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Laura Johnson

Beth Sapiro

sapiro@montclair.edu

Catherine Buttner

Judy L. Postmus

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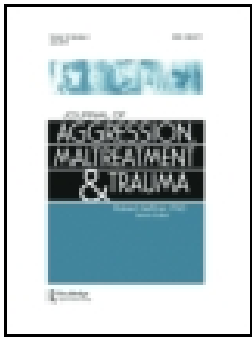
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Ambiguous Agency as a Diagnostic of Power: Efforts of Child Welfare Providers to Promote Responsible Agency Among Youth Involved in Sex Trades

Laura Johnson , Beth Sapiro , Catherine Buttner , and Judy L. Postmus 

Center on Violence Against Women and Children, Rutgers University School of Social Work, New Brunswick, New Jersey, United States

ABSTRACT

Ambiguous agency is a term which has been used to describe the ways in which young people demonstrate their agency in ways that challenge traditional ideas about how youth are supposed to behave. State and nongovernmental actors, such as service providers, generally view these behaviors as deviant and have utilized a variety of interventions to transform these youth so that they engage in acts of responsible agency instead. This article will explore how the concept of ambiguous and responsible agency relate to youth involved in sex trades by analyzing the case records of eight youth who were identified as survivors of domestic minor sex trafficking (DMST) by child protective services within New Jersey through this framework. Specifically, this study seeks to determine the views and perceptions of caseworkers related to ambiguous and responsible agency of these youth. Drawing on notions of agency, this manuscript provides new understandings about how youth involved in sex trades potentially exert their own limited power. Implications for the provision of services to youth involved in sex trades and research are also discussed.

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Adolescent; ambiguous agency; domestic minor sex trafficking; responsible agency; trauma; youth agency

Introduction

Domestic minor sex trafficking (DMST), the commercial sexual exploitation of an individual under the age of 18, became a criminal offense in the United States (U.S.) under the purview of the Trafficking Victims Protection Act (TVPA) of 2000. The criminalization of DMST gained support from a diverse range of key stakeholders, primarily because of the “moral panic” associated with human trafficking. This panic first emerged in the late 1800s in response to concerns that innocent women and girls were being forced to engage in sex trades against their will (Doezema, 2000; Sloan & Wahab, 2000). Fears over lost childhood innocence have propelled the issue of DMST forward since that time. Indeed, the media has stoked this panic with films such as “Taken” and news

reports about children being sold into sex slavery, all portraying the children and adolescents as innocent victims in need of rescuing.

Traditional conceptualizations of victimhood leave no room for expressions of agency or personal autonomy (Bay-Cheng & Fava, 2014). The voices of youth labeled by service providers as victims of trafficking often go unheard, particularly those of disaffected and marginalized young people (McLeod, 2007). However, young people involved in sex trades often demonstrate their agency in ways that challenge traditional ideas about how youth are supposed to behave. These actions, which go against “normative assumptions about the nature of childhood,” have been described as expressions of “ambiguous agency” (Bordonaro & Payne, 2012, p. 367). This concept has been used to frame the actions of youth, particularly those to be considered at-risk, and challenge traditional notions of victimization and agency. At-risk youth may engage in an array of norm-challenging behaviors, including substance use and sex trading, as they navigate sociopolitical spaces. State and nongovernmental actors, such as service providers, generally view these behaviors as deviant and have utilized a variety of interventions to transform these behaviors into acts of “responsible agency” instead (Bordonaro & Payne, 2012, p. 368).

This article will explore how the concept of ambiguous and responsible agency relate to youth involved in sex trades by analyzing the case records of eight youth who were identified as victims of DMST by child protective services within New Jersey through this framework. Specifically, this study seeks to determine the views and perceptions of caseworkers related to the ambiguous and responsible agency of these youth.

Literature review

Perceptions of childhood

Notions of childhood vary globally based on a number of factors. For instance, markers of childhood may include biological indicators, age, or the implementation of cultural traditions. Further, childhood may be experienced differently by individuals depending on gender, race, socioeconomic status, and family composition (Montgomery, 2008). In discussing experiences of childhood in Brazil, Goldstein (1998) stated, “[c]hildhood is a privilege of the rich” (p. 392). Many anthropologists have agreed with this statement, with one suggesting that “[h]egemonic discourses that construct knowledge of childhood and constitute what it means to be a child have privileged and normalized white, Western, middle-class images, values and perceptions as underpinning the true nature of the child and of childhood” (Robinson, 2013, p. 29).

As with many Western countries, the U.S. depicts children as innocent and in need of care. Child protective services in the U.S. are grounded in the mission of safety, permanency, and well-being; however, safety and permanency tend to be prioritized (Ai, Foster, Pecora, Delaney, & Rodriguez, 2013) because U.S. policies for youth are primarily grounded in their need for protection (Robinson, 2013). Children, particularly those who engage in behaviors considered to be risky or deviant, are thus often subjected to state intervention (Bordonaro & Payne, 2012). These interventions may include the involvement of law enforcement, child protective services, or other social service providers, all with the aim of protecting at-risk youth.

