

## ABSTRACT

### STABILIZATION OF YOUTH IN THE CHILD WELFARE SYSTEM: PREVENTION FOR YOUTH AT RISK OF DOMESTIC MINOR SEX TRAFFICKING

This research pursues interventions to stabilize and reduce harm of youth at risk of domestic minor sex trafficking (DMST) while in the care of child welfare services. Researchers have identified an intersection between youth at risk of DMST and the child welfare system. Youth in the child welfare system run away from placement frequently. Past studies have found that running away from placement positions youth at a greater risk to be victimized of DMST. Researchers have found reasons youth run from placement include access to positive social support systems and to run away from negative social interactions with care providers. There is a gap in the current literature for interventions to stabilize youth at risk of DMST. This study employs qualitative research methods to explore effective interventions from the perspective of social workers employed by Child Welfare System (CWS) who work closely with youth at risk of DMST. A total of 10 social workers were interviewed. An instrumental case study was described to exemplify the strategies used by the social workers to successfully stabilize a youth victimized of DMST. The findings describe practical strategies for service providers to employ when working with youth at risk of DMST in the child welfare system who frequently run away.

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May 2020



STABILIZATION OF YOUTH IN THE CHILD WELFARE SYSTEM:  
PREVENTION FOR YOUTH AT RISK OF DOMESTIC MINOR  
SEX TRAFFICKING

by  
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A thesis  
submitted in partial  
fulfillment of the requirements for the degree of  
Master of Social Work  
in the College of Health and Human Services  
California State University, Fresno  
May 2020

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## ACKNOWLEDGMENTS

I would like to acknowledge and give my sincerest gratitude to my academic mentors who have guided me through this process. Thank you to my chair, Dr. Marcus Crawford, for challenging me and teaching me how to use research to advocate for underserved populations. Thank you for believing in me and for supporting me every step of the way. Thank you, Dr. Dheeshana Jayasundara, for inspiring me and encouraging me to dream big and pursue my many ambitions. You have taught me how to both advocate for myself and those I am serving with passion and persistence. Thank you, Dr. Nancy Delich, for teaching me the importance of excellence and integrity to best serve the people I work with. You inspire me to challenge myself for the purpose of serving others. Each of you have mentored me with grace and diligence. I hope I have the opportunity to one day mentor students the way each of you have invested in me. I am a more compassionate social worker, diligent researcher, and stronger advocate because of your example and your investment in me. I cannot thank each of you enough.

I would like to acknowledge all of the groups and individuals from Fresno State who supported me this past year. Thank you to the Department of Social Work Education and the Title IV-E faculty and staff for admitting me into this outstanding social work program and giving me this opportunity to learn and grow. Thank you, Dr. Martha Vungkhanching, for your continuous support of me as a researcher and for your support in my pursuit of academic excellence and international social work. Thank you, Dr. Betty Garcia and Dr. Iran Barrera, for your leadership as the MSW coordinators. Thank you, Dr. Cheryl Whittle, for believing in me from day 1 and providing this opportunity for me to work with youth victimized by DMST in my child welfare internship. Thank you, Gary Kupfer for your enthusiastic support for my research and your passion for families served by the child welfare system, I have learned so much from you. Thank you, Esperanza

Ramos, for your patience with me during my first-year internship in the child welfare system. You provided me with the framework of the child welfare system and taught me how to lead with grace and integrity. Thank you to each of my professors during the past two years for the profound impact you have each made on me and for listening to my countless presentations on DMST: Dr. Nancy Delich, Dr. Dheeshana Jayasundara, Dr. Marcus Crawford, Dr. Gyanesh Lama, Professor Andrea Carlin, Professor David Foster, Professor Teri Collet, Dr. Randy Nedegaard, and Professor Herman Barretto.

Thank you to my current field instructor, Jennifer Lang, for your continuous support and for teaching me how to work with youth at risk of DMST with genuine compassion. Thank you, Jose Gonzalez, for your leadership and for everything you taught me this year about supporting youth in the child welfare system. Thank you, Katherine Smith, for your example of integrity, for always being there for me, and for your tremendous support. Thank you, Alison Acton, for including me in the clinical support team and answering my questions for providing emotional support to youth victimized by DMST. Thank you to Ronald Dzerigian for teaching me how to find my scholarly voice and how writing relates to lessons about life. Thank you to the Graduate Writing Studio consultants: Stephanie Novak, Jamie Barker, and Alex Habib for each of your genuine support and assistance as I worked through each part of this project. Thank you to Jane Magee for meeting with me and for educating me about all of the resources available for my research. I admire your enthusiasm for research. Thank you to each of my MSW colleagues for supporting me in this journey. Thank you for your friendship and unwavering support. Thank you to the 10 participants for your time and your faithful commitment to serving youth in the child welfare system.

Lastly, I acknowledge my community and my family. Thank you to the Tower Yoga studio owners, Kellee Williams and Jameson Henkle, and instructors for helping me to build my mental and physical strength to persevere and finish strong. There were

numerous days I was physically, mentally and emotionally drained from my work with youth at risk of DMST. Your studio was a sanctuary for me to re-center myself and your community uplifted me to persist in this exceptionally difficult and meaningful work. Thank you to my Carr family for your consistent love, support, and encouragement. Thank you to my brothers and their families for your support and example of using your careers to advocate for those who may not have the means to advocate for themselves. Thank you to my parents, Mark and Shannon Fox, for your love, support, and laughter that got me through the difficult and heaviest of days. Thank you to my parents for instilling in me a strong work ethic and to never give up on my dreams. Thank you to my husband, Caleb Carr, for your consistent and loyal support. Thank you for moving to California so I could pursue my career. Thank you for all of the evenings you made dinner so I could continue working on my thesis. You are the best teammate I could have ever asked for. I am overwhelmed with gratitude for each of you.



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## CHAPTER 1: INTRODUCTION

This chapter will introduce the issue of domestic minor sex trafficking (DMST), a form of human trafficking. The material will cover the global and national response to human trafficking which led to the creation of a legal framework for human trafficking in the United States. Last, the chapter will discuss the significance of this study and its importance to social work.

### Problem

Human trafficking is a globally recognized social justice concern (U.S. Department of State, 2019). Branching from the overarching term ‘human trafficking’ are forms of trafficking, such as labor, sex, and organ trafficking. Human trafficking is a complex issue rooted in systemic defects that perpetuate exploitation and abuse such as, “poverty, forced migration, racism, and discrimination” (U.S. Department of State, 2018, p. 3). Factors that make individuals exceptionally vulnerable to human trafficking might vary depending on the context of their country. Within the United States, youth involved in the child welfare system are particularly vulnerable to DMST.

One of the most common forms of human trafficking is sex trafficking which will be the focus of this study. The legal definition of sex trafficking in the United States is, “a commercial sex act induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age” (TVPA, 2000, p. 8). This definition negates the necessity to prove force, fraud, or coercion for minors under the age of 18. Consequently, anyone under the age of 18 involved in a commercial sex act is considered a victim of DMST. A commercial sex act includes “any sex act on account of which anything of value is given to or received by any person” (U.S. Department of State, 2008, p. 7). This commercial sex act can be offered in exchange for anything of value to that

minor such as a place to sleep, food, or money (Fong & Cardoso, 2010). Youth victimized by DMST in the child welfare system will be the concentration of this study.

This study is being conducted for the purpose of promoting stability for youth in the child welfare system who are vulnerable to exploitation. This study is timely as in the year 2017, the National Center for Missing and Exploited Children received over 18,000 reports of youth missing from placement across the United States (NCMEC, 2019). This agency estimates 16% of those individuals were victimized by DMST (NCMEC, 2019). Service providers working with this population are in need of more concrete and evidence-based interventions to prevent DMST. This study aims to provide an innovative approach for service providers working with youth at risk of DMST with chronic runaway behavior in the child welfare system.

The focus of this study will surround DMST in the context of minors involved with Child Welfare System (CWS) in the United States. The following segments will deliberate the global, national, and state level response to DMST, and the significance of DMST to the social work profession. DMST is a social injustice that necessitates participation from every sector of society, beginning with a global collaboration.

### Global, National, and Local Response

#### Global Response

The global response to DMST was precipitated by the identification of the breadth of the problem. DMST has been substantiated in close to every country around the world (U.S. Department of State, 2019). Due to the hidden nature of the crime and inconsistency of reporting, there are both challenges and controversy surrounding both global and national statistics in quantifying the problem of DMST (U.S. Department of State, 2019). The United States Department of State has worked alongside global leaders to obtain estimates of the number of individuals victimized by human trafficking.

The 2019 Trafficking in Persons (TIP) report created by the United States Department of State suggests the number of victims in each continent increases every year due to greater awareness of stakeholders in local communities (U.S. Department of State, 2019). According to the TIP report, a total of 11,096 cases were prosecuted, with 7,481 convictions and 85,613 victims of human trafficking identified globally in 2018 (U.S. Department of State, 2019). The International Labour Organization (2017) estimates over 1 million victims of child sex trafficking globally. Although there are inconsistencies in the statistics, DMST has been verified as a global problem. Global and national efforts have been created to address human trafficking and protect vulnerable populations.

Global collaboration. Over the past few decades, collaborative efforts have united countries in combating human trafficking. One notable global effort to end DMST was the 1989 U.N. Convention on the Rights of the Child; of which the United States has never been ratified to be a part of (United Nations, 1989). Since this convention in 1989, over 2972 international agencies and over 759 in the United States alone have been created (Global Modern Slavery Directory, n.d.). The TIP report is another example of global collaborative effort to mitigate human trafficking as this data provide a comprehensive review of what each country is doing to protect victims, prosecute traffickers, and prevent trafficking in their context (U.S. Department of State, 2019). Each year, innovative strategies are included from countries around the world to offer inspiration to neighboring countries.

Legal framework. Once the problem of human trafficking was established and global collaboration was initiated, the first step in assisting victims of DMST was the foundation of a legal framework. Trafficking Victims Protection Act (TVPA) established the legal definition for “severe forms of trafficking in persons” and is as follows, “the

recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose for subjection to involuntary servitude, peonage, debt bondage, or slavery” (TVPA, 2000, p.8). The TVPA definition of human trafficking is used in the United States and as a guideline for the TIP report. Seeing that this crime is multifarious and often arduous to detect, professionals working to combat human trafficking have combined efforts to collaborate on how to best identify and provide services to victims in their countries.

### National Response

The TVPA (2000) made it legally viable to deem a minor under 18-years-old as a victim of sex trafficking despite any evidence of force, fraud, or coercion. This legislation made it possible to prosecute traffickers and provide more services to victims. The TVPA (2000) has been reauthorized every few years since its inception. This legislation brought DMST to light in the United States and has catalyzed a national movement in response to the awareness among the community. Although positive changes have resulted from the awareness of DMST, legislation is still in the early stages, and youth suffer from stigma, criminalization, and mistreatment even though they are legally victims. Within the United States, DMST has a direct impact on the vulnerable population involved with the child welfare system.

Policies in the United States. Since the national epiphany of this link between DMST and the child welfare system, both federal and state governmental law makers in the United States have responded by creating policies specific to youth in the child welfare system. The federal government established the Adoption and Safe Families Act (1997). Since this Act, the child welfare system has improved their efforts to, “ensure children’s safety, permanence, and well-being” (Adoption and Safe Families Act of 1997). One of the successes of the Adoption and Safe Families Act (1997) was the

reduction of number of foster care placements for many children (Yampolskaya, Sharrock, Armstrong, Strozier, & Swanke, 2014). Although the child welfare system has made improvements to the number of placements children have, the system has failed to address the unique needs of youth who have experienced DMST (Brittle, 2008). Youth at risk or victimized by DMST continue to experience an unsettling number of placements over the course of their child welfare involvement due to a lack of adequate placements or training for resource families (California Department of Social Services [CDSS], 2017).

The Preventing Sex Trafficking and Strengthening Families Act of 2014 was established to require CWS to address the specific needs of youth at risk of or those victimized by DMST while in the care of the agency (U.S. Congress, 2014). In 2015, an amendment was made to the Child Abuse Prevention and Treatment Act to include DMST as a mandatory reporting requirement (English, 2017). The child welfare system is currently in the early stages of treating youth who have experienced DMST as victims and responding appropriately to their needs.

McMillion (2014) recognized policy efforts specific to youth involved with the child welfare system. In 2014, the bill entitled, Preventing Sex Trafficking and Improving Opportunities for Youth in Foster Care Act (H.R. 4058) was passed (U.S. Congress, 2014b). As a result of H.R. 4058, child welfare agencies are now required to report AWOL (absent without leave) occurrences of system-involved youth to law enforcement agencies, the National Center for Missing and Exploited Children, and the United States Department of Health and Human Services. This policy provides a specific procedure for when youth go missing and it holds child welfare agencies accountable.

Prior to the TVPA, victims of DMST faced legal charges for being involved in a commercial sex act. According to Brittle (2008), the United States has made progress through trainings, however, victims are still criminalized by law enforcement and even

court systems. Without the proper training for law enforcement and community members, victims of DMST suffer the criminalization of prostitution even as the TVPA clearly states anyone under the age of 18 is a victim (Newcombe, 2015). Policies have been created to protect youth from criminalization, however, there is still room for improvement in the area of decriminalization of victims.

In addition to the federal laws such as the TVPA, and state legislation like the Safe Harbor laws, legal codes have been instrumental in protecting minors victimized by DMST. Safe Harbor laws were created to address discrepancies in the treatment of victims. Adopted by 34 states, Safe Harbor laws are comprised of either diversion laws or immunity laws (Polaris Project, 2015). Williams (2017) highlighted 29 states who have created diversion laws and 20 states which have immunity laws. Diversion laws create opportunities for youth to receive services instead of suffering criminal consequences and entering into the justice system, whereas immunity laws protect youth from being charged with prostitution (Williams, 2017). These policies work to promote the well-being of the youth and identify their needs rather than criminalize youth for involvement in a commercial sex act.

#### State Level Response

In 2014, Senate Bill (SB) 855 was passed in California for the purpose of increasing understanding for service providers and identification of victims of DMST and best practices for delivering services to this population. In 2015, the CDSS launched the Commercial Sexual Exploitation of Children (CSEC) Program to support child welfare agencies across California in response to SB 855. The purpose of the CSEC Program was to coordinate services for youth at risk of DMST in child welfare agencies located in California. The CSEC Program is led by a team of survivors of DMST (CDSS, 2017).



The CSEC Program is an optional funding opportunity for counties around California to use for providing specialized services to youth victimized by DMST.

In 2017, the CDSS released an evaluative report of the CSEC program, providing specific examples of how counties used the funding from SB 855. In 2017, 38 counties in California chose to participate and receive funding from the CSEC program (CDSS, 2017). The federal and state funding provided to the participating counties is for the purpose of addressing the unique needs of the county in creatively approaching this population. Between 2015 and 2017 the participating counties served a total of 1,911 victims, though this estimate most likely underrepresents the actual number of victims due to hesitation of victims to report (CDSS, 2017). The CSEC program has been instrumental in serving victims of DMST involved with the child welfare system in California.

