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Adolescent girls with a history of Commercial Sexual Exploitation (CSE): Perceptions and characteristics of social networks

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ABSTRACT

Background: Previous research has demonstrated that social support systems such as family, peers, or social services can play a role in adolescent girls' involvement in commercial sexual exploitation (CSE) (Hargreaves- Cormany & Patterson, 2016; Phillips, 2015, Reid & Piquero, 2016).

Objectives: Few studies have specifically explored the meanings adolescent girls with a history of CSE give to their social networks and how these may be associated with CSE vulnerability. The current study examines how important networks are labeled and characterized by these youth.

Participants: This study identifies the social networks used by eight racial/ethnic minority adolescent girls who have experienced CSE.

Methods: Using individual interviews, participants were asked to identify individuals and systems with which they interact and provide meanings about these social supports' roles and value in their lives. Additionally, the degree to which participants viewed each source as influential was explored. Thematic analysis was used to analyze the data. Social Network Theory guided the analysis.

Results: Two major themes emerged from the data: a) the social networks perceived as influential in the participants' daily lives and b) the perception of the social network's characteristics as negative or positive. Both positive and negative social networks contained some of the same members.

Conclusion: The current findings point to key social networks for racial/ethnic minority adolescent girls and the potential role of these networks regarding girls' CSE vulnerability. The duality of some network members illustrate the importance of viewing the role of social networks as both complex and dynamic for girls who have experienced CSE. Clinicians should take care to consider the role of intersectional factors when treating members of this community.

1. Introduction

In the United States (US), commercial sexual exploitation (CSE) of children is an especially concerning public health and human rights issue. CSE is a form of trafficking in which a commercial sex act is induced by force, fraud, or coercion in exchange for something of value (United States, 2000). For those under the age of 18, evidence of force, fraud, or coercion is not a requirement. CSE is also not limited to financial transactions and can include the exchange of anything of value (such as food or shelter) for sexual acts (Office of Juvenile Justice and Delinquency Prevention, 2021). Miami, Florida, has been recognized as an urban center with high rates of CSE of

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children. Reports from the [Florida Department of Children and Families \(2019\)](#) shows that of the 2198 human trafficking reports made to FDCF in 2019, approximately 93 % were classified as CSE of children ([Florida Department of Children & Families, 2019](#)). The majority of which coming from within Miami-Dade County.

Racial/ethnic minority adolescent girls living in low resource contexts are particularly vulnerable to CSE due to systemic factors including income instability, low parental monitoring, and negative race relations with police and governmental systems ([Epstein, Blake, & Gonzlez, 2017](#); [Fomby, Mollborn, & Sennott, 2010](#); [Gerassi, 2019](#); [Gutman, Mcloyd, & Tokoyawa, 2005](#); [Hadley et al., 2011](#); [Phillips, 2015](#)). However, the cultural narrative of CSE predominately focuses on middle class, suburban white adolescent girls as victims ([Gerassi, 2019](#); [Moss, 2019](#); [Phillips, 2015](#)). In combination with stereotyping racial/ethnic minority girls as hypersexual, this narrative often renders these youth's experiences invisible ([Gerassi, 2019](#); [Moss, 2019](#)). These unique factors enmeshed within adolescents' developmental realities contribute to the high CSE rates among racial/ethnic minority girls in these settings ([Kruger et al., 2013](#); [Phillips, 2015](#)).

Prior research has noted that social support systems can play a role in adolescent girls' involvement in CSE ([Hargreaves-Cormany & Patterson, 2016](#)). Specifically, adolescent girls' relationship quality with family members and friends can either buffer or increase CSE vulnerability ([Buck, Lawrence, & Ragonese, 2017](#); [Reid & Piquero, 2016](#)). Further, perceptions of school, law enforcement, and other relevant service organizations also influence engagement in CSE. Distrust and a lack of training in trauma-informed care in these agencies can lead youth to refuse services that may assist them in exiting from CSE ([Macias-Konstantopoulos et al., 2015](#); [Phillips, 2015](#)). This is important to consider when examining racial/ethnic minority girls' experiences with social support organizations as the role of intersectional identity factors may already shape their experiences and perceptions. For example, previous research has shown that this population is less likely to trust judicial or governmental social systems due to a history of negative interactions linked to systemic, institutionalized racism ([Cooper, 2013](#); [Nicolaidis et al., 2010](#)).

Despite their significance, there is still a paucity of literature focusing on what social networks are critical to adolescents' who have experienced CSE ([Kruger et al., 2013](#); [Reid & Piquero, 2016](#)). To date, no studies have explored perceptions of social networks among adolescent girls who have experienced CSE, nor has this been investigated among racial/ethnic minority girls from low resource communities. The current qualitative study aims to address this void in the literature by investigating critical social networks among racial/ethnic minority adolescent girls with a CSE history. Using Social Network Theory (SNT; [Berkman & Glass, 2002](#)), the girls' subjective reports of their social networks and the relevance of these structures to CSE vulnerability are examined.

2. Review of the literature

Several contextual and individual-level factors contribute to adolescent girls' CSE risk (e.g., a history of child sexual abuse, substance use and abuse, homelessness). However, interpersonal relationships with more proximal social networks such as family members (e.g., [Milan & Wortel, 2015](#); [Twigg, 2017](#); [Williams & Frederick, 2009](#)), peers ([Dank, Khan, Downey, & Kotonias, 2014](#); [Fogel, Martin, Nelson, Thomas, & Porta, 2017](#); [Macias-Konstantopoulos et al., 2015](#); [Reed, Kennedy, Decker, & Cimino, 2019](#)), and intimate partners ([Fogel et al., 2017](#); [Hickle & Roe-Sepowitz, 2017](#); [Williams & Frederick, 2009](#)) can also contribute to adolescent girls' CSE vulnerability. Previous literature has noted that exploiters tend to target youth who do not have strong support networks ([Dank et al., 2014](#)), and engagement in more extensive social services systems (such as foster care) has been linked to an increased risk of CSE among adolescent girls' ([Macias-Konstantopoulos et al., 2015](#); [Reid & Piquero, 2016](#)). As noted previously, these networks can protect against or contribute to CSE vulnerability; thus, it is critical to identify salient social networks and perceptions of these networks to better target CSE intervention and prevention points.

