

## **Distribution Agreement**

In presenting this thesis or dissertation as a partial fulfillment of the requirements for an advanced degree from Emory University, I hereby grant to Emory University and its agents the non-exclusive license to archive, make accessible, and display my thesis or dissertation in whole or in part in all forms of media, now or hereafter known, including display on the world wide web. I understand that I may select some access restrictions as part of the online submission of this thesis or dissertation. I retain all ownership rights to the copyright of the thesis or dissertation. I also retain the right to use in future works (such as articles or books) all or part of this thesis or dissertation.

Signature:

\_\_\_\_\_  
Ashi Parikh

\_\_\_\_7/27/2022\_\_\_\_

Date

A Secondary Quantitative Content Analysis of Service Provisions at youthSpark's Voices  
Program for Youth at Risk or Experiencing Commercial Sexual Exploitation

By

Ashi Parikh  
MPH

Hubert Department of Global Health

---

Dabney P. Evans, PhD, MPH  
Committee Chair

---

Subasri Narasimhan, PhD, MPH  
Committee Member

A Secondary Quantitative Content Analysis of Service Provisions at youthSpark's Voices  
Program for Youth at Risk or Experiencing Commercial Sexual Exploitation

By

Ashi Parikh  
Bachelor of Arts in Sociology  
University of Florida  
2016

Thesis Committee Chair: Dabney P. Evans, PhD, MPH

An abstract of  
A thesis submitted to the Faculty of the  
Rollins School of Public Health of Emory University  
in partial fulfillment of the requirements for the degree of  
Master of Public Health  
In Global Health  
2022

## ABSTRACT

### A Secondary Quantitative Content Analysis of Service Provisions at youthSpark's Voices Program for Youth at Risk or Experiencing Commercial Sexual Exploitation

By Ashi Parikh

The commercial sexual exploitation of children (CSEC) is an increasing concern around the world. There are detrimental health implications of CSEC that can have lasting impacts if left undetected and untreated. Youth-serving community organizations have a unique opportunity to provide community support to youth. There is a need to better understand the effectiveness of the approaches used by youth-serving organizations for preventing and responding to CSEC. The purpose of this special studies project is to identify and understand key services offered by youthSpark, a youth-serving community-based organization in Atlanta, Georgia, for exploited and at-risk youth girls in their Voices program.

A secondary quantitative content analysis of field notes from youthSpark's case managers was utilized to identify key service provisions offered and understand barriers and facilitators for accessing services. The data consisted of field notes of 113 Voices participants between December 2017-June 2021. The field notes were examined for communication interactions with youth, Voices and workshop sessions participation, court accompaniment, coordination efforts with other service providers, information and referral for external resources, and crisis event experiences.

Case managers at youthSpark provide intensive follow-up and a range of wrap-around services to identify and address youth's needs. Additionally, they help survivors navigate through complex systems by serving as a vital main point of contact between the youth and the other service providers. Efforts to support and build a collaborative response are depicted through coordination interactions with various service providers and information and referral for external resources. Finally, the findings show how youth and their families experienced crisis events outside of their initial reason for seeking services at youthSpark.

The findings provide significant insight for the impact of case management and the utility of case management processes as an intervention to meet the needs of commercially sexually exploited youth and their families. Additionally, the research provides insight on key services provided by a youth-serving organization in Atlanta, Georgia. Case management should be evaluated as a strategy used by organizations to better understand what patterns of services and models of case management are most beneficial for survivors of CSEC.

A Secondary Quantitative Content Analysis of Service Provisions at youthSpark's Voices  
Program for Youth at Risk or Experiencing Commercial Sexual Exploitation

By

Ashi Parikh  
Bachelor of Arts in Sociology  
University of Florida  
2016

Thesis Committee Chair: Dabney P. Evans, PhD, MPH

A thesis submitted to the Faculty of the  
Rollins School of Public Health of Emory University  
in partial fulfillment of the requirements for the degree of  
Master of Public Health  
In Global Health  
2022

## ACKNOWLEDGEMENTS

I would like to acknowledge and uplift the work of youthSpark and their advocacy for the rights and protection of survivors. This project would not have been possible without youthSpark. I am grateful for their willingness and trust to support this project and provide insight on this research topic. It has been an honor to work with youthSpark and witness their efforts to support survivors, families, and communities.

Thank you to Dr. Evans and Dr. Narasimhan for their guidance throughout this research project. They are both experts in the public health field and their body of research has inspired me throughout my time at Rollins School of Public Health. I am grateful to have the opportunity to learn from them. I appreciate their dedication to ensure I deliver a high quality, ethical, and evidence-based thesis that I can be proud of.

My sincerest thanks to my family, friends, colleagues and loved ones for their encouragement and unconditional love and support. You all continue to remind me that I belong and deserve to take up space. To my dear friends and loved ones, thank you for nourishing me with your kindness, comfort, strength, and love. As a child of immigrant parents, I want to acknowledge my parents' journey of leaving their homes and loved ones to plant roots in an unknown place in search of a better life for those that came before us and those that will come after. To my parents, Purvi and Ashish, આભાર, મારી જીત અમારી જીત છે (thank you, my wins are our wins). To my brother, Rishi, thank you for your unwavering belief in me and always encouraging me to reach for the sky.

Thank you to all the participants represented in this study. Survivors are powerful and resilient and have the right to heal and thrive. May we transform oppressive systems and support survivor healing by centering the leadership and lived experiences of survivors. We all have a part in preventing violence, empowering survivors, and building safer communities.

## TABLE OF CONTENTS

<b>Definitions and Acronyms</b>	
<b>Introduction</b>	1
Introduction and Rationale	1
Problem Statement	2
Purpose Statement	2
Objectives and Aims	2
Significance	3
<b>Literature Review</b>	4
Commercial Sexual Exploitation of Children in the United States	4
Risk Factors for the Commercial Sexual Exploitation of Children	5
Impact of Commercial Sexual Exploitation on Survivors	9
The Role of Victim and Support Services	12
Research on Approaches to Service Provisions for Survivors	15
The Scope of Commercial Sexual Exploitation of Children in Georgia	18
Conclusion	19
<b>Methods</b>	21
Design and Outcomes	21
Setting	21
Participants	22
Instrument and Measures	22
Procedure	23
Analysis	25
<b>Results</b>	28
Communication Interactions	28
Voices Program and Workshops	29
Coordination Interactions with External Agencies	30
Information and Referral for External Resources	33
Crisis Event Experiences	35
<b>Discussion</b>	39
Case Management as a Vital Tool	39
Multisectoral and Interagency Collaboration	42
Information and Referral to External Resources	45
Crisis Event Experiences	46
Limitations and Strengths	47
<b>Public Health Implications</b>	49
Conclusion and Future Research Directions	51
<b>References</b>	55

## TABLE OF TABLES AND FIGURES

Figure 1. Number of Voices Sessions Attended by Voices Participants	29
Figure 2. Number of Workshops Attended by Voices Participants from 2017-2021 (N=113)	30
Table 1. Coordination Interactions between youthSpark and External Organizations for Voices Participants at youthSpark (N=558) from 2017-2021	31
Table 2. Information and Referral Provided by youthSpark to External Resources from 2017- 2021 (N=94)	34
Table 3. Crisis Events Experienced by Voices Participants from 2017-2021 (N=366)	36
Table 4. Aggregated Types of Crisis Events Experienced by Voices Participants from 2017-2021 (N=366)	38



## DEFINITIONS

**Commercial Sexual Exploitation of Children:** “Refers to a range of crimes and activities involving the sexual abuse or exploitation of a child for the financial benefit of any person or in exchange for anything of value (including monetary and non-monetary benefits) given or received by any person. Examples of crimes and acts that constitute CSEC:

- child sex trafficking/the prostitution of children;
- child sex tourism involving commercial sexual activity;
- commercial production of child pornography;
- online transmission of live video of a child engaged in sexual activity in exchange for anything of value.

CSEC also includes situations where a child, whether or not at the direction of any other person, engages in sexual activity in exchange for anything of value, which includes non-monetary things such as food, shelter, drugs, or protection from any person.” (OJJDP, n.d.)

**Sex Trafficking:** “A form of modern-day slavery in which individuals perform commercial sex through the use of force, fraud, or coercion. Minors under the age of 18 engaging in commercial sex are considered to be victims of human trafficking, regardless of the use of force, fraud, or coercion.” (National Human Trafficking Hotline, n.d.)

**Domestic Minor Sex Trafficking:** The commercial sexual exploitation of a minor citizen or legal resident within United States borders (Twis, 2019)

**Survivor<sup>1</sup>:** Individuals who have been impacted by CSE; often used interchangeable with the term victim.

<sup>1</sup>For the purpose of this paper, the term survivor will be used for individuals who have been impacted by CSE. If the word victim is used, it is because the literature used the word victim instead of survivor.

**LGBTQ+:** “An acronym for “lesbian, gay, bisexual, transgender and queer” with a "+" sign to recognize the limitless sexual orientations and gender identities used by members of our community.” (HRC, n.d.)

**Minor:** “All states define an "age of majority", usually 18. Persons younger than this age are considered minors, and must be under the care of a parent or guardian unless they are emancipated.” (Cornell Law School, n.d.)

**Survival Sex:**

Engaging in sexual intercourse to secure basic human needs (food, clothing, or shelter). (Greene et al, 1999)

**Trauma – Informed Care:** “An approach in the human service field that assumes that an individual is more likely than not to have a history of trauma. Trauma-Informed Care recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual’s life- including service staff.” (University at Buffalo School of Social Work, 2022)

**Youth-Serving Organizations:** This term is used to describe organizations that specifically provide tailored services for youth.

## ACRONYMS

AHAR	Annual Homeless Assessment Report
CACGA	Children’s Advocacy Center of Georgia
CCIP	CSEC Community Intervention Project
CJCC	Criminal Justice Coordinating Council
CSE	Commercial Sexual Exploitation
CSEC	Commercial Sexual Exploitation of Children
CSEY	Commercial Sexual Exploitation of Youth
DFCS	Department of Family and Children Services
DOJ	Department of Justice
DMST	Domestic Minor Sex Trafficking
FBI	Federal Bureau of Investigation
GBVIMS	Gender-Based Violence Information Management System
HIV	Human Immunodeficiency Virus
HUD	Housing and Urban Development
HTLA	Human Trafficking Leadership Academy
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer
NGO	Non-governmental Organization
NHTH	National Human Trafficking Hotline
NHTTAC	National Human Trafficking Training and Technical Assistance Center
OCHA	Office for the Coordination of Humanitarian Affairs
OJJDP	Office of Juvenile Justice and Delinquency Prevention
RISE	Resilience Interventions for Sexual Exploitation
SRH	Sexual Reproductive Health
STI	Sexually Transmitted Infection
SAMHSA	Substance Abuse and Mental Health Services Administration
U.S.	United States

## INTRODUCTION

This introduction will provide information about the rationale and purpose of this study, including an overview of the background of the problem. The section will end with aims, objectives, and significance of the research project.

### **Introduction and Rationale**

The commercial sexual exploitation of children (CSEC) is an increasing concern around the world. The Office of Juvenile Justice and Delinquency Prevention (OJJDP), within the U.S. Department of Justice, defines CSEC as “a range of crimes and activities involving the sexual abuse or exploitation of a child for the financial benefit of any person or in exchange for anything of value (including monetary and non-monetary benefits) given or received by any person.” (OJJDP, n.d.). CSEC is an umbrella term that also includes domestic minor sex trafficking (DMST). Trafficking is a criminal industry that generates 150 billion dollars annually around the world (Chisolm-Straker & Stoklosa, 2017). Prevalence information about CSEC and DMST is difficult to estimate due to challenges in identifying victims and a lack of a uniform reporting system. However, Goldberg and Moore (2018) have estimated that about 200,000 minors are exploited every year in the U.S.

There are detrimental health implications of CSEC that can have lasting impacts if left undetected and untreated. Survivors of CSEC experience physical health issues (e.g., violence-related injuries and malnourishment), sexual and reproductive health issues (e.g., STIs and unintended pregnancies), and mental health issues (e.g., depression and suicidal ideation) (Barnert et al., 2017; Barnert et al., 2020, Council, 2013; Goldberg et al., 2018; Greenbaum, 2018). Given the impact of CSEC on individual-health, public health approaches are an

important tool for identifying risk factors for CSEC prevention and evaluating CSEC response efforts.

### **Problem Statement**

Although there is increasing attention to CSEC/DMST in the U.S., there is limited research and evaluation of approaches to prevent and respond to CSEC. Survivors of CSEC may interface with various types of systems, including the legal system, health system, child welfare system, and community-based organizations. Due to mistrust of system-based providers and previous negative experiences with systems, victims may not seek out support from system-level providers. This creates a unique opportunity for youth-serving community organizations, as they may not be affiliated with larger systems. However, little information is known about approaches and services provided by youth-serving community organizations for CSEC. Furthermore, there have been limited efforts to evaluate the appropriateness of these services and approaches for those at-risk of CSEC.

### **Purpose Statement**

The purpose of this special studies project is to identify and understand approaches used for those at risk and survivors of CSEC in the Voices program at youthSpark, a youth-serving community-based organization in Atlanta, Georgia.

