



## Increasing Child Serving Professionals' Awareness and Understanding of the Commercial Sexual Exploitation of Children

Maureen C. Kenny, Claire Helpingstine, Haiying Long, Lorena Perez & Maria Clara Harrington

To cite this article: Maureen C. Kenny, Claire Helpingstine, Haiying Long, Lorena Perez & Maria Clara Harrington (2019): Increasing Child Serving Professionals' Awareness and Understanding of the Commercial Sexual Exploitation of Children, Journal of Child Sexual Abuse, DOI: [10.1080/10538712.2018.1563264](https://doi.org/10.1080/10538712.2018.1563264)

To link to this article: <https://doi.org/10.1080/10538712.2018.1563264>



Published online: 14 Feb 2019.



Submit your article to this journal [↗](#)



View Crossmark data [↗](#)



# Increasing Child Serving Professionals' Awareness and Understanding of the Commercial Sexual Exploitation of Children

Maureen C. Kenny<sup>a</sup>, Claire Helpingstine<sup>a</sup>, Haiying Long<sup>a</sup>, Lorena Perez<sup>a</sup>,  
and Maria Clara Harrington<sup>b</sup>

<sup>a</sup>Florida International University, Miami, FL, USA; <sup>b</sup>Kristi House, Miami, Florida, USA

## ABSTRACT

Child serving professionals need increased understanding of the identification and therapeutic needs of child victims of commercial sexual exploitation. This study evaluated the effectiveness of a training program aimed to increase awareness of commercial sexual exploitation of children (CSEC) among professionals likely to encounter victims in their work. Professionals' ( $N = 227$ ) knowledge level was examined prior to the training, immediately thereafter, and in a 6–12 month follow-up. Despite professional position or years of experience, participants had similar levels of CSEC knowledge before the training and all showed a significant improvement in their knowledge after the training. However, follow-up testing on a smaller subsample demonstrated that knowledge gains were not maintained. The analysis of the participants' responses to how their behavior would change subsequent to the training revealed important themes including: (1) greater ability to identify/assess or recognize CSEC victims, (2) greater understanding and knowledge of CSEC, (3) increased ability to communicate, interact, and engage with CSEC victims, and (4) heightened desire to educate others and raise awareness about CSEC. Results also indicated that participants were very satisfied with the training and found it highly relevant to their work.

## ARTICLE HISTORY

Received 8 October 2018  
Revised 7 December 2018  
Accepted 9 December 2018

## KEYWORDS

Sex trafficking; education programming; child victims of abuse

Sexual trafficking or commercial sexual exploitation of children (CSEC) is a severe form of sexual abuse. In 2000 (and subsequent reauthorizations), the US Congress passed the Trafficking Victims Protection Act (TVPA, 2000) (P. L. 106–386). It defines commercial sexual exploitation and provides for protection and treatment of such victims. The TVPA defines a commercial sex act as, "... any sex act on account of which anything of value is given to or received by any person" (p. 7). Essentially, this is sexual exploitation of a child for financial gain (Mitchell, Jones, Finkelhor, & Wolak, 2011), including prostitution, stripping, live-sex shows, and sex tourism. Due to the fact that children under 18 years of age cannot consent to commercial sex (Boxill

& Richardson, 2005), there does not need to be proof of fraud, coercion or force as must be present in other forms of human trafficking.

Legislation addressing sex trafficking has changed the way government agencies respond to sex trafficking and the services provided to victims. The Stop Exploitation Through Trafficking Act of 2013 intended to enact the National Safe Harbor Law. Under this law, minors engaging in commercial sex would be treated as victims and not criminals (Stop Exploitation Through Trafficking Act of 2013, S. 1733, 2013). This law also encourages referral of these minor victims to child protection services. The Justice for Victims of Trafficking Act in turn enforces a \$5,000 penalty for those convicted of sex trafficking, sexual abuse, and human smuggling (Justice for Victims of Trafficking Act of 2015, 2015). Revenue generated from these penalties is used toward the Domestic Trafficking Victims' Fund, which provides grants to fight against trafficking, protection for victims, development and implementation of prosecution programs, and services for victims of child pornography (Justice for Victims of Trafficking Act of 2015, 2015). The funds are also used toward training programs for the identification and rescue of child trafficking and pornography victims. The Preventing Sex Trafficking and Strengthening Families Act also implements child welfare provisions related to sex trafficking. It requires state agencies to create policies that identify, document, and provide services to children and youth at risk of being victims of sex trafficking that are under the agency's care, supervision, or placement (Preventing Sex Trafficking and Strengthening Families Act, H.R. 4980, 2013). The agency must report information regarding abducted or missing children/youth to law enforcement authorities. The act further requires the child's participation in developmentally appropriate extracurricular, cultural, and social activities for foster family homes and child care institutions and gives children 14 or older the power to participate in the development of their case plans (Preventing Sex Trafficking and Strengthening Families Act, H.R. 4980, 2013).

### ***Prevalence of CSEC***

A global report conducted by the United Nations Office on Drugs and Crime (2016) illustrates that, while the modality of trafficking may vary from country to country, sexual exploitation occurs nearly everywhere. According to the United Nations Children's Fund [UNICEF] (2005), sex trafficking claims an estimate of 1.9 million children worldwide each year. Sex trafficking accounts for over half of all the trafficking reports in the US, Canada, and Mexico. As Hartinger-Saunders, Trouteaud, and Johnson (2017) state, estimates are difficult due to problems in defining, reporting, responding to, and quantifying CSEC, including limited services available to identified victims, lack of awareness of the issue by mandated reporters and the

continued criminalization of juveniles in prostitution. In the US, exact prevalence rates for CSEC are hard to determine due to the lack of a uniform reporting system (United States Department of State [USDS], 2010).

