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Experiences of Child Welfare Workers in a Child Sex Trafficking Training

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ABSTRACT

Child welfare workers are serving victims of child sex trafficking (CST) more frequently in their daily interactions, but they are ill-equipped to understand CST as a phenomenon or how to meet the needs of minor victims. Specialized training targeted to teach child welfare workers about various aspects of CST including risk factors, identification of victims, local and state laws about CST, and services for victims exist but are not readily available or consistent. The current study is a qualitative examination of child welfare workers' perspectives on CST training in a Mid-Atlantic state. Focus group participants identified 17 key ideas within four themes about the challenges of working with survivors of child sex trafficking, the strengths and value of training, training improvements and ongoing needs, and missing resources for survivors. Policy implications include further child trafficking training for workers, and more specialized income and housing resources for survivors, toward the United Nations goals of empowering women and girls, and building a more just, peaceful, and inclusive society.

KEYWORDS

Child sex trafficking; commercial sexual exploitation of children; child welfare; training; workforce development

Child sex trafficking (CST) occurs when a minor under the age of 18 is exploited through commercial sex where the sexual act is exchanged for anything of perceived value be it goods, money, safety, etc (Victims of Trafficking and Violence Protection Act, 2000). Awareness around the topic of human trafficking in the United States, including the acknowledgment that children and other minors are particularly vulnerable to trafficking, has been steadily growing for the past couple decades since the passage of the Victims of Trafficking and Violence Protection Act in 2000 (U.S. Department of State, 2021). Risk factors for child sex trafficking include emotional and sexual abuse, rape, running away from home, having family members in sex work, having friends who purchased sex and being a racial/ethnic minority group member (Fedina et al., 2019). Survivors may experience posttraumatic stress disorder, substance use problems, sexually transmitted infections, unwanted pregnancies, malnutrition, anxiety, and self-destructive behaviors (Clawson & Goldblatt Grace, 2007). From a global perspective, child trafficking has usually been viewed through a criminal justice lens with a focus on prosecution, as well as an economic justice lens, with the crime created through the supply and demand for exploitable labor (Wheaton et al., 2010).

Increased awareness of trafficking, specifically CST, has led researchers and human service organizations to examine how prevalence data are counted in the United States. Unfortunately, numerous challenges exist to adequately estimate CST prevalence including lack of awareness of trafficking, misidentification of minors involved in CST, differing definitions across agencies and institutions, fear of self-incrimination for victims, and stigmatization of people involved in commercial sex, resulting in national estimates that are little more than guesses (Fedina & DeForge, 2017; Institute of Medicine and

National Research Council, 2013; Jordan et al., 2013). Additionally, accurate prevalence estimates can be difficult to determine as CST is often interchangeable with other terms including commercial sexual exploitation of children (CSEC), survival sex, and trafficking of domestic minors (Finigan-Carr et al., 2019). Within the data available, every state in the U.S. has documented cases of CST with one study outlining 37,000 suspects investigated and referred to federal prosecutors for commercial sexual exploitation of children between 2004 to 2013 with suspects often accused of exploiting multiple victims (Williams & Flynn, 2017).

The role of addressing child sex trafficking has increasingly fallen to the child welfare and justice systems as CST has been seen as a child protection issue. The Preventing Sex Trafficking and Strengthening Families Act of 2014 (*P.L. 113–183*) required state child welfare agencies to undertake multiple reforms to ensure that sex trafficking was appropriately identified, and that youth involved with child welfare were not left vulnerable to exploitation. National child maltreatment legislation was amended in 2015 to include trafficking in the definitions of abuse, neglect, and sexual abuse for children experiencing human trafficking (Child Welfare Information Gateway, 2019). Child welfare agencies are now expected to provide agency documentation, placement, care, or supervision for victims of CST, even if the allegation has yet to be confirmed by law enforcement (Preventing Sex Trafficking & Strengthening Families Act, 2014). Additionally, the act directs child welfare agencies to report to law enforcement whether a youth in care is involved in CST and to attempt to locate youth in their care who go missing and determine if they are involved in CST. To understand and accomplish all the tasks associated with meeting the needs of CST victims, child welfare workers are mandated to take CST trainings (Preventing Sex Trafficking & Strengthening Families Act, 2014). Pertinent to the current study, these federal policy shifts were echoed and expanded upon in Maryland law through the Child Sex Trafficking Screening and Services Act of 2019, as well as five policy directives that guided child welfare staff with proper responses to suspected trafficking, which formed the backbone of the statewide training explored here.

Child Welfare and Child Sex Trafficking

Not only do child welfare agencies and workers have greater responsibility in addressing child trafficking and providing direct services to child and youth victims due to updated federal mandates, but the child welfare system is also more likely to encounter children and youth at greater risk of trafficking (Lillie, 2016). Numerous studies have found that youth involved in child welfare and youth involved in CST sometimes are the same population as well as sharing various risk factors including trauma histories from childhood physical abuse, neglect, sexual abuse, family conflict and disruption, lack of adequate supervision, and increased likelihood of homelessness (Finigan-Carr et al., 2019; Institute of Medicine and National Research Council, 2013). Youth identifying as lesbian, gay, bisexual, transgender, questioning, queer, or belonging to another sexual minority (LGBTQ+) are more likely to experience sexual violence, sexual exploitation, become homeless, and engage in sex to meet basic needs when experiencing homelessness, thus putting LGBTQ+ youth at greater risk for CST (Dank et al., 2015; Hogan & Roe-Sepowitz, 2020). Youth experiencing certain mental illnesses like mood disorders anxiety, post-traumatic stress, and conduct disorders may be more susceptible to trafficking and more likely to be placed in care, become homeless, or disconnected from their families (Runaway and Homeless Youth Training & Technical Assistance Center, n.d.). Youth with developmental or intellectual disabilities are also at greater risk for trafficking especially if they are already receiving specialized treatment like institutional placement or dependent personal care (Dank et al., 2017).

Additional information on the prevalence of human trafficking among youth already involved in the child welfare system is difficult to determine as the tools to identify and report trafficked youth continue to evolve (Gibbs et al., 2018). Studies have estimated that victims of CST are also more likely to have been involved in the child welfare systems with some estimates as high as 86–90% (Olender, 2018). Most (70%) child welfare-involved youth that ran away while in foster care also reported

experiencing human trafficking (Latzman et al., 2019). Due to the large overlap in risk factors for victims of CST and child welfare-involved youth, including those who experience trafficking while involved in the child-welfare system, agencies and workers in the child welfare system need to be well versed and comfortable with trafficking language for appropriate identification and service delivery as they may already be working with CST victims.