### **Objectives and Aims**

The objective of this special studies thesis is to advance understanding of key service provisions offered by a youth-serving, community-based organization to address CSEC in their community.

The following are the aims of the project:

1. To identify the key service provisions offered by youthSpark's case managers; and

2. To examine barriers and facilitators for accessing services by youth impacted by commercial sexual exploitation (CSE).

### **Significance**

There is a limited understanding of service provisions of community organizations to address CSEC. This special studies project is part of a collaboration between an academic institution and community-based organization to advance understanding of a community organization's role in supporting prevention and response for CSEC. The findings from this project can help raise awareness about strategies used to counter CSEC and encourage collaborative efforts for development of innovative programs and research.

## LITERATURE REVIEW

This chapter provides an overview of the literature on CSEC in the United States (U.S.). This literature review uses a public health lens to provide context on the scope of CSEC in the United States, risk factors of CSEC, health impacts for survivors, role of victim and support services in addressing CSEC, and the scope of CSEC specifically in the state of Georgia.

### **Commercial Sexual Exploitation of Children in the United States**

Commercial sexual exploitation of children (CSEC) includes “a range of crimes and activities involving the sexual abuse or exploitation of a child for the financial benefit of any person or in exchange for anything of value (including monetary and non-monetary benefits) given or received by any person.” (Office of Juvenile Justice and Delinquency Prevention (OJJDP), n.d.) CSEC includes child sex trafficking, child sex tourism, commercial production of child pornography, and the transmission of live online videos of child engaged in sexual activity (OJJDP, n.d.). Domestic minor sex trafficking (DMST) is a subset of CSEC which specifically focuses on minors that are citizens or lawful permanent residents trafficked in the United States (U.S.) (Goldberg and Moore, 2018). The distinction between DMST from CSEC is important because trafficking experiences differ between domestic and international victims/survivors, including poorer health outcomes for domestic survivors (Moore et al, 2017).

There are many challenges to estimating the prevalence of CSEC in the United States, which makes it difficult to understand the scope of the problem (Franchino-Olsen et al, 2020). Some known challenges of estimating the prevalence of CSEC include difficulty in identifying victims/survivors, the hidden nature of CSEC, fear, shame, and lack of access to resources to disclose victimization, lack of an integrated and uniform reporting system, lack of training on CSEC identification among providers, and the complicated ethics and logistics of collecting data

from minors (Franchino-Olsen et al, 2020). Despite these challenges, some researchers and organizations have attempted to estimate the extent of CSEC in the United States. Estes and Weiner (2001) estimate that 244,000-325,000 children are at risk of CSEC in the United States, annually. In 2020, the National Human Trafficking Hotline in the United States reported that 28% of the sex trafficking situations that were signaled to the hotline involved minor victims (National Human Trafficking Hotline (NHTH), 2020).

### **Risk Factors for the Commercial Sexual Exploitation of Children**

Understanding CSEC risk factors and their interaction helps inform prevention and intervention efforts that target and address multiple risk factors. The socio-ecological model is used to highlight the individual, relationship, community, and societal level risk factors that contribute to CSEC (Council, 2013). Notably, the presence of a single risk factor does not solely indicate presence of CSEC, rather risk factors should be considered within a comprehensive assessment of any individual.

#### *Individual Level Risk Factors for the Commercial Sexual Exploitation of Children*

Individual level risk factors for CSEC includes child maltreatment, disruptions in normative development, experiences of running away, thrown-away, and homelessness, foster care placement and other system involvement, identifying as LGBTQ+ or a racial minority, substance use/abuse, psychogenic factors and impaired cognitive function, disability status, earlier pubertal maturation, and early adversity (Council, 2013). Child maltreatment does not directly cause CSEC, however, the emotional and behavioral consequences of child maltreatment may increase engagement in risk-taking behaviors which could make youth vulnerable to CSEC (Stoltz et al, 2007). In a study by Goldberg et al (2017), the researchers examined the clinical



characteristics of patients referred for evaluation DMST and found that 90% of patients identified with having a history of child maltreatment.

Homelessness is widely cited as a direct contributor to increasing vulnerability to CSEC (Estes and Weiner, 2001). Homelessness includes experiences of children who have run away from home without the permission or knowledge of a caregiver or children who have been told to leave their home (Council, 2013). According to the U.S. Department of Housing and Urban Development's "2020 Annual Homeless Assessment Report" (AHAR), 34,210 unaccompanied youth under the age of 25 years old experienced homelessness, with 3,389 unaccompanied homeless youth being under the age of 18 years old in the U.S. When comparing characteristics of unaccompanied youth to all people experiencing homelessness, "youth were more often non-white (52% of youth vs. 46% of all individuals), Hispanic/Latino (25% vs. 20%), female (39% vs. 29%), or identifying themselves other than as male or female (4% vs. 1%)" (HUD (Housing and Urban Development), 2021, p.1). Among the characteristics of unaccompanied homeless youth, 39% were women and girls and 4% identified as transgender or gender non-conforming. The common reasons for the risk of CSE (Commercial Sexual Exploitation) for homeless youth are lack of resources for basic needs, need for social connection, and susceptibility to recruitment by traffickers (Council, 2013; Goldberg and Moore, 2018). Many youths experiencing homelessness participate in survival sex, which refers to the exchange of sex for basic needs such as food, shelter, or money (Greene et al, 1999). In a study of runaway and homeless youth, 27.5% of the participants who were a part of the sample living on the street engaged in survival sex and 9.5% of participants in the shelter sample (Greene et al, 1999).

Youth who identify as LGBTQ+ may be at increased risk for CSEC. Many LGBTQ+ youth experience discrimination, rejection, harassment, and violence due to their sexual

orientation or gender identity. LGBTQ+ youth disproportionately represent the runaway and homeless youth populations. Many LGBTQ+ youth may engage in survival sex to meet basic needs. Due to increased marginalization from the community and the greater likelihood of engagement in survival sex, LGBTQ+ youth are at increased risk of being targeted and exploited by traffickers (Polaris, 2015).

There is limited research examining the interaction between race/ethnicity and CSE victimizations. However, studies show that youth of color are at greater risk for CSE (Fedina, Williamson, & Perdue, 2019). It should be noted youth of color are disproportionately impacted by systems of oppression and poverty, which makes youth of color more vulnerable to CSE.

#### *Relationship Level Risk Factors for the Commercial Sexual Exploitation of Children*

Relationship level risk factors for CSEC include family conflict, disruption, or dysfunction. As previously discussed, child maltreatment is a risk factor for CSEC. Youth who grow up in family environments that have maltreatment, conflict, and disruption are more likely to run away and subsequently become homeless, which increases the risk for CSEC. Although there has been a focus on homelessness as a risk factor for CSEC, children living at home can also be at risk of CSEC because the exploitation is undetected either because of lack of awareness about CSEC, neglect, impaired parental supervision, and abuse (Council, 2013; Goldberg and Moore, 2018). Additionally, in these situations, there may not be external intervention by authorities, such as law enforcement or child protection services (Council, 2013).

#### *Community Level Risk Factors for the Commercial Sexual Exploitation of Children*

Community level risk factors for CSEC include peer pressure, social norms, social isolation, gang involvement, and under-resourced schools, neighborhoods, and communities.

Community norms can have an influence on the behaviors of traffickers, survivors, and community members by shaping the perception of economic opportunities available, legitimate means of employment, and acceptability of sexual behaviors (Council, 2013). Additionally, the socioeconomic status of communities can have an impact on susceptibility to CSEC. Although there are limited data linking poverty to engagement in CSEC, there is evidence linking poverty and disadvantaged conditions to risky sexual behavior and earlier onset of sexual activity, both of which are CSEC risk factors (Council, 2013). In a research study of adolescents in a high-risk neighborhood, 38% of adolescent girls were exposed to some form of sexual victimization (Menard and Huizinga, 2001). Other characteristics that indicate increased risk for CSEC include “communities characterized by crime, police corruption, adult prostitution, and high numbers of transient males (e.g., truckers, members of the military)” (Clawson et al., 2009; Estes and Weiner, 2001).

#### *Societal Level Risk Factors for the Commercial Sexual Exploitation of Children*

Societal risk factors for CSEC include lack of public awareness of the issue, sexualization of children, lack of resources, racism, and the patriarchy. Cultural norms set expectations of sexual behaviors, including consent and coercion, that are accepted or sanctioned by survivors and exploiters (Council, 2013). In particular, the glorification of pimp culture, attitudes about gender discrimination and bias, and the objectification of women and girls — especially those of color— shape perceptions of how women and girls should be treated in society (Goldberg and Moore, 2018; Greenbaum and Crawford-Jakubiak, 2015). For example, sexualized images of girls in different forms of media may normalize the hyper sexualization of girls and could reflect tolerance of violence and exploitation of girls and women in society (American Psychological Association (APA), 2007). Racism and sexism are both forms of discrimination that intensify

the risk to exploitation. Racially and ethnically marginalized women and girls are disproportionately at risk to violence due to “histories of colonial sex trafficking, exploitation, systematic prostitution, stereotypes, and low valued social roles” (Bryant-Davis & Tummala-Narra, 2016). Furthermore, racially marginalized communities are more likely to experience intergenerational poverty, live in poverty, and experience homelessness, which are all risk factors for the CSEC (Adejumo, 2008, Bryant-Davis & Tummala-Narra, 2016, Kotrla, 2010).

### **Impact of Commercial Sexual Exploitation on Survivors**

CSEC can have detrimental impacts on survivors, including physical, sexual, and mental health problems, due to the different forms of violence survivors experience. Like research on CSEC risk factors, there is limited research on impact of CSE on survivors due to challenges with identification of survivors of CSEC and perceived and real concerns of disclosure by survivors of CSEC. By understanding the impact of CSE on survivors, service providers in various systems can provide comprehensive and integrated care for survivors of CSEC.

#### *Physical, Sexual, and Mental Health*

The abusive nature of CSEC can expose survivors to physical, sexual, financial and psychological violence by perpetrators and exploiters, which can cause adverse effects to a victim’s health. In a cross-sectional study of female survivors of sex trafficking in the U.S., the researchers found that 89% of participants experienced physical violence while being trafficked (Muftic and Finn, 2013). Similarly, many research studies have found that survivors of CSEC have experienced violence-related injuries (bruises, concussions, fractures, lacerations), untreated chronic health conditions, non-sexually transmitted infections (tuberculosis, scabies, diarrheal diseases), malnourishment, and poor dental care (Barnert et al, 2017; Bath et al, 2020; Goldberg et al, 2018; Greenbaum, 2018).

The exploitative nature of CSE makes it challenging for survivors to negotiate the number of sexual encounters and partners, access or choose contraceptives, and may initiate or increase use of substances to cope with the exploitation, all of which increases rates of unprotected sex and unintended pregnancies (Barnert et al, 2020). In a study of pregnancy outcomes of survivors of CSEC, Barnert et al (2020) found that 31% of participants had ever been pregnant, with pregnancy outcomes reported as live births (76%), therapeutic abortions (13%), miscarriages or stillbirths (5%), and the rest had ongoing pregnancies before case closure. Similarly, Greenbaum et al (2018) found that 32% of CSEC survivors had been pregnant. To put into perspective, in 2013, for girls aged 15-19 years old in the United States, fewer than 5% of teens became pregnant (Guttmacher Institute, 2017). Additionally, sexual and reproductive health effects include exposure to Human Immunodeficiency Virus (HIV) and sexually transmitted infections (STIs), fertility issues, pelvic inflammatory disease, vaginal lacerations, hemorrhaging, and abortion complications (Clawson and Goldblatt Grace, 2007; Goldberg et al, 2018; Greenbaum et al, 2018). In a retrospective analysis of DMST survivors, 32% of suspected or confirmed survivors were diagnosed with STIs (Sexually Transmitted Infections) at the time of evaluation and 24% had a prior STI history (Goldberg et al, 2017).

The compounded impact of physical abuse, sexual abuse, coercion, manipulation, unsafe living conditions, and limited to no social support increases the risk of mental health conditions for survivors of CSEC (Basson et al. 2012; Cole et al. 2016). These mental health conditions include post-traumatic stress disorder, depression, complex trauma, mood disorders, anxiety, substance abuse, self-harming behaviors, trauma bonding, eating disorders, low self-esteem, and suicidal ideation (Barnert et al., 2017; Basson et al., 2012; Cole et al., 2016; Council, 2013; Goldberg et al., 2018; Greenbaum et al., 2018). In a study of profiles of juvenile justice-involved

commercially sexually exploited youth (CSEY), the researchers found that 72.8% of participants had a mental health condition upon entering the court, with 88% of the CSEY had more than one mental health diagnosis (Bath et al., 2020). Additionally, 34% of the CSEY had a psychiatric hospitalization and 16% had at least one suicide attempt (Bath et al., 2020). In a different study, Goldberg et al. (2017) found that 46% of patients had a psychiatric admission in a year before a DMST referral, 54% reported previous and current self-injurious behaviors, and 20% had current suicidal ideation.

Exploiters often force survivors to use drugs to have power and control (Council, 2013; Goldberg et al., 2018). Furthermore, survivors may use illicit substances to cope with the trauma from exploitation (Goldberg et al.; 2018). Consequently, survivors experience increased rates of addiction and substance abuse (Council, 2013; Goldberg et al., 2018). Bath et al. (2020) found that 40% of participants affiliated with the juvenile justice court receive substance abuse treatment. These research studies show evidence of the high burden of mental health conditions and substance abuse among youth experiencing exploitation.

