



“What Does It Matter How We Define It?”: Exploring Definitions of DMST Among Service Providers and Victims/Survivors

Jennifer E. O’Brien

To cite this article: Jennifer E. O’Brien (2017): “What Does It Matter How We Define It?”: Exploring Definitions of DMST Among Service Providers and Victims/Survivors, Journal of Human Trafficking, DOI: [10.1080/23322705.2017.1410415](https://doi.org/10.1080/23322705.2017.1410415)

To link to this article: <https://doi.org/10.1080/23322705.2017.1410415>



Published online: 08 Dec 2017.



Submit your article to this journal [↗](#)



View related articles [↗](#)



View Crossmark data [↗](#)



“What Does It Matter How We Define It?”: Exploring Definitions of DMST Among Service Providers and Victims/Survivors

Jennifer E. O'Brien

Department of Social Work, The University of New Hampshire, Durham, NH, USA

ABSTRACT

Domestic minor sex trafficking (DMST) is one of the most prevalent yet hidden forms of child abuse in the United States. DMST victims are diverse in age, race, and socioeconomic status. Many DMST victims are involved in state-level systems including the child welfare and/or juvenile justice system. State-level systems are federally mandated to identify children who are at risk or survivors of DMST. Unfortunately, DMST victim/survivor identification is inconsistent and often ineffective and is based on service providers' and DMST victims'/survivors' de facto definitions of DMST. This study presents exploratory, qualitative findings regarding service provider and DMST victim/survivor de facto definitions of DMST. In addition, it explores how these definitions are different from and/or similar to extant federal and state legal definitions. Content analysis revealed three key qualitative themes, including force/fraud/coercion, commercialization, and DMST as a form of child sexual abuse. Importantly, DMST victim/survivor and service provider definitions of DMST are different, which may be contributing to ineffective DMST victim/survivor identification protocols. Furthermore, there are several important differences between participants' definitions of DMST and extant federal and state legal definitions. Implications for policy and practice are discussed.

KEYWORDS

Domestic minor sex trafficking; DMST definitions; child sexual abuse; victim/survivor identification

Introduction

Domestic minor sex trafficking (DMST) is legally defined as the recruitment, harboring, transportation, provision, or obtaining of U.S. minors for the purposes of a commercial sex act (Trafficking Victims Protection Act [TVPA], P.L. 106–386; U.S. Department of State, 2008a). DMST includes the exchange or acceptance of sex acts in order to meet one's basic needs or survival sex (e.g., sex for food or shelter; Adelson, 2008). In addition to legal definitions, service providers and DMST victims/survivors may have their own definitions of DMST that may or may not be informed by federal and state legal definitions. Commonly understood definitions of DMST that are not officially sanctioned by federal or state laws are known as de facto definitions. Service provider and DMST victim/survivor de facto definitions of DMST are unstudied and unknown. Similarly, it is unclear the degree to which de facto definitions are similar to (or different from) extant federal and state legal definitions. These definitions of DMST—and how they compare with extant federal and state legal definitions—have implications for future DMST awareness trainings, as well as for federal and state DMST policy development.

DMST: A hidden problem

Based on arrest records, DMST cases have been confirmed in all 50 states (U.S. Department of State, 2008b). Over 60% of identified human-trafficking cases in the United States involve U.S. citizens,

and nearly one-third (32%) of them involve minors (Kyckelhahn, Beck, & Cohen, 2009). Furthermore, approximately 70% of the women involved in domestic prostitution were introduced to the commercial sex industry before reaching 18 years of age (Hughes, 2007). In fact, the average age at which children are lured into prostitution is between 11 and 14 (U.S. Department of Justice, 2007). On average, researchers have suggested that from 300,000 to 600,000 children are at risk or are victims of DMST in the United States each year (Edwards, Iritani, & Hallfors, 2006; Estes & Weiner, 2001). However, these estimates are not grounded in strong scientific methods and are largely derived from extrapolations based on “questionable assumptions” (Lutnik, 2016; Stransky & Finkelhor, 2008). Although there have been several attempts at examining the number of children who trade sex for goods, services, drugs, or money, the reality is that no scientifically credible estimates exist. Despite the lack of accurate and reliable prevalence and incidence data, federal and state systems acknowledge the importance of responding to DMST and have begun the process of legally protecting DMST victims/survivors and prosecuting traffickers.

Legal definitions of DMST

Historically, human trafficking has not been acknowledged as a social issue for Western European cultures. Beginning in the mid-1990s, DMST activists in the United States strategically collaborated with the growing international antihuman-trafficking movement (Busch-Armendariz et al., 2016; Farrell & Fahy, 2009). Through increased public awareness, the collaboration grew to include increasing numbers of DMST advocates and lobbyists. The culmination of these collaborative efforts was the passing of a series of federal and state laws that recognized the importance of defining, fighting, and prosecuting human trafficking, including DMST. These laws represented a significant milestone in the fight against DMST.

Federal legal definitions

Legal definitions of DMST have changed substantially over the past 20 years. Prior to 2000, a U.S. minor found to be engaging in prostitution would have been arrested and treated as a criminal (Adelson, 2008; Smith & Vardaman, 2010). However, since the passing of the 2005 reauthorization of the TVPA (P.L. 106–386), all U.S. minors engaged in commercial sex acts are legally considered to be victims of DMST (Adelson, 2008; Smith & Vardaman, 2010). The TVPA defines “commercial sex act” as “any sex act on account of which anything of value is given to or received by any person” (p. 110–112; U.S. Department of State, 2008a). Importantly, the TVPA does not require evidence of “force, fraud, or coercion (FFC)” in its definitions of DMST. However, there is an ongoing legal debate regarding whether youth who operate independently (such as those involved in what has been previously labeled survival sex or trading sex) and become involved in commercial sexual activity without a trafficker qualify as sex trafficking victims. Specifically, some scholars argue that many youth engage in commercial sex acts without inducement (e.g., Marcus, Horning, Curtis, Sanson, & Thompson, 2014). Alternatively, other scholars argue that even without a trafficker, all minors (under 18 years old) are sex trafficking victims. In these cases, when it is not possible to identify a clear “trafficker” in an incident of DMST, the “john” is considered to be the person who “causes” a child to engage in a commercial sex act when she or he buys sex from a child (Adelson, 2008; Smith & Vardaman, 2010).

State legal definitions

Because of the constitutional limitations of federal lawmaking authority, child exploitation is primarily addressed by legislation at the state level (Adelson, 2008). The prosecution of traffickers and provision of services to DMST victims/survivors at the state level are inconsistent and often result in victims/survivors being charged with crimes (e.g., prostitution) and traffickers being charged with misdemeanors (e.g., pimping; Adelson, 2008; Srikantiah, 2007). Prosecution may also be complicated in cases where the trafficker is a family member and abusing the child in other ways

(e.g., physical, sexual, or emotional abuse; Mitchell, Finkelhor, & Wolak, 2010; Reid, Huard, & Haskill, 2015).

To address these inconsistencies, 34 states have passed laws that change their legal protection and response to victims (Polaris, 2013). Known as safe harbor laws, these laws mandate state-level systems to treat DMST victims/survivors with victim-centered care and coordinated community response (Shared Hope International, 2016). Such laws also mandate that law enforcement professionals cannot arrest known DMST victims/survivors or criminalize behaviors implicit in their victimization (e.g., prostitution; Shared Hope International, 2016). The states of North Carolina and Texas both enacted safe harbor laws in 2013.

