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Commercially Sexually Exploited Children (CSEC):
Treatment & Recovery from a Service Provider's Perspective

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Abstract

Commercially Sexually Exploited Children (CSEC): Treatment & Recovery from a Service Provider's Perspective

By Katharine H. Hurd

Introduction: Out of the various forms of violent maltreatment performed against children, the commercial sexual exploitation of children (CSEC) is one of the most concealed (Rand, 2009) but exceedingly common. In order to address a gap in current research, this study proposed to investigate comprehensive service programs for commercially sexually exploited children and these programs' success through service provider feedback. This study aimed to explore how therapeutic treatment services in metro Atlanta influence recovery for survivors of exploitation and what makes these treatment services successful. Guided by the DOI, the study also aimed to identify previous practices as well as the characteristics of current programs in Georgia.

Theoretical Framework: Diffusion of Innovations

Methods: Ten service providers were recruited for in-depth interviews. Service providers were defined by two criteria: 1. They are employed by a program which provides services to CSEC survivors; 2. They support CSEC survivors receiving services in a residential treatment setting. Data was analyzed and coded for recurring themes.

Results: In general, four main themes were identified. These themes included: residential treatment, holistic services, individualized treatment, and movement toward success.

Conclusion: Through interviewing service providers, it is evident that recovery is a process that occurs over time, with ultimate success being that a survivor is not re-exploited. Effective treatment means recognizing and meeting the survivor at her present emotional stage. Some girls may not be ready for all of the comprehensive services that residential treatment provides. However, comprehensive services assist all parts of the individual and should be individually tailored, whether in an outpatient or residential facility, and have the capacity to change as a survivor progresses through treatment and recovery.

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Introduction

The maltreatment of children including child neglect, child physical abuse, child emotional abuse and child sexual abuse remains a major problem as it influences health outcomes later in life for the children involved (Hussey, Chang & Kotch, 2006). Due to the sensitive nature of this topic, obtaining accurate data on child maltreatment remains difficult, although research suggests that somewhere around 2.3% to 4.2% of children within the United States are maltreated each year (Hussey, Chang & Kotch, 2006). Conservatively speaking, that equals to around one million maltreated children each year within the U.S. (Hussey, Chang & Kotch, 2006). Additionally, evidence indicates that children who are exposed to childhood maltreatment are more susceptible to physical and mental health problems throughout life. These problems may include anxiety disorders, depression, substance use, cardiovascular disease, diabetes, hypertension and perpetration of violent behaviors in the future (Corso, Edwards, Fang & Mercy, 2008).

According to the Federal Child Abuse Prevention and Treatment Act (CAPTA), child abuse and neglect is defined as “any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm” (U.S. Department of Health and Human Services, 2003, p.44). Child neglect is an act of omission, or a failure to act. As a failure to provide basic needs, child neglect may be physical, medical, educational or emotional (U.S. Department of Health and Human Services, 2008). On the other hand, child physical, sexual or emotional abuse is an act of commission, that being an act that is committed against the child. While it is possible for these types of maltreatment to occur individually, often they occur in

combination with each other. Additionally depending upon the state, parental abandonment or parental substance abuse may also be defined as child abuse or neglect (U.S. Department of Health and Human Services, 2008).

Out of the various forms of violent maltreatment performed against children, the commercial sexual exploitation of children (CSEC) is one of the most concealed (Rand, 2009) but exceedingly common. CSEC is described as sexually exploiting children (those under 18 years old) for financial or other economic purposes (Ferguson et al., 2009). As research on child maltreatment has progressed, CSEC has emerged within the past decade as a substantial social problem (Ferguson et al., 2009), one that is complex and requires further examination (Rand, 2009), especially surrounding victim treatment services (The Schapiro Group, 2009). Because services are relatively new for CSEC victims, it remains difficult to assess what is the “best practice” (The Schapiro Group, 2009).

It is estimated that 100,000 U.S. children are CSEC victims each year (Baker, 2010) and that more than 300,000 children are at risk of commercial exploitation each year (Ferguson et al., 2009). Child survivors of commercial sexual exploitation face a distinct set of problems, which impact their life during, and even after, the commercial sexual exploitation ends (Lebloch & King, 2006). Because of these distinct problems and needs, availability and coordination of specific services is required (Ferguson et al., 2009). Unfortunately, available treatment services for CSEC victims are often limited (Ferguson et al., 2009).

Theoretical Framework

Everett M. Rogers developed the Diffusion of Innovations (DOI) model in 1962. According to this model, diffusion is a specific type of communication among members

of a social system, completed over time about a new idea (Rogers, 1995). The diffusion of new ideas can be both spontaneous and planned, and is tied to an innovation. An innovation is that idea, custom or entity that is considered to be new by the person adopting it. While the innovation may not be objectively new, it is the perception of the individual who is adopting the innovation that matters (Rogers, 1995).

The model proposes that prior conditions, such as previous practices and felt need, influence decision-makers' initial consideration of adopting an innovation (Rogers, 1995). According to the model, once they consider adopting, it is the characteristics of the innovation including its advantage relative to what is being done, its compatibility with values of the decision-maker, and its complexity that persuade the decision-maker to adopt the innovation.

Because CSEC has only been recognized as a problem over the past decade, CSEC victim services are relatively new and there are limited ones currently in place. Those that provide comprehensive services for victims are thought to provide the best treatment (The Shapiro Group, 2009), but these services currently do not have enough objective research to distinguish which ones are successful (The Schapiro Group, 2009). Currently available literature is exploratory in nature, focusing on the contexts of commercial sexual exploitation and originating from service provider anecdotes (Rand, 2009).

Purpose of the Study

In light of the lack of relevant research, and guided by the Diffusion of Innovations, this study proposes to investigate these programs and their success through service provider feedback. Current research identifies several gaps that need to be filled.

Although it is believed that comprehensive services are the best, objective research is lacking to distinguish the mechanisms of why certain services are successful (The Schapiro Group, 2009). Applying the DOI in order to identify the characteristics of current programs in Georgia would help identify these mechanisms. Additionally, there is a need for researchers to work closely with service providers, especially when seeking the perspective of the CSEC victim (Gozdziak, 2008). Therefore, a proposed study such as this, which captures the perspective of the service provider, would address this particular gap in research as well.

Viewing comprehensive services for victims as the innovation for this proposed study, it would be most beneficial to focus on the prior conditions of service providers for CSEC victims as well as focusing on the perceived characteristics of comprehensive services in order to determine the diffusion potential of this innovation (Haider & Kreps, 2010). Specifically, this study aims to explore several questions: (1) According to service providers, how do therapeutic treatment services in metro Atlanta influence recovery for survivors of commercial sexual exploitation? and (2) According to service providers, what makes these treatment services successful? Additionally, this study aims to determine the following: (1) According to service providers, what previous practices for CSEC survivors have been implemented? (2) What is the relative advantage of using comprehensive therapeutic services over other treatment services? (3) How are these comprehensive therapeutic services compatible with the population receiving these services? (4) What aspects of comprehensive therapeutic treatment programs are particularly complex and would interfere with the implementation of these services?"

Review of the Literature

CSEC Definition and Frequency

As previously mentioned, the commercial sexual exploitation of children (CSEC) is described as sexually exploiting children (those under 18 years old) for financial or other economic purposes (Ferguson et al., 2009). CSEC is a subset of child sexual abuse (see Figure 1) and is a specific type of human trafficking, as it only includes minors (under the age of 18) and does not include labor trafficking of children (A Future. Not a Past., 2010b).

