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2016

## Services for youth involved in domestic minor sex trafficking: Divergent perspectives on youth agency.

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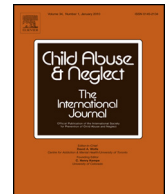
Sapiro, Beth; Johnson, Laura; Postmus, Judy L.; and Simmel, Cassandra, "Services for youth involved in domestic minor sex trafficking: Divergent perspectives on youth agency." (2016). *Department of Social Work and Child Advocacy Faculty Scholarship and Creative Works*. 160.

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# Child Abuse & Neglect



Research article

## Supporting youth involved in domestic minor sex trafficking: Divergent perspectives on youth agency



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### ARTICLE INFO

#### Article history:

Received 22 December 2015

Received in revised form 3 May 2016

Accepted 13 June 2016

#### Keywords:

Domestic minor sex trafficking (DMST)

Interventions for youth trafficking

Commercial sexual exploitation of children (CSEC)

Stakeholder collaboration

Youth agency

### ABSTRACT

Domestic-minor sex trafficking (DMST) continues to affect youth in the United States; however, lack of empirical evidence for interventions and the complex sociopolitical discourses surrounding sex trafficking and the commercial sexual exploitation of children (CSEC) hamper delivery of effective services to this population. To explore perspectives on best practices with these young people, 20 in-depth interviews were conducted with key stakeholders whose work provides them with a unique vantage point on the needs and experiences of survivors of DMST in New Jersey. Notes from interviews were coded and analyzed for emergent themes. While key stakeholders generally agreed on best practices, there were several important areas of dispute that emerged regarding how best to serve youth involved in DMST, specifically with regard to youth running away from services, models of service provision, and the use of technology by these youth. Findings suggest that professionals from diverse backgrounds may disagree about the extent to which youth involved in DMST possess agency in their decision-making capacities as adolescents. This study explores these areas of dispute, and discusses the implications for the many different professionals and systems that must work together in providing services to this population.

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## 1. Introduction

The commercial sexual exploitation of children (CSEC) is a form of child abuse that continues to affect youth within the United States. The term CSEC refers to a range of crimes that vary in frequency and severity, including child sex trafficking, the production and dissemination of child pornography, and the exploitation of youth through sex work (Mitchell, Jones, Finkelhor, & Wolak, 2011). According to the United States Victims of Trafficking and Violence Protection Act (TVPA, 2000), any individual who is induced to perform a commercial sex act and has not yet attained 18 years of age is considered a victim of domestic minor sex trafficking (DMST), a legal definition that can be considered a subset of CSEC (Institute of Medicine (IOM) and National Research Council (NRC), 2013). Unfortunately, no reliable estimates exist on the prevalence of DMST in the United States, with estimates ranging from 100,000 to 3 million youth affected (Curtis, Terry, Dank, Dombrowski, & Khan, 2008; IOM & NRC, 2013). The definition and scope of DMST is ambiguous and contested within the United States (Horning, 2012). The terminology of “trafficking” implies that an adult third-party exploiter controls youth involved in DMST, although recent research suggests that this is not always the case with underage youth (Horning, 2012; Mitchell, Finkelhor, & Wolak,

This project was supported by the New Jersey Department of Children and Families. Points of view in this document are those of the authors and do not necessarily represent the official position or policies of the Department of Children and Families.

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<http://dx.doi.org/10.1016/j.chiabu.2016.06.019>

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2010). For example, transactional sex between similar-age youth may sometimes be facilitated in collaboration with peers and other times under deceitful and exploitative circumstances (Horning, 2012). Additionally, homeless youth are more likely to engage in survival sex, or the process of exchanging sex for basic needs such as food, clothing, and shelter (Colby, 2011). While the concept of trafficking has been applied broadly and inconsistently, there does exist a small subset of youth who are trafficked by adults to engage in commercial sex work. It is these young people who are the focus of this study.

Youth who have experienced DMST may have a wide range of both short and long-term needs and are likely to encounter a number of public systems of care, including social services, law enforcement, health care, and education (Musto, 2013). Their experiences of trafficking, in addition to previous experiences of exploitation or abuse, may necessitate physical or mental health treatment, as well as legal advocacy and life skills development (Macy & Johns, 2011). Youth who have been involved in DMST may struggle with a range of emotional, social and developmental difficulties, and may not identify themselves as victims at all (Clawson & Goldblatt Grace, 2007). In order to best meet the needs of DMST-involved youth, a wide range of services must be available and inter-agency collaboration is greatly needed. However, the lack of a solid research base to inform interventions impedes efforts to provide effective responses. In addition, the intensity of the discourse surrounding sex trafficking of minors means that individuals from diverse professional backgrounds may disagree about how to best meet the needs of this population. The prevalence of beliefs about the therapeutic benefit of detention for youth who have been sex trafficked or commercially sexually exploited (Musto, 2013) leads to disputes over the extent of personal choice and agency youth should be able to exert during the process of their receiving services. To address such disputes over how to respond, this study investigates the beliefs of key stakeholders regarding the needs, challenges, and best practices for serving youth who have been involved in DMST.

### 1.1. Impact of DMST on youth

Youth who become involved in sex trafficking are likely to have experienced earlier child maltreatment, and their experiences of sexual exploitation compound these earlier experiences of child abuse and neglect (IOM & NRC, 2013). As a result of exposure to multiple incidences of maltreatment, DMST-involved youth may struggle with various physical, emotional, and behavioral symptoms associated with complex trauma (Bath, 2008). Children with complex trauma maintain a chronic state of vigilance and perceive adults as sources of threat rather than of comfort or support (Bath, 2008). These young people may experience difficulties in a range of domains, including attachment, behavioral self-control, self-concept, and emotional regulation, among others (Bath, 2008; Courtois, 2004).