North Carolina and Texas

The states of North Carolina and Texas are two semirural southern states with similar risk factors for DMST. Specifically, both North Carolina and Texas have (a) a few urban centers surrounded by largely rural communities; (b) interstate highways that continue across the United States; and (c) three (or more) military bases in the state (Project NOREST, 2017). Safe harbor laws were enacted in both North Carolina and Texas in 2013 (NC: S.L. 2013-368; TX: S.B.683) to aid in unifying state-level responses to human trafficking. These laws dictate that an individual under age 18 who has participated in commercial sex has done so as a result of having been exploited and sexually abused, regardless of whether the minor explicitly consents to the act (Polaris Project, 2013). Therefore, these children should be treated as victims and cannot be tried as criminals. Furthermore, safe harbor laws in Texas and North Carolina dictate that state-level systems (e.g., child welfare and juvenile justice) must identify DMST victims/survivors, coordinate appropriate community responses for victims/survivors and perpetrators, and provide victim-centered care that is trauma informed and noncriminalizing (NC: S.L. 2013-368; TX: S.B.683; Polaris Project, 2013). For both North Carolina and Texas, any child who is identified as a victim or survivor of DMST is designated as a child in need of supervision or a dependent child (Polaris Project, 2013; Shared Hope International, 2016). Ideally, such designation allows the state child welfare system to intervene and provide assistance to the child (Polaris Project, 2013; Shared Hope International, 2016).

Identification of DMST victims/survivors

Despite the laudable legislation at both the state and federal levels, DMST victims/survivors who come into contact with the state systems are often unidentified and/or misidentified (Adelson, 2008; Brittle, 2008; Countryman-Roswurm & Bolin, 2014; Shared Hope International, 2016). Children who are not successfully identified as DMST victims/survivors lose the legal protections and service provisions mandated to them in state and federal laws. Though limited, extant research suggests that rates of DMST revictimization for youth who have experienced previous DMST victimization is high (69–90%; Reid & Piquero, 2014). Accordingly, it is posited that a high percentage of DMST victims/survivors return to trafficking as a result of limited community supports or resources, the strong bond established with their pimps or traffickers, and insufficient treatment options resulting in continued mental and physical health symptoms (ECPAT, 2012).

There are currently no widely validated instruments for screening for DMST. Therefore, DMST victims/survivors are predominantly identified in one of two ways: (a) de facto definitions of DMST or (b) awareness of DMST legal definitions and legislation (Shared Hope International, 2013; Walts, French, Moore, & Ashai, 2011). Research has repeatedly indicated that child welfare staff are largely unaware of their mandated DMST identification duties (Brittle, 2008; Lutnik, 2016). Furthermore, it is very rare that a DMST victim/survivor recognizes her or his experience as sex trafficking (Bromfield, 2016; Busch-Armendariz, Nsonwu, & Cook Heffron, 2011) or self-identifies as a DMST victim/survivor during preliminary interviews (Kottra, 2010). Because of a lack of awareness and resources, both service providers and DMST victims/survivors may label sexually exploitative experiences as childhood sexual abuse (Clawson & Goldblatt Grace, 2007;

Fong & Berger-Cardoso, 2010). The problem with this type of identification is that it does not take into account the severity of the abuse inherent in trafficking, the elevated risk of revictimization for trafficking victims, or the legal protections guaranteed to DMST victims/survivors (Clawson & Goldblatt Grace, 2007; Polaris Project, 2013).

DMST victim/survivor identification is a key first step in ensuring that these vulnerable youths are granted the protections and service provisions guaranteed to them under federal and state law. It is unclear what definitions service providers and DMST victims/survivors are using to identify DMST victims/survivors. In addition, it is unclear how these de facto definitions are similar to or different from federal and state legal definitions of trafficking. It is important to ascertain from service providers and DMST victims/survivors their DMST definitions because their definitions are the ones predominantly being used for identification.

The current study

The DMST definitions used by service providers and DMST victim/survivors are unstudied and unknown. Further, it is unclear whether extant policies align with these de facto DMST definitions. In order to create and implement laws that will increase identification and service provision, it would be helpful to know how service providers and DMST victims/survivors define DMST. Understanding differences in how DMST victims/survivors and service providers define experiences that meet federal and state legal definitions of DMST would likely facilitate the development of future trainings. Increased awareness of DMST definitions among service providers and victims/survivors, in turn, would aid in future identification, subsequent assessment of needs, and intervention development.

The current study begins to address this knowledge gap using in-depth qualitative interviews with DMST victims/survivors and experienced human-trafficking service providers regarding their de facto DMST definitions. Specifically, the current study aims to answer the following research question: *How do experienced DMST service providers and DMST victims/survivors define DMST?* Within the framework of this broad question, we explored how participants understood DMST as different from other forms of childhood sexual abuse and adult sex trafficking.

Method

Study sample

Service providers

Qualitative and demographic data were collected from 20 experienced human-trafficking service providers in the states of North Carolina and Texas. Research suggests that many human-trafficking service providers and advocates work on issues related to human trafficking in conjunction with other full-time work duties (Macy & O'Brien, 2014). Thus, human-trafficking service providers were defined broadly and included child welfare workers, police officers, human trafficking advocates, medical personnel, and case management workers. For the purposes of this study, experienced service providers were those who had either been involved in antihuman-trafficking efforts for 1 year or more and/or had worked with three or more DMST victims/survivors for any length of time.

Service providers were recruited for the study via human-trafficking interest LISTSERVS and human-trafficking service provider referral. Human-trafficking interest LISTSERVS are any email LISTSERVS put together with the purpose of disseminating human-trafficking service knowledge or connecting human-trafficking service providers. Service provider participants were asked to refer other DMST service providers whom they believed might be interested in study participation.

DMST victims/survivors

Data were also collected from 13 DMST victims/survivors. DMST victims/survivors included individuals who self-identified as (a) being a U.S. citizen at the time of their sex trafficking experience, (b) being under age 18 at the time of their sex trafficking experience, and (c) being fluent in written and spoken English. In addition, in an effort to help ensure participant safety, study participants also had to self-identify as (a) currently living/residing in a safe location, free from harm; (b) being free from any trafficking situation; and (c) having no open court/legal cases related to their trafficking experiences. DMST victim/survivor recruitment was conducted through child welfare staff and human-trafficking service providers who had connections with victims/survivors and felt that the victim/survivor with whom they had worked may be interested.

Recruitment was also conducted through DMST survivor peer advocates, who are DMST survivors who currently work to advocate for the needs of DMST survivors. These survivor peer advocates engage in public speaking about their trafficking experience, have written books about their recovery process, and/or engage in policy advocacy using their own trafficking experiences as compelling case examples. DMST peer advocates were eligible for study participation and aided in study recruitment.

Trafficking victims/survivors may not feel comfortable discussing trafficking with individuals they do not know well, even in a depersonalized way (Kotrla, 2010). In order to ensure that rich details were gleaned, participants were asked if they would be willing to complete a second interview. The second interview was conducted 3–4 weeks after the initial interviews were completed. All 13 victim/survivor participants who completed their first interview agreed to complete a second interview.

Data collection procedures

Qualitative data were collected through individual interviews conducted by the primary investigator (PI). Interview times were flexible to promote participation and were held in private spaces designated as comfortable by participants (i.e., a location familiar to them). DMST victim/survivor participants were provided a number of supports to ease the burden of participation, including bottled water, a small snack, childcare, transportation reimbursement, and a \$30 gift card to Target, Amazon, or Starbucks. The same supports that were provided to victims/survivors during the first round of interviews were also provided during the second interview. Immediately preceding all interviews, the PI obtained participants' oral informed consent to perform and digitally record the interview.