2.1. Family

Family members, such as parents and caregivers, are an important social network for developing adolescents. Factors such as positive parent-adolescent connectedness, higher parental monitoring, and effective parent-adolescent communication can play a protective role in helping to reduce negative health outcomes and sexual risk-taking behavior among youth ([Hadley et al., 2011](#); [Milan & Wortel, 2015](#)). For youth survivors of CSE, parents and caregivers can play a valuable role in promoting positive development after experiencing exploitation ([Twigg, 2017](#)). However, adolescents with a history of CSE typically report low levels of support from their families ([Milan & Wortel, 2015](#); [Twigg, 2017](#); [Williams & Frederick, 2009](#)). External factors such as socioeconomic stressors can increase familial conflict, parental emotional distress, and harsh parenting, increasing low-income adolescent girls' CSE risk ([Reid & Piquero, 2016](#)). Further, racial/ethnic minority and low-income girls reporting negative relationships with their families are more likely to engage in maladaptive behaviors, increasing CSE victimization risk ([Fomby et al., 2010](#); [Reid & Piquero, 2016](#)).

2.2. Peers

Peer networks are essential sources of support during adolescence and can play a protective role in CSE prevention. By coming from a position of equality, peers can model healthy relationships and exist as an outlet to discuss challenges and provide support ([Buck et al., 2017](#); [Williams & Frederick, 2009](#)). Unfortunately, peer networks can also contribute to youths' involvement in CSE ([Dank et al., 2014](#); [Fogel et al., 2017](#); [Macias-Konstantopoulos et al., 2015](#); [Reed et al., 2019](#)). Previous research has found that CSE peer recruitment can occur in schools, malls, foster homes, or other areas in which adolescents spend time ([Dank et al., 2014](#); [Macias-Konstantopoulos et al., 2015](#)).

2.3. Intimate partners

Romantic relationships have been described as one of the demarcations separating childhood and adolescence. As children mature, they begin to form romantic relationships with peers they are attracted to (Connolly, McIsaac, Underwood, & Rosen, 2011). These relationships can help youth develop interpersonal competence and provide a context in which sexuality can be explored (Connolly et al., 2011). This developmental time is relevant when considering youths' CSE vulnerability. Due to their developmental stage and potential interest in romantic relationships, adolescent girls may be particularly vulnerable to CSE than other groups (Macias-Konstantopoulos et al., 2015). Previous literature has reported that exploiters may use the guise of a romantic partner to lure adolescents into CSE (Dank et al., 2014; Hickie & Roe-Sepowitz, 2017).

2.4. Service organizations

Service organizations, such as youth-serving organizations, can play a critical role in addressing CSE. Those offering services that target this population have been shown to be a protective factor against an adolescents' re-engagement in CSE. In these contexts, staff members have a greater potential to build trusting networks with clients and encourage their autonomy (Barnert, Kelly, Godoy, Abrams, & Bath, 2019). However, evidence suggests that some government services can place girls at risk for CSE. For many, other youth in the foster system may be adolescents' first introduction to CSE (Dank et al., 2014; Macias-Konstantopoulos et al., 2015; Reid & Piquero, 2016).

2.5. Social network theory

Given the large body of research noting the link between social networks and CSE, Social Network Theory (SNT) is the framework guiding this study (see Fig. 1). SNT recognizes that individuals are embedded in multiple, overlapping networks that have differing levels of influence. These networks' interaction may play a role in adolescents' CSE risk and protection as they learn about values and norms through the social networks they are embedded within (Berkman & Glass, 2002). Beyond merely identifying key networks in an individual's life, SNT helps characterize social networks' qualities and perceptions of their trustworthiness. Both factors provide opportunities for influencing an individual's health pathways, including risky sexual behavior, substance use, and more (Berkman & Glass, 2002).

Because SNT seeks to understand how social relationships influence behavior and decision making (Borgatti, Mehra, Brass, & Labianca, 2009), it is well-suited to identify and understand the connection between social networks and psychosocial mechanisms that may be associated with CSE vulnerability among adolescent girls. SNT will contribute to our understanding of CSE by illustrating the relationships between adolescent girls' and those they perceive to be a part of their social networks. As demonstrated by the first social network analyses (Marin & Wellman, 2011), this illustration can be accomplished using qualitative data analysis of these networks' structural components and the characteristics of the networks surrounding the individual.

The current literature on adolescent girls who have experienced CSE has identified some contextually specific and important social networks for this population. However, research has yet to evaluate adolescents' perceptions of these networks and their perceptions of their role in informing their CSE experiences. The current study will use qualitative methodology to investigate perceptions of key network players, their importance, and characteristics as told by adolescent girls who have experienced CSE to address this gap. This survivor-centered approach prioritizes and centers on survivors' experiences, allowing for new perspectives to inform the current body

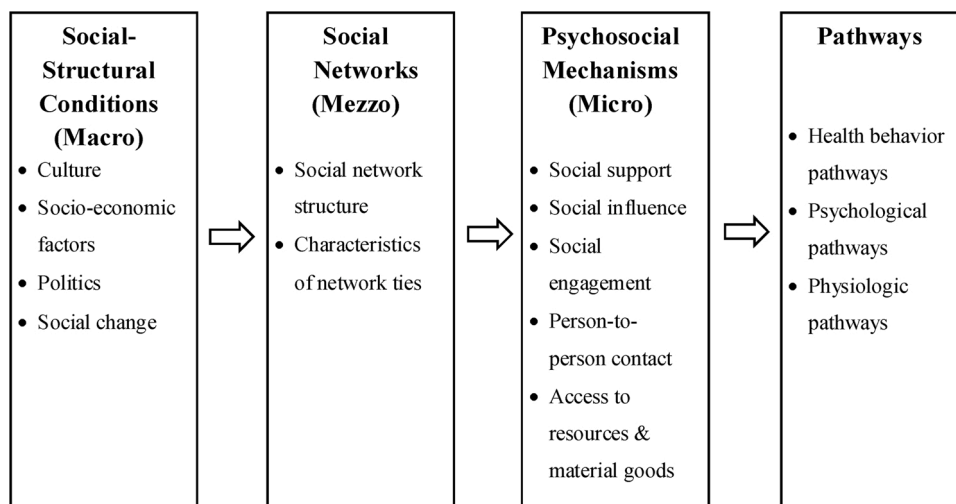


Fig. 1. Social Network Theory (SNT).
Berkman and Glass (2002).

of literature. Further, a deepening in understanding how racial/ethnic minority adolescents from low resource communities view their social support networks can increase CSE prevention efforts for at-risk youth.

