

RETENTION RATES OF SEX TRAFFICKED AND AT-RISK YOUTH IN A REHABILITATION CENTER

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Abstract:

Sex trafficking is a prevalent criminal enterprise in the world.² The United States has the second largest sex trafficking market in the world.³ There are rehabilitation facilities and interventions that exist for children and young people who experience commercial sexual exploitation (CSEC). However, there remains limited information on the most effective interventions for these young people. This study aims to report on the at-risk and sex trafficked youth in a facility in Arizona, retention, as well as risk factors that differentiate these two cohorts. By comparing 69 sex trafficked youth to 70 at-risk youth, we can further delineate how prior sexual abuse, emotional abuse, and substance abuse affects rates of retention. Findings indicate that CSEC girls were more likely to run away. There was a statistically significant difference between the CSEC and non-CSEC girls with regards to substance abuse ($p=0.001$ Pearson chi-square value=13.316, Cramer's $V=0.351$, and Pearson's $R=0.351$) and sexual abuse ($p=0.026$, Pearson chi-square 4.966, Cramer's $V= 0.220$, Pearson's $R= 0.220$). The two groups did not differ significantly in terms of emotional abuse ($p=0.803$, Pearson chi-square value= 0.062, Cramer's $V= 0.025$, Pearson's $R= -0.025$).

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Introduction:

Research Question

- 1) Are sex trafficked girls more likely to run away than go to safe placement when compared to non-sex trafficked girls in a high-risk group home sample?
- 2) Does prior substance abuse, sexual abuse, and emotional abuse impact outcomes and retention rates for sex trafficked victims versus non-sex trafficked girls?

Hypothesis

Sex trafficked adolescent victims who have higher rates of emotional abuse, sexual abuse, substance abuse are more likely to runaway than their counterparts who have not been sex trafficked.

Human sex trafficking is a thriving business that has a never-ending supply and demand. Due to the constant demand for a commercial sex industry, there remain individuals who continue to profit from this low-risk business. Sex trafficking is a profitable criminal enterprise around the world and is just second to the drug trade.¹ A term used, commercial sexual exploitation of children (CSEC), refers to the sex trafficking of minors.⁴ The *Federal Trafficking Victims Protection Act of 2000* defines sex trafficking as “a commercial sex act induced by force, fraud, or coercion, or in which the person induce to perform such act has not attained 18 years of age”.⁵ By definition, any minor who has been induced to perform any sexual act is not a prostitute, but a victim of sex trafficking.

Although there is limited data to quantify the exact number of human trafficking incidences, the U.S. Department of Health & Human Services quantifies that 71.7% of homeless youth have reported experiencing major trauma such as physical or sexual abuse.⁶ One study estimated that due to increased vulnerability, running away from home increases the likelihood of involvement in CSEC by more than 40 times.⁷

In the United States, the three known risk factors associated with CSEC are prior sexual abuse, extreme poverty and running away from home.⁴ When studying complex and high-risk populations, one of the challenges that occurs is that these risk factors are strongly correlated and separating them out can be multifaceted.⁸ This is especially true with the CSEC.⁸ Risk factors that are seen with this demographic include running away from home, parental substance abuse, childhood sexual and physical abuse, experiencing homelessness, and using drugs.⁴ These risk factors are common in victims of CSEC and high-risk populations who have not been sex trafficked.⁴

Children can be trafficked through different means. Traffickers can find these victims online, juvenile centers, shopping malls, and foster homes² Traffickers can act as boyfriends (also known as a Romeo), and convince the victims that they are cared for, while manipulating them to have sex with clients.²

Interventions for sex trafficked girls exist, yet much remains unknown regarding the most effective way to rehabilitate these children.⁸ A review commissioned by the UK Department of Education found only nine internationally published studies that looked into the support provided by residential care facilities for sexually exploited children.⁹ It is imperative to understand the experiences and risk factors of CSEC children, in order to better implement rehabilitation programs for these children. Currently, there is very little research comparing CSEC to non-exploited, yet vulnerable populations.⁸

A study done by Cole, Sprang, Lee and Cohen showed that CSEC survivors were more likely to run away from home, use alcohol, experience substance misuse problems and have a criminal history in comparison to their at-risk peers.¹⁰ This paper examines the variables of prior sexual abuse, emotional abuse, substance abuse, and age of admission in CSEC children and non-CSEC children in a residential care facility.