In addition, these victims need help and multidisciplinary treatment to integrate back into society successfully. Their repeated victimization leads to physical injury, sexually transmitted infections, forced abortions, and infertility (Cecchet & Thoburn, 2014). For children, the experience of traumatic events has been shown to have profound, long-lasting, developmental consequences (Snyder et al., 2012), including emotional and cognitive setbacks, such as self-esteem issues, affective disorders, and suicidality (Hornor, 2010). There is also a high mortality rate for children involved in commercial sexual exploitation (40 times higher than the national average, see Willis & Levy, 2002). Among female victims, the trauma of sex trafficking experiences have been found to be strong correlates to a number of damaging mental health outcomes, including depression, post-traumatic stress disorder (PTSD), anxiety, or the combinations of all three (Hossain, Zimmerman, Abas, Light, & Watts, 2010).

Although sex trafficking continues to disproportionately affect women and children, males can be victims as well (Florida Department of Children and Families [DCF] & Department of Juvenile Justice [DJJ], 2014). There is data indicating that males and females share several risk factors for the involvement in CSEC, including a history of child maltreatment, family violence, and out of home residential placements (Florida DCF & DJJ, 2014). Boys may be less visible victims than girls and more difficult to identify. Approximately 25–35% of boys who are prostituted self-identify as gay, bisexual, or transgender/transsexual and engage in sexual behavior with older men (Estes & Weiner, 2001). According to Walker-Rodriguez and Hill (2011), the typical age for boys to enter into CSEC is between 11 and 13 years old, while for girls the average age is between 12 and 14 years old.

### ***Risk factors related to CSEC***

Children at risk of sex trafficking include those that have suffered abuse and neglect (especially sexual abuse), those in foster care or those who are currently homeless (Swartz, 2014). Estes and Weiner (2001) completed a US national study and found that the original families of these sexually exploited children were either on the edge of poverty or considered to be poor. Other factors include lack of stable housing and/or supervision and homelessness (Countryman-Roswurm & Bolin, 2014; Gerassi, 2015). Homeless youth are at risk for trading sex in exchange for food, money, or drugs. Research has found that a teen entering life on the streets may be contacted by a potential trafficker within 48 h to 3 days (Spangenberg, 2001; Walker-Rodriguez & Hill, 2011).

### ***CSEC victims contact with professionals***

CSEC victims require a range of services, including case management, mental health counseling, and substance abuse treatment (Hardy, Compton, & McPhatter, 2013). Yet many agency personnel are not adequately trained to identify victims in order to provide these needed services. While Trauma Informed Care (TIC) methods are essential when working with CSEC victims, for some clinicians and service providers, a basic understanding of the unique challenges, diagnoses, and sequela for victims is necessary prior to initiating treatment. According to the Substance Abuse and Mental Health Services Administration (2014),

A program, organization, or system that is trauma-informed: Realizes the widespread impact of trauma and understands potential paths for recovery; Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and Seeks to actively resist re-traumatization. (p. 4)

TIC programs are a good first step in appropriate handling of CSEC victims. Cole, Sprang, Lee, and Cohen (2016) report that there is a need for providers who work with at-risk youth, such as those who are homeless or have involvement in the juvenile justice system, to screen for trauma histories, including CSEC.

Given the emotional, behavioral, and psychological symptoms displayed by victims of CSEC, they are likely to come into contact with an array of professionals, including medical, legal, social services, child protection, and mental health (Ijadi-Maghsoodi, Cook, Barnert, Gaboian, & Bath, 2016). Many of these youth may not self-identify as trafficked victims, thus identification by providers is essential. It is estimated that 70–90% of the female victims of trafficking were victims of sexual abuse before they were recruited (Lloyd, 2012) and have likely been seen in clinical settings. Cole et al. (2016) found that youths' involvement in CSEC "is associated with emotional, developmental, psychological and behavioral dysregulation in those involved, and presents with significant challenges and opportunities for service providers" (p. 135).

### ***CSEC training for professionals***

Training for CSEC should cover points of entry, signs, and risk factors (Cole & Sprang, 2015; Ferguson et al., 2009; McMahon-Howard & Reimers, 2013). Past trainings have also covered definitions, types of CSEC, the magnitude of CSEC in the US, and information on state and federal laws (Ferguson et al., 2009; McMahon-Howard & Reimers, 2013). Powell, Dickins, and Stoklosa (2017)

concluded that training needs to be standardized in order to guarantee that accurate information and appropriate content will be given to the professionals.

Available trainings vary in method and content and the impact of these trainings are rarely evaluated (Powell et al., 2017). Some studies have found that social service agency personnel are not knowledgeable about CSEC and may fail to recognize the signs (Clawson & Grace, 2007; Cole & Sprang, 2015). There is a lack of professional training addressing CSEC, as well as a scarcity of policies and protocols (Cole & Sprang, 2015; Swartz, 2014). In a sample of 557 mandated reporters, 60% did not have training related to child sex trafficking and 25% reported not believing that it existed in their communities (Hartinger-Saunders et al., 2017). Two alarming results found by this study were that over half (57.2%) of the participants believed that some adolescents choose to engage in prostitution and that 10% believed that sexual exploitation does not pertain to adolescents. These findings are in sharp contrast with the fact that individuals under 18 years old involved in human trafficking are considered to be victims, rather than willing accomplices of CSEC (Mitchell et al., 2011). Overall, these studies have indicated that the lack of knowledge of signs and risk factors affects professionals' likelihood of reporting and in turn enables CSEC to go undetected (Hartinger-Saunders et al., 2017).