3. Methods

3.1. Research design overview

The current study's data draws from the data corpus of a more extensive qualitative study examining important formal and informal social networks, perceptions of trafficking, and future goals among adolescent girls identified as being at-risk or previously engaged in CSE. The data for this study is comprised of a portion of interviews from the broader study and were purposefully selected as it best addresses our interests in the perceptions of social support held by adolescent girls who have experienced CSE. Research has shown that qualitative methods are useful when examining sensitive topics with vulnerable groups (Kruger et al., 2013), especially in the early stages of work on nascent topics. Participants' interpretations of relevant systems (i.e., social networks) are well-suited to qualitative methodology (Hollstein, 2011; Kruger et al., 2013). Therefore, this study did not utilize a priori research questions in favor of using SNT to uncover emergent themes. This methodology is congruent to the line of thinking found in qualitative research: an inquiry into undocumented spaces not explored in other studies (Marecek, Fine, & Kidder, 1997).

3.2. Study participants

3.2.1. Researcher description

Each member of the research team was assigned different tasks. The first three authors co-developed the study protocol and questioning route. The first author conducted interviews with the participants, led participant recruitment, and headed the data analysis, while the second author oversaw and assisted with data analysis. All authors have experience conducting and publishing qualitative research and contributed their feedback throughout the study.

3.2.2. Participants

Interviews with eight adolescent girls with a CSE history were selected from the larger study and used in this investigation. All participants were clients of a non-profit organization for girls who have experienced or are at-risk for CSE in Miami, Florida. This facility operates as a drop-in center for adolescent girls in Miami-Dade County and provides members with wrap-around services and vocational and job skills training (for a full description of the program, see Kenny, Helpingstine, Harrington, & Mceachern, 2018). The racial makeup of the clients who receive services from the center are predominantly Black (56 %) and Hispanic (32 %), and 47 % of participants reside at home (for a detailed overview of clients typically seen at the center, see Kenny, Helpingstine, Long, & Harrington, 2020). Study participants ranged in age from 16 to 19 ($M = 17.40$). In total, seven participants identified as Black, and one as White non-Hispanic.

3.2.3. Researcher-participant relationship

Only two authors have interacted with the participants before the study. Over the past four years and eight months, the first author has had a prolonged engagement with participants. They have engaged in other research projects at the recruitment site during this period and has spent time building rapport with the clients. The third author has also conducted research at the recruitment site but has not spent time engaging with clients.

4. Participant recruitment and selection

A university's Institutional Review Board approved the overall project (IRB#18-0201). As part of the existing intake packet given to clients at the organization, participants were given parental and adolescent consent forms, or adult consent forms if they were over the age of 18, for the project as a whole. Existing clients at the organization and their parents or caregivers were recruited and given consent forms by their assigned case manager during their regularly scheduled meetings. Flyers were also placed around the center to advertise the study. If the client consented to the interview, they were given a small slip of paper to fill out their name and their case manager's name to place in a box on the first author's desk.

Participants received a small incentive for their participation as advertised in the recruitment flyers and consent form. The incentive amount was discussed with the director of the center before the beginning of the study. As clients typically receive a \$5 incentive for each hour-long group attended at the center, participants received a small gift (\$10) for their participation.

While not needed during the study, to equip participants with additional support, all interviews took place while the center's director and the adolescent's case manager were on site. At any sign of distress, the first author could immediately alert the appropriate team members or encourage the participant to meet privately with these individuals, who could then support them. Participants were also able to meet with the staff therapist following the interview or schedule an appointment for later. Two participants who initially had expressed interest in the study did not participate. Upon the day of the interview, one participant stated that she was no longer interested in participating, and another was unable to participate due to a hospitalization.

5. Data collection

5.1. Data collection procedures

The first author conducted the individual interviews during normal group activities at the center. To ensure confidentiality, the participant's assigned case manager would request them to come to a private office where the interview would take place. The case manager would leave the room during the interview. As clients typically have private meetings with their case managers and other staff, this method was chosen so that others attending the center would not be aware that an interview was taking place. After addressing any questions or concerns about the study and confirming that all consent forms were signed, participants chose a pseudonym for their identification code and transcription name. Interviews were guided by a questioning route that used semi-structured yet flexible questions to gather participants' perceptions of their social support networks. The interviews' length varied; the shortest lasted seven minutes, and the longest, lasting two hours and 18 min. While a seven-minute interview is not ideal, the participant provided meaningful insight into the study research questions, and therefore, all interviews were included for data analysis. Some interview questions included: Describe to me whom you feel is the most important person in your life; Describe to me someone you feel has not been helpful or a problem in your life. Additional prompts related to the primary questions were included to probe for more in-depth responses.

The interview process continued until data saturation was reached while remaining mindful of potential ethical implications when working with sensitive populations. Counter to quantitative traditions, which favor large sample sizes, the research team was careful to acknowledge that obtaining a large sample may place an added burden on this already vulnerable group (Juneja, Adhikari, & Rao, 2019). Data saturation was reached when the research team agreed that "no new information or themes are observed in the data" (Guest, Bunce, & Johnson, 2006, p. 59), and when the transcripts provided enough information to address potential inconsistencies and contradictions in findings (Guest et al., 2006; Saunders et al., 2018).

5.2. Recording and data transformation

All interviews were digitally recorded and transcribed by listening to the audio recordings. Audio files were transcribed once, then reviewed by another team member to ensure accurate transcription had taken place. The first author also utilized notes taken during the interviews.

6. Analysis

6.1. Data-analytic strategies

Data collection occurred prior to data analysis and was analyzed using the thematic analysis (TA) method. TA is the process of

Table 1
CSE Survivors' Social Network Characteristics.

Positive Social Networks' Characteristics		Example
Code	Description	
Emotional Support	Provision of support involving empathy, love, and care.	"He supports me through everything, he knows why I'm here, and he knows everything about what got me here and he doesn't judge, he always encourages me." (Nigeria, age 19)
Relational Bond	Mutual positive connection and affection. Network membership is based on relationship rather than support.	"She don't make me mad, cause you have some family members or friends and they piss you off and then you start falling back in, but me and her... if I do get mad I still come to her." (Keesha, age 18)
Trust	Not a source of emotional or physical harm; belief will not be hurt by network.	"And yea she'll give me her advice whether I want it or not but at the same time I know and I can trust that whatever advice she's given me is in my best interest." (Pink, age 18)
Negative Social Networks' Characteristics		Example
Code	Description	
Conflictual Communications	Communication or lack thereof that elicits negative response, or relationship dynamic does not facilitate discussion	"Me I'm in the situation I'm in now cause I never use to talk to my mom about my problems or anything I'm going though" (Grace, age 18)
Vulnerability	Behaviors that place participants in contact with the law, get them into trouble, or place them at-risk of CSE	"Um like I just hang around her cause she's young and I had known her for a long time, it's just she does bad stuff but it's like me and my cousin is the only friends she really have." (Keesha, age 18)
Distrust	Source of emotional or physical harm; potential to be hurt by network	"They're very judgmental and gossip and negative, just not my type of vibe." (D'Amore, age 18)
Abuse		
a) Emotional	Consistent pattern of abusive words and bullying behaviors	"Like, she would call me by a name, every single day." (Pink, age 18)
b) Physical	Purposefully causing bodily harm	"...if someone literally tied you, and beat and was like fucking you up would you want to go apologize to them?" (Pink, age 18)
c) Neglect	Carelessness, indifference, or unwillingness to care for participant	"Your family is absent. You don't wanna talk about them? That includes mom, dad, sister?" "Mhm" (Sarah, age 16)