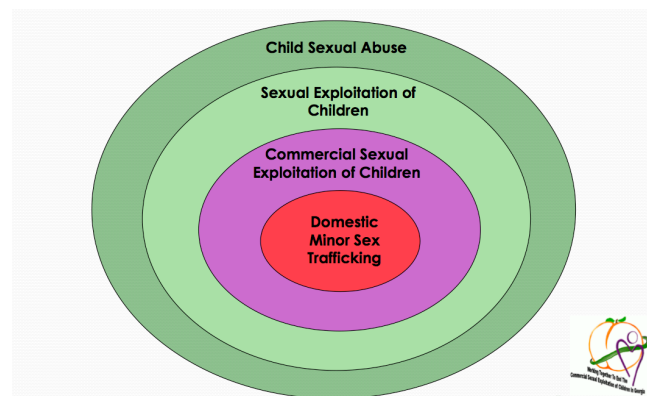


Figure 1: Child Sexual Abuse Model, (A Future. Not a Past, 2010b)

Child commercial sexual exploitation transpires in many different ways, including street or gang-based prostitution, interfamilial pimping, sex trafficking, sex tourism, internet-based exploitation, pornography, stripping, erotic or nude massage, private parties, phone sex lines and escort services (A Future Not A Past, 2010b; Priebe & Suhr, 2005). The commercial sexual exploitation of children remains a very concealed issue. Therefore, the exact number of victims each year within the United States remains unknown, although it has been suggested the number of victims is in the hundreds of thousands (Williamson & Prior, 2008), with 100,000 to 300,000 children at risk annually within the U.S. (Estes & Weiner, 2001).

The CSEC Network

Part of the reason it remains difficult to number the victims is due to the network through which these sexually exploited children travel. At one time considered a third world problem, CSEC is, in fact, taking place all over the United States, with recruitment cities, destination cities and bidirectional cities from and to which CSEC victims are taken (Williamson & Prior, 2008). These cities and the routes between them span across the United States (see Figure 2).

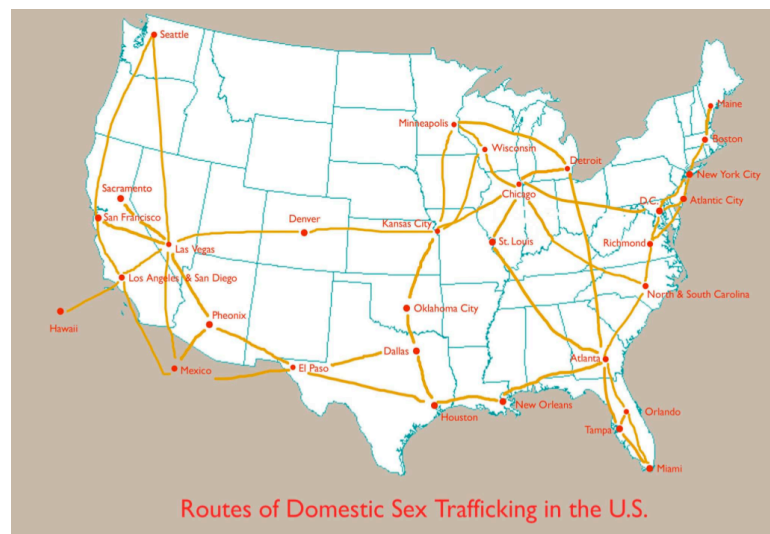


Figure 2: Routes of U.S. Sex Trafficking, (A Future. Not a Past, 2010b)

Recruitment cities are those where children are manipulated or forced into being sexually exploited. Destination cities are those where children are sent to work as prostitutes. Finally, bidirectional cities are those in which children are both recruited and prostituted (Williamson & Prior, 2008). Communities that contain a large population of transient males, like truckers, tourists and military personnel, and communities that already have an existing availability of adult sex markets especially seem to support the sexual exploitation of children (Williamson & Prior, 2008). Adult sex markets support CSEC as they subsist in places where youth can find other youth, cheap hotels and drugs;

law enforcement maintains a low profile in these areas; and ambiguity for youth and their exploiters is essentially ensured (Estes & Weiner, 2001).

Atlanta, GA, is a central hub for this activity (Priebe & Suhr, 2005). Atlanta specifically has a flourishing sex industry and has earned a national reputation as a sexual tourist destination (Priebe & Suhr, 2005). Additionally, as a major center for sports events and conventions, Atlanta remains a profitable stopover and prevalent destination for pimps (Friedman, 2005).

Characteristics of CSEC Victims

CSEC involves many key players, including the children who are victimized, the individuals who act as pimps and the individuals who buy the children's services.

Although both male and female victims are involved in commercial sexual exploitation, the majority of CSEC victims are female, with the average age of entry between 12 and 14 years old (Friedman, 2005; Governor's Office for Children and Families, 2011).

Additional characteristics of commercially sexually exploited children include early sexual, physical, or emotional abuse, and those who have been abandoned or run away (Friedman, 2005). A pimp often recruits these children when they have run away from home. The National Incidence Studies of Missing, Abducted, Runaway and Thrownaway Children estimated that 1.6 million children ran away from home in 1999 and one in three teens are recruited within 48 hours of leaving home (Hammer, Finkelhor & Sedlak, 2002). Additionally, the U.S. Congress found that missing children are at substantial risk of sexual exploitation; that child victims of sexual exploitation are increasing; and that sexual offenders stand as a threat to children (Protecting Our Children Comes First Act of 2007).

There are certain family and individual red flags, which may indicate that a child is being commercially sexually exploited. Individual red flags may be made up of educational concerns, personal concerns and legal issues. Educational concerns include not being on the correct grade level, having special education or behavioral needs, chronic absence from classes and sleeping in class (A Future. Not a Past, 2011). Personal red flags include unsuitable dress, bad hygiene, frequent diagnoses of sexually transmitted infections, older friends, substance use, and strong emotions, such as being angry, withdrawn, tearful, or suicidal (A Future. Not a Past, 2011). Individual legal issues include having a status offense, possession of a false identification, history of persuading others into prostitution, and being arrested in a place known for prostitution (A Future. Not a Past, 2011). Finally, family issues include having a lack of adult supervision or support, previous history with state children services, violence within the home, and living in areas known to be a place for prostitution (A Future. Not a Past, 2011).

Certain factors including personal, familial, and peer-associated vulnerability may put children at risk of being exploited (Lebloch & King, 2006; Williamson & Prior, 2009). The greater the number of vulnerability risk factors, the higher the level of risk of the child being commercially sexually exploited (Lebloch & King, 2006). Personal risk factors include criminal behavior, immaturity, and poor sexual decision-making (Lebloch & King, 2006; Williamson & Prior, 2009). Children who are drug and/or alcohol dependent, engage in gang membership, and have poor school or social performances are also at greater risk of being sexually exploited. Additional individual psychogenic risk factors include poor self-esteem, on-going depression, and a belief that an external force controls one's life (Estes & Weiner, 2001).

Familial risk factors include parental instability, parental substance abuse, and parental mental illness, all of which contribute to family dysfunction (Estes & Weiner, 2001; Lebloch & King, 2006; Williamson & Prior, 2009). Children with a past history of physical or sexual abuse and those who are victims of crime and violence are also at risk of sexual exploitation (Estes & Weiner, 2001). An additional external risk factor includes the promotion of prostitution by others, including family members such as parents or siblings. One family-associated risk factor, poverty, has historically been thought of as a major factor contributing to sexual exploitation. However, current research has identified that CSEC victims come from all socio-economic classes and that other risk factors play a greater role in sexual exploitation (Estes & Weiner, 2001). Peer-associated risk factors include being introduced into prostitution by friends or significant others (Williamson & Prior, 2009). They also include being part of a youth group, which is unconnected with greater society (Estes & Weiner, 2001).