Child Sex Trafficking Training for Child Welfare Workers

For the last two decades, studies have found that evidence-based CST trainings for child welfare system professionals are essential to helping victims (Ahn et al., 2013; Ferguson et al., 2009). Despite this recommendation, very few evidence-based CST trainings or tested psychometric screening tools exist for child welfare professionals to utilize (Middleton & Edwards, 2021). Research on child welfare workers serving youth victims of sex trafficking has revealed examples of mislabeling, misidentification, and improper care (Mace, 2015). Not surprisingly, service providers historically have reported a lack of awareness of the prevalence and dangers of child sex trafficking along with reporting being inadequately trained to deal with CST cases (Michael, 2009). Lack of training can lead to unidentified or inappropriately labeling child victims of trafficking which can result in continued victimization (Jordan et al., 2013; Macy & Graham, 2012). In general, social workers both inside and outside of the child welfare services landscape, have demonstrated low levels of knowledge of both state and federal laws and resources related to human trafficking victims (Hardy et al., 2013). Thus, having effective training catered to child welfare workers around the topic of CST is a national need.

Key aspects needed in tailored trainings for child welfare workers responding to victims of CST have been identified. These aspects include recognition of symptoms of trafficking, identification of practical assessment techniques, and concrete resources available to victims (Gibbs et al., 2018; Schwarz, 2019). Unfortunately, research has shown that there is a correlation between service providers' understanding of child sex trafficking and the lack of resources or provisions offered to the victims (Gibbs et al., 2018; Schwarz, 2019). Not offering resources can also result from misdiagnoses or missed opportunities by child welfare workers who did not identify a trafficking situation (Miller et al., 2016). Child welfare workers report that professional trainings and victim services for CST do exist, but the trainings are scant in nature, services are provided by non-child welfare workers due to inadequate resources, and victim service providers fluctuate in their ability to provide specialized care (D. Bounds et al., 2015).

States and child welfare agencies have been creating training curricula and interventions to expand programs and training to meet the needs of personnel and victims (Ferguson et al., 2009). These trainings and interventions typically cover several trafficking areas including prevalence, trafficker and victim characteristics, how to identify cases, and first response protocols for service providers (Powell et al., 2017). Creating evidence-based frameworks for child welfare workers to recognize and intervene on issues affecting child welfare-involved youth, like trafficking, has also been a recent focus with mostly qualitative studies resulting in inductive theory (Martinho et al., 2020). Additionally, having a multidisciplinary approach is seen as the standardized model when providing training for child welfare workers (Ferguson et al., 2009). Some of the key theories and approaches used in existing CST child welfare worker trainings have included ecological systems theory, victim-centered care, and a strengths-based approach (Busch-Armendariz et al., 2014). The need to increase worker knowledge about CST is paramount as workers with more knowledge have been shown to identify more risk factors in children served, have more knowledge of services and local laws around CST, and are more willing to refer victims and children at risk to specialized services (McMahon-Howard & Reimers, 2013).

Needed Specialized Care and Resources for Victims of Child Sex Trafficking

A common concern from child welfare workers assisting minor victims of sex trafficking is a lack of adequate resources and specialized care (D. Bounds et al., 2015). The needs of minor victims include

physical (Silverman, 2011), mental (Rafferty, 2008), and social (Miller-Perrin & Wurtele, 2017). Physical health problems experienced by victims of trafficking include physical injuries such as lacerations and broken bones, sexually transmitted infections, pregnancy, malnutrition and weight loss, and chronic pain (Lederer & Wetzel, 2014; Silverman, 2011). The risk for child victims of sex trafficking to experience health problems may be even greater than for adults, as children experience greater levels of violence which can mean more tissue trauma and infection (Silverman, 2011). Therefore, being aware of the medical needs of survivors of CST and which medical providers can best treat those physical trauma needs is critical.

Mental health consequences are another area needing serious attention for victims of CST. Child survivors of trafficking suffer from various mental and behavioral health issues including depression, anxiety, antisocial behaviors, alcohol and illicit drug use, suicidal ideation, and post-traumatic stress disorder (Rafferty, 2008). Survivors of CST experience more mental health problems than their peers who have not experienced CST with these problems often continuing into adulthood (Trickett et al., 2011). Even though trauma informed mental health services for the survivors of CST are imperative to help these children deal with all they have seen, heard, and felt during their experiences with trafficking, mental health services are not readily available to this population (D. Bounds et al., 2015).

In addition to mental and physical impacts of CST, survivors also experience a number of social problems including potential re-traumatization from authorities who see the minors as perpetrators of sex crimes instead of victims, as well as shame and judgment from family members after returning home (Annitto, 2011). As the survivor will need to interact with multiple departments and agencies in order to address all the physical, mental, and social consequences of CST, a multi-disciplinary training approach should be the expectation (Ferguson et al., 2009).

Study Aims

The purpose of this study is to understand and describe public child welfare workers' insights about a mandatory statewide training on child sex trafficking.

Methods

Sample

Public child welfare workers who attended a mandatory training on CST between March 2017 and February 2020 at local departments of social services were invited to participate in focus groups about both the training and their experiences working with victims of CST. Personal identifying information about the participants was kept confidential to ensure the integrity of the focus groups. In summer 2020, three separate one-hour focus groups comprising 29 trainees (the groups consisted of ten, nine, and ten participants each) were held via videoconference. While demographic information was not collected, the focus group content revealed that the child welfare workers represented multiple urban, suburban, and rural jurisdictions, with a broad range of years of experience on the job. Front line caseworkers and supervisors from In Home and Out of Home Services were represented.

Training Intervention

The University of Maryland School of Social Work, funded by the U.S. Department of Health and Human Services Administration of Children and Families' Childrens' Bureau, and in collaboration with the State of Maryland's Department of Human Services and a national adolescent health nonprofit, developed an engaging full day training to equip workers with the knowledge, skills, and confidence to work effectively with trafficked youth in a trauma-informed and victim-centered manner. The eight-hour training consisted of didactic content in the first half through lecture, videos, and discussion, and the interactive game "Case by Case" in the second half. Training

Table 1. Focus Group Questions.