identifying patterns or themes within qualitative data (Braun & Clarke, 2006). This method was appropriate, given the study design. The goal of TA is to identify latent themes, which focus on the examination of the underlying ideas, assumptions, and conceptualizations of participant's ideologies (Braun & Clarke, 2006). A six-phase guide to TA framed our approach. In stage one of data analysis, the first author and assistants familiarized themselves with the transcribed audio recordings of the individual interviews. Notes were taken to record first impressions and non-verbal cues; these also contributed to the generation of more initial codes in stage two. To continue with data analysis, the team then searched for themes within the initial codes. The initial codes were then organized and sorted according to the emergent themes within the data. In step four, themes were closely examined to ensure their suitability for the research question and project aims. Changes to the themes were made accordingly. Retained themes were defined in step five to illustrate each theme's constructs and their connections to each other. Step six consisted of writing up the results of the data analysis.

6.2. Methodological integrity

Three data collection techniques were used to triangulate and confirm emergent themes and inconsistencies in the data: the qualitative questioning route, the first author's engagement, and field notes. The first author's prolonged engagement with participants and the organization increased the research study's credibility. Over nearly the past five years, the first author has engaged in research and service provision and built a rapport with the organization's staff and clients. The interviewer's field notes also helped to document immediate insights and thoughts regarding the interview sessions. These approaches address data collection credibility issues (Hollstein, 2011; Marecek et al., 1997).

7. Findings

The results presented here are organized around two major themes that emerged from the data: a) the social networks perceived as influential in participants' daily lives and (b) if these social networks are perceived as having positive or negative characteristics (see Table 1). These are both discussed below. As the authors sought to view these networks through the lens of SNT, a modified version of Berkman and Glass (2002) original model was updated to depict these social networks and the pathways through which they are viewed as positive or negative (see Fig. 2).

7.1. Positive social networks

When examining the theme of "positive social networks" among this sample, all but one participant could list at least one person that they felt was important in their lives. To better understand whom the participants felt were key members, we coded for each individual or group of individuals mentioned. Of these, first and foremost, participants mentioned family members to be the most important. This broad code included subunits within the immediate family, including mothers, fathers, siblings, grandmothers, and the participants' children. Together, these were most commonly identified as important positive social networks. Significant others were listed as a valuable social network member for many participants as well.

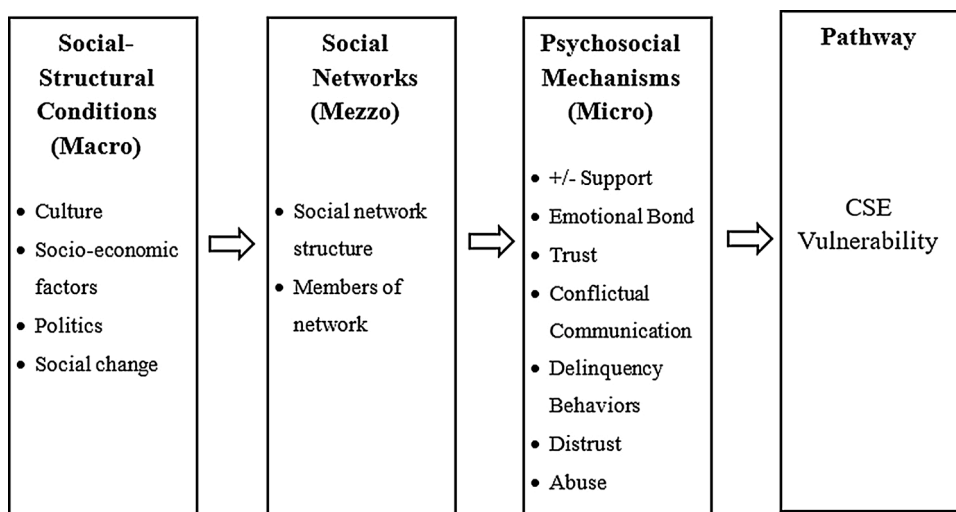


Fig. 2. A modified version of Berkman and Glass (2002) SNT model. Modification of Berkman and Glass (2002).

7.2. Characteristics of positive social networks

Our next step was to identify what characteristics were central in these participants' relationships with those they perceived as being positive social networks. Interestingly, positive social networks' importance for providing instrumental support, or tangible assistance, was only mentioned once across all interviews. Instead, emotional factors emerged as key in three forms: emotional support, relational bond, and trust.

7.2.1. Emotional support

The most commonly mentioned motivation for labeling networks as positive was due to the emotional support received from members in the network. Emotional support was coded when participants discussed feeling understood, listened to, or emotionally supported by the other party or parties. Participants commonly reported this occurring in support networks when they viewed others as "being there for them." When describing those who were most likely to engage in emotional support, siblings, grandmothers, family (broadly defined), mothers, and participant's children emerged as most commonly reported. Overall, family members were essential in providing a sense of emotional security via this support when participants felt most vulnerable.

Always, she's always been important to me obviously because she's my grandma but she's been important to me because like she was just always there anytime. Anytime I needed support, anything I needed to talk about, even if I just needed a hug, a shoulder to cry on, just to vent. Again, she is another person I can just go vent. (Pink, age 18)

However, the most commonly cited source of emotional support by these adolescent girls were significant others. Significant others include nonplatonic boyfriends and girlfriends that participants perceived as being non-judgmental and sources of emotional encouragement.

[Girlfriend] is here for me whether it's physically, mentally, or emotionally she, you know, she's shown me she care about me, she talk to me, and she, you know, guides me. She tell me when I'm right when I'm wrong, but she's still be there for me whether I'm right or wrong and defends me and defends my place in her life, and most definitely, she loves my daughter. (D'Amore, age 18)

7.2.2. Relational bond

Having a relational bond emerged as the second most commonly mentioned characteristic used to describe positive social networks. Relational bond was coded as networks in which participants felt a level of relational intimacy and connective relationship with the social network member. This was evidenced through overt mentions of "having a bond" or describing a long-standing connection with the identified network. In these cases, participants may have a positive bond with a member of their network, but that member may not be a supportive source. Both family and significant others equally were viewed as individuals with whom participants were positively bonded. Mothers, siblings, and participant's children were explicitly discussed as individuals with strong attachments.