### *Other Considerations*

Youth experience many challenges in attempting to exit CSE, including “financial difficulties and debt; drug dependency; single parenthood; a lack of education, qualifications, and training for gainful employment; housing problems; criminal convictions (e.g., prostitution); and abusive partners and exploiters” (Council., 2013, p.121). Many survivors face criminal prosecution for prostitution and aftereffects of CSE, such as delinquency, use of illicit substances, burglary, and pandering (Adelson, 2009; Annitto, 2011; Clawson et al., 2009). The involvement in the criminal justice system can have long-term impacts on a survivor’s ability to address their complex physical and mental health needs and social well-being. Additionally,

survivors face legal hurdles in obtaining access to state and federal program benefits (Council., 2013). The legal impacts make it difficult for survivors to receive comprehensive, multidisciplinary, and long-term care and support services.

### **The Role of Victim and Support Services**

The complex impacts of CSE can require survivors of CSEC to interface various systems to meet their needs, including the criminal justice, legal, health, child welfare, and social service systems. CSEC response and prevention requires multi-sectoral and integrated care from diverse types of service providers, including law enforcement officers, public defenders, state attorneys, child protection investigators, nurses, physicians, mental health therapists, and case managers. Due to youth oftentimes being system-involved, it is likely they encounter victim and support services professionals (Council.,2013). Victim and support services play a unique role in CSEC prevention and response, including curriculum development and education for at-risk children, victims and survivors, and service providers, training for victim and support service professionals, direct care and support services for victims and survivors, outreach and public awareness initiatives, CSEC prevention programs, and operation of hotlines/helplines (Council, 2013). With an array of services provided, it is imperative for support service professionals to recognize and address the needs of at-risk youth and youth survivors of ongoing or past CSE.

There is limited research and evaluation of victim and support services for CSEC due to ethical concerns, legal issues, and safety concerns for survivors (Council, 2013). Although there is limited research, there have been efforts by researchers and organizations to evaluate victim and support services and to research different approaches to service provisions. This section will review these research and evaluation efforts, as well as highlight service provisions of victim and support services in the U.S.

### *Evaluation of Victim and Support Services*

Evaluation of victim and support services can provide an opportunity to understand strengths, gaps, barriers, and opportunities for improvement in service provisions, response, and prevention efforts. A lack of evaluation efforts makes it challenging for service providers and programs to access and utilize critically reviewed and evidence-based practices (Council, 2013). However, there have been evaluation efforts in the U.S., including the evaluation of the CSEC Community Intervention Project (CCIP), LIFESKILLS intervention program, and a CSE survivor-mentor program.

The CSEC Community Intervention Project (CCIP) focused on enhancing collaboration between non-governmental organizations (NGOs), law enforcement, and prosecutors in Chicago, Atlantic City, Denver, Washington D.C., and San Diego (Ferguson et al.,2009). The purpose of CCIP was to train these various providers about CSEC-related issues and build community capacity for response to CSEC (Ferguson et al.,2009). The project expected to see an increase in the participants' knowledge of CSEC, effects on victims, and profession-specific skills for responding to victims. Ferguson et al. (2009) used pre- and post-tests to “(a) measure subject comprehension by training module and mastery of goals, (b) determine the achievement of measurable objectives for each module, and (c) provide ongoing feedback to trainers regarding participant knowledge/skill levels and suggestions from earlier trainings to improve subsequent institutes.” (p.571). The evaluation results of CCIP showed there was a substantial increase in knowledge, skills, and attitudes after participating in the training (Ferguson et al.,2009). The researchers concluded from their evaluation that CCIP shows the importance of professional, provider-specific training that is pertinent to their learning needs (Ferguson et al.,2009).



Additionally, the researchers found that cross-disciplinary and collaborative efforts by providers enhanced response to CSEC.

The Sage Project's LIFESKILLS intervention program is designed for victims, survivors, and at-risk individuals of CSEC, under the age of 18, in San Francisco. Cohen et al. (2010) led the National Institute of Justice funded evaluation to understand the effects of participation in the intervention program. The researchers also evaluated the Sage Project's GRACE program, which is for older adults who have been arrested for prostitution. The LIFESKILLS program provides case management, support groups, and referral services for participants. The evaluators used a four-phase participatory evaluation that utilized both qualitative and quantitative methods. The evaluators found that participation in the LIFESKILLS program reduced participants' contact with law enforcement and increased self-efficacy, educational aspirations, positive attitude toward employment (Cohen et al., 2010). However, the evaluators did not see a significant effect on substance abuse, commitment to school, and social support (Cohen et al., 2010). The evaluators determined that the LIFESKILLS program has a promising theoretical foundation but lacks adherence to a sufficiently operationalized and formalized model (Cohen et al., 2010).

Finally, Rothman et al. (2020) conducted a longitudinal evaluation of "My Life My Choice" (MLMC) service agency's survivor-mentor program for survivors of CSEC. The evaluators examined if participation in the MLMC survivor-mentorship program showed improvements in CSE victimization, dating abuse victimization, health delinquency, and social factors (Rothman et al., 2020). The research data was collected at baseline, and again after 6 and 12 months (Rothman et al., 2020). The purpose of the mentorship program is to connect survivors with mentors who support the survivor with their exit from CSE and their recovery process. The evaluation results found that after 6 months of participation, the participants were less likely to

be engaged in CSE, sexually explicit behavior, illicit drug use, delinquent behavior, police arrest or detainment, and showed improvement in social support and coping skills (Rothman et al.,2020). The results after 12 months showed that youth were less likely to be engaged in CSE, delinquent behavior, police arrest or detainment, and had improved coping skills (Rothman et al., 2020). The evaluators reported that limitations included no comparison group, small sample size, social desirability bias, and limited evidence-based research to develop assessment tools for CSEC services (Rothman et al., 2020).

### **Research on Approaches to Service Provision for Survivors**

Victim and support service providers use various care models to provide services to survivors of CSE. The most common approaches include trauma-informed care, trauma-specific treatment, and trauma-focused services; case management; and survivor-led and survivor-informed models (Council, 2013).

#### *Trauma-Informed Care, Trauma-Specific Treatment, and Trauma-Focused Services*

Providers across sectors advocate for a trauma-informed care approach when working with survivors of CSE (Council,2013). The Substance Abuse and Mental Health Services Administration (SAMHSA) identifies, “a program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.” (SAMHSA, 2014). Additionally, SAMHSA identifies six guiding principles for a trauma-informed approach, which includes safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment and choice, and cultural, historical, and gender issues (SAMHSA, 2014). The

complex trauma of CSEC makes it imperative that victim and support services professionals utilize trauma-informed care (Sapiro et al., 2016). Evidence from Schneider et al. (2013) indicates that trauma-focused cognitive-behavioral therapy supports reduction in trauma symptoms for survivors of childhood sexual abuse. Although there is promising evidence for trauma-informed care, there is still a need for research on trauma-informed care specific to responding to CSEC.

### *Case Management*

Researchers recommend that case management should be included in the range of services for survivors of CSEC (Council,2013; Hardy et al., 2013; Kenny et al., 2019). Case management includes an assessment of an individual's needs to identify and coordinate services for the individual (Council., 2013). Additionally, the case manager can serve as a main point of contact for various service providers across systems, which can be especially beneficial for survivors of CSEC, who interface with multiple systems (Council,2013). In a study of case management for international survivors of human trafficking, Clawson and Dutch (2008) found that case management helped survivors with system navigation and self-sufficiency. Although the study focused on international human trafficking, the researchers noted that the evidence suggests that case management for survivors in U.S. would be beneficial (Clawson and Dutch, 2008). Macy and Johns (2011) have built a framework for comprehensive and coordinated case management to address the needs of international sex trafficking. The framework is split into intermediate needs (e.g., crisis safety services, crisis shelter services, emergency medical care), ongoing needs (e.g., physical and mental health care, transitional housing, legal advocacy), and long-term needs (e.g., life skills training, job skills training, long-term housing), with a continual focus on safety and trauma-informed service delivery (Macy and Johns, 2011).

### *Survivor-Led and Survivor-Informed Models*

Many victim and support services for CSEC utilize survivor-led and survivor-informed approaches (Council,2013). There is limited research and evaluation of survivor-led and survivor-informed approach in CSEC services, however, research in human trafficking provides promising findings. The Human Trafficking Leadership Academy (HTLA) through the National Human Trafficking Training and Technical Assistance Center (NHTTAC) defines survivor-informed practice as “meaningful input from a diverse community of survivors at all stages of a program or project, including development, implementation, and evaluation (HTLA, 2017, p.1). Survivor-informed practice acknowledges that survivors have a unique perspective and relevant expertise to provide meaningful input for case management, service provisions, and outreach and awareness (HTLA, 2017). A survivor-led approach empowers survivors to regain a leadership role in their life and have a voice in service provisions (Youth Collaboratory and Wichita State University Center for Combating Human Trafficking, 2018). Although recommendations encourage survivor-led and survivor-informed care, in contrast, Sahl et al. (2020) found that stakeholders who provide services for CSEC recognized the importance of sharing decision-making with youth, but there was variation in how shared decision making can be operationalized in practice. The participants identified the perceived benefits of practicing shared decision making with survivors of CSEC as “encouraging youth empowerment, helping youth develop decision-making skills, and strengthening relationships between youth and providers.” (Sahl et al., 2020, p.1). However, the participants stated that trauma-bond with perpetrators, distrust in systems, and policy and time constraints are barriers to implementing shared decision making (Sahl et al.,2020). Furthermore, the participants felt there was a lack of standardized

tools and training to adopt and implement this approach to survivors of CSEC (Sahl et al., 2020).

### **The Scope of CSEC in Georgia**

In Georgia, CSEC is classified as a subset of human trafficking, which includes DMST (Georgia Division of Family and Children Services, 2020). Like limitations of prevalence data of CSEC in the U.S., there are limited data on the scope of CSEC prevalence in Georgia due to a lack of systematic reporting and monitoring of youth impacted by CSE (Finn et al., 2009). In 2005, the U.S. Federal Bureau of Investigation (FBI) identified Atlanta, Georgia among the 14 U.S. cities with the highest incidence of “children used in prostitution.” Through contacts received by the National Human Trafficking Hotline, there were a total of 2,454 human trafficking cases reported between December 2007 to December 2020 in Georgia (NHTH, 2020). Many societal conditions have led to CSE in Atlanta, including high levels of income inequality, youth homelessness, discrimination against LGBTQ+ youth, and institutionalized racism. An evaluation project to address CSEC in Fulton County, Atlanta found that survivors of CSEC are typically female, 14-15 years old, and African American (Finn et al., 2009). The 2018 Atlanta Youth Count research project found that there are approximately 3,372 homeless and runaway youth in Metropolitan Atlanta (Fulton, Dekalb, Clayton, Gwinnett, and Cobb counties) (Wright et al., 2019). The researchers also conducted anonymous interviews and surveys with 564 homeless youths and found that 54.1% of the youth were survivors of human trafficking, with 36.7% of the youth experiencing human trafficking while homeless (Wright et al., 2019). The risk for human trafficking is exacerbated among those who identify as a minority or LGBTQ+, youth involved in foster care system and juvenile justice, youth who have experienced childhood trauma, and youth who have been homeless for more than a year (Wright et al., 2019).

For both public and private agencies, a lack of resources, especially housing placement, makes it challenging to address the needs of exploited and abused children (Finn et al., 2009).

There have been recent efforts to address CSEC in Georgia. The Children’s Advocacy Center of Georgia (CACGA) was awarded a grant to establish a CSEC response team in 2020 (CACGA, 2020). In 2021, the CSEC response team provided 2,528 “units of service to ensure ongoing safety and well-being” (CACGA, 2020). Additionally, they found that the average age of survivors of CSEC was 14 years old in Georgia (CACGA, 2020). Another effort includes a human trafficking task force under the Georgia’s “Criminal Justice Coordinating Council.” The purpose of the task force is to protect Georgians from systems of sexual exploitation and support recovery of survivors of all forms of exploitation. The task force was established in 2015 and focuses on nine key objectives; “Community Awareness and Education; Youth Aware and Safe; Deterring Traffickers and Buyers; Keeping At-Risk Youth Safe; Apprehending, Investigating, and Prosecuting; Foreign-Born and Labor Trafficking; Survivors Supported and Protected; Survivors Recovering and Thriving; and Examining Domestic Adult Sex Trafficking.” (CJCC, 2016). To support efforts in identifying survivors as victims instead of criminals, Georgia enacted “The Survivors Act” in 2020 to clear criminal records that occurred while the survivor was being trafficked and exploited (The Polaris Project, 2020).

## **Conclusion**

Although there have been efforts to address CSEC in the U.S., there is still limited information on how CSE impacts youth survivors. Consequently, there is not a clear understanding of services needed to address the complex needs of survivors. There is a need for an integrated approach to understanding how communities as a whole can prevent and respond to

CSEC. This project aims to identify and analyze the service provisions of a community-based organization serving those at risk of and experiencing CSEC in Fulton County, Georgia.