-
1. Briefly describe your role as a child welfare worker, how long have you been a case worker and how many youth are on your caseload.
 2. Before this training, were you aware of human trafficking and/or commercial sexual exploitation as an issue affecting children in care?
 3. What experiences do you have working directly with trafficked or exploited youth?
 4. Thinking about the content presented in this training, please provide your overall feelings about the training? (Clarity, degree of coverage, relevance, length).
 5. What have you learned about commercial sexual exploitation of children and youth?
 6. How equipped are you to discuss issues related to commercial sexual exploitation and/or human trafficking to youth? Do you feel equipped to assess the safety of a trafficked youth after taking this training? If so, how? If not, what will help?
 7. How equipped are you to engage directly with youth who have survived commercial sexual exploitation and/or human trafficking?
 8. Are you familiar with trafficking-specific resources or providers in your area?
 9. What resources or knowledge would help you feel more confident in serving trafficked youth?
 10. Have you sought out any learning opportunities or professional development related to this topic since attending this training?
-

content areas consisted of the following: trafficking vocabulary and definitions, case identification, risk factors, impacts of child trafficking, relevant state and federal policies, and methods of trauma-informed victim engagement. Four in-depth case studies were revisited throughout the day and gamification was used with those cases to demonstrate, teach, and review common characteristics and complications of complex child sex trafficking cases. Further details about the training can be found in Harmon-Darrow et al. (2023).

Procedure

In August 2020, workers were recruited via e-mail to participate in one of three virtual focus group interviews to discuss their experience with the training and its impact on their work with child victims of sex trafficking. Workers were compensated for their time and participation with a \$25 gift card. All three focus groups were recorded and transcribed. Recordings, transcripts, and contact information were guarded by use of a password- and firewall-protected server. De-identified transcripts and anonymous survey responses were stored separately from identifying information, and all digital storage was both password- and firewall-protected. Human subject protections including informed consent were approved by the University of Maryland, Baltimore's Internal Review Board (approval #HP-00064519). The one-hour focus group included questions about their overall feelings related to the training, what they learned, and how well they felt the training prepared them for working with youth who may be victims of commercial sexual exploitation. The full list of focus group questions is included in Table 1.

Analyses

For this qualitative research study, each focus group was analyzed for themes within and across groups using the Braun and Clarke phases of thematic analysis (Braun & Clarke, 2006). Two of the coauthors familiarized themselves with the focus group data and generated initial codes independently using open coding. These two coauthors then came to consensus on a shared codebook, and the codebook was adjusted to reconcile differences and fill gaps (Maxwell, 2012) using NVivo qualitative data analysis software, version 12 (NVivo 12, 2018). The transcripts were re-coded using the consensus codebook. Two other coauthors, including a content expert and the senior author, audited the codes and code book to check code reliability (Hill et al., 2005). These two coauthors then searched for themes by collating the codes into potential themes (Braun & Clarke, 2006). Themes were then reviewed against the codes and data. Next, themes were defined and named to best reflect representation from the data (Braun & Clarke, 2006).

Table 2. Child Welfare Worker Focus Group Themes and Codes.

| Theme | Code |
|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Challenges of working with survivors | Youth recruited and groomed in system Screening, signs, red flags, finding the truth Trafficking rings are complex like a family Financial aftermath for trafficking survivors Victims who don't feel victimized |
| Training strengths and value | A good overview Changing mind-set from prostitute to CST victim Game was useful Training changed how we serve survivors |
| Training improvements and ongoing needs | More interdisciplinary More on screening, signs, finding the truth More on engagement and rapport Need more training for workers, parents, youth, and partners |
| Missing resources for survivors | Trauma informed services are rare Spanish language services are needed Placements are few, far, full Placements can harm victims |

Results

Focus group participants identified 17 key ideas which were organized into four themes (as displayed in Table 2): (1) the challenges of working with survivors of child sex trafficking; (2) the strengths and value of the training; (3) training improvements and ongoing needs; and (4) missing resources for survivors.

Theme 1: Challenges of Working with Child Sex Trafficking Survivors

Engaging survivors of child sex trafficking is extremely challenging work, according to focus group participants, and this formed the foundation of all their views about the training's strengths, weaknesses, and impacts. One trainee summarized, "they're often times tough nuts to crack, they're tough cases, they're tough kids" (participant 3–6). Manipulative recruitment and grooming of youth, complex trafficking cartel hierarchies mimicking families, screening challenges, and the financial aftermath of surviving trafficking all make these cases brutally difficult for child welfare workers.

Trainees discussed manipulative targeted recruitment and grooming of youth who are already in care, and the challenges of serving them. One focus group participant described a recent case:

Traffickers use such high levels of manipulation; he used the guise of being a record producer to pull these women into the group and maintain them in that so-called family. There's so many young adults and children who lack that family setting . . . that connection that everybody wants to have, and sex traffickers use that to pull kids . . . That's something that a lot of social workers don't know anything about. You know, they wonder with youth, you got into this, why did you stay in that? Why did you do it? The sense of belonging . . . searching for another family. (Participant 3–2)

Others mentioned the stress of children going missing and "the constant runaways" (Participant 2–8) who have "always been on the run" (Participant 1–6). Others mentioned traffickers targeting youth who were "cognitively limited" (Participant 1–6). The complex abusive relationships and complex trauma experienced by trafficking survivors was described by a participant as follows:

It's kind of like a, a drug cartel where you have layer upon layer upon layer. We have a seven-year-old recruiting like a whole . . . human trafficking ring . . . there's several levels all the way down to the bottom girl . . . up to the . . . leader. We have actually had some kids who have their own rings now, that are recruiting in group homes. (Participant 3–9)

Another trainee described a similar case:

They saw themselves as a family. The leader of the group actually had children by three of the women in the group and one of those children had children by the leader. So, there were dynamics and levels of dynamics, like a hierarchy. (Participant 3–2)

In the face of this level of complexity and manipulation, seeing red flags, screening effectively, and establishing the foundational facts are a major challenge. Trainees said that youth on their caseloads “lied to me” (Participant 1–5) and “weren’t real open to discussing it” (Participant 3–6). Similarly, one worker said of the screening protocols in her local department:

This sex trafficking tool, which, of course, the kids all say “no” to. We need our staff to recognize beyond this sex trafficking tool. Just because they say no, we know that’s not true . . . They are not being forthcoming. (Participant 3-9)

A further challenge specific to working with survivors of child sex trafficking was the financial or economic aftermath of surviving an experience of trafficking. Numerous participants discussed the challenge of persuading a young person to leave trafficking due to the ways that financial incentives and the trafficker’s abusive coercion are intermingled. Child welfare workers sometimes blamed the victim, interpreting children’s behavior resulting from traffickers’ coercion as self-determined. Others had a more balanced and analytical interpretation of what their clients had experienced, and proposed solutions. One trainee reported:

Once you have a rapport with them and get an understanding where they’re coming from, a lot of them are telling you, “I need my hair,” you know, they, they liked to buy hair, they like to fix up, they start making up their self and you know . . . You try to give them a job and . . . [they go back to] solicit their self to get the things that they need, because they feel like they not getting enough money from foster parent or the agency . . . it’s never enough for them. (Participant 1-1)

Another echoed that “[foster] kids are very vulnerable, and if these traffickers giving them \$200–\$300 and foster parents only supposed to give \$25 or \$10 or \$2 for a month. That’s why they running away and getting that money” (Participant 1-2).