Because [with brother] have a bond. And emm... like, even though he stay with my mom, and stuff been happening with me and her, he still comes to me and ask if I'm okay and how I've been like, not doing bad stuff... He's my little brother, so I can't say he's not important. (Keesha, age 18)

7.2.3. Trust

The third most commonly identified characteristic in participants' positive social networks was the concept of trust. The code, trust, included feelings that the network provided a sense of security and was protective of the girls' emotional and physical well-being. Interestingly, one participant reported that she was the one person she felt she could trust. While there were positive individuals in her network, her feelings of security and well-being could not be met, possibly due to her history of trauma. "Because I have trust issues to like... hmm... I just have trust issues. I can't really trust people." (Keesha, age 18)

More commonly, participants pointed to their family members as being trustworthy. Both individual family members and the entire familial unit were described in the adolescent girls' narratives as members of their network they could turn to and feel vulnerable. "They my family and they'd be able to help, they're not there to hurt [...] They're just family. I know they ain't gonna do nothing to hurt me." (Aria, age 17)

7.3. Negative social networks

As we were also interested in which networks were perceived as negative among participants, we inquired about networks that they felt were not helpful or that had been problematic in their lives. Overall, negative social networks were easier for participants to discuss as compared to positive social networks. Participants were able to list multiple qualities that made these particular networks unfavorable. While family members were most commonly mentioned as a positive social network, family was also viewed as a negative social network. In particular, mothers were most often reported as the family member that these adolescent girls viewed as negative. However, overall, peers were cited by more than half of the participants as a negative network in their lives.

7.4. Characteristics of negative social networks

To understand why these networks were viewed as negative, we again coded for the various characteristics which may have

influenced participants' perceptions of these networks. In this case, five themes emerged from the data: conflictual communication, distrust, vulnerability, abuse, and neglect. Each is discussed below.

7.4.1. Conflictual communication

Many participants noted that their negative perceptions of social networks were shaped by communication patterns characterized as conflictual. Examples of the coding used to characterize this type of communication included holding grudges or not speaking in support of participants. Family members, particularly mothers, were most often identified as engaging in these behaviors.

My family don't know how to communicate, and it roots, it stems from my mother. It stems from her. [My family members] can stay mad for years...and won't talk to anybody. They're like set up in sections; my auntie's kids they don't talk to this group, this group of the family. My mom don't talk to this group, but I like to communicate. I like to solve things. I don't like to leave upset. (Nigeria, age 19)

7.4.2. Vulnerability

Social networks that engaged in or encouraged participants' engagement in activities that placed them at risk or greater vulnerability to CSE were coded as risk and vulnerability. Interactions with these networks leading to run-ins with law enforcement were described as negative. Friends were consistently listed as members of negative social networks that contributed to these experiences. Peers most often played a harmful role by either encouraging participants to engage in law-breaking or other activities that increased participants CSE vulnerability. One participant described, "Well, I had this friend, every time I went somewhere with her, we always end up in the back of a police car." (Nigeria, age 19). Another stated:

Well, I'm not gonna call her my best friend, but she.... It's complicated. She's a friend but she's not a friend. I just hang around her cause she's young and I had known her for a long time. It's just she does bad stuff, but it's like me and my cousin is the only friends she really have." (Keesha, 18)

There were also cases in which individuals' behaviors may have supported participants' engagement in CSE. These cases included peer encouragement and family members whose treatment of the participants partially contributed to their CSE engagement. One participant stated that her mother's disciplinary actions made the participant feel that she had no other alternative than CSE. "The way she handled it was so terrible, and it just pushed [me] away even more into the trafficking and into things that I probably would've never experienced had it not happened." (Pink, 18)

7.4.3. Distrust

Given that trust emerged as an important characteristic in positive social networks, it is understandable that distrust emerged as the third most commonly mentioned reason for social networks to be viewed as negative. Distrust was coded as a source or belief of potential emotional or physical harm perpetrated by a network member. Family was found to be a network that participants typically did not trust.

They bipolar. One minute they happy the next they pushy but most of them, I don't really talk to them... Also, they are fake, meaning they tell you one thing and tell another person something else. I'm not like that. (Keesha, age 18).

Although only two participants specifically spoke about FDCF as an influential source, their perception of this governmental organization was shaped by distrust. In both cases, participants described experiences that increased their distrust in FDCF as an agency. Interviewer: "Right, and you said that's because the foster care system hasn't [helped with her baby]?" "They should, but they don't. They corrupt so." (Sarah, age 16).

7.4.4. Emotional and physical abuse

Another frequently mentioned reason for labeling a social network as negative was due to experiences of child abuse. Specifically, participants suffered child abuse in the form of emotional abuse (such as forcefully criticizing, belittling, or insulting) and physical abuse (purposefully causing bodily harm to the individual). Often these were co-occurring behaviors and repeated acts that shaped the dynamics of their relationship with the relevant social network member. Abuse in these cases was perpetrated by members of the participant's immediate families, including mothers and brothers.

[Brother] caught me, dragged me back to the house by my hair, [...] when he got me into the house he closed the door, and I remember this so vividly, he closed the door and put his knee [...] on my throat, and I was on the floor, and I'm like "I can't breathe." I remember just repeating that over and over again, and his exact words were, "If you can talk, you can breathe. (Pink, age 18)

7.4.5. Neglect

The final commonly reported reason for perceiving a network as negative emerged through the characterization of neglect. Neglect was coded as members of the social network that had turned their backs on or abandoned the participant. Examples of neglect include the absence of the network or the network's failure to provide food, clothing, housing, or appropriate supervision. These behaviors were perpetrated primarily by family members.