Trainings that have targeted this topic have been shown to have a positive effect on professionals' knowledge (Ferguson et al., 2009; McMahon-Howard & Reimers, 2013). In a study conducted by McMahon-Howard and Reimers (2013), Child Protective Services (CPS) employees were found to lack knowledge on the laws and services related to CSEC, with more than half unwilling to refer victims to pertinent services. After participating in a CSEC webinar training, CPS employees gained knowledge of laws and services, skills in identifying risk factors, and willingness to refer victims to specialized services. Ferguson et al. (2009) also found significant increases in participants' skills, knowledge, and attitudes after completing a structured CSEC training curriculum. The training helped participants gain the skills needed to identify and engage with CSEC cases.

### ***Need for training in Miami***

Estes and Weiner's (2001) national study on sexual exploitation cited Miami as a "destination city" for CSEC along with New Orleans, San Francisco, Portland, Chicago, and Seattle. And still, well over a decade later, Miami was top ranked in a research report released by the Urban Institute (Dank et al., 2014) that looked at eight major US cities to assess the size and structure of the underground commercial sex economy. Miami's underground commercial sex economy was estimated at more than \$200 million annually. The Florida DCF and DJJ (2014) recognized Miami-Dade county as the Florida county with the most

reports of CSEC. Further, they recommended that education and prevention programs delivered by appropriately trained and credentialed facilitators should be implemented in the areas known to have high rates of CSEC and with an at-risk population. The Florida Department of Children and Families & Department of Juvenile Justice (2014) reported that most of the calls received through the Florida Abuse Hot Line were CSEC reports. Furthermore, CSEC is the most reported and identified form of human trafficking in Florida. Florida has also had training efforts for emergency and intake workers to screen for CSEC (Fong & Berger Cardoso, 2010), which has led to an increased number of identified victims of trafficking (Shared Hope International, 2006). Thus, implementing this training in Miami seems to meet a critical need for training professionals in this geographical location on CSEC.

### ***Purpose of the study***

This study evaluated an introductory training on CSEC for community agency professionals. In order for CSEC to receive the necessary services, they must be identified as victims (Cole et al., 2016). Professionals at community agencies that serve youth are likely to come into contact with unidentified victims. The goal was to evaluate their knowledge prior to and after receiving an on-site, in-person training. Follow up was also conducted at least 6 months later to measure the maintenance of the knowledge. Evaluation also addressed participant satisfaction with the training as well as the relevance to their work. The data were collected by using both quantitative and qualitative methods.

## **Method**

### ***Participants***

A total of 227 professionals between the ages of 18 and 76 participated in the training held in a 6-month period of 2016–2017. During this time period, 9 trainings were offered. Table 1 presents demographic information of the participants. Due to the wide range of participant job positions, they were grouped into three categories for the purposes of analysis. These included clinical (e.g. therapist, counselor, case manager, guardian ad litem), non-clinical (e.g. transportation services, secretary, administrative assistant), and student interns (e.g. graduate level psychology, counseling, and social work).

### ***Procedure***

A university's Office of Research Integrity granted approval for this project. The training took place at a child advocacy center in Miami. This child

**Table 1.** Demographic characteristics of the CSEC training participants.

Participant demographics ( <i>N</i> = 227)	%
Age M (SD)	36.02 (13.83)
Gender	
Female	90
Race/ethnicity	
American Indian or Alaskan Native	1.1
Black or African American (not of Hispanic origin)	27.4
Hispanic or Latino	44.1
White or Caucasian (not Hispanic origin)	23.5
Other	3.9
Primary Language	
English	66.1
Spanish	7.9
Creole	0.4
Other	1.8
Positions	
Clinical	36.3
Non clinical	15.9
Student	15.9
Other	12.4
Not reported	19.5
Experience	
Years worked in position	
<1 year	33.1
1–5 years	43.3
5–10 years	10.8
10–20 years	8.9
>20 years	3.8
Degree	
High school diploma/equivalent	15.4
Associates AA/AS	9.1
Bachelors BA/BS	43.4
Graduate degree MA/MS/EdD/PhD	32.0
Prior training on CSEC	
Yes	23.3
Workshop/training	86.3
Graduate school	5.9
Continuing education workshop	7.8

advocacy center also has the only drop-in center in Florida that specializes in CSEC victims as of October 2014 (Florida Department of Children and Families & Department of Juvenile Justice, 2014). Although 9 other drop-in centers in Florida serve CSEC victims, they do not have specialized programming for victims. In addition, this center provides community educational outreach and training. Advertisement for the training was conducted through the child advocacy center website. All trainings were delivered by an educational trainer, who is a counselor and director of a treatment program for CSEC. She has a Master's degree and 16 years of experience in training on trauma and child maltreatment as well as professional experience with CSEC victims and their families. She also has extensive experience with the materials from Girls Educational and Mentoring Services (GEMS), a national model



for treatment of CSEC victims (Lloyd & Orman, 2010) and previously delivered similar trainings.