In-depth individual interviews were conducted using semi-structured interview guides consisting of open-ended questions and follow-up probes. The guides were developed by the research team and informed by the extant literature (Patton, 2002). Digital files of interviews were transcribed verbatim and reviewed for accuracy by separate members of the research team. Methods to enhance the rigor of the research included obtaining expert service provider and researcher feedback on the semi-structured interview guide, the use of detailed case notes capturing nonverbal participant cues, implementing data triangulation by using more than one method to collect similar data (i.e., surveys and interviews; Padgett, 2008), and member checking.

Assessments and measures

To complement the qualitative interview data, participants were asked to complete a demographic survey and a DMST scope survey. The scope survey sought to elicit participant perspectives on the prevalence, incidence, and extent of DMST. All survey questions were asked using a Likert-type scale ranging from 1 to 5, with a higher score indicating a more problematic DMST scope. To ensure all participants could participate equally without regard to literacy, disability, or education status, participants could choose to complete the measures as self-report questionnaires or through oral interviews.

Demographic surveys

We developed a 10-item survey to collect general demographic data from all research participants, including age, race, gender, sex, employment, and education. In addition to these basic demographic data, service providers were asked to provide information about the length and nature of their anti-trafficking work.

DMST scope survey

All participants were invited to complete a DMST scope survey that was developed specifically for the purposes of the current study. The scope survey was developed and based on extant literature, extant survey tools, and expert service provider feedback. Participants were asked three questions regarding the scope of DMST in their communities, state, and country. Participants could indicate that DMST was an “extremely large,” “large,” “moderate,” “small,” or “non-existent” problem. Participants were also asked to indicate their agreement to three statements regarding the adequacy of current DMST identification processes. All participants were free to leave questions blank on either survey that they felt uncomfortable answering. Although the surveys were composed largely of closed-ended, multiple-choice questions, open-ended responses were included to provide opportunity for clarification. The self-report surveys were completed anonymously and no identifying information was collected.

Data analysis

An inductive approach to content analysis was used for all qualitative data analysis because prior knowledge regarding the phenomenon of interest under investigation (e.g., DMST) is limited or fragmented (Cho & Lee, 2014; Elo & Kyngäs, 2008). After initial data collection was completed (i.e., the completion of all round 1 interviews), transcriptions of the interview data were imported into ATLAS.ti (version 5.0; Mühr & Friese, 2004). An open coding approach was used to form preliminary codes, using five service provider and three victim/survivor interview transcripts. Categories and themes were drawn directly from the data and informed by the research questions, the semi-structured interview guide, and extant literature on the construct and populations of interest (Elo & Kyngäs, 2008; Mayring, 2000; Padgett, 2008). Two coders coded data independently, codes were revised, and categories were created (Cho & Lee, 2014). Intercoder reliability between the two coders was calculated using Cohen's kappas (Burla et al., 2008). Kappas scores ranged from 0.63 to 0.82, indicating satisfactory to solid agreement between raters (Burla et al., 2008). When the preliminary codebook was complete, two expert service provider consultants independently reviewed the coding scheme to ensure that major themes and constructs of interest were represented. Finally, two research team members independently reviewed each interview transcript to review and revise the codes in the context of the data. Throughout the coding process, coding discrepancies among the team were resolved through mutual discussion and agreement.

Survey data were aggregated and used to describe the participant population as well as their overall views on DMST scope and service provision (e.g., means and standard deviations).

Results

Participant characteristics

Provider characteristics

All sample demographic characteristics are reported in Tables 1 and 2. Service provider participants ranged in age from 28 to 62 years ($M = 42.9$; $SD = 11.1$). The majority of service provider participants self-identified as White (80.0%), while the remaining 20% self-identified as non-White. Service providers had graduated from college with either a college degree (50.0%) or a graduate-level degree (50.00%). Most of the service providers surveyed were employed in the field of

Table 1. Service provider characteristics ($N = 20$).

Characteristics	Service Provider $N = 20$ % (n)
Race	
Non-White	20.0 (4)
White	80.0 (16)
Education	
Completed college/technical school	50.0 (10)
Completed graduate school	50.0 (10)
Full-time employment in antihuman-trafficking efforts	85.0 (17)
10 or more years	5.0 (1)
6–10 years	30.0 (6)
Less than 5 years	50.0 (10)
Volunteer work in anti-trafficking efforts	55.0 (11)
6–10 years	10.0 (2)
Less than 5 years	45.0 (9)
Field of employment	
Advocacy	65.0 (13)
Case management	45.0 (9)
Domestic violence	35.0 (7)
Criminal/Legal	20.0 (4)
Education	35.0 (7)
Mental health	25.0 (5)

Table 2. Survivor characteristics ($N = 13$).

Characteristics	Survivor $N = 13$ % (n)
Race	
Non-White	23.1 (3)
White	76.9 (10)
Education	
Completed high school/GED	23.1 (3)
Completed college/technical school	53.8 (7)
Completed graduate school	23.1 (3)
Employment	
Full-time employment	46.2 (6)
Part-time employment	38.5 (5)
Homemaker	7.7 (1)
Unemployed	7.7 (1)
Health insurance	
No health insurance/self-pay	7.7 (1)
Medicaid/Gov. insurance	38.5 (5)
Private insurance	53.8 (7)

anti-trafficking full time (85.0%) and had worked in the field for 5 years or less (50.0%). Of the service provider participants who worked in the field full time, 30% ($n = 6$) had worked in the field 6–10 years and 5% ($n = 1$) had worked in the field more than 10 years. Over half (55.0%) of a service providers had volunteered in the field of anti-trafficking efforts. When asked to classify their primary employment duties (whether they worked in anti-trafficking efforts or not), 65% reported that they worked as advocates, 45% in case management, 35% in education, 20% in the criminal/legal system, and 25% in mental health. Primary employment duties were not mutually exclusive (e.g., service providers could indicate involvement in multiple categories).

Victim/Survivor characteristics

Victim/Survivor participants were predominantly recruited via peer network (84.6%, $n = 11$) and ranged in age from 29 to 66 years ($M = 40.8$, $SD = 10.2$). The majority of victim/survivor participants self-identified as White (76.9%). Though gender and sex data were collected, there was minimal diversity. Thus, to reduce the risk of deductive disclosure, those results are not shared. Overall, this

sample of victims/survivors was educated, with just over half (53.8%) indicating that they had completed college or obtained a technical school degree, and just under a fourth (23.1%) indicating that they had completed graduate school. All participants had received a high school degree or its equivalent. A majority (84.6%) were employed full or part time. The remaining 15.4% of victim/survivor participants were unemployed or self-identified as a full-time homemaker.

Quantitative findings

Table 3 reports the means and standard deviations from the quantitative survey of the perceived scope and identification methods of DMST among service provider and victim/survivor participants. Service providers reported that they felt DMST was a “large” to “extremely large” problem nationally ($M = 4.6$; $SD = 0.60$), in their state ($M = 4.35$; $SD = 0.74$), and in their community ($M = 4.35$; $SD = 0.99$). Service providers felt that there were “likely” to “very likely” more DMST victims/survivors than can be identified using current identification methods ($M = 0.4.35$; $SD = 0.74$). Service providers were somewhat split on their agreement with the statement “Current identification methods are adequate at identifying DMST victims/survivors” ($M = 2.10$; $SD = 1.02$). For this question, lower scores indicated less agreement.