Pimps, the Recruiters

Most often the commercial sexually exploitation of children transpires because a pimp has manipulated a girl into believing that he can save her and make a better life for them together (Friedman, 2005). The term “pimp” is actually an acronym for “*profiting from the income from managing prostitutes*” (Kreston, 2005). Pimps have an extraordinary capacity to discover and exploit the needs of vulnerable children (Priebe & Suhr, 2005). “Doubling as lover, love dealer, confidant (*sic*), father, and eventually a kind of emotional executioner, a pimp serves as a middle man, entrepreneur and trafficker to meet and make huge profits from the demand for young female bodies” (Friedman, 2005, p.5). Pimps will use violence to ensure obedience, and sometimes even

brand the girls with tattoos to show “ownership” (National Center for Missing & Exploited Children, 2002). Pimps will recruit children in any location including bus stations, malls, schools, and even churches (Priebe & Suhr, 2005). Once the pimps have manipulated and coerced the girls, they sexually exploit them.

CSEC Patrons

Because sexually exploited children are minors, the perpetrators (also known as “buyers” “johns” or “patrons”) who engage in the sexual behaviors, are engaging in child sexual abuse (Kreston, 2005). Within Georgia, specifically, one study found that 7,200 men knowingly or unknowingly bought sex from underage girls every month (A Future. Not a Past, 2010b). Of these 7,200, 10% were actively seeking an underage female. However, of the 90% who tried to remain ignorant of the age of the girls with whom they wished to buy sex, when given escalated warnings as to the minor’s age, almost half (47%) continued to pursue buying sex, despite the warning (A Future. Not a Past, 2010b). The individuals who buy sex from children comprise the “demand” side of commercial sexual exploitation. Recent legislative focus has been to prosecute these individuals because the perpetrators’ demand and the victims’ “supply” are correlated.

CSEC and The Law

Currently U.S. federal law defines commercial sexual exploitation of children as illegal sex trafficking (Rand, 2009). Sex trafficking of children is defined as recruiting, harboring, transporting, providing or acquiring a minor for the purposes of a commercial sex act (Rand, 2009; Victims of Trafficking and Violence Protection Act of 2000; Williamson & Prior, 2008). Specifically, the federal law entitled Trafficking Victims Protection Act (TVPA), first passed in 2000, has established that any commercial sex act

performed by a person under the age of 18 years is considered a severe form of sex trafficking (Victims of Trafficking and Violence Protection Act of 2000). All children under 18 years old engaged in commercial sex acts are considered victims, no matter how “consensual” their engagement (Friedman, 2005). Under this law, severe forms of sex trafficking, such as trafficking of children, are prohibited and punished. Punishment for sex trafficking should be equal with that for brutal crimes like forcible sexual assault and the government should make “serious and sustained efforts to eliminate severe forms of trafficking” (Victims of Trafficking and Violence Protection Act of 2000).

Although federal law protects CSEC victims, it is not always enforced at the state and local level. Often, law enforcement across the United States arrests and prosecutes sexually exploited children, treating them as criminals rather than victims (Baker, 2010; Rand, 2009). Due to the trauma CSEC victims face during their exploitation, many traumatic symptoms, as well as physical and emotional problems, remain after the exploitation ends (Priebe & Suhr, 2005). Once victims have been arrested they frequently lie about their ages, regularly resulting in a night spent in jail (Friedman, 2005). Untrained law enforcement personnel may perceive these symptoms as uncooperative, untruthful, and manipulative behaviors (Ferguson et al., 2009). Without the state of mind that sees sexually exploited children as victims, there remains little motivation to find, prosecute, and sentence pimps and johns with anything larger than a fine (Friedman, 2005).

There is, however, growing trepidation and commitment to the problem of CSEC within the U.S. As a result, the U.S. Department of Justice held a national summit in 2002 to begin to address this issue (Flores, 2002). Recommendations from this summit

included increasing public awareness about CSEC, developing mandatory training for law enforcement and other professionals, and creating model legislative policies (Flores, 2002). To help combat the problem in Georgia, state legislation was passed in 2001 that made pimping and pandering of a minor a felony. Additionally, the Georgia Governor's Office for Children and Families created the Georgia CSEC Task Force in 2008, to collaboratively work with agencies and organizations to stop the commercial sexual exploitation of children (Georgia Care Connection, 2010).

Effects of CSEC on the Victims

Victims of commercial sexual exploitation face a myriad of problems, which impact their life during and even after the commercial sexual exploitation ends (Lebloch & King, 2006). In the midst of their exploitation CSEC victims suffer severe physical and emotional problems, including physical and sexual assault, mental health problems, and low self-esteem (Williamson & Prior, 2008). Mental health problems include depression, post-traumatic stress disorder, borderline personality disorder, and conduct disorder (Priebe & Suhr, 2005). Because sexually exploited children have multiple sex partners a day, they are put at risk for infectious and sexually transmitted diseases, such as tuberculosis, hepatitis-B, gonorrhea, syphilis, Chlamydia and even HIV/AIDS (National Center for Missing & Exploited Children, 2002; Priebe & Suhr, 2005; Williamson & Prior, 2008). A victim of commercial sexual exploitation is also at high risk of unplanned pregnancy, which has a dual impact; victimization frequently continues into the next generation because these CSEC survivors are girls who get pregnant and have babies without the maturity or skills to raise them (Priebe & Suhr, 2005).

Once their exploitation ends, additional problematic obstacles remain for CSEC victims. These obstacles include the impact of the abuse itself, whether it is the physical, emotional, or sexual abuse, as well as the fear, denial, and stigma associated with sexual exploitation. Because of the shame and secrecy surrounding their exploitation, after the exploitation ends victims often experience detachment from others and a poor quality of relationships (Estes & Weiner, 2001; Ferguson et al., 2009; Lebloch & King, 2006). Other problems for CSEC victims include a lack of professional training and qualifications for jobs, and a need for safe and stable shelter (Ferguson et al., 2009; Lebloch & King, 2006).

Treatment of CSEC Survivors

Because of the plethora of problems and needs of commercially sexually exploited children, increased availability and distinct coordination of specific treatment services is required (Ferguson et al., 2009). It is imperative to provide services as soon as possible for these children because, without intervention, over 77% of prostituted children will end up participating in adult prostitution (Williamson & Prior, 2009). As this field of research is focused upon, the breadth of the problem is still emerging. Despite the Trafficking Victims Protection Act, many organizations and agencies remain untrained to properly respond to victims of commercial sexual exploitation (Walts, French, Moore, Ashai, 2011). However, there are a growing number of services in place throughout the United States for commercially sexually exploited children (The Schapiro Group, 2009).

A study completed by the Schapiro Group in the fall of 2009, located 48 different organizations throughout the United States that provide services to CSEC victims. These

organizations' services ranged from 24-hour hotlines or referral services to several different therapeutic treatments, to short-term shelters or long-term housing, to comprehensive services. Suitable and quick-to-respond services, which include family support, have been recognized as key factors for successful recovery (Priebe & Suhr, 2005). Research suggests that the best services for CSEC victims are those that are comprehensive. Unfortunately, there is a lack of objective research available to determine why certain services are successful (The Schapiro Group, 2009).

Diffusion of Innovations

Given the relative infancy of victim services, a review of these services through the lens of the Diffusion of Innovations (DOI) theory would be especially helpful. The DOI is a theoretical framework that focuses on an innovation, or idea, that is perceived as new, and how it spreads through certain communication channels over time among members of a social system (Rogers, 2004). One of the strengths of the DOI is its use as a tool for social change, as once an idea is ingrained into a community it is unable to remain the same (Sharma & Romas, 2008). To date, no research studies of the commercial sexual exploitation of children have utilized the DOI.

There are several specific DOI theory-based concepts that would be helpful in analyzing current services available to CSEC victims. Because it is believed that comprehensive services are the best, specifically identifying the strengths and weaknesses of this innovation would be valuable. Prior to deciding to adopt an innovation, potential adopters, in this case service providers, must have an understanding of the prior conditions to the services, they must have knowledge of the innovation and they must be persuaded in some way to adopt this innovation (See Figure 3).