A global movement to combat human trafficking has catalyzed the creation of policy to protect victims of DMST. From global collaboration to state legislation, improvements are being made to serve this population. This study will look at the specific vulnerability of youth involved with the child welfare system at risk of DMST. Since DMST is a social justice issue, it has much relevance to the profession of social work.

#### Significance of this Study from the Social Work Perspective

The issue of human trafficking has elicited attention from service providers around the world. Human trafficking combines a myriad of social injustice issues including the exploitation of vulnerable people for profit. The National Association of Social Workers (NASW) established a code of ethics which includes “service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence” (NASW, 2017, p. 1). Human trafficking is a social justice issue and

violation of the individual. It is embedded within the ethical standards of the social work profession to challenge social injustices such as human trafficking and reinstate the value of this population.

### Summary

Human trafficking is an expansive and multifaceted issue that has drawn global attention in the last several decades. The global response turned into a global collaboration through the TIP report to monitor and inspire countries to use local strengths to assist survivors, prosecute traffickers, and prevent future victimization (U.S. Department of State, 2019). The national response generated the formation of national and state legislation to protect victims of DMST. The following chapter will take a deeper look into the literature surrounding the specific vulnerability to DMST for youth involved in the child welfare system and how service providers are working to address this problem.

## CHAPTER 2: LITERATURE REVIEW

### Goal of Literature Review

The purpose of this literature review is to highlight the prevalence of DMST of youth in the care of CWS and what interventions exist to stabilize this population. This section will discuss the available strategies and interventions in the literature used to stabilize youth at risk of DMST. Although the literature on this topic is still in its early stages, researchers are beginning to study interventions to prevent DMST. Interventions are defined as actions taken by service providers to promote stability and well-being of the youth at risk of DMST involved with the child welfare system (Crosland, Joseph, Slattery, Hodges & Dunlap, 2018). This chapter will cover the following topics: the conceptual framework that guided the study, the unique vulnerability of DMST for youth involved in the child welfare system, risk factors and impact of DMST, intervention strategies, and the gaps and limitations of the literature.

### Conceptual Framework

Structural Social Work Theory and Critical Theory were used as the conceptual framework for addressing the social problem of DMST in this study. By examining the structural inequities of society, the problem of DMST may be better understood in the light of oppressive social structures that results in the exploitation of the most vulnerable for the monetary profit of powerful members of society. Structural Social Work Theory and critical theory are both used in social work to view those individuals who have been impacted by intersectional sources of oppression. This study will utilize Structural Social Work Theory and Critical Theory to identify how multiple oppressive systems contribute to the problem of DMST.

### Structural Social Work Theory

Structural Social Work Theory is the identification of societal structures and systems that contribute to the oppression of marginalized communities (Rozas, Ostrander, & Feely, 2018). The main concept underlining Structural Social Work Theory is that, “social inequities come mainly from social structures and not from individual differences” (Payne, 2016, p. 335). Structural Social Work Theory creates a broader lens to view the intersectionality of oppressive systems an individual may experience. Rozas, Ostrander, and Feely (2018) describe Structural Social Work Theory as a combination of, “critical theoretical traditions (such as Marxism, critical race theory and feminism) that are attuned to the socio-political and economic structures of society, and how neoliberalism and capitalism increases inequity among individuals and families”(p. 5). Examples of vulnerabilities that create intersectionality include race, gender, socio-economic status, sexuality, and even involvement with the child welfare system or criminal justice system. Social problems are defined by the structural and systematic forces in which intersectionality further creates vulnerabilities for individuals.

### Critical Theory

Critical Theory, or Theory of Critical Consciousness, is similar in nature to Structural Social Work Theory as it aims to increase the connectivity between socio-political and economic systems to see the root of social issues beyond the individual. Theory of Critical Consciousness is the attentiveness to factors such as: human agency, critical discourse, and power dynamics (Freire, 1979). Systems and structures thrive on power inequities. An intentional awareness of this power is necessary to dismantle structures that prosper from oppressive practices that cause further harm for vulnerable populations (Rozas, Ostrander, & Feely, 2018). Critical discourse involves an intentional shift in the process of defining problems as a structural issue rather than blaming the victim (Rozas, Ostrander, & Feely, 2018). Desocialization of stereotypes involves

educating society on the lived experiences of marginalized populations and how stereotypes can perpetuate oppression (Rozas, Ostrander, & Feely, 2018). Critical theory and practice combine various perspectives to create an anti-oppressive approach to societal problems and lead to social change such as: “feminist, anti-discrimination, empowerment, postmodernism, and social construction” (Payne, 2016, p. 319). Both Structural Social Work Theory and Critical Theory can be applied to the problem of DMST of youth in the child welfare system.

Theoretical Application to Societal  
Problem: DMST of Youth in the  
Child Welfare System

Rozas, Ostrander, and Feely (2018) contribute the problem of DMST to societal structures. Some of the societal structures mentioned include capitalism and patriarchy that catalyze oppressive practices which impact the vulnerable population within the child welfare system (Rozas, Ostrander, & Feely, 2018). Critical Theory and Structural Social Work Theory can be used to inform best practices among child welfare professionals in approaching victims of DMST with the background awareness of the inequities that led to their victimization, or even their involvement in child welfare such as their socioeconomic status or ethnicity (Rozas, Ostrander, & Feely, 2018). Use of these theories can allow service providers to see this population through an entirely different lens.

Part of this shift in perspective involves a shift in language when speaking to individual victims of DMST in the child welfare system (Rozas, Ostrander, & Feely, 2018). The intentional shift in language and perspective initiates a change in focus from the individual’s behavior to the societal structures that created immense vulnerabilities for this individual and contributed to the problem of DMST. Service providers can better meet the needs of youth in the care of child welfare when they move away from

criminalization of youth involved and begin to see the societal structures that led to their exploitation (Rozas, Ostrander, & Feely, 2018). These researchers introduced the method of using the individual stories of victims to educate professionals that come in contact with victims of DMST or those creating policy that impacts this population. Use of Structural Social Work Theory and Critical Theory are ways to initiate change in the language and mindset for those who work with victims of DMST.

Examples of societal structures that perpetuate DMST are capitalism and patriarchy. Hardy, Compton, and McPhatter (2013) explain how both capitalism and gender oppression influence society to see young women as merchandise which make them extremely vulnerable to DMST. In the current society, policies and systems founded in patriarchal dogma result in misogynistic and oppressive treatment to the youth at risk of DMST (Rozas, Ostrander, & Feely, 2018). The societal perspective that devalues both women and children create a dynamic of oppression for youth in the child welfare system. The societal structures also create this oppressive dynamic for LGBTQ youth who have been found at a heightened risk for DMST (Murphy, 2017). Rozas, Ostrander, and Feely (2018) urge service providers to challenge societal structures that result in exploitation of vulnerable populations such as youth in the child welfare system. These are a few examples of societal structures that perpetuate DMST and are beyond the control of the individual. With this information and shift in perspective, service providers can turn away from blaming the victim and focus their energy towards empowering the individual and changing oppressive societal structures.

### DMST and the Child Welfare System

Child welfare agencies in the state of California classify DMST as Commercial Sexual Exploitation of Children (CSEC). This study will explore strategies at the national level and then funnel down and highlight the response of local child welfare agencies

within California. The terms DMST and CSEC will be used interchangeably throughout this study. CSEC will be used only when referring to efforts within California. DMST indisputably has a profound impact on those involved and service providers sense the urgency to prevent this injustice and protect victims.

### Impact of DMST on Individuals

Researchers have identified the immediate impact of DMST on individuals (Gajic-Veljanoski & Stewart, 2007; Hodge, 2008; McClain & Garrity, 2011; O'Brien, White, & Rizo, 2017; Spear, 2004). The impact of DMST can comprise of physical injuries, malnutrition, and exposure to infectious disease (Gajic-Veljanoski & Stewart, 2007; Hodge, 2008; McClain & Garrity, 2011; Spear, 2004). Along with the physical impact, DMST has a negative impact on mental health and can contribute to disorders such as depression, anxiety, panic attacks, post-traumatic stress disorder (PTSD), suicidal ideation, and suicide (Flowers, 2001; Fong & Cardoso, 2010; McClain & Garrity, 2011; O'Brien et al., 2017; Raymond & Hughes, 2001). The short-term impact of DMST on the well-being of youth involved is substantial, which results in a negative long-term impact.

There is a plethora of literature on the long-term impact of childhood sexual abuse (Lev-Wiesel, 2008), however, there is a dearth of literature on the long-term impact of DMST. Researchers have found the long-term impact of childhood sexual abuse often includes mental health disorders such as depression and psychological distress (Freshwater, Leach & Aldridge, 2001; Johnson, 2004). Researchers have found that adult survivors of childhood sexual abuse struggle with symptoms of PTSD (Briere, Scott, & Jones, 2015; Petrak & Campbell, 1999), as well as substance abuse and suicidality to be common among adult survivors of childhood sexual abuse (Dube et al., 2001; Plant & Miller, 2004). Research also suggests the long-term impact for survivors of DMST are exponential due to the chronic and complex trauma they endure (Barnert et al., 2017).

Complex Trauma in DMST survivors. One of the concerns service providers express is the risk of complex and compounded trauma for youth victimized by DMST (Barnert et al., 2017). These individuals who have been removed from their caregivers have been exposed to a myriad of traumas, such as the abuse or neglect they endured and even the stand-alone trauma of being detained by CWS. Briere, Scott, & Jones (2015) discuss the increased potential of subsequent traumas later in life as a consequence of early traumas that result in complex and cumulative trauma, which results in negative outcomes for adults. These negative outcomes emphasize the importance of early intervention (Briere, Scott, & Jones, 2015). Both the immediate and long-term impact of DMST on the individual is a cause for concern and elicits the attention of service providers to create strategies for prevention.

#### Impact and Risk Factors of DMST

Previous studies have shown an intersection of minors at risk for DMST and the child welfare system (Brittle, 2008; Clawson & Goldblatt Grace, 2007; Estes & Weiner, 2001; Fong & Cardoso, 2010; Friedman, 2005; Kotrla, 2010; Morse, 2017; Murphy, 2017; O'Brien et al., 2017; Rand, 2009). Newcombe (2015) attributed the high risk of DMST for youth in the child welfare system to their lack of “opportunities to create long-term relationships, less supervision by adults, and high rates of peer recruitment in foster care placements and group homes” (p. 150). Newcombe (2015) further recognized the interaction of youth with the child welfare system as a potential risk factor due to the youth growing accustomed to the transient nature of foster care. Walker (2017) agrees that the child welfare system prepares children for sex trafficking, as one youth shared in the study: “Being in foster care was the perfect training for commercial sexual exploitation” (p. 1). The association between DMST and the child welfare system is problematic to the well-being of an already vulnerable population in society.



### Impact of DMST

Studies have shown a significant correlation between youth victimized of DMST and CWS involvement (Fong & Cardoso, 2010; Knight, 2002). NCMEC reported 86% of victims of DMST in the United States were involved with the child welfare system (NCMEC, 2019). Since the nature of DMST is hidden in the United States, reliability of statistics to quantify the number of DMST victims is low (Lutnick, 2016; Smith & Vardaman, 2010). DMST is hidden as it is under-reported, and many victims are never identified (U.S. Department of State, 2008). It is evident that youth in the child welfare system are vulnerable to DMST and the impact of DMST on these individuals is adverse and notable. Due to the impact of DMST on youth in the child welfare system, special precautions must be taken to address their unique needs and complex trauma.

### Risk Factors

One strategy service providers use is to first identify the risk factors that make youth vulnerable to DMST. Minors at an increased risk of DMST include individuals who have endured abuse or neglect as children, who have struggled with homelessness, or those who have run away from home (Edinburgh, Pape-Blabolil, Harpin, & Saewyc, 2015; Gragg, Petta, Bernstein, Eisen, & Quinn, 2007; Greene, Ennett, & Ringwalt, 1999; Varma, Gillespie, Mccracken, & Greenbaum, 2015). Among those at an even greater risk of DMST are minors within the LGBTQ community (Dank et al., 2015). In addition to these risk factors, minors with a history of substance use or involvement with the criminal justice system or the child welfare system are also vulnerable to DMST (Varma, Gillespie, Mccracken, & Greenbaum, 2015). It is imperative service providers are aware of these risk factors as they serve youth in the child welfare system.

Incorporating the systems theory perspective to risk factors for DMST, Barnert et al. (2017) included risk factors at the individual system level, familial system level, community system level, and at the societal system level. The predominant risk factors

exhibited by youth at the individual level include poor school performance, experimentation with substance use, running away from care, sexualized behaviors, contracting a sexually transmitted infection, suicidal ideation, and criminal behavior (Manio, 2015). Factors beyond the individual system level also position youth at risk for DMST.

In addition to risk factors at the individual level, youth experience risk factors at the familial, community, and societal level (Barnert et al., 2017). Risk factors derived from the family system level include domestic violence and other forms of familial instability (Barnert et al., 2017). Risk factors that are consequential of the surrounding community include “peer pressure, social norms, social isolation, gang involvement, poverty, under-resourced schools, and high-crime neighborhoods” (Barnert et al., 2017, p. 826). Societal-influenced risk factors include “lack of awareness of CSEC and child sex trafficking, the societal sexualization of children, gender biases and discrimination, and the limitation in resources dedicated to serving vulnerable populations of youth” (Barnert et al., 2017, p. 826). In order to identify victims of DMST, increased awareness of risk factors and communication between agencies must transpire (Manio, 2015).

Running away and DMST. In addition to these risk factors at the individual, familial, and societal level, running away from placement also increases the risk of DMST for youth (Crosland et al., 2018). Youth in foster care exhibit run-away-behavior double that of youths who are not in foster care (Crosland et al., 2018). Youth are especially vulnerable to DMST when they run away because they may encounter traffickers on the streets (Murphy, 2017). These individuals are also vulnerable because they are forced to meet their basic needs while on the streets. This vulnerability can lead to the youth trading sex or participating in what has been termed survival sex to get their basic needs met such as food, shelter, or clothing (Murphy, 2017). Service providers must

work to identify risk factors and employ appropriate early interventions to prevent DMST and protect this population from the danger and harm they might experience living on the streets (Murphy, 2017).

Detriment for youth who run away from placement. Running away from foster care placement is a significant concern for youth in child welfare, especially for youth who have several of the above-mentioned risk factors for DMST. Researchers have documented a high occurrence of youth at risk of DMST and run-away behavior (Clark et al., 2008; Crosland et al., 2018; Manio, 2015; O'Brien et al., 2017). Several sources reveal when youth in the child welfare system who run away from placement encounter traffickers soon after they run (Clawson & Goldblatt Grace, 2007; National Clearinghouse on Families & Youth, 2005). The following sections describe studies that have identified reasons for why youth run away from placement and what interventions have been used to stabilize youth at risk of DMST.

Identification of why youth run. Prevention is the favorable approach to the stabilization of youth in the child welfare system. In order to prevent this behavior, researchers examined reasons youth run away from placement so frequently (Crosland et al., 2018). Once service providers understand why youth run away, they can create services to address the needs of the youth to prevent them from running away. Crosland et al. (2018) unearthed the concept that youth run away for one of two reasons: to run to something/someone or run away from something/someone.