DMST victims/survivors reported that they felt DMST was a “large” to “extremely large” problem nationally ($M = 5.0$; $SD = 0.00$), in their state ($M = 4.92$; $SD = 0.29$), and in their community ($M = 4.75$; $SD = 0.62$). Victims/Survivors felt that there were “likely” to “very likely” more victims/survivors than can be identified using current identification methods ($M = 4.67$; $SD = 0.49$). Overall, they disagreed with the statement “Current identification methods are adequate at identifying DMST victims/survivors” ($M = 1.42$; $SD = 0.52$).

Qualitative findings

Three overarching themes regarding DMST definitions emerged from the individual interviews with experienced human-trafficking service providers and DMST victims/survivors. Themes emerged from looking at the critical aspects of DMST definitions provided by participants, as well as the differences between provided definitions and legal definitions. Specifically, themes included (a) FFC (Force, Fraud and Coercion), (b) commercialization, and (c) DMST as a form of child sexual abuse. Each of these themes is explored in detail below. Within each theme, victim/survivor and service provider perspectives are provided separately to highlight key similarities and differences between and within participant groups.

Table 3. DMST scope survey.

Variables	Range	Service provider $N = 20$ Mean (SD)	Survivor $N = 13$ Mean (SD)
DMST scope			
Scope DMST nationally	1–5*	4.6 (0.60)	5.0 (0)
Scope of DMST within state	1–5*	4.35 (0.74)	4.92 (0.29)
Scope of DMST within community	1–5*	4.35 (0.99)	4.75 (0.62)
There are more survivors that we can identify	1–5*	4.35 (0.75)	4.67 (0.49)
Adequacy of current identification methods	1–5 ^a	2.10 (1.02)	1.42 (0.52)
DMST training quality		$n = 19$	
Quality of training received in past year	1–5*	3.85* (0.99)	
Quality of training received in past 5 years	1–5*	3.89* (0.67)	
DMST intervention quality			$n = 4$
Quality of services received in past year	1–5*		4.50* (0.5)
Quality of services received in past 5 years	1–5*		4.00* (1.0)

*Higher scores indicate higher perceived prevalence/incidence, and greater quality of training/intervention.

^aLower scores indicate lower perceived adequacy of current identification methods.

As opposed to reporting the exact number of participants endorsing a particular theme, the terms “many,” “most,” and “few” are used to denote varying degrees of participant endorsement on a particular theme/sentiment. Specifically, the term “many” denotes that more than three quarters (>75%) of participants endorsed that particular theme or sentiment, and the term “most” is used to denote that more than half (>50%) of participants endorsed the theme or sentiment. In contrast, the term “some” indicates that fewer than half (<50%) of participants endorsed the theme or sentiment, and the term “few” is used to denote that fewer than one quarter (>25%) of participants endorsed the theme or sentiment.

Theme 1: FFC

The theme of FFC was characterized by participants’ use of the terms “force,” “fraud,” and/or “coercion” in their definitions of DMST or their reasons that DMST may be different from other forms of child sexual abuse. Other terms used by participants that were included under this theme include “trick[ed],” “entice[d],” and “manipulate[d].”

Service providers

Many service providers noted that evidence of FFC were key to their definitions of DMST. For some, finding proof of one, two, or all three of these conditions was mandatory to their definition of DMST. For others, FFC were noted as strong indicators of a case being defined as DMST as opposed to other forms of sexual abuse, but they were not necessary for purposes of victim/survivor identification. In the words of one participant:

We look at, even though force, fraud, or coercion do not need to be proved in their case, if they’re under 18, we look for signs of one, two, or all three of those things to define whether it’s DMST.

Importantly, service providers universally acknowledged that FFC could take many forms. For example, FFC could look like a “kidnapping.” However, FFC may also present more subtly. For example, some service providers discussed that a minor could be exchanging sex for food, shelter, drugs, money, or the promise of a relationship. In these cases, the minor would be manipulated into performing sexual acts; however, he/she may still have the “illusion of choice” and therefore not self-identify as being forced, defrauded, or coerced. In the words of one service provider:

We know that not all DMST victims are locked in a room and told you’re not going anywhere so you’re being forced to do this. Most of the time it’s fraud and coercion. Domestic minors believe they’re in this loving relationship and they end up being sent out [to perform sex/sexual acts for goods, services, drugs or money].

Relatedly, service providers were divided in their definitions regarding the use of force. A few service providers indicated that in sex trafficking, children were forced to perform sexual acts via overt threats to their physical well-being or the physical well-being of those they cared about (e.g., parents, siblings, children). As one service provider stated, “It could be that there’s the threat of something happening to a family member if they didn’t continue [to engage in sexual acts], or someone they love if they didn’t continue doing what they were forced to do.”

Victims/Survivors

Most victims’/survivors’ definitions of sex trafficking featured discussions of FFC as feelings that may be specific to sex trafficking and/or more intensely felt in trafficking than in other forms of sexual abuse. As one victim/survivor stated,

I think sex trafficking is any time a minor feels, feels [emphasis] forced to sell themselves. So that might not meet legal definitions, but any feeling that you have [emphasis] to, you know, for money or food or whatever, that’s my definition of trafficking.

Another noted that their definition of sex trafficking featured a personal loss of identity that was unique to the trafficking experience:

I would define it as when you are sold, your body is sold, in some way. In a way that you lose yourself. It's not like prostitution, or other sex work. You don't get to know who you are anymore. That's what trafficking is all about.

Many noted that the threat of immediate physical harm to the victim and/or the victim's loved ones was severe and common in trafficking situations. Such threats, particularly trafficker's threats to victim's children, were mentioned by many as contributing to feelings of FFC. In the words of one victim/survivor:

So he's [my trafficker] got my kid—our kid—and I didn't have any money for diapers and formula. He knew that. And he was like, "All you have to do is walk up the street, a guy is going to pick you up, he's going to pay you to have sex with him and then you'll have money for your diapers and formula." And I was like, "What? [confused]" And he was like, "well don't you love her [the child]?" I was like "Yeah . . . I love her but how am I supposed to do that?" and he was like "Well, if you truly loved her then this is what you would do." So I did it. What the hell was I supposed to do? I love my daughter and he wouldn't let me talk to anyone else about help. So I did what I had to do for my daughter, because I love my daughter.

Universally, these participants acknowledged that the true FFC that occurs in trafficking revolved around the mental and emotional manipulation of the trafficker:

It's coercion, but you can't even see it that way. You have been so brainwashed, so beat down, lost all hope . . . it isn't until much later in your recovery that you see the fraud—that he was a fraud, that the relationship was a fraud—in the moment you are too brainwashed to even know you're being forced to do anything.

Theme 2: commercialization

The theme of commercialization was characterized by participants' discussion of the exchange of sex/a sexual act for goods, service, drugs, or money in their definitions of DMST or their reasons that DMST may be different from other forms of child sexual abuse.

Service providers

Service providers universally acknowledged commercialization as a key component of DMST. As one service provider clearly explained, "You have the commercial component for trafficking where something of value is given or exchanged for commercial sex." Another similarly remarked, "Sexual abuse I think doesn't always involve that exchange of money or a product in return for sexual activity but trafficking always does."

