of. They were advised that a

debriefing form was at the end of the survey and if anyone wanted to stay after to speak with us, we'd be available.

As the survey was being passed out, adult consent forms were collected. As soon as pens were then passed out, the participants set about earnestly completing the survey with great interest and obvious enthusiasm. No adverse reactions were noticed of any kind and participant response following the survey was very gracious. Curiosity was expressed concerning how protracted the problem of adolescent sexual exploitation was and many wondered why so little was being done about so obvious a problem. Noteworthy to the researchers was the familiarity to the topic expressed by many participants and how intuitive these participants were.

Protection of Human Subjects

The researchers assigned a numerical tracking number to each survey, a number not placed on the consent form deliberately. Due to the sensitive nature of this study, the study purpose was made clear to all participants and qualified support staff and counseling staff were fully appraised as well as being provided a copy of our

documents. Measures were taken to be sure that that the completed surveys were protected from unauthorized readers viewing them and a lock box was provided for the participants to place their own survey in. Once the surveys were passed out, they never even reached our hands since they were being personally deposited into a lock box by the subject turning the survey in themselves.

Participants were informed that should they feel uncomfortable about anything they had indicated on the survey they had counselors on staff that were quite eager to help and were familiar with the survey already and found it agreeable.

Data Analysis

This study utilized descriptive quantitative data analysis techniques to analysis the participants' responses. Descriptive statistics including frequency distribution and measures of central tendencies (mean). Due to the limited sample size, the researchers were unable to use inferential statistics (chi square test, t-tests and Pearson's correlation coefficient) to assess relationships or associations between the mentioned risk

factors and entry in to the CSEC population as well as to measure correlation between risk factors on the whole.

Summary

This chapter presented the methodology that was used in this study. This study used a quantitative survey design, as well as non-random purposive sampling during the data collection period. The data for this study was collect by means of a self-administered questionnaire. Also presented in this chapter were the procedures used and the appropriate measures that the researchers employed in order to protect the participants being surveyed.

CHAPTER FOUR

RESULTS

Introduction

The purpose of this study was to examine the rates of CSEC victims among transitional age foster youth. In this chapter, the researchers will discuss the results from the various analyses that were performed. First, the researchers will discuss the demographic characteristics of the participants. Second, the researchers will look at the frequency of responses to the family and individual background questions of the participants. Third, the researchers will discuss the number of participants that reported being victims of the CSEC population. Finally, the researchers will summarize the findings.

Demographic Information of the Participants

This current study consisted of 12 participants. Table 1 presents the demographic information of the participants including gender, ethnicity, last level of school completed, sexuality, and previous housing arrangements prior to entering the transitional youth housing.

Within the data collection months in which the study took place, 12 participants were surveyed from a transitional youth program that offers assistance to former foster youth exiting the social welfare system. Of the 12 participants surveyed, a majority of the participants were female (75%) and the remaining were male (25%). As displayed in Table 1, the data indicates an over representation of ethnic minorities with a significant percentage of the population identifying themselves as being Latino (42%) or African American (33%) and only a small percentage of the population identified themselves as being Caucasian or Mixed.

Another noticeable trend seen in the Table 1 is the rate of homelessness among the participants, prior to them receiving services through the transitional youth assistance program. Close to half of the participants (42%) disclosed being homeless prior to residing in the transitional youth housing with the remaining participants responses being divided between residing with foster parents (25%), family members (17%), adoptive parents (8%) and biological parents (8%).

Table 1. Demographic Information

Variable	Frequency (n)	Percentage (%)
Gender		
Female	9	75.0
Male	3	25.0
Ethnicity		
Latino	5	41.7
African-American	4	33.3
White	2	16.7
Mixed	1	8.3
Sexuality		
Straight	10	83.3
Gay/Lesbian	1	8.3
Bisexual	1	8.3
Housing Arrangements		
Homeless	5	41.7
Lived w/Foster Parents	3	25.0
Lived w/Family Member	2	16.7
Lived w/Bio Parents	1	8.3
Lived w/Adopt Parents	1	8.3
Last Grade Completed		
11th	1	8.3
12th	11	91.7

Family and Individual Background Information

Table 2 presents the participants' response rates to the following questions: running away from home, family violence, physical abuse, community violence,

homelessness, Child Protective Services (CPS) involvement, drug exposure in the household, drug use during childhood, history of hospitalization, sexual abuse, and the age of the participants' first sexual intercourse.