Myriad challenges exist in providing effective services to youth who have been involved in DMST. Poverty, interpersonal violence, family distress, and identification as LGBT can elevate a young person's vulnerability to trafficking and complicate service provision to youth and their families (IOM & NRC, 2013). Further complicating service provision is the fact that many young people who are involved in DMST do not identify as victims and are distrustful of law enforcement and other adult authorities (Clawson & Goldblatt Grace, 2007; IOM & NRC, 2013). Practitioners who have worked with these youth report that they are more likely to describe themselves as having chosen to sell sex (Kalergis, 2009). In addition, in recent years there has been widespread media attention in the United States around DMST as a form of "modern-day slavery," perpetuating a discourse that victims of DMST are overwhelmingly young women in need of "rescuing" (Musto, 2013). Service providers must work to address the physical, psychological, and developmental impacts of trafficking on adolescents, as well as navigate the stigma and intense emotional and political discourse surrounding sex trafficking in the United States (Clawson & Goldblatt Grace, 2007; Hodas, 2006).

### 1.2. Treatment principles for supporting youth involved with DMST

Services to support youth who have been involved in DMST have an extremely limited research base to draw on in order to empirically inform their work (IOM & NRC, 2013). The hidden nature of the population means that little research has been conducted that highlights the voices and experiences of young people who have been involved in DMST. As well, only a small number of programs exist specifically to serve young people involved in CSEC and DMST, and of these, only a handful that have been subject to empirical evaluation. One example in the literature is the Acknowledge, Commit, Transform (ACT) residential program for girls who have been involved in commercial sexual exploitation (Thomson, Hirshberg, Corbett, Valila, & Howley, 2011). Treatment in the program consisted of individual and group therapy for those who acknowledged involvement in CSEC. After the first year, 62% of participants completed the program successfully. Compared to the earlier version of the program, a modified version of the program utilizing stages of change theory had a 78% decrease in the number of clients who failed to achieve their treatment goals due to running away, hospitalization or incarceration. Alumni of the program were still in at-risk situations when contacted for follow up, including some who had run away, been hospitalized or been arrested, but none had reports of continuing sexual exploitation (Thomson et al., 2011). Despite the limitations in this study of having only 13 participants, this research supports the notion that the process of leaving a trafficking situation is rarely linear or straightforward. There is a clear need for more research that evaluates interventions with youth involved in DMST (IOM & NRC, 2013).

However, a review of related domains that frequently overlap with DMST, including child maltreatment, domestic violence, sexual assault, and services for homeless youth, suggests valuable principles to inform treatment and future research. This literature suggests that comprehensive case management, trauma-informed care, and services that promote

empowerment are essential aspects of treatment (IOM & NRC, 2013). The principle of survivor leadership recognizes the limitations of seeing youth only as victims, and works to promote their development as leaders and advocates for others (Kalergis, 2009). These interrelated domains also reflect the diversity of systems that serve this population.

For young people who have been involved in DMST, the process of leaving a trafficking or sexually exploitative relationship is complex and involves encounters with multiple domains of care and professional entities. Parallel to the experience of leaving an abusive intimate relationship, the impact of trauma bonding, stigma, and perceived lack of other options may influence a young person's decision to return to a sexually exploitative relationship (Clawson & Goldblatt Grace, 2007; Kalergis, 2009). Treatment requires that a comprehensive continuum of care be available to support youth at any stage of leaving, ranging from crisis intervention to after care (Macy & Johns, 2011). Particularly for youth who have been homeless, the provision of material resources is as important as the relational support programs offer (Kennedy, Agbényiga, Kasiborski, & Gladden, 2010). Once survivors' immediate needs are met, they have ongoing needs for recovery and stability that are best addressed through comprehensive case management services. In addition to providing support with housing, legal issues and physical and psychological health, youth leaving DMST situations need assistance with pursuing educational goals, gaining life skills, and job skills (Brodie, Melrose, Pearce, & Warrington, 2011; Macy & Johns, 2011). Providers acknowledge that youth involved in DMST need to acquire work experience that will help them to earn money in safer ways (GEMS, 2014). Comprehensive case management can help young people who have been involved in DMST or CSEC navigate multiple systems and address their complex needs (IOM & NRC, 2013).

Among these many complex needs, difficulties with emotions and relationships are prominent. Youth who have experienced sex trafficking or commercial sexual exploitation may distrust adults and may struggle with forming safe, healthy relationships as a result of their experiences (Clawson & Goldblatt Grace, 2007). Given the complex trauma that these youth often experience, trauma-informed practices are of paramount importance for any professional working with this population. A trauma-informed approach to care prioritizes the physical and emotional safety of youth involved with DMST and emphasizes their resilience, input and control over their experiences (IOM & NRC, 2013; Macy & Johns, 2011). Trauma-informed treatment is based on principles of establishing safety, maintaining connections, and managing emotions, grounded in a recognition of the symptoms that are common in responses to trauma (Bath, 2008). Programs can seek to ensure a physically safe environment by keeping the location of the program confidential. Emotional safety is fostered by staff who build supportive relationships with traumatized youth through modeling transparency, consistency, and honesty (Bath, 2008). These supportive relationships are especially important when youth receiving services are still likely to engage in high-risk activities such as running away and abusing substances (IOM & NRC, 2013).

Research on services for youth involved with DMST recommends a system-wide trauma-informed approach to care that seeks to avoid re-traumatizing survivors (Elliott, Bjelajac, Fallot, Markoff, & Reed, 2005; IOM & NRC, 2013; Macy & Johns, 2011). A trauma-informed approach to services focuses on maximizing an individual's agency and personal control in receiving services. In this approach, all adults who encounter youth involved in DMST must affirm their needs for safety, respect, and acceptance, common to many survivors of interpersonal violence (Elliott et al., 2005). Trauma-informed care supports the rights of trauma survivors, utilizing a collaborative, relational approach to services whenever possible, rather than a hierarchical approach that emphasizes differentials of power (Elliott et al., 2005). This emphasis on empowerment seeks to counter the experiences of powerlessness and devaluation common to many youth involved in DMST, and works to highlight the strengths of young people while holding them to high expectations (GEMS, 2014). These principles can potentially form the bedrock of survivor-led and survivor-informed programs (IOM & NRC, 2013).