[Mother] stopped to go to whatever party, event, club, whatever, and left [other kids] with me and the rest of my little sisters. And so it was just me in a house with six little children, trying to parent them, feed them, and clothe them. It was entirely terrible. (Pink, age 18)

8. Discussion

This qualitative study utilized SNT to examine perceptions of important social networks and their characteristics among low resource, racial/ethnic minority adolescent girls who have a CSE history. Our findings provide information about which members of adolescent girl survivors' social networks are perceived as important and the characteristics that shape these perceptions as either negative or positive. When examined as a whole, participants provided more richly informative data when asked to discuss those that they felt belonged to negative social networks in their lives. This finding supports prior research that asserts negative or "bad" experiences tend to be more salient for survivors of trauma (Crespo & Fernández-Lansac, 2016). Further insights into the importance of these networks, their roles, and their positive and negative characteristics are discussed below. One of the main findings of this study is the familial network's duality as viewed by participants. In other words, family (broadly coded) was viewed as both a positive and negative network. When considering these negative and positive networks' characterizations, some family members, such as siblings and grandmothers, were a source of care or support, while others, namely mothers, were viewed as harmful or not helpful. Traditionally, family units have been identified as important buffers against adolescent risk-taking behaviors and outcomes, particularly for girls (Milan & Wortel, 2015). However, in the current study, many of our respondents discussed difficulties occurring within their families, potentially limiting the family unit's ability to serve as a protective network for the participants. Communication issues, such as families instigating fights or refusing to speak to one another, were commonly discussed. Our sample also described physical and emotional abuse and neglect experiences, primarily perpetrated by family members and mothers. These negative relational experiences with parents, caretakers, or other family members can weaken social support from these networks for adolescents. These weakened social ties may place adolescents at an increased CSE vulnerability, as exploiters looking to isolate and control may target these youth (Fogel et al., 2017; Hargreaves-Cormany & Patterson, 2016; Hickie & Roe-Sepowitz, 2017). Further, the quality of the relational bonds between racial/ethnic minority parents and adolescents may be affected by high levels of household strain. This strain has been associated with an increased possibility of engaging in activities that may place youth at risk of CSE (Reid & Piquero, 2016).

Among this sample, participants identified few networks that they trusted not to harm them emotionally or physically. It is not surprising that social network members who perpetrated abuse were perceived as negative as the relationship between child abuse and CSE vulnerability is well established in the literature. Youth escaping household instability and abuse may run away, placing them in situations of homelessness or in need of temporary shelter, which has been linked to CSE (Dank et al., 2014). Subsequently, for survivors of child abuse and maltreatment, traumatic experiences can disrupt emotional bonding, resulting in problematic attachment styles. These harmful attachment styles have been shown to negatively impact the quality of social networks later in life (Min, Tracy, & Park, 2014). For example, previous research has illustrated that experiencing CSE can result in distrust and mistrust of others (Smith, Vardaman, & Snow, 2009), possibly resulting in an over-reliance upon the self.

Lack of trust was evident in comments from participants who illustrated the need for vigilance and caution when dealing with networks that they did not perceive to support or operate in their best interests. Primarily, grandmothers, followed by parents, were listed as trustworthy members of participants' social networks. It is essential to consider how trust-building can become part of CSE prevention and intervention efforts for low resource racial/ethnic minority adolescent girls. Building trust with adolescents with a history of trauma can be a slow process, but it can be an important preventative and healing factor for youth. Evidence-based treatments such as Trauma-Focused Cognitive Behaviors Therapy (TF-CBT; Cohen, Mannarino, & Kinnish, 2017) have been shown to provide youth with opportunities to practice building trust with new individuals (e.g., therapists) and family members (Márquez, Deblinger, & Dovi, 2020). In cases where family reunification is not appropriate, healthy relationships with adult mentors or healthy peers may also help youth develop trust (Kruger et al., 2013). In these dyads, healthy peers can provide youth with a space to be listened to, supported, and experience a nurturing social relationship (Buck et al., 2017; Kruger et al., 2013).

It is also critical to examine trust and distrust concerning service organizations (e.g., child protection agencies). As a potential first line of support for survivors and often required as part of their care, service organizations such as legal, governmental, and social services are traditionally assumed to play a central role in assisting adolescents who have experienced CSE. However, only one of these agencies was mentioned as a relevant network, and only in the context of distrust. As noted previously, achieving trust can be a complicated process for survivors of CSE (Smith et al., 2009), and this process may be especially challenging among individuals belonging to racial/ethnic minorities such as the adolescents included in the current study. Previous research has notably highlighted the link between systemic and institutionalized racism and distrust of governmental social systems among racial/ethnic minority members (Cooper, 2013; Nicolaidis et al., 2010). Service agencies and rehabilitative programs can successfully engage adolescent girls with CSE history by taking a trauma-informed approach, being respectful, listening without judgment, providing consistent and confidential care, and making survivors feel safe (Barnert et al., 2019).

With no uncertainty, peers served as a key, negative social network among participants. Typically, an essential source of support during adolescence, peers were most commonly reported as encouraging participants' to engage in endangering behaviors, and in some cases, directly facilitating their entry into CSE. These findings support emerging research that has found same-age peers may play a larger role in CSE than previously thought as peers may engage in peer pressure, have positive attitudes toward CSE, and recruit other youth (Dank et al., 2014; Fogel et al., 2017; Macias-Konstantopoulos et al., 2015; Reed et al., 2019). School-based intervention programs that focus on CSE education and awareness for youth and staff could be beneficial for adolescents at risk of CSE. The efforts to integrate anti-human trafficking education into Miami-Dade County's school curriculum is a positive step in this direction and will

hopefully increase opportunities for discussions among adolescent girls to help them be aware of CSE risks (Florida Department of Education, 2019).

The positive network members discussed by participants typically consisted of individuals in their networks who had not served as perpetrators of abuse, such as grandmothers, significant others, and children. Members in these networks had formed a relational bond between themselves and the participants or provided mutual emotional support, leading to participants' positive characterization of the network. This finding is in line with previous research, which has found that adolescent CSE survivors more commonly report low emotional support levels from their families (Reed et al., 2019; Williams & Frederick, 2009).

Interestingly, half of the sample listed their romantic partners as positive social networks. Participants' adolescence may partially explain this finding; however, evidence suggests that romantic relationships can have a protective influence against the effects of family conflict and instability for racial/ethnic minority adolescents (Fomby, Mollborn, Sennott, et al., 2010). These relationships may serve as a buffer from issues at home for participants and help them cope by providing emotional support. For example, Cox, Buhr, Owen, and Davidson (2016) have found that individuals with a history of trauma who have emotionally supportive romantic partners experience reduced psychological distress.

9. Limitations

Although this study provides preliminary insights into adolescent CSE survivors' perspectives on their social networks and how these networks' characteristics may be related to their CSE vulnerability, some limitations must be considered. While rich in information, qualitative methodology limits our ability to draw causal conclusions and generalize to other adolescents with a CSE history in other contexts. The findings reflect a unique group of low resource, racial/ethnic minority adolescent girls who have experienced CSE. Participants were residing in a high-risk urban city, receiving services from a specific provider, and willing to participate. Clients at this site who refused to participate, discontinued services, or lived outside of the service providers' operation area were not accounted for in this study. All participants were cisgender girls, and therefore the findings are not reflective of boys, transgender, and gender non-conforming youth who also experience CSE.