In addition, American girls are also judged on a binary which designates that they are either successful “can-do girls” or “at-risk girls,” who are seen to have negative attitudes and inappropriate conduct (Harris, 2004). This is particularly problematic for girls of color, who, regardless of socioeconomic standing, are often viewed as “at-risk” and are compared negatively to privileged White, middle-class “can-do girls” (Cox, 2015). For girls of color, childhood may be burdened with hardships such as poverty and educational inequity due to structural inequality, which pose additional demands on their coping capabilities and propel them into adulthood more quickly than their White, middle-class counterparts (Montgomery, 2008).

Victimhood – a totalizing identity

The term “Victim’ is [often] treated as a static, totalizing identity that is utterly powerless and devoid of autonomy,” (Bay-Cheng & Fava, 2014, p. 117). The U.S. policy approach to the issue of human trafficking has been shaped by perceptions of the vulnerable and disempowered victim. Early supporters of the TVPA couched their support for the bill in terms of protecting innocent women and children who are in need of rescuing, sometimes misrepresenting statistics in the process (Lutnick, 2016).

Some researchers argue agency is absent from the accounts of youth who trade sex because youth are void of agency all together. While some youth claim that they trade sex by choice, researchers such as Dank (2011) suggest that youth who trade sex often come from disenfranchised backgrounds and are victims of child abuse and neglect; consequently, their life circumstances constrain their ability to make independent choices. Others assert that these youths have been psychologically manipulated by traffickers and therefore are not acting of their own agency (Boxill & Richardson, 2007).

While it is true that many of the youth who find themselves trading sex may have experienced significant and complex trauma during childhood, criticism continues to grow surrounding the traditional notions of trafficking, which suggest that all traffickers use trickery and coercion to recruit vulnerable girls (Marcus, Horning, Curtis, Sanson, & Thompson, 2014). This is primarily

because these notions frame victimhood as a primary, totalizing identity, which leaves youth void of agency. Victimhood, as it is understood in this context, assumes a state of helplessness and innocence, much as the stage of childhood does. However, this narrow understanding of trading sex comes from Western perspectives on youth, sexuality, and deviant behavior, and fails to take into account how other oppressive structures influence experiences of these youth, their pathways into sex trades, and interactions with service providers.

Service responses to youth involved in sex trades

While some service providers recognize the impact of trauma and social disempowerment on the resistance of youth involved in sex trades to service provision (West & Loeffler, 2015), others may not view the actions of youth trading sex in terms of agency (Sapiro, Johnson, Postmus, & Simmel, 2016). Rather, acts of ambiguous agency are often seen as deviant, threatening to society, and an obstacle to effective service provision (Bordonaro & Payne, 2012). Many of these behaviors, including substance use and aggression, have also been identified as maladaptive or avoidant coping strategies (Patterson & McCubbin, 1987), in contrast to more deliberate, optimistic, or prosocial strategies identified as adaptive (Flannery, Singer, & Wester, 2003).

Maladaptive coping strategies are behaviors intended to help youth tolerate, avoid, or minimize stressful experiences, but may simultaneously place themselves or others at further risk, or are considered socially “inappropriate.” Examples include substance use, expressing anger, or spending time with a boyfriend or girlfriend (Flannery et al., 2003). A greater reliance on avoidant coping strategies has been associated with higher self-reported trauma symptoms (Flannery et al., 2003) and depression (Brown, Begun, Bender, Ferguson, & Thompson, 2015) in youth. One study of coping strategies used by homeless youth (Brown et al., 2015) found that youth used three different kinds of coping styles to cope with their varied life challenges and stressors: 1) active coping, focused on problem-solving; 2) avoidant coping, which focused on using substances or other strategies to avoid thinking about a problem; and 3) social coping, which involved seeking social support (Brown et al., 2015).

To rectify these unwanted behaviors and push youth to “...conduct toward morally and socially approved goals, [service providers strive to transform] social agency into ‘responsible agency’” (Bordonaro & Payne, 2012, p. 368). For young women, this process involves helping “at-risk” girls transform into “can-do” girls (Cox, 2015) that embody White, middle class social values (Robinson, 2013). Providers can utilize a range of interventions intended to generate these behavioral modifications. A useful parallel can be found in services for homeless youth, who demonstrate similar challenging behaviors and resistance to interventions as youth involved in sex trades (West & Loeffler, 2015).

In a systematic review by Berckmans, Velasco, Tapia, and Loots (2012) on interventions with street youth, three primary models of intervention were identified: 1) rights-based; 2) reactive-repression; and 3) protective. While the rights-based model is most advocated for, particularly by Western nations, it is grossly underutilized. This model calls for the voices of youth to be heard in all aspects of service provision. The second model, the reactive-repression approach, views youth engaging in deviant behaviors as a societal threat. As such, youth viewed as delinquent or truant are placed in restrictive settings, such as the juvenile justice system. Lastly, the protective approach views children as naïve and innocent, and thus unable to make their own decisions and in a state of constant vulnerability. Protective responses focus on providing youth with youth-appropriate resources, but do not focus on broader structural issues that lead to vulnerability in the first place (Berckmans et al., 2012).