Background

Sexual abuse

Childhood abuse has been found to be associated with an increased likelihood of entry into prostitution.¹¹ In a study of adult women in Canada who were victims of commercial sexual exploitation as minors (prior to the age of 18), 80.3% experienced prior sexual abuse.¹² In another study, women with a history of childhood sexual abuse were found to have higher rates of prostitution involvement and entered at a slightly earlier age than women who did not have a history of sexual abuse.⁷

Emotional Abuse

Emotional abuse has been frequently reported by CSEC children. In one study, after controlling for childhood physical and sexual abuse as well as race, a hierarchical regression revealed childhood emotional abuse accounts for an earlier age of entry into prostitution.¹³ History of emotional and sexual abuse are strong indicators of being trafficked. In a sample of 71 adult women attending a residential prostitution exiting program, women who entered prostitution as juveniles were more likely to have run away from home and to have experienced childhood emotional abuse.¹⁴ In a study exploring the relationship of childhood trauma and adult prostitution, findings showed that childhood emotional abuse was the most frequently reported type of abuse by both men and women.¹⁵ In a study of 261 high-risk street-involved youth, childhood sexual abuse and childhood emotional abuse were associated with CSEC.¹⁴

Substance Abuse

Substance abuse has been shown to have strong correlation with commercially sexually exploited children. The relationship between drug use and prostitution are linked, however the order in which they occur and the influence one entity has on the other is not fully understood.¹³ In one study, it was observed that early drug and alcohol use posed a greater risk for involvement in prostitution.¹⁶ In a study conducted of 128 CSEC it was observed that 57% were using drugs or alcohol.¹⁷

Significance

At the residential care facility, there are girls aged 11 to 17, some of whom have been victims of CSEC and some of whom are identified as at-risk youth but have not been victimized by CSEC. This residential facility provides rehabilitation and a home for these girls. However, there are high rates of AWOLing. AWOLing is a term to describe girls running away from the facility. The aim of this paper is to look at differences in experiences and risk factors of the girls in each cohort in order to provide a better treatment facility strategy.

It is important to look into these variables because emotional , sexual abuse, and substance abuse are preventable. If we can learn about the variables that impact outcomes of rehabilitation, we can create interventions to positively influence the outcomes of this vulnerable population.

By collecting data from the victim's perspective on quality of life and care at the rehabilitation facility, the data can be used to implement and modify programs to better impact the girls in this facility. Analyzing why retention rates are low can impact not only retention rates at this facility, but at other rehabilitation centers in the USA. By providing meaningful care to the minors who are victims of the sex trade, outcomes can be improved in the girls' lives.

Research Methods and Materials:

Intake forms for 139 girls, aged 11 to 17, between January 2012 to December 2014 were analyzed from this residential center in the Southwestern United States for victims of sexual trauma between January 2012 to December 2014. Recruitment was conducted in-person by study team staff on location. The participants were given an intake form by the rehabilitation facility. All residents who underwent intake at this facility were included in this study. The intake form included age at admission and questions about life history, family relationships, substance use, and emotional and sexual abuse. Other questions on the intake form included race, delinquency, witnessing domestic abuse at home, and any diagnosis of mental illness. Participants also answered questions regarding whether they exchanged sex for money, drugs, protection, or a place to stay. The questions about emotional abuse are adapted from Parental Psychological Maltreatment Scale.^{18,19} The emotional abuse scale includes questions such as how often did the following occur in a year; a parent, stepparent, foster parent or adult in charge of you 1) yelled at you, 2) insulted you, 3) criticized you, 4) tried to make you feel guilty, 5) ridiculed or humiliated you, 5) embarrassed you in front of others, or 6) made you feel like you were a bad person. This was cross-referenced with the discharge information of each participant. The discharge information outlined whether a participant AWOL'ed or completed their stay and were safely discharged.

Descriptive analysis was used to identify incidence and prevalence of experiences within the sample. Chi square analysis was also used to delineate the four target risk factors between the CSEC and CSEC participants. Quantitative data was analyzed with IBM SPSS Statistics Software Version.

Results:

Participant Descriptions

78 participants (53.4%) from the sample were runaways, and 61 participants (41.8%) had successful safe placement. 4 participants discharges were not recorded, which was 2.7% of the population. 69 girls were identified as CSEC and 70 girls were not.

Participants were all female ranging from 11 to 17 years old. 29.5% were identified as Caucasian, 24.0% as Hispanic, 21.9% as African American, 4.1% as Native American, 0.7% Asian, and 15.8% as mixed race, with 2.7% of sample missing race/ethnicity information. In terms of emotional abuse, 50.7% did not report any emotional abuse, 20.5% reported emotional abuse and 28.8% of the sample did not complete this section. In terms of mental illness, 42.5% of participants stated they were diagnosed with a mental illness, 27.4% were not diagnosed and 30.1% of data was missing information. Participants who had been diagnosed with a mental illness included their diagnosis which included ADHD, ADD, anxiety, PTSD, bipolar disorder, borderline personality disorder, or depression.

In terms of substance abuse, 14.4% did not report using drugs and alcohol, while 59.6% reported using drugs and alcohol. 26% of the data was missing for the drugs and alcohol question.