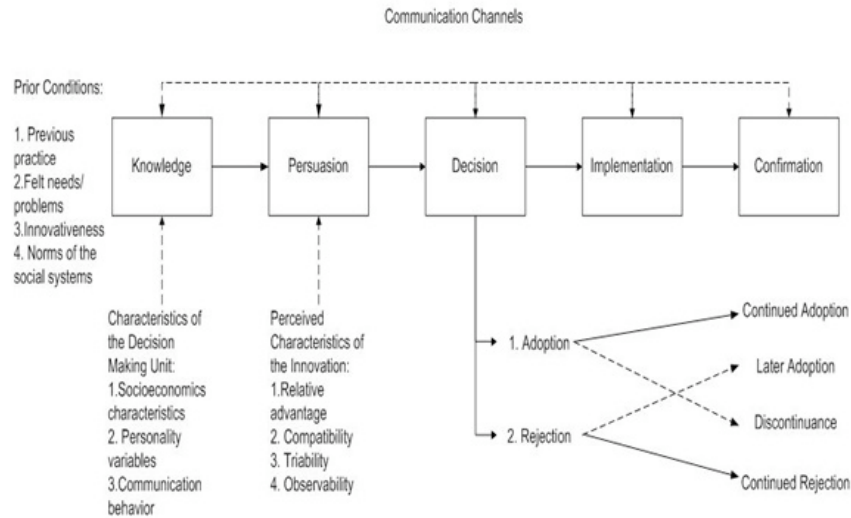


Figure 3: Innovation-Decision Process (Rogers, 1995)

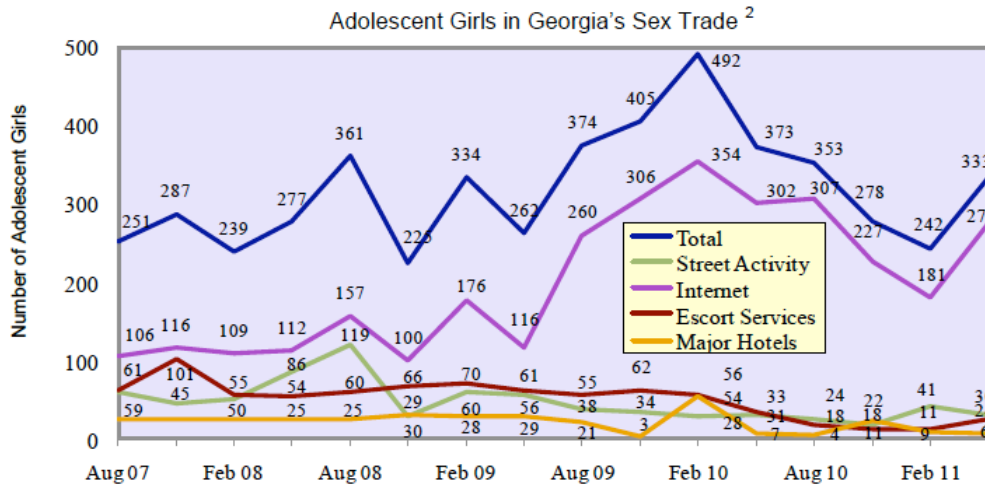
Understanding prior conditions includes recognizing previous practices, the felt needs or problems that can influence a desire for something new, identifying the innovativeness of the adopter, as well as the norms of the social system (Rogers, 1995). It would also be helpful to clearly identify the conditions prior to the services for CSEC survivors. New insight could be gained by understanding the societal norms that form their value system, and permitted practices of service providers. This remains important because it will, ultimately, affect the innovation-decision process (Haider & Kreps, 2004). Knowing the societal norms and then accentuating the innovativeness of comprehensive services would assist in the rate of diffusion and adoption of this innovation throughout US cities where the commercial sexual exploitation of children is particularly prevalent.

Having knowledge of an innovation also includes identifying the characteristics of the decision-making unit, including socioeconomic characteristics, personality variables and communication behavior (Rogers, 1995). According to the theory, however, in order to persuade a service provider to adopt comprehensive services to treat CSEC victims, it

must be understood what they perceive to be the characteristics of comprehensive services. The DOI identifies the key characteristics of the innovation as the relative advantage, compatibility, complexity, triability and observability of the innovation. All of these affect the rate of adoption of an innovation (Haider & Kreps, 2004).

Atlanta and CSEC

The FBI recently identified Atlanta as one of the 14 cities within the US with the highest incidence of prostituted children (Governor’s Office for Children and Families, 2010). The following graph (Graph 1) provides specific data on prostituted underage adolescent girls within Georgia. Research shows that, at its highest, close to 500 adolescent females were prostituted each month within the state of Georgia (A Future. Not a Past, 2010a); however, this number has fluctuated over time.



Graph 1: Adolescent Girls in Georgia’s Sex Trade over Time (Governor’s Office for Children and Families Fact Sheet, May 2011)

Given its high incidence of commercial sexual exploitation of children, several services for CSEC victims have emerged in the metro-Atlanta area. In particular, two organizations, Wellspring Living and Living Water for Girls, provide comprehensive services for female adolescent victims (ages 12-17 years) of commercial sexual

exploitation. For Wellspring Living these comprehensive services include “counseling, group therapy, education, life skills and vocational training, family reunification, as well as spiritual care” (Wellspring Living, 2010, p.2). For Living Water for Girls, these comprehensive services include “individual, group, family, and addiction counseling; on-site home-school education, GED and vocational services; and life-skills training and spiritual wellness” (Living Water for Girls, 2009, p.2).

Methodology

Participants

Sampled participants were 10 individuals who provide support services to child survivors of commercial sexual exploitation. Given the limited number of comprehensive treatment programs within the metro-Atlanta area, 10 participants for a qualitative study should be sufficient to represent these programs. Service providers were defined by two criteria: 1. They are employed by a program which provides services to CSEC survivors; 2. They support CSEC survivors receiving services in a residential treatment setting. In order to be eligible for this study, participants must be current service providers, as previously defined, within a program designed to assist CSEC survivors. Additionally, participants must work in the metro Atlanta area.

Non-probability, purposive sampling techniques, in particular intensity-sampling techniques, were utilized for this study. Specific programs within the metro-Atlanta area that provide comprehensive services to CSEC survivors, identified through an Internet search and contacts made through the CSEC Network Meeting, were purposively chosen. The comprehensive nature of one program that currently provides comprehensive treatment for CSEC survivors within the metro Atlanta area is evidenced by the number of services this program provides to girls who have been commercially sexually exploited: “counseling, group therapy, education, life skills and vocational training, family reunification as well as spiritual care” (Wellspring Living, 2010). All other programs that provide similarly comprehensive services within the Metro Atlanta area were sampled, as well.

Program directors from these purposively chosen programs were contacted for permission to sample individual service providers from these programs. When there were several service providers from which to choose, directors were asked for the names of providers who have worked with CSEC survivors whose substantiation of success was intense but not extreme. It was desirable to interview service providers who had worked with survivors who provided intense but not extreme substantiation of a treatment services' success in an effort to ensure that the individual survivor was an accurate representation of all survivors served. A provider who worked with survivors who were extreme demonstrations of success might not be easily replicated or be representative of other survivors and the services they have received. Intensity sampling is also useful for program evaluation because it provides the opportunity to sample cases that demonstrate the nature of the success or failure of a program without sampling an extreme case (Patton, 2002).

Measures

Data were collected following a standardized, open-ended interview guide with specifically constructed probes. This interview guide included experience questions, opinion questions, feeling questions, knowledge questions, and questions created to elicit stories. These questions covered varying topics including the direct service provider's overall opinion of the services the survivors received, availability of other services for commercially sexually exploited survivors, relative advantage of using a residential program compared to other programs, and the compatibility of comprehensive treatment programs with commercially sexually exploited children's needs. Please refer to Appendix B for a copy of the complete interview guide.