Similarly, data examining sexual orientation, gender identity, immigration status, and other factors contributing to CSE vulnerability in unique and significant ways were not gathered. Finally, using individual interview methods increases the risk of social desirability bias. The sensitive topics discussed during the interviews may have led participants not to share their experiences fully. Participants may also not have been comfortable discussing certain individuals' in their networks if this information may raise concern among center staff.

10. Conclusion

Despite the limitations, these findings illustrate the importance of understanding the social networks that adolescent survivors of CSE interact with within their lives. Drawing upon SNT frameworks, the study results highlight positive and negative social networks and their defining characteristics as described by racial/ethnic minority adolescent girls with a history of CSE. When taken together, this research points to key social networks for these racial/ethnic minority adolescent girls' and the potential role of these networks regarding girls' CSE vulnerability, resulting in useful recommendations for clinicians and practitioners.

Positive networks were characterized through trust, relational bonds, and emotional support and should be considered by clinicians aiding racial/ethnic minority adolescent girls with a CSE history. Facilitation of positive emotional bonding with others to manage trauma symptoms has been demonstrated to be an essential component of therapy for individuals exposed to trauma in childhood (Dalton, Greenman, Classen, & Johnson, 2013). However, clinicians must also consider that family members can serve as both a negative and positive social network among these youth. The finding that grandmothers and parents were viewed as trustworthy provides some backing for Twigg (2017) suggestion of reunifying CSE survivors with supportive family members in cases in which it is appropriate. This also highlights the possible need for clinicians and practitioners to allow youth agency to identify relevant network members who will best support them during their treatment.

In addition to taking a trauma-informed approach to treating CSE survivors, clinicians should also take care to consider the role of intersectional factors when treating members of this community. For example, adolescents may be more reluctant to report CSE and other forms of abuse given their community's negative experiences with the legal, governmental, and judicial systems (Epstein et al., 2017; Phillips, 2015), cultural norms about "airing" family secrets (Nicolaidis et al., 2010), or normalization of some behaviors that may be labeled as abuse (Klevens et al., 2019). Clinicians must take considerable care to utilize culturally appropriate tools to address this phenomenon among this population.

Future research should continue to investigate both positive and negative social networks and their key players among racial/ethnic minority adolescent girls who have experienced CSE. Future studies should seek to understand perceptions of social networks in different geographical locations and among other racial/ethnic minority members to gain a more comprehensive view of these networks and how they may influence adolescent girls' CSE vulnerability. Furthermore, it is imperative that these studies "zoom out" and begin to examine the positioning of social networks within the larger cultural context in which they are embedded. By doing this, we will gain a greater understanding of important social networks for racial/ethnic minority adolescent girls with a history of CSE and how society and culture shape these networks.

Declaration of Competing Interest

We have no conflicts of interest disclose.