Discharge information was made available. Discharge location included only AWOL'ing and safe placement (home, group home, hospital, or another rehabilitation clinic).

Some data was missing from the subjects based on how they filled out their intake forms.

Substance abuse

Out of 108 participants that completed the substance abuse questionnaire, 49 were non-sex trafficked participants and 59 were sex trafficked victims. The sex trafficked victims had significantly higher rates of drug and alcohol use. 55 of 59 participants used drugs and alcohol with a frequency of 93.2%. 32 of 49 non-sex trafficked participants reported using drugs and alcohol, with a frequency of 65.3%. Using chi-square analysis, it is observed that participants who are victims of sex trafficking have higher rates of drug and alcohol abuse ($p=0.001$ Pearson chi-square value=13.316, Cramer's $V=0.351$, and Pearson's $R=0.351$).

Emotional abuse

104 total participants completed the emotional abuse questionnaire, 50 were non-sex trafficked participants and 54 were sex trafficked victims. 15 of 54 sex trafficked victims reported emotional abuse, with a frequency of 27.8%. 15 of 50 non-sex trafficked girls reported emotional abuse, with a frequency of 30%. These values were shown to not have a significant correlation between emotional abuse and sex trafficked girls ($p=0.803$, Pearson chi-square value= 0.062, Cramer's $V= 0.025$, Pearson's $R= -0.025$).

Sexual abuse

103 total participants completed the sexual abuse questionnaire, 49 were non-sex trafficked participants and 54 were sex trafficked participants. 27 of 49 non-sex trafficked girls reported sexual abuse, with a frequency of 55.1%. 41 of 54 sex trafficked victims reported sexual abuse, with a frequency of 75.9%. There was a statistically significant correlation between sexual abuse and CSEC ($p=0.026$, Pearson chi-square 4.966, Cramer's $V= 0.220$, Pearson's $R= 0.220$).

Run Aways

Safe placement includes home, group home, hospital, or another rehabilitation clinic. 78 participants from the sample were runaways with a total of 53.4%, 60 participants had successful safe placement, with 41.8% of the total sample. 4 participants discharges were not recorded, which was 2.7% of the population. Of the CSEC girls, 45 were runaways and 24 were put into safe placement. 69 girls were CSEC girls in this sample. Of the non-CSEC girls, 34 were runaways and 36 were put into safe placement. There were 70 girls in the non-CSEC group. The P value showed 0.048 for the CSEC group and correlation with AWOLing from the facility. The analysis shows that CSEC girls are more likely to runaway when compared to their non-CSEC cohort.

Discussion:

Case files for the 139 girls were reviewed and analyzed comparing non-CSEC girls to CSEC girls. Out of the 139 possible cases, 108 participants answered substance abuse questions, 104 participants answered emotional abuse questions and 103 participants answered sexual abuse questions.

CSEC girls were shown to more likely runaway from the facility when compared to the non-CSEC girls. Our study did not include questions about how participants in the group home perceived their stay in the group home or perspective on the staff. The study was also unable to identify why girls AWOL'ed.

Based on the way the questions were asked, we were unable to delineate which of these risk factors came before or occurred during or after the girls were sex trafficked. The two groups did not differ significantly in terms of emotional abuse. There was a statistically significant difference between the CSEC and non-CSEC girls with regards to substance abuse and sexual abuse.

This is one of the few studies that compared risk factors of CSEC girls to non-CSEC girls in a residential care facility. While there are similarities in the groups, including exposure to adverse experiences such as emotional and sexual abuse, and substance abuse; the CSEC girls in this study showed higher rates of sexual abuse and substance abuse. Additionally, the sexual abuse reporting can be confounded with the sex trafficking experiences of the CSEC girls.

Limitations of this study include the inability to survey the girls on their views, suggestions, and expectations of the group home. Additionally, we did not have full participation of the subjects when analyzing the various risk factors, such as emotional abuse, substance abuse, and sexual abuse. We primarily focused on quantitative data, and when such a complex population group and problem is posed, qualitative data can provide more meaningful data.

Future Directions:

With the CSEC girls running away more often, it is imperative to rethink the structure and execution of group homes for these girls and explore non-traditional structures to better suit their needs.

Our population focused on girls aged 11 to 17, therefore further research needs to be done to include males and transgender youth. As more research is done on this vulnerable population, rehabilitation services and resources can be better directed to suit this population. It is imperative to help the youth who have dealt with these traumatic experiences.

Conclusions:

The experiences of CSEC girls are often more traumatic and adverse than non-CSEC girls and these girls are also more likely to runaway from a rehabilitation facility. The needs of CSEC girls are often more complex than their counterparts and the treatment facilities are not adequately addressing these needs. It is important to further investigate the girls' perspectives and expectations for group homes and rehabilitation centers in order to provide better services to these girls and prevent them from running away.

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