These goals to respect client self-determination can be challenging for professionals working with youth involved in DMST, who must balance respecting adolescents' choices with their wish for youth to leave dangerous situations and relationships (Berckmans, Velasco, Tapia, & Loots, 2012). Indeed, Brodie et al.'s (2011) review of services for youth involved with DMST in the United Kingdom found that staff in these programs often felt a tension between care for youth and control of youth. However, the literature on trauma-informed services for youth emphasizes the importance of youth-serving professionals acknowledging youth needs, demonstrating a willingness to cede control, being thoughtful with use of language, and helping youth understand the impact of trauma symptoms (Berckmans et al., 2012; Hodas, 2006).

### 1.3. Discourses of human trafficking and youth agency

The ideals of trauma-informed care can be challenging to implement in practice when youth who have been involved in DMST present with a wide array of service needs and involvement in multiple systems of care. For this reason, helping professionals must work collaboratively in order to ensure that young people are receiving the necessary services. However, this multi-disciplinary collaboration can be particularly challenging as professionals from diverse backgrounds may disagree about how to effectively respond to the needs of this population, particularly how to foster a safe environment while providing youth with the space for their own decision-making. The legal definition of American youth who are involved in DMST as crime victims may lead some adults to assume that domestically trafficked youth lack agency and decision-making capability as minors, in keeping with a dominant American belief that victimization and agency are mutually exclusive (Bay-Cheng & Fava, 2014; Horning, 2012). Bay-Cheng and Fava (2014) note that American culture has a tendency to portray young women as either "at-risk" victims or assertive, "can-do" autonomous agents; as a result, this binary fails to recognize the many ways that victimization, vulnerability, and agency can co-exist (Bay-Cheng & Fava, 2014).

However, a recent body of research has begun to question some of the dominant assumptions underlying the discourse of trafficking in the United States, including its conflation with prostitution and the concurrent debate over the inherent validity and degree of exploitation in sex work (Marcus et al., 2011; Musto, 2013). These researchers note that a narrative of victimized young people who are controlled by violent traffickers both fails to correspond to the accounts of youth themselves and obscures the more complicated reality of youth who become involved in DMST (Horning, 2012; Marcus et al., 2011; Mitchell et al., 2010). Studies of commercially sexually exploited youth in both New York City (Curtis et al., 2008) and Atlantic City, NJ (Marcus et al., 2011) found few examples of youth being controlled by predatory traffickers. However, these studies did reveal a range of relationships among adolescents and young adults involved in the sex trade with varying degrees of power, control, and agency (Horning, 2012; Marcus et al., 2011). In some cases, adolescents and young adults maintained collaborative and sometimes affectionate relationships with people who facilitated their participation in sex work, with no evidence of violence or coercion; in other cases, these relationships were more clearly grounded in opportunity, difficult circumstances, or differentials of power and control (Marcus et al., 2011). For youth whose histories of trauma, family discord, and socioeconomic disadvantage contributes to their participation in the commercial sex trade, the personal agency they are able to exercise may be considered either constrained (Horning, 2012) or ambiguous, in that it fails to conform to normative ideas about appropriate behavior for children (Bordonaro & Payne, 2012). Either way, these studies raise questions about the degree to which youth involved in DMST who are under 18 years old should be considered entirely lacking in agency (Horning, 2012).

Equally concerning is a discourse around human trafficking that simplifies complex realities and perpetuates stereotypic, heteronormative assumptions about its victims (Musto, 2013). In her research, Musto (2013) found that victim advocates and law enforcement professionals agreed that the juvenile and criminal justice systems were best suited for solving the problems of DMST, a belief she describes as “carceral protectionism.” This belief – that the best way to help youth involved in DMST is via detention – suggests that some professionals consider young victims of sex trafficking to be devoid of personal agency (Musto, 2013).

This research poses a challenge to the many systems of care that encounter youth involved in DMST. These systems are often founded on Western conceptualizations of childhood, which consider all young people under 18 as children unable to make life choices without adult support (Berckmans et al., 2012). The dilemma of how to support the rights of young people in extremely vulnerable and potentially exploitative situations is also found in services for homeless young people. Multiple perspectives exist in conceptualizing homeless youth, and these approaches undergird the policies and programs designed to assist children and adolescents living and working on the street (Thomas de Benitez, 2003). The United Nations Convention on the Rights of the Child (CRC) emphasizes the right of young people to protection from harm, as well as their rights to knowledge and skills, support, and decreased vulnerability (Thomas de Benitez, 2003). Alternately, policies for street youth may be couched in a reactive/repression-oriented model, which frames street youth as threatening to public safety and deserving of repressive interventions (Thomas de Benitez, 2003). A third approach to street youth, the protective model, depicts these youth as victims whose basic rights have been violated, and for whom interventions focus on solving immediate problems rather than addressing structural causes (Thomas de Benitez, 2003). Historically, the predominance of a protective model in child welfare services in the United States has positioned children and youth as passive recipients of services and not active decision-makers in their own lives (Ai, Foster, Pecora, Delaney, & Rodriguez, 2013; Watt, Norton, & Jones, 2013). The challenge for adults charged with the care and protection of these youth is to find a workable balance between adolescents’ right to protection from sexual exploitation and their right to participation in decisions affecting them (Ruck, Keating, Saewyc, Earls, & Ben-Arieh, 2014). Youth involvement in DMST thus poses a conundrum for practitioners and policy makers, as they need to balance their legal and ethical obligations to protect youth from harm with a wish to respect the decision-making capabilities of adolescents, even when the decisions made appear not to be in the young person’s best interests (Bordonaro & Payne, 2012).