Prior to the start of the training, a research assistant provided information on the study. All registrants who attended the training were eligible for participation. If a registrant did not want to participate, he or she was not given the study assessments. A total of 227 participants attended the training, with 172 participants completing the pretest and 176 completing the posttest. From these, 132 paired matches were obtained for the pre and posttest.

The pretest was completed immediately prior to the beginning of the training on site in order to gain participants' basic demographic characteristics and assess participants' knowledge of CSEC. The posttest was completed immediately following the end of the training on site and designed to measure the participants' knowledge of CSEC after the training using the same items from the pretest. Additional questions were added to the posttest to gauge satisfaction and relevance of the training. Follow-up assessments were conducted beginning at 6 months after the training and continued until one year after training by sending monthly e-mail reminders to all the participants. All of the assessments were completed on Qualtrics, an online survey platform. The e-mails sent to the participants for follow up contained a link to the Qualtrics follow-up assessment, which was used to determine the maintenance of CSEC knowledge. The follow-up assessment contained the same items as the pre- and posttest.

## **Training**

The training was based on the training manual *Commercial Sexual Exploitation of Children (CSEC)*, developed by the CSEC Community Intervention Project (CCIP) and written by GEMS (Lloyd & Orman, 2010). The manual was designed to be used as a tool to provide a 3-day community training on CSEC (Lloyd & Orman, 2010). The current training was delivered in a 3-h format as Florida law requires a 3-h initial training on CSEC for case managers and protective investigators working with human trafficking survivors. This course was approved by DCF to meet these requirements as outlined in Florida Statute. §409.1754 (2018). The training was also available to other professionals and community members to understand the basic, most important concepts of CSEC. It was a live and interactive workshop, free of cost for service providers working/volunteering in child serving organizations. The goal of the training was to enable participants to identify, understand, and respond appropriately to the victims of CSEC. The CCIP training includes eight *Community Training Modules*. Each module contains PowerPoint slides, icebreakers, facilitator speaking points, handouts, resources, and an outline of the section's objectives, materials, agenda, handouts, and resources. Resources include scholarly articles, factsheets, national reports, and books. The *Community Training Modules*

include: (1) What is CSEC? (2) Pathways and precursors to CSEC, (3) Understanding the impact of CSEC, (4) Victim identification and engagement, (5) Effective service delivery to CSEC victims, (6) Investigating CSEC cases, (7) Working with CSEC cases, and (8) Medical and mental health care of CSEC victims (Lloyd & Orman, 2010). The presentation offered professionals an overview of CSEC, the extent of the problem and impact on the victims, as well as tips on engaging and identifying them. The present training covered modules 1 through 5 of the CCIP training. The current training reduced the ice breakers, some activities and videos to adapt the curriculum to the time constraints.

## **Measures**

### ***CSEC knowledge questionnaire***

This questionnaire was developed by the authors to assess participants' knowledge level of CSEC. It consisted of 16 items, half of which were true/false questions and the other half were 4-option multiple choice questions. The items addressed information on the five modules mentioned above (e.g. victim identification, pathways of entry, service delivery). The questionnaire also elicited demographic information from participants (e.g. gender, primary language, prior trainings in CSEC, current job position).

The posttest measure included additional questions, which were modified from Ferguson et al (2009) for use with this training. It was used to better assess changes in knowledge of CSEC and perceived skill level by asking participants to self-identify their knowledge and skill of CSEC before and after completing the training, with response values ranging from 1 = none to 5 = expert. Using a 5-point scale from poor to excellent, participants were asked to rate the overall quality of the training. Similarly, using a scale of "not relevant at all" to "very relevant", participants were asked to rate how relevant the training was to their job. Finally, the posttest questionnaire provided space for participants to identify three skills they would be better able to use as a result of engaging in the training. This information was treated as qualitative data.

## **Data analysis**

SPSS Version 24 was utilized for quantitative data analysis. First, descriptive statistics of the sample were generated. Second, a paired-samples *t*-test was utilized to evaluate the change in knowledge from pretest to posttest. Following the paired-samples *t*-test, a one-way analysis of variance (ANOVA) was used to determine the differences between groups by employment. Finally, a paired-samples *t*-test was performed to evaluate participant's self-reported increase in CSEC knowledge. A one-way repeated measure ANOVA was also conducted to compare participants' change in knowledge

across pre, post, and follow-up tests. Qualitative data from the posttest were analyzed using a conventional approach of content analysis (Hsieh & Shannon, 2005). This approach involved highlighting words from the participants' responses that appeared to capture specific concepts, labeling codes that emerge, sorting codes into categories, and grouping codes into meaningful clusters before arriving at final definitions for categories and subcategories (Patton, 2002).

## Results

### *Knowledge/learning*

A paired-samples *t*-test was performed to assess the change in acquired knowledge before and after CSEC training. The results revealed a statistically significant difference between pretest scores ( $M = 12.11$ ,  $SD = 2.05$ ) and posttest scores ( $M = 13.55$ ,  $SD = 1.49$ ) ( $t_{(130)} = 8.27$ ,  $p < .001$ ), demonstrating an increase in CSEC knowledge following the conclusion of the training. The effect size (Cohen's *d*) of the difference was .72, which is close to a large effect size (.80). The result from another paired-samples *t*-test also showed a statistically significant difference in participants' self-reported knowledge before the training ( $M = 2.88$ ,  $SD = 1.04$ ) and after the training ( $M = 4.07$ ,  $SD = .66$ ) ( $t_{(166)} = -17.15$ ,  $p < .001$ ), indicating an increase in self-reported knowledge following the conclusion of the training. The effect size (Cohen's *d*) of the difference was 1.32, which is considered very large.