To expand further, Crosland et al. (2018) discovered youth run to access the following: positive social supports, normalcy in their lives, and participation in preferred activities. Youth run away from placement to distance themselves from: negative social interactions, uncomfortable placement, and boredom (Crosland et al., 2018). Johnson et al. (2018) deemed running away as an avenue for youth to express ambiguous agency. In

this study, eight youth reported they ran away to access emotional support (Johnson et al., 2018). One youth ran away to access emotional support from her boyfriend (Johnson et al., 2018). Youth also ran to escape discomfort in their homes/placement (Johnson et al., 2018). Another study found youth with a history of DMST are more likely to run away from placement (O'Brien et al., 2017). In order to prevent DMST for those at risk, it is vital to identify why they desire to run and work to meet their needs prior to them running away from placement.

Youth running away from placement is a common and concerning behavior for youth involved with the child welfare system (Clark et al., 2008; Crosland et al., 2018; Manio, 2015; O'Brien, White, Rizo, 2017). In 2018, 23,500 youth ran away from their homes or placement; of that number, "one in seven were likely victims of child sex trafficking" (NCMEC, 2019, p.1). Prevention strategies for youth are still being developed and explored by service providers. Unfortunately, this research is fairly new and there are few, if any, solidified evidence-based practices surrounding prevention (Fong & Cardoso, 2010; Sapiro, Johnson, Postmus & Simmel, 2016).

Service providers disagree in opinion regarding how to prevent youth from running away while in foster care (Sapiro et al., 2016). Of the 20 stakeholders interviewed by Sapiro et al. (2016), respondents disagreed on whether youth should be placed in a locked facility to prevent them from running away or if youth should be allowed freedom in order to learn self-control. One approach that service providers agree on is the use of screening tools to identify DMST victims at any stage of their victimization (Manio, 2015; Countryman-Roswurm & Bolin, 2014).

Identification tools. As mentioned above, an important step in the prevention of DMST is the identification of risk factors which allows service providers to create tools to identify youth at risk or youth victimized of DMST. The identification tools used by

the child welfare agencies in the Central Valley of California was created by the WestCoast Children's Clinic called the Commercial Sexual Exploitation of Children Identification Tool, CSEC-IT (Smith, 2018; WestCoast Children's Clinic, 2017). This tool was created with the input of over 100 survivors of DMST to screen youth in the child welfare system to determine their level of risk (WestCoast Children's Clinic, 2017). Other agencies who have created identification tools include structured and unstructured interviews created by Shared Hope International, Vera Institute of Justice, Polaris Project, and others (WestCoast Children's Clinic, 2015). A majority of the identification tools involve self-disclosure from the victims using open-ended questions (WestCoast Children's Clinic, 2017). These tools help service providers identify youth at risk of DMST and increase service provider's awareness of youth who may benefit from an intervention.

### Intervention Strategies

Researchers have explored why youth choose to run away, what the specific risk factors are, and how service providers can identify youth at risk of DMST. Service providers often have difficulty employing interventions that will successfully stabilize and support youth once they are identified as at risk. Even though it is apparent there is not one intervention that will be successful in stabilizing this population, it is important to survey the literature to see if there are successful interventions for youth at risk of DMST.

### Multi-agency Collaboration

Prior to applying interventions, service providers have worked towards prevention of DMST through multi-agency collaborations. Researchers have recommended a collaborative effort between agencies such as law enforcement, school counselors, child welfare social workers, and case management staff from local youth shelters (Manio, 2015). Since the year 2000, a rich variety of agencies and community members have

come forward to join forces to advocate for youth at risk of DMST and to ensure they were diligently working to do their part to prevent DMST (McMillion, 2014). Of these groups included medical professionals, social workers, lawyers, teachers, law enforcement, non-profit leaders, and concerned citizens (McMillion, 2014). Clawson and Goldblatt Grace (2007) reported that collaborations have been found to be successful in serving DMST survivors. Multi-agency collaborations can be utilized to determine what strategies service providers can employ in order to stabilize youth.

### Strategies to Stabilize Youth

Since 2000, various organizations have been created to serve youth victimized by DMST. These organizations and their related interventions vary in their approach in working with this population. One example comes from an agency in New York called Girls Education and Mentoring Services (GEMS). This agency offers case management services, counseling, and court advocacy for victims of DMST (Girls Education and Mentoring Services, 2008). Another approach called Multisystem Treatment Services (2007) focuses on building relational supports for the survivors through a team of clinical psychologists and psychiatrists in an environment that is comfortable for the youth. For the Multisystem Treatment Services (2007), this environment looked like meeting the youth in their home instead of having the youth travel to an office. These are just a few of the non-residential interventions in the literature to stabilize youth.

Residential facilities specifically designed for youth victimized of DMST are being created around the United States as another form of intervention to prevent further victimization (Boxill & Richardson, 2007; Fong & Cardoso, 2010). Fong & Cardoso (2010) recommend adding more residential shelters around the United States to meet the needs of youth victimized by DMST to prevent further exploitation. Boxill and Richardson (2007) discussed a residential shelter called Angela's House where each

survivor receives treatment based on the Multisystemic Therapy approach (Boxill & Richardson, 2007; Multisystem Treatment Services, 2007). Multisystemic Therapy is a holistic approach that provides comprehensive treatment for a youth within their living environment (Multisystem Treatment Services, 2007). The treatment begins with an assessment of the youth's behavioral issues by identifying the root causation of the youth's behavior (Multisystem Treatment Services, 2007). Once the assessment is completed, possible services include 24/7 access to a therapist trained in Multisystem Therapy to empower the youth and their family to resolve conflict and address alternative activities to redirect the youth from their behavior (Multisystem Treatment Services, 2007). Residential facilities specialized for DMST survivors are one form of intervention to stabilize youth, however there are barriers to use these facilities.

One limitation of these shelters is many of them do not meet the standards for child welfare agencies to place youth. The California Continuum of Care Reform of 2017, which aims to stabilize youth in the care of CWS, resulted in an increase in standards for group home facilities to transition into Short-Term Residential Therapeutic Program (STRTP) facilities (CDSS, 2020). STRTP facilities focus on trauma-informed care and include 24-hour supervision (CDSS, 2020). Among the services provided in these facilities includes support for youth to transition home or to independent living, mental health services, life skills training, educational, social, and physical support (CDSS, 2020). Some of the standards for an STRTP home include a number of certifications and trainings in the areas of protocols, accreditation and mental health, physical environment standards, and emergency interventions. Although these homes provide helpful services for youth at risk of DMST, they might not meet the unique needs for DMST survivors. Due to these stringent standards, rehabilitation homes specifically created for DMST survivors often do not meet the criteria to be approved by CWS.

Clark et al. (2008) offered a practical intervention method for stabilizing youth. This comparative study carried out a functional approach using behavioral analytic assessments and found a decrease in the overall number of days habitual run-away youth were absent from their placements (Clark et al., 2008). This study employed assessment-based interventions specific to the individual youth displaying frequent runaway behavior (Clark et al., 2008). One intervention included in this study was a Behavior Analysis Services Program (BASP) in which service providers would work alongside the youth to identify the problematic behavior, such as running away, determine the consequences, and then create a unique intervention plan (Clark et al., 2008; Stoutimore, Williams, Neff, & Foster, 2008). The BASP intervention plans were guided by the motivation of the youth for that specific behavior (Clark et al., 2008). The use of BASP intervention was tested with 13 youth with habitual runaway patterns and found this intervention was effective in reducing the total number of days youth ran away from placement. This intervention was found to be effective with the 13 youth it was conducted with. In addition to residential facilities and therapeutic approaches to stabilize youth, researchers highlighted the importance of increasing social capital as a strategy to prevent youth from running away.

### Social Capital

Crosland et al. (2018) revealed that youth reported one of their primary reasons for running away was to access positive support systems. Clark et al. (2017) recommended child welfare agencies focus heavily on assisting youth in developing social capital. Carneiro and Heckman (2014) encourage service providers to promote social capital in the form of youth developing social skills. The social networks youth create influences their future opportunities and success as an adult (Clark et al., 2017). One suggestion to assist youth in creating social capital is for service providers to work



with the youth in finding placement with an appropriate adult the youth has a relationship with (Clark et al., 2017). Supporting youth at risk of DMST in the child welfare system generate social capital is a difficult task in which research is thin.

#### Giving the Youth Agency/Empowerment

One approach to stabilize youth is to empower youth through providing agency. Bordonaro and Payne (2012) encouraged service providers to treat youth with dignity and to trust the youth's capacity to participate in important decisions that directly impact them. The authors suggest offering the youth more opportunities to participate in decisions that impact them as a way to empower them (Bordonaro & Payne, 2012). This approach is helpful because it returns power and control to the individual, which is what youth in the child welfare system have scarcity of.

Researchers have a variety of perspectives on using the language victim for youth. Lutnick (2016) expressed the idea that children are overly victimized and believes this causes more harm for the youth. Flowers (2001) depicted this population as "innocent young victims" (p. 154). The term victim "oversimplifies the lived experience" of the youth (Lutnick, 2016, p. 2). Sherman (2011) described the term victim as disempowering to the youth. Flowers (2001) used language that deems children as helpless and victimized by pimps, which is not always the reality of this multifarious issue. The complexity of this situation cannot be boiled down to the term victim (Lutnick, 2016). The language used in discussing DMST influences how service providers create interventions for this population.

Bordonaro and Payne (2012) recommended creating interventions that include the participation of youth, so they gain a feeling of power. Crosland et al. (2017) also recommended giving youth more choices in their day-to-day lives in order to reduce the frequency of run-away behavior. Clark et al. (2008) recommended involving youth in the

placement process as their preferences should be heard. Although the term, victim, can be disempowering, service providers agreed empowering youth is a favorable approach when using interventions to stabilize youth (Bordonaro & Payne, 2012; Clark et al., 2008; Lutnick, 2016). The current literature provides scarce strategies to stabilize youth at risk of DMST.

### Limitations and Gaps in Current Research

Several limitations exist in the current literature. One limitation is the methodology utilized in the studies available. There is a shortage in quantitative studies in the literature. Another limitation is the sample size for the quantitative studies that have been conducted. Clark et al. (2008) found an intervention to be successful in reducing the number of days youth ran away from placement, however, this study was only conducted with 13 youth. A larger sample size would produce a more solid indication of the statistical significance of the effectiveness of the intervention.

Another limitation of these studies is the source of information. A majority of the current studies have data collected from service providers instead of directly from youth (e.g., Crosland et al, 2018; Sapiro et al., 2016). Other studies utilized the voices of adult survivors of DMST (Manio, 2015; O'Brien, 2018). Survivor interviews are favored over interviewing the youth themselves as adult survivors have powerful insight to the experiences of the youth without putting the well-being of the youth at risk for research, as this might re-traumatize the youth. Along with these limitations, there are identified gaps in the current literature.

There are gaps in the current research surrounding evidence-based interventions for youth at risk of DMST in the child welfare system. According to Barnert et al. (2017), gaps in the research include health risks identified for DMST victims, boys and transgender children as victims of DMST, interventions to prevent DMST, strategies for

efficient evaluation for policies, and programs created for victims of DMST. Barnert et al. (2017) also recommended research for interventions to prevent youth from revictimization of DMST once they have been identified as a victim while in the care of child welfare. Clark et al. (2008) suggested that agencies use more evidence-based interventions in their approach to stabilize youth in their foster care placements.

A review of the current literature reveals a dearth of evidence-based support systems for youth to build social capital. This gap in the current literature resides in how to provide meaningful connections for youth involved in the child welfare system. Youth in the child welfare system need service providers to assist them in building healthy relationships with caring adults that invest in their future. A demand for programs that foster intentional relationships among youth and caring adults to create strong support systems is glaringly apparent (O'Brien, 2018). Support systems and social capital act as protective factors for youth and can be one strategy to prevent DMST.

There is a paucity of research studying effective interventions employed in the child welfare system to stabilize youth at risk of DMST (Barnert et al., 2017). Lutnick (2016) suggests a gap in research for specific interventions for victims of DMST who were identified at point of contact with the child welfare system, criminal justice system, or both. Several researchers recommend future studies to focus on developing evidence-based practices to stabilize youth in child welfare placements while including and elevating the voices of survivors in the creation of these interventions (Barnert et al., 2017; Fong & Cardoso, 2010; Johnson et al., 2018; Sapiro, Johnson, Postmus & Simmel, 2016). The gaps and limitations of the current literature influenced the purpose of the current study.

### Current Study

The current study will examine the perceptions of social workers regarding effective preventative strategies and interventions. These approaches are specifically targeted to use with youth at risk of DMST from running away while in placement and to reduce the risk for those who have been identified as at risk. Because, current literature lacks substantial empirical research regarding stabilization of youth at risk of DMST in child welfare placement. The goal of this study's results is to contribute to the effort in the prevention of DMST among foster youth.

### Summary

Service providers are aware of the increased vulnerability for DMST victimization of youth in foster care. In order to intervene, service providers have created protocols and tools to identify youth at risk of DMST. What is lacking in the literature are specific interventions to follow the identification of youth at risk of DMST in order to stabilize these individuals and prevent victimization of DMST. The current study will explore intervention strategies with this population based on the perspective of social workers who work directly with youth at risk of DMST. This study is rooted in Structural Social Work Theory and Critical Theory framework. The following chapter will review the methodology for the current study.

## CHAPTER 3: METHODOLOGY

### Purpose

This chapter will describe the qualitative research methods utilized for this study. The purpose of this study is to explore effective intervention strategies used to stabilize youth in the child welfare system who are identified as at risk of DMST. The following sections will describe the research design of the current study, rigor, data analysis, management of risk, and reflection.

### Research Design

The current study followed qualitative research methods. The researcher chose qualitative methodologies to allow for depth and detailed answers of the intervention strategies and the purpose behind those strategies. The rationale for the research design involved entering the environment of the participants to increase the researcher's understanding of the lived experience of the participants through emerging themes (Creswell, 2007). Qualitative research allows for the voices of the participants to be heard and to come alive (Creswell, 2007). A qualitative approach begins with a theoretical or conceptual framework that guide the study of a human problem (Creswell, 2007). Qualitative methodology is the most appropriate for this study as the flexibility of qualitative methodology is imperative as the researcher will need to adapt as research findings are revealed. The following will describe the research design for the current study in detail.

The current study followed a qualitative design to study the perception of social workers regarding effective intervention strategies to stabilize this population. The researcher utilized qualitative interviews to gain an understanding of what strategies the participants used to stabilize youth at risk of DMST. The methods shifted over the course of the study to include an instrumental case study. The researcher adapted the methods to

include a case study as the findings from the interviews revealed an example of a youth who successfully stabilized after interventions were applied.

The researcher chose to include an instrumental case study to focus on the specific topic of stabilizing youth in the child welfare system who have chronic run-away behavior and chose a specific case that exemplified effective strategies (Creswell, 2007). After reviewing the documentation and several of the interviews, the researcher chose a case study as an example of successful stabilization. The researcher reviewed the documentation for the case study and used content analysis approach to identify the same themes that were found in the interviews. The case study served as an example of intervention strategies used to successfully stabilize a youth identified as a victim of DMST in the child welfare system. The research questions that guided the current study are listed below.