Workers also reflected that some non-pimp-controlled youth find the economic aspects of trafficking empowering, and do not believe themselves to have been victimized, with one trainee describing the following case:

She didn’t see why she was a victim. The, her, her take on it was, “I set the prices. I let them know to come see me because I want to.” No, you were victimized at 11 and . . . now you’re on the money aspect of it that you’re not looking at being a victim. You think you’re victimizing these men, but you’re 16, so you’re still a victim. (Participant 1-9)

Some trainees talked about possible limited solutions to these challenges, such as entrepreneurship and financial incentives. A worker explained that youth “always want to stay with their pimps because they don’t know any other way out, and some of the girls have found other jobs, such as podcasting products, like eyelashes, wigs, nails, etc.” (Participant 2-7). Another reflected that “all [traffickers] have to do is call, and they are able to get [the youth] back to where they started from. So there has to be some type of incentives to get them to leave the lifestyle as well” (Participant 1-8).

Theme 2: Strengths and Value of the Training

Focus group participants discussed the strengths and value of the training, including its ongoing impact on their departments. One trainee called it an “introduction to the terminology, a good overview, like a 101 for everybody. A lot of people aren’t frontline and don’t have full knowledge of what to look for, what’s happening out in our community, what’s happening with these children” (Participant 2-3). Another trainee valued the training’s coverage of trafficking prevalence, terminology, and hot spot locations in the community, noting that “it was really, really sad and scary” (Participant 2-9). One experienced supervisor gave a balanced view:

People who had been highly educated, who had gone to a lot of trainings regarding the topic . . . didn’t gain a lot of additional information that we could really use to help develop and target our interactions with the clients from it, but then we had a lot of people who came out of it going, “Holy crap, I didn’t know any of that.” They had no idea whatsoever that this was problematic, that this was something we should be actively kind of assessing our clients for. So . . . I think that the training is an awesome 101. It’s a great place to start. Absolutely essential for new workers. (Participant 3-4)

Many participants talked about the training being a good overview of the problem of trafficking and how to screen for it.

One key strength and value of the training described by workers was its ability to change trainees' mind-sets about the youth experiencing child sex trafficking. One trainee elaborated with the following:

The training has definitely helped change the view of workers involved in direct service to youth. I think people knew things that were happening, but it was seen as like a kind of old idea that prostitution was young girls choosing to go into that. The training kind of helped people realize that a child, no matter what the circumstances, that it's never that way. The term "survival sex" really helped a lot. A lot of our young girls are not going to identify as prostituting . . . [or] as a human trafficking victim. But when you can talk about the concept of survival sex . . . meeting needs and things like that, they were able to share more openly about their experiences, and often times really kind of open up a whole other door to what was actually going on. (Participant 3–8)

Not only did she and her fellow trainees change from regarding survivors as "teen prostitutes" to seeing them as child sex trafficking victims, but this led to better use of trauma-informed language, rapport-building and screening with youth.

Ongoing impacts of the training were noted by workers who later sought further training, trained fellow workers, used the materials, and changed how they serve survivors. One reflected that "a couple of months after, I did go to another training specifically to learn of some of the modifications in forensic interviewing when working with potential victims of human trafficking" (Participant 1–4). Another trainee offered the following feedback:

I got my information back out . . . there was some really good information that was provided . . . the planning worksheets, . . . what best practices were . . . identifying and seeing some of the signs. But also, working on some of the therapeutic practices, the trauma-focused therapy, or how to help engage them. (Participant 2–8)

After the training, one trainee hosted a "meeting with my staff to discuss. . . I made copies of the literature and the PowerPoints and. . . it helped, because I did have two workers at that time that were dealing with young ladies that were involved [in trafficking]" (Participant 2–9). Another worker reflected that the training helped her to see things differently:

Really changed the way I look at cases . . . I think it changed the way that we approach these kids, . . . the way we . . . do forensic interviews . . . we weren't asking some of the right questions . . . about that trafficking piece. A lot of people thought sex trafficking was just selling kids . . . I mean, we had a case of a 14-year-old trafficking a 12-year-old, who kept a log of all the men that she had sex with and what she got. Sometimes it was just lunch. Sometimes it was, got her nails done. . . . It took us in a different path . . . we had the maltreaters, but then we have this trafficker who was a cousin. . . . We changed our questioning . . . looking at, 'did somebody set this up for you?' (Participant 3–6)

One of the values of the training was that it helped the trainee and her department broaden their understanding of trafficking and how it works, so that the right questions unmasked the situation in an unusual case.

Theme 3: Training Improvements and Ongoing Training Needs

Improvements to the training and ongoing training needs were the third major theme, with workers requesting that the training be more interdisciplinary, more focused on screening and engagement skill-building, and that it be expanded to a regular refresher, and offered to youth, parents, foster parents, police officers, and community partners.

Interdisciplinary groups of training attendees and trainer teams were requested, with more representation from law enforcement. One trainee wanted to "bring other stakeholders to the training [to] see multiple aspects of sex trafficking . . . instead of just staying in the child welfare system" (Participant 1–7). Another had hoped for "more information about the criminal aspect of the pimps, and how they're caught, and what kind of sentences they receive" (Participant 2–7). One participant summarized the importance of "training the entire team . . . not just the DSS

worker, but law enforcement, prosecutors . . . there is lack of understanding [about] what everyone's role is and what they can do and what they can't do" (Participant 2-4). When participants were asked to clarify if they were requesting to receive training together in a room with law enforcement trainees, or to be trained by law enforcement trainers, participants said they wanted both kinds of training.

