IMPACTS OF SYSTEMIC BARRIERS IN VICTIMS OF COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN (CSEC)

by

Caitlin Brooks

Liberty University

A Dissertation Proposal Presented in Partial Fulfillment

of the Requirements for the Degree

Doctor of Philosophy

Liberty University

March 2023

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ABSTRACT

The Commercial Sexual Exploitation of Children (CSEC), also known as child sex trafficking is a topic trending amongst the media both nationally and internationally. Within the United States, numerous agencies such as law enforcement (LE), the Department of Juvenile Justice (DJJ), the Division of Family & Children Services (DFCS), Children's Advocacy Centers (CACs), and others tend to become involved in child trafficking cases in some capacity. This qualitative study aims to fill a gap in research by investigating how the child-serving system creates its own barriers, leaving child victims without services. Two data collection methods were utilized to obtain which barriers may be present amongst CSEC youth in the state of Georgia, and how often they may be observed. Participants from the statewide CSEC Response Team provided answers to an online questionnaire investigating how often systemic barriers and trauma symptoms were observed amongst their caseloads. Victim case files were also reviewed to corroborate this information and provide a quantitative element for readers. The study revealed, through documentation of victims' case files and responses from professionals, that victims are not adequately provided appropriate services due to high-risk factors, trauma symptoms, and uneducated professionals.

Keywords: child sex trafficking, commercial Sexual Exploitation, CSEC, sexual exploitation, systemic barriers

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Dedication

There is no better way to dedicate this research than to do so by honoring the lived experienced experts who have faced the horrific battle of survival against this crime. In honor of the one soul who instilled the passion behind this research, I dedicate this dissertation to the young lady who lost her life at the hands of her trafficker. Your light and presence live on, and I will continue to fight for justice in your honor. Lastly, this dissertation is dedicated to all of God's children. There is hope for a better, much brighter, and safer future.

Acknowledgments

I would like to acknowledge ‘my people’. To my husband, Taylor, your unwavering love, support, and patience has never gone unnoticed. It is my biggest honor to be your wife and your life partner. It’s us against the world! To my parents, Michelle and Darold, there will never be enough words to express my gratitude. Thank you for loving me so deeply in every phase of my journey. I have the best parents in the world. Thank you for always reminding me that I can do ‘anything through Christ’. I owe you both the world because you have both given me yours. To the rest of my family and friends, there are too many to list. I have the ultimate support group and I am forever grateful.

A special acknowledgment to the CACGA CSEC Response Team. Our world is a better place because of each and every one of you. Thank you for dedicating your lives to serving the world’s most vulnerable. This study would never have been possible without your work.

Additionally, many thanks must be given to my Dissertation Chair, Dr. Kristen Kellen. I am forever grateful for your kind and supportive attitude throughout this journey. I owe so much to you. Also, to my Committee Member, Dr. Jamie Clark. Thank you for your incredible knowledge, shared passion, and insight into how impactful this study is and can be. I will always be grateful for the support you have shown for the future of this research.

Above all, my Lord & Savior, Jesus Christ. Thank You, Lord, for using me as a vessel for the goodness of Your Kingdom. All I do and accomplish is impossible without You.

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CHAPTER 1: INTRODUCTION TO THE STUDY

Introduction

There is a significant, often underreported, war raging amongst individuals worldwide that many tend to ignore – child sex trafficking. The media often highlights agencies and professionals serving these victims as having substantial training and knowledge in this area; however, much work must be done for child sex trafficking to cease. As recently as October 2020, The Criminal Justice Coordinating Council (CJCC) provided funding for the state of Georgia to build out a Commercial Sexual Exploitation of Children (CSEC) Response Team under the Children's Advocacy Centers of Georgia (CACGA). This team of professionals works with all agencies involved with a child reported as a victim or high-risk for CSEC or child sex trafficking. Through their line of work, numerous systemic barriers have been recognized as the baseline reason many CSEC victims do not receive appropriate services, healing, and justice.