## METHODS

### *Design and Outcomes*

This project consists of a secondary content analysis of field notes from youthSpark's Voices program focused on youth at risk of or experiencing CSE. Content analysis is a tool to identify themes or concepts that are used within a qualitative data source (Columbia University, 2022). By using this analysis method, the qualitative themes and concepts within the data source can be quantified, or measured numerically and analyzed (Columbia University, 2022). For this project, the qualitative data source is the case manager field notes for youth in youthSpark's Voices program. A secondary quantitative content analysis was used to quantify key services, resources, and interventions provided by case managers and other staff members at youthSpark.

### *Setting*

Georgia is considered a hub for human trafficking, with Atlanta identified as one of the 14 cities with the highest incidence of sexual trafficking of children (FBI, 2005; Georgia State University, 2019). There are various community efforts to combat CSEC in Georgia. This research project was specifically conducted with youthSpark, a community organization in Fulton County, Georgia that serves youth at risk of or experiencing CSEC. youthSpark began in the early 2000s as a response to the repeated appearance of young girls at the juvenile court with prostitution charges (youthSpark, n.d.). Community leaders came together to build an independent nonprofit organization for vulnerable youth and families impacted by CSE and the court system (youthSpark, n.d.). According to youthSpark's annual report for fiscal year 2020-2021, youthSpark served 193 youth who primarily lived in Atlanta and were between the ages of 12-18 years old (youthSpark, 2021). Among the youth served, approximately 56.5% of youth were female, 40.9% were male, and 2.6% were transgender (youthSpark, 2021). Youth receiving



services from youthSpark were mainly Black and Brown youth, with 85% of youth identifying as African American (youthSpark, 2021). youthSpark provides a range of services to meet the needs of youth and youth's family, including crisis intervention, individual support and counseling sessions, group therapy sessions, and court advocacy (youthSpark, n.d.). Furthermore, youthSpark seeks to combat CSEC in Georgia by participating in community advocacy and innovative research (youthSpark, n.d.). In 2016, youthSpark opened its' Youth Services Center within the Fulton County Juvenile Court to connect Atlanta's youth to intensive case management, trauma-informed programs, and resources (youthSpark, n.d.). The Youth Services Center has three victim-centered programs for youth: Voices, Expressions, and Connections (youthSpark, n.d.). This project focused exclusively on case management provided to youth in the Voices program.

#### *Participants: Youth Served by youthSpark's Voices Program*

The Voices program at youthSpark is designed for youth girls who have experienced or are at-risk of sexual exploitation (youthSpark, n.d.). The program is focused on equipping young girls with tools to empower themselves, cope with trauma, and build healthy relationships (youthSpark, n.d.). Along with participation in the Voices program, the participants were connected with case management to address other needs the youth or the youth's family may have. The field notes did not provide information about the age, gender, other demographics, and reason for referral among youth participants.

#### *Instrument and Measures*

The data consisted of field notes of youth who received services through the Voices program between December 2017-June 2021 (n=148). A youthSpark staff member de-identified the field notes, with each Voices participant labeled with a case identification number before

sharing the dataset, four Excel documents, with the Rollins School of Public Health. The content in the datasets included information about program placement, notes about several types of interactions between the youthSpark staff member and youth or youth's family, the date the note was entered, and the name of the case manager or youthSpark staff member that entered the information. The field notes were primarily completed by case managers, but occasionally other youthSpark staff members included notes for the youth. The field notes also included a color-coded key used by the case managers to indicate the type of note. The notes were color coded as: family, school, system (legal/DFCS/Juvenile), and general case management contacts with youth. For each participant, the case manager documented interactions with the youth and the youth's family member/caregiver.

### *Procedure*

First, all cases were reviewed to identify if they were eligible for inclusion in the sample. The exclusion criteria consisted of clients who did not receive any form of service from the Voices program or were closed before receiving services. Forms of services included initial intake, service or system coordination, resource referral, and general case management. Of the 148 participants, 35 participants were excluded, leaving a total of 113 participants in the sample. To identify key services provided by youthSpark, the cases were coded for the following services: Voices sessions, workshop sessions, system coordination, information and referral for external resources, and court accompaniment.

### *Interaction with Youth and Youth's Family*

All cases were examined to quantify the number of interactions via in-person, phone, text message, and e-mail between the case manager and the youth. The interactions were quantified by identifying the number of times the youthSpark staff member attempted to contact the youth

or the youth's family, which was coded as an attempted contact, and the number of times the youthSpark staff member was able to successfully contact the youth or youth's caregiver, which was coded as a completed contact. Court accompaniments were another type of interaction that was documented. Court accompaniments refer to a service in which a case manager accompanies a youth or youth's family to a court hearing for support or advocacy. This was documented separately because it is a specific service provided by youthSpark.

### ***Voices and Workshop Participation***

As the included participants were participants in the Voices program, it was important to identify the number of times the case manager documented that the youth attended a Voices session. These data can help youthSpark understand the extent of engagement and retention of youth in the Voices program. Additionally, upon reviewing the field notes, workshops offered by youthSpark were documented as well. Workshops were identified as programming outside of Voices sessions, such as an "Intro to Hair Workshop" or "Verizon Workshop."

### ***Coordination with Systems and Community Organizations***

System coordination refers to the number of times a case manager documented coordination with an external service provider. youthSpark staff may contact various service providers to coordinate services, receive or provide updates, advocate for the youth's and/or youth's family's needs, and general information gathering for the youth's case. In addition to coding system coordination, youthSpark's coordination interaction with the individual service providers was also documented. An example of system level coordination would include a provider from the legal system, such as a probation officer. Coordination with a victim and support service provider is an example of a coordination interaction with a community

organization. For example, case managers referred youth to Georgia Cares, which is a community-based, non-profit organization for child survivors of sex trafficking.

### ***Information and Referral for External Resources***

The information and referral for external resources was measured to calculate how many times the case manager referred the youth or youth's family to an external resource to address their specific needs. For example, the case manager would refer a youth to a counseling center to address their mental health needs. Additionally, the name of the external resource was documented.

### ***Crisis Event Experiences***

Crisis event experiences were documented to identify the number of times and the type of crisis event the youth experienced while receiving services from youthSpark. After an initial review of the data, it was evident that an inductive code for crisis event experiences was needed to understand the experiences of youth receiving services from youthSpark and the extent of crisis intervention by case managers. Crisis events were coded when the youth or youth's family member would disclose an active crisis to the case manager, such as instances of the youth running away, family, or in-home conflict, death of a family member/loved one, and/or suicidal or self-harm ideation.

### ***Analysis***

Each field note was analyzed utilizing the aforementioned variables. The total count, mean, median, and range of each variable was first calculated. For system coordination and information and referral for external resources, the total frequency of coordination or referral for each specific, individual service provider was calculated. Next, individual service providers were grouped into different systems: legal, health, school, or victim and support services. The total

count for system coordination or information and referral for each system was calculated. To better understand the composition of victim and support service organizations, the individual victim and support service organizations were categorized as government agencies (e.g., DFACS), victim-specific services (e.g., Children's Advocacy Centers of Georgia), and support services (e.g., shelters, counseling services, summer programs, tutoring services) (Council, 2013). Support services are community organizations that provide non-specific victim services (Council, 2013). Whereas victim services are community organizations that provide tailored services for victims (Council, 2013). A total count for each type of victim and support services was calculated.

For crisis event experiences, each specific crisis event was documented and then grouped into distinct types of crisis events. Crisis events were identified as incidents and events in which there was heightened trauma and emotions (e.g., crying, describing how upset they are). These events were outside of youth's norm and could put them in significant harm. Additionally, the events required support from youthSpark, such as crisis intervention, emotional support, and resource referral. There was no universal definition, and therefore, the code was qualitatively created after reading the scenarios. The groups of crisis events included: runaway/missing, in-home and family conflict, school conflict, interface with the criminal justice system, physical health, mental health, victimization, and family hardships.

In-home and family conflicts reflect events in which there were issues among members of the household due to an altercation between the youth and household members, communication issues between youth and family members or within the household, removal of the youth from the household, and behavioral issues either with the youth or another member of the household. These events were documented if the youth or youth's family described the event

as having an impact on the youth, household member, and/or the overall household. By contrast, family hardships were documented as events within the family that affected basic needs or well-being of the youth, family, and overall household. The following events were documented as family hardships: housing insecurity (e.g., eviction notice, fire at the home, homelessness); loss of a family or loved one; financial challenges (e.g., unable to pay for utilities and bills); employment loss of parent or caregivers; physical health impacts to family member or loved one (e.g., breast cancer diagnosis), and impact by the COVID-19 pandemic. Next, school conflicts were identified when the youth had issues arise within school, which included being suspended from school, expelled from school, reports of youth not attending school, and altercations at school with classmates, teacher, and/or administration.

Youth also experienced impacts to their physical and mental health. The impacts to youth's physical health included events like injury, illness, and sexual and reproductive health (e.g., STIs, unintended pregnancies, pregnancy complications). Mental health issues were documented by case manager when the youth or youth's caregiver would disclose concerns about the youth's mental health and well-being, mental health hospitalization, reports of emotional distress (e.g., youth calling the case manager crying), and disclosure of suicide or self-harm ideation/attempts. Victimizations were documented in the field notes, such as intimate partner violence, sexual abuse/assault, physical abuse/assault, cyber harassment, kidnapping, CSEC, and suspected CSEC. Finally, the youth had experiences of interfacing with the criminal justice system, which included youth being arrested and detained by law enforcement and youth being involved in criminal activity.

## RESULTS

Based on the secondary quantitative content analysis of the youthSpark field notes from 2017 to 2021, the results chapter reviews information related to the following service provisions documented by youthSpark staff: Voices sessions participation, workshops participation, court accompaniment, case manager contact with youth, coordination with systems and community organizations, external resources provided to youth, and crisis event experiences. For each variable, the result reflects the number of times the case manager documented the information in the field notes.

### ***Communication Interactions between youthSpark and Voices Participants***

youthSpark served 113 female identifying youth between December 2017 and June 2021. Interactions with youth and youth's family included: number of times youthSpark staff attempted to contact youth or youth's family via phone, text message, or e-mail; number of times youthSpark staff was able to successfully interact with the youth or youth's family either in-person or via phone, text message, or e-mail, and the number of times a case manager accompanied the youth and/or youth's family to court hearings.

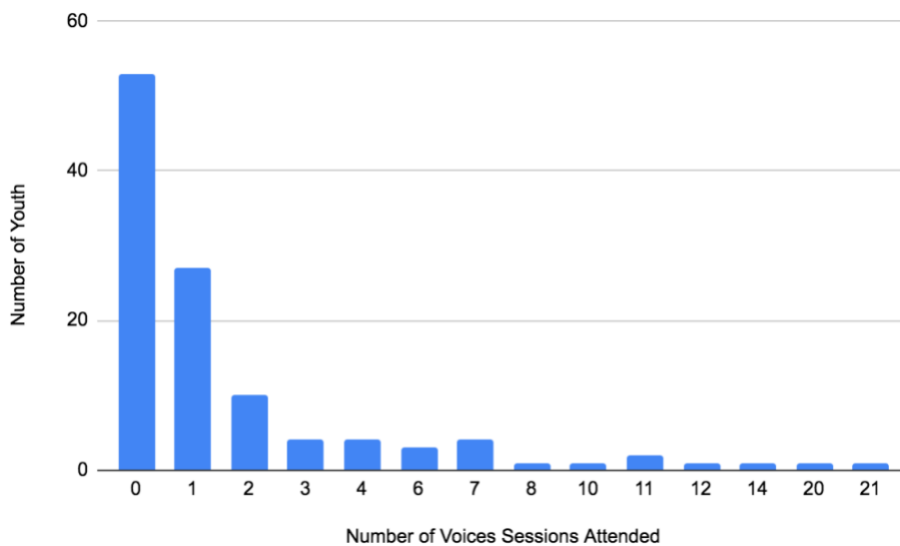
youthSpark staff attempted to contact the youth and/or youth's family 2,094 times, with an average of approximately 19 contact attempts per case. Contact attempts ranged from zero to 160 contact attempts with a median of 11 contact attempts. Furthermore, 1,807 out of 2,094 (86%) attempted contacts resulted in the case manager successfully making contact with the youth and/or youth's family. Among the completed contacts, the average number of contact attempts per case was 16, ranging from 1 to 149 completed contact attempts. The median number of completed contact attempts was 9. Finally, the total number of times the case manager

accompanied the youth and/or the youth's family member to a court hearing was 36, with an average less than one (0.32). Court accompaniments ranged from 0 to 4.

***Youth Participants Use of the Voices Program and Workshops at youthSpark***

In total, there were 228 times the case manager documented that a youth participated in a Voices session, with an average of approximately two Voices sessions attended per case and a median of one. The range of Voices sessions attended by youth ranged from zero to 21 sessions attended. Out of 113 cases, 53 cases did not have any Voices sessions documented, followed by 27 cases having documentation of one Voices session attended, and 10 cases having attended two Voices sessions. Figure 1 below describes the number of Voices sessions attended by youth.