Trainees also wished for more detailed skill-building training on both screening and engagement or rapport-building with trafficking survivors. Forensic interviewing techniques were mentioned more than once as a gap. In addition, trainees wished the training had been "homing in on the questions being asked by intake, the red flags" (Participant 2-5), as well as "frontline workers who . . . if intake came in, . . . specifically what they need to do instead of just reading the policy . . . to be trained in detail on how to do that investigation" (Participant 2-6). Several others said that they needed more support to get to the truth when screening for sex trafficking, especially regrading the following:

Really interview more effectively, really dive into it more with clients so that we are assessing more thoroughly. . . . How do you really get to the nitty gritty when you're in the room with the kids or the families trying to figure out what's going on. . . . That's something where I could use more support. (Participant 3-4)

Perhaps Several participants stated that identifying trafficking depends on the following:

All depends on the rapport that you have with that client and how open they are . . . because if they feel they can't trust you, you will never get any information, they're still going to go AWOL, and you're going to kind of be blindsided about everything. (Participant 1-5)

Another trainee repeated similar sentiments stating that building rapport is key and if you get "an understanding where they're coming from . . . they can say, 'This is real, I can really go to this person.' So, we have to be really, really educated in the training . . . gotta get deep in it" (Participant 1-1). Beyond identifying trafficking, one worker said she had wanted "a little, a more in-depth type of workshop to help us engage better with them, not just to be able to identify those signs and [know] what the policy is. . . how to really engage with those youth" (Participant 2-8).

Refresher trainings were requested by several trainees, looking to update their knowledge and skills "more frequently" (Participant 1-9), and asking for "pretty frequent refreshers because . . . use it or lose it" (Participant 3-9). One explained that training should be offered annually as "the dynamics of things are changing. As soon as we get used to one way that they're doing it, it's switching up, using internet, getting very savvy and the sex traffickers are getting a bit younger" (Participant 3-3).

Expanding the training to youth, parents, foster parents, law enforcement and community partners was often mentioned by trainees. One participant identified that "our youth have to be educated as well" (Participant 1-1), with another saying, "I don't think that they are getting any type of training or education, a lot of times these kids, they don't even know that they're sex trafficking victims" (Participant 2-5). Another underlined the urgency, saying that youth "just look at the activities, the benefits in their mind. . . the money, clothing, socializing. . . and they really need to have a better awareness of the fact that they are being trafficked, and that their lives are at risk" (Participant 2-9). One trainee specified that training in red flags should be offered to all youth because girls may not understand that they could be recruited by another girl who is controlled by a trafficker:

What tools can we give to our youth to prepare them to know what to look for? . . . What are we doing to try to stop our young ladies from even getting to that point? . . . And not just our females, but our males also. (Participant 1-9)

Parents and foster parents were also named as needing more awareness training because "if we're placing these children in foster homes, the foster parents need to know what to look for" (Participant 3-6). Similarly, one trainee said regular training was needed for the following :

Foster parents, group homes, because everybody has such turnover so their staff who have already had that training may have already gone . . . Foster parents seem to give upon the kids, especially if they ran away more than one time. (Participant 1-2)

Another trainee noted that for prevention “we really need to be educating our parents, too, ‘cause . . . not a lot of [trafficked youth] are in the [child welfare] system, which is a good thing” (Participant 3–9). Further, participants discussed the need for awareness training for community partners, possibly within an existing regular statewide town hall event for partners, with schools throughout the state, as well as mental health therapists named as key future training targets.

Theme 4: Missing Resources for Survivors

The most frequent complaint about the training was that it pointed to next steps (i.e., resources, referrals, and placements) that did not exist or were deeply flawed, that it was a bridge to nowhere. Trauma-informed services and Spanish-language services were mentioned as missing resources for youth, with residential placements mentioned as the most frustrating, and most problematic missing piece.

Trauma therapy for survivors was often mentioned as a needed service that is often out of reach, with one participant saying, “I think it would be helpful, just looking at the trauma from these victims . . . [to] grow the amount of providers that we have access to within our local jurisdiction for these victims” (Participant 1–3). Another said “there’s a huge need for trauma therapists. Huge. . . the human trafficking resources are very slim . . . in every county” (Participant 2–5). A worker from an inner suburban county reported that trafficking-specific providers funded to serve youth statewide are “inundated” and “don’t really leave their offices,” so they can’t really give more than “tips and tools” to workers and youth outside the city (Participant 3–9). Spanish-language services were also lacking in many areas: “We have a Hispanic population, where there’s a language barrier, and you have undocumented youth or families. And so, it makes it so much harder as far as our resources [in a more rural area]” (Participant 2–8).

Workers desperately wanted to be able to place youth endangered by trafficking in housing and residential programs that will “help them to come out of that lifestyle” (Participant 1–8), where they can “sit still, heal, get the services that they might need for reuniting with their families” (Participant 3–1). The three approved specialized placements in the state were discussed as being too limiting, too few, too far away, too often full, and not sustainably funded. One trainee said the placement stipulation “limits us as social workers in our decision making and case planning for these kids . . . what services we’re permitted to utilize for them” (Participant 1–4). Another worker summarized the challenge:

I think what’s been hardest for me is that we’ve trained our staff on how to engage and, you know, they want to help these kids and protect them but . . . we don’t have good placements . . . So, while we have the knowledge and we are looking for these things, we don’t have a really good plan for what happens after the fact. . . How do we not take them, you know, an hour and a half away [to a big city] where they can’t even see anybody that they are close with. What I found lacking in the training is the next steps. (Participant 3–6)

Specifically, the challenges were that placements were “over three hours away” (Participant 2–8), which is “unrealistic” due to transportation and school attendance (Participant 1–5), and “most times they’re full” (Participant 2–9), or “they’re placed there for 60 days and then released back out in the wilderness with no resources” (Participant 2–7). Another worker mentioned the lack of sustainability for these specialized placements, needing “programs that actually are continuously funded, because . . . there may be someone that can help this month, but three months from now, their funding has gone” (Participant 1–5).