Similarly, mental health interventions such as the overdiagnosis of externalized behaviors or treatment through psychotropic drugs prioritize individual symptomology over complex trauma or larger structural issues (Van Der Kolk et al., 2009). For case workers in youth serving organizations, mental health evaluations may be sought out to identify and ultimately prevent youths' further engagement in high risk or externalizing behaviors (Kisiel et al., 2014). As a result, treatment mechanisms such as psychotropic medications or behavioral interventions may attend to the externalizing symptoms of trauma rather than the trauma itself (Van Der Kolk et al., 2009). It is not uncommon for youth who have experienced complex trauma to receive multiple diagnoses, as children may exhibit signs of complex trauma in a range of ways that are not always consistent with one particular diagnosis (D'Andrea, Ford, Stolbach, Spinazzola, & Van Der Kolk, 2012; Kisiel et al., 2014).

In theory, youth engaging in sex trades tend to be labeled as victims of human trafficking under the TVPA. However, youths' experiences with service providers may vary based on whether they are treated as victims, active agents in their own lives, or even criminals. Indeed, as of 2014, only 22 states had Safe Harbor laws offering youth engaged in sex trades immunity from prosecution and instead linking them to child welfare services (Polaris Project, 2014). While referral to the child protective services instead of the juvenile justice system is a more appropriate response following the identification of youth involved in sex trades, knowledge surrounding best practices for service provision within this field is still being developed.

Responses provided by child protective services may also be limited given their obligations to meet their goals of child well-being, permanency, and safety. For example, safety and reunification may not be the most appropriate goals for youth involved in sex trades (Bounds, Julion, & Delaney, 2015), as these youth often trade sex in exchange for money, food, or shelter after leaving their homes due to maltreatment or being forced out by caregivers

(Gibbs, Walters, Lutnick, Miller, & Kluckman, 2015). Further, commonly used treatment modalities, such as those for child survivors of sexual abuse, may not be appropriate for youth trading sex (Fong & Cardoso, 2010). Finally, services within the child welfare system often prioritize safety over youth agency, thus limiting opportunities for youth to be engaged in the decision-making process (Van Alst, 2012).

When youth involved in sex trades do enter the child welfare system, they are often resistant to services. Reasons for this include prior negative experiences with service providers, concerns over their inability to support themselves in the absence of trading sex, or a fear of leaving the familiar practice of trading sex in exchange for a more restrictive and unfamiliar environment (Gibbs et al., 2015; Lutnick, 2016). While service providers may prioritize addressing sex trade engagement over other experiences, this may not be the life experience that the youth wish to address first. As Gibbs and colleagues point out, “Young people engage in sex trades as the least-bad solution to meeting fundamental needs for shelter, safety, social connection, and love. Sex trafficking was never the only problem, and often not the most critical problem” (p. 5).

Current study theoretical framework

Recent literature has created a space to talk about trading sex in terms of agency. A very basic definition of agency, according to Ahearn (2001) is the “...sociocultural mediated capacity to act (both in its production and its interpretation),” (p. 112). Yet, as Ahearn (2001) points out, agency is a complicated term because it is often used to refer to different types of actions: 1) free will; 2) resistance; or 3) the absence of agency; each with its own limitations. When agency is discussed in terms of free will, it fails to consider the influence that social factors, such as culture, have on an individual’s decision-making process (Ahearn, 2001). MacLeod (1992) eloquently states, “...women, even as subordinate players, always play an active part that goes beyond the dichotomy of victimization/acceptance, a dichotomy that flattens out a complex and ambiguous agency in which women accept, accommodate, ignore, resist, or protest – sometimes all at the same time” (p. 534). Lastly, seeking to understand agency through its absence is limited because agency can be simultaneously absent and present (MacLeod, 1992).

When discussed in the context of youth involved in sex trades, it is the absence of agency that is most commonly being referenced. However, examining agency from alternate frameworks when discussing youth involved in sex trades can inform our understanding of youth experiences. One framework that is particularly helpful is the concept of ambiguous agency. Ambiguous agency describes actions that challenge “normative assumptions about the nature of childhood” (Bordonaro & Payne, 2012, p. 367). Thus, in the context of trading sex, ambiguous agency can be used to understand

behaviors such as substance use, aggression, and others considered delinquent or maladaptive by U.S. social norms.

In 2014, researchers from the Center on Violence Against Women and Children, Rutgers School of Social Work conducted a case record review of eight youth identified as DMST-involved by the State's child welfare system and collaborating agencies as part of an evaluation of services provided to these specific youths. Ideally, the research team wanted to interview the youth themselves to get their thoughts and viewpoints; however, such interviews were beyond the scope of this particular study. Instead, the research team found that the perspectives of service providers towards "identified" DMST-involved youth would inform the research and practice fields. Specifically, the research team was interested in learning how these particular youths were described by service providers and the services afforded to them based on the service providers' perspectives.