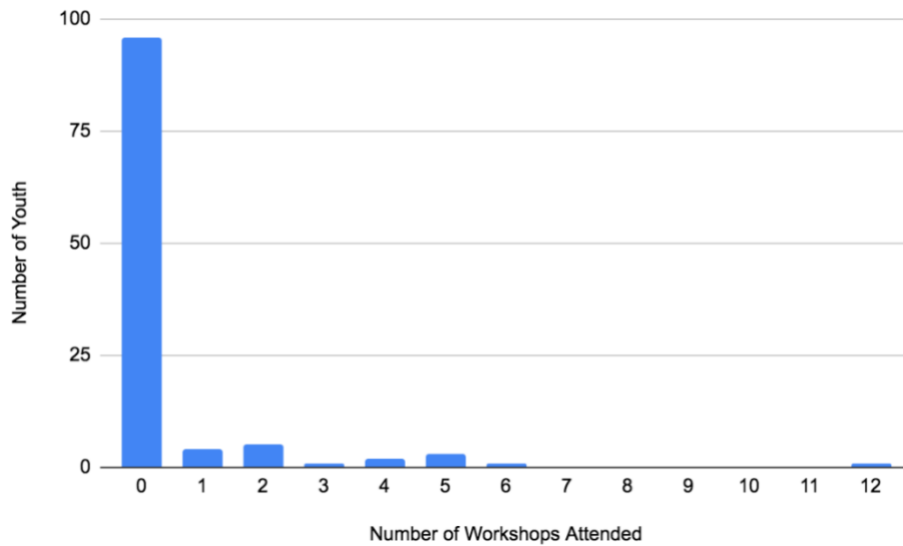
**Figure 1: Number of Voices Sessions Attended by Voices Participants from 2017-2021 (N=113)**



In addition to attending the Voices program, youth also had the opportunity to attend workshops. In total, there were 58 times the case manager documented that a youth participated in a workshop. The number of workshops attended by youth ranged from 0 to 12 workshops attended. Figure 2 below describes the number of workshops attended by the number of youth.



**Figure 2. Number of Workshops Attended by Voices Participants from 2017-2021 (N=113)**



***Coordination Interactions between youthSpark and External Agencies for Voices Participants***

youthSpark provided coordination activities for 85 female youth (75.2%, 85/113) between December 2017 and June 2021. The youthSpark field notes showed how case managers interacted with various service providers to coordinate services, receive, or provide updates, advocate for the youth’s and/or youth’s family’s needs, and gather general information for the youth’s case. In total, coordination interactions with various service providers were documented 558 times for 85 youth participants, with an average of five coordination interactions per youth. Coordination interactions ranged from 0 to 48 and a median of three coordination interactions. There were 55 interactions of coordination that did not indicate which service provider the coordination occurred with. The most common interactions occurred with probation officers in Georgia (n=203, 36.4%), the Georgia Department of Family and Children Services (DFACS) (n=67, 12.0%), and law enforcement agencies in Georgia (n=42, 7.5%).

When examined by service type, almost half of the coordination interactions occurred with the legal system (N=266, 47.7%), followed by 39.3% coordination interactions occurring

with victim and support services (N=218). Approximately three percent of coordination interactions occurred with school systems (N=15, 2.7%) and less than 1% of coordination interactions occurred with the health system. Table 1 below shows the total number of coordination interactions with each individual service provider. Service providers have been organized by system type: legal system, school system, health system, and victim and support services.

**Table 1. Coordination Interactions between youthSpark and External Organizations for Voices Participants at youthSpark (N=558) from 2017- 2021**

<b>Name of Service Provider</b>	<b>N</b>	<b>%</b>
<b><i>Legal System</i></b>		
Attorney	10	1.8
Juvenile Justice Court/Criminal Justice System	11	2.0
Law Enforcement Agencies	42	7.5
Probation Office	203	36.4
Subtotal	266	47.7
<b><i>School System</i></b>		
Atlanta Metropolitan State College	2	0.4
Grade School	12	2.2
Metro Regional Educational Services Agency	1	0.2
Subtotal	15	2.8
<b><i>Health System</i></b>		
Children's Hospital of Atlanta (CHOA)	2	0.4
Peachford Mental Hospital	2	0.4
Subtotal	4	0.8
<b><i>Victim and Support Services (Government Agencies, Victim Services, Support Services)</i></b>		
<b><i>Government Agencies</i></b>		
Children in Need of Services (CHINS)	4	0.7

Department of Family and Child Services	67	12.0
Guardian Ad Litem Program	4	0.8
Interstate Compact on Placement of Children (ICPC)	1	0.2
Subcategory Total	76	13.7
<b>Victim Services</b>		
CASA	39	7.0
Children's Advocacy Centers of Georgia (CACGA)	20	3.6
Cottage Sexual Assault Center	1	0.2
CSEC Task Force	1	0.2
Devereux	3	0.5
Georgia Cares	12	2.2
Georgia Center for Child Advocacy	5	0.9
Haven Atlanta	1	0.2
National Center for Missing and Exploited Children	2	0.4
Rainbow House	2	0.4
Sex Trafficking Task Force	2	0.4
Subcategory Total	88	16.0
<b>Support Services</b>		
At Promise Center	3	0.5
Chris180	12	2.2
Family Promise	1	0.2
First Presbyterian Church	1	0.2
Georgia Child Care Association	3	0.5
Hillside Mental Health Center	1	0.2
Interpreter	2	0.4
LEAP Program	3	0.5
Life Changing Solutions	2	0.4
Salvation Army	1	0.2
Twin Cedars Youth and Family Services	3	0.5
University for Parents	1	0.2
Victory Program	1	0.2
We Climb Counseling	1	0.2
Wellspring	17	0.2

Youth Villages	2	3.0
Subcategory Total	54	9.6
Subtotal	218	39.3
Unknown	55	9.9
<b>Total Coordination Interactions</b>	<b>558</b>	<b>100.0</b>

*Information and Referral for External Resources Delivered by youthSpark for Voices*

*Participants*

youthSpark provided information and referrals to external resources for 41 female youth (36.3%, 41/113) from 2017-2021. The case manager field notes showed how youthSpark provided information and referral for external resources to youth and/or youth’s families to address their specific needs. In total, among 41 youth participants (N=41), the case managers documented a total of 94 times youthSpark provided information and referral for an external resource to youth/youth’s family. There was a negligible average of less than one referral per case (0.82). Additionally, the range of information and referral for resources was 0 to 7. In the data on specific individual service providers, the most common resources provided to the youth were University for Parents (n=8, 8.5%), law enforcement agencies (n=7, 8=7.4%), and counseling, food assistance, and pandemic relief assistance all with a total of six referrals to each resource.

As with the coordination interactions with service providers, the data on external resources were aggregated by type of system, including legal system, school system, and health system, and victim and support services. Most (n=75, 80.7%) external resources were for victim and support services, with 35 individual organizations included in the aggregated data. Additionally, 12.8% of external resources provided to youth/youth’s family were for the legal system (n=12), followed by 7.4% of external referrals to the health system (n=7). There were no

external referrals provided for service providers within the school system. Table 2 below shows the specific individual service providers youthSpark provided information and referral to the youth and/or the youth’s family.

**Table 2. Information and Referral Provided by youthSpark to External Resources from 2017-2021 (N=94)**

<b>Name of Service Provider</b>	<b>N</b>	<b>%</b>
<b>Legal System</b>		
Law Enforcement Agencies	7	7.4
Probation Office	5	5.3
Subtotal	12	12.8
<b>School System-n/a</b>		
<b>Health System</b>		
Children's Hospital of Atlanta (CHOA)	1	1.1
Family Wellness Center	1	1.1
Georgia Health Department	1	1.1
Grady Hospital	1	1.1
Medicaid	3	3.2
Subtotal	7	7.4
<b>Victim and Support Services</b>		
<i>Government Agencies</i>		
Department of Family and Child Services	3	3.2
<i>Victim Services</i>		
Children’s Advocacy Centers of Georgia	1	1.1
Georgia Cares	3	3.2
Haven Atlanta	1	1.1
Teen Abuse Hotline	1	1.1
Subcategory Total	6	6.5
<i>Support Services</i>		
At Promise Center	1	1.1
Atlanta Furniture Bank	2	2.1
Chris180	3	3.2

Counseling	6	6.4
Family Ties	1	1.1
Family Wellness	1	1.1
Financial Assistance	1	1.1
Food Assistance	6	6.4
Housing Assistance	1	1.1
Internet Services	1	1.1
Job Corps	1	1.1
JoyUs Beginnings	1	1.1
LEAP Program	1	1.1
Literacy Action	1	1.1
Mary Hall Freedom	1	1.1
Nicholas House	1	1.1
Oak Hill Program	4	4.3
Odyssey	2	2.1
Pandemic Relief Assistance	6	6.4
Partners	1	1.1
Resources Hotline	1	1.1
Supplemental Nutrition Assistance Program (SNAP)	3	3.2
Suicide Crisis Line	1	1.1
Tutoring Services	1	1.1
University for Parents	8	8.5
Utility Assistance	3	3.2
Wellspring	4	4.3
WinShape Summer Program	1	1.1
Work Source Georgia	1	1.1
Youth Challenge	1	1.1
Subcategory Total	66	71.0
Subtotal	75	80.7
<b>Total Information and Referral</b>	<b>94</b>	<b>100.0</b>

***Crisis Event Experiences among Voices Participants at youthSpark***

youthSpark documented crisis event experiences for 87 female youth (77.0%, 87/113) from 2017-2021. In total, there were 366 crisis events documented among 87 youth participants, with an average of three crisis events per case. Among the 23 distinct types of events

documented, the most common events were a youth running away or missing (n=102, 27.9%), conflict between the youth and the family/household (n=61, 16.7%), and the youth experiencing conflict at the school (n= 38, 10.4%). Table 3 below shows the counts of each specific type of crisis event. The individual crisis events are organized by type of crisis event experienced.

**Table 3. Crisis Events Experienced by Voices Participants from 2017-2021 (N=366)**

<b>Crisis Events Experienced by Youth</b>	<b>N</b>	<b>%</b>
Runaway/Missing	102	27.9
In-Home and Family Conflict	61	16.7
School Conflict	38	10.4
<i>Interface with Criminal Justice System</i>		
Detainment	10	2.7
Participation in Crime Activity	13	3.6
Subtotal	23	6.3
<i>Physical Health</i>		
Physical Health	10	2.7
Sexual and Reproductive Health	5	1.4
Subtotal	15	4.1
<i>Mental Health</i>		
Emotional Distress	5	1.4
Mental Health Conditions	16	4.4
Suicide/Self-Harm	11	3.0
Subtotal	32	8.8
<i>Victimization</i>		
Commercial Sexual Exploitation of Children (CSEC)	18	4.9
Cyber Harassment	2	0.5
Intimate Partner Violence	8	2.2
Kidnapping	1	0.3
Physical Abuse/Assault	1	0.3
Sexual Assault/Abuse	5	1.4
Suspected CSEC	8	2.2
Subtotal	43	11.8
<i>Family Hardships</i>		

COVID-19 Pandemic	4	1.1
Employment Loss of Parent/Guardian	2	0.5
Family/Loved One Loss	20	5.5
Financial Challenges	2	0.5
Health of a Loved One/Family	8	2.2
Housing Insecurity	15	4.1
Subtotal	51	13.9
Unknown	1	0.3
<b>Total</b>	<b>366</b>	<b>100.0</b>

The data were combined into eight distinct categories of crisis events: runaway and missing; in-home and family conflict; school conflict; interface with the criminal justice system; physical health issues; mental health issues; crime victimization, and family hardships. Among the combined data, the most documented crisis event was a youth running away and missing (n=102, 27.9%). The data highlights how both youth and youth’s family experienced crisis events, with 16.7% of the crisis events documented as in-home and family conflicts (n=61) and 13.9% of crisis events as family hardships (n=51). There were 38 events of school conflicts documented, which accounted for 10.4% of crisis events. Youth also experienced impacts to their physical and mental health, with 4.1% of crisis events related to youth’s physical health (n=15) and 8.7% of crisis events related to the youth’s mental health and well-being (n=32). The youth also experienced additional victimizations while receiving support from youthSpark. The total number of victimization incidents was 43 (11.7% of all crisis events). Finally, 6.3% of crisis events were youth interfacing with the criminal justice system (n=23). Table 4 summarizes the results of the aggregated data for crisis events experienced by youth.



**Table 4. Aggregated Types of Crisis Events Experienced by Voices Participants from 2017-2021 (N=366)**

<b>Crisis Events</b>	<b>N</b>	<b>%</b>
Runaway/Missing	102	27.9
In-Home and Family Conflict	61	16.7
Family Hardships	51	13.9
Victimization	43	11.7
School Conflict	38	10.4
Mental Health	32	8.7
Interface with Criminal Justice System	23	6.3
Physical Health	15	4.1
Unknown	1	0.3
<b>Total</b>	<b>366</b>	<b>100.0</b>

The youthSpark field notes highlight the key services provided by case managers at a youth serving organization for CSEC. The results show that the youthSpark case management provides support through Voices and workshops programming, court accompaniment, contact follow-ups, coordination with service providers, and referrals to external resources. The crisis events documented in the field notes show the challenges youth and youth’s family experience in addition to their initial reason for referral to youthSpark.