Systemic barriers often present themselves in the form of ignorance. Many professionals are working to protect children involved in CSEC yet have never been trained in understanding and recognizing the numerous responses to complex trauma. With this lack of knowledge, policies, and procedures are being created within individual agencies, such as law enforcement, the Division of Family & Children Services (DFCS), The Department of Juvenile Justice (DJJ), and medical and mental health professionals, that often contradict one another. For a child to successfully journey through 'the system,' all agencies must collaborate as a multidisciplinary team with the child's best interest at the forefront. With consistently differing responses and ignorance amongst professionals, the battle against child sex trafficking, or CSEC, may never be won.

Background

The CSEC Response Team of Children's Advocacy Centers of Georgia is a project administered by the Criminal Justice Coordinating Council (CJCC) and funded in part by Temporary Assistance for Needy Families (TANF) and the Office for Victims of Crime (OVC). The CSEC Response Team serves as the central point of contact for agencies and victims with a 24-hour hotline. This effective coordinated response provides services for victims through assessment, case management, and advocacy. This response team also facilitates training and outreach to help awareness, prevention, and knowledge to multidisciplinary team partners and the greater community. Georgia is unique in its regional differences, which may lead to ongoing changes and growth.

As this response team continues to grow and build relationships with community partners (i.e., federal, state, and local law enforcement, children's advocacy centers, the Division of Family & Children Services, The Department of Juvenile Justice, local court systems, etc.), numerous systemic barriers are being recognized as the determining factor in a lack of success amongst victims of CSEC. The overriding barrier identified amongst this team of professionals is the lack of knowledge, training, and education in professionals employed by community partners. Victims of commercial sexual exploitation come with an array of trauma symptoms, often referred to as complex trauma, that is usually easily identified by professionals as delinquent behaviors. Given the misunderstanding of difficult trauma symptoms, victims are denied safe housing, appropriate trauma-informed services, and justice[1].

[1] Working amongst the team of professionals on The CACGA CSEC Response Team, the observation of team partners (LE, DJJ, DFCS, etc.) misunderstanding the symptoms of complex trauma are often observed through assessments, team meetings, case staffing, and other communication regarding a child's case.

Symptoms of complex trauma or risk factor associated with CSEC, such as aggressive behaviors, substance abuse, significant mental health history, low intelligence quotient (IQ), running away behaviors, juvenile justice involvement, sexualized behaviors, and many others, are continuously misconstrued by professionals that result in children receiving inappropriate treatment and services (Jaeckl & Laughon, 2020; Kafafian et al., 2021). Several of these trauma symptoms will be explored and supported by previous research, as well as how these symptoms often lead to systemic barriers amongst victims of commercial sexual exploitation. However, there is one crucial element of trauma that secular research tends to ignore, which is the foundation of trauma. To fully understand trauma, one must first acquire knowledge about the beginning and creation of such. The Bible equips individuals with the world's first experiences of trauma as it is a story filled with a series of traumatic events, the most popular and well-known being that of the crucifixion. However, what initiated trauma? Sin.

Given the understanding of sin that began in the Garden of Eden (Genesis 3), including the evil that has filled society, and its destruction on God's perfectly sculpted world, further research must incorporate a Biblical perspective for readers. While also understanding that not all of humanity will obtain and understand the works of God, ignoring the Bible as one of the most historical points of reference for creation and humanity is ignorant on behalf of thought leaders in society. The acts of sin, and the consequences of the fall, have evolved into sinful acts (Jones et al., 2021), such as that of CSEC.

The Commercial Sexual Exploitation of Children (CSEC) is a rapidly growing industry. The acts of child sex trafficking combined with a sin-filled response are destructive and risky as these victims rely on researchers, practitioners, clinicians, and others to speak for them and lead them to healing and justice. Nevertheless, without the proper understanding of current and historical research, including the Bible, these professionals cannot keep children

safe and provide justice and healing to their lives. Without this knowledge, children receive services from individuals and professionals who have yet to consider all elements of complex trauma and its objective appearance in adolescent victims.