While conducting the case record reviews, it became apparent to the research team that looking at the data from the perspective of victimhood detracted from fully understanding the experiences of the youth identified. These youths were not merely victims of difficult circumstances, although most had experienced significant hardship throughout their lives. Rather, the youth demonstrated high levels of strength, resiliency, and assertiveness. For example, they made school-related improvements through participation in tutoring and more frequent attendance. They also learned to be independent in the absence of strong support systems. Further, the youth attempted to exert control over their lives when possible; although they may have engaged in maladaptive coping strategies in the process, these strategies enabled the youth to navigate their difficult life circumstances as best they could. Thus, this current study will explore, through the perspectives of service providers, how the concept of ambiguous agency relates to youth involved in sex trades by analyzing the case records of eight youth who traded sex utilizing this framework.

Methods

Sample

This qualitative study reviewed state child welfare case records of eight youth who participated in a residential treatment program for young people involved in sex trades. These youth were identified as involved in sex trading by child protective services and referred to a residential treatment program during the period of January 2014 through August 2014. Data were collected as part of a mixed methods exploratory study seeking to understand best practices for working with youth involved in the sex trade within New Jersey, funded by the New Jersey Department of Children and Families (DCF). The youths' ages ranged from 13–18 at the time of the case review. All eight youth identified as female at the time of the study; one

youth was transgender. Overall, six were young women of color; the racial identity of the remaining two young women is unknown to the researchers. The records spanned the youths' entire involvement with DCF, which may have started since birth; the youth included in the sample received both in-home and out-of-home services throughout the timeline of their cases.

Data collection

The case record review was conducted by five research team members over a period of 3 months, between December 2014 and February 2015, with each case requiring an average of 3 days for complete review. Three sources of data were reviewed: 1) electronic records within the child welfare database for each of the eight youth identified; 2) paper files with collateral information from the youths' child welfare cases; and 3) electronic records from the behavioral health branch of the child welfare office. Members of the research team took notes on the case records in accordance with DCF privacy policies based on key pieces of information, including important events in the lives of the youth, as well as the youths' family, family friends, and any other collateral information available that related to the research goals. The research team was not permitted to maintain copies of the case records; a DCF staff member observed all data collection activities to ensure client confidentiality was maintained.

To guide data collection, three tools were initially developed to capture the data found in the case records. These forms were developed following a comprehensive literature review on the issue of DMST, as this was of interest to the funder, with particular attention to known key risk factors, such as child maltreatment, individual risk factors (e.g., gender identity and sexual orientation; history of homelessness), and family-level risk factors (e.g., substance abuse by parents/guardians; parental incarceration). These known factors served as sensitizing concepts as the research team read through the case records; in addition, the research team also documented new factors as they emerged. The university's Institutional Review Board and the DCF Research Review Committee approved all data collection activities for this study.

Data analysis

Notes from the case records were coded and analyzed iteratively using thematic analysis in ATLAS.ti. Thematic analysis focused on identifying recurring concepts including key themes, significant life events, and actions and behaviors of youth, their families, and service providers (Braun & Clarke, 2006). To develop the initial codebook, four research team members comprehensively reviewed the case timelines of two youth. Researchers created a coding guide

to identify recurring concepts within the timelines related to child maltreatment and risk factors for youth trading sex. The team members then met to merge their coding guides and develop a working codebook. This codebook was then used to recode the remaining cases. Codes and themes generated from the initial analysis emerged from the research team's interpretation of the notes recorded as part of data collection.

Recognizing that the idea of youth trading sex is a topic laden with value judgments, the researchers involved with this study actively reflected on the data being analyzed. According to Patton (2015), "Reflexivity reminds the qualitative inquirer to be attentive to and conscious of the cultural, political, social, linguistic, and economic origins of one's own perspective and voice as well as the perspective and voices of those one interviews and those to whom one reports," (p. 70). The research team recognized that the data collected reflected the perceptions and biases of the service providers, as it was not a firsthand account of the youths' experiences, but rather the youths' experiences as documented by service providers, and as recorded by researchers. Thus, a number of methods were utilized to enhance the rigor of the analysis. These methods included researcher triangulation, journaling to capture individual and structural biases of both the researcher and service providers within the data, and peer debriefing sessions.

Following the initial analysis, the research team conducted a second level of analysis, this time looking at the data from the conceptual framework of ambiguous and responsible agency. The analysis examined how service providers documented the actions of youth with a focus on behaviors that were construed by the researchers as youth agency. Four research team members each recoded two case records with codes that emerged from this framework. Following this second level of coding, research team members conducted a third level of analysis in which themes were identified within the coded records. This study presents the findings from this third level of analysis in which two themes related to the conceptual framework of ambiguous and responsible agency emerged. All participants are referred to by pseudonyms in this study. Due to the complexity of the cases, the examples included are summaries of significant events that occurred within the cases. While not direct quotes, they accurately reflect the events noted in the case records.

Findings

Overall, the case record review revealed that the youth and their families had experienced a multitude of challenges throughout the duration of the time their cases were open with the child welfare system, including poverty, violence and abuse, and frequent involvement with both the justice and child welfare systems. Table 1 presents an overview of the youths' symptoms and diagnoses, experiences with abuse and neglect, and

Table 1. Overview of youths' experiences, symptoms, and diagnoses.