Regarding the questions that asked participants about family and individual background questions, certain trends were noted in the participant response rates. From the response rates seen in Table 2, significant trends are seen in running away, family violence, physical abuse, homelessness, CPS involvement, drug use in childhood, and sexual abuse in childhood were seen. When examining the trends in participant responses regarding running away from home, 50% of the participants reported that they had occasionally or frequently run away from home during their childhood. In terms of the age of onset, participants who responded to either occasional or frequent incidents of running away from home showed that the mean age of the first occurrence was 15.

When examining the trends in the participants' responses regarding family violence, significant trends were noted as 92% of the participants reported occasional or frequent observation of family violence during their

childhood. In terms of the age at which the participants had first observed either occasional or frequent family violence, the mean age was 7. Trends were also noted in the participants' response rates regarding physical abuse as 75% of the participants responded that they had occasionally or frequently been physically abused during their childhood, with the mean age of the first occurrence of physical abuse being 9. Regarding homelessness, trends in the response rate of the participants were visible with 75% of the participants reporting that they had experienced occasional or frequent incidents of homelessness during their childhood, with the mean age of the first occurrence of homelessness being 16.

High rates of homelessness among the participants responses were seen as 75% of the participants reported that they had experienced occasional or frequent homelessness during their childhood, with the mean age of the first occurrence of homelessness being 16. High rates of CPS involvement were seen as 58% of the participants reported that their family had occasional or frequent CPS involvement during their childhood, with the mean age of the CPS first involvement being 13. High rates of drug

use during childhood were noted as 75% of the participants reported that they had occasionally or frequently used drugs during their childhood, with the mean age of first drug use being 12. Regarding the specific types of drugs that the participants admitted to using, marijuana (75%), alcohol (67%), and ecstasy (33%) were ranked as having the highest participants' responses.

Finally, a slight trend was noted in the participants' responses to occasional or frequent sexual abuse during their childhood with 33% of the participants reporting that they had been sexually abused their childhood, with the mean age of the first occurrence of sexual abuse being 8. The remaining two questions that asked participants about hospitalization history and the participants age when they first experienced sexual intercourse, indicated that 17% of the participants reported occasional hospitalization for mental health reasons, with the mean age of the first occurrence of hospitalization during childhood being 13, and the mean age of the participants' first experience of sexual intercourse being 15.

Table 2. Individual and Family Background

Variables	Frequency (n)	Percentage (%)
Running Away		
Never	6	50.0
Occasionally	5	41.7
Frequently	1	8.3
Mean Age = 14.7		
Family Violence		
Never	1	8.3
Occasionally	4	33.3
Frequently	7	58.3
Mean Age = 7.11		
Physical Abuse		
Never	3	25.0
Occasionally	6	50.0
Frequently	3	25.0
Mean Age = 8.83		
Community Violence		
Never	4	33.3
Occasionally	4	33.3
Frequently	4	33.3
Mean Age = 7.50		
Homelessness		
Never	3	25.0
Occasionally	7	58.3
Frequently	2	16.7
Mean Age = 16.44		

Variables	Frequency (n)	Percentage (%)
CPS Involvement		
Never	5	41.7
Occasionally	3	25.0
Frequently	4	33.3
Mean Age = 13.0		
Drug Exposure		
Never	8	66.7
Occasionally	2	16.7
Frequently	2	16.7
Mean Age = 10.33		
Drug Use in Childhood		
Never	3	25.0
Occasionally	8	66.7
Frequently	1	8.3
Mean Age = 12.43		
Type of Drug Use		
Alcohol	8	66.7
Marijuana	9	75.0
Ecstasy	4	33.3
Heroin	2	16.7
Tobacco	3	25.0
Cocaine	2	16.7
Methamphetamine	1	8.3
Non-prescribed	1	8.3
History of Hospitalization		
Never	10	83.3
Occasionally	2	16.7
Mean Age = 13.0		

Variables	Frequency (n)	Percentage (%)
Sexual Abuse		
Never	8	66.7
Occasionally	3	25.0
Frequently	1	8.7
Mean Age = 8.25		
Age of First Sexual Intercourse		
Mean Age = 15		

Identification of Commercial Sexual Exploitation of Children Victims

Table 3 presents the participants' response rates on the following questions: survival prostitution, ritualized prostitution, monetary prostitution, and coerced prostitution. Of the 12 participants that completed this survey, 3 participants were identified as being victims of the CSEC population. Due to concerns related to the confidentiality and anonymity of the participants, no other additional identifying information will be specifically discussed regarding the 3 participants identified as belonging to the CSEC population.