In order to evaluate the differences in knowledge/learning among three groups (clinical, nonclinical and student), one-way analysis of variance (ANOVA) was performed for both pre and posttests separately. Statistically significant results were not found among the three groups for pre ( $F_{(3,170)} = .790$ ,  $p = .50$ , partial  $\eta^2 = .01$ ), or posttests ( $F_{(3,138)} = 1.732$ ,  $p = .16$ , partial  $\eta^2 = .04$ ), indicating the similar knowledge level among all three groups before and after the test.

Twenty-six participants completed follow-up surveys, but only 16 of them could be matched to pre- and posttests. This represents 12% of all the participants used in the analyses. A repeated measures ANOVA was conducted to compare participants' change in knowledge across pre, post, and follow-up tests among the 16 participants that completed all three tests and found significant results ( $F_{(2, 30)} = 8.65$ ,  $p = .001$ ).<sup>1</sup> The partial eta squared of the differences was .37, which indicates a large effect size. The follow-up pairwise comparisons further showed that posttest scores ( $M = 14.13$ ,  $SD = 1.20$ ) were significantly higher than pretest scores ( $M = 12.88$ ,  $SD = 1.93$ ,  $p = .01$ ) and follow-up scores ( $M = 12.50$ ,  $SD = 1.55$ ,  $p = .001$ ). There was no significant difference between pre and follow-up scores ( $p = .36$ ).

### **Training reaction/satisfaction**

On average, the participants rated their satisfaction of the training as 3.68 ( $SD = .56$ ) (out of 5), indicating a high level of satisfaction. The average rating of the perceived relevance of the training to their work was 3.56 ( $SD = .80$ ) (out of 5), designating a high level of relevance to their work.

The open-ended prompt (“I feel I will be better able to...”) intended to solicit written information about skills acquired through this training was analyzed. In response to the prompt, each participant was requested to provide three responses. Response length ranged from a few words to full sentences. The first, second, and fourth authors read all written responses and coded each response individually into an initial set of themes using a constant comparative process. Afterwards, all three researchers met to discuss individual findings and agreed on an initial set of themes. Discrepancies were addressed by the researchers and themes were either consolidated or eliminated, or new themes were created. The three researchers agreed on four dominant themes, essentially using exact words or phrases from the participants, including: (1) being able to identify/assess or recognize CSEC victims, (e.g. “be able to assess children/adults who were/are victims of CSEC”, “better identify CSEC victims” and “recognize CSEC children”); (2) greater understanding and knowledge of CSEC (e.g. “understand this population”, “know risk factors that lead people to be easy targets”, and “identify indicators of human trafficking”); (3) communicate, interact, and engage with CSEC victims (e.g. “better therapeutic support”, “engage with child victims of abuse to establish a positive relationship” and “interview victims better”, and (4) raise awareness and educate others about CSEC, (“continue to raise awareness”, “educate others on the effect of negative labeling”, and “educate others about the prevalence of CSEC”).

### **Discussion**

There is a need to understand the victimology of CSEC and its complexity and to educate professionals in general about these victims (Kalergis, 2009). To this end, this training was an effort to build knowledge among professionals and students in a geographical region known for a high prevalence of CSEC. This would ultimately lead to the identification of victims and provision of appropriate services. This study demonstrated that a range of participants (clinicians, students and non-clinicians) can increase their knowledge regarding CSEC following a brief training. Overall satisfaction with the training was positive and participants rated the information as highly relevant to their work.

Participants reported an increased sense of knowledge and several areas in which their behavior would change subsequent to the training. The most

common theme of being able to identify and recognize CSEC victims demonstrates that one of the objectives of the training was met. Furthermore, participants reported a greater understanding and knowledge of CSEC, confirming the quantitative results of increased knowledge. Participants reported plans to communicate, interact, and engage with CSEC victims subsequent to the training. A desire to educate and inform others about CSEC emerged among these participants after training. This study confirms work done by Ferguson et al. (2009) and McMahon-Howard and Reimers (2013) who also found positive effects of training.

An identification, awareness and understanding of the CSEC victims' experience is a crucial first step in providing services. Participants learned about the organization of domestic minor sex trafficking in the US, which is built around the interpersonal and romantic relationships between pimps and their victims (Cecchet & Thoburn, 2014). Recognizing these dynamics in a relationship may lead professionals to early detection of risk factors for victimization. As Hickle and Roe-Sepowitz (2014) state, the responsibility falls upon therapists and clinicians to be comfortable addressing issues about sex trafficking with their clients. Other research has shown that two-thirds of the victims of trafficking had a significant maltreatment history and past contact with state child protective services (Havlicek, Huston, Boughton, & Zhang, 2016). Thus, the participants in this training are likely to come into contact with potential victims and need to be aware of signs and risk factors in order to screen and identify victims.

Despite a range of professionals and students in the training, it appears the training was able to meet their needs. Since only 23% reported having any prior training on CSEC, yet most reported its high relevance to their work, the large majority were in need of exposure to this material. Comparable to Ferguson et al. (2009), who evaluated a similar training with multidisciplinary professionals, this current study also found remarkably similar feedback and qualitative responses, despite divergent respondents.