Some service providers were careful to note that commercial exchange did not necessitate the exchange of currency but could instead feature the exchange of nonmonetary goods. In a sentiment echoed by a few, one service provider noted:

The thing that I understand it [DMST] to be is that when you're a minor it [DMST] can look like survival sex, if you're runaway and you need a place to stay. It can look like a night at the Hilton in exchange for a sex act. It can look like food or drugs. So anything of value exchanged in that commercial sex act makes it commercial sexual exploitation or trafficking.

Interestingly, a few service providers mentioned specific forms of DMST that are organized, exploitative, hidden, and therefore particularly insidious. For example, one service provider mentioned internet pornography on sites where there is a monthly membership fee as a subversive form of commercialized sexual exploitation of children. Other venues that were specifically mentioned where organized, commercialized sexual exploitation occurs included raffles (including church raffles), strip clubs, escort companies, internet "meet up" sites (e.g., Back Page), and "payment plans" (e.g., selling a child to a manager of a car dealership as a form of payment for a vehicle).

Victims/Survivors

Many victims/survivors also cited commercialization as a key component of DMST. As one participant noted, “You sell your body, and you—or really your pimp—get money in return.” Most emphasized that they themselves did not participate in their commercial exchange or necessarily understand the particulars of how commercialization occurred. For example, one participant explained,

I know he [my pimp/trafficker] got money, but I didn’t see it. I don’t even know what he charged. I got no pretty clothes. I got no nice food or fancy hotels. I got shit. He [my trafficker] gave me just enough food to keep me alive, and just enough drugs to keep me from fighting.

A few victims/survivors mentioned they didn’t realize that there was money being exchanged until it had already been going on for some time:

I guess I was just naïve. I had no idea that [trafficker name] was getting money for what I did. He said it was a favor for a friend, something I needed to do for him, or something for us. And he always kept me high so I was pretty tuned out to a lot of things—things I look back on and just can’t believe . . . I had been doing it for a while before I realized he was making money from it and had been all along.

In contrast to service providers, while most victims/survivors acknowledged that commercialization was primary to their definition of trafficking, some emphasized that the exchange of goods, money, or drugs was not the primary purpose of the trafficking or the trafficker’s main goal. Instead, these participants discussed commercialization as one more way that traffickers/pimps exercised power over trafficking victims. In the words of one such victim/survivor:

The majority of the trafficking in rural areas is familial and in familial trafficking, often times, money isn’t the goal. Position of authority is the goal. And often power over someone to confirm a position of authority is often the goal. So, money may be a part of that, but it’s not the main goal.

Theme 3: DMST as a serious form of child abuse

The theme of DMST as a serious form of child sexual abuse was characterized by ways in which service providers and victims/survivors noted DMST as a specific, and particularly traumatic, form of child abuse. Some participants noted specific reasons why DMST was more traumatic for victims/survivors than other forms of child sexual abuse, and others discussed all forms of child sexual abuse as being similar to DMST in actions and psychosocial consequences. This theme highlights important similarities and differences between participants’ understandings of DMST versus other forms of child sexual abuse.

Service providers

When asked their definitions of DMST, many service providers noted that DMST was a form of child abuse. Importantly, some also noted that not all child abuse was DMST. As one service provider stated, “I think DMST in my mind, it’s always sexual abuse, but considering sexual abuse DMST—the other way around—is not always accurate.” When asked more specifically about DMST’s definition, service providers discussed specific components of the abuse that may contribute to DMST being more serious and ultimately more traumatic for the victim/survivor than other forms of child sexual abuse. In the words of one service provider:

DMST is more sex, it’s worse living conditions, and it’s more violence—not just from the johns, but also from the trafficker. These kids have no friends—they can’t even look at people. It’s just worse all the way around.

Other specific differences between DMST and other forms of child sexual abuse mentioned by service providers included the number of perpetrators (e.g., “DMST has multiple perpetrators all in one night, whereas child sexual abuse is usually one or maybe two perpetrators”), the child’s relationship with his or her perpetrator (e.g., “in child sexual abuse the child knows who they are

having sex with, but in trafficking, they don't even know the name of the person they are having sex with"), the longevity of abuse (e.g., "child sexual abuse ends when a child leaves home, but trafficking can last a lifetime"), and frequency (e.g., "trafficking is all night, every night—not every Sunday for a year").

A few service providers reported that there were not necessarily differences between trafficking and other forms of child sexual abuse. One service provider simply said, "Whether trafficking or child abuse, it's all child abuse. Abuse is abuse." Another elaborated, pointing out potential similarities between DMST and other forms of child sexual abuse:

I mean sex abuse is against someone's will. Obviously, sex trafficking is violating the will of a human being. Sex trafficking, to me, is a much more serious and traumatizing experience. But they're both traumatizing. Sex abuse could be ritual, I mean if it's a ritual, yes. If it's [child sexual abuse] repetitive, it [DMST] can be one in the same [as child sexual abuse] because of the effects on the person, on the girl, the trauma of experience.

Overall, service providers acknowledged that differentiating child sexual abuse generally from DMST was difficult, both in terms of definition and practice. In a statement echoed by many, one service provider stated,

We have things we look for but it's hard to tell, and it's hard to know when it crosses that line into DMST. So it goes to law enforcement—what can we prove? What do we know? If we can prove what we need to fit legal definitions of trafficking, then that's what it is.

Another provider, when asked about the differences in definitions between child sexual abuse broadly and DMST simply stated, "What does it matter how we define it? It's awful. It's all awful. We don't need to define it, we need to protect the child."

Victim/Survivor

Victim/Survivor participants also acknowledged many similarities between their personal definitions of DMST and other forms of child sexual abuse. Most had experienced other forms of sexual abuse prior to being trafficked. A few noted that their trafficker was also sexually abusing them in other ways. Overall, victims/survivors noted that the experience of sexual abuse could make it difficult to differentiate trafficking from other forms of sexual abuse for children, particularly for children who had experienced early sexual abuse. In the words of one victim/survivor, "When I was young, it all felt the same . . . it was all sex I didn't want."

A few victims/survivors noted that the trafficking was different from other forms of sexual abuse because of the relationship one may have with their trafficker and the nature of the sexual relationship. In the words of one participant,

In sexual abuse, it's a sexual perversion. The individual is a deviant. In trafficking there's no perversion on the part of the trafficker—maybe on the part of the john, but not the trafficker. The trafficker just sees you as a means to an end . . . and there are consequences if you don't do your part.

Another individual shared a similar sentiment,

When I was being molested, I knew my perpetrator and there was a relationship . . . he saw me regularly . . . and afterwards I got to go about my life. In trafficking, my trafficker wasn't the person who was having sex with me and there was no relationship beyond fear.

Like service providers, victims/survivors noted specific components of trafficking that may contribute to DMST being more serious and ultimately more traumatic compared with other forms of child sexual abuse. Specific differences between DMST and other forms of child sexual abuse mentioned by victims/survivors included stigma and shame associated with a "publicly acknowledged secret" (e.g., everyone knows that you are being sold, there is acknowledgment among those the victim sees that they are only used for sexual purposes); fear of physical harm from trafficker, john, or other girls (e.g., "you don't know if you're going to live or die from one

second to the next...”); and the number of perpetrators (e.g., “you’re sold every night, multiple times a night”).