In addition to being few, far, and full, the placements were several times identified as bringing further harm to youth in their care. Targeted recruitment for trafficking can happen at trafficking-specific placement sites, with one worker saying, “I didn’t even really find [specialized placements] helpful, because one of the young ladies will go there and try to recruit girls from there”

(Participant 1–6). Another trainee said “these kids, they, they go and they meet up with other victims, and they end up just kind of trading stories, . . . running away with these other kids . . . and getting more education on how to traffic themselves” (Participant 2–4). Because of this continuing trafficking recruitment that participants reported youth experiencing within the three approved placements, a core tension between safety and freedom was described by one focus group participant as follows:

It’s a delicate balance between meeting the needs of youth and placing youth in the least restrictive environments. . . . [with] diagnostic centers and group homes, trying to help youth address issues in this area, [the young person will] connect with another youth and go back to the same human trafficking situation. (Participant 2–2)

Hopelessness and frustration about the lack of safe placements was a theme in all three focus groups. One trainee urged hopefulness and outside the box solutions to these significant challenges, stating as follows:

One of the, the successes I saw was a youth who actually was a youth from, uh, [northern state], who got specialized treatment out of state, in [southern state], . . . because of the relationship with the trafficker and concerns about the youth, and actually came to an independent living program in [our state] and has done extremely well. So, I know there’s a push to keep [our state]’s youth in [our state], and I think overall that’s, you know, a good initiative, but I think in specialized situations such as these, sometimes you need to be able to critically think and think outside the box. (Participant 2–2)

Other solutions to the crisis included approved specialized programs in each county: “each jurisdiction should have programs in their county . . . a clearcut list of agencies that could actually help wherever we are” (Participant 1–3). Another trainee was looking for more urgent state-level leadership on the service gap, saying “in [our state] we do need to start focusing on getting, you know, the safe homes, and a protocol, versus each jurisdiction doing it somewhat on their own” (Participant 2–5).

Discussion

This study sought to understand and describe public child welfare workers’ insights on a mandatory statewide child sex trafficking awareness training. Results from this study indicate similarities to existing literature while adding new elements gleaned from the participants’ honest responses about the challenges of working with youth impacted by child sex trafficking. The challenges experienced when working with this population included difficulty connecting with youth who may not always be honest, frustrating experiences when youth reenter trafficking for perceived economic gain, and changing opinions and mind-sets that youth are victims who should not be blamed or seen as choosing to engage in sex trafficking. These same challenges were also discovered in other states when their state child welfare system went through similar statewide child sex trafficking awareness trainings (D. Bounds et al., 2015; Werkmeister Rozas et al., 2018).

Participants talked about missing resources, including lack of knowledge for next steps. Resources needed for youth victims went beyond just a lack of safe housing options, which has been a consistent finding in the literature (D. Bounds et al., 2015; O’Brien et al., 2017; Werkmeister Rozas et al., 2018). Outside of placement, participants identified a need for multi-lingual trauma therapists to help youth work through the emotional and mental health issues presented by surviving trafficking. Participants noted that housing and therapy resources either did not exist or were so far from the participants’ localities that they might as well not exist. Participants also talked about the need for more and expanded training including wanting additional training due to retention concerns, ongoing refresher courses, new advanced level training with more techniques and skill-building, and training offered to a wider array of stakeholders like foster care parents and law enforcement personnel. Without these key resources and a clear understanding of how to help youth after the identification stage,

participants noted that youth will be re-victimized and fall back into the lifestyle. To fill these gaps in care a coordinated effort will need to occur across local and state agencies.

Strengths and Limitations

The current study had an adequate sample size for each focus group and contained workers from a range of locations including urban, suburban, and rural jurisdictions. Using the focus group format promoted group dialogue and drew out ideas. All participants attended the same standardized prevention intervention training. The codebook used was designed through a best practice standard utilizing two coauthors' consensus on open coding, with themes determined by two other coauthors (Maxwell, 2012). The focus groups were also participant-driven, so the conversation addressed many more issues than the facilitators asked. A few limitations include not collecting demographic data of the focus group participants so certain racial, income, or religious groups may be over or under-represented when compared with the population of trainees. Additionally, some participants were trained a few months earlier, while some were trained a few years before the focus group, so specific training details and logistics may have been retained at varying levels. As with all qualitative research, results are not meant to be generalizable to all attendees of this training series or similar trainings.

Implications for Practice, Education, and Policy

Based on the qualitative analysis of the current study, several key implications for the child welfare workers and the field of child sex trafficking awareness can be made. The results showed the need for more training at greater frequency with varying advanced levels to multiple community audiences. Additional ongoing training should also include discussions of workers' attitudes and beliefs around victim status for youth as the current study and other literature has found victim blaming views to play a major role in how victims are perceived (Johnston & Friedman, 2019). Participants also pointed out that the training left them without an adequate sense of what to do next. Like findings from Finigan-Carr et al. (2019), participants described how not only did adequate services for youth impacted by child sex trafficking not exist, but the interventions to meet these needs would involve relationships and actions across multiple social ecological levels to create sufficient change. Participants identified gaps in terms of safe housing placement and trauma informed therapy in appropriate languages. Additional resources, including more safe placement settings and trauma informed counseling services, need to be created by child welfare entities and the resources need to be offered across the state to meet the needs of these vulnerable youth. Future training for child welfare workers, foster parents, and partners also needs to be more explicit in describing what to do if the next step recommendations for resources, referral, or placement are not available or do not work. These future trainings need to help participants really think through what to do next, especially if the options are limited.

Participants talked about the financial issues trafficking survivors face, even though this information was not discussed in the training. Participants talked about the need to help youth impacted by child sex trafficking work through survivorship and obtain sustainable legal work with a living wage to reduce re-exploitation. Finding economic solutions for survivors is a logical next step as CST can be considered an economic crime (Schauer & Wheaton, 2006). Several economic solutions that child welfare and partner agencies can offer that may address the needs of survivors include: (1) creating matching individual development accounts to help survivors save for housing, education, or micro-enterprise opportunities (Sherraden & Gilbert, 2016); (2) reducing barriers to quality education and employment to promote economic security by working with employers, service providers, workforce development groups, and survivors themselves to recognize and address unique obstacles for survivors (Futures Without Violence, n.d.); and, (3) offering housing options and independent living skills training tailored to survivors which may include shelters or transitional housing, cash assistance, or permanent housing similar to a Housing First model (National Alliance to End Homelessness, 2016;

Shigekane, 2007). Additionally, future training for child-welfare workers, foster parents, and other community partners need to include conversations about the above-mentioned potential economic interventions to assist youth impacted by CST.