The clinicians and other participants in this study are in a critical position to identify youth who have been exploited in commercial sexual activities, as they are working in agencies that provide services to youth who have been traumatized. By increasing knowledge of CSEC, professionals and emerging professionals (students) will be able to identify and assess victims. The increased awareness among this group and their desire to advocate on behalf of victims, may lead to greater awareness of the problem of CSEC. Despite any limitations, improved levels of knowledge regarding CSEC victims may have practical value in the participants' work with victims.

### ***Implications for practice and training***

The results should be used to create and provide future trainings on CSEC to clinical and student populations. Future training on CSEC could be

customized for different professionals. Clinicians who are likely to encounter victims may benefit from specialized skill enhancement so as to be able to identify victims and make appropriate referrals for comprehensive services. Students may require an increased awareness of this victim population early in their training. Research has shown that graduate curriculum often does not include child sexual abuse topics and reporting procedures (Kenny & Abreu, 2015), thus the likelihood of information related to this topic in training is low. Since many participants reported a greater sense of advocacy for this victim group, it may be beneficial for training to include specific advocacy skills. Incorporating information about mandatory child abuse reporting laws and their intersection with trafficking laws would also be helpful for most professionals.

Hardy et al. (2013) recommend training includes information on state and federal legislation so that service providers can gain a better understanding of the laws and available resources for individuals. While this training did mention TVPA, it did not provide in-depth coverage of antihuman trafficking laws. A greater understanding of the risk factors for CSEC, the mental and physical health implications for victims and treatment options will help to increase detection and ultimately treatment for this underserved victim population (Ijadi-Maghsoodi et al., 2016). Another target population for training would be youth. More specifically, training to at-risk youth that would educate them about trafficking is needed. Prevention education has been used successfully in other domains including child sexual abuse and should be expanded to CSEC.

Given that many of the participants were already working in agencies where they are likely to encounter abuse victims, this training may assist them in early detection of CSEC. Maltreated youth, particularly those with a past history of sexual abuse (Macias-Konstantopoulos et al., 2015), are at risk for CSEC, thus clinicians working in community agencies may be the first point of contact with these youth and must be prepared to identify them and make appropriate interventions. Although there are programs for survivors of sex trafficking, providers are often not aware of this form of victimization (Hardy et al., 2013). These professionals may need additional training on how to establish rapport as a precursor to inquiring about CSEC. Asking questions in a nonjudgemental, open-ended manner may increase victims' likelihood of reporting their exploitation (Cole et al., 2016). Youth are not likely to disclose involvement in CSEC, so careful detection must be conducted.

### **Limitations**

Adaptation of this training from the original model resulted in significantly less time and content. This was done to accommodate the training needs of DCF workers in this state. Participants were a convenience sample seeking

this training, thus may not be representative of their respective groups. In addition, no control group was present. This may affect the study's external validity. The follow-up assessment measured knowledge but not behavior change. Changes in attitudes do not equate with changes in behavior therefore, future research could examine changes in beliefs, practice, and behaviors after participation in CSEC trainings (e.g. in what ways will clinicians approach clients differently). In addition, participants were not asked about their experience level with CSEC victims in the *CSEC Knowledge Questionnaire*. Knowing the participants' previous encounters and experience with victims of commercial sexual exploitation will help guide the development of future trainings. The instrument had other limitations including being specifically developed for this project. Due to the low rate of follow-up assessment completion, it is possible that only those participants that remembered the CSEC training content replied, thus skewing these results. In addition, participants responded at different time points to the follow up, ranging from 6 to 12 months.

### ***Lessons learned***

Difficulties collecting paired data and follow-up data were encountered. Participants' late arrivals and early departures to the training caused gaps in the data collected. The participants were contacted via email to complete the follow-up assessment with little success. In total, only 16 follow-up surveys could be used for analysis. Future research may use incentives (financial or otherwise) for completion of the follow-up survey. As recommended by Koletic (2017), researchers need to create attrition reducing strategies beyond incentives (e.g. gift cards) for participation. One such strategy recommended would be use of social media or other types of Internet communication to keep in touch with participants throughout the data collection process. This may help to create a connection to the research and commitment to the collection of follow-up data (Koletic, 2017). Using one of the text messaging apps for cell phones to remind participants to take the survey may also help with collection of follow-up data (e.g. Remind). Data from the *CSEC Knowledge Questionnaire* showed fairly high baseline knowledge, indicating that participants had more knowledge on CSEC than expected. Since most participants indicated no formal training on CSEC, this knowledge may be explained by an increased societal awareness of sex trafficking. The instrument may be revised to include questions of a more advanced nature or increased difficulty. Although a small subsample, given the lack of maintenance of knowledge gains at follow-up, booster sessions may be necessary. Innovative approaches to providing these sessions may come in the form of e-mails, podcasts or web-based trainings. While the changes in knowledge from post to follow up were not significant, one could argue that any change in knowledge could potentially lead to helping a victim.



## Note

Mauchly's test of sphericity, the test to check the statistical assumption of homogeneity, showed a nonsignificant result ( $p = .96$ ). This verified that the analysis has not violated the assumption of homogeneity.

## Disclosure of Interest

All authors declare that they have no conflicts to report.

## Ethical Standards and Informed Consent

All procedures followed were in accordance with the ethical standards of the Institutional Review Board on human subjects at Florida International University and the American Psychological Association. Informed consent was obtained from all participants included in the study.

## Funding

The study was supported in part by grant number 2015-VT-BX-K022, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

## Notes on contributors

**Maureen C. Kenny, Ph.D.** is a Professor in the Counselor Education program at Florida International University. Her research is in the area of prevention of childhood sexual abuse, compliance with mandatory abuse reporting and commercial sexual exploitation of youth.