Regarding the questions that asked participants about incidents of CSEC among the participants, a trend

was noted in the participants' response rates. From the response rates seen in Table 3, significant trends were seen in incidents of survival prostitution, sexual favors exchange for food or shelter, 25% of the general population indicated that they had occasionally experienced survival prostitution. When examining what the mean age of the first occurrence of survival prostitution, the participant responses indicate that the mean age of survival prostitution was 12. Regarding the other sub-types of prostitution, smaller incidents of monetary and coerced prostitution were seen.

Table 3. Identification of Commercial Sexual Exploitation of Children Victims

Variables	Frequency (n)	Percentage (%)
Survival Prostitution		
Never	9	75.0
Occasionally	3	25.0
Mean Age = 11.50		
Ritualized Prostitution		
Never	12	100.0
Monetary Prostitution		
Never	11	91.7
Frequently	1	8.3
Mean Age = 8.00		
Coerced Prostitution		
Never	11	91.7
Frequently	1	8.3
Mean Age = 12.00		

Summary

In this chapter the researchers used utilized descriptive quantitative data analysis techniques to analysis the responses of the participants. The descriptive statistics used in this chapter included frequency distribution and measures of central tendencies. Regarding the participants' response rates to

the overall survey, the demographic characteristics indicate an overrepresentation of ethnic minorities, as well as an underrepresentation of male participants. When examining the response rates of the family and individual background questions, certain trends were noted. Finally, regarding the CSEC identification questions, a trend was identified as a quarter of the participants surveyed stated that they had experienced survival prostitution.

CHAPTER FIVE

DISCUSSION

Introduction

In this chapter we will discuss important findings, research limitations, make recommendations for social work practice, policy and research by drawing important conclusions on the subject of the commercial sexual exploitation of children. Included in our conclusions will be a proposal for a professional association that can provide dedicated emphasis to the problem of CSEC.

Discussion

For the at risk population studied, we found that the mean age for initial sexual intercourse was 15. Early initiation into sexual behavior (Wilson & Widom, 2010) is one risk factor for CSEC and the mean age of 15 we report is somewhat misleading. Not every respondent chose to provide an age. Interestingly, 25% (3) of our respondents who had indicated for sexual exploitation did provide their ages for first sexual intercourse, one at 4 years of age, one at 8 years of age and a third at 12 years of age. This confirms research indicating age of initial sexual initiation as a risk factor for CSEC.

These victims of commercial sexual exploitation (25%) reported the universal experience of engaging in survival sex, sexual intercourse in exchange for food, shelter or other survival needs, at a mean age of 11.5 years. A third of this subset entered monetary based prostitution by age 8 and another third entered into coerced prostitution by age 12. These ages are earlier than the typical entry age reported by the FBI (2005) of 12 to 14 and by implication, the already at risk population studied was predisposed to negative exposure at an earlier age. This suggests the possibility that multiple risk factors increase the likelihood of entry into CSEC, and at an earlier age.

Our research confirms that unstable family structure is a common risk factor for sexual exploitation. Forty two percent of our study population were with no family members prior to placement in the transitional living program that they entered at age 18. Twenty five percent were in foster homes up to the age of 18, which means that 67% of the survey population was not in a stable family environment for substantial periods prior to reaching majority.

The study further confirms the risk factor of violence which increases the likelihood of commercial sexual exploitation. A third of our study clients grew up witnessing occasional family violence and an additional 58% witnessed frequent family violence, all at a mean onset age of 7 years. Furthermore, 50% experienced occasional physical abuse and 25% experienced frequent physical abuse at a mean age of 9.

Another area of family instability as a risk factor for sexual exploitation was the experience of homelessness which 75% of our study population had experienced occasionally to frequently. Also noted was that half of our survey population had occasionally or frequently run away in their youth, a special risk factor given the high probability of contact with sexual predators within 48 to 72 hours of running away (Yew, 2011).

Where our research adds to a growing consensus about significant risk factors, we experienced a substantial exception in one area. Twill et al. (2010) mentions that every adolescent he studied had at least two primary mental health disorders. Our research group seemed very different in that only 17% had ever experienced

psychiatric hospitalization and 83% had not. The difference in populations studied though is that Twill (2010) was studying adolescent girls involved in the criminal justice system. Many were charged with prostitution and we did not ask our subjects about criminal history so comparisons would not be entirely justified.