Conclusion

Addressing the needs of CST victims is a multi-faceted problem that involves a combination of specialized training for child welfare workers and community partners, as well as direct services for victims that are tailored to trafficking victims' unique needs. This study presented information gathered from child welfare workers who attended an introductory child sex trafficking training mandated by their employer. The participants of this study felt that the training was valuable, but the training also opened their eyes to the numerous other training and community resource deficits impacting their ability to effectively serve victims of CST. Providing training to just child welfare workers is not sufficient to meet the needs of system-involved youth who have experienced CST as these youth are potentially involved in multiple other systems outside of child welfare including criminal justice, schools, health care, and mental health services. Therefore, other systems and stakeholders need to not only receive CST training, but also be actively involved in creating community solutions to assist our most vulnerable citizens, our children.

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References

- Ahn, R., Alpert, E. J., Purcell, G., Konstantopoulos, W. M., McGahan, A., Cafferty, E., Eckardt, M., Conn, K. L., Cappetta, K., & Burke, T. F. (2013). Human trafficking: Review of educational resources for health professionals. *American Journal of Preventive Medicine*, 44(3), 283–289. <https://doi.org/10.1016/j.amepre.2012.10.025>
- Annitto, M. (2011). Consent, coercion, and compassion: Crafting a commonsense approach to commercial sexual exploitation of minors. *Yale Law & Policy Review*, 30(1), 1–70.
- Bounds, D., Julion, W. A., & Delaney, K. R. (2015). Commercial sexual exploitation of children and state child welfare systems. *Policy, Politics & Nursing Practice*, 16(1–2), 17–26. <https://doi.org/10.1177/1527154415583124>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Busch-Armendariz, N. B., Nsonwu, M., & Heffron, L. C. (2014). A kaleidoscope: The role of the social work practitioner and the strength of social work theories and practice in meeting the complex needs of people trafficked and the professionals that work with them. *International Social Work*, 57(1), 7–18. <https://doi.org/10.1177/0020872813505630>
- Child Welfare Information Gateway. (2019). *About CAPTA: A legislative history*. U.S. Department of Health and Human Services, Children's Bureau.
- Clawson, H. J., & Goldblatt Grace, L. (2007, September 14). *Finding a path to recovery: Residential facilities for minor victims of domestic sex trafficking*. Office of the Assistant Secretary for Planning and Evaluation. <http://aspe.hhs.gov/hsp/07/HumanTrafficking/resFac/ib.htm#residential>
- Dank, M., Yahner, J., Madden, K., Banuelos, I., Yu, L., Ritchie, A., Mora, M., & Conner, B. (2015). *Surviving the streets of New York: Experiences of LGBTQ youth, YMSM, and YWSW engaging in survival sex*. Urban Institute.
- Dank, M., Yahner, J., Yu, L., Vasquez-Noriega, C., Gelatt, J., & Pergamit, M. (2017). *Pretesting human trafficking screening tool in the child welfare and runaway and homeless youth systems*. Urban Institute. https://aspe.hhs.gov/sites/default/files/migrated_legacy_files/176876/Pretesting.pdf
- Fedina, L., & DeForge, B. R. (2017). Estimating the trafficked population: Public-health research methodologies may be the answer. *Journal of Human Trafficking*, 3(1), 21–38. <https://doi.org/10.1080/23322705.2017.1280316>

- Fedina, L., Williamson, C., & Perdue, T. (2019). Risk factors for domestic child sex trafficking in the United States. *Journal of Interpersonal Violence, 34*(13), 2653–2673. <https://doi.org/10.1177/0886260516662306>
- Ferguson, K. M., Soydan, H., Lee, S. Y., Yamanaka, A., Freer, A. S., & Xie, B. (2009). Evaluation of the CSEC community intervention project (CCIP) in five US cities. *Evaluation Review, 33*(6), 568–597. <https://doi.org/10.1177/0193841X09346132>
- Finigan-Carr, N. M., Johnson, M. H., Pullmann, M. D., Stewart, C. J., & Fromknecht, A. E. (2019). A traumagenic social ecological framework for understanding and intervening with sex trafficked children and youth. *Child & Adolescent Social Work Journal, 36*, 49–63. <https://doi.org/10.1007/s10560-018-0588-7>
- Futures Without Violence. (n.d.). *Promoting employment opportunities for survivors of human trafficking*. <https://www.futureswithoutviolence.org/wp-content/uploads/PEOST-Project-Summary.pdf>
- Gibbs, D. A., Henninger, A. M., Tueller, S. J., & Kluckman, M. N. (2018). Human trafficking and the child welfare population in Florida. *Children & Youth Services Review, 88*, 1–10. <https://doi.org/10.1016/j.childyouth.2018.02.045>
- 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. <https://doi.org/10.1177/0886109912475172>
- Harmon-Darrow, C., Rubenstein, A., Burruss-Cousins, K., McTavish, G., Eisler, A., & Finigan-Carr, N. (2023). Engaging victims of child sex trafficking: Training for child welfare workers. *Social Work Research*. <https://doi.org/10.1093/swr/svad008>
- Hill, C., Knox, S., Thompson, B., Nutt Williams, E., Hess, S., & Ladany, N. (2005). Consensual qualitative research: An update. *Journal of Counseling Psychology, 52*(2), 196–205. <https://doi.org/10.1037/0022-0167.52.2.196>
- Hogan, K. A., & Roe-Sepowitz, D. (2020). LGBTQ+ homeless young adults and sex trafficking vulnerability. *Journal of Human Trafficking, 9*(1), 63–78. <https://doi.org/10.1080/23322705.2020.1841985>
- Institute of Medicine and National Research Council. (2013). *Confronting commercial sexual exploitation and sex trafficking of minors in the United States*. <https://doi.org/10.17226/18358>.
- Johnston, A., & Friedman, B. (2019). Boyfriends and Romeo pimps: Narratives of romance in news coverage of sex trafficking. In R. A. Lind (Ed.), *Race/Gender/Class/Media: Considering diversity across audience, content, and producers* (pp. 104–108). Routledge.
- Jordan, J., Patel, B., & Rapp, L. (2013). Domestic minor sex trafficking: A social work perspective on misidentification, victims, buyers, traffickers, treatment, and reform of current practice. *Journal of Human Behavior in the Social Environment, 23*(3), 356–369. <https://doi.org/10.1080/10911359.2013.764198>
- Latzman, N. E., Gibbs, D. A., Feinberg, R., Kluckman, M. N., & Aboul-Hosn, S. (2019). Human trafficking victimization among youth who run away from foster care. *Children & Youth Services Review, 98*, 113–124. <https://doi.org/10.1016/j.childyouth.2018.12.022>
- Lederer, L. J., & Wetzel, C. A. (2014). The health consequences of sex trafficking and their implications for identifying victims in healthcare facilities. *Annals of Health Law, 23*, 61–91. <https://lawcommons.luc.edu/annals/vol23/iss1/5>
- Lillie, M. (2016). *An unholy alliance: The connection between foster care and human trafficking*. Human Trafficking Search. https://humantraffickingsearch.org/wp-content/uploads/2017/09/Copy-of-An-Unholy-Alliance_The-Connection-Between-Foster-Care-and-Human-Trafficking.pdf
- Mace, S. L. (2015). Child trafficking and child welfare: Implications for policy and practice. *Journal of Trafficking, Organized Crime and Security, 1*(2), 47–61.
- Macy, R. J., & Graham, L. M. (2012). Identifying domestic and international sex-trafficking victims during human service provision. *Trauma, Violence & Abuse, 13*(2), 59–76. <https://doi.org/10.1177/1524838012440340>
- Martinho, G., Gonçalves, M., & Matos, M. (2020). Child trafficking, comprehensive needs and professional practices: A systematic review. *Children & Youth Services Review, 119*, 105674. <https://doi.org/10.1016/j.childyouth.2020.105674>
- Maxwell, J. A. (2012). *Qualitative research design: An interactive approach* (Vol. 41). Sage Publications.
- McMahon-Howard, J., & Reimers, B. (2013). An evaluation of a child welfare training program on the commercial sexual exploitation of children (CSEC). *Evaluation and Program Planning, 40*, 1–9. <https://doi.org/10.1016/j.evalprogplan.2013.04.002>
- Michael, A. (2009). *A qualitative study of the experiences of service providers who work with victims of human trafficking*. California State University.
- Middleton, J., & Edwards, E. (2021). Detecting child trafficking within the child welfare system: Recommendations and best practices for screening and identification protocols in the United States. *International Journal of Forensic Research and Criminology, 9*(1), 1–10.
- Miller, C. L., Duke, G., & Northam, S. (2016). Child sex-trafficking recognition, intervention, and referral: An educational framework for the development of health-care-provider education programs. *Journal of Human Trafficking, 2*(3), 177–200. <https://doi.org/10.1080/23322705.2015.1133990>
- Miller-Perrin, C., & Wurtele, S. K. (2017). Sex trafficking and commercial sexual exploitation of children. *Women & Therapy, 40*(1–2), 123–151. <https://doi.org/10.1080/02703149.2016.1210963>
- National Alliance to End Homelessness. (2016, April 20). *Housing First*. <https://endhomelessness.org/resource/housing-first/#:~:text=Housing%20First%20is%20a%20homeless%20assistance%20approach%20that,personal%20goals%20and%20improve%20their%20quality%20of%20life.>