Although most victims/survivors noted important differences in their understanding and personal definitions of sexual abuse and DMST, a few noted that the lines between the two were blurred. As one such participant noted,

Sometimes there was an exchange [of goods] I saw, sometimes it was just plain molestation, sometimes it was used as a punishment. Sometimes it was in exchange for getting my room to myself, or my dinner. Sometimes I didn’t know which was which, or what was happening. I see it was trafficking now, and sexual abuse.

In the words of another,

I was trafficked by my pastor, at my church but before he trafficked me he molested me. It was supposed to be a safe place and a safe person and it all was a betrayal. It all was the same to me.

Discussion

This study presents exploratory findings regarding service provider and DMST victim/survivor de facto definitions of DMST. In addition, results speak to the extent to which current policies regarding DMST align with DMST definitions being used for identification by service providers and DMST victims/survivors. Given the increased attention to DMST nationally—including legislation targeting DMST victim/survivor identification—this research makes an important and timely contribution to the limited knowledge base. Such knowledge provides valuable information regarding current understandings of DMST and points to directions for future DMST awareness programs and training development.

Quantitative findings

Quantitative results from this study offer important information regarding service providers’ and victims/survivors’ perceived scope of DMST. The quantitative survey developed specifically for this study indicated that DMST victims/survivors and service providers agree that DMST is a large problem at the national, state, and local levels and that identification practices are currently woefully inadequate. Notably, victims/survivors seem to feel these sentiments more strongly than service providers, as indicated by universally higher mean scores.

Qualitative findings

Qualitative results offer contextualized DMST service provider and victim/survivor de facto definitions of DMST. Similarly, qualitative results offer information about how closely (or not) participants’ definitions of DMST align with extant state and federal legal definitions. Findings from the current study have the potential to facilitate the development of future DMST awareness programs and trainings, which would aid in DMST victim and survivor identification.

Study participants’ definitions of DMST universally included some mention of FFC. Service providers all mentioned that finding evidence of FFC was central to their definitions of trafficking. DMST victims/survivors uniquely mentioned that FFC were not exclusive to DMST. Many victims/survivors noted that FFC were present in their experiences of other forms of sexual abuse. However, victims/survivors also reported that the feeling of FFC was different in their experiences of trafficking. Since a minor cannot legally consent to commercialized sex, all commercialized sexual interactions are exploitative. For this reason, FFC do not need to be proven in order for a case to meet legal definitions of DMST (Adelson, 2008). Some service providers acknowledged that they understood they did not have to prove FFC; however, many noted that finding evidence of all three was central to their definition of DMST.

Victim/Survivor and service provider participants also noted commercialization as a key component of their personal DMST definitions. While commercialization did not necessitate the exchange of money, service providers highlighted that in trafficking (as opposed to other forms of sexual abuse), there was an exchange of goods, services, drugs, or money for sex and/or a sexual act. Several service providers discussed trafficking as a big commercial venture, discussing the business of trafficking in economic terms (e.g., supply and demand). By contrast, most victims/survivors acknowledged that there was an exchange of goods for sex/a sexual act in trafficking but noted that they were often disconnected from the financial aspect of their trafficking experiences. Uniquely, victims/survivors mentioned power and control as a part of the commercialization and noted power as being something that could have been exchanged for sex in lieu of money and/or other goods.

While the financial and/or material exchange of goods in DMST is present in both federal and state definitions (ECPAT, 2012), power and control as a key piece—or primary piece—of the exchange are less understood. In a recent article by Reid et al. (2015), experiences of family trafficking are compared with experiences of third-party trafficking. Results revealed that family trafficking was more common in youth with histories of multiple types of maltreatment (e.g., physical abuse, neglect, sexual abuse, and witness to domestic violence; Reid et al., 2015). Elsewhere (Wiehe, 2003), power and control have been established as motivations for perpetration of child maltreatment. While scholars have previously asserted that familial trafficking may act as an extension of ongoing maltreatment in the home (Smith, Vardaman, & Snow, 2009), there is a dearth of literature on the ways in which family-facilitated trafficking may be motivated by factors similar to other forms of child maltreatment. Similarities to other types of child maltreatment make family-facilitated trafficking more difficult to define and detect and can also hinder victim recovery (Reid, 2014; Reid et al., 2015). Power dynamics are not explicitly stated in federal or state policies, beyond the acknowledgment that minors are unable to consent to commercial sex (Adelson, 2008; Kotrla, 2010).

Although currently unstudied, it may be that trafficking within religious organizations (e.g., a church) is more similar to dynamics present in family trafficking than third-party trafficking. Individuals may view religious organizations as an extension of family life, and therefore members of religious communities are treated like family members (Ammerman & Roof, 2014). Studies examining sexual abuse in religious organizations have revealed that abuse may happen for years without investigation by parents, police, or child welfare (Keenan, 2013). It stands to reason that traffickers may be benefitting from such anonymity and using religious affiliation to obstruct detection.

The final theme, DMST as a form of child sexual abuse, highlights DMST as an important subpiece of the larger category of sexual abuse. A considerable amount of research has focused on exploring the relationship between childhood sexual abuse and sexual exploitation (e.g., Estes & Weiner, 2001; Finkelhor & Ormrod, 2004; Friedman, 2005; Gragg, Petta, Bernstein, Eisen, & Quinn, 2007; McIntyre, 2005; Tyler, Hoyt, & Whitbeck, 2000). Despite this overlap, federal and state policies clearly recognize that DMST is a distinct form of child sexual abuse due to its element of commercialization and coercion (Adelson, 2008; ECPAT, 2012; Polaris Project, 2013; Shared Hope International, 2016). It is important to note that even among DMST victims/survivors and service providers, differences between DMST and other forms of childhood sexual abuse remain unclear. Specifically, both service providers and victims/survivors noted that it was difficult when considering a single incident to determine if the act was sex trafficking or sexual abuse more generally. This difficulty might be more profound in cases of familial trafficking, in which a member(s) of the victim's/survivor's family are both buying and selling sexual acts (e.g., father selling child to uncle). Further, some cases of familial trafficking may include sexual abuse occurring concurrently with trafficking.

Overall, results highlight that definitions of DMST are variable and nonconcrete. While many things may “often” be true in cases of DMST, hardly anything is “always” true. One unintended

consequence of this definitional inclusivity is conflicts in DMST victim/survivor and service provider groups regarding legitimate DMST victimization. By invalidating some trafficking experiences and legitimizing others, service providers and DMST victims/survivors may be creating barriers to services and perpetuating victim-blaming narratives.

Implications for policy and practice

Implications for policy

The results from the study seem to indicate that there remains ambiguity among DMST service providers and DMST victims/survivors about federal and state legal definitions of human trafficking. Specifically, results indicate that there remains some uncertainty about the role of FFC in determining whether a case is DMST and specific ways in which DMST may be a unique form of child sexual abuse. In addition, federal and state policies fail to align with service provider and DMST victim/survivor understandings of commercialization. Particularly, participants' perspectives differed from federal policy regarding whether favors that are nonmonetary in nature and/or coercing sexual acts with others for reasons of power (nonmonetary) qualified as trafficking.

Reading current legal definitions of DMST, there is a wide variation of activities and experiences that could potentially constitute trafficking. Specifically, DMST may be child prostitution, sexual slavery, and/or survival sex. Similarly, DMST victims may be kidnapped, tricked, or groomed for DMST. This wide variety of actions and activities appears to give tremendous latitude to service providers and law enforcement to determine whether a case may qualify as DMST. Although this latitude may be intended to facilitate identification of victims and survivors, it appears that it has instead led to reticence to label a case as DMST. This may be particularly true in cases of familial trafficking, in which the trafficking may be a continuation of ongoing sexual abuse perpetrated by parents (Smith et al., 2009). In light of these findings, it may be helpful for federal and state legislators to clearly state the key differences between legal definitions of adult and child sex trafficking. In addition, lawmakers may consider specifically noting types of activities that constitute commercialization.