#### 1.4. The current study

These divergent frameworks – emphasizing protection, punitive responses, or the rights of children and youth – have informed interventions with youth in the U.S. These disparate approaches also reflect an underlying debate over the extent to which youth involved in DMST possess and exercise agency (Horning, 2012; Marcus et al., 2011). This study explores these areas of dispute, given the complex discourses surrounding sex trafficking and the many different professionals and systems who must work together in providing services to this population. The issue of how and to what extent youth agency is respected takes on renewed significance in the context of the multi-professional collaborations required by DMST. Youth involved with DMST have extensive service needs and frequently encounter service providers from social services, child welfare and law enforcement, among others. This study was funded by the New Jersey Department of Children and Families (DCF) in order to identify best practices for working with youth involved in DMST. The following research questions guided this study:

- (1) How do key stakeholders familiar with DMST describe best practices for working with youth involved in DMST?
- (2) Which practices are sources of disagreement among key stakeholders regarding best practices for serving youth involved in DMST?

## 2. Method

A constructivist approach to qualitative inquiry was selected for this study, as a way to explore stakeholders' subjective perspectives, beliefs, and experiences regarding a topic that is both sensitive and not well understood (Maxwell, 2013; Padgett, 2008). Twenty in-depth, semi-structured interviews were conducted with key stakeholders whose work provides them with a unique vantage point on the needs and experiences of survivors of DMST in New Jersey. Almost half of participants (45%) were employed by a nonprofit organization that provides direct services to survivors; the other 55% of participants worked in law enforcement, child protective services, or education. The authors used snowball sampling to identify potential interview candidates, specifically looking to interview any professional in the state who worked with youth involved with DMST.

### 2.1. Participants

Potential interview candidates were initially suggested through key contacts of New Jersey's Department of Children & Families (DCF), the funder for this project. In addition, at the conclusion of every interview, each interviewee was asked to suggest additional candidates for future interviews, so that a growing list of key stakeholders was iteratively generated over the course of conducting the interviews. Twenty-five key stakeholders were contacted by the project coordinator with a request to participate in a one-time interview. Of these, 2 stakeholders declined to participate and the other 3 did not respond to the request for an interview. Ultimately, 20 key stakeholders participated in interviews between August and December 2014. Key stakeholders were identified as anyone with valuable insight to share on the service needs of youth involved with DMST in the state. Key stakeholders were predominantly female (85%) and represented law enforcement, state child welfare administrators, nonprofit agencies focused on human trafficking, and both staff and administrators from social service agencies involved in serving youth involved in DMST. All key stakeholders signed informed consent forms that reviewed confidentiality of research data as well as the risks and benefits of study participation. The university's Institutional Review Board and the DCF Research Committee approved all data collection activities for this study.

### 2.2. Data collection

Key stakeholders were invited to participate in an in-person interview through an email sent from the research team. Interviews were held at a time and location that was convenient for the interviewee. In order to facilitate participants' ability to speak candidly on a sensitive subject that was closely linked to their occupations, the research team decided not to audio record interviews and to collect only limited demographic information from stakeholders. Two research assistants attended each key stakeholder interview, with one conducting the interview and the other recording detailed notes on a laptop or tablet, attempting to record verbatim whenever possible the statements of the interviewees. The research team also implemented protocols to protect the confidentiality of key stakeholders. Each key stakeholder was assigned a numerical identifier, which was used in place of his or her name. Interview notes used these identifiers and did not include any information that would identify individual people or their organizations. All key stakeholders are referred to by pseudonyms in this study and the nature of their work roles is described in purposely-generic terms.

Following each interview, the notes were uploaded to a password-protected secure folder location on the university's server, to which only members of the research team had access. Throughout the period of data collection, members of the research team who were involved in conducting interviews met periodically to discuss whether new themes were emerging in interviews. Once saturation was reached, the research team agreed to cease conducting further key stakeholder interviews.

Rigorous qualitative inquiry requires researchers to be reflexive regarding both personal and systematic biases brought to the work (Padgett, 2008). We approached this topic from the perspective of feminist researchers with clinical experience working with youth at risk, and an interest in critically examining the discourses surrounding DMST. This background informed our approach to data analysis. To enhance the rigor of our study, we kept an audit trail to track all decisions made throughout the data collection and analysis process. Following each interview, the interviewees also debriefed, to discuss new concepts that emerged and the researchers' reactions to them. Use of multiple interviewers, coders, and analysts allowed for triangulation of perspectives throughout data collection and analysis (Padgett, 2008).

### 2.3. Instruments

The face-to-face interviews with key stakeholders were semi-structured, following an interview guide developed by the research team with several domains of questions. A semi-structured format provided stakeholders with flexibility to speak to their own areas of expertise. Interviewers asked key stakeholders about the capacity in which they work with this population, their beliefs about valuable outcome measures for program evaluation, and their perceptions of best practices and challenges in providing appropriate services for youth involved in DMST.

This semi-structured qualitative approach to data collection is appropriate for topics about which little has been published in the literature (Padgett, 2008). Qualitative research is valuable for providing in-depth and nuanced depictions of a particular

issue in a specific time and place; it is not appropriate for generalizing outside these bounds to other times, places, or issues (Padgett, 2008).

#### 2.4. Data analysis

Data analysis was conducted using a critical feminist theoretical lens, in order to explore how adult stakeholders construct the personal agency of vulnerable youth involved in DMST (Musto, 2013). After the first four interviews were conducted, two doctoral-level members of the research team independently reviewed the notes from these interviews and used open coding techniques to categorize the data using codes that represented concepts found in responses to interview questions (e.g. “Establishing safety”). We used both theoretical and inductive thematic analysis (Braun & Clarke, 2006; Maxwell, 2013) to code the data, drawing on themes from the existing literature on human trafficking and sensitizing concepts from interview questions as well as identifying codes that were grounded in the data. After each researcher developed these preliminary codes, the two researchers met to compare their lists and reconcile discrepancies. Approximately 60% of the researchers’ initial codes overlapped, and the remaining codes referred to unique concepts. After discussing differences in the coding and reaching consensus, a working codebook was developed to use for coding the remaining interviews. This codebook also grouped the codes into preliminary themes, based on recurring patterns of codes across interviews. All coding was conducted using Atlas.TI qualitative data analysis software.