Demographic characteristics	Symptoms and diagnoses mentioned in case records	Abuse	Neglect	Other negative experiences
Jasmine <ul style="list-style-type: none">• 17 years old• Black• Female	<ul style="list-style-type: none">• ADHD• Social anxiety• PTSD• Recurrent Brief Depressive Disorder	<ul style="list-style-type: none">• Physical	<ul style="list-style-type: none">• Physical• Medical	<ul style="list-style-type: none">• Maternal incarceration• Traumatic event within family• Maternal substance abuse• Maternal chronic health condition
Amber <ul style="list-style-type: none">• 17 years old• Black/Indian• Female	<ul style="list-style-type: none">• Substance use• Unspecified mental health issue• ODD	<ul style="list-style-type: none">• Sexual• Physical• Emotional	<ul style="list-style-type: none">• Medical	<ul style="list-style-type: none">• Exposure to domestic violence• Maternal incarceration• Diagnosed with a STI
Kayla <ul style="list-style-type: none">• 16 years old• Black/Latina• Female	<ul style="list-style-type: none">• Bipolar Disorder• ADHD• Depression• Suicidal ideation• Paranoia• PTSD	<ul style="list-style-type: none">• Sexual• Physical	<ul style="list-style-type: none">• Medical• Emotional• Physical	<ul style="list-style-type: none">• Maternal incarceration• Loss of a loved one• Diagnosed with a STI
Imani <ul style="list-style-type: none">• 17 years old• Black• Transgender	<ul style="list-style-type: none">• Self-harm• Suicidal ideation• ADHD• Substance use	<ul style="list-style-type: none">• Physical• Sexual• Emotional	<ul style="list-style-type: none">• Medical	<ul style="list-style-type: none">• Struggled with her sexuality and gender identity• Involved with juvenile justice system• Maternal incarceration• Hospitalized after a traumatic health event
Ciara <ul style="list-style-type: none">• 15 years old• Latina• Female	<ul style="list-style-type: none">• ADHD• Suicidal ideation• Self-harm• Substance use	<ul style="list-style-type: none">• Sexual	<ul style="list-style-type: none">• None specified	<ul style="list-style-type: none">• Traumatic event within family• Diagnosed with a STI• Maternal incarceration• Involved with juvenile justice system

(Continued)

Table 1. (Continued).

Demographic characteristics	Symptoms and diagnoses mentioned in case records	Abuse	Neglect	Other negative experiences
Luna <ul style="list-style-type: none">• 13 years old• Unknown• Female	<ul style="list-style-type: none">• Suicidal ideation• Substance use	<ul style="list-style-type: none">• Sexual	<ul style="list-style-type: none">• Physical• Medical	<ul style="list-style-type: none">• Paternal incarceration• Diagnosed with a STI
Mackenna <ul style="list-style-type: none">• 18 years old• Latina• Female	<ul style="list-style-type: none">• Behavioral disorder• ADHD• Bipolar disorder• Substance use• Suicidal ideations• Depression	<ul style="list-style-type: none">• Physical• Sexual	<ul style="list-style-type: none">• Physical	<ul style="list-style-type: none">• Expelled from school• Exposed to domestic violence• Loss of a friend• Involved with juvenile justice system
Fionna <ul style="list-style-type: none">• 17 years old• Unknown• Female	<ul style="list-style-type: none">• Substance use• Bipolar disorder• Self-harm	<ul style="list-style-type: none">• None specified	<ul style="list-style-type: none">• None specified	<ul style="list-style-type: none">• Dropped out of school• Hospitalized following a traumatic health event

Notes. Names of youth are pseudonyms. To protect the confidentiality of study participants, specific details of some traumatic events have been withheld. ADHD: Attention Deficit Hyperactivity Disorder; ODD : Oppositional Defiant Disorder; PTSD: Posttraumatic Stress Disorder.

other significant negative events within their lives as documented in the case records.

When analyzing the data with the lens of ambiguous and responsible agency, two primary themes emerged. These themes were: 1) youth manifesting ambiguous agency through various kinds of coping strategies; and 2) provider efforts to stabilize youth to promote responsible agency. These themes will be discussed in turn.

Youth manifesting ambiguous agency

The case records revealed that youth challenged traditional discourses that presuppose that victims lack agency. These exertions of ambiguous agency served three distinct, yet often overlapping purposes: to help the youth manage tension in difficult situations; as interpersonal strategies for interacting with others who had greater power in various situations; and to help youth cope with poverty. Each of these subthemes is described next.

Tension reduction

Case records noted a range of youth behaviors intended to reduce stress, seek psychological escape, or pursue social support from others. Workers reported how youth used sleeping, substance use, and self-harm as strategies for reducing stress. For example, Jasmine refused to attend school and instead was oversleeping. Her therapist suggested that perhaps she was depressed, which Jasmine denied. Luna was caught smoking marijuana, after which she shared that her mother lacked good parenting skills and it hurt her feelings when her mother called her names. Fionna disclosed that she would take “mollys [the drug ecstasy]” before engaging in sex trades in order to relax. Lastly, Imani engaged in cutting; she said she learned the behavior from her cousin and that it helped her deal with tension. In addition to these individual coping strategies, case records revealed some youth also running away in search of emotional support. For example, Amber felt that her sisters held her accountable for her mother’s incarceration because her mother was incarcerated for sexually abusing her. She indicated on different occasions that she would run away because she wanted freedom, and that when she felt as though there wasn’t anyone in the house she could talk to about her feelings, she would leave the house without permission to speak to her boyfriend.