Certain questions were designed to elicit specific constructs contained within the research questions. In order to address previous practices, interviewees were asked “That you know of, what services were available to CSEC survivors prior to the creation of {program}?” In order to understand the relative advantage of using comprehensive therapeutic services over other treatment services, interviewees were asked, “When you think about the treatment of CSEC survivors, what does the term ‘comprehensive services’ mean to you?” Followed by several specific probes, “Do you think having comprehensive services is important? Why/Why not? Are there advantages to having comprehensive services? What are they?” To look at compatibility of comprehensive services with the population receiving services, interview questions included “What services do you believe CSEC survivors need? What is your opinion of the services the girls currently receive at {program}? What is the most helpful service? Why? What is the least helpful service? Why?” Finally, to understand the complexity of comprehensive therapeutic treatment programs, interviewees were asked “What parts of the currently provided services are particularly complex? How does this complexity interfere with the implementation of these services? How does this complexity influence service effectiveness?”

Procedures

This proposed study was completed through the use of qualitative methods. Specifically, 10 in-depth, individual, face-to-face or phone interviews took place. A Master of Public Health candidate from the Rollins School of Public Health of Emory University provided participants with a written copy of the consent form, collected oral consent, and conducted all interviews upon receiving consent. Interviews were

approximately one hour in length, and were held in a public place of the interviewee's choosing that allowed privacy, such as a library study room.

When permitted, interviews were digitally audio-recorded, for accuracy. Additionally, detailed notes were taken during the interview. To ensure confidentiality, digital recordings were stored on a password-protected computer to which only the principal investigator had access and all identifying information was disguised. Notes were stored in a locked cabinet with all identifying information disguised. A study number rather than a name was used on study records wherever possible. Participants' names and other identifying facts will not appear at any time when this study is presented or published.

Analysis

Upon completion of all interviews, the Master of Public Health student completed a detailed review of the notes taken during two interviews. Additionally, this student listened to those two recordings. From reviewing this material, a list of major codes was created. These codes were then used with all other detailed notes from the remaining eight interviews to ensure that all necessary codes were included. Thematic analysis then took place. Thematic analysis included grouping relevant codes from all notes into overarching themes. For example, the codes *isolation*, *safety*, *structure*, and *relationships with others*, made up the theme of residential treatment. After grouping all codes, four main themes were identified. Direct quotations were taken from the recordings to supplement these themes.

Results

In general, four main themes were identified in the interviews that applied across all of the research questions. These themes included: residential treatment, holistic services, individualized treatment, and movement toward success. These are discussed as they relate to each of the research questions.

Question 1: How do therapeutic treatment services influence recovery for CSEC survivors?

Residential Treatment: According to the treatment providers, residential services influence CSEC survivors by providing physical safety, removing CSEC survivors from a dangerous environment. According to one interviewee:

Residential [treatment] gives the girls a safe place to work on their recovery.

Most of the girls live in the neighborhoods where they were exploited or have access to the places in which they were exploited.

Holistic Services: Specifically looking at the types of services available, results have identified many different types, which are provided through residential treatment. Psychological mental health services include those for the individual, the family and the group. Specialized educational services are also utilized at the residential facility. Finally, services to address physical conditions, like medical and dental services, have also been mentioned, although not directly provided on site. The combination of all these services together is what constitutes service comprehensiveness and remains one of the unique aspects of this form of treatment for CSEC survivors. A key way in which these services

influence the girls is through healing. They help the girls understand their behavior differently and motivate them to be able to change. In the words of one interviewee:

Therapy is needed for healing for these girls, to be able to go back and work through issues that aren't just related to or specific to their exploitation, but all kinds of events in their past that led them to the place they were in, sometimes like drugs or child sexual abuse...the most critical is the therapy just because of the level of trauma.

Showing the importance of providing more than one treatment and the interaction among them, another interviewee noted:

School time really gives them a chance away from the hard work of therapy, kinda feel normal, like a normal environment. It's really not a normal environment... Usually it's in the second month, how our school is an opportunity for them, not just here, but in the outside community, to catch up, and so they try...school is very beneficial in providing that 'buy in.'

Individualized Treatment: All of the interviewees discussed the importance of tailoring services to each survivor, based on the survivor's readiness to change, as frequently the girls do not understand that they have been exploited. In the words on one interviewee:

The misconception about these girls is that there are some that are being exploited and are thinking to themselves "I need to be rescued. I need out of this. I need help." But a lot of them don't understand and kind of don't see themselves as needing to be rescued or needing help... It's so much more complex than that.

An education and relationship has to be built first before they can really understand and get that insight for themselves and internalize that...

Movement Toward Success: The identification and acceptance of abuse is closely tied to the processes through which residential treatment assists survivors. The survivor's self-worth, or personal value placed upon herself grows and changes throughout treatment and is also tied to those same processes. Effective treatment includes recognizing and working with the emotional stages through which survivors progress during treatment. It also includes the support the facility provides in order to get a survivor "back on track" emotionally, educationally and socially. Specifically, recovery remains a process through which the girls move from "victim to survivor to leader". This theme points toward the ways in which the facility helps survivors achieve "success".

Question 2: What makes treatment services successful?

Residential Treatment: In explaining why residential treatment is important, one interviewee stated:

Residential gives the girls a space to breathe and a space to be healthy before being thrown back into that environment that's tough for them. And it gives them a chance to develop a safety plan and a recovery plan so that they can keep safe.

Holistic Services: The combination of all services together is what constitutes service comprehensiveness. Comprehensive services remain essential for successful treatment as one interviewee so clearly described:

It [comprehensive service] makes the child feel cared for...Let's say you had a broken down car, and what if you just only fixed the tires and you didn't fix the engine or you didn't fix the breaks. You know, you're not really doing the car any good. It's not gonna work if you only fix one or two parts. The whole car needs to be fixed. And it's not that these girls are girls to be fixed but you want to empower them and show them that you care about every part of their life. That there's nothing that is not important about them.

Individualized Treatment: Individual treatment plans are important because the girls are in different stages and have different needs. One interviewee provided the example that, while residential treatment has many benefits, including removing the survivor from a dangerous environment, “some girls don't need a lock down [facility] because they have good family support.”

Movement Toward Success: For CSEC survivors, success is a process that occurs overtime. As one interviewee put it:

The biggest thing we can do is get to know them, build relationships with them, and just show that we care and extend grace...the girls haven't been able to make real healthy attachments with family, friends or anybody and so it takes time.

Another interviewee described it as such:

Our main determining factor is that they are safe and are not exploited again, but I think [successful] recovery goes beyond that in that it's a normalization back into a productive life.

Question 3: What previous practices have been implemented for CSEC survivors?

Residential Treatment: Addressing commercial sexual exploitation is a young issue. Residential treatment services have only been available to CSEC survivors since 2000, and before then no residential treatments existed because of a lack of understanding about the population. As one interviewee said:

There were no CSEC victims. And by that I mean we didn't even know that they were there.

Holistic Services: Just as there were no residential services prior to 2000, for CSEC survivors there were no services of any kind. In one interviewee's words:

Outside of that [first residential treatment facility] there really wasn't much. It was just about two years ago that Georgia developed the taskforce, and so until then there really wasn't a statewide effort to help these victims. And most people didn't even view them as victims or were not even aware that there were exploited youth in our communities.