## DISCUSSION

Currently, there is limited research on key services provided by youth serving organizations for CSEC prevention and response. The purpose of this study was to identify and examine services provided by the youthSpark's case management program for youth under 18 years old who are survivors or at-risk of CSE. This content analysis also offers insight on the challenges that youth and families who are impacted by CSEC experience in Atlanta, Georgia. A discussion of the key service provisions offered by youthSpark is described in this section.

*Case Management is a vital tool for supporting youth who are survivors or those at-risk of commercial sexual exploitation.*

youthSpark provides unique short-term and long-term services to youth and their families to support long lasting change. As seen in the literature, researchers recommend case management to help support and coordinate services for survivors of CSE (Council, 2013; Hardy et al.,2013; Kenny et al.,2019). The results from this content analysis show that case managers at youthSpark provide a range of wrap-around services for youth in the Voices program. The key services provided by the case managers include coordinating with various systems, providing information and referral for external resources, and crisis intervention. Kinnish et al (2020) found that adolescents had significant case management needs that could not be met by therapists alone, including concrete barriers, unmet basic needs, and systems challenges. Similarly, the results from this content analysis reinforce the importance of wrap-around case management to effectively respond to survivors of CSE.

A strength of the case management program at youthSpark is the case managers' number of interactions with youth and youth's family. The analysis shows that case managers attempted 19 contacts per youth, with 87% of attempts successfully interacting with the youth or youth's

family. youthSpark's case managers provide intensive follow-up to identify and address a youth's needs through coordinating with systems and providing information and referral for external resources. Furthermore, the intensive case management portrays consistent support to youth, which can successfully build youth's trust in youthSpark as a safe place to receive services. Macy and Johns' (2011) model for comprehensive and coordinated case management for international sex trafficking survivors shows how case managers address intermediate needs, which includes crisis intervention services (e.g., crisis safety services, crisis shelter services, emergency medical care, and crisis legal advocacy). Similarly, a strength of the youthSpark lies in the case manager's ability to stay connected with a youth and the youth's family to understand these barriers and provide immediate intervention to their intermediate needs. Furthermore, the case manager addressing intermediate needs of survivors can support ongoing needs of survivors (e.g., physical and mental health care, legal advocacy, transitional housing) (Macy and Johns, 2011).

In contrast to the frequency of contact attempts by case managers, the accompaniment for youths' court hearings was not as frequent as the interaction efforts. Research has shown that adolescents of color do not believe they will be treated fairly by the legal system due to their race/ethnicity (NRC, 2012). Due to this deep mistrust of the providers, the youth may be fearful of further victimization and mistreatment, which can make it difficult for youth to engage with the legal system and seek further help (Sherman, 2012). youthSpark case managers may serve as a trusted and supportive service provider in court hearings for youth who are mandated to attend court hearings. The results for court accompaniment reflect an opportunity for youthSpark to increase court accompaniment services. The lower frequency of court accompaniments could be due to inconsistent documentation in the field notes, case manager not being updated about court

hearings by the youth or youth's family, low frequency of court hearings, or a long duration of time between court proceedings. There is a need for additional data to assess court accompaniment services offered by youthSpark case managers.

Engagement and retention are often challenges for youth who have been impacted by CSE (Whaling et al., 2020). Components of services offered through youthSpark may suggest the extent of engagement and retention of youth involved in the youthSpark programming. The Voices sessions and workshops are opportunities for the youth to be directly involved in the program and obtain life skills training, peer support, empowerment, and leadership building. The low average of both Voices sessions and workshops suggests that there may be challenges with engagement and retention of youth in the Voices program. The results for participation in Voices and workshops may also be indicative of inconsistent documentation by case managers. Although the impact of the COVID-19 pandemic was not a part of this content analysis, consistent engagement with the Voices program and workshops could have been negatively impacted by the pandemic as youthSpark had to shift to online service provision and the youth and families had to adapt to the pandemic. As the literature shows, youth impacted by CSE face barriers in accessing, utilizing, and maintaining services due to incarceration, limited involvement from parent/caregiver, homelessness, frequent running away, control by exploiters, and presenting in constant crisis (Greeson et al., 2019). The results from the content analysis provide evidence for the similar types of barriers indicated in the literature. These barriers may make it difficult to maintain engagement in the youthSpark programming. For example, the most common type of crisis event was a youth running away and missing. Incidents of youth running away and missing may indicate the interruptions in care case managers may experience when working with youth.

Furthermore, the results show ten reported incidents of youth being detained by law enforcement, which can cause a disruption in services with the case manager. Whaling et al. (2020) found this as well in their examination of the Resilience Interventions for Sexual Exploitation (RISE) program, in which there was an interruption of services due to incarceration of youth who have experienced CSE. The RISE program addressed this interruption of care by offering therapeutic services at the juvenile hall, partnering with emergency housing facilities, and participating in the juvenile court for youth who have experienced CSE (Whaling et al., 2020). Currently, youthSpark offers the Voices program at their office. If funding and staffing capacity allows, there could be an opportunity for Voices and case management services to be offered in juvenile jails and emergency housing facilities, which could potentially help with identifying other CSE youth who have not been identified as victims yet.

*youthSpark supports a multisectoral and interagency collaboration to successfully address the needs of youth impacted by CSE.*

Youth impacted by CSE may have complex needs including health care, mental health care, and legal services, and subsequently may have to interact with various systems (Council, 2013). This requires youth serving organizations to build multisector and interagency collaboration, which refers to various types of agencies (e.g., governmental, nongovernmental) collaborating for a shared common goal (Armstrong, 2006; Nowell and Froster-Fishman, 2011). Efforts to support and build a collaborative response are depicted through the two key services documented in the field notes; coordination with various service providers and information and referral for external resources. In agreement with the literature, case managers support survivors to navigate through complex systems by serving as a vital main point of contact between the youth and the other service providers (Clawson and Dutch, 2008; Council, 2013). Coordinated

and integrated care by service providers can help reduce re-traumatization by systems and allow youth victims to focus on recovery. Baker and Nelson (2012) identified a framework used by Multnomah County, Oregon for a multisectoral response that includes the following components; housing, wellness, investigation and prosecution, community training, partner and media communication, database, interstate collaboration, legal remedies, and victim services. In this content analysis, the results show similar components as the Multnomah County framework.

The results show that almost half of the coordination interactions were with service professionals in the legal system. Furthermore, when looking at data for individual service providers, the most common coordination interactions documented were with system-based agencies, as opposed to community-based organizations. Collaboration between the legal system and the case manager supports a survivor's ongoing need for legal advocacy (Council,2013; Macy and Johns, 2011). The history between youthSpark and the juvenile court system suggests a strong relationship between youthSpark and the legal system. The relationship creates opportunities for greater collaboration with the juvenile court, and subsequently make it easier for youthSpark to connect with youth and their families. Additionally, as noted by the field notes, engagement with youthSpark can be court appointed, which may provide explanation to why probation officer coordination was most commonly documented. Collaboration with victim and support services suggests that case managers are identifying other ways to advocate for the needs of youth outside of systemic needs, such as housing, education support, counseling, and life skills training. As indicated in the Macy and Johns (2011) case management framework, this collaboration with other victim and service providers supports long-term needs of reintegration for survivors.

Although the number of coordination shows promising efforts by youthSpark using a community-based approach for response to CSE, the results suggest that there is more effort needed for a multisectoral response. The content analysis results show that there are limited collaborative efforts with the school system and the health care system to address the needs of survivors. Furthermore, the results show that there were 15 incidents of physical health crisis events, 32 incidents of mental health crisis events, and 38 school conflicts. youthSpark may consider improved and increased collaboration efforts with the school system and health care system. Collaboration with school systems can support a youth's academic career, identify risk factors for and impacts of CSEC, and address behavioral issues that lead to suspension and expulsion from school. Likewise, collaboration with the health system can address multiple physical health, sexual and reproductive health, and mental health needs of survivors. The opportunities for collaboration with the health sector include collaboration with emergency departments, pediatric care, community health clinics, the health department, and Title X funded clinics (Cohen, 2005).

There is still research needed to understand effective approaches to multisectoral and interagency collaboration for CSEC (Council, 2013). For youthSpark, opportunities for building and maintaining a multisector and interagency collaboration for CSEC response can include task forces to review and discuss cases (Office for Victims of Crime(OVC) and Bureau of Justice Assistance (BJA), 2011), a formal memorandum of understanding (MOU) to document the parameters of the collaboration (Piening and Cross, 2012), joint trainings among agencies, and other information-sharing mechanisms and meetings that formalizes networks and relationships among various stakeholders (Council, 2013). These steps may have already been taken by youthSpark though they are not reflected within the case manager field notes.

*There are opportunities for youthSpark to increase referrals to external resources to build youth's community support network.*

Oftentimes, victims may have limited to no social support (Goldberg & Moore, 2018). Referrals to resources can serve as an opportunity to empower youth and/or youth's family with information to address their needs and build their support network within the community. A survivor-led and trauma-informed care approach recognizes that youth are part of the collaborative effort to address their needs. In comparison to coordination services provided by the case manager, information and referral to external resources was not documented as frequently. As with all the results, this could reflect inconsistent documentation, but it could also suggest an opportunity for youthSpark to increase referrals to external resources. The trauma-informed approach encourages collaboration, mutuality, empowerment and choices between providers and service recipients (SAMHSA, 2014). Through external referrals, case managers and the youth collaborate to identify services and empower the youth to connect with and build their support network. In contrast to coordination with services, the most documented external referral was to victim and support services in the community, with more than a majority for support services. This result could suggest that case managers are connected and informed about support services in the community that can benefit the overall well-being of youth and support youth's reintegration within the community. Similar to coordination services provided by case managers, the results suggest that more effort may be needed to identify youths' needs for their health and schooling, so that the case manager can refer the youth to the appropriate services. As the literature shows, there continues to be a challenge among service providers on how to effectively practice shared decision making, so it would be beneficial for future research to



examine effective and safe approaches for shared decision making with survivors (Sahl et al.,2020).

*Youth and their families experienced multiple crisis events that required support from youthSpark case managers.*

The findings showed how youth experienced additional challenges and crisis events outside of their initial reason for seeking services at youthSpark. The results show that 77% of cases experienced at least one crisis event during the duration of the case management. The most common crisis event was youth running away or missing, which raises concerns as running away from home is a risk factor for CSEC (Fedina et al., 2019). Exploited or at-risk youth need a variety of services that are tailored to their complex needs, including crisis intervention, trauma-informed care, and external referrals. youthSpark case managers provide a continuum of care even after a crisis event, which can help build a youth's trust in the case manager's support and services. This can be especially helpful when youth who are impacted by CSE lack a support system in their life. Goldberg and Moore (2018) discussed how survivors of DMST may live in homes with impaired parental supervision, neglect, and abuse. In support of this research, the results from this content analysis also show how many youths experience in-home and family conflicts. This research study did not assess the quality of interactions between the youth and case manager, but it would be beneficial for future research to examine if consistent communication and portrayal of empathy by case managers leads to youth identifying case managers as a supportive figure. A strength of youthSpark is that they offer support to both the youth and youth's family, which can potentially help build supportive home and family environments.

### *Limitations and Strengths*

The results from this secondary quantitative content analysis of case manager field notes cannot be considered generalizable because they are specific to services at youthSpark. The results from the field notes were dependent on documentation by youthSpark staff, which means that results could only be extracted based on the information that was explicitly documented in the field notes. Different youthSpark staff members may have different methods and style in documenting their interactions with youth and youth's family, which could mean there is not a systematic approach for interactions with youth. Additionally, information about different services provided by youthSpark staff members may be missing from the field notes, and ultimately, missing from the results. For example, the results for coordination interactions with other agencies had 55 instances in which the youthSpark staff member did not specify the agency the youthSpark staff member coordinated with.

Another limitation of the field notes is the date provided for the interactions are documented as the date the note was written, instead of the date the interaction occurred. This limitation makes it challenging to examine change in interactions over time and consistency of interactions between youthSpark staff members and youth/youth's family.

There were limited data included in the field notes about the youth themselves, including reason for referral, intake process, demographics information, and reason for case closure. Because these data do not share unique identifiers with the data from the youthSpark data dashboards no further conclusion about youth demographics, risk factors or experiences could be drawn as relates to the field notes data. Finally, youthSpark does not have their own coding system for the field notes. For the purposes of this content analysis, an original coding system was developed based on previous literature and the youthSpark data provided.

A strength of this project is the field notes are translated to data that youthSpark can utilize, to a certain extent, for self-evaluation of the case management services, which can provide opportunities to identify gaps and improve services to meet the needs of the individual's and families' vulnerabilities. Additionally, youthSpark can use the strengths of the case management services for success sharing at the local, state, and federal level. Finally, the literature shows there is limited research and evaluation of youth serving organizations for CSEC. This research study offers a potential method to research and evaluate programs that serve at risk and exploited youth.