Understanding the constant battle between the sinful acts of CSEC and a flawed society, child-serving professionals must consider the foundations of trauma, the formation of sin, and the numerous complex trauma symptoms presented in CSEC victims. With this understanding, professionals may begin to see these victims, who are too often seen as delinquents, as children who have experienced a wealth of trauma and carrying the weight of the world on their shoulders. It will only be at that time that the world and society will begin to see an actual change in ending the industry of child sex trafficking.

Problem Statement

Human trafficking is a rapidly growing industry, profiting nearly $150 billion annually, with roughly $99 billion being explicitly accrued from the sector of Commercial Sexual Exploitation of Children (CSEC) ("Human trafficking by the numbers," 2017). A significant emphasis in research has focused explicitly on barriers to accessing healthcare services for victims of these crimes (Albright et al., 2020; Garg et al., 2020; Ijadi-Maghsoodi et al., 2018; Judge et al., 2018; Panda et al., 2021; Wallace et al., 2021). The complexities of abuse through commercial sexual exploitation identify victims having risk factors inclusive of excessive substance use (Fedina et al., 2016; Franchino-Olsen, 2019; Gottdiener & Prout, 2014; Prout et al., 2015; Reid & Piquero, 2014; Seker et al., 2021), neurobiological deficits (Andrewes & Jenkins, 2019; Dannlowski et al., 2012; Diener et al., 2016), a decrease of average scores in intelligence quotient (IQ) (Bengwasan, 2018; Kira et al., 2012; Martins et al., 2019; McGuire & Jackson, 2019; Van Os et al., 2017); and behavioral and emotional consequences (Boyce et al., 2018; Dye, 2018; Fedina et al., 2016; Foster, 2017; Hopper,

2016; Katz et al., 2021; Kimber & Ferdossifard, 2021; Middleton et al., 2018; O'Brien et al., 2017; Pullmann et al., 2020; Racine et al., 2020; Stirling et al., 2008; Twis et al., 2020).

Different sectors of the child welfare system have been studied to identify gaps within their realm of serving these victims. The judicial system has a misconception of CSEC youth given their 'street smarts,' destructive behaviors, and hardened perspective of their abuse which often leads to the youth's offenders receiving reduced sentencing (Anderson et al., 2016; Heywood, 2020; Sprang et al., 2020). Mental health and advocacy agencies do not have the appropriate referrals to CSEC-specific services or do not understand how to engage with victims of child sex trafficking (Browne-James et al., 2021). Placement services tend to have unrealistic standards for victims of CSEC to be placed at facilities such as a minimum IQ, limited aggressive behaviors, limited substance abuse history, and others (Dierkhising et al., 2020). Children's Advocacy Centers have implemented protocols that are continuously changing in response to interviewing and servicing victims of CSEC, in contrast to typical child abuse cases (Duron & Remko, 2018; Starcher et al., 2021). There is an overall lack of education and training among professionals who tend to encounter victims of CSEC, often leaving victims more traumatized or without linkage to appropriate services (Kenny et al., 2019) and healthcare (Reisel, 2016; Wallace et al., 2021).

Limited research has been pursued to identify a systematic, multi-agency response to the commercial sexual exploitation of children (Hounmenou & O'Grady, 2019), along with an analysis of follow-up implementation of available, appropriate, resources for survivors (Stoklosa et al., 2022). Current literature fails to analyze the individual risk factors in correlation to the state and federal response to serving CSEC victims, leading to systemic barriers. While there is a rise in national and international attention on child sex trafficking, the organized response of individual agencies (law enforcement, child welfare, Children's Advocacy Centers, judicial systems, etc.), policies and procedures, and state and federal laws

tend to contradict. For human trafficking to cease, state and national policies, procedures, and laws of individual agencies interacting with CSEC cases must coordinate.