Using this codebook, two members of the research team coded the remaining interviews, making notes of possible new codes that were not present in the initial codebook. Four members of the research team met to discuss and consolidate the codes into categories, subthemes, and eventually themes. New codes were evaluated to determine whether they reflected new ideas or could be incorporated into existing codes. Once consensus was reached on the codes, research team members grouped codes based on underlying similarities into categories, followed by subthemes, and eventually into several themes, which were then checked against the data for internal coherence (Braun & Clarke, 2006). Emergent themes related to best practices and areas of challenge in serving youth involved with DMST. This study focuses on three topics about which key stakeholders had divergent ways of understanding the challenges encountered in serving youth involved with DMST. All citations quotes cited in this study are taken directly from written notes taken during interviews with key stakeholders. These citations are not actual quotes but accurately reflect the viewpoints presented by the key stakeholders.

### 3. Findings

Analysis of interview notes indicated that for the most part, key stakeholders broadly agreed on some best practices for serving youth who have been involved in DMST. Stakeholders emphasized that providers must recognize the uniquely detrimental impacts of complex trauma on youth psychosocial development, understanding it as a precursor to involvement in DMST. They also agreed that the involvement in DMST generally comes after an extensive history of abuse, neglect, and family disruption. They also discussed organizational best practices in terms of the need for thorough and frequent staff training, and the challenges of measuring outcomes in working with this population. However, amid this broad consensus, there were three topics that emerged in the semi-structured interviews, which reflected divergent approaches to addressing the complex problem of DMST. Each of these topics will be discussed in turn. First, we describe the various meanings professionals attributed to youth running away from programs. Second, we describe different perspectives on the ideal model of service provision for programs serving DMST youth. Third, we describe varied approaches to managing the use of technology by youth who have been involved in DMST. Each of these topics reflects the different frameworks that inform approaches to serving this population and differential perspectives on youth agency.

#### 3.1. Divergent views on the meaning of running away

One of the most frequent concepts that recurred across key stakeholder interviews was the issue of youth running away from treatment programs. Key stakeholders all agreed that elopement from treatment programs was a common and challenging issue in serving the population; however, they had different ideas about how to interpret the meaning of youth running away and how best to respond as a result.

Some key stakeholders believed strongly that it is the responsibility of programs to keep youth involved in DMST safe and away from trafficking situations; consequently, they interpreted youth running away from programs as evidence of the program’s failure. For example, Mark (law enforcement) argued that the number of “involuntary departures” or youth who run away reflect a program’s lack of success:

If you looked at [state child welfare] records and see what programs that kids run away from the most, and then you went and observed, then you would think, “I would run away from here too. I would be headed for the door.” Some programs might not be the best because they are far away and it might be too far away to run, but kids are resilient so they would still try.

According to Mark, the number of youth who run away from a program can be interpreted as a clear indication of that program’s ineffectiveness in serving youth.

Other stakeholders interpreted running away behaviors to be less about specific programs and more of a behavioral symptom associated with involvement in DMST that needed to be better managed by providers. Some professionals believed that running away was a pathological behavior that was best controlled through secure (and ideally remote) placement. Justin (law enforcement) described youth who run as a “flight risk” who need to be placed in a short-term facility. He also discussed how frequent running creates additional hours of work for law enforcement and others involved in the youth’s care and protection. Justin believed that detaining youth in secure placement would help “so they can be in [a] safe environment and calm down.”

Still other key stakeholders understood running away as a common behavioral symptom of the extreme trauma endured by youth involved in DMST, but were not willing to impose a “lock-down” model of services on the population. These stakeholders endorsed a flexible approach to service provision that acknowledges the reality of running away in the same way that substance abuse programs recognize relapse as part of the process of recovery. Felicia (child welfare) expressed this belief in this way:

Young people are going to be running away, coming back, leaving, coming back as part of the program. If you have programs that ask them to leave for the reasons they’re there – it doesn’t work. They need to be flexible.

These disparate approaches of interpreting and responding to running away behaviors resulted in differing beliefs about the most appropriate outcome measures used by programs to evaluate their services. A common challenge in identifying and measuring progress, noted by several interviewees, was that while the goal of these agencies may be to keep youth and young adults safe and away from exploitative relationships and dangerous situations, the reality is that many of their clients will return to “the life” several times during the process of getting help. Stakeholders acknowledged that it is extremely common for youth involved in DMST to leave a trafficking situation, only to return to it later. Alicia (direct services) described a former client who had left a program and was now “back in high risk situations which is not uncommon.” Similarly, Jenna (law enforcement) stated:

Most of them are going to go back to the life, most of them are not going to come out of it right away. I think it is even overreaching to say they get out of the life and never go back – that’s ideal but not realistic.

These divergent perspectives informed how professionals evaluated the success of particular programs. Some key stakeholders identified “leaving trafficking” as a significant outcome to measure. For example, when asked about how programs could measure outcomes, Wendy (direct services) said, “First thing would be decrease in elopement.” She added, “That shows that girls are engaged and feel safe and want to be there. Something that they’re connected to.” Other stakeholders suggested that rather than monitor involvement in trafficking as a single binary variable, programs could instead monitor frequency of exploitation or duration of time spent away from “the life,” recognizing that the process of leaving trafficking is not a linear one. These stakeholders were concerned about ensuring that programs do not hold themselves to unrealistic expectations. Whereas some key stakeholders suggested that measuring a decrease in running away would be a valid outcome measure for a program, Felicia (child welfare) suggested that program staff should examine program statistics and be realistic in expecting runaways, “so kids/programs are not seen as unsuccessful because of running away.” Olivia (direct services) described her agency’s approach to outcome measurement:

One of the things we monitor is them exiting the life. Not as an outcome, because we wanted our outcomes to be things that we can control and in the city there are so many factors that impact entry into the life. So we do not consider it an outcome. It’s hard as a CSEC program but never returning to the life is a long time. We work with girls at all stages so it gets very blurry. When is somebody really “out”?