Individualized Treatment: Prior to comprehensive residential treatment for those who were commercially sexually exploited, there was no individualized treatment either. In fact, most often exploited youth ended up in state run services, like a youth detention center. Providing services to the survivor according to her readiness to change was not an option. One interviewee described it in this manner:

There are very few programs in Georgia that worked with the CSEC population. I think for a while they were just looked at as, um, like DFCS cases. So, you know,

if there was a 15 year old, 14 year old girl, having sex with an adult male then it was just looked at as crimes against children. And of course, if she was arrested, she would be arrested for prostitution and would go to a detention center and serve her time there and then be out. So there really weren't too many services in place.

Movement Toward Success: In order to move the girls toward success, recognition of the problem is needed so that appropriate services can be put into place. If movement toward success includes a CSEC survivor not being exploited again, previous practices did not assist with success. As illustrated by one interviewee:

And I think more recent, a lot of people just now, in Georgia and in Atlanta period, are starting to recognize that this is not, sex trafficking is not just a Asia, Thailand, you know, another country issue. It's happening right here in our own backyard. So I think for a while people didn't even really recognize that exploitation was going on here. So I think it's a new thing, but I'm hoping we will see more services in place for them, but initially I think it was just, they would get arrested for the prostitution and go to YDC and serve their time and get out on probation and go right back to the life.

Previous lack of awareness of the problem encouraged continued exploitation.

Question 4: What is the relative advantage of using comprehensive services over other treatment services?

Residential Treatment: An essential relationship for survivors receiving treatment is with adult survivors of exploitation who volunteer at the residential facility. Building a relationship with adult survivors of sexual exploitation remains one advantage of comprehensive services. Bringing in volunteers who are survivors of commercial sexual exploitation provides an intimate level of empathy. As one interviewee describes:

Survivors working with the girls hold the hope that the girls in treatment themselves don't hold. The main advantage of comprehensive services is that it provides a glimmer of hope so even if they're back on the street, they have a glimmer that there's an alternative.

Holistic Services: An advantage of comprehensive services includes the ability of not just treating the individual, but also looking at the individual holistically within a socio-ecological model. One interviewee stated it as such:

Holistic in terms of treating the whole girl. So not just focusing on the individual herself, because she is a part of a family system, she is a part of a community. So I think about, if you're providing comprehensive services to a girl, you are, you know, providing services to her, to her family, you're connecting her to people in her community that can help her and provide support to her and her family.

Individualized Treatment: Comprehensive services should be provided according to what the individual survivor needs according to her readiness to change. When the

girls arrive at the residential facility, they are not always willing to be there. As one interviewee explains it:

They understand that they “got caught”. But sometimes they’re still, still protecting their pimps. In their mind they chose that life style [of exploitation]... Sometimes the girls have almost been brainwashed and manipulated to the point where they really do think this is the life they’ve chosen. It’s what they want.

However one advantage to residential services is that it provides needed individualized relationships with service providers. One interviewee clearly describes this need:

They need transformational relationships. That to me means, a person who is non judgmental who meets them where they are. Who is able to see underneath all that hard exterior a child who is full of potential and vulnerable and has needs to be met, and that’s why they are behaving that way.

Movement Toward Success: Comprehensive services are advantageous because they provide skills that help move CSEC survivors toward success. As one interviewee put it:

Recovery is a process. It may not happen just in the time they’re with us. They leave with skills – coping skills, educational credits, and know they have people who love them.

Question 5: How are comprehensive services compatible with the CSEC survivors receiving them?

Residential Treatment: Residential services remain unique in that the survivors also have the opportunity to live with and get to know other survivors intimately. This can be both positive and negative as the girls have others to connect with and form a sense of “sisterhood”, but they also can rally up and form cliques. This is important to note because, although infrequent, when girls run from treatment, they frequently do so in pairs. However, most often the girls support each other. One interviewee mentioned this:

Those girls [who have been in the program for a while] are able to relate to the new girls, and when they hear them say ‘I’m not staying’ or ‘I’m gonna run’ or ‘I hate it here’, the girls will randomly speak up and say ‘I felt the same way when I first got here.’ But they’re wanting to promote the program.

This is very similar to another interviewee’s description:

Usually the girls who have been here longer try to support the newer girls that come in, so kind of mentoring them in a way. After a while the [new] girl kind of realizes ‘you know what, I’m court ordered to be here, if I make this bad decision I could go to the women’s jail and not juvenile any more.’

For many girls who are court ordered to be there, fear of retribution from law enforcement directly influences their behavior. They go through the motions and “serve their time”.

Holistic Services: Services that assist all parts of the CSEC survivor are helpful in different ways, sometimes just by keeping the girls busy. As one interviewee puts it:

It [comprehensive services] is a way to keep them busy and of keeping them occupied with services even though it can be overwhelming. It has its pros in the sense that the less time she has, the less down time she has, the less likely she is to have thoughts of wanting to runaway or thoughts of boredom. Because sometimes the girls get really bored and they'll just run.

Individualized Treatment: One tailored piece to residential treatment for each individual is its “strengths based” approach. One interviewee describes it as such:

Instead of using punishment when the girls misbehave or do anything against policy, we use a strengths based approach, which is basically finding the strength behind the behavior. So if a girl was verbally abusive to a staff member after a staff member told her she could not have an extra cookie most people would look at that and say, she's being disrespectful, she's being ungrateful. She got a cookie, why does she want another one, why does she talk back like that? She should not be allowed to have cookies for two weeks. We would say, she's advocating for herself. She's expressing how she felt. She was voicing her opinion. She expressed her feelings. And so, looking at the strength, how can we maximize that strength but at the same time help her understand why that wasn't appropriate...just pretty much using whatever strength she has and finding a way to improve it and strengthen it because it is a good quality to have.

Movement Toward Success: Comprehensive services are compatible with CSEC survivors in moving them toward success as all parts of the process help them understand they were manipulated and used. One interviewee stated that it is:

Trying to get her to a point where it's about her and not someone else and their bondage. Recognizing the healing process.

Question 6: What aspects of comprehensive programs are particularly complex and would affect implementation?

Residential Treatment: Residential treatment for CSEC survivors involves many different service providers, and as such has its own complexities. One interviewee spoke of how these complexities can interfere with effectiveness:

Probably the least effective service honestly is probably the residential piece. And that is because of the partnership. It can be challenging because there are two different kind of missions and perspectives on treatment...Because there are so many factors with that and so many players in that, that it does make it hard to implement the true treatment that we want to implement.

Holistic Services: It was also found that various pieces, which comprise holistic services can be complex and difficult to implement. For example, one interviewee stated:

Therapy to me is very complex, because it's like, do you treat the trauma? Do you treat the substance abuse? Do you treat the oppositional behavior? Do you treat the Stockholm syndrome where they're still attached to their pimp? Do you treat their attachment disorder? I mean there are so many different things what part

would you focus on first? And I think there's a lot of debate out there on what is the most important thing...and it's the same with school. What's more important does this child get a GED or a high school diploma?

The complexities of having one organization provide comprehensive services was also explained by another interviewee in this manner:

When one organization is responsible for everything it complicates things. Dealing with progress in school and behaviors it's all intertwined. Delivered individually they'd be more focused but less informed.

Individualized Treatment: One complex piece to comprehensive services includes the need to tailor a plan to every individual. As one interviewee said:

It's the component that you have no control over. There is no set plan for any particular girl because everybody comes in with a different story. But you do have your basic plan of being able to restore her.

Movement Toward Success: Success is not such a straightforward and easily achievable process. The need for stable relationships illustrates the expansiveness and complexity of comprehensive services and the need for time and patience. As one interviewee so clearly describes:

There's still a part of them that can be drawn to that life, so they may go back to the life a time or two before they really kind of get it. So there's kind of a relapse cycle involved, and so I think success in those cases means that she's reaching

back out to us if she does get in that situation again..It communicates success because there's been a relationship built and there's rapport there.

Discussion

Findings

Question 1: How do therapeutic treatment services influence recovery for CSEC survivors?