Purpose of the Study

This qualitative study aims to explore how systemic barriers, such as lack of appropriate medical and mental health treatment, uneducated professionals, inappropriate standards and qualifications for safe housing, and denied trauma-informed services, impact victims of Commercial Sexual Exploitation of Children (CSEC). Numerous factors or complex trauma symptoms, such as those discussed in the literature review section, are often reasons those systemic barriers arise. These barriers are identified through documentation and interaction between Georgia's CSEC Response Team professionals and other child servicing agencies, such as law enforcement, the Division of Family and Children Services (DFCS), Department of Juvenile Justice (DJJ), Child Advocacy Centers (CACs), and Juvenile Courts. Because of the unique position that the professionals on The CSEC Response Team have amongst multidisciplinary teams, their responses to identify systemic barriers provide the most accurate reflection of the barriers arising across the state of Georgia.

Barriers identified through the CACGA CSEC Response Team professionals are corroborated through documentation of the victim's case files. These case files describe their involvement with LE, DJJ, DFCS, CACs, and other agencies. The ability to leverage information from these case files provides evidence of any systemic barriers, such as denial of CSEC placements or trauma-informed services, that support the responses given by the CSEC Response Team members. The questionnaire asks professionals how often they see complex trauma symptoms (such as low IQ, aggressive behaviors, etc.) becoming the reason for systemic barriers (denied CSEC placement, victim-blaming language, etc.). The outcome of this study provides a substantial amount of information for the state's ongoing response to child trafficking and exploitation, along with research to support future responses around the

nation. By identifying the primary reasons for the growth and creation of systemic barriers, new policies, procedures, and laws can be implemented with hopes of making gradual changes to ending child sex trafficking and implementing true, holistic healing amongst victims.

Research Question(s)

Research Questions

RQ 1: What are the most prevalent systemic barriers among CSEC youth to obtaining necessary care?

RQ 2: How often do high-risk factors of CSEC youth create systemic barriers to appropriate medical and mental health treatment amongst the caseloads of CACGA CSEC Response Team professionals?

RQ 3: How often do high-risk factors of CSEC youth create systemic barriers to safe housing amongst the caseloads of CACGA CSEC Response Team professionals?

RQ 4: How does the prevalence of systemic barriers impact the overall effectiveness of the child-serving system in Georgia?

Assumptions and Limitations of the Study

When studying systemic barriers that victims of CSEC often face, many limitations could arise. When utilizing the Likert-Scale questionnaire with professionals on the CACGA CSEC Response Team, the limitation of bias may be apparent. The professionals reporting the prominence of systemic barriers may be inclined to report a higher score on a Likert Scale of some systemic barriers due to the frustration of these barriers being the ultimate reason for case failures. Another limitation may be the sample size. The CSEC Response Team in Georgia began in October 2020. While there were over 800 referrals in the first year (2021), it is still an exceedingly small percentage of children experiencing CSEC statewide and

nationally. The sample size may be a suggestion for further studies to consider when researching this familiar topic.

Furthermore, the ability for generalizability is limited. The collected data represents the response only in the state of Georgia. Georgia is one of the first states in the nation to create a third-party response to CSEC, rather than being underneath an umbrella agency such as law enforcement or the Division of Family & Children Services, which limits the ability for generalizability. Having the capacity to navigate a third-party response allows for the observation of numerous different perspectives, such as law enforcement, the Division of Family & Children Services, the Department of Juvenile Justice, the court systems, and even victim perspectives. This position slightly limits the risk of bias in data reporting. Lastly, because there was no direct contact with the victims of CSEC, the data is limited to the observation of professionals working on these cases rather than the subjective experiences of the victims themselves.