- O'Brien, J. E., White, K., & Fraga Rizo, C. (2017). Domestic minor sex trafficking among child welfare-involved youth: An exploratory study of correlates. *Child Maltreatment*, 22(3), 265–274. <https://doi.org/10.1177/1077559517709995>
- Olender, S. (2018). Combatting domestic minor sex trafficking in the child welfare system. *Kennedy School Review*, 18, 65–72. <https://ksr.hkspublications.org/2019/01/27/domestic-minor-sextrafficking/>
- Powell, C., Dickins, K., & Stoklosa, H. (2017). Training US health care professionals on human trafficking: Where do we go from here? *Medical Education Online*, 22(1), 1–12. <https://doi.org/10.1080/10872981.2017.1267980>
- Preventing Sex Trafficking & Strengthening Families Act of 2014. (2014). Public Law 113-183 U.S.C. 20.
- QSR International Pty Ltd. (2018) NVivo (Version 12), <https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software/home>
- Rafferty, Y. (2008). The impact of trafficking on children: Psychological and social policy perspectives. *Child Development Perspectives*, 2(1), 13–18. <https://doi.org/10.1111/j.1750-8606.2008.00035.x>
- Runaway and Homeless Youth Training & Technical Assistance Center. (n.d.). *Human Trafficking for Runaway and Homeless Youth Services Programs*. <https://www.rhyttac.net/assets/docs/Resources/HumanTraffickingResourceGuide-508.pdf>
- Schauer, E. J., & Wheaton, E. M. (2006). Sex trafficking into the United States: A literature review. *Criminal Justice Review*, 31(2), 146–169. <https://doi.org/10.1177/0734016806290136>
- Schwarz, C. (2019). Human trafficking and meaning making: The role of definitions in antitrafficking frontline work. *The Social Service Review*, 93(3), 484–523. <https://doi.org/10.1086/705237>
- Sherraden, M., & Gilbert, N. (2016). *Assets and the poor: New American welfare policy*. Routledge. <https://doi.org/10.4324/9781315288376>
- Shigekane, R. (2007). Rehabilitation and community integration of trafficking survivors in the United States. *Human Rights Quarterly*, 29, 112–136. <https://doi.org/10.1353/hrq.2007.0011>
- Silverman, J. G. (2011). Adolescent female sex workers: Invisibility, violence and HIV. *Archives of Disease in Childhood*, 96, 478–481. <https://doi.org/10.1136/adc.2009.178715>
- Trickett, P. K., Noll, J. G., & Putnam, F. W. (2011). The impact of sexual abuse on female development: Lessons from a multigenerational, longitudinal research study. *Development & Psychopathology*, 23(2), 453–476. <https://doi.org/10.1017/s0954579411000174>
- U.S. Department of State. (2021). *Trafficking in Persons Report, 2021*. <https://www.state.gov/wp-content/uploads/2021/09/TIPR-GPA-upload-07222021.pdf>
- Victims of Trafficking and Violence Protection Act of 2000. (2000). Pub. L. No. 106–386 § 114.
- Werkmeister Rozas, L., Ostrander, J., & Feely, M. (2018). Inequalities in US child protection: The case of sex trafficked youth. *Social Sciences*, 7(8), 135. <https://doi.org/10.3390/socsci7080135>
- Wheaton, E. M., Schauer, E. J., & Galli, T. V. (2010). Economic of human trafficking. *International Migration*, 48(4), 114–141. <https://doi.org/10.1111/j.1468-2435.2009.00592.x>
- Williams, A., & Flynn, A. (2017). *Federal prosecution of commercial sexual exploitation of children cases, 2004-2013*. U.S. Dept of Justice, Office of Justice Programs, Bureau of Justice Statistics.