Sexual abuse is confirmed by our study as a significant risk factor. A third of our study population had been victimized by non-commercial sexual abuse by a mean age of 8 years, 3 months. Of this group, 75% were specifically victimized in prostitution.

Our findings support the contention that adolescents that meet the criteria for intervention by Children and Family Services are implicitly at a higher risk for CSEC than other adolescents given a greater combination of risk factors being present.

Limitations

The limited sample size studied results in the researchers using descriptive quantitative data analysis and descriptive statistics including frequency distribution and measures of the central tendency of the

mean. Generalizing our findings is unlikely given the small survey population. While inferential statistics could not reliably be done given the small sample size, the study does provide a confirmatory aspect for existing research, some contrasts in areas suggesting the value of further research and an answer to the research question: "What are the demographic and risk factors for the Commercial Sexual Exploitation of Children?"

Recommendations for Social Work Practice, Policy and Research

The need for extensive research is evident. No body of research fully explains the etiology of adolescent prostitution. While risk factors have been explored with some frequency, more is needed. A substantial number of adolescents deal with these risk factors but most don't become victims of CSEC. Larger populations have not been studied for combinations of risk factors which, in their combination, probably pose greater risk or likelihood of entry into CSEC.

Specific treatment practices are not well developed in general, the one's working the best being very expensive and very rare. Best practices for responding to this growing crisis have yet to be determined.

Prevention is frequently conceived of as less costly than "cure" and yet prevention efforts are extremely scant and poorly researched. Our survey instrument, the Anderson-Fletcher Identification of Risk Survey (AFIRS) could be developed into a screening device for identifying at risk populations of youth at the Junior High School level for whom preventive or treatment services could be made available. These youth represent the age range where commercial sexual exploitation most commonly begins. Targeting youth at risk as early as possible is a strategy that makes sense. Presently, intervention, such as it is, comes only after the damage is done for the most part and full recovery unlikely.

Some research into this problem acknowledges that it affects all races and classes (Twil et al., 2010) but that it affects minority victims earlier and worse than the norm. It remains the case though that the link between race, economic class and general economic conditions faced by all young people, is not extensively researched as the literature on this area is quite lean. It is especially true that economic inequality, inadequate access to decent jobs and increasing current economic uncertainty serves to

entrap many and more research needs to be done to establish this link.

Social work cannot fully meet the needs of this population without developing micro and macro strategies for engaging it and at this point, schools of social work and social work professional organizations are not much invested in this crisis. We note that if the damages that the FBI (2005) reveals bare any reality at all, we are compelled to believe that the duty to confront this problem is an imperative. Facing this requires that the profession of social work challenge the assumption that this problem is intractable and inevitable since it is no more so than slavery was once believed to be. Further, CSEC must be finally recognized for what it truly is: modern day slavery.

Social workers need to encompass an interdisciplinary perspective for responding to the crisis of CSEC. The National Association of Social Workers does not offer specialization recognition to treating adolescent or adult prostitutes, nor do professional associations of other disciplines. CSEC is still a problem for which disciplines such as psychology, sociology, criminology and the legal profession can have enormous roles. What social work and

other disciplines need to recognize is that victimization in prostitution presents a unique set of pathologies. While it's victims display many different problems and pathologies, it is the sum of these problems particular to these victims that make them a unique population. For this reason we recommend the formation of a professional association on the model that NASW offers that can include members from various disciplines. We recommend the creation of a professional association which we have titled: The National Association of Prostitution Recovery Professionals (NAPRP). A description, rationale, mission and vision statement is located in Appendix E.

Conclusions

What is the actual size of the CSEC population? No one really knows. What is the actual mortality rate of adolescents in prostitution? No one really knows. Why do so many of our un-numbered children fall through the cracks so completely? No one really knows. When are we going to believe that solutions are possible and the costs are investment and not sacrifice? No one really knows. Its time to find out.