Linda (direct services) echoed this belief that whether or not clients “abstain” from any return to the life is an inappropriate outcome measure for a program. Again, these key stakeholders emphasized an approach to service provision that recognizes the reality of “relapse.” Linda explained that programs “can’t just teach new skills, have to let them practice and relapse is going to happen; all of these folks keep the door open; you have to.” These service providers understood the concept of a “revolving door” as a reality of providing services to this population and not as an indictment of a program’s success or failure.

### 3.2. Divergent perspectives on the ideal model of service provision

Stakeholders disagreed regarding the appropriate level of restrictiveness and the ideal physical location for treatment programs. These divergent beliefs mirrored those beliefs that framed providers’ responses to the running away behavior of the youth. Some key stakeholders believed that a more remote and restrictive approach to services was best for youth who have been involved in DMST. These stakeholders believed that youth who have been involved in DMST need to be in a locked, secure facility for their own safety.

We had locked facilities; honestly it’s hard for them to stay in one place even if it’s in the middle of nowhere. They need to consider it being a locked placement for safety. (Holly, direct services)

They need 24/7 supervision because girls will leave at night and/or bring pimps/adult men over. (Renee, child welfare)



The belief that youth involved with DMST should be in a secure facility was sometimes accompanied by the belief that monitoring and surveillance of these youth by law enforcement could help identify them and help locate them when they run away from services.

NGOs view that law enforcement is out to hurt the kids, not help them. When you arrest someone you hurt them. But that is unfortunately the mechanism is to get them in the system – get a photo of a kid, lack of fingerprinting (important for helpful identification), get them into services. We don't care if they are prosecuted or not. Using prints for identification is not a bad thing. If the same girl were uncovered next week in California we would never be able to identify her as the same girl. A lot of girls go back onto street because we don't identify them as a minor. We need to do a better job of cataloging them in a way that isn't stigmatizing for identification. Protect their information – maybe purge it, but it would help us to find them when they go missing. (Mark, law enforcement)

Along the same lines, some stakeholders believed that youth involved in DMST are best served in remote environments where they cannot easily return to trafficking situations. Linda (direct services) thought that being in a busy location “made the temptation greater” for youth involved in DMST and felt that some of the best programs for this population “are in the middle of nowhere.” Wendy (direct services) agreed that it is important “to make sure the facility is somewhere remote.” Vanessa (direct services) elaborated on the value of situating treatment remotely:

Most successful youth, in my experiences, are those kids who went further away, left the state, and seemed to have a better chance for getting out of the life because they were in programs that were very secure and were out of the area and pimps didn't have access to those girls.

These perspectives highlighted the vulnerability of youth, primarily girls, to the influence of traffickers, and minimize the youths' own agency and decision-making. Mark (law enforcement) believed that settings in remote, rural environments might be best because “it was hard to run away because it was all farms.” However, he also added:

A successful program is a place where kids are enriched and educated and comfortable and are not locked off in the world but are integrated back into it – holding anyone in a facility just to hold them doesn't do anything.

However, all key stakeholders in this study did not share this restrictive approach to service provision nor had a strong belief in monitoring and surveillance. Instead, these providers preferred a less restrictive approach for the youth they serve, as Olivia (direct services) explained:

Our model works for us. There's very different models. We are a low threshold program. That is where our girls are at so that girls who need services get them. We do not believe in a lock-in model. Some programs literally lock the girls in.

While some stakeholders advocated for setting programs in remote locations, others recommend offering services that are accessible to community providers. The disagreement over the ideal location for a program serving youth involved in DMST reflected the tension between a program's need to protect the safety and security of its clients and staff and the desire to support healthy community engagement among the youth they served. On one side, stakeholders believed that services need to be appropriately situated so they are accessible for program staff, administrators and key community partners. At the same time, programs needed to protect their security by maintaining a confidential location that is not easily accessed by traffickers. To maintain security, one urban residential program for youth involved in DMST required residents to protect the confidentiality of the program location, as Olivia (direct services) explained:

To live in the house you need to make a commitment that you will not go into the life while living there. If a girl does go back, she will not be discharged. But it often goes with a confidentiality breach. In a matter of time a pimp shows up and picks her up out front and violates confidentiality. That is only for residential though.

This low-threshold approach indicated some of the challenges of setting a treatment program in the community. However, other stakeholders suggested that the location of the program mattered less than the quality of the services offered and its connections to other support services in the vicinity.

If you have the right program, the locale shouldn't matter. [While a program should be] far enough away from traffickers, a program can be in middle of nowhere and if kids want to run, they would still run. It's about environment in the building, not physical locale. (Danielle, child welfare)

I don't think it's about the city vs. the farms; it's more about building the community around the facility: school, doctor, community groups, etc. (Theresa, child welfare)

However, other stakeholders were conflicted like Heather (child welfare), who described herself as being “on the fence with this one,” given that she has heard stories from both sides about programs situated in either dense or remote locations. While she acknowledged not having enough exposure to best practices to have a fully informed response, she admitted that prioritizing keeping youth engaged with their community would be her “knee-jerk reaction.”

### 3.3. Divergent views on the use of technology

Finally, the key stakeholders agreed that a major challenge encountered in serving youth involved in DMST referred to issues around access to technology. Access to cell phones and social media were seen as both an important way for youth involved in DMST to maintain social connections, as well as a vehicle for them to contact and be contacted by traffickers.

Several key stakeholders described the role of social media and other Internet activities in trafficking recruitment. Justin (law enforcement) described how traffickers exploit the vulnerability of young women with histories of violence, abuse, and low self-esteem:

[A trafficker] may send out 500 emails to friend list (hope somebody responds), modeling ads (e.g., make \$1500 a day; get kids' info and start communicating that way), emails are targeted at kids with low self-esteem being told special things that will entice them.