Assumptions must also be considered, such as assuming the data is accurate and reliable. Further, it can be assumed that the experiences of those investigated are mediated through the researcher's perspective of the data collected, limiting researcher bias. A strong indicator of honesty is assumed, given that individuals were provided anonymity and confidentiality, encouraging truthful responses. Data for case files were stripped of any identifying information by the CSEC Response Team prior to being given to the researcher for analysis, which must be assumed was not altered in any way. Having individuals from the CSEC Response Team provide anonymous responses to a Likert-Scale questionnaire creates the assumption that these professionals have the knowledge and expertise in the topic of CSEC and can provide knowledgeable and accurate responses to observed systemic barriers in the state of Georgia. These professionals are the center point of numerous multidisciplinary

teams that assist in servicing victims of CSEC and are, therefore, assumed to have the perspective and knowledge of system-wide barriers and issues.

Theoretical and Biblical Foundations of the Study

This qualitative transcendental phenomenological study aims to understand the ongoing systemic barriers faced by victims of commercial sexual exploitation of children (CSEC) in Georgia. This phenomenological approach utilized a multimethod approach to collecting data through a questionnaire provided to the professionals on the CSEC Response Team and a collection of direct data from deidentified case files of confirmed victims of CSEC in Georgia. A study conducted by Schnur et al. (2019) discusses the systemic barriers of child residential facilities, including follow-up with CSEC-focused programs, that have a high number of youths with a history of exploitation and a lack of services to fit their needs.

This study gathered responses from the providers rather than the subjective responses of victims (Schnur et al., 2019). This approach allows for reporting system-wide failures rather than the victim-blaming perspective of the youth's trauma symptoms and behaviors. The surrounding theory that guides this study is that of individuals or professionals creating and leading a broken and sectionalized system to seize the sinful acts of child sex trafficking, which will never end successfully. As the world continues to fight to end child trafficking, it must be done collectively rather than individually. Christ never intended for his people to walk alone. The Bible reminds its readers, "We who are strong have an obligation to bear with the failings of the weak, and not to please ourselves" (Rom 15:1). The Bible continues with, "Let each of you look not only to his own interests but also to the interests of others" (Phil 2:4). We are commanded by God to continue encouraging one another and building one another up for His glory and Kingdom (1 Thess 5:11).

With regard to understanding what is observed through this type of study, all people, righteous and unrighteous, are allowed to discover knowledge because of God's goodness and overwhelming grace. Though God reveals consistent truth to His people, the noetic effects of sin may continue to corrupt the minds of professionals, clinicians, and all individuals (Rom 1:18-25; Acts 14:17; Matt 4:45). Modern psychologists intend to create truth and knowledge through data and research, yet without the very being of themselves, ones created by Christ, there is no ability to find such material and research. Scripture states, "Everyone who is called by my name, whom I created for my glory, whom I formed and made" (Isa 43:7). Without Christ, there is nothing, and through Him, there is everything. Though these thoughts come from the perspective of a Christian, the ultimate answer may forever be argued due to the original sin that soiled humanity.

Furthermore, the grand narrative discussed in Wolters (2005) is a constant reminder of the purpose of humanity. When applying research into the topic of CSEC, it is hopeful and comforting to be reminded that God prepared a way for His children, a future for them. Through a biblical worldview, keeping Christ center of all works and studies, the results are for His glory and goodness. Because of creation, the fall, and redemption, God is worthy of praise in humanity's words, actions, research, studies, etc. It is through Christ that life is breathed into all living creatures; because of this, God asks His children to present their lives as a vessel for Him. As Paul reminds us, we are not our own: "I appeal to you therefore, brothers, by the mercies of God, to present your bodies as a living sacrifice, holy and acceptable to God, which is your spiritual worship. Do not be conformed to this world, but be transformed by the renewal of your mind, that by testing you may discern what is the will of God, what is good and acceptable and perfect." (Rom 12: 1-2). God tells His children to spread the Gospel and the goodness of His kingdom and to never conform to the sinful ways of the fallen world. Professionals, regardless of agency, must focus on upholding their

responsibility of protecting children for God's glory rather than focusing on fleshly goods such as promotions and pay raises at the cost of a child's healing and justice.