#### Research Questions

Research Question #1: What strategies are necessary to reduce the risk of domestic minor sex trafficking for youth with a history in the child welfare system?

Subtheme: What is the perception of social workers regarding the effectiveness of intervention strategies to stabilize and reduce the risk of domestic minor sex trafficking?

Research Question #2: What support systems are needed to prevent or reduce the frequency of individuals running away while in the care of Child Welfare Services?

#### Data and Participants

For this study, the researcher used individual interviews and documents to collect qualitative data. The researcher utilized semi-structured interviews. The stories from these interviews were de-identified by the alteration of details and names. The researcher scheduled interviews with the social workers recommended by the program managers that met the specific inclusion criteria. The instruments used in the study include a semi-

structured interview guide and a consent form (Appendices A & B). The researcher provided a copy of the consent form with contact information in case the participant would have any future questions. The researcher also provided a list of local mental health agencies for the participant to utilize in the event they wanted individual counseling to work through any feelings of distress that may have arisen during the interview.

This study utilized purposeful sampling to identify participants. The inclusion criteria for the participants identified were social workers who have worked with, or are currently working with, youth at risk or victimized by DMST. The exclusion criteria include anyone under 18 years of age and no experience working with victims of DMST. The sample size for the qualitative interviews was 10 participants and all of the interviewees met the inclusion criteria. For the case study portion of the study only one case was chosen due to its relevance to the study and as it was referenced in several of the interviews.

### Data Collection

The method of data collection involved in-person interviews and a review of case notes. The researcher created a semi-structured interview guide to explore the perception of social workers on the topic of DMST and how to stabilize youth. Once the researcher was connected to participants, the researcher gained permission from the participants to record the interview. Prior to recording, the researcher provided the participants with a copy of the consent form. The researcher explained the interviews would be deleted after transcription. The researcher explained the limits to confidentiality and allowed for any questions. The researcher informed the participants that the study is entirely voluntary and if at any time they would like to stop the interview, they could. The participant was informed there would be no repercussions for not participating. The researcher used their

cell phone to record the interview, saved the files on a password-protected cloud, and then transferred the files to their hard drive on their computer. Both the phone and computer required a password to access files. To ensure confidentiality, pseudonyms are used for the interview participants and no additional personal information about them or their current employment will be released.

In order to gather participants, the researcher acquired permission from program directors or leadership from child welfare agencies in the Central Valley of California. The researcher provided the documents confirming approval from the Committee for the Protection of Human Subjects in the Department of Social Work at California State University, Fresno, consent forms, and structured interview questions for the program directors to review prior to approval. Once permission was obtained from the leadership of the agency, the researcher provided the inclusion and exclusion criteria and asked to be connected to specific workers that have experience working with youth at risk of DMST. The researcher also requested permission to access case notes of past or current youth at risk of or previously victimized by DMST for the purposes of triangulation. The documents requested would include court documents, narratives, and case notes. The researcher acquired permission from two child welfare agencies in the Central Valley of California to conduct interviews and access case notes.

### Data Organization

The researcher organized the data into themes following a series of steps using content analysis. The researcher created pseudonyms for all of the participants. The researcher reviewed five of the transcripts to search for any themes that stood out. The researcher then reviewed the themes from the first five transcripts and found the four comprehensive themes. The researcher coded the four themes and reviewed the remaining five transcripts and identified these themes. The researcher then created a table



to organize the themes. In the table the researcher transferred relevant quotes for each theme from each transcript. The researcher then utilized these quotes for the results section.

For the case study, the researcher took detailed notes while reading over one hundred pages of case notes for the individual's child welfare case. The researcher also read the court reports for this case. The researcher consulted with the social workers with any clarifying questions for this case. The researcher developed a detailed description of the case, removing all identifying information. The researcher then sifted through the case narrative to find the same themes that emerged from the data analysis of the interviews.

### Rigor

To address the rigor of the qualitative study, the researcher focused on best practices to work towards validation and reliability of the data. The rigor of this study followed the process of the research methods. The validation of the data, the researcher used triangulation and member checking. Triangulation of the data was carried out through use of multiple data sources including interviews and case notes. Member checking was included as the researcher presented the preliminary data analysis with the participants (Creswell, 2016). To address the reliability, the researcher used a tape recorder and transcribed the interviews for accuracy (Creswell, 2016). The researcher secured appropriate certification (Appendix C) and carried out the above steps with diligence to ensure quality and rigor for the current study.

### Data Analysis

The data analysis process for this study involved a thematic analysis. The interviews were recorded, transcribed, organized and coded. The interview transcriptions were studied to unearth the perception of social workers regarding what strategies are

effective in stabilizing youth. As the researcher was analyzing themes, the results of the interviews led to a slight alteration in methodology to include an instrumental case study. The researcher collected in-depth data from interviews and documentation (Creswell, 2007). The qualitative interviews were recorded on an iPhone and transcribed on a computer. The researcher read and reviewed the transcripts to double-check the interviews were accurately transcribed. The interviews were coded, and common themes were identified. The researcher utilized content analysis approach to code the data. Data was hand analyzed as themes emerged. The researcher consulted with the supervising investigator to discuss synthesis of the themes.

Using the case file documents, the researcher analyzed a case study to triangulate the information provided in the interviews (Manio, 2015). Once the analysis of the interviews was completed, the researcher used the themes from the interviews in the case study to provide a concrete example of effectiveness of the interventions used. These findings are provided in the results section of the study.

### Management of Risk

Management of risk for this study involved approval from the agency (Appendix D) and the Committee for the Protection of Human Subjects with the Institutional Review Board (IRB) within the Department of Social Work at California State University, Fresno (Appendix E). The researcher did not anticipate any barriers or concerns for approval of the IRB, as the participants were categorically at minimal risk as they are adults and not within a vulnerable population. The IRB application was reviewed and approved of as minimal risk. The following section regarding management of risk covers the topic of mandatory reporting.

### Mandatory Reporting

The topic of mandatory reporting was considered in this study as it involves the topic of child abuse and minors. Since the information collected is a part of the CWS history, reports are not required unless it is new information that CWS is not aware of. The abuse and neglect of youth discussed in the interviews had been reported and investigated prior to this study. Participants were advised in advance that the researcher is a mandatory reporter and accounts of undisclosed abuse will be reported, as required by law.

### Reflection

My qualifications include DMST specific training and experience working with victims and survivors of sex trafficking. In 2016 I joined the Hope Project in Muskegon, Michigan, as a volunteer to educate the community on human trafficking. From 2016-2018 I volunteered with the Kalamazoo Anti-Human Trafficking Coalition as the chair of the Community Awareness Committee. I have attended the following trainings: *Human Trafficking: Warning Signs and Responding* at Western Michigan University in October 2016, *Stop this Traffic Conference Social Worker CEU* by Manasseh Project in Grand Rapids, MI in October 2016, *Train the Trainer Training* by the Michigan Human Trafficking Task Force in Lansing, MI in December 2016, *Kalamazoo YWCA Volunteer Training: Human Trafficking Shelter* in Kalamazoo, MI, in January 2018, *Kalamazoo YWCA Sexual Assault Supportive Volunteer* in Kalamazoo, MI, in April 2018, *Be Free: Roots of Resiliency Human Trafficking Conference* in Fresno, CA, in March 2019, and *Commercially Sexually Exploited Foster Youth (CSEC)* in Fresno, CA, in November, 2019. These early trainings in 2016-2017 led me to seek direct practice experience. In 2017-2018 I had the opportunity to work in a human trafficking shelter for survivors in Kalamazoo, MI.

This experience prompted me to apply to the Master of Social Work program at California State University, Fresno to further my education and expertise on human trafficking to enhance my ability to strategically serve victims and survivors. As a part of the MSW program, I have had the opportunity to intern with two child welfare agencies in the Central Valley of California. In each internship I have had direct service experience working with youth victimized by DMST while in the care of the child welfare system. In November 2019, I attended a two-day training entitled *The Empowerment Project* facilitator training on a curriculum to use as a resource to facilitate conversations with the youth about their support systems and how to empower them to live into their values and have healthy relationships (Nola Brantley Speaks, 2019). This direct experience is what motivated me to seek interventions to stabilize and promote the well-being of the youth I work with.

### Summary

This study was designed to explore effective intervention strategies used by social workers to stabilize youth at risk of DMST. The methodology chosen for this study was qualitative methods using interviews and a case study. My motivation for this study is embedded in direct experience with youth at risk of DMST. The subsequent chapter will review the findings of the current study.

## CHAPTER 4: RESULTS

The following section will describe the instrumental case study and the themes that emerged from the interviews. Identifying information of the youth has been altered for the purposes of confidentiality. This section will demonstrate each theme unearthed in the data through participant quotes as well as examples in the context of the case study.

### Case Study: Example of Success in Stabilizing a Youth Victimized of DMST

Charlie's story began when she was adopted by her paternal grandparents at age 5. Charlie has two sisters and one brother who were also adopted with her. A few years later, child welfare received a referral for negligence by her adoptive parents. Charlie and her siblings were removed from her adoptive parents and placed in separate homes for one year. A cycle of removal from her adoptive parents began, as child welfare received over 10 referrals for abuse and neglect of Charlie and her siblings over the next few years.

Charlie expressed suicidal ideation when she was only 9 years old. Charlie reported the abuse and neglect she endured by her adoptive parents to a social worker. Charlie was unable to attend school consistently due to the abuse and neglect she experienced. Charlie was removed for the last time from her adoptive parents and placed in a resource home apart from her siblings. Charlie was doing well in the home until one day she got in an argument with the resource parent and, shortly thereafter, the agency was notified that Charlie was no longer welcome to stay in the home.

Charlie was then moved to her first group home placement at age 13. It was not long until Charlie witnessed violence among the other youth in the home. Charlie ended up getting into physical altercations with another youth in the group home that resulted in Charlie getting arrested. The chaos felt too familiar to Charlie and triggered a sense of

hopelessness. Charlie attempted suicide in the group home and was hospitalized. The social worker assigned to Charlie worked to build a trusting relationship with the youth, however, Charlie was not open or ready to have honest conversations with the social worker. Charlie struggled to trust other people. Relationships were difficult for Charlie and this posed challenges for the social worker assigned to Charlie.

When Charlie returned to the group home, she began to run away frequently, argue with the staff, and get into physical altercations with the other youth in the home. For the next two years, Charlie was trapped in a cycle of suicide attempts and moving placements every few months or less. Charlie began using drugs and running away from placement for months at a time.

Charlie met multiple older men while she was on the run who became her pimps, or traffickers, at different points of time during her time in foster care. Charlie learned from other youth in the group home she could get a ride if she offered to perform sex acts with men she met on the streets. Charlie was introduced to several of her traffickers by other youth in the home. Some of these men forced her to perform sex acts with strangers. At one point during her time at a group home, Charlie was threatened by the other youth in the home to perform sex acts for money. Some of the traffickers would use violence to force her to perform sex acts. Another man coerced her by convincing her it was her idea and that she was just doing him a favor, as he claimed to be her boyfriend. Charlie told a social worker she was expected to make thousands of dollars in one night performing sex acts in order for her to not be beaten by one of her pimps.

Charlie experienced tragedy, loss, exploitation, violence, rejection, suicidal ideation and attempts, and over 40 homes during her time in foster care, over 20 of which were group homes. She survived five suicide attempts. Charlie's need for love, belonging and acceptance was evident in her behaviors. The mental health illness Charlie struggled with was connected to the abuse and neglect she endured as a child. Charlie told one of

the social workers that she felt addicted to running away. When Charlie would have a conflict or feel overwhelming pain, she would run away from her placement in an effort to escape her feelings. Charlie desperately desired a place to belong and feel accepted.

Charlie had been missing from placements off and on for years until a team of social workers and a caring resource family surrounded her with support. In 2019, Charlie began to meet with a staff member, Jamie, employed at the child welfare agency who was specifically trained to support youth at risk or victimized by DMST. Jamie met initial resistance with Charlie. In Jamie's interview for this study, she recalled the time and energy involved in gaining Charlie's trust and building rapport.

During this time, an employee at the child welfare agency named Karina also began meeting with Charlie to provide extra support. Karina also mentioned in their interview for this study the challenges of building trust with Charlie. Charlie's case was described by the participants as one of the most difficult cases they had encountered. Charlie was unable to stay in one home for more than two weeks without running away. The resistance and hesitancy from Charlie inspired those involved to work together as a team to support Charlie.

Charlie was supported by a team of service providers from the child welfare agency. Jamie, Karina, the social worker, and the social work supervisor would communicate daily about Charlie's progress and delegate who would see Charlie that day or week. Charlie was still running away occasionally. Due to the trust and rapport Charlie built with Jamie, Charlie would still communicate with Jamie when she was on the run. This relationship would enable Jamie to use harm reduction strategies when Charlie was on the run.

In 2019, this team gathered for a Multi-Disciplinary Team Meeting to discuss how service providers could work together to stabilize Charlie. Charlie had recently moved into a new foster home and got along with her new caregiver. During this

meeting, Charlie was asked what it might take for her to not run. Charlie expressed she had never been to the mountains. Charlie agreed during this meeting to not run away for one month so she could go to the mountains.

Over the course of the next two and half months, Charlie was surrounded with support. Charlie had built trust with her care provider. Charlie also had a social worker or Jamie meet with her weekly. She was motivated by her goal to stay in placement so she could go on a trip. Charlie stayed in placement not only a month, but two and a half months. This was the longest she had ever stayed in one place. Charlie was rewarded with a trip to the mountains with some of the social workers. Stabilizing Charlie in placement meant that Charlie was not on the streets being exploited. Charlie was able to be connected to mental health services for the first time during this stabilization period. She also began receiving Alcohol and Other Drugs Services and began working on her schooling. The countless benefits followed once Charlie became stable in a safe placement. Charlie's story is an example of successfully stabilizing an individual with chronic runaway behavior through relational support.

### Themes

The overarching experience in which the themes emerged from the interviews was relational support. Relational support encompasses the most effective strategies for stabilizing youth. Participants expressed a lack of relational support positions youth at risk of DMST. Each of the themes that emerged from the interviews and the case study emphasized relational support as the most effective strategy to stabilize youth at risk of DMST in the child welfare system.

Charlie's story was an example of relational support from a team of service providers and a caring resource family as they were able to successfully stabilize her. Four themes related to relational support emerged from the interviews. All four themes



were described as effective strategies to stabilize youth at risk of DMST. The themes are: (1) Need for Love, Belonging, and Acceptance, (2) Trust and Rapport, (3) Teamwork, and (4) Harm Reduction. The themes will be described using examples and the researcher's analysis.

### Theme 1: Need for Love, Belonging, and Acceptance

*“... they're more vulnerable. They're looking for love. They're looking for acceptance.”* - Chelsey (participant)

One of the most common answers to the question, “Could you describe some of the needs of this population that put them at risk for CSEC?” was the need for love, belonging, and acceptance. The concept of unconditional acceptance came up when discussing strategies to stabilize youth. Participants expressed this need for unconditional love and acceptance as a basic human need of which this population has been deprived. This vulnerability often puts this population at risk for exploitation by those who appear to be offering what the youth is seeking. The greatest risk factor for youth is a need for love, belonging, and acceptance; a need that can only be fulfilled by relational support.