APPENDIX A
ANDERSON AND FLETCHER IDENTIFICATION
OF RISK SURVEY

The Anderson Fletcher CSEC Survey

1. Please check off what housing arrangements you experienced prior to your 18th birthday. [check ALL that apply]:
 - I lived with my parents (biological)
 - I lived with my parents (adoptive)
 - I lived with my family member (Grandparent, Aunt/Uncle, Cousin, etc.)
 - I lived with my foster parent
 - I lived in a group home
 - I was homeless
 - I lived with a friend
 - Other _____ please specify (without naming)
2. The last grade that you completed in school was _____.
3. I have run away from home in the past:
 - Never Occasionally FrequentlyApproximate age of first runaway, if applicable: _____.
4. I've observed violent behavior in my household(s) growing up:
 - Never Occasionally FrequentlyApproximate age of first event, if applicable: _____.
5. I've been subjected to violence by family members in the past:
 - Never Occasionally FrequentlyApproximate age of first event, if applicable: _____.
6. Growing up, I have been exposed to violence in my neighborhood or community:
 - Never Occasionally FrequentlyApproximate age of first event, if applicable: _____.
7. I have been homeless in the past:
 - Never Occasionally FrequentlyApproximate age of first event, if applicable: _____.
8. My family has had previous involvement with CPS (Child Protective Service) or CFS (Children and Family Services):
 - Never Occasionally FrequentlyApproximate age of first event, if applicable: _____.

9. I was exposed to drugs in my home in some manner:
Never Occasionally Frequently
Approximate age of first event, if applicable: _____.
10. I have used drugs in my childhood:
Never Occasionally Frequently
Approximate age of first event, if applicable: _____.
11. Please check the drugs, if any, that you have used during childhood [check ALL that apply]:
Alcohol Marijuana Ecstasy Heroin
Tobacco Cocaine Methamphetamine
Non-prescribed prescription strength drugs
Other _____ (please print)
12. I have been hospitalized for mental health reasons in the past:
Never Occasionally Frequently
Approximate age of first event, if applicable: _____.
13. I have done sexual things to get food or shelter:
Never Occasionally Frequently
Approximate age of first event, if applicable: _____.
14. I have done sexual things to gain acceptance into a group:
Never Occasionally Frequently
Approximate age of first event, if applicable: _____.
15. I have done sexual stuff for money:
Never Occasionally Frequently
Approximate age of first event, if applicable: _____.
16. I have done sexual stuff for money because my boyfriend/girlfriend or friend asked me to:
Never Occasionally Frequently
Approximate age of first event, if applicable: _____.

17. I have been sexually abused by a family member or family friend in childhood.
Never Occasionally Frequently

Approximate age of first event, if applicable: _____.

18. Your age when you first experienced sexual intercourse: _____.

19. Please check the sexuality that best applies to you.

Straight

Gay/Lesbian

Bisexual

Transgendered

Questioning

20. Please check the ethnicity that best applies to you:

African American

Asian/Pacific Islander

Native American

Latino

White

Mixed _____ (please describe)

21. Please check your gender:

Male

Female

Developed by Melinda Anderson and Daniel Fletcher

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT

Your signature at the bottom of this page indicates your agreement to participate in survey research being done by Melinda Anderson and Dan Fletcher, graduate students from the School of Social Work at California State University, San Bernardino.

Your privacy is extremely important to us which is why the survey itself does not instruct you to indicate your name. Please do not add it to the survey. This consent statement will be kept separate from the surveys and you will keep a copy. Our copy will be kept for 3 years but the surveys themselves will be shredded once the information has been entered into a data base that bears no identifying information of any of the individuals completing the survey. This will occur no later than June of 2012.

The purpose of our study is to examine known risk factors for youth who sell sex for money face. You may have been exposed to many risk factors without ever having been sexually exploited. It is important that we know in either event because, in the long run, researchers need to discover why some youth become victims and others don't, and we need to better understand what combinations of risk factors are the most hazardous. In addition, better services need to be developed to deal with this crisis.

You may decline to answer any question we ask or, once beginning the survey, stopping your participation for any reason you have. There are no penalties for changing your mind. You don't have to explain yourself to anyone. Simply turn in the survey when they are collected and pick up your gift card.

The possibility of any discomfort to you is slight but you are the most qualified to decide. After the survey you may ask to speak to a counselor assigned to your location if you would like to. Counseling staff have been advised of the nature of this survey and have read it.

This research has been approved by the School of Social Work , Sub-Committee of the Institutional Review Board of California State University, San Bernardino. You may contact Dr. Laurie Smith, Director of the CSUSB School of Social Work at (909) 573-5501 if you have any questions.

Signature: _____

Date: _____

APPENDIX C
DEBRIEFING STATEMENT

DEBRIEFING STATEMENT

Thank you for participating in our study. Your participation will help the researchers better understand risk factors among young people and contribute to better services in the future.