**Claire Helpingstine** is a second-year doctoral student at Florida International University. Her research examines the ways in which gender, race and cultural perceptions inform perceptions of human trafficking, as well as how familial and social network processes shape the experiences and decision-making processes of trafficked victims.

**Haiying Long, Ph.D.** is an Associate Professor of Research in the Department of Leadership and Professional Studies at Florida International University. Her works relates to into methodological issues in both quantitative and mixed methods research.

**Lorena Perez, MS**, received her degree in clinical mental health counseling from Florida International University. She is currently a registered mental health counselor working for a family program under Carrfour Supportive Housing. She works with low SES families with a history of homelessness and physical and/or mental disabilities.

**Maria Clara Harrington, MS** is the Director of Project GOLD, a program for commercially sexually abused girls in Miami, Florida at Kristi House. She is a counselor and has over 16 years of clinical experience working with traumatized and victimized youth.



## References

- Boxill, N. A., & Richardson, D. J. (2005). A community's response to the sex trafficking of children. *The Link: Connecting Juvenile Justice and Child Welfare*, 3, 1–9.
- Cecchet, S. J., & Thoburn, J. (2014). The psychological experience of child and adolescent sex trafficking in the United States: Trauma and resilience in survivors. *Psychological Trauma: Theory, Research, Practice, and Policy*, 6(5), 482–493. doi:10.1037/a0035763
- Clawson, H. J., & Goldblatt Grace, L. (2007). Finding a path to recovery: Residential facilities for minor victims of domestic sex trafficking. *Human Trafficking: Data and Documents*, 1–10.
- Cole, J., & Sprang, G. (2015). Sex trafficking of minors in metropolitan, micropolitan, and rural communities. *Child Abuse & Neglect*, 40, 113–123. doi:10.1016/j.chiabu.2014.07.015
- Cole, J., Sprang, G., Lee, R., & Cohen, J. (2016). The trauma of commercial sexual exploitation of youth: A comparison of CSE victims to sexual abuse victims in a clinical sample. *Journal of Interpersonal Violence*, 31(1), 122–146. doi:10.1177/0886260514555133
- Countryman-Roswurm, K., & Bolin, B. (2014). Domestic minor sex trafficking: Assessing and reducing risk. *Child and Adolescent Social Work Journal*, 31(2), 521–538. doi:10.1007/s10560-014-0336-6
- Dank, M., Khan, B., Downey, P. M., Kotonias, C., Mayer, D., Owens, C., ... Yu, L. (2014, March). *Estimating the size and structure of the underground commercial sex economy in eight major US cities*. Washington, DC: Urban Institute.
- Estes, R. J., & Weiner, N. A. (2001). *The commercial sexual exploitation of children in the U.S., Canada and Mexico*. Philadelphia: University of Pennsylvania.
- Ferguson, K. M., Soydan, H., Lee, S., Yamanaka, S., Freer, A., & Xie, B. (2009). Evaluation of the CSEC community intervention project (CCIP) in five U.S. cities. *Evaluation Review*, 33, 568–597. doi:10.1177/0193841X09346132
- Florida Department of Children and Families & Department of Juvenile Justice (2014). Restoring our kids: An analysis of Florida's continuum of care and recommendations to improve services for commercially sexually exploited children. *Commercial Sexual Exploitation of Children Services Workgroup*. Retrieved from <http://www.djj.state.fl.us/docs/comm/restoring-our-kids12-17-14.pdf?sfvrsn=2>
- Florida Statue (2018). § 409.1754 Training; Case management; Task forces
- Fong, R., & Cardoso, J. B. (2010). Child human trafficking victims: Challenges for the child welfare system. *Evaluation and Program Planning*, 33(3), 311–316. doi:10.1016/j.evalprogplan.2009.06.018
- Gerassi, L. (2015). From exploitation to industry: Definitions, risks, and consequences of domestic sexual exploitation and sex work among women and girls. *Journal Of Human Behavior In The Social Environment*, 25(6), 591–605. doi:10.1080/10911359.2014.991055
- Hardy, V., Compton, K., & McPhatter, V. (2013). Domestic minor sex trafficking: Practice implications for mental health professionals. *Journal of Women and Social Work*, 28, 8–18. doi:10.1177/0886109912475172
- Hartinger-Saunders, R., Trouteaud, A. R., & Matos Johnson, J. (2017). Mandated reporters' perceptions of and encounters with domestic minor sex trafficking of adolescent females in the United States. *American Journal of Orthopsychiatry*, 87(3), 195–205. doi:10.1037/ort0000151
- Havlicek, J., Huston, S., Boughton, S., & Zhang, S. (2016). Human trafficking of children in Illinois: Prevalence and characteristics. *Children and Youth Services Review*, 69, 127–135. doi:10.1016/j.childyouth.2016.08.010
- Hickle, K., & Roe-Sepowitz, D. (2014). Putting the pieces back together: A group intervention for sexually exploited adolescent girls. *Social Work with Groups*, 37, 99–113. doi:10.1080/01609513.2013.823838