The need for love, belonging, and acceptance was described as a need for all youth, with a heightened need for those in foster care. Chelsey discussed this vulnerability:

I would say, honestly, all of our kids we work with, whether they have been identified as CSEC or not been identified, are at risk because... they're more vulnerable. They're looking for love. They're looking for acceptance. You know, they're looking to have their basic needs met... back to Maslow's hierarchy of needs, or looking for food, shelter, all these things, and these are things that traffickers give them; and so, all of our kids in my opinion are at risk, even non-

foster youth, even just our own kids are at risk because of the age that traffickers start to groom, you know, it's an awkward age.

Chelsey described this need as a factor that makes youth more vulnerable to being targeted by traffickers. Youth in the child welfare system are at a heightened risk because of their experiences and their lack of secure family bonds.

Molly discussed this increased vulnerability for youth in foster care due to their instability with family:

But I think a big thing is connection and those emotional needs that they haven't had met. You know, when they're in foster care, they don't have their solid family. We want to say that it's a new family, right, in foster care. But especially some of ours that have been bumped around, you know, sometimes weeks after weeks, just, nope, didn't work, didn't work, didn't work. They're not having any of these long-term connections. Feeling loved by anybody, feeling accepted or that feeling, that sense of belonging. They don't have that. So, they're going to be looking for that in other places. And maybe that's on social media, right? Maybe that is looking at, you know, friends who they don't really know who then they get connected to on social media who are a predator or maybe that's someone in the community.

Youth in foster care often lack the long-term connections and social capital to build their sense of self-worth and feeling of belonging. Their intense need for love, belonging, and acceptance increases their risk for being targeted by predators online or in the community. Youth in the child welfare system are vulnerable because of this need for love, belonging, and acceptance.

Other participants mentioned these experiences that exacerbate the youth's vulnerability. Morgan discussed how it makes sense for youth to look for approval in unhealthy relationships:

She's experienced a lot... she's experienced a lot of trials, a lot of loss and mistrust, you know, abandonment, shame... so, to go out and seek that pleasure in a way where it seems like its... it's just something... where she has nothing...it makes sense for her to want to do that...to want to seek that, acceptance and approval... even if its unhealthy.

Morgan stated that it is logical for youth to seek this love and acceptance in an unhealthy way because they are desperate to get their needs met. Abusive or manipulative relationships might also feel more familiar to the youth, making these unhealthy relationships seem attractive.

Jamie agreed that this need for love and acceptance was the greatest risk factor for youth in the child welfare system. Jamie described this as a basic human need:

I would say across the board with all the kids...every human needs to feel loved and accepted and like they're part of something, that someone cares about them. And I think that is what puts them at the biggest risk because when they're not feeling that...they're looking for that and then a trafficker that's really good at, you know, making them feel loved. So, they think that it's someone caring about them, that that's the biggest thing I see.

If youth are not getting this need met, they are susceptible to having that need be met by someone who will take advantage of them and abuse them and disguise it as love.

According to Maslow's Hierarchy of Needs, love and acceptance is a basic human need following physiological and safety requirements (Maslow & Lewis, 1987). Youth are in survival mode and resourceful when looking for love and acceptance that they are not receiving from their family.

Molly also talked about the tendency for youth to find belonging in unhealthy relationships because that person is meeting the need for them:

So, you see those kinds of vulnerabilities and needs, they just don't have some of the, the core essential belonging needs. And so, they'll be more susceptible because they have that need to belong, need to be loved, and they're going to get that one way or the other in a healthy way or in a really unhealthy way.

Molly's description of the essential belonging needs is imperative for survival and the youth will find a way to meet those needs. The participants all agreed that this need for love, belonging, and acceptance put youth at risk of DMST.

To go a step further, several participants mentioned unconditional love and acceptance as a strategy to stabilize youth and provide the relational support to the youth either from the social worker or the caregiver. Stacy expressed this need as an opportunity for the care provider to meet, "in stabilizing I mean we got some of our few kids in homes that... really good foster parents have an unconditional love for them." This need for love and belonging has the potential to be met by the care providers.

Stacy recounted her conversations with the youth themselves who admit love and belonging is their greatest need:

So, I can only speak what many of my youth told me right? So, it's like the need for accepting or the need they identified as for love or the need of belonging...all those things are the ones that put them at risk.

The youth themselves identified their need for love, belonging, and acceptance. They recognized this need within themselves. The challenge for service providers is to facilitate healthy relationships that meets the youth's need for love and belonging with the aim to prevent possible exploitation.

Jamila explained that this need for love and belonging as a result of not having an opportunity to appropriately attach to their caregivers at an early age. This unhealthy attachment style then caused some youth to reject healthy relationships because such connections might feel unfamiliar to them. In response to the youth, Jamila tried to

introduce the youth to healthy relationships by being that example and role model of a healthy caring adult to the youth:

...they have not been able to attach in a healthy way. So, having that response of love and caring and belonging they're not used to it... I mean, in my opinion, if I'm not used to something, what would I do? I'd stay away from it. I'd run away from it. So, I think that's what happens. Not having to be used to that structure, sometimes. I think love, love, a sense of belonging. And I know it sounds cliché, but that's just how I see it. But interventions that I use from my professional experience and my educational background, is just encouragement, positive communication. Letting them know that they're loved, they're worth more, and trying to just ask the right questions...

Thus, Jamila's strategy to meet the need of love and belonging for the youth was to spend time with them and build a healthy relationship with the youth.

As seen in Charlie's case, she was in desperate need of love, belonging, and acceptance. Charlie's caregivers neglected her from an early age. Charlie then went on to move from home to home and later sought love and acceptance from the older men she met on the streets. Charlie stabilized once she felt loved and accepted by both her caregiver and the child welfare personnel. Charlie was surrounded with support. Her need for love, belonging, and acceptance were finally met in a healthy way and she stopped running away from placement.

## Theme 2: Building Trust and Rapport

*"I think it's until you have rapport, established with the youth, you're not going to get anywhere. So, it takes time and you have to be patient... you have to work at it and be patient and persistent, to earn their trust...they don't trust you from the beginning."*

- Jamie (participant)

Throughout the interviews, the importance of building trust and rapport was a predominant theme. Building trust and rapport with the youth was described by social workers as a determining factor of whether social workers would be successful in working to stabilize youth at risk of DMST. The study's participants reported trust and rapport as the foundation for working with this population. Although the process of building trust and rapport takes time, the participants expressed it would be difficult, and nearly impossible, to assist the youth without trust and rapport. Once a service provider builds trust, they are able to better support the youth.

According to the participants, building trust and rapport is no easy task. Several participants expressed that establishing trust and rapport was one of the barriers with some of their clients. Karina described the process of building trust as one of the most challenging aspects of working with this population because of their predisposition to be mistrusting of service providers, or adults in general:

I think some of the barriers are going to... gaining that trust, breaking through to them that you are there to help them. They have walls up and they don't trust anyone. And I think they don't really allow people to help them ...they don't allow anyone to help them out and get close to them. I think that's one of the barriers so helping them break down that wall so that you can help them.

Establishing trust with youth at risk of DMST can pose as a challenge for several reasons.

One of the reasons building trust can be challenging is due to the youth being guarded. The participants explained that the youth are guarded due to their past experiences. The participants expressed empathy for the youth, acknowledging many of them have a history of abusive relationships that brought them into child welfare. Chelsey stated trust was the key piece in having success with this population, while acknowledging how difficult it might be for the youth to trust a social worker after what they have been through, "I think the trust is the biggest thing in being successful for

stabilizing this population because they've been so mistreated.” Being mindful of where the youth are coming from was vital for the participants in building trust and rapport with their clients. Because of their mindfulness, the participants were able to approach them with empathy and understanding for what the youth had been through.

Another reason this population is guarded is because they fear judgment from the social worker. Jamila explained the challenge of earning the youth’s trust because of the lack of shared experience between the social worker and the youth:

I think they don’t trust you and because they don’t trust you, they (are) often dishonest with information. And I don’t blame them because how do you trust someone who has not, you know, who has not experienced their life struggles?

Because that’s the first thing I always get.

In Jamila’s experience, some youth were not willing to open up because she had not been through the same things. Jamila came from a place of understanding and did not discount why youth in the child welfare system were more guarded.

One of the strategies Raven offered as a way to connect with youth who were guarded was to have a nonjudgmental approach. Raven expressed the importance of approaching the youth with a genuine desire to help because the youth will sense the social worker’s sincerity in wanting to help them:

I think some of it has to do with trust of the person that they're asking for help to.

I think that if they don't feel like you actually can do something, then they won't tell you. But if they feel like you can do something, or that you have a genuine sincerity to help, then they will because they know that you won't just leave them and that you're not casting judgment because a lot of times the trafficker has.

Raven acknowledged this population has experienced judgement and even abandonment from previous relationships, even their trafficker. As service providers strive to build trust

with youth, a nonjudgmental approach and genuine desire to help the youth will go a long way.

Participants described building trust and rapport as a lengthy, yet vital, process in helping stabilize youth at risk of DMST in the child welfare system. Jamie discussed practicing patience and persistence in the process of earning their trust:

I think it's until you have rapport, established with the youth, you're not going to get anywhere. So, it takes time and you have to be patient... you have to work at it and be patient and persistent, to earn their trust...they don't trust you from the beginning. But that's the difference. So, at the beginning I would get cussed out right off the bat, you know, to not saying it never happened down the road, but then it was less frequent and you're able to have a conversation about it.

Jamie shared her experience of this process with several youth. When she would first meet them at a child family team meeting, the youth might cuss her out. Jamie did not take this behavior personally because she knew that over time, their behavior would change once she earned their trust and proved to be trustworthy with the youth. After months of working with them, Jamie saw a shift in behavior in the youth when they saw she was there to help them. At that point, Jamie was able to better support the youth.

Once trust is established, social workers are then able to build rapport with the youth and be a stronger support for the youth. Estella stated, “I mean it really just takes rapport building. Once you are able to build that relationship with that child the rest kinda falls into place... It’s that rapport building.” Jamie described established trust and rapport as the opportunity to have difficult conversations surrounding the youth’s decisions to run away from placement:

So, it was kind of trying to provide... building rapport first was huge cause you have to build that trust first...So just kind of mentoring and giving educational information when I could, like if a youth talked about being out late at night, then



I would talk about would that be a dangerous situation and what could they do to be safer.

Once trust and rapport were built, service providers then could practice harm reduction methods with the youth.

In the case study, building trust and rapport was vital for Charlie's stabilization. With consistency and persistence, several of the social workers were able to build this trust and rapport with Charlie. In her interview, Jamie mentioned Charlie's case study and said, "...just little by little just (we) kept building that trust and then she ended up staying." Jamie attributed part of Charlie stabilizing to the trust and rapport the service providers built with Charlie. Building trust and rapport is a necessary step in providing concrete relational support for youth at risk of DMST.

### Theme 3: Teamwork

*"It took a team."* – Karina (participant)

Another theme that emerged from the interviews was the concept of teamwork. Jordan, one of the study's participants, expressed the importance of working as a team to support a youth struggling, "I think just highlighting that I think being able to have a whole treatment team working with the specific youth... is probably where we want to be at." The participants reported finding more success when working as a team with professionals from both inside and outside of the child welfare agency to stabilize youth at risk of DMST.

An example of working as a team was described by Molly in the form of the multidisciplinary team (MDT) meetings. When asked about strategies to stabilize youth at risk of DMST, Molly discussed MDTs:

It's really hard because this is a very, very unstable population. But I think some of the things that we use, some of the tools we use are meetings like MDTs, a

multidisciplinary team meeting where we bring all the service providers together...These are all the people who can provide all the help and we bring them to one table, and we say, "Hey, this is what they're struggling with. These are the issues. How can we, each of you, each of us support this child or this family?" I think that is a really good intervention in and of itself. Just having the meetings because it allows us to not have to do this, "What could education do to help fix some of the school problems? What could mental health do in that question?" But they're here, they're talking about it. They can come up with the plan and get their things mobilized at the same time we can get ours mobilized. So, I think that has been really powerful in being able to reach and get more services and resources in place in those meetings.

Molly painted a picture of the MDT meetings as a time for service providers to gather and discuss the needs of the youth, along with what each agency can offer the youth.

Molly was not the only participant to mention MDT meetings as a form of support to help stabilize youth. Jamie also shared that the MDT meetings may include school personnel, mental health professionals, substance use counselors, probation, law enforcement, the care provider, the local drop-in center, a representative from the tribe for youth who identify as Native American, a local LGBTQ organization for youth who identify as LGBTQ, support services for youth who live with developmental delays, and the youth's social worker and social work supervisor. Jamie described MDT meetings as a team of professionals who work together to support the youth:

So, we have kind of ...relationships with all of these providers. And so, we'll bring them in depending on what the youth needs. But, the first ones I mentioned and same with probation and sheriff. It depends. Like if something...really wouldn't be relevant, then we wouldn't invite them or keep them as part of a team.

But pretty much the other providers like the health, the mental health, AOD... they come to each of them.

Jamie mentioned each MDT meeting was specially designed for the youth's individual needs. The MDT meetings were further described as the child welfare agency personnel could build relationships with service providers to better meet the needs of the youth.

Charlie's story is an inspiring example of how supporting her took an entire team of committed service providers. Karina described this process of working with other professionals to ensure Charlie was supported on a weekly basis:

It took a team. \_\_\_\_\_, I, and the social worker all worked with her and we would start seeing her... maybe on a weekly or every other week basis kind of thing. We would all communicate, "Hey, I'm going to see her this week and you see her next week." And, you know, keep everybody in touch about what's going on with her. I think that really helped because it was like all of us were tag teaming... and not one person hopefully was getting burned out... and then we would support each other as far as like, you know, "I told her this," and then the next person would be aware and then they would kind of support what I... or back me (up)... or I would back them.

Working as a team allowed for the service providers to carry the workload and provide adequate support to Charlie. This team of support translated into genuine care in Charlie's perspective, as mentioned above, and resulted in her stabilization.

Jamie also attributed the success of stabilizing Charlie to teamwork. When asked what went into the success of Charlie's case, she responded:

It was a ton of support, so I wasn't the only one meeting with her and offering support. We also had (an employee) who, you know, normally by the definition of the job would just be... trying to find kids, but she created a relationship, also. And so, she provided a lot of support and she actually was the one that took her to

\_\_\_\_\_ that day. She transported her and went for the day. I think it's also like the flexibility we have with this unit of being able to do the rewards, being able to take the youth out to eat or to do activities that they normally wouldn't get to do because you get to kind of interact with them in a different way and they like it. So, I think that was big. And then of course the team, like social worker support, the supervisor, so it's just a lot of support on top of all the supports that were in place through the group home...so there was probably at least a person making contact with her... if not daily, but close to daily, somebody was having contact. So, I think that was the big difference of and she told me that...(she) was feeling like we actually care about her. So, I think that went a long way.