Through interviewing service providers, it is evident that recovery is a process that occurs over time. Problems CSEC victims face during their exploitation continue to impact their lives after the commercial sexual exploitation has ended (Lebloch & King, 2006). Mental health problems such as depression, post-traumatic stress disorder, borderline personality disorder, and conduct disorder do not magically end once they are no longer exploited. This points toward the dire need for therapeutic mental health services. For the girls who are ready to receive help, comprehensive services delivered through residential treatment positively assist with this recovery process. As one interviewee described, residential treatment allows safety for the survivors while they attempt to recover, something home often cannot provide since it is usually located in the area where they were exploited. Residential safe homes remain isolated to allow survivors to focus on their recovery and begin to dive into their mental health needs.

Effective treatment means recognizing and meeting the survivor at her present emotional stage. Individuals who have been commercially sexually exploited often feel shame and secrecy about their exploitation, causing them to detach and have broken relationships with others (Estes & Weiner, 2001; Ferguson et al., 2009; Lebloch & King, 2006). Results from the interviews indicate that it is not just shame or secrecy, but also denial and misunderstanding about the exploitation that took place. Often the girls do not see themselves as needing help and need assistance to begin to consider that possibility.

Some girls may not be ready for all of the comprehensive services that residential treatment provides, or may not need the environmental isolation provided by residential services. However, CSEC survivors have many needs and could benefit from comprehensive services provided through an outpatient setting. Survivors will have mental health needs, as well as a need for job training or GED classes. Comprehensive services assist all parts of the individual and need to be individually tailored, whether in an outpatient or residential facility. Services also need to have the capacity to change as a survivor progresses through treatment and recovery.

Question 2: What makes treatment services successful?

For CSEC survivors, ultimate success is not being re-exploited. However, because recovery is a process, often there is a relapse process. Therefore, success requires building strong relationships so that survivors can reach out for help in the future; otherwise, the majority of CSEC survivors who do not get intervention services will end up participating in adult prostitution (Williamson & Prior, 2009). Residential services are vital because they provide safe and secure housing for those who need it. They remove the girls from dangerous situations and allow them to develop necessary safety plans for when they are finished in the residential setting. Residential services such as Wellspring Living are also beneficial because they are programs specifically developed to assist this population. Unfortunately, there is a lack of organizations and agencies that are properly trained to respond to victims of commercial sexual exploitation.

Comprehensive services provided through residential treatment demonstrate to the child that all parts of her and all of her needs are important. Not only does the survivor

receive services, but the family receives them, as well. Suitable and quick-to-respond services, which include family support, have been recognized as key factors for successful recovery (Priebe & Suhr, 2005). Individual treatment plans within comprehensive treatment are helpful because the girls are in different stages and have different needs. They also empower the survivors to speak up for and pursue the services they want to receive and the pieces of treatment they find important. Services through residential treatment allow the girls to build strong relationships because they interact with the same service providers day after day. The interviewees indicated that building relationships with and getting to know the girls is key, as often these girls have not had the opportunity for healthy attachments in the past. Strong relationship building is an essential part of moving them forward on their continuum of success.

Question 3: What previous practices have been implemented for CSEC survivors?

Concentration on commercial sexual exploitation is a young practice. It has only been over the past decade or so that it has emerged as a substantial issue. Despite being a major hub for the commercial sexual industry (Priebe & Suhr, 2005), in Atlanta residential services have only been provided to CSEC survivors since 2000. Prior to that time, the majority of victims ended up in youth detention centers. Exhibiting manipulative and defiant behaviors as well as lying about their ages, other survivors frequently ended up in jail. There was no opportunity to individually tailor services to each survivor's needs or readiness to change. In fact, there were no services for survivors at all because people were unaware that this was occurring within the U.S. and right here in Georgia.

Interviewees' understanding of previous practices, or the lack thereof, coincides with the literature, in that, CSEC survivors were often prosecuted as prostitutes when they were first picked up on the streets (Friedman, 2005). However, as understanding about the issue has grown, these previous practices have changed, allowing for holistic services which support and encourage a CSEC survivor toward success. Shifting the view from one of willing participant to one of victim/survivor has been a necessary one to encourage the prosecution of recruiters and buyers.

Question 4: What is the relative advantage of using comprehensive services over other treatment services?

Once their exploitation ends, CSEC survivors have many physical, mental and relational needs that should be addressed if a survivor is ready to receive services. Comprehensive services are advantageous because they provide skills for all parts of the CSEC survivor that help move that survivor toward success. Recovery is a process that continues even after comprehensive services have ended. Although comprehensive services provide survivors with concrete skills, such as GED credits or home economics skills, more importantly, comprehensive services provided through residential treatment provide CSEC survivors with consistent emotional relationships.

Through comprehensive services, survivors engage in groups led by adult CSEC survivors. These groups provide the girls with an opportunity to interact with others who can empathize with their situation, but have successfully left "the life". Comprehensive services also provide the opportunity for transformational relationships between survivor and service provider. These transformational relationships demonstrate to a survivor that

all of her needs will be met and she will be accepted without judgment. Because children with instable parents and family dysfunction are at higher risk of being exploited (Estes & Weiner, 2001; Lebloch & King, 2006; Williamson & Prior, 2009), transformational relationships provided through comprehensive services remain imperative and are frequently a new experience for survivors.

Question 5: How are comprehensive services compatible with the CSEC survivors receiving them?

Comprehensive services are compatible with CSEC survivors because they address all of the survivor's needs. Ideally only the services that the girls are ready to receive are provided, according to her readiness to change. While comprehensive services are helpful in that they address all of the survivor's needs, the structure of comprehensive services provided through residential treatment are also targeted to be compatible with CSEC survivors' particular needs. Through residential treatment CSEC survivors have the opportunity to live with other survivors and get to know them intimately. Since children who have poor social performance and unhealthy friendships, such as gang memberships, are at a greater of being exploited (Estes & Weiner, 2001), living with other survivors is particularly beneficial. This is because the survivors can empathize with each other, but also because it allows them to develop more appropriate social skills.

Initially, when survivors are first receiving treatment, they are often resistant and desire to run away. Comprehensive services can be helpful in different ways, sometimes simply by occupying the girls' time and thoughts. Interviewees noted that the variety of service is one way to keep the girls busy and occupied, with less time for boredom or

thinking about running away. The residential treatment programs have strict schedules that are followed each day, so that there are limited amounts of down time.

Comprehensive services are also compatible with CSEC survivors' needs by moving them toward success, as all parts of the process help them understand they were manipulated and used. Commercial sexual exploitation frequently occurs because a pimp manipulates a girl into believing that he can save her and make a better life for them together (Friedman, 2005). Therefore, an overarching need within comprehensive services is for a survivor to recognize the healing process. Services focus on helping her to identify her needs and her emotional bondage to her pimp, rather than focusing on her pimp's needs, as she had previously done during her exploitation. Because children with low self-esteem are at a greater risk of being exploited (Estes & Weiner, 2001), focusing on each survivor's strengths is also an important component of comprehensive services.

Question 6: What aspects of comprehensive programs are particularly complex and would affect implementation?

The commercial sexual exploitation of children is a complex issue and findings indicate that the comprehensive programs themselves are also complex. Comprehensive services can require partnerships between the facility where treatment is being provided and the program providing the treatment. In cases where the facility and the program are not of the same organization and do not have the same mission, treatment can be difficult to effectively implement. While complex partnerships between organizations providing treatment can influence effectiveness, having one organization provide all the treatment also has complexities. Having one organization responsible for all types of treatment can

be complex because treatments may become intertwined. Services delivered individually through separate organizations have the potential to be more focused, however they are less informed, with less concentration on a particular survivor's individual needs.