## PUBLIC HEALTH IMPLICATIONS

This research provided significant insight and implications for the public health needs of youth at-risk of and previously commercially sexually exploited youth and their families. Specifically, the greatest takeaway is the impact of case management and the utility of case management processes as an intervention to meet the needs. While other ancillary service providers, such as physicians, therapists, or law enforcement officers, may have specific healthcare or social service objectives, such as delivering sexual health care, assessing and addressing mental health issues or trauma, and ensuring compliance for probation requirements, case managers provide a continuum of care from initial to long-term needs and can support survivors' access to a variety of health and social organizations. Additionally, case managers take a whole family approach by serving as intermediaries between survivors and their families. Therefore, it is imperative that case managers are included as a part of a multidisciplinary team for CSEC prevention and response. Youth-serving organizations for CSEC can utilize case management services as a tool to build a youth's community support network, support their sense of agency and empowerment, and achieve self-sufficiency for the youth. Case managers can encourage youth to focus on recovery and healing, while navigating them through a range of services and systems. For these aforementioned reasons, case management should be considered a public health intervention for responding to and preventing CSEC.

Research and programs have identified case management as a strategy to support survivors of CSEC, however, there is little known about the effectiveness of case management for CSEC response and prevention. Consequently, there is a lack of critically reviewed, evidence-based guidelines for case manager best practices when serving survivors of CSEC. Case management should be evaluated as a strategy used by organizations to better understand

what patterns of services and models of case management are most beneficial for survivors of CSEC. As part of a larger U.S. Department of Health and Human Services (HHS) exploratory research project, Clawson and Dutch (2008) specifically examined the importance of case management for international survivors of human trafficking from the point of identification to reaching self-sufficiency. This research identified promising approaches to effective case management by examining HHS programs that are addressing the needs of international survivors of human trafficking. Although components of the Clawson and Dutch (2008) study can be utilized for survivors of CSEC in the U.S., it is recommended that their research study is adapted for survivors of CSEC in the U.S.

We must also highlight that this research showed the high number of care coordination activities between youthSpark and outside organizations. Care coordination amongst service providers is necessary to comprehensively address the complex needs of survivors. Therefore, it is recommended that youth-serving organizations dedicate efforts to building collaborations and relationships with community organizations which might address needs the organization may be unable to address in their organizational activities. Evaluating care coordination efforts can lead to more effective efforts and referral processes among service providers. Furthermore, this can lead to a greater network for youth needs. For example, the field notes indicated that some youth experienced an unintended pregnancy or exposure to STIs, but the field notes did not elaborate if any resources were provided to support or address these issues, such as referral to a health clinic. There may be several opportunities to expand care referrals, including establishing relationships with hospitals and clinics, so youth can experience a seamless referral process and reduce potential re-traumatization. It could also provide an opportunity for youth-serving organizations to assist in healthcare accompaniment and to advocate for youth in health systems to create best

practices for responding to survivors of CSEC. Finally, a major issue was inconsistent documentation throughout field notes. It is beneficial for youth-serving organizations to implement a systematic approach to documenting services provided by the organization. Inconsistent documentation was a limitation of this research project, which made it challenging to analyze the services at youthSpark. Systematic documentation can support an organization's ability to accurately identify and evaluate strengths, accomplishments, gaps in services, and opportunities to improve services or develop innovative approaches.

### **Conclusion and Future Research Directions**

The aim of this research project was to identify the key services provided by youthSpark's case managers for survivors or at-risk individuals of CSEC in the Voices program. The findings show that youthSpark provides intensive, wrap-around case management to address the needs of youth and improve their overall health and well-being. Case managers served as a liaison between the youth and other service providers by coordinating and managing communication and services across systems. Youth and their families experience crisis events and challenges even after their immediate reason for seeking services at youthSpark. Case managers serve as a supportive figure by providing emotional support and crisis intervention and assessing youth and their families' needs to coordinate or refer resources. youthSpark shows indications of utilizing a community response approach for survivors of CSEC, however, there are opportunities for improvement. youthSpark provides information and referral for external referrals, but the number of referrals provided was less than coordination efforts. For both coordination efforts and external referrals, there is a need to increase collaboration with school and health systems. Finally, this research study did not examine engagement and retention, but the findings for Voices program and

workshop attendance show a need to examine reasons for low attendance and opportunities to improve engagement and retention of youth in youthSpark programming.

There are several implications for future research. First, there is a need to better understand and evaluate case management as a tool for CSEC prevention and response. There continues to be a limited understanding of services for CSEC due to ethical concerns, legal issues, and safety concerns for survivors (Council, 2013). This research addressed those issues by partnering with an organization and utilizing routinely collected data. Furthermore, data were de-identified to protect the privacy and confidentiality of survivors. In addition, more studies may consider the use of a content analysis as an approach utilized by future researchers to expand the understanding of comprehensive, evidence-based, and coordinated prevention and response efforts for CSEC. The Journal of Child Abuse and Neglect released a special issue of compiled articles of global child trafficking and health, in which the second section reviews global counter-trafficking programs (Greenbaum et al., 2019). The purpose of this section of the special issue was to “raise awareness of innovative counter-trafficking strategies emerging worldwide and facilitate collaboration on program development and outcomes research” (Greenbaum et al., 2019). This innovative approach could be adapted to examine case management approaches at youth-serving organizations for CSEC in the U.S., while developing a collaborative community that builds effective programming to address the health needs of exploited youth.

Although there has been an increase in organizations utilizing case management for CSEC response, there are limited evidence-based guidelines for the utilization of case management for CSEC (Council, 2013). There is research of the utilization of case management in other types of victimizations, such as domestic abuse, child abuse, and sexual assault (Council,

2013). For example, the Gender-based Violence Information Management System (GBVIMS) steering committee composed of experts from multiple international organizations developed the “Interagency Gender-Based Violence Case Management Guidelines” (Office for the Coordination of Humanitarian Affairs (OCHA), 2017). It is recommended for future scholars to develop case management guidelines for CSEC that provides tools and standards for preventing CSEC, identifying risk factors, responding to survivors with a trauma-informed and survivor-centered approach, developing and maintaining community collaborations, improving engagement and retention of survivors in CSEC programming, and monitoring and evaluating services. Additionally, the guidelines should include the unique experiences and needs of youth of color and LGBTQ+ youth. This effort can support organizations with systematically documenting and reporting standardized indicators, which can then inform a centralized monitoring system for CSEC. Furthermore, at the local, state, and national level, this can improve our understanding of the scope, prevalence, and prevention and response efforts for CSEC and how we can develop comprehensive and evidence-based policies and programs to better support and advocate for youth, families, and communities.

CSEC has detrimental, long-term impacts to an individual’s health and well-being and should be considered an increasing threat to public health. In the US, approximately 200,000 minors are exploited every year and another 325,000 are at high risk (Goldberg and Moore, 2018). Given the widespread prevalence of CSEC, it is crucial for public health practitioners to examine the health needs of exploited children, barriers to accessing resources, challenges and limitations to providing care, and best practices for high quality, comprehensive, evidence-based care. Additionally, there is more effort needed to prevent risk factors for CSEC, with a focus on the unique vulnerabilities that youth of color and LGBTQ+ youth experience due to inequitable



systems. These research efforts can advance and strengthen policies for CSEC prevention and response for a collective goal of protecting the safety and rights of children.

## REFERENCES

- Adejumo, G. (2008). Psychosocial predictors of involvement of women as victims of trafficking in persons in south west Nigeria. *Gender and Behaviour*, 6(1), 1480-1493  
<https://doi.org/10.4314/gab.v6i1.23370>
- Adelson, W. (2009). Child prostitute or victim of trafficking? *University of St. Thomas Law Journal* 6(1):96-128.
- American Psychological Association. (2007). *Report of the APA task force on the sexualization of girls*. <https://www.apa.org/pi/women/programs/girls/report-full.pdf>
- Annitto, M. (2011). Consent, coercion, and compassion: Crafting a commonsense approach to commercial sexual exploitation of minors. *Yale Law and Policy Review* 30(1):1-70.
- Armstrong, R., Doyle, J., Lamb, C., & Waters, E. (2006). Multi-sectoral health promotion and public health: the role of evidence. *Journal of public health (Oxford, England)*, 28(2), 168–172. <https://doi.org/10.1093/pubmed/fdl013>
- Baker, J., and E. Nelson. (2012). Workshop presentation to the Committee on the Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States, on Multidisciplinary Responses, May 9, 2012, San Francisco, CA.
- Barnert, E., Iqbal, Z., Bruce, J., Anoshiravani, A., Kolhatkar, G., & Greenbaum, J. (2017). Commercial Sexual Exploitation and Sex Trafficking of Children and Adolescents: A Narrative Review. *Academic pediatrics*, 17(8), 825–829.  
<https://doi.org/10.1016/j.acap.2017.07.009>
- Barnert, E. S., Godoy, S. M., Hammond, I., Kelly, M. A., Thompson, L. R., Mondal, S., & Bath, E. P. (2020). Pregnancy Outcomes Among Girls Impacted by Commercial Sexual Exploitation. *Academic pediatrics*, 20(4), 455–459.  
<https://doi.org/10.1016/j.acap.2019.12.005>
- Basson, Danna & Rosenblatt, Erin & Haley, Hannah. (2012). Research to Action: Sexually Exploited Minors (SEM) Needs and Strengths WestCoast Children's Clinic. 10.13140/RG.2.2.29028.68489.
- Bath, E., Barnert, E., Godoy, S., Hammond, I., Mondals, S., Farabee, D., & Grella, C. (2020). Substance Use, Mental Health, and Child Welfare Profiles of Juvenile Justice-Involved Commercially Sexually Exploited Youth. *Journal of child and adolescent psychopharmacology*, 30(6), 389–397. <https://doi.org/10.1089/cap.2019.0057>
- Bryant-Davis, T., & Tummala-Narra, P. (2016). Cultural oppression and human trafficking: Exploring the role of racism and ethnic bias. *Women and Therapy*, 40(1–2), 152–169.  
<https://doi.org/10.1080/02703149.2016.1210964>

- Children's Advocacy Centers of Georgia. (2020). *CSEC response team | CACGA*. Retrieved March 7, 2022, from <https://www.cacga.org/csec-response-team/>
- Chisolm-Straker, M., & Stoklosa, H. (Eds.). (2017). *Human Trafficking Is a Public Health Issue - A Paradigm Expansion in the United States | Makini Chisolm-Straker | Springer (1st ed.)*. Springer International Publishing.
- Clawson, H. J., N. M. Dutch, A. Salomon, and L. Goldblatt Grace. (2009). *Study of HHS programs serving human trafficking victims*. Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation
- Clawson, H., & Dutch, N. (2008, June). *Case management and the victim of human trafficking: A critical service for client success*. U.S. Department of Health & Human Services. <https://aspe.hhs.gov/reports/case-management-victim-human-trafficking-critical-service-client-success-0>
- Clawson, H. J., and L. Goldblatt Grace. (2007). *Finding a path to recovery: Residential facilities for minor victims of domestic sex trafficking*. Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation
- Cohen, S. A. (2005). *Ominous convergence: Sex trafficking, prostitution and international family planning*. The Guttmacher Report on Public Policy 8(1):12-14.
- Cohen, M. I., M. C. Edberg, and S. V. Gies. 2010. *Final report on the evaluation of the SAGE Project's LIFESKILLS and GRACE programs*. Bethesda, MD: Development Services Group, Inc.
- Cole, J., Sprang, G., Lee, R., & Cohen, J. (2016). *The Trauma of Commercial Sexual Exploitation of Youth: A Comparison of CSE Victims to Sexual Abuse Victims in a Clinical Sample*. *Journal of interpersonal violence*, 31(1), 122–146. <https://doi.org/10.1177/0886260514555133>
- Columbia University. (2022). *Content analysis*. Columbia Public Health. Retrieved March 11, 2022, from <https://www.publichealth.columbia.edu/research/population-health-methods/content-analysis>
- Cornell Law School. (n.d.). *Minor*. Retrieved March 27, 2022, from <https://www.law.cornell.edu/wex/minor>
- Council, N. R. (2013). *Confronting commercial sexual exploitation and sex trafficking of minors in the United States*: National Academies Press.
- Criminal Justice Coordinating Council. (2016). *Human trafficking task force*. Retrieved March 5, 2022, from <https://cjcc.georgia.gov/human-trafficking-task-force>