Charlie's story is an example of how a team of providers can surround an individual with support, almost daily support, and result in the youth feeling cared about. The intense work of stabilizing a youth at risk of DMST takes a team of service providers who can work together for the well-being of the youth.

#### Theme 4: Harm Reduction

*"It's that whole harm reduction. Let's meet you where you're at... Meeting these kids where they're at and thinking outside of the box."* – Jordan (participant)

The theme of harm reduction arose when social workers were asked about strategies to stabilize youth at risk of DMST. Social workers found it was critical to find creative ways to assist them. Their strategy involved educating the youth with open and honest conversations and meeting youth where they are. Harm reduction falls under relational support as the following harm reduction strategies required an established relationship between the service provider and the youth.

Harm reduction can function like education. Estella went into depth about education as a form of harm reduction, in addition to building rapport:

The most successful is when someone is able to build rapport, be a mentor, and education. Education on STDs, planned parenthood, because those really speak to safety. If they ever been raped because they are exploited and at risk then ways to protect them and help them because a lot of these girls come with STDs and they get scared and they don't know what to do and they have suicidal risk and ideations... so education.

Estella believed open conversations about these issues prepared youth to make informed decisions and to stay safe in the event they were living on the streets.

Like Estella, Jamie also mentioned education as a form of harm reduction. Harm reduction strategies became dependent on what that specific youth needed:

So just kind of mentoring and giving, you know, educational information when I could...And like brainstorming, like that got a lot of harm reduction strategies.

So, it just kind of like the topics that we talked about were kind of guided by whatever was going on with the youth.

Harm reduction in the form of education would be used to match what the youth was going through. For an example, a youth who is currently on the run and is engaged in the sex trade would benefit from education about sexually transmitted infections and birth control. Service providers needed to have a relationship with the youth to know what the youth needs in the form of education.

Other participants emphasized harm reduction as a strategy that must be tailored to the youth's unique experience. For example, Jordan explained, "It's not like a plug-in kind of thing, you know, not all of these services and supports and individuals are going to work for one kid but might not work with another kid." Each individual youth will require different support. Not one intervention will work with each youth; thus, highlighting the importance of the social worker building a relationship with the youth to understand what they need.

Jordan expressed that harm reduction prompts service providers to think innovatively. Jordan found this to be effective in working to stabilize youth at risk of DMST:

I think our biggest things that are happening for us is that harm reduction mentality. You know, what you would do with any 16-year-old might not be what we're doing with this 16-year-old who is CSEC and who is struggling with all these different things...it's being able to think outside the box. And it's been a whole paradigm shift when it comes to me being introduced...it's definitely been a shift...being able to say, "yeah, let's do this. It might not work but let's do this." And we've seen that a lot.

Meeting youth where they are at has proved to be most vital for this population than forcing unrealistic expectations on youth when they are not ready for the goals the service provider might have in mind for the youth.

The participants explained that sometimes harm reduction meant meeting youth where they are at included being available while they are on the run. Meeting the youth's basic needs led to building trust with the service provider where Jamie stated:

There's other case examples like the one youth that was constantly on the run and never made contact. And then I wasn't as much a part of that case, but, you could talk to (an employee at the agency) and social worker because, she got to the point where, so we were really focusing on harm reduction to where she would call for food and she would call to go to the doctor. And so, they got all these basic needs started to be met and then trust started being built from that. And we had discussions about placement, like she didn't end up coming into placement, but she did end up letting (an employee at the agency) know where she was staying and let her go to the house, which was huge. So, we at least knew she was safe. So, we still counted that as a success.

In this example, harm reduction meant meeting the youth's basic needs first instead of coercing the youth to start services they are not physically or mentally prepared for.

The first step in stabilizing the youth using the harm reduction strategy was to ensure their safety and all of their basic needs are met. Jordan explained:

And it's like, this youth wasn't there... a lot of that harm reduction went into it.

Let's meet her where she's at. You know, you don't have to go to school. What do you want to do today? Basically, what are, what is going to be able to keep you in placement? We're not going to throw all these services at you expecting you to somehow have a change in mindset.

Once youth have food and feel safe, they are better able to build trust with the service provider and be open to receiving relational support. Harm reduction best begins with first ensuring the youth's basic needs are being met.

Harm reduction also surfaced in the form of the service providers' availability to the youth when they were ready for change. Several of the participants mentioned the stages of change and meeting the youth in whatever stage they were in at the time. Understanding which stage of change the youth was in required a level of trust between the social worker and the youth. Flexibility and realistic expectations of the youth on the part of the service providers allowed for honest conversations with the youth. Once honest conversations with the youth could take place, they then could utilize harm reduction strategies.

Molly provided one example of harm reduction as texting the youth while they were on the run to ensure they were safe. Instead of trying to force the youth to return, she expressed genuine care and concern for the youth by reaching out whenever her clients were on the run:

If I had their cell or their number, I would call or text them to see if they would respond. If they want. I wouldn't necessarily reach out with, "Where are you?" I'd

more so reach out with "Hey, I know you're on the run. Please let me know... check in with me. I want you to be safe. Let me know if you need something. If you're ready to come back, let me know and we'll...work it out." Depending on the youth, I would say it differently. But I'd reach out in that way and some would respond, some would not, but some then would later respond within a week or two maybe with, "Thanks for checking in. I can't, or I won't tell you where I am, but you know, I am safe, I am alive," kind of deal. So that way I wanted to make sure that communication was always open if it was there. That way they could reach out and trust me with like, "Hey, I need help here. I'm here, I'm ready to be picked up, come get me," which numerous youths have done.

This form of harm reduction aided in Molly's ability to build trust and rapport with the youth. Reaching out to the youth while they were on the run was reported to be an effective strategy to move youth towards future stability of placement because it was an investment in the ongoing effort to build trust and rapport with the youth.

The social workers utilized harm reduction with Charlie's case and found success as defined by her stabilizing in placement. Charlie displayed chronic runaway behavior, so the team of social workers used an incentive to stabilize her. This incentive was utilized as a form of harm reduction employing a realistic, motivating, and achievable goal that was important to Charlie. Instead of commanding Charlie to never run away which was an unrealistic expectation, the team set a reasonable goal with an incentive as a reward, which successfully stabilized her. Charlie's case is an excellent example of how harm reduction was used to stabilize a youth.

### Conclusion

The four themes that emerged from the interviews and the case study encompassed the umbrella concept of relational support. The subsequent themes of (1)



Need for Love, Belonging, and Acceptance, (2) Trust and Rapport, (3) Teamwork, and (4) Harm Reduction boil down to this concept of relational support. Each of these strategies were employed in the case study example to stabilize Charlie. Each of the strategies can be used in conjunction with each other. The significance of these findings emphasizes a relational approach to stabilizing youth in order to prevent DMST. The interventions rooted in relational support were found to be effective in stabilizing youth at risk of DMST in the child welfare system.

## CHAPTER 5: DISCUSSION

Human trafficking is known to be a relational crime (Godsoe, 2017). Traffickers often build relationships with their victims and use coercion to manipulate them (Godsoe, 2017). This study examined strategies that combat human trafficking to also be relational in nature. The purpose of this study was to investigate effective strategies for stabilizing youth at risk of DMST in the child welfare system with the goal of preventing exploitation of this already vulnerable population. The results of this study found inventive solutions that stabilized youth at risk of DMST. The findings further highlighted the importance of relational support to working with youth in the child welfare system and preventing DMST. A summary of significant findings, the implications of this study for the social work profession, the strengths and limitations of the study, and recommendations for future research will be discussed.

### Significant Findings

The findings of this study offer practical strategies for working to stabilize youth at risk of DMST in the child welfare system. Each of the themes stemmed from the predominant concept of relational support as an effective approach to stabilize youth. The specific strategies presented in the case study included acknowledging the youth's need for love, belonging, and acceptance, building trust and rapport, teamwork such as the MDT meetings, and harm reduction such as using education and incentives. There is a dearth of literature in the area of practical strategies to stabilize youth in the child welfare system. Thus, these findings make a unique contribution of specific innovative strategies from a relationship-centered approach currently unavailable in the literature.

One of the themes that emerged from this study spotlighted the greatest need of youth that places them at risk of DMST: the youth's need for love, belonging, and acceptance. Service providers indicated this as the single most important need of the

youth. The literature discussed risk factors as specific behaviors for identification of youth at risk or victimized by DMST. The primary risk factor discovered by this study, a deeper need for love, belonging, and acceptance, led to developing an approach to stabilize this population. This is accomplished by acknowledging this deep need through the provision of relational support. Due to their unstable family dynamics and history, their need creates a heightened risk for DMST, which in turn, catalyzes the urgency for service providers to initiate relational support for these individuals.

The findings of the current study are consistent with the literature regarding the importance of relationships. Moreover, this study offers practical strategies of how to apply relational support as an approach for service providers who work with youth at risk of DMST. Clark et al. (2017) emphasized the importance for service providers to assist youth in the child welfare system to establish a support system. Crosland et al. (2018) identified the reason youth run away from placement was to access their support systems. Practical strategies for creating a support system of service providers as a team who work directly with the youth are offered. When service providers target the youth's basic need for love, belonging, and acceptance and work through direct relational support, the youth's compulsion to run away from placement and engage in risky behavior is addressed.

The findings of this study support the precursor for service providers to build trust and rapport through a nonjudgmental approach as a critical foundation in stabilizing youth. Youth are in desperate need to relate with individuals who are willing and able to take the time to listen with patience and genuine care. Building trust and rapport requires extensive time and dogged persistence, which is an essential step in relational support to prevent DMST of youth in the child welfare system.

Once trust and rapport are built, service providers can use additional strategies that include utilizing teamwork to support a youth at risk of DMST along with harm

reduction techniques. An example of excellent teamwork within the team of child welfare agency professionals was provided in the case study, which emphasized teamwork within the child welfare agency staff to provide adequate support to stabilize the youth.

Collaboration within the agency is the first necessary step to form the team that will allow the youth to feel supported by the child welfare system. One strategy to ignite teamwork is to use the MDT meeting format. The MDT meetings are consistent with the literature highlighting multi-agency collaborations (Goldblatt Grace, 2007; McMillion, 2014). Teamwork strategies used in the current study involved collaboration within the child welfare agency along with collaboration between professionals from outside agencies. The youth attend the MDT meetings and actively participate in the conversation surrounding their perception of their problems. The MDT meetings often involved meeting the youth where they are in their readiness for change and initiating harm reduction methods.

Harm reduction methods include education, incentives, and being available for the youth when they are on the run. The underlying leitmotif of harm reduction is the intentionality of meeting the youth where they are and assessing their readiness for change. Researchers have urged service providers to provide space for youth to actively participate in the decisions that impact the youth, such as assisting in choosing interventions (Bordonaro and Payne, 2012; Crosland et al., 2017). The study provides a concrete example of how to involve the youth in the creation of their intervention plan where the service providers described using incentives within the context of the MDT meetings. This process is similar to the BASP programs provided in the study conducted by Clark et al. (2008) where youth determined their problematic behaviors, the consequence, and the best way to create new habits. The incentives were found to be successful in Charlie's stabilization. Harm reduction is a form of relational support because in order to know where the youth reside in their readiness for change, the service

providers must have a pre-existing relationship with the youth. The current study findings emphasize involvement of the youth in the process of creating an intervention plan. These findings were grounded in the concept of self-determination through relational support. When a youth develops a sense of agency, they are more likely to participate in the pursuit of the goals they created for themselves.

#### Conceptual Framework within Current Study Findings

Structural Social Work Theory and Critical Theory shape the way service providers perceive youth in the child welfare system who are at risk of or who have been victimized by DMST. The perception of the social worker of the youth directly impacts their ability to build trust and rapport. These individuals are often not only victims of child abuse and neglect, but many of them experience poverty, racism, sexism, and other forms of discrimination and oppression. As such, youth in the child welfare system experience intersectionality. Intersectionality further perpetuates the youth's need for love, belonging, and acceptance where discrimination as a form of rejection, may often occur. Because of prejudice and bigotry that youth may experience, they are in dire need of relational support where they are seen, heard, and valued for who they are. When youth enter the child welfare system, their behaviors are often an effort to get their needs met, albeit dysfunctional means. For an example, a youth might join a gang to meet their need for belonging. Thus, it is imperative that service providers understand the underlying needs of their behaviors as ineffective attempts to meet their own needs. It is important that service providers in child welfare remain mindful of the structural factors that deprive youth of their physical and emotional needs.

The current study suggests relational support is effective in working to stabilize youth in the child welfare system. When service providers utilize Structural Social Work Theory and Critical Theory, they see the youth as resilient human beings as opposed to

the narrative that society has created regarding the youth as defiant and disposable. The societal perception of youth as criminals and immoral, subjects them to “socially sanctioned structural violence” (Mullaly, 2007, p. 276). DMST is a form of structural violence. The societal perceptions of youth in the child welfare system as disposable contributes to the structural violence the youth continue to experience (Rozas, Ostrander, & Feely, 2018). Use of Critical Theory can catalyze a perceptual shift for social workers and influence how they choose to interact with the youth. When service providers are on the same page in how they perceive DMST, they are better able to work together as a team. The two theories can also inspire advocacy for trauma-informed policy related to youth victimized by DMST.

#### Implications for Social Work Practice

The implications of this study for social work practice is the emphasis on human relationships in working with individuals and honoring where they reside in their readiness for change. Genuine relational support is at the core of social work practice. In the National Association of Social Workers (NASW) Code of Ethics, one of the principles is, “Social workers recognize the central importance of human relationships” (NASW, 2017, p. 1). The social work practice, at both the micro and macro level, must be in-line with this principle. The NASW Code of Ethics also encourages social workers to challenge injustice while respecting “the inherent dignity and worth of the person” along with the self-determination of the client (NASW, 2017, p. 1). When policies do not support the foundational ethics that guide the social work profession, social workers are urged to advocate for those they serve. Structural Social Work Theory and Theory of Critical Consciousness can be used to challenge oppressive systems that create barriers for clients. This section will highlight the implications of the current study in the areas of direct practice and policy.

### Implications for Direct Practice

The implications of the current study for direct practice highlight the importance of relational support to stabilize youth. In order for interventions to successfully stabilize youth, there must be a relational aspect to supporting the youth. To take this a step further, social workers should consider challenging their own perceptions of the youth by applying the Theory of Critical Consciousness to better understand the intersectionality that the youth may experience. This shift in consciousness can encourage social workers to develop greater compassion for the youth and shift away from blaming the individual. The current findings urge relational support for the youth that is carried out through teamwork.

The findings emphasize the necessity of teamwork in providing stability and enacting support for vulnerable populations. This work cannot be done successfully by one social worker alone; it must be done by a team. This requires agencies to receive funding to create and facilitate MDT meetings. Each child welfare agency needs funding for a staff person whose task is to coordinate MDT meetings. With increased funding for child welfare agencies, social workers will be better equipped to build relational support for youth at risk of DMST in the child welfare system.