Navigating relative powerlessness

Many of the behaviors categorized as ambiguous agency involved youth’s efforts to act in interpersonal contexts in which they held little power.

One of the most common forms of ambiguous agency present within the case studies was *active resistance*. Talk therapy and the issue of psychotropic medication use were two areas in which participants often showed active

resistance. For example, Jasmine refused to participate in therapy sessions by not going or refusing to talk when forced to go. Fionna did not want to talk to service providers because she believed the facility she was in was “a joke” and that the service providers didn’t care about nor understand what she was going through. Additionally, case records revealed how youth often refused to take medications that were prescribed to them. For example, Kayla refused to take her medications due to her concerns about weight gain; Mackenna engaged in similar behaviors, although no explanation was given as to why. Conversely, Imani refused to live with her mother because her mother wouldn’t let her take medication for ADHD.

Resistance also occurred, as identified in the case records, in the context of the provision of other services. During a sex trafficking investigation, Luna refused to provide her case worker with any specific information; instead, she gave very generic information and told the worker she was “wasting her time.” When admitted to the hospital, Imani refused to provide hospital staff with information regarding her parents. Around the same period of time, it was noted that Imani’s father was not supportive of her gender identity and sexual orientation, suggesting that perhaps Imani was wary of any efforts to involve her parents in services. In another example, youth discomfort was expressed as physical aggression. Fionna attacked a male staff member at her residential treatment program, citing that she did not feel comfortable around him. It was also reported that the same male staff member had brought pornography into the treatment program.

Case records described multiple instances in which youth gave inaccurate or untruthful reports, often in the context of relationships characterized by power imbalances, such as family or school. McLeod (2007) used the term *fantasy* to describe instances in which youth gave her information that was unreliable, inaccurate, or far-fetched. While the youths’ families often referred to this behavior as “lying,” McLeod (2007) suggests, “Choosing to be economical with the truth is a means of maintaining some control over the communication” (p. 282). For example, Kayla told her school counselor that she was pregnant in her first trimester and that her mother threatened to push her down the stairs to cause a miscarriage if it was true. Upon going to the emergency room for a pregnancy test which came out negative, Kayla admitted she made the story up because she was tired of her mother’s rules and regulations. Mackenna told a classmate with cancer that she too had cancer, which was not true. Lastly, Ciara told her caseworker that her grandparents, with whom she was staying, fight and hit her. She later admitted that this was untruthful and that she had said it because her grandparents were too strict and they did not allow her to go out.

Another way in which the young women demonstrated ambiguous agency in situations of relative powerlessness as documented in the case records was through *running away*. These youth often ran away in response to situations

they found uncomfortable or unacceptable. For example, Mackenna said she ran away from home because she was not allowed to go out after school – the rules of her home were that she must go to school, go home, clean her room, clean the house, and take care of her sisters. Mackenna was not allowed to see her friends or take part in any recreational activities, which she wanted. Amber ran away from home, citing a desire for freedom; however, it was uncovered that her grandmother had also been keeping Amber’s abuser (her mother) in the home against the orders of child welfare services. Luna stated that her behaviors, which included running away, were in response to her mother’s romantic relationship with a female partner and the feeling that her mother treated her partner better than her children. Lastly, Ciara ran away from her residential treatment program because all the girls were “prostituting” and Ciara didn’t want to be at the program because she was not engaging in sex trades.

Finally, the case records reflected how participants often used *negotiation* with the adults in their lives to get what they wanted. Kayla said that she was willing to comply with in-home tutoring if doing so meant that she could attend a “regular” school. Another time Kayla said she was willing to go to counseling if she could see the same therapist she had seen previously. After running away from multiple programs and the child welfare system, Imani showed up at the child protective services office to speak to her case worker. While she was willing to speak with the worker and confirm she was safe, she was not willing to identify to the worker the person with whom she was staying.

Sometimes negotiation escalated to *threats* so that the youth could successfully achieve their aims in situations of relative powerlessness. For example, after running away and being located by a child welfare services worker, Mackenna said, “If I go back to my mother’s home I will leave or hurt myself.” As a result of this statement, Mackenna was sent to a youth shelter instead. Another time Mackenna asked youth center staff to put her girlfriend on the list of people allowed to visit her or she would run away; in response to this threat, the worker inquired about adding her girlfriend to the list [although ultimately it could not be done]. Similarly, Imani informed the staff at her residential treatment center that she would run away if they did not provide her access to her hormone injections for her gender transition. These examples provide a range of behavioral responses documented by case workers and utilized by participants in their experiences navigating both family and systems characterized by power imbalances.