- Hornor, G. (2010). Child sexual abuse: Consequences and implications. *Journal of Pediatric Health Care*, 24(6), 358–364. doi:10.1016/j.pedhc.2009.07.003
- Hossain, M., Zimmerman, C., Abas, M., Light, M., & Watts, C. (2010). The relationship of trauma to mental disorders among trafficked and sexually exploited girls and women. *American Journal of Public Health*, 100(12), 2442–2449. doi:10.2105/AJPH.2009.173229
- Hsieh, H. F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, 15(9), 1277–1288. doi:10.1177/1049732305276687
- Ijadi-Maghsoodi, R., Cook, M., Barnert, E. S., Gaboian, S., & Bath, E. (2016). Understanding and responding to the needs of commercially sexually exploited youth: Recommendations for the mental health provider. *Child and Adolescent Psychiatric Clinics*, 25, 107–122. doi:10.1016/j.chc.2015.08.007
- International, S. H. (2006). *Domestic minor sex trafficking project*. Retrieved from <http://www.sharedhope.org/dmst/index.asp>
- Justice for Victims of Trafficking Act of 2015, S. 178, 114th Cong. (2015).
- Kalergis, K. I. (2009). A passionate practice: Addressing the needs of commercially sexually exploited teenagers. *Affilia*, 24(3), 315–324. doi:10.1177/0886109909337706
- Kenny, M., & Abreu, R. (2015). Training mental health professionals in child sexual abuse: Curricular guidelines. *Journal of Child Sexual Abuse*, 24, 572–591. doi:10.1080/10538712.2015.1042185
- Koletic, G. (2017). Longitudinal associations between the use of sexually explicit material and adolescents' attitudes and behavior: A narrative review of studies. *Journal of Adolescence*, 57, 119–133. doi:10.1016/j.adolescence.2017.04.006
- Lloyd, R. (2012). *Girls like us: Fighting for a world where girls are not for sale: A memoir*. New York, NY: Harper Perennial.
- Lloyd, R., & Orman, A. (2010). *Training manual on the commercial sexual exploitation of children (CSEC)*. New York, NY: Girls Educational & Mentoring Services-GEMS.
- Macias-Konstantopoulos, W. L., Munroe, D., Purcell, G., Tester, K., Burke, T. F., & Ahn, R. (2015). The commercial sexual exploitation and sex trafficking of minors in the Boston metropolitan area: Experiences and challenges faced by front-line providers and other stakeholders. *Journal of Applied Research on Children: Informing Policy for Children at Risk*, 6, 4.
- McMahon-Howard, J., & Reimers, B. (2013). An evaluation of a child welfare training program on the commercial sexual exploitation of children (CSEC). *Evaluation and Program Planning*, 40, 1–9. doi:10.1016/j.evalprogplan.2013.04.002
- Mitchell, K. J., Jones, L. M., Finkelhor, D., & Wolak, J. (2011). Internet-facilitated commercial sexual exploitation of children: Findings from a nationally representative sample of law enforcement agencies in the United States. *Sexual Abuse: A Journal of Research and Treatment*, 23(1), 43–71. doi:10.1177/1079063210374347
- Patton, M. Q. (2002). Two decades of developments in qualitative inquiry: A personal, experiential perspective. *Qualitative Social Work*, 1(3), 261–283. doi:10.1177/1473325002001003636
- Powell, C., Dickins, K., & Stoklosa, H. (2017). Training US health care professionals on human trafficking: Where do we go from here? *Medical Education Online*, 22(1), 1–12. Retrieved from <http://ezproxy.fiu.edu/login?url=https://search.proquest.com/docview/1915377338?accountid=10901>
- Preventing Sex Trafficking and Strengthening Families Act, H.R. 4980, 113th Cong. (2013).
- Snyder, F. J., Roberts, Y. H., Crusto, C. A., Connell, C. M., Griffin, A., Finley, M. K. & ... Kaufman, J. S. (2012). Exposure to traumatic events and the behavioral health of children enrolled in an early childhood system of care. *Journal of Traumatic Stress*, 25(6), 700–704. doi:10.1002/jts.21756
- Spangenberg, M. (2001). *Prostituted youth in New York City: An overview*. New York, NY: ECPAT-USA.

- Stop Exploitation Through Trafficking Act of 2013, S. 1733, 113th Cong. (2013).
- Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. Rockville, MD: Author.
- Swartz, M. K. (2014). Commercial sexual exploitation of minors: Overlooked and underreported. *Journal of Pediatric Health Care*, 28(3), 195–196. doi:10.1016/j.pedhc.2014.02.004
- U.S. Department of State. (2010). *Trafficking in persons report*. Washington, DC: U.S.
- United Nations Children's Fund. (2005). *The state of the world's children 2006: Excluded and invisible*. New York, NY: UNICEF. Retrieved from [https://www.unicef.org/sowc06/pdfs/sowc06\\_fullreport.pdf](https://www.unicef.org/sowc06/pdfs/sowc06_fullreport.pdf)
- United Nations Office of Drugs and Crime. (2016). *World drug report*. New York, NY: United Nations Publication. Retrieved from [http://www.unodc.org/doc/wdr2016/WORLD\\_DRUG\\_REPORT\\_2016\\_web.pdf](http://www.unodc.org/doc/wdr2016/WORLD_DRUG_REPORT_2016_web.pdf)
- Victims of Trafficking and Violence Protection Act (2000). Pub. L. 106-386, 114 Stat. 1469, codified as amended at 22 U.S.C. §7102.
- Walker-Rodriguez, A., & Hill, R. (2011). Human sex trafficking. *FBI Law Enforcement Bulletin*, 80, 1–9.
- Willis, B. M., & Levy, B. S. (2002). Child prostitution: Global health burden, research needs, and interventions. *The Lancet*, 359(9315), 1417–1422. doi:10.1016/S0140-6736(02)08355-1