Implications for practice

Specific definitional components of trafficking are often difficult to describe because they are not concrete but based on feelings, hunches, or the piecing together of disparate evidence. Although legal definitions may be purposefully vague and inclusive, functionally this has resulted in poor victim identification and subsequent service provision. Service providers must take time to understand the inclusivity of federal trafficking definitions and how varied DMST victims/survivors may present in service provision settings. For example, a teen who has engaged in online pornography with a third-party trafficker likely does not present similarly to a child who was kidnapped into sexual slavery at age 4. Such different experiences may necessitate different functional agency definitions, identification protocols, and service provision.

One way service providers can stay abreast of current trafficking definitions is regular training. Too often, service providers have an acute lack of awareness or understanding of DMST, which hinders identification and care (Brittle, 2008). Survivor-led trainings and mentorship have been extended as a best practice by many anti-trafficking advocacy organizations, including Shared Hope International, Polaris, and Girls Educational & Mentoring Service (GEMS). Survivor-led trainings also offer survivors an opportunity to share their experiences with service providers in ways that may lead to better service provision for future victims/survivors.

Limitations

Readers are encouraged to consider this study's findings in light of its limitations. First, these findings reflect participant perspectives and may be different from the perspectives of the greater DMST victim/survivor and service provider populations. Despite efforts to ensure confidentiality

and describe protocols to participants, some may have feared that being honest regarding their experiences would bring negative repercussions at their jobs, service provider interactions, or in their communities. Recruitment for both service providers and DMST victims/survivors was done via email Listserv, which may have led to sample bias (e.g., service providers and DMST victims/survivors with email addresses). Victims/Survivors in particular had to opt into the study and would not have been included if they did not contact the study's PI directly. Victim/Survivor participants only knew the PI's name/phone/email, which may have been uncomfortable for some. Specifically, victims/survivors may not have felt comfortable engaging with the PI due to assumptions about the PI's race, position, or intentions. We attempted to address this limitation by allowing DMST victims/survivors to help with recruitment, as well as having service provider and DMST victim/survivor input regarding interview questions and study protocols. Finally, quotes provided here are snippets of an overall interview lasting 1.5–2 h and it is possible that additional details from the interview narratives would be helpful in contextualizing the data. To address this potential limitation, member checking was employed to ensure participants were comfortable with the quotes themselves and the way in which they are presented.

Despite these limitations, this study takes an important step toward better understanding DMST definitions among DMST victims/survivors and service providers. This research is critically important given the increased attention nationally to identify and address the needs of sexually exploited youth.

Acknowledgments

I would like acknowledge all of the participants in this study and to thank the survivors in particular for their time, patience, and candor. Survivors' voices are often unheard and underrepresented in trafficking research; however, survivors are the only true experts of their experiences. Thank you for allowing me to bear witness to your truth. I would also like to thank Drs. Rebecca Macy, Dean Duncan, Noël Busch-Armendariz, Paul Lanier, and Cynthia Rizo for their feedback and mentorship throughout this study. Finally, I would like to thank Maya Porter for her edits on a previous version of this manuscript.

Funding

This study was funded by the Fahs-Beck Fund for Research and Experimentation, the NASW Eileen Blackey Fellowship, and Project NORESTFahs-Beck Fund for Research and Experimentation; National Association of Social Workers Foundation; and Project NOREST.

References

- Adelson, W. (2008). Child prostitute or victim of trafficking. *University of St. Thomas Law Journal*, 6, 96–128. doi:10.1016/j.evalprogplan.2009.06.018
- Ammerman, N. T., & Roof, W. C. (2014). *Work, family and religion in contemporary society: Remaking our lives*. New York, NY: Routledge.
- Brittle, K. (2008). Child abuse by another name: Why the child welfare system is the best mechanism in place to address the problem of juvenile prostitution. *Hofstra Law Review*, 36, 1339–1375. Retrieved from <http://scholarlycommons.law.hofstra.edu/hlr/vol36/iss4/11>
- Bromfield, N. F. (2016). Sex slavery and sex trafficking of women in the United States: Historical and contemporary parallels, policies, and perspectives in social work. *Affilia*, 31(1), 129–139. doi:10.1177/0886109915616437
- Burla, L., Knierim, B., Barth, J., Liewald, K., Duetz, M., & Abel, T. (2008). From text to codings: Intercoder reliability assessment in qualitative content analysis. *Nursing Research*, 57(2), 113–117. doi:10.1097/01.NNR.0000313482.33917.7d
- Busch-Armendariz, N. B., Nsonwu, M. B., & Cook Heffron, L. (2011). Human trafficking victims and their children: Assessing needs, vulnerabilities, strengths, and survivorship. *Journal of Applied Research on Children: Informing Policy for Children at Risk*, 2(1), 1–19. Retrieved from <http://digitalcommons.library.tmc.edu/childrenatrisk/vol2/iss1/3>