Definition of Terms

The following is a list of definitions of terms that are used in this study.

Commercial Sexual Exploitation of Children (CSEC) – 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 ("Sexual exploitation of children," 2022)

Complex Trauma – "describes both children's exposure to multiple traumatic events – often of an invasive, interpersonal nature – and the wide-ranging, long-term effects of this exposure. These events are severe and pervasive, such as abuse or profound neglect. They usually occur early in life and can disrupt many aspects of the child's development and the formation of a sense of self. Since these events often occur with a caregiver, they interfere with the child's ability to form secure attachments. Many aspects of a child's healthy physical and mental development rely on this primary source of safety and stability" ("Complex trauma," 2018).

Department of Juvenile Justice (DJJ) – "The Georgia Department of Juvenile Justice is a multi-faceted agency that serves the state`s justice-involved youth up to age 21. While holding justice-involved youth accountable for their actions through probation supervision and secure detention, DJJ provides them with medical and mental health treatment, as well as specialized programs designed to equip them with the social, intellectual, and emotional tools they will need as adults. DJJ also places a premium on education" ("Department of Juvenile Justice," 2022).

Law Enforcement (LE)– Throughout the study, law enforcement may refer to any local, state, and federal agency such as local police and sheriff's departments, the Georgia Bureau

of Investigation (GBI), Homeland Security (HSI), and the Federal Bureau of Investigation (FBI).

Division of Family & Children Services (DFCS) - "The Georgia Division of Family & Children Services (DFCS) investigates reports of child abuse; finds foster and adoptive homes for abused and neglected children; issues SNAP, Medicaid, and TANF; helps out-of-work parents get back on their feet; and provides numerous support services and innovative programs to help families in need" ("About us," 2022).

The CSEC Response Team - refers to "a program of the Children's Advocacy Centers of Georgia, provides direct services for victims in the form of assessment, intensive case management, and advocacy; and facilitate training and outreach to help build infrastructure and community capacity. We leverage our network of 52 child advocacy centers and their MDT Partners to lessen the potential of commercially sexually exploited youth falling through the cracks and lessen the potential for duplication of services among child abuse/trafficking service providers" ("CSEC response team," 2022).

"The System" - Throughout the study, 'The System' refers to the collaboration of multidisciplinary agencies (LE, DFCS, DJJ, CACs, and other child-serving agencies) working with children and their families.

Trauma-Informed Care – "is 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. When service systems operating procedures do not use a trauma-informed approach, the possibility for triggering or exacerbating trauma symptoms and re-traumatizing individuals increases" ("What is trauma-informed care," 2022).

Systemic Barriers - refer to “policies, practices or procedures that result in some people receiving unequal access or being excluded” ("Accessibility for Manitobans act," 2022). Complex Trauma - refers to “both children’s exposure to multiple traumatic events—often of an invasive, interpersonal nature—and the wide-ranging, long-term effects of this exposure. These events are severe and pervasive, such as abuse or profound neglect. They usually occur early in life and can disrupt many aspects of the child’s development and the formation of a sense of self” ("Complex trauma," 2018).

Significance of the Study

The importance of this study provides the foundation for continuous research on systemic barriers, nationally and internationally, in victims of Commercial Sexual Exploitation of Children. Without identifying these barriers, the ability to end human trafficking will not be achieved. All agencies involved with victims of child sex trafficking should be aware of the contradicting policies, procedures, and practices preventing victims from successfully escaping from "the life." Numerous research efforts have been made on mental health barriers, or healthcare barriers, faced by victims of CSEC; however, there is minimal research conducted on the entire child welfare system and its response to child sex trafficking. While research is still limited when discussing the most effective response to this crime, no evidence or research is indicating the impacts of how the "system" fails children, specifically children who are victims of child sex trafficking, or CSEC. Without substantial research indicating how the system is conflicting, the ability to end child sex trafficking is impossible. It is of utmost importance that all child-serving agencies become aware of the contradictory policies among one another and become more mindful of aligning them. Not until then will victims be provided with the holistic care needed for success and healing out of the life of Commercial Sexual Exploitation.