### Implications for Policy

These findings demonstrate the importance of providing social workers with needed time to invest in their clients and provide the relational support the individual requires to be successful. The current structures were created with cultural ideologies that are infused with unjust and inequitable narratives that unfortunately perpetuate oppression of this population. The Theory of Critical Consciousness can inform policy and raise awareness of how the population at risk of DMST is perceived. Rozas, Ostrander, and Feely (2018) encouraged social workers to use the Theory of Critical Consciousness to shift the negative perceptions of this population from blaming the

individual to recognizing intersectionality of their needs. Both the Structural Social Work Theory and the Theory of Critical Consciousness can also be used to inform policy.

Policy recommendations include restructuring how the court system treats youth and increasing funding for victims of DMST. It is evident in the current juvenile court that youth in the child welfare system are blamed at the micro level on an individual level. At times, court systems have not allowed youth to return home to their family because of the youth's behavior. These decisions made by the criminal justice system are implicitly infused by the dominant cultural narrative that individuals are to blame for their situations. The current study revealed that the greatest need for a youth is for love, belonging, and acceptance. When a youth in the child welfare system displays risky behavior, such behaviors signify that their basic needs are not being met. When a youth runs away from placement, this is often a sign they need to access their positive support systems and a need is not being met. In an attempt to hold youth accountable, the current juvenile justice system punishes youth for behavior they are exerting to meet their own needs in the only way they know how. The juvenile justice system needs to reexamine how and why they hold youth accountable and instead provide relational support as opposed to punishing youth.

An increase in funding for child welfare services is warranted so more social workers can be hired and carry smaller caseloads as to have more time to develop the vital relational support much needed by their clients. Social workers in child welfare, specifically, need smaller caseloads because nearly all of the children being served by the child welfare system are at risk of DMST by their involvement with the system. Individuals who do not receive early intervention may grow up to have mental health challenges related to trauma that perpetuate the cycle of abuse and neglect. Investing in social workers within the child welfare system is a needed and compassionate investment in future generations of children and in the prevention of abuse and neglect.



### Strengths and Limitations of the Study

This study has both strengths and limitations. One strength includes uncovering a case study that exemplified successful strategies used to stabilize a youth who displayed chronic runaway behavior as an identified victim of DMST in the child welfare system. Another strength included gathering the practical experience and practice wisdom of the study's social workers who had direct experience in working with both youth at risk of DMST as well as identified victims of DMST in the child welfare system. Lastly, as a strength of this study, the qualitative methodology used in this study allowed for an in-depth description of the case study and to gain the perspective of social workers who work with this population daily.

This study was originally structured to be a mixed methods study. However, there were barriers in feasibility for collecting quantitative data for effective interventions to stabilize youth. Since the CSEC Program is fairly new in California, child welfare agencies are in the early stages of testing interventions to prevent and address DMST of youth in the foster care system. Agencies are now prioritizing tracking outcomes of youth prior to tracking what specific interventions were used to achieve reported outcomes. Due to the current lack of data regarding effective interventions, one limitation of this study is the inability in acquiring quantitative data to identify and evaluate interventions in stabilizing a large number of youths. Due to the small sample size of a case study that limits the applicability, the findings of the current study are not generalizable. The case study may be a maximum variation case or a typical case, but this is not known at this time due to limited information. The long-term impact of the strategies cannot be studied at this time, because the case study has been stable for 3 months at present.

### Recommendations for Future Research

The recommendations for future research include a quantitative study on the effectiveness of specific interventions to stabilize youth at risk of DMST in the child

welfare system. The literature is lacking quantitative evidence-based interventions that reduce run-away behavior and increase stabilization for youth at risk of DMST. This information would potentially be used to guide the practice of service providers when there is a youth with chronic run-away behavior who is at risk of DMST. It is recommended that future research increase the sample size and a longitudinal study of a youth who has stabilized and the outcomes of the individual once they age out of the child welfare system. Ideally, the youth would build a social support system during their time in child welfare that would remain intact once the youth ages out of the system. Meanwhile, service providers need more concrete interventions to use with this population. This case study provides a starting point in how to best work with the youth at risk for DMST and recognizes that there are more interventions to be specifically tested with this population.

Further recommendations include conducting a qualitative study utilizing interviews and focus groups with the youth themselves or adults who have aged out of the child welfare system. It is important to elevate the voices of the survivors who have lived experiences as they know firsthand what youth in the child welfare system need to survive and thrive. Interviews with adults who have a history in the child welfare system as survivors of DMST may allow for a retrospective stance on what could have helped them when they were in the child welfare system.

### Conclusion

This study contributes much-needed practical strategies for stabilizing youth at risk of DMST in the child welfare system. The importance of human relationships is a foundational principal of the NASW code of ethics. Relational support in the form of unconditional acceptance, building trust and rapport, using a team approach, and utilizing harm reduction were strategies used by current social workers to stabilize youth at risk of

DMST. These strategies were found to be successful in Charlie's case. The findings also revealed the need for additional funding for child welfare services to hire more social workers to reduce the caseloads so that social workers can successfully build relational support with the youth from a team of service providers whose goal is to prevent DMST. These findings also pose a challenge to service providers to employ the Structural Social Work Theory and the Theory of Critical Consciousness to develop greater compassion for the youth that they serve at a micro level and advocate for them at the macro level.

## REFERENCES

## REFERENCES

- Adoption and Safe Families Act, Publ. L. No. 105-89, 111 Stat. 2116 (1997).  
<https://www.congress.gov/105/plaws/publ89/PLAW-105publ89.pdf>
- Barnert, E., Iqbal, Z., Bruce, J., Anoshiravani, A., Kolhatkar, G., & Greenbaum, J. (2017). Commercial sexual exploitation and sex trafficking of children and adolescents: A narrative review. *Academic Pediatrics*, 17(8), 825-829. doi: 10.1016/j.acap.2017.07.009
- Bordonaro, L., & Payne, R. (2012). Ambiguous agency: Critical perspectives on social interventions with children and youth in Africa. *Children's Geographies*, 10(4), 365–372. doi: 10.1080/14733285.2012.726065
- Boxill, N., & Richardson, D. (2007). Ending sex trafficking of children in Atlanta. *Affilia*, 22, 138–149. doi: 10.1177/0886109907299054
- Briere, J., & Scott, C., and Jones, J. (2015). *Principles of trauma therapy: A guide to symptoms, evaluation, and treatment*. Thousand Oaks, CA.: Sage Publications.
- Brittle, K. (2008). Child abuse by another name: Why the child welfare system is the best mechanism in place to address the problem of juvenile prostitution. *Hofstra Law Review*, 36, 1339–1375.
- California Department of Social Services [CDSS]. (2017). *Commercially sexually exploited children program: 2017 report to the legislature*. Retrieved from [http://www.cdss.ca.gov/Portals/9/Leg/CSEC\\_Prog\\_Leg\\_Report\\_201710.pdf?ver=2017-10-24-171229-310](http://www.cdss.ca.gov/Portals/9/Leg/CSEC_Prog_Leg_Report_201710.pdf?ver=2017-10-24-171229-310)
- California Department of Social Services [CDSS]. (2020). *Short-term residential therapeutic program*. Retrieved from <https://www.cdss.ca.gov/inforesources/continuum-of-care-reform/short-term-residential-therapeutic-program>
- Carneiro, P. M., & Heckman, J. J. (2003). *Human capital policy*. Retrieved from [http://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=434544](http://papers.ssrn.com/sol3/papers.cfm?abstract_id=434544)
- Clark, H. B., Crosland, K. A., Geller, D., Cripe, M., Kenney, T., Neff, B., & Dunlap, G. (2008). A functional approach to reducing runaway behavior and stabilizing placements for adolescents in foster care. *Research on Social Work Practice*, 18(5), 429-441. doi: 10.1177/1049731508314265
- Clawson, H. J., & Goldblatt Grace, L. (2007). Finding a path to recovery: Residential facilities for minor victims of domestic sex trafficking. Retrieved from <http://digitalcommons.unl.edu/humantraffdata/10>

- Countryman-Roswurm, K., & Bolin, B. (2014). Domestic minor sex trafficking: Assessing and reducing risk. *Child & Adolescent Social Work Journal*, 31(6), 521-538. doi: 10.1007/s10560-014-0336-6
- Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Creswell, J. W. (2016). *Qualitative inquiry and research design: Choosing among five approaches*. Thousand Oaks, CA: Sage.
- Crosland, Joseph, Slattery, Hodges, & Dunlap. (2018). Why youth run: Assessing run function to stabilize foster care placement. *Children and Youth Services Review*, 85, 35-42. doi: 10.1016/j.chilyouth.2017.12.002
- Dank, M., Yahner, J., Madden, K., Bañuelos, I., Yu, L., Ritachie, A., Mora, M., & Conner, B. (2015). *Surviving the streets of New York: Experiences of LGBTQ youth, YMSM, and YWSW engaged in survival sex*. Urban Institute. <https://scholarship.law.wm.edu/facpubs>
- Dube, S. R., Anda, R. F., Felitti, V. J., Chapman, D. P., Williamson, D. F., & Giles, W. H. (2001). Childhood abuse, household dysfunction and the risk of attempted suicide throughout the life span: Findings from adverse childhood experiences study. *Journal of the American Medical Association*, 286(24), 3126-3127. doi:10.1001/jama.286.24.3089
- Edinburgh, L., Pape-Blabolil, J., Harpin, S. B., & Saewyc, E. (2015). Assessing exploitation experiences of girls and boys seen at a child advocacy center. *Child Abuse & Neglect*, 46, 47-59. doi:10.1016/j.chiabu.2015.04.016
- English, A. (2017). Mandatory reporting of human trafficking: Potential benefits and risks of harm. *American Medical Association Journal of Ethics*, 17, 54-62. doi: 10.1001/journalofethics.2017.19.1.pfor1-1701
- Estes, R. J., & Weiner, N. A. (2001). *The commercial sexual exploitation of children in the US, Canada and Mexico*. Philadelphia: University of Pennsylvania, School of Social Work, Center for the Study of Youth Policy.
- Flowers, R. B. (2001). The sex trade industry's worldwide exploitation of children. *The ANNALS of the American Academy of Political and Social Science*, 575(1), 147-157. doi:10.1177/000271620157500109
- Fong, R., & Cardoso, J. B. (2010). Child human trafficking victims: Challenges for the child welfare system. *Evaluation and Program Planning*, 33, 311-316. doi:10.1016/j.evalprogplan.2009.06.018
- Freire, P. (1979). *Pedagogía del oprimido [The Pedagogy of the Oppressed]*. Madrid: Siglo XXI.

- Freshwater, K., Leach, C., & Aldridge, J. (2001). Personal constructs, childhood sexual abuse and revictimization. *British Journal of Medical Psychology*, 74(3), 379–397.
- Friedman, S. A. (2005). Who is there to help us? How the system fails sexually exploited girls in the U.S. Retrieved from <http://ecpatusa.org/wp-content/uploads/2010/11/Who-Is-There-to-Help-Us.3.pdf>
- Gajic-Veljanoski, O., & Stewart, D. E. (2007). Women trafficked into prostitution: Determinants, human rights and health needs. *Trans-cultural Psychiatry*, 44, 338–358. doi:10.1177/1363461507081635
- Girls Education and Mentoring Services [GEMS]. (2008). Girls education and mentoring services. Retrieved from <http://www.gems-girls.org/index.html>
- Global Modern Slavery Directory. (n.d). Retrieved from <https://www.globalmodernslavery.org>
- Godsoe, C. (2017). Redrawing the Boundaries of Relational Crime. *Alabama Law Review*, 69, 169.
- Gragg, F., Petta, I., Bernstein, H., Eisen, K., & Quinn, L. (2007). New York prevalence study of commercially sexually exploited children. *Rensselaer, NY: New York State Office of Children and Family Services*.
- Greene, J., Ennett, S., & Ringwalt, C. (1999). Prevalence and correlates of survival sex among runaway and homeless youth. *American Journal of Public Health*, 89(9), 1406-9.
- Hardy, V. L., Compton, K. D., & McPhatter, V. S. (2013). Domestic minor sex trafficking: Practice implications for mental health professionals. *Affilia*, 28(1), 8-18.
- Hodge, D. R. (2008). Sexual trafficking in the United States: A domestic problem with transnational dimensions. *Social Work*, 53, 143–152. doi:10.1093/sw/53.2.143
- International Labour Organization. (2017). *Global estimates of modern slavery: Forced labour and forced marriage*. [https://www.ilo.org/global/publications/books/WCMS\\_575479/lang--en/index.htm](https://www.ilo.org/global/publications/books/WCMS_575479/lang--en/index.htm)
- Johnson, C. F. (2004). Child sexual abuse. *Lancet*, 364(9432), 462–470.
- Johnson, L., Sapiro, B., Buttner, C., & Postmus, J. L. (2018). Ambiguous agency as a diagnostic of power: Efforts of child welfare providers to promote responsible agency among youth involved in sex trades. *Journal of Aggression, Maltreatment & Trauma*, 27(6), 577–597. doi:10.1080/10926771.2018.1468375

- Knight, S. (2002). Children abused through prostitution. *Emergency Nurse*, 10, 27–30. doi:10.7748/en2002.07.10.4.27.c1069
- Kotrla, K. (2010). Domestic minor sex trafficking in the United States. *Social Work*, 55, 181–187. doi:10.1093/sw/55.2.181
- Lev-Wiesel, R. (2008). Child sexual abuse: A critical review of intervention and treatment modalities. *Children and Youth Services Review*, 30(6), 665–673.
- Lutnick, A. (2016). *Domestic minor sex trafficking: Beyond victims and villains*. New York, NY: Columbia University Press.
- Manio, K. L. (2015) *Best practice interventions for domestic minor sex trafficking: A survivor's perspective*. [Unpublished master's thesis.] California State University, San Bernardino.
- Maslow, A., & Lewis, K. J. (1987). Maslow's hierarchy of needs. *Salenger Incorporated*, 14, 987.
- McClain, N. M., & Garrity, S. E. (2011). Sex trafficking and the exploitation of adolescents. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 40, 243–252. doi:10.1111/j.1552-6909.2011.01221.x
- Mcmillion, R. (2014). Answering the alarm: Encouraged by congressional efforts, the ABA addresses the impact of sex trafficking on foster youths. *American Bar Association Journal*, 100(8), 66–67.
- Morse, M. (2014). *Gateways to human sex trafficking in the Central Valley* (Master's thesis). Available from <https://core.ac.uk/download/pdf/48504359.pdf>
- Mullaly, B. (2007). *The new structural social work*. Oxford University Press.
- Multisystem Treatment Services. (2007). MST services: Executive summary. Retrieved March 17, 2019 from [http://www.mstservices.com/contact\\_us.php](http://www.mstservices.com/contact_us.php).
- Murphy, L. (2017). Labor and sex trafficking among homeless youth: A ten city study. Retrieved from <https://oag.ca.gov/sites/all/files/agweb/pdfs/ht/murphy-labor-sex-trafficking-homeless-youth.pdf>
- National Association of Social Workers [NASW]. (2017). *NASW Code of Ethics*. Retrieved from <https://www.socialworkers.org/About/Ethics/Code-of-Ethics>
- National Center for Missing and Exploited Children (NCMEC). (2019). Child Sex Trafficking. Retrieved from <http://www.missingkids.com/theissues/trafficking>