- Busch-Armendariz, N. B., Nale, N. L., Kammer-Kerwick, M., Kellison, B., Torres, M. I. M., Cook Heffron, L., & Nehme, J. (2016). *Human trafficking by the numbers: The initial benchmark of prevalence and economic impact for Texas*. Austin, TX: Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
- Cho, J. Y., & Lee, E. H. (2014). Reducing confusion about grounded theory and qualitative content analysis: Similarities and differences. *The Qualitative Report*, 19(32), 1–20. Retrieved from <http://nsuworks.nova.edu/tqr/vol19/iss32/2>
- Clawson, H. J., & Goldblatt Grace, L. (2007). *Finding a path to recovery: Residential facilities for minor victims of domestic sex trafficking*. Retrieved from <http://digitalcommons.unl.edu/humantraffdata/10>
- Countryman-Roswurm, K., & Bolin, B. L. (2014). Domestic minor sex trafficking: Assessing and reducing risk. *Child and Adolescent Social Work Journal*, 31, 1–18. doi:10.1007/s10560-014-0336-6
- ECPAT. (2012). *Global monitoring status of action against commercial sexual exploitation of children: United States*. Retrieved from http://www.ecpat.net/sites/default/files/a4a_v2_am_usa_2.pdf
- Edwards, J. M., Iritani, B. J., & Hallfors, D. D. (2006). Prevalence and correlates of exchanging sex for drugs or money among adolescents in the United States. *Sexually Transmitted Infections*, 82, 354–358. doi:10.1136/sti.2006.020693
- Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing*, 62(1), 107–115. doi:10.1111/j.1365-2648.2007.04569.x
- Estes, R. J., & Weiner, N. A. (2001). *The commercial sexual exploitation of children in the US, Canada and Mexico*. University of Pennsylvania, School of Social Work: Center for the Study of Youth Policy. Retrieved from https://www.thenight_ministry.org/070_facts_figures/030_research_links/060_homeless_youth/CommercialSexualExploitationofChildren.pdf
- Farrell, A., & Fahy, S. (2009). The problem of human trafficking in the US: Public frames and policy responses. *Journal of Criminal Justice*, 37(6), 617–626. doi:10.1016/j.jcrimjus.2009.09.010
- Finkelhor, D., & Ormrod, R. (2004). Prostitution of juveniles: Patterns from NIBRS. In: *Juvenile justice bulletin*. Washington, DC: Government Printing Office. Retrieved from <http://www.unh.edu/ccrc/pdf/jvq/CV67.pdf>
- Fong, R., & Berger-Cardoso, J. B. (2010). Child human trafficking victims: Challenges for the child welfare system. *Evaluation and Program Planning*, 33, 311–316. doi:10.1016/j.evalprogplan.2009.06.018
- Friedman, S. A. (2005). *Who is there to help us? How the system fails sexually exploited girls in the U.S.* ECPAT-USA. Retrieved from <http://www.ecpatusa.org/wp-content/uploads/2015/10/WHO-IS-THERE-TO-HELP-US-How-the-System-Fails-Sexually-Exploited-Girls-in-the-United-States-Examples-from-Four-American-Cities-.pdf>
- Gragg, F., Petta, I., Bernstein, H., Eisen, K., & Quinn, L. (2007). *New York prevalence study of commercially sexually exploited children*. New York State Office of Children and Family Services. Retrieved from <http://www.ocfs.state.ny.us/main/reports/csec-2007.pdf>
- Hughes, D. M. (2007). Enslaved in the USA: American victims need our help. *National Review*. Retrieved from <http://www.nationalreview.com/article/221700/enslaved-usa-donna-m-hughes>
- Keenan, M. (2013). *Child sexual abuse and the Catholic Church: Gender, power, and organizational culture*. New York, NY: Oxford University Press.
- Kotrla, K. (2010). Domestic minor sex trafficking in the United States. *Social Work*, 55(2), 181–187. doi:10.1093/sw/55.2.181
- Kyckelhahn, T., Beck, A. J., & Cohen, T. H. (2009). *Characteristics of suspected human trafficking incidents 2007–2008*. Special Report. Bureau of Justice Statistics, U.S. Department of Justice. Retrieved from <https://www.bjs.gov/content/pub/pdf/cshti08.pdf>
- Lutnik, A. (2016). *Domestic minor sex trafficking: Beyond victims and villains*. New York, NY: Columbia University Press.
- Macy, R. J., & O'Brien, J. (2014). *Developing North Carolina's capacity to address human trafficking: A qualitative process evaluation*. Chapel Hill: School of Social Work, The University of North Carolina. Retrieved from http://ssw.unc.edu/files/web/Macy_NCCASA_HT_Evaluation_Report_FINAL_2014.pdf
- Marcus, A., Horning, A., Curtis, R., Sanson, J., & Thompson, E. (2014). Conflict and agency among sex workers and pimps: A closer look at domestic minor sex trafficking. *The Annals of the American Academy of Political and Social Science*, 653, 225–246. doi:10.1177/0002716214521993
- Mayring, P. (2000). Qualitative content analysis. *Forum: Qualitative Social Research*, 1(2). Retrieved from <http://217.160.35.246/fqs-texte/2-00/2-00mayring-e.pdf>
- McIntyre, S. (2005). *Under the radar: The sexual exploitation of young men*. Retrieved from <http://www.humanservices.alberta.ca/documents/child-sexual-exploitation-under-the-radar-western-canada.pdf>
- Mitchell, K. J., Finkelhor, D., & Wolak, J. (2010). Conceptualizing juvenile prostitution as child maltreatment: Findings from the National Juvenile Prostitution Study. *Child Maltreatment*, 15(1), 18–36. doi:10.1177/1077559509349443
- Mühr, T., & Friese, S. (2004). *User's manual for ATLAS. ti 5.0*. Berlin: ATLAS. ti Scientific Software Development GmbH.
- Padgett, D. K. (2008). *Qualitative methods in social work research* (2nd ed.). Thousand Oaks, CA: Sage.
- Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage.
- Polaris Project. (2013). *Human trafficking issue brief: Safe harbor*. Issue Brief. Retrieved from <https://polarisproject.org/sites/default/files/2015%20Safe%20Harbor%20Issue%20Brief.pdf>

- Project NOREST. (2017). *North Carolina among top 10 states for human trafficking*. Spotlight. Retrieved from <http://www.wral.com/nc-among-top-10-states-for-human-trafficking/16515034/>
- Reid, J. A. (2014). Risk and resiliency factors influencing onset and adolescence-limited commercial sexual exploitation of disadvantaged girls. *Criminal Behaviour and Mental Health*, 24(5), 332–344. doi:10.1002/cbm.1903
- Reid, J. A., & Piquero, A. R. (2014). On the relationships between commercial sexual exploitation, substance dependency, and delinquency in youthful offenders. *Child Maltreatment*, 19(3–4), 247–260. doi:10.1177/1077559514539752
- Reid, J. A., Huard, J., & Haskell, R. A. (2015). Family-facilitated juvenile sex trafficking. *Journal of Crime and Justice*, 38(3), 361–376. doi:10.1080/0735648x.2014.967965
- Shared Hope International. (2013). Statutory responses to domestic minor sex trafficking victims. Retrieved from <http://sharedhope.org/resources/policy-research-resources/>
- Shared Hope International. (2016). *2016 Protected Innocence Challenge*. Retrieved from <http://sharedhope.org/what-we-do/bring-justice/reportcards/>
- Smith, L., & Vardaman, S. H. (2010). The problem of demand in combating sex trafficking. *Revue Internationale De Droit Pénal*, 81(3), 607–624. doi:10.3917/ridp.813.0607
- Smith, L. A., Vardaman, S. H., & Snow, M. A. (2009). *The national report on domestic minor sex trafficking: America's prostituted youth*. Arlington, VA: Shared Hope International.
- Srikantiah, J. (2007). Perfect victims and real survivors: The iconic victim in domestic human trafficking law. *Boston University Law Review*, 87, 158–211. Retrieved from <http://www.bu.edu/law/journals-archive/bulr/volume87n1/documents/srikantiahv.2.pdf>
- Stransky, M., & Finkelhor, D. (2008). *How many juveniles are involved in prostitution in the U.S.?* Crimes Against Children Research Center. Retrieved from http://www.unh.edu/ccrc/prostitution/Juvenile_Prostitution_factsheet.pdf
- Tyler, K. A., Hoyt, D. R., & Whitbeck, L. B. (2000). The effects of early sexual abuse on later sexual victimization among female homeless and runaway adolescents. *Journal of Interpersonal Violence*, 15(3), 235–250. doi:10.1177/088626000015003001
- U.S. Department of Justice. (2007). *Child exploitation and obscenity section: Child prostitution*. Retrieved from <https://www.justice.gov/criminal-ceos>
- U.S. Department of State. (2008a). *Victims of Trafficking and Violence Protection Act of 2000*. Retrieved from <http://www.state.gov/j/tip/laws/61124.htm>
- U.S. Department of State. (2008b). *The trafficking in person report*. Washington, DC: United States Department of State. Retrieved from <https://www.state.gov/documents/organization/105501.pdf>
- Walts, K. K., French, S., Moore, H., & Ashai, S. (2011). *Building a child welfare response to child trafficking*. Chicago, IL: Center for the Human Rights of Children, Loyola University and International Organization for Adolescents. Retrieved from <http://www.luc.edu/media/lucedu/chrc/BCWRHHandbook2011.pdf>
- Wiehe, V. R. (2003). Empathy and narcissism in a sample of child abuse perpetrators and a comparison sample of foster parents. *Child Abuse and Neglect*, 27(5), 541–555. doi:10.1016/S0145-2134(03)00034-6