Systemic barriers arise because of different policies and procedures among the numerous agencies involved in Commercial Sexual Exploitation of Children cases. Each CSEC case may involve The Division of Family and Children Services, Law Enforcement, The Department of Juvenile Justice, the Juvenile Court, Children's Advocacy Centers, and the statewide CSEC response team. While each agency is created for a specific purpose in each case, such as law enforcement to investigate or DFCS to take custody and assess child safety, these agencies must collaborate to develop a successful safety plan. Specific to CSEC children, when a child is recovered from a trafficking situation, law enforcement is responsible for arresting and investigating the criminal elements of the case, while DFCS may be responsible for taking the child into immediate custody and eliminating them from imminent danger.

The rising concern is that internal policies and procedures of differing agencies, or a lack of educated professionals, may contradict another's response, leaving a gap in the system. For example, Georgia's Senate Bill 158 (2021) indicates that any child may be removed from their home, by a law enforcement officer or a duly authorized officer of the court, without the consent of their legal guardian if the child is a victim of trafficking for labor or sexual servitude. Although this bill is current and active, child-serving agencies still argue amongst one another in a crisis moment of children being found in trafficking situations, leaving the child in a dangerous and unstable environment.[2]

Summary

Systemic barriers to victims of commercial sexual exploitation of children (CSEC) are increasing nationally and internationally. Many professionals are involved in each CSEC case; however, the lack of knowledge among these individuals increases the risk of creating

[2] This has been observed via the researcher's experiences in the work as a professional on the CSEC Response Team.

additional barriers. In addition to the lack of training and education provided to these professionals, there is a significant lack of collaboration amongst the different agencies involved, which continues to heighten the risk of systemic barriers (Goldberg & Moore, 2018).

Chapter one provides a light overview of the numerous systemic barriers that have evolved and been identified in Georgia since the new CSEC Response Team launched in October 2020. Differing trauma responses, such as low IQ, substance abuse issues, and delinquent behaviors, are recognized. This chapter provided a glance at why this study is significant to ending child sex trafficking, or CSEC, and gives insight into the theoretical framework guiding the overall study. Lastly, chapter one includes the importance of incorporating a Biblical perspective on this topic and why individuals, professionals, practitioners, and researchers must include The Bible and the foundation of sin as relevant in their comprehension of trauma and CSEC.

Chapter two explores the numerous complex trauma responses that have led to systemic barriers amongst victims of CSEC. This chapter provides readers context, allowing for an extensive understanding of why victims often receive misdiagnoses, inadequate trauma-informed practices, denial of appropriate residential placements, and an overall lack of justice and healing from engagement with the child-serving system. One of the most important topics discussed is that of uneducated professionals. While no one agency is at fault for the continuous cycle of CSEC, the entire system lacks a collaborative front allowing for barriers to be created and cracks to be opened.

As different complex trauma symptoms are explored, as well as other areas, the overarching theme for readers to gain from Chapter two is the misunderstanding of how commercial sexual exploitation impacts children and adolescents in the capacity of physical,

relational, emotional, and neurobiological. Furthermore, how professionals who serve these victims, either through law enforcement, court systems, Child Advocacy Centers, Department of Juvenile Justice, and/or Division of Family and Children Services, view these victims and work in collaboration with other agencies tend to create more harm than good for many of the victims identified as being CSEC.

CHAPTER 2: LITERATURE REVIEW

Overview

Extensive research has been conducted on numerous areas of childhood trauma, specifically complex trauma. *Complex trauma* is defined through The National Child Traumatic Stress Network as a child's exposure to multiple traumatic experiences that tend to have life-long lasting effects. Victims of Commercial Sexual Exploitation of Children (CSEC), or Child Sex Trafficking, often experience a wealth of complex trauma that often places them