According to Justin, traffickers may use social media to contact young women and offer gifts and attention, but then maintain the exploitative trafficking arrangement through psychological manipulation. These online contacts are then utilized to maintain the exploitative relationship, even once young people are connected to services. Mark (law enforcement) expressed trepidation around youth in programs having access to social media:

Technology “kills us” – so easy for them to create a plan and someone to create a plan for them. It is clear that a girl communicated via social media and picked her up and now they don't know where she is.

Other stakeholders believed that limiting Internet access for youth receiving services for DMST involvement was as important a factor in a program's success as its remote location. Wendy (direct services) described her concern about one program where participants, unbeknownst to program administrators, had smuggled in cell phones which they used to access the Internet through Wi-Fi from the building next door. Echoing these concerns, Nathalie (direct services) argued:

The other piece too is the placement of the buildings or the treatment programs are rural and farm. They are not in between a bank and a hotel where the kids can get the Wi-Fi and stay in touch with the people on the street.

However, other stakeholders took less of a hardline approach to technology. Felicia (child welfare) emphasized the need for flexibility with regard to technology:

This population needs more flexibility. Most programs don't let youth come in with their cell phones. It's tough because they're there because they want help, but they still have a connection to their pimp or the gang and there's fear if they don't answer the phone – these are real safety concerns. You also have girls recruiting other girls. Contacting the pimp. Coming to look for them. So a program needs to figure out how they would program around that.

Similarly, Heather (child welfare) argued that “asking youth to drop phones at the door or not access Internet is totally unreasonable,” particularly for youth who may not have ongoing connections or social support from their families. For these youth, she claims, “their social selves are on their phones.” Heather added that an important goal of treatment would be to help youth disengage from exploitative relationships with online predators. Theresa (child welfare) agreed with the merits of taking a more nuanced approach to technology in treatment programs. She differentiated between Internet access, which she considered necessary but possibly subject to controls and supervision by the program, and use of cellphones, which she believed raised security concerns. These divergent perspectives suggest a struggle between providers' desire to protect youth from exploitative relationships while acknowledging their developmental need to maintain social connections with others through technology.

## 4. Discussion

From in-depth, qualitative interviews with 20 key stakeholders involved with serving survivors of domestic minor sex trafficking (DMST), the findings depict converging and diverging opinions on a range of topics regarding best practices in serving this population. This study reveals that many professionals who serve youth involved in DMST, from diverse professional affiliations, disagree over the extent to which these youth should be considered agents with the right to make decisions regarding their own lives. In each of these topics of divergent perspectives voiced by key stakeholders – beliefs about youth running away, models of service provision, and attitudes toward youth and technology – there are echoes of the debate over the amount of agency to grant young people involved in DMST.

Stakeholders interpreted the phenomenon of youth running away from programs in a variety of ways: as an indication of program failure; a symptom of individual pathology; or a normal aspect of the process of leaving an abusive relationship. This finding suggests a tension in how providers perceive and understand the behavior of adolescents involved in DMST. Kalergis (2009) notes that early domestic violence service providers encountered similar difficulties in their struggles to understand why a victim of intimate partner violence would return to an abusive partner. This finding also echoes some of the treatment principles found in the literature on providing services to trauma survivors, in that running away can be understood as a symptom of trauma, and that treatment may be more properly conceptualized as an iterative rather than a linear process (Courtois, 2004). The divergent approaches to understanding running away behavior also reflect broader difficulties of

recognizing that victims can demonstrate agency even in the context of vulnerability (Bay-Cheng & Fava, 2014). The agency these youth demonstrate may well be classified as ambiguous agency, since their efforts to escape treatment programs and return to exploitative relationships fail to correspond to normative expectations of children's behavior (Bordonaro & Payne, 2012).

The dispute over the ideal model of service provision reflects differing perspectives on what should be considered in the best interests of children and adolescents (Ruck et al., 2014). These providers disagreed on the extent to which services should be trauma-informed, reflecting an empowerment approach that minimizes hierarchy and respects the rights of trauma survivors (Elliott et al., 2005). Debates regarding the ideal location of services and a program's degree of restrictiveness reflect the tensions between treatment principles of supporting holistic youth development, promoting healthy connections to others, and ensuring youth safety (Bath, 2008; Kalergis, 2009). Additionally, these findings support those of Musto (2013) who argued that therapeutic detention has emerged as a prevalent approach to support youth involved in DMST or CSEC. Arguments that youth must be arrested in order to be kept safe minimize their decision-making capabilities and their rights to self-determination (National Association of Social Workers, 2008). Although the TVPA depicts youth involved in the sex trade as victims, not criminals, rehabilitative approaches that rely on maintaining youth in secure, remote facilities without internet access deserve to be interrogated and subject to empirical research, not accepted unquestioningly (Musto, 2013).

The final area of dispute, over the use of technology, was a novel finding not seen to our knowledge in earlier literature on this topic. However, it echoes findings from Brodie et al. (2011), whose literature review on the challenges of providing safe housing for youth involved in DMST in the United Kingdom found that providers often struggle with the tension between "care" and "control" in their work. This tension between programs' obligations to protect youth from harm and the need to affirm adolescents' agency and developmental needs for social contact through technology recurred across interviews in this study as well. Interviews with key stakeholders suggested that they are still struggling to settle on an effective model of supporting these young people that balances safety, connection, and healthy development (Bath, 2008).

Taken together, these findings echo arguments made by Marcus et al. (2011), Horning (2012) and Musto (2013) that the complicated life experiences of youth involved in DMST fail to correspond neatly neither to simplistic narratives about traffickers and victims, nor to normative ideas about childhood and adolescence. DMST is an emotionally and politically fraught topic in the United States, and scholars have described the discourse that surrounds it as a "moral panic" (Horning, 2012). The disputes among key stakeholders over how best to serve youth involved in DMST reflect the fact that these youth exist at the intersection of societal attitudes and beliefs about victimized children in need of protection, on the one hand, and adolescents at risk of posing harm to society on the other (Berckmans et al., 2012).