- National Clearinghouse on Families & Youth. (2005). *Domestic human trafficking of children and youth: Initial findings brief*. Retrieved from [http://www.jbsinternational.com/pdf/port\\_reports\\_5-trafficking.pdf](http://www.jbsinternational.com/pdf/port_reports_5-trafficking.pdf)
- Newcombe, A. (2015). An Advocate's Guide to Protecting Trafficking Victims in the Child Welfare System. *ABA Child Law Practice*, 34. Retrieved from <https://kids-alliance.org/wp-content/uploads/2016/09/AnAdvocatesGuidetoProtectingTraffickingVictims.pdf>
- Nola Brantley Speaks. (2019) The Empowerment Project. Retrieved from <http://www.nolabrantleyspeaks.org/the-empowerment-project.html>
- O'Brien, J., White, K., & Rizo, C. (2017). Domestic minor sex trafficking among child welfare-involved youth: An exploratory study of correlates. *Child Maltreatment*, 22(3), 265-274. doi: 10.1177/1077559517709995
- O'Brien, J. E. (2018). "Sometimes, Somebody Just Needs Somebody – Anybody – to Care:" The power of interpersonal relationships in the lives of domestic minor sex trafficking survivors. *Child Abuse & Neglect*, 81, 1–11. doi:10.1016/j.chiabu.2018.04.010
- Payne, M. (2016). *Modern social work theory*. Oxford University Press.
- Petrak, J. A., & Campbell, E. A. (1999). Posttraumatic stress disorder in female survivors of rape attending a genitourinary medicine clinic: A pilot study. *International Journal of Stress Disorder Aids*, 10(8), 531–535.
- Plant, M., & Miller, P. (2004). Childhood and adult sexual abuse: Relationships with alcohol and other psychoactive drug use. *Child Abuse Review*, 13(3), 200–214. doi:10.1002/car.845
- Polaris Project (2015). Human trafficking brief: Safe harbor [PDF]. Retrieved from <https://polarisproject.org/sites/default/files/2015%20Safe%20Harbor%20Issue%20Brief.pdf>
- Preventing Sex Trafficking and Strengthening Families Act, Publ. L. No. 113-183, 128 Stat. 1919 (2014). <https://www.congress.gov/113/plaws/publ183/PLAW-113publ183.pdf>
- Rand, A. (2009). It can't happen in my backyard: The commercial sexual exploitation of girls in the United States. *Child and Youth Services*, 31, 138–156. doi:10.1080/0145935X.2009.524480
- Raymond, J. G., & Hughes, D. M. (2001). *Sex trafficking of women in the United States: International and domestic trends*. U.S. Department of Justice. Retrieved from <http://www.ncjrs.gov/pdffiles1/nij/grants/187774.pdf>

- Rozas, L. W., Ostrander, J., & Feely, M. (2018). Inequalities in US child protection: The case of sex trafficked youth. *Social Sciences*, 7(8), 135.
- Sapiro, B., Johnson, L., Postmus, J. L., & Simmel, C. (2016). Supporting youth involved in domestic minor sex trafficking: Divergent perspectives on youth agency. *Child Abuse & Neglect*, 58, 99–110. doi: 10.1016/j.chiabu.2016.06.019
- Sherman, F. T. (2011). Justice for girls: Are we making progress. *UCLA Law Rev.*, 59, 1584.
- Smith, K. (2018). *Risk factors and recruitment methods that contribute to the commercial sexual exploitation of children*. [master's thesis.] California State University, Fresno.
- Smith, L., & Vardaman, S. (2010). A legislative framework for combating domestic minor sex trafficking. *Regent University Law Review*, 23(2), 265–296.
- Spear, D. L. (2004). Human trafficking: A health care perspective. *Association of Women's Health Obstetric and Neonatal Nurses Lifelines*, 8, 314–321. doi:10.1177/1091592304269632
- Stoutimore, M. R., Williams, C. E., Neff, B., & Foster, M. (2008). The florida child welfare behavior analysis services program. *Journal of Research on Social Work Practice*, 18, 367-376.
- Trafficking Victims Protection Act [TVPA], Publ. L. No. 106-386, 114 Stat. 1464 (2000). <https://www.govinfo.gov/content/pkg/PLAW-106publ386/pdf/PLAW-106publ386.pdf>
- United Nations (1989). Convention of the rights of the child. Retrieved from <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>
- U.S. Congress (2014). H.R. 4058: Preventing Sex Trafficking and Improving Opportunities for Youth in Foster Care Act. Retrieved from: <https://www.congress.gov/bill/113th-congress/house-bill/4058>
- U.S. Congress (2014b). H.R. 4980: Preventing Sex Trafficking and Strengthening Families Act. Retrieved from <https://beta.congress.gov/bill/113th-congress/house-bill/4980>
- U.S. Department of State (2008). Victims of Trafficking and Violence Protection Act of 2000. Retrieved from <http://www.state.gov/j/tip/laws/61124.htm>
- U.S. Department of State (2018). 2018 Trafficking in Persons Report. Retrieved from <https://www.state.gov/reports/2018-trafficking-in-persons-report/>

- U.S. Department of State (2019). Trafficking in Persons Report June 2019. Retrieved from <https://www.state.gov/wp-content/uploads/2019/06/2019-Trafficking-in-Persons-Report.pdf>
- Varma, S., Gillespie, S., Mccracken, C., & Greenbaum, V.J. (2015). Characteristics of child commercial sexual exploitation and sex trafficking victims presenting for medical care in the United States. *Child Abuse & Neglect*, 44, 98-105. doi: 10.1016/j.chiabu.2015.04.004
- Walker, K. (2017). Commercial Sexual Exploitation: The Intersection with Child Welfare. Retrieved from <https://www.chhs.ca.gov/wp-content/uploads/2017/06/Committees/California-Child-Welfare-Council/Council-Information-Reports/CSEC-Fact-Sheet-4.pdf>
- WestCoast Children's Clinic. (2015). Matrix of Screening Tools to Identify Commercially Sexually Exploited Children. Retrieved from <https://www.cwda.org/sites/main/files/file-attachments/wcc-matrix.pdf>
- WestCoast Children's Clinic. (2017). The Commercial Sexual Exploitation – Identification Tool (CSE-IT). Retrieved from [https://www.westcoastcc.org/wp-content/uploads/2018/01/WestCoast-CSE-IT-overview\\_1.22.18.pdf](https://www.westcoastcc.org/wp-content/uploads/2018/01/WestCoast-CSE-IT-overview_1.22.18.pdf)
- Williams, R. (2017). Safe harbor: State efforts to combat child trafficking [pdf]. Retrieved from [https://www.ncsl.org/Portals/1/Documents/cj/SafeHarbor\\_v06.pdf](https://www.ncsl.org/Portals/1/Documents/cj/SafeHarbor_v06.pdf)
- Yampolskaya, S., Sharrock, P., Armstrong, M. I., Strozier, A., & Swanke, J. (2014). Profile of children placed in out-of-home care: Association with permanency outcomes. *Children and Youth Services Review*, 36, 195–200. doi:10.1016/j.childyouth.2013.11.018

## APPENDICES

## APPENDIX A: SEMI-STRUCTURED INTERVIEW GUIDE

### Demographic Questions

1. Gender
2. Age
3. Job title
4. Education
5. Years of experience working with youth at risk of CSEC (Commercial Sexual Exploitation of Children)

### Interview Questions

1. In your opinion, please describe the term CSEC.
2. Can you describe your personal or professional experience in working with youth at risk of CSEC/DMST?
3. In your opinion, what are the reasons that youth at risk of CSEC run away from placement?
4. Could you describe some of the needs of this population that put them at risk for CSEC?
5. In your opinion, what resources are needed to prevent youth from running away?
6. In your opinion, what have been some of the interventions that have been most successful for stabilizing this population?  
  
Probe: Could you describe the interventions your agency uses once a youth is identified as at risk of CSEC?
7. In your opinion, what are some of the barriers in working with this population?
8. In your opinion, what services are needed to effectively serve youth at risk of CSEC?

9. Please describe any additional thoughts or recommendations for stabilizing youth at risk of CSEC?

## APPENDIX B: PARTICIPANT CONSENT FORM



### **Consent Form**

I \_\_\_\_\_, have been asked to participate in a research study under the primary direction of Sarah Carr, first year MSW student, whose phone number is [REDACTED]

#### **Purpose:**

As a participant, I understand that the purpose of this study is to identify and examine presenting factors that place foster youth at risk for domestic minor sex trafficking (DMST). During the interview process, the terms DMST and Commercial Sexual Exploitation of Children (CSEC) will be used interchangeably. In addition, this study aims to recognize interventions that are beneficial to stabilizing youth in the child welfare system, and how agencies can prevent youth from running away.

#### **Duration and Location:**

I understand that this study will take place at the agency and the interview will take place in a private office. The interview will take approximately 60 minutes of my time.

#### **Procedures:**

I will be asked to answer questions regarding my experience working with youth who have been impacted by DMST. In addition, I have understood the procedure and approved the request of the interviewer to record the interview using their cellphone.

#### **Risks:**

It has been explained to me by the interviewer that some of the questions that will be asked may include details of traumatic experiences. I have understood that my participation and responses are voluntary, and that I may choose to stop the interview at any time.

**Benefits:**

I understand that the benefits of my participation in this study may help researchers collect data that may be beneficial to helping victims of DMST. I also understand that I will not receive direct compensation or benefit for my participation.

**Confidentiality:**

I understand that my identity and personal information will be remain confidential. The content of my participation will be kept in a secure location and will only be given access to the listed researcher. I understand that this study has been approved by my agency of employment and a certificate of confidentiality has been obtained from the agency. I understand that this study has limits of confidentiality; I or the researcher will be obliged to report any new or unreported incidents of child abuse that come up as a result of this study. When the results of this study are published, none of my personal information will be used nor will it be identifiable.

**Rights to Withdraw:**

I understand that my participation in this study is voluntary, and my refusal to take part in it will involve no consequence. I am aware that I am free to withdraw from the study at any time.

If you have any questions now or at a later time, please contact me at

[REDACTED] You can also contact my research supervisor, Dr. Marcus Crawford, at [REDACTED] with any questions or concerns.

You will be given a copy of this form to keep.

**Academic Qualifications**

Principal Investigator: Sarah Carr is a first year Master of Social Work student at California State University, Fresno. She has completed the Human Subjects training. She is a Title IV-E student and is receiving specialized training in child welfare.

Supervising Investigator: Dr. Marcus Crawford has a PhD and master's in social work. He has conducted a myriad of studies on qualitative and quantitative studies. His professional experience includes 17 years in child welfare.

**Signatures**

Signature of Participant

Date

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Signature of Researcher

Date

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APPENDIX C: CITI CERTIFICATION OF PRIMARY  
INVESTIGATOR



Completion Date 23-Feb-2019

Expiration Date 22-Feb-2022

Record ID 30594797

This is to certify that:

**Sarah Carr**

Has completed the following Citi Program course:

**Social & Behavioral Research - Basic/Refresher** (Curriculum Group)

**Social & Behavioral Research** (Course Learner Group)

**1 - Basic Course** (Stage)

Under requirements set by:

**California State University, Fresno**

**CITI**  
Collaborative Institutional Training Initiative

Verify at [www.citiprogram.org/verify/?wcf8cf5ae-2e45-49a4-9afd-26108663e23a-30594797](http://www.citiprogram.org/verify/?wcf8cf5ae-2e45-49a4-9afd-26108663e23a-30594797)

## APPENDIX D: AGENCY LETTER OF SUPPORT

COUNTY  
HEALTH & HUMAN SERVICES AGENCY

Agency Director

• Director • Human Services Branch

March 16, 2020

Human Subjects Review Committee  
Department of Social Work Education  
California State University, Fresno  
Fresno, CA 93740

Review Committee:

This is to inform you that I have reviewed Sarah Carr's study overview and methodology and approve her to do research on *Stabilization of Youth in the Child Welfare System: Prevention for foster youth at risk of Domestic Minor Sex Trafficking*. Ms. Carr will work with Child Welfare Services (CWS) Manager , who will support Ms. Carr in her research. Ms. Carr has my full support to conduct this study as I believe it would add to our understanding on ways to work with youth who are being trafficked.

Don not hesitate to contact me if you have any question at my e-mail,

Sincerely,

Division Manager – Child Welfare Services.

## APPENDIX E: AGENCY PROPOSAL LETTER



*Stabilization of Youth in the Child Welfare System: Prevention for foster youth at risk of Domestic Minor Sex Trafficking*

This project has been approved by the institutional review board within the Department of Social Work at California State University, Fresno.

The members of the research team for this study are from the California State University, Fresno, and include:

**Sarah J. Carr PI**  
Graduate Student, Social Work

[REDACTED]

[REDACTED]

**Dheeshana S. Jayasundara SI**  
Professor, Social Work

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**Marcus Crawford**  
Assistant Professor, Social Work

[REDACTED]

The purpose of this study is to analyze strategies necessary to reduce the risk of domestic minor sex trafficking and stabilize youth in the care of the Department of Social Services. Specifically, we are interested in finding answers to the following questions: What strategies are necessary to reduce the risk of domestic minor sex trafficking? What are the most effective intervention strategies to stabilize and reduce the risk of domestic minor sex trafficking? What support systems are needed to reduce or prevent individuals from running away while in the care of Child Welfare Services?

In order to answer these questions, audio-recorded interviews of social workers will be conducted to address the perception of social workers surrounding the effectiveness of strategies and interventions used for youth at-risk or identified CSEC. The estimated number of interviews to be conducted [REDACTED] Child Welfare is 10. The interviews conducted at [REDACTED] County will be transcribed specifically by the principal investigator and/or a secured third-party transcription company and entered into the data analysis software NVIVO. We are doing this type of data collection with social workers in Child Welfare in order to understand their perceptions, experiences, and stories of what interventions have been successful with youth at-risk of domestic minor sex trafficking. We have approval to conduct this research from the Institutional Review Board at Fresno State University Social Work Department.

Once we have completed our analysis, we will return to [REDACTED] Department of Social Services where we have collected information and report our findings to program managers, supervisors, and social workers. The identities of any individuals who participate in interviews will be kept confidential, and any quotes that we use in our reports will not be able to be linked to any particular individual. All audio-recordings will be destroyed once they have been transcribed into written text for analysis. Only the researchers will have access to these transcripts. The transcripts will be kept on a password-protected computer.

It is our hope that the empirical findings from this study will help social service workers provide support to youth at-risk of domestic minor sex trafficking and strengthen their effectiveness in prevention of sex trafficking among this population.

This form has been reviewed by the Director of Social Services and the Deputy Director of Child Welfare and Adult Services for [REDACTED] Department of Social Services and approval for interviews has been granted.

[REDACTED] 5/29/19  
Date

Director of Social Services

 05/15/19  
Sarah Carr, Date  
Principal Investigator

 5/15/19  
Marcus Crawford, PhD Date

[REDACTED] 5-29-19  
Deputy Director Date

of Child Welfare and Adult Services

 05/05/19  
Dheeshana Jayasundara, PhD Date  
Supervising Investigator