Multiple organizations providing services to survivors lessens the exposure each service provider has with the girls, thereby limiting the opportunity to provide fully informed services. Despite all of these complexities, it is important to recognize that suitable services are being provided to a population in great need of services.

In addition to organizational considerations, comprehensive treatments, themselves, are complex. Therapy can be complex because it addresses various aspects of a survivor's mental health concerns. Interviewees noted the complexity of trying to decide the focus of treatment when the girls' needs are so varied: is it their trauma, their substance use, their attachment disorder? Additionally, just as therapy has many complexities, the educational components of comprehensive treatment also have complexities. This points toward the benefit of individualized treatment. Would a survivor benefit from earning her high school degree or GED? Quick-to-respond services that are tailored to each individual are essential.

Complexities of the treatment process point toward the need for stable relationships with service providers throughout treatment. Success is not straightforward. One interviewee described the relapse cycle and how success in these circumstances is if the girl reaches out to the treatment program again. Such behavior would indicate that she had developed relationships. Out of all the services provided, evidence indicates that stable relationships are one of the most important aspects of comprehensive treatment.

Conclusions

Recovery is a process that occurs over time. Through interviewing service providers, it is evident that comprehensive services provided through residential treatment are beneficial. Effective comprehensive services are individually tailored to address all of a survivor's needs, including family needs as well. Effective comprehensive services are also quick to respond and meet a survivor where she is in her readiness to change, only providing those services she is ready to receive. Most importantly, comprehensive services provided through residential treatment allow for the building of transformational relationships with adult CSEC survivors, peer CSEC survivors and adult service providers. Because recovery is a process that continues even after the end of treatment, consistent, healthy relationships are imperative as they provide an anchor for the survivor to grab a hold of during relapse.

While comprehensive services provided through residential treatment for female victims are a good first step, there are still gaps that need to be filled. Comprehensive outpatient services for all survivors with stable family relationships or those who are not willing to receive residential treatment are needed. Additionally, services for male or transgender CSEC victims are greatly lacking and needed. As Georgia does not have any programs such as these currently in place for CSEC victims, future programs would do well to focus on these gaps in services.

Strengths & Limitations

There are several limitations of this study that are worth noting. Qualitative studies such as this are excellent for understanding processes and experiences, however they are more subjective in nature as compared to quantitative studies. This is a limitation because it

does not allow for data to be statistically analyzed. On the other hand, the purpose of this study was to determine what aspects of comprehensive services were effective. Until qualitative data such as these were available, a quantitative study would not be possible.

The study population presents a limitation, as well. Because the study asked about CSEC survivors' experiences, it would have been beneficial to interview actual CSEC survivors. Unfortunately, current CSEC survivors are a vulnerable population and under the age of majority, thus making it difficult, ethically, to study them. Because this is a young issue, finding hard-to-reach adult CSEC survivors to interview would be unlikely to be achieved within the limited time frame of this study.

Another potential limitation was that the study had limited resources, like time and money. As a result, one Rollins School of Public Health student, rather than several independent researchers, conducted the analysis of the findings. Having only one person analyzing the data limits the perspective reflected by the results.

This study also had several important strengths. It focused on the service providers' perspective, which suited the purposes of this study and was a strength of the study, as there are gaps in the current literature emphasizing the need for service provider perspectives.

Another strength of this study was its use of a theoretical perspective. To date, no current research on commercially sexually exploited children utilizes the Diffusion of Innovations. Because victim services are in their formative years, understanding current treatment programs through the lens of the DOI was very helpful in analyzing current comprehensive services.

Future Implications

Services for CSEC survivors is a relatively new provision, as identification of the population itself is new. Guided by the Diffusion of Innovations, this study investigated CSEC survivor programs and their perceived success through service provider feedback. Current research has identified the need to understand why certain services, such as comprehensive ones, are successful. Through the lens of the DOI, characteristics of current comprehensive service programs in Georgia helped to identify the mechanisms through which these services are successful. Additionally, there is a need for researchers to work closely with service providers when seeking to understand the perspective of the CSEC survivor. By focusing on comprehensive services and interviewing service providers, this study has helped to preliminarily identify gaps in research of this issue for behavioral science practices.

CSEC survivors face a myriad of health problems due to their exploitation. Conducting a research study such as this is beneficial to the field of public health as it helps identify needed services for survivors. Comprehensive services assist all parts of the individual, including mental health and physical needs such as medical and dental issues. Understanding the benefit of comprehensive services will allow for the best services to be provided for this population, and addressing these mental and physical needs will help make the most positive public health impact for this population.

As this is a new issue under study, there remain many areas in need of further research. It would be greatly beneficial to conduct future qualitative studies surrounding needed services with CSEC survivors themselves. However, this is a hard-to-reach population, and such qualitative studies would be limited in their analyses. Although future

qualitative studies would be unable to conduct statistically analyses, this would be a minor limitation if the interviewing of survivors revealed substantive data. As more services are provided to survivors, it would be greatly beneficial in the future to conduct quantitative studies comparing the various programs. Statistically analyzed program evaluations would address a gap in current CSEC research. However, the limitation of quantitative studies is their inability to provide in-depth understanding of processes and experiences. Therefore, a quantitative study would be best conducted in the future when the issue is better understood and there are ample services in need of evaluation.

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Appendix B: Interview Guide

Research Questions: This study seeks to elucidate the nature of comprehensive therapeutic treatment programs for commercially sexually exploited children (CSEC) and their influence, according to the direct services providers who provide support in these residential programs. The objectives are to determine 1) how therapeutic treatment services in metro Atlanta influence recovery for survivors of commercial sexual exploitation; 2) what makes these treatment services successful; 3) what constitutes “comprehensive” therapeutic services; and 4) what the relative advantage of using comprehensive therapeutic services is over other treatment services.

Interview Guide:

Introduction: Thank the interviewee for meeting with you. Review the Informed Consent form, ask if they consent. If they do, explain that you will be taping and occasionally taking notes. Ask them if they will please repeat their consent once you have started the tape. If there are no questions about this, then begin.

1. When you walk through the doors of the homes (where you work), what do you see?

Probe:

What about the other home? What does that look like?

(kitchen, bedroom, living room, dining room, bathroom, sitting room, laundry room)

2.If I followed you through your typical workday with the girls, what would you be doing?

Probe:

Then what?

What kind of activities might you do with the girls? Take the girls to?

3.In your opinion, how do you think the girls feel about being at {program}?

Probe:

How do you know they feel this way?

How do their feelings change throughout the program? How do you know?

How do they feel about the other girls? How do you know?

4. How does a girl who's graduating differ from a girl who is just entering the program?

Probe:

Do you have a particular girl in mind? What was her experience like in the program?

Tell me about someone who graduated but who you feel wasn't ready to stop receiving services.

5. How do you know a girl is ready to graduate from the program?

Probe:

What about the {program} has helped with this process?

6. That you know of, what services were available to CSEC survivors prior to the creation of {program}?

7. What services do you believe CSEC survivors need?

8. What is your opinion of the services the girls currently receive at {program}?

Probe:

What is the most helpful service? Why?

What is the least helpful service? Why?

9. What parts of the currently provided services are particularly complex?

Probe:

How does this complexity interfere with the implementation of these services?

How does this complexity influence service effectiveness?

10. When you think about the treatment of CSEC survivors, what does the term “comprehensive services” mean to you?

Probe:

Do you think having comprehensive services is important? Why/Why not?

Are there advantages to having comprehensive services? What are they?

Are there disadvantages? What are they?

11. For survivors who are connected and receive services, what does successful recovery look like, in your opinion?

Probe:

What is it about a residential program in comparison with another program that has helped with this recovery process?

12. How would you define successful recovery for a survivor of commercial sexual exploitation?

Probe:

What contributes to this success?

13. Is there anything else you'd like to add?