Similarly, the social policies that label 17-year olds involved in the sex trade as exploited victims and 18-year olds as adult criminals fail to account for the ways that the transition to adulthood in the U.S. can be protracted for some youth and premature and abrupt for others (Marcus et al., 2011). Indeed, Berckmans et al. (2012) note that many interventions for street youth are grounded in normative assumptions about childhood, family, and "civilized" society; more often than not, these assumptions reflect Western, middle-class ideals about home as a haven that may have little applicability to street youth (Berckmans et al., 2012). Adolescents who have run away from home and support themselves using survival sex confound deeply held notions in the U.S. about childhood, innocence, dependence, and independence.

Clearly, the challenge of recognizing youth vulnerability while respecting youth agency is one not easily reconciled (Bay-Cheng & Fava, 2014; Brodie et al., 2011; Musto, 2013). Recognizing the complex balance of agency and vulnerability among these youth suggests that services for youth involved in DMST must find ways to protect adolescents who have been subject to abuse, while respecting and supporting their growing agency as young adults. Some scholars have argued that child welfare services in the U.S. have traditionally emphasized the protection of children, unintentionally minimizing their agency out of concern for their vulnerability (Watt et al., 2013). Although the dominant narrative about youth involved in DMST holds that youth under 18 lack any agency in their participation in the sex trade, recent research suggests that the reality is much more complicated (Bay-Cheng & Fava, 2014; Horning, 2012; Marcus et al., 2011). Focusing exclusively on protecting youth from traffickers also fails to address the structural causes, such as poverty, unemployment and family violence, that perpetuate youth involvement in DMST (Berckmans et al., 2012). Indeed, an oversimplified picture of youth involved in DMST as child victims of adult criminals obscures the many tensions, ambiguities and uncertainties inherent in this work (Musto, 2013).

#### 4.1. Limitations

Although this study provided insight into some areas of disagreement regarding best practices for working with youth involved with DMST, there are several limitations to the research. First and most significantly for a study that explores perspectives on youth agency, the voices of youth themselves are notably absent from this study. Rather, information regarding youths' experiences with DMST came from service providers, as part of key stakeholder interviews. As a result, the findings represent service providers' perceptions of the youths' needs, and does not include additional perspectives from the youth themselves.

Similarly, given that all the data in this study came from one state, the results of this study may not be generalizable to other states with different constellations of risk and protective factors for DMST. The qualitative nature of these data does not shed light on the prevalence of these beliefs. This study was exploratory; future longitudinal research could track

youth over time to learn more about factors that affect their entry into and exit from DMST, as well as their perceptions and experiences of their encounters with various service providers.

## 5. Conclusion and implications for research and practice

These findings suggest that practitioners often struggle to find a workable balance in service provision between protecting youth from harm and supporting their rights to participate in decisions that affect their well being (Ruck et al., 2014). The competing discourses informing policies and programs for survivors of trafficking mean that providers must also find ways to collaborate across discourses in order to more effectively serve this vulnerable population. Areas of dispute can become sources of contention and potentially negatively impact providers' ability to collaborate in supporting survivors of DMST.

This study reinforces the need for programs to provide comprehensive, holistic services that address the complex and overlapping needs of youth involved in DMST, whose participation in the sex trade is difficult to separate from painful family backgrounds, poverty, unemployment and housing instability, as well as oppression based on sexual and gender identity (Brodie et al., 2011; Horning, 2012). An awareness of the many structural factors within which young people operate can help highlight both the structural constraint as well as their agency in navigating extremely painful realities; it can also challenge oversimplified narratives of trafficking that do more harm than good. An emphasis on structural factors that contribute to trafficking can also help make services for youth involved in DMST to be "safe spaces free of judgment... that recognize their dignity and autonomy" (Marcus et al., 2011, p. 165).

These disputes also emphasize the need for programs to develop more nuanced outcome measures with suitable evaluations of progress for this population. One important way to do this is to encourage the participation of these youth in the evaluation of programs that have been designed for them (Berckmans et al., 2012; Brodie et al., 2011). Programs that claim to operate in the best interests of youth without consulting them do a disservice to the development of the young people they purport to serve. The participation of these youth in the design, implementation, and evaluation of services for them is important for their own development as well as for the effectiveness of programs (Berckmans et al., 2012).

Given the lack of research on effective services for youth involved in DMST, it is perhaps unsurprising that professionals might disagree on best practices for serving this population. Further research featuring the voices and experiences of youth themselves is sorely needed to evaluate best practices that effectively support this vulnerable population while respecting their rights as young people. It is incumbent upon social work researchers and providers to conduct research with youth to learn about what helps and what harms them in the complex process of leaving trafficking situations and navigating multiple systems of care.

Additionally, this study suggests that service providers continue to struggle with finding effective ways to support youth who have been involved in DMST. More research is also needed on the ways that front-line staff navigate the tension between respecting the choices and desires of young people while supporting their ability to leave dangerous relationships and living arrangements (Berckmans et al., 2012).

Finally, the research on youth who have been involved in DMST needs to problematize the oversimplified narrative about victims of sex trafficking to understand the many interlocking dimensions of oppression that function to perpetuate DMST (Musto, 2013). There is a real need for research that investigates the ways that ideas about gender, ethnicity, and sexuality intersect and manifest in the lives of youth who are involved in DMST, as well as their encounters with service providers (Brodie et al., 2011). How do these beliefs manifest in the collaborations among professionals, and how do young people experience their encounters with adults? The roles that choice, coercion and circumstance play in the experiences of youth involved with DMST are not at all clear and are important territory for future research (Musto, 2013). This study suggests a clear need for future research to illuminate the intersection of vulnerability and agency in the lives of these young people.

## Acknowledgments

We are appreciative of the efforts of our Research Assistants—John Schafhauser, Catie Buttner, and Jamie Arntson-Kynn—who conducted the interviews, as well as the respondents for their time, energy, and candor.

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