Coping with poverty

Case records also revealed how participants engaged in a series of behaviors that are best classified as coping strategies to navigate their experiences with poverty. Money was cited as an incentive for some of the youth engaged in sex trades. For example, Mackenna disclosed that she was involved with

trading sex for a year to get out of her house and earn money. Similarly, Fionna said that if her mother didn't sign her out of her residential treatment program, she would run away and go back to sex trades. Fionna did not feel as though she was learning new life skills as part of her program; thus, she would do what she needed to do in order to get by. Amber told her case-worker that she didn't want to be in school, but that she wanted to sign up for JobCorps and start making money. Lastly, when Imani was caught shoplifting, she said it was because she needed new clothes. Further, although never explicitly stated, the case record implied that Imani engaged in sex trades in order to have the funds to purchase hormones illegally.

Youth stabilization to promote responsible agency

In addition to examples of ambiguous agency from youth, the case records revealed the efforts of service providers to stabilize youth in an effort to promote responsible agency. Such stabilization efforts included obtaining diagnoses for externalizing behaviors, using psychotropic medication, and intervening with behavior modification therapies. These subthemes are described later.

Diagnosing externalizing behaviors

Within the case records, child welfare case workers documented the diagnoses that the youth received by medical professionals, as well as externalizing behaviors they noted as worthy of concern. As shown in [Table 1](#), five of the eight youth in this study had five diagnoses or more during the duration of their involvement in the child welfare system; in fact, of these five, two cases had 10 or more diagnoses. Consistent with a study by McMillen and colleagues (2005), the most common diagnoses were attention deficit/hyperactivity disorder (five cases); conduct disorder/oppositional defiant disorder (four cases); and posttraumatic stress disorder (four cases). In addition, based on the case records, all eight youth engaged in substance use; five had suicidal ideations; and four engaged in self-injurious behaviors. The high numbers of diagnoses assigned to these young people suggest that case workers and medical professionals struggled to make sense of and definitively label youths' presenting problems.

Stabilization through psychotropic medication

In the case records, service providers often tried to counter youths' ambiguous agency through stabilization efforts in order to promote responsible agency. Overall, these eight youths collectively received at least 10, if not more, diagnoses across their case span, including depression, bipolar disorder, posttraumatic stress disorder, conduct disorder, and anhedonia. Often, psychotropic medication was prescribed as a treatment for these diagnoses. For example, a therapist told Mackenna that she needed medication because

she was too hyper and could not focus; Mackenna was later diagnosed with bipolar disorder and prescribed medication accordingly. However, the record also describes multiple abuse allegations and financial struggles in her family; in diagnosing Mackenna's mental health issue there was no acknowledgment that her presenting symptomology may also be a reflection of past trauma she experienced. Ciara, who had a long history of abuse, was diagnosed with intermittent explosive disorder and put on medication. After going missing twice during intake at a residential treatment facility, Kayla was admitted into an inpatient program to be "stabilized" and her psychotropic medication dosages were increased.

Concerns related to the prescribing of psychotropic medications among these youths are twofold. First, the youth in these case records were diagnosed with a number of conditions and were often treated through medication; however, given that their symptoms were often wide ranging, it is possible that the treatment identified was not appropriate for their unique symptomologies. Secondly, medication is often one valuable part of a complete treatment plan that includes helping individuals develop skills, working with families to strengthen relationships, and building connections to other important resources within the community. The emphasis on stabilization through medication, rather than addressing and working through complex trauma, suggests that workers may have been primarily focused on controlling and reducing problematic behaviors in these young people.

Behavior modification through services

Case records also indicated that service providers tried to promote responsible agency through behavior modification and services. For example, the goal of behavioral assistance for Jasmine was to "stabilize downward behavior" which included acting defiantly toward her grandmother and getting into altercations with her siblings. After being described as "promiscuous and dressing provocatively," Kayla was registered for a Planned Parenthood sex education course. Lastly, one case note indicated that Ciara needed individual, group, family, and substance abuse therapy services to address her behavioral, substance use, academic, and psychosocial needs. These examples suggest that providers' responses were generally aimed at the "responsibilization" of youth as a means of addressing behaviors perceived as challenging or problematic.

Discussion and implications

This study examined child welfare agency case records of eight youth involved in sex trades through the conceptual framework of ambiguous and responsible agency based on the views and perceptions of their caseworkers. The goal of this work was to dismantle the binary between "can-do" girls and "at-risk" girls by exploring the ways in which service providers record how youth express

ambiguous agency, as well as the ways in which service providers strive to regulate their attitudes and behaviors (Harris, 2004). As Bay-Cheng and Fava (2014) point out, "...this binary construction excludes the possibility that victimization and vulnerability coexist with agency and assertiveness. . ." (p. 117). Notions of victimhood and responsible agency demonstrate the fallibility of common childhood frameworks to adequately capture the diverse experience of young people.