People sometimes get uncomfortable about revealing private information but be assured that your survey will remain confidential and will be protected until finally destroyed.

If you are curious about this study and have any questions about it you may contact the Dr. Laurie Smith, Director of the CSUSB School of Social Work at (909) 573-5501.

A reminder: You may ask to speak to a counselor assigned to your location if you would like to. Counseling staff have been advised of the nature of this survey and have read it.

Thank you again for your participation!

APPENDIX D

THE NATIONAL ASSOCIATION OF PROSTITUTION

RECOVERY PROFESSIONALS

THE NATIONAL ASSOCIATION OF PROSTITUTION RECOVERY PROFESSIONALS (NAPRP)

Description: This is an association of professionals committed to the recovery and treatment of women and men, adults and children victimized by prostitution. Qualifying membership will be modeled after that of the National Association of Social Workers but will be inclusive of multi-disciplinary members representing academic and professional qualification from schools of social work, psychology and criminology and also include legal professionals at the Juris Doctor level.

The association will require continuing education credits, track-able levels of practice and participation, professional licensure in the respective fields of discipline for the purpose of providing specialized credentialization in treatment, prevention education, research and advocacy.

The association will maintain a macro and micro orientation pertinent to the problem of commercial sexual exploitation. Advocacy actions, the macro responses to this problem, will include legal advocacy, public outreach and education, and outreach to institutions that may have a capacity for assisting in preventive actions or the direction of victims to treatment. Included in the macro orientation will be the vigorous advocacy of resource development compatible to best practices for treatment and recovery. Anti-trafficking advocacy and emergency intervention on both macro and micro levels must also be developed.

Treatment and recovery actions, the micro component, will focus on treatment, case management, therapy, psycho-education and a variety of services designed to restore or develop in the victim an empowered self capable of actualizing a life that is worthwhile and meaningful to them.

A research component will be developed to fill the knowledge voids that are notorious in all areas of prostitution recovery and treatment.

Rationale: The issue of the commercial sexual exploitation of minors and adults crosses many disciplinary boundaries. Social Work, Psychology, Criminology, Sociology and the legal professions each have a role to play in responding to the problem of commercial sexual exploitation. Each has historical deficits in response to this problem and yet complimentary areas of skill and knowledge that, brought together, can serve well to catalyze an effective revolt against this problem. What NASW can do to encourage and expand specialization in this area, would be to offer training, recognizing trainings already available and to offer specialty credentials for social workers engaged in responding to this problem.

Various disciplines seem to have their parochial commitments to their established regards for this particular problem and yet the problem transcends the

range of professional practice so far analyzed for each discipline. It seems that multi-disciplinary approaches may enhance the vitality of each discipline's commitment to responding to the crisis of this particularly onerous form of sexual abuse.

Mission Statement: The NAPRP is dedicated to the recovery and treatment of victims of prostitution. We are committed to:

- The core values of the social work profession as articulated by the National Association of Social Workers (NASW), applicable to all professional members and the core values of all associated members not in conflict with these.
- Developing and implementing effective treatment practices.
- Developing and implementing effective prevention practices.
- Expanding the knowledge base of professionals in the fields that respond to this issue.
- Developing and implementing effective legal and public advocacy practices.
- Liberating the victims of this devastating form of oppression in it's many areas of expression, including the social stigmas pervasive in our national and local cultures that serve to entrench the oppression of victims.

Vision Statement: Our vision is the abolition of prostitution, period. We envision a social future where the practice of prostitution is nullified by virtue of economic, social and legal options rendering obsolete those conditions which draw victims into this tragedy in the first place.

Developed by Melinda Anderson and Daniel Fletcher

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ASSIGNED RESPONSIBILITIES PAGE

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:

Assigned Leader: Melinda Anderson

Assisted By: Daniel Fletcher

2. Data Entry and Analysis:

Assigned Leader: Melinda Anderson

Assisted By: Daniel Fletcher

3. Writing Report and Presentation of Findings:

a. Introduction and Literature

Assigned Leader: Daniel Fletcher

Assisted By: Melinda Anderson

b. Methods

Assigned Leader: Melinda Anderson

Assisted By: Daniel Fletcher

c. Results

Assigned Leader: Melinda Anderson

Assisted By: Daniel Fletcher

d. Discussion

Assigned Leader: Daniel Fletcher

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