- Estes, R.J., & Weiner, N. A. (2001). The commercial sexual exploitation of children in the U.S., Canada and Mexico. Philadelphia: University of Pennsylvania, School of Social Work, Center for the Study of Youth Policy
- Federal Bureau of Investigation. (2005). *Exploiting Americans on American soil: Domestic trafficking exposed*. FBI. Retrieved February 15, 2022, from <https://archives.fbi.gov/archives/news/testimony/exploiting-americans-on-american-soil-domestic-trafficking-exposed>
- Fedina, L., Williamson, C., & Perdue, T. (2019). Risk Factors for Domestic Child Sex Trafficking in the United States. *J Interpers Violence*, 34(13), 2653-2673. doi:10.1177/0886260516662306
- Ferguson, K. M., Soydan, H., Lee, S., Yamanaka, A., Freer, A. S., & Xie, B. (2009). Evaluation of the CSEC Community Intervention Project (CCIP) in Five U.S. Cities. *Evaluation Review*, 33(6), 568-597. doi:10.1177/0193841x09346132
- Finn, M., Blackwell, B., Jackson, L., Wolk, J., & Oakley, B. (2009, March). *Evaluation of the demonstration project to address commercial sexual exploitation of children in Atlanta-Fulton county*. U.S. Department of Justice. <https://www.ojp.gov/library/publications/evaluation-demonstration-project-address-commercial-sexual-exploitation>
- Franchino-Olsen, H., Chesworth, B. R., Boyle, C., Rizo, C. F., Martin, S. L., Jordan, B., Macy, R. J., & Stevens, L. (2020). The Prevalence of Sex Trafficking of Children and Adolescents in the United States: A Scoping Review. *Trauma, Violence, & Abuse*, 23(1), 182–195. <https://doi.org/10.1177/1524838020933873>
- Georgia Division of Family and Children Services. (2020). *Georgia division of family and children services human trafficking case management statewide protocol*.
- Georgia State University. (2019, October 21). *Human trafficking ensnares more than half of metro Atlanta's homeless youth, Georgia State study shows*. Georgia State University News. Retrieved June 8, 2022, from <https://news.gsu.edu/2019/10/21/homeless-youth-trafficking/>
- Goldberg, A., & Moore, J. (2018). Domestic Minor Sex Trafficking. *Child and Adolescent Psychiatric Clinics of North America*, 27(1), 77–92. <https://doi.org/10.1016/j.chc.2017.08.008>
- Goldberg, A. P., Moore, J. L., Houck, C., Kaplan, D. M., & Barron, C. E. (2017). Domestic Minor Sex Trafficking Patients: A Retrospective Analysis of Medical Presentation. *Journal of Pediatric and Adolescent Gynecology*, 30(1), 109–115. <https://doi.org/10.1016/j.jpag.2016.08.010>

- Greenbaum J. (2018). Child Sex Trafficking and Commercial Sexual Exploitation. *Advances in pediatrics*, 65(1), 55–70. <https://doi.org/10.1016/j.yapd.2018.04.003>
- Greenbaum, VJ., Dodd M., McCracken, C. (2018). A short screening tool to identify victims of child sex trafficking in the health care setting. *Pediatric Emergency Care*, 34, 33-37.
- Greenbaum, J., Albright, K., & Tsai, C. (2020). Introduction to the special issue of Child Abuse and Neglect: Global child trafficking and health. *Child abuse & neglect*, 100, 104321. <https://doi.org/10.1016/j.chiabu.2019.104321>
- Greenbaum, J., Crawford-Jakubiak, J. E., & Committee on Child Abuse and Neglect (2015). Child sex trafficking and commercial sexual exploitation: health care needs of victims. *Pediatrics*, 135(3), 566–574. <https://doi.org/10.1542/peds.2014-4138>
- Greene, J. M., Ennett, S. T., & Ringwalt, C. L. (1999). Prevalence and correlates of survival sex among runaway and homeless youth. *American journal of public health*, 89(9), 1406–1409. <https://doi.org/10.2105/ajph.89.9.1406>
- Greeson, J. K., Treglia, D., Wolfe, D. S., Wasch, S., & Gelles, R. J. (2019). Child welfare characteristics in a sample of youth involved in commercial sex: An exploratory study. *Child Abuse & Neglect*, 94. <https://doi.org/10.1016/j.chiabu.2019.104038>
- Guttmacher Institute. (2017, September 7). *Pregnancies, births and abortions among adolescents and young women in the united states, 2013: National and state trends by age, race and ethnicity*. Retrieved July 5, 2022, from <https://www.guttmacher.org/report/us-adolescent-pregnancy-trends-2013>
- Hardy, V. L., Compton, K. D., & McPhatter, V. S. (2013). Domestic Minor Sex Trafficking: Practice Implications for Mental Health Professionals. *Affilia*, 28(1), 8–18. <https://doi.org/10.1177/0886109912475172>
- Human Rights Campaign. (n.d.). *Glossary of terms*. Retrieved March 28, 2022, from <https://www.hrc.org/resources/glossary-of-terms>
- Human Trafficking Leadership Academy. (2017). *Survivor-Informed practice definition, best practices, and recommendations*. [https://nhhtac.acf.hhs.gov/sites/default/files/2018-06/Survivor\\_Informed\\_definition\\_and\\_recommendations.pdf](https://nhhtac.acf.hhs.gov/sites/default/files/2018-06/Survivor_Informed_definition_and_recommendations.pdf)
- Kenny, M. C., Helpingstine, C., Long, H., Perez, L., & Harrington, M. C. (2019). Increasing Child Serving Professionals' Awareness and Understanding of the Commercial Sexual Exploitation of Children. *Journal of child sexual abuse*, 28(4), 417–434. <https://doi.org/10.1080/10538712.2018.1563264>
- Kinnish, K., McCarty, C., Tiwari, A., Osborne, M., Glasheen, T., Franchot, K. K., Kramer, C., & Self-Brown, S. (2020). Featured counter-trafficking program: Project intersect. *Child abuse & neglect*, 100, 104132. <https://doi.org/10.1016/j.chiabu.2019.104132>

- Kotrla, K. (2010). Domestic minor sex trafficking in the United States. *Social Work*, 55(2), 181–187. doi:10.1093/sw/55.2.181
- Macy, R. J., & Johns, N. (2011). Aftercare services for international sex trafficking survivors: informing U.S. service and program development in an emerging practice area. *Trauma, violence & abuse*, 12(2), 87–98. <https://doi.org/10.1177/1524838010390709>
- Menard, S., & Huizinga, D. (2001). Repeat victimization in a High-Risk neighborhood sample of adolescents. *Youth & Society*, 32(4), 447–472. <https://doi.org/10.1177/0044118x01032004003>
- Moore, J. L., Kaplan, D. M., & Barron, C. E. (2017). Sex Trafficking of Minors. *Pediatric Clinics of North America*, 64(2), 413–421. <https://doi.org/10.1016/j.pcl.2016.11.013>
- Muftić, L. R., & Finn, M. A. (2013). Health outcomes among women trafficked for sex in the united states. *Journal of Interpersonal Violence*, 28(9), 1859–1885. <https://doi.org/10.1177/0886260512469102>
- National Human Trafficking Hotline. (2020). *Georgia statistics*. Retrieved February 16, 2022, from <https://humantraffickinghotline.org/state/georgia>
- National Human Trafficking Hotline. (2022, January 4). *2020 national hotline annual report*. Retrieved February 20, 2022, from <https://humantraffickinghotline.org/resources/2020-national-hotline-annual-report>
- National Human Trafficking Hotline. (n.d.). *Sex trafficking*. Retrieved March 29, 2022, from <https://humantraffickinghotline.org/type-trafficking/sex-trafficking>
- National Resource Council. (2012). *Reforming juvenile justice: A developmental approach*. Washington, DC: The National Academies Press
- Nowell, B., & Foster-Fishman, P. (2011). Examining Multi-Sector Community Collaboratives as Vehicles for Building Organizational Capacity. *American journal of community psychology*, 48(3-4), 193–207. <https://doi.org/10.1007/s10464-010-9364-3>
- Office for the Coordination of Humanitarian Affairs. (2017, June). *Interagency Gender-Based violence case management guidelines*. [https://reliefweb.int/report/world/interagency-gender-based-violence-case-management-guidelines?gclid=Cj0KCQjw\\_viWBhD8ARIsAH1mCd6\\_g3umrT5ELr6CEhXcju6AiouXcbH1ef\\_bnfyeTB0ppnTxOocoeV4aAuGzEALw\\_wcB](https://reliefweb.int/report/world/interagency-gender-based-violence-case-management-guidelines?gclid=Cj0KCQjw_viWBhD8ARIsAH1mCd6_g3umrT5ELr6CEhXcju6AiouXcbH1ef_bnfyeTB0ppnTxOocoeV4aAuGzEALw_wcB)
- OJJDP. (n.d.). *Sexual Exploitation of Children*. Office of Juvenile Justice and Delinquency Prevention. Retrieved February 28, 2022, from <https://ojjdp.ojp.gov/programs/sexual-exploitation-children>

- OVC and BJA. 2011. Anti-human trafficking task force strategy and operations e-guide. Washington, DC: OVC and BJA. <https://www.ovcttac.gov/TaskForceGuide/EGuide/Default.aspx> (accessed April 8, 2022)
- Piening, S., and T. Cross. 2012. From “the life” to my life: Sexually exploited children reclaiming their futures Suffolk County Massachusetts’ response to Commercial Sexual Exploitation of Children (CSEC). Boston, MA: Children’s Advocacy Center of Suffolk County.
- Polaris Project. (2015, June). *Breaking barriers: Improving services for LGBTQ human trafficking victims*. <https://polarisproject.org/wp-content/uploads/2019/09/breaking-barriers-lgbtq-services.pdf>
- Polaris Project. (2020, July 13). *New Georgia law helps trafficking survivors clear their records*. Retrieved May 15, 2022, from <https://polarisproject.org/blog/2020/07/new-georgia-law-helps-trafficking-survivors-clear-their-records/>
- Rothman, E. F., Farrell, A., Paruk, J., Bright, K., Bair-Merritt, M., & Preis, S. R. (2021). Evaluation of a Multi-Session Group Designed to Prevent Commercial Sexual Exploitation of Minors: The "My Life My Choice" Curriculum. *Journal of interpersonal violence*, 36(19-20), 9143–9166. <https://doi.org/10.1177/0886260519865972>
- Sahl, S, Pontoriero, M. I., Hill, C., & Knoepke, C. E. (2021). Stakeholder perspectives on the implementation of shared decision making to empower youth who have experienced commercial sexual exploitation. *Children and youth services review*, 122, 105894. <https://doi.org/10.1016/j.chilyouth.2020.105894>
- Sapiro, B., Johnson, L., Postmus, J. L., & Simmel, C. (2016). Supporting youth involved in domestic minor sex trafficking: Divergent perspectives on youth agency. *Child abuse & neglect*, 58, 99–110. <https://doi.org/10.1016/j.chiabu.2016.06.019>
- Schneider, S. J., S. F. Grilli, and J. R. Schneider. (2013). Evidence-based treatments for traumatized children and adolescents. *Current Psychiatry Reports* 15(1), 332-341.
- Sherman, F. T. 2012. Justice for girls: Are we making progress? *UCLA Law Review* 59: 1584-1628.
- Stoltz, J. A. M., Shannon, K., Kerr, T., Zhang, R., Montaner, J. S., & Wood, E. (2007). Associations between childhood maltreatment and sex work in a cohort of drug-using youth. *Social Science & Medicine*, 65(6), 1214–1221. <https://doi.org/10.1016/j.socscimed.2007.05.005>
- Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA’s concept of trauma and guidance for a Trauma-Informed approach*. [https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA\\_Trauma.pdf](https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf)

- Twis, M. K. (2019). Risk Factor Patterns in Domestic Minor Sex Trafficking Relationships. *Journal of Human Trafficking*, 6(3), 309–326. <https://doi.org/10.1080/23322705.2019.1627775>
- University at Buffalo School of Social Work. (2022, March 31). *What is trauma-informed care?* University at Buffalo School of Social Work - University at Buffalo. Retrieved March 25, 2022, from [https://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/what-is-trauma-informed-care.html#:~:text=Trauma%2DInformed%20Care%20\(TIC\),individual's%20life%20%20including%20service%20staff.](https://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/what-is-trauma-informed-care.html#:~:text=Trauma%2DInformed%20Care%20(TIC),individual's%20life%20%20including%20service%20staff.)
- U.S. Department of Housing and Urban Development. (2021, January). *The 2020 annual homeless assessment report (AHAR) to congress*. <https://www.huduser.gov/portal/sites/default/files/pdf/2020-AHAR-Part-1.pdf>
- Whaling, K. M., der Sarkissian, A., Sharkey, J., & Akoni, L. C. (2020). Featured counter-trafficking program: Resiliency Interventions for Sexual Exploitation (RISE). *Child abuse & neglect*, 100, 104139. <https://doi.org/10.1016/j.chiabu.2019.104139>
- Wright, Eric; LaBoy, Ana; Turner, Melanie; Forge, Nicholas; Wallace, Cody; Darkwa, Asantewaa; Tsukerman, Kara; Webb, Zoe; Higbee, Madison; and Shelby, Renee, "Atlanta Youth Count 2018 Community Report: The Prevalence of Sex and Labor Trafficking Among Homeless Youth in Metro Atlanta" (2019). Sociology Faculty Publications. 11. [https://scholarworks.gsu.edu/sociology\\_facpub/11](https://scholarworks.gsu.edu/sociology_facpub/11)
- Youth Collaboratory & Wichita State University Center for Combating Human Trafficking. (2018, October 19). *Survivor-Centered and Survivor-Led practices* | youth collaboratory. Youth Collaboratory. Retrieved February 15, 2022, from <https://www.youthcollaboratory.org/resource/survivor-centered-and-survivor-led-practices>
- youthSpark. (n.d.). *youthSpark* | *who we are*. Retrieved June 9, 2022, from <https://www.youthspark.org/who-we-are>
- youthSpark. (2021). *Annual report of impact 2020–2021*. [https://assets.website-files.com/5f75f6351be8974830fba156/614a348d30d7faf3dfa164a6\\_FY20-21%20Annual%20Impact%20Report.pdf](https://assets.website-files.com/5f75f6351be8974830fba156/614a348d30d7faf3dfa164a6_FY20-21%20Annual%20Impact%20Report.pdf)