Case records documented that youth use an array of coping mechanisms, both active and passive, as they navigate a system which holds traditional conceptions of victimhood and powerlessness. These young people manifested agency through a range of behaviors, including those that promote tension reduction (e.g., sleeping; self-harm) and assist the youth in challenging power imbalances that existed between them and their service providers (e.g., active resistance; negotiation). These findings are consistent with other studies that examined the coping mechanisms of youth considered at-risk (Brown et al., 2015; McLeod, 2007). Further, acts of ambiguous agency aided the youth in coping with the poverty they experienced (e.g., sex trading) and speak to the need for services that promote financial empowerment, employment, and education for young women, particularly those involved in trading sex (Sloan & Wahab, 2000). While these behaviors are maladaptive in that they can lead to the youth being in positions of greater harm or risk, they also reflect the youths' active efforts to cope with difficult situations as best they can.

Study findings also identified ways in which service providers strived to promote the "responsibilization" of youth (Kelly, 2001) through mental health diagnoses, psychotropic medications, and behavioral services. The dispensing of psychotropic medications to these youth is consistent with prior research, which suggests approximately one out of seven youth in the foster care system is prescribed a psychotropic drug (Zima, Bussing, Crecelius, Kaufman, & Belin, 1999). For both medical professionals and service providers who work with these youth, the challenge is learning to be precise in diagnosing and treating mental illness, as well as working to understand the meaning and function of behaviors labeled as problematic. With multiple diagnoses and a range of medications prescribed, it appeared that the workers were more inclined to use medications to subdue behavior rather than treating the youth's mental illness. Additionally, focusing on the mental health of the individuals seemed to be the primary method used by the caseworkers to address problem behavior. While diagnoses can give meaning to particular set of behaviors and open up opportunities for treatment, over-diagnosing youth can also pose challenges to youths' well-being; these include the unnecessary administration of psychotropic medications and putting stigmatizing labels on children which may be internalized or cause others to have negative preconceived notions of that child (Batstra et al., 2012). Mental health diagnoses are limiting when they focus on treating symptomology rather than underlying issues of complex trauma (Kisiel et al., 2014). A challenge to service providers working with youth in the child welfare system is disentangling whether presenting

symptoms are a result of a mental illness, complex trauma, or both (Griffin et al., 2011).

This study has several implications for both the provision of services to youth involved in sex trades as well research. Providers often view youth as unable to comprehend the totality of their experiences trading sex – a gap in understanding that is due to their perceived status as children, agentless victims, or deviants. In response, service providers may make service decisions on behalf of youth, rather than in collaboration with them. Even within the realm of feminist practice, some service providers view experiences of sex workers as victimization (Saulnier, 1996). As a result, the intervention model most utilized by service providers in the U.S. is protective in nature. However, this narrow approach to service provision may be isolating to youth, particularly if providers are dismissive of youths' decision-making capacity. Most youth do not categorize themselves as victims (Lutnick, 2016); therefore, service engagement may be more beneficial if providers try to integrate a rights-based approach. This can be implemented through the use of a feminist framework that includes developing helping relationships built on mutual respect and empowerment, viewing clients as experts in their own lives, and consciousness raising and challenging policies and practices that promote inequality (Carr, 2003; Otting & Prosek, 2016).

A challenge for child welfare service workers involved in the care of youth who trade sex is finding a balance between promoting the values of well-being, safety, and permanency while still granting young people agency and autonomy (Sapiro et al., 2016). Lutnick (2016) offers several policy and practice suggestions for navigating this conundrum. Funding is needed to provide youth with tangible services such as 24-hour drop in centers that provide food and temporary shelter. Youth are often hesitant to leave the sex trade for economic reasons, as it fulfills their monetary and resource-specific needs; thus there is a need for paid internships that provide youth both money and work experience. Lastly, providers should move away from services that are framed around victimhood and rather offer strengths-based services that empower young people and acknowledge their resilience (Lutnick, 2016).

This study offers an interesting opportunity to examine the conceptual frameworks of ambiguous and responsible agency through the lens of the child welfare service workers managing the care of youth involved in sex trades. However, a number of limitations exist within the bounds of the study. While every effort was made to accurately reflect the youths' experiences, the data collected and analyzed did not come directly from the voices and experiences of the youth. Multiple staff members within the child welfare system maintained and managed each of the eight case records that were analyzed; thus it is possible that the experiences of these youth were inadequately captured by their case workers. These case notes were also recorded within a broader child welfare system that prioritizes safety over agency; therefore, service providers may have only documented facts and observations associated with each of the eight cases with little reflection, opinion, or

assessment. Future research should engage youth involved in sex trades and child protective service workers separately to better understand their perceptions of ambiguous and responsible agency.

Second, the sample size of this study was small which limits the transferability of the findings. Further, this sample did not include young cis-gender or trans men and the ways in which they were responded to by child protective services. However, this limitation is also an opportunity for future research. Scholars and methodologists need to identify best practices for implementing services to both cis- and transgender young people in the sex trade and the efficacy of current services must be evaluated while keeping the rights of these youth in mind.

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ORCID

Laura Johnson  <http://orcid.org/0000-0002-1882-8186>

Beth Sapiro  <http://orcid.org/0000-0002-9752-5879>

Catherine Buttner  <http://orcid.org/0000-0002-9401-5945>

Judy L. Postmus  <http://orcid.org/0000-0001-7265-5864>

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