References

- Barnert, E., Kelly, M., Godoy, S., Abrams, L. S., & Bath, E. (2019). Behavioral health treatment “Buy-in” among adolescent females with histories of commercial sexual exploitation. *Child Abuse & Neglect*, 104042. <https://doi.org/10.1016/j.chiabu.2019.104042>
- Berkman, L. F., & Glass, T. (2002). Social support, social networks, social cohesion, and health. *Social Work in Health Care*, 31(2), 3–14. https://doi.org/10.1300/j010v31n02_02
- Borgatti, S. P., Mehra, A., Brass, D. J., & Labianca, G. (2009). Network analysis in the social sciences. *Science*, 323(5916), 892–895.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
- Buck, G., Lawrence, A., & Ragonese, E. (2017). Exploring peer mentoring as a form of innovative practice with young people at risk of child sexual exploitation. *British Journal of Social Work*, 47(6), 1745–1763. <https://doi.org/10.1093/bjsw/bcx089>
- Cohen, J. A., Mannarino, A. P., & Kinnish, K. (2017). Trauma-focused cognitive behavioral therapy for commercially sexually exploited youth. *Journal of Child & Adolescent Trauma*, 10(2), 175–185.
- Connolly, J., McIsaac, C., Underwood, M. K., & Rosen, L. H. (2011). *Social development: Relationships in infancy, childhood, and adolescence*. New York: Guilford Press.
- Cooper, T. A. (2013). Racial bias in American foster care: The national debate. *Marq. L. Rev.*, 97, 215.
- Cox, D. W., Buhr, E. E., Owen, J. J., & Davidson, E. (2016). Linking partner emotional support, partner negative interaction, and trauma with psychological distress: Direct and moderating effects. *Journal of Social and Personal Relationships*, 33(3), 303–319.
- Crespo, M., & Fernández-Lansac, V. (2016). Memory and narrative of traumatic events: A literature review. *Psychological Trauma Theory Research Practice and Policy*, 8(2), 149.
- Dalton, E. J., Greenman, P. S., Classen, C. C., & Johnson, S. M. (2013). Nurturing connections in the aftermath of childhood trauma: A randomized controlled trial of emotionally focused couple therapy for female survivors of childhood abuse. *Couple and Family Psychology Research and Practice*, 2(3), 209.
- Dank, M., Khan, B., Downey, P. M., & Kotonias, C. (2014). Estimating the size and structure of the underground commercial sex economy in eight major US cities. *PsycEXTRA Dataset*. <https://doi.org/10.1037/e508162014-001>
- Epstein, R., Blake, J., & Gonzzlez, T. (2017). Girlhood interrupted: The erasure of Black girls' childhood. *SSRN Electronic Journal*. <https://doi.org/10.2139/ssrn.3000695>
- Florida Department of Children and Families. (2019). *Florida department of children & families annual human trafficking report*. Retrieved from: <http://centerforchildwelfare.org/kb/LegislativeMandatedRpts/HumanTraffickingAnnualReport2019.pdf>
- Florida Department of Education. (2019). *Child human trafficking*. Retrieved from: <http://www.fldoe.org/core/fileparse.php/5411/urlt/HumanTraffickingToolkit.pdf>
- Fogel, K. F., Martin, L., Nelson, B., Thomas, M., & Porta, C. M. (2017). “We’re automatically sex in men’s eyes, we’re nothing but sex...”: Homeless young adult perceptions of sexual exploitation. *Journal of Child & Adolescent Trauma*, 10(2), 151–160.
- Fomby, P., Mollborn, S., & Sennott, C. A. (2010). Race/ethnic differences in effects of family instability on adolescents’ risk behavior. *Journal of Marriage and the Family*, 72(2), 234–253.
- Gerassi, L. B. (2019). Experiences of racism and racial tensions among African American women impacted by commercial sexual exploitation in practice: A qualitative study. *Violence Against Women*. <https://doi.org/10.1177/1077801219835057>, 107780121983505.
- Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods*, 18(1), 59–82.
- Gutman, L. M., Mcloyd, V. C., & Tokoyawa, T. (2005). Financial strain, neighborhood stress, parenting behaviors, and adolescent adjustment in urban African American families. *Journal of Research on Adolescence*, 15(4), 425–449.
- Hadley, W., Hunter, H. L., Tolou-Shams, M., Lescano, C., Thompson, A., ... Brown, L. K. (2011). Monitoring challenges: A closer look at parental monitoring, maternal psychopathology, and adolescent sexual risk. *Journal of Family Psychology*, 25(2), 319–323.
- Hargreaves-Cormany, H. A., & Patterson, T. D. (2016). Characteristics of survivors of juvenile sex trafficking: Implications for treatment and intervention initiatives. *Aggression and Violent Behavior*, 30, 32–39. <https://doi.org/10.1016/j.avb.2016.06.012>
- Hickle, K., & Roe-Sepowitz, D. (2017). “Curiosity and a pimp”: Exploring sex trafficking victimization in experiences of entering sex trade industry work among participants in a prostitution diversion program. *Women & Criminal Justice*, 27(2), 122–138.
- Hollstein, B. (2011). Qualitative approaches. *The Sage handbook of social network analysis* (pp. 404–416). Sage Publishing.
- Juneja, A., Adhikari, T., & Rao, M. (2019). Some objectivity to the ethical aspects in conduct of clinical research in vulnerable population. *Journal for Clinical and Diagnostic Research*, 13(2).
- Kenny, M. C., Helpingstine, C. E., Harrington, M. C., & Mceachern, A. G. (2018). A comprehensive group approach for commercially sexually exploited girls. *The Journal for Specialists in Group Work*, 43(4), 376–398. <https://doi.org/10.1080/01933922.2018.1484540>
- Kenny, M. C., Helpingstine, C., Long, H., & Harrington, M. C. (2020). Assessment of commercially sexually exploited girls upon entry to treatment: Confirmed vs. At risk victims. *Child Abuse & Neglect*, 100, Article 104040.
- Klevens, J., Kollar, L. M., Rizzo, G., O’Shea, G., Nguyen, J., & Roby, S. (2019). Commonalities and differences in social norms related to corporal punishment among Black, Latino and White parents. *Child and Adolescent Social Work Journal*, 36(1), 19–28.
- Kruger, A., Harper, E., Harris, P., Sanders, D., Levin, K., & Meyers, J. (2013). Sexualized and dangerous relationships: Listening to voices of low-income African American girls placed at risk for sexual exploitation. *The Western Journal of Emergency Medicine*, 14(4), 370.
- 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 faced by front-line providers and stakeholders. *Journal of Applied Research on Children: Informing Policy for Children at Risk*, 6(1), 4.
- Marecek, J., Fine, M., & Kidder, L. (1997). Working between worlds: Qualitative methods and social psychology. *The Journal of Social Issues*, 53(4), 631–644.
- Marin, A., & Wellman, B. (2011). Social network analysis: An introduction. *The SAGE handbook of social network analysis*, 11.
- Márquez, Y. I., Deblinger, E., & Dovi, A. T. (2020). The value of trauma-focused cognitive behavioral therapy (tf-cbt) in addressing the therapeutic needs of trafficked youth: A case study. *Cognitive and Behavioral Practice*, 27(3), 253–269.
- Milan, S., & Wortel, S. (2015). Family obligation values as a protective and vulnerability factor among low-income adolescent girls. *Journal of Youth and Adolescence*, 44(6), 1183–1193. <https://doi.org/10.1007/s10964-014-0206-8>
- Min, M. O., Tracy, E. M., & Park, H. (2014). Impact of trauma symptomatology on personal networks among substance using women. *Drug and Alcohol Dependence*, 142, 277–282.
- Moss, J. L. (2019). The forgotten victims of missing white woman syndrome: An examination of legal measures that contribute to the lack of search and recovery of missing Black girls and women. *William & Mary Journal of Women and the Law*, 25(3), 737–762.
- Nicolaidis, C., Timmons, V., Thomas, M. J., Waters, A. S., Wahab, S., Mejia, A., ... Mitchell, S. R. (2010). “You don’t go tell white people nothing”: African American women’s perspectives on the influence of violence and race on depression and depression care. *American Journal of Public Health*, 100(8), 1470–1476.
- Office of Juvenile Justice and Delinquency Prevention. (2021). *(Nd) Commercial sexual exploitation of children*. Retrieved from: <https://ojjdp.ojp.gov/programs/commercial-sexual-exploitation-children>
- Phillips, J. (2015). Black girls and the (im) possibilities of a victim trope: The intersectional failures of legal and advocacy interventions in the commercial sexual exploitation of minors in the United States. *UCLA Law Review University of California, Los Angeles School of Law*, 62, 1642.
- Reed, S. M., Kennedy, M. A., Decker, M. R., & Cimino, A. N. (2019). Friends, family, and boyfriends: An analysis of relationship pathways into commercial sexual exploitation. *Child Abuse & Neglect*, 90, 1–12.

- Reid, J. A., & Piquero, A. R. (2016). Applying general strain theory to youth commercial sexual exploitation. *Crime and Delinquency*, 62(3), 341–367. <https://doi.org/10.1177/0011128713498213>
- Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., ... Jinks, C. (2018). Saturation in qualitative research: Exploring its conceptualization and operationalization. *Quality & Quantity*, 52(4), 1893–1907. <https://doi.org/10.1007/s11135-017-0574-8>
- Smith, L. A., Vardaman, S. H., & Snow, M. A. (2009). *The national report on domestic minor sex trafficking: America's prostituted children*. Retrieved from: https://sharedhope.org/wp-content/uploads/2012/09/SHI_National_Report_on_DMST_2009.pdf.
- Twigg, N. (2017). Comprehensive care model for sex trafficking survivors. *Journal of Nursing Scholarship*, 49(3), 259–266.
- United States. (2000). *Victims of trafficking and violence protection act of 2000*. Washington, DC.
- Williams, L. M., & Frederick, M. E. (2009). *Pathways into and out of commercial sexual exploitation: Finding justice for and responding to trauma of sexually exploited teens*. PsycEXTRA Dataset. <https://doi.org/10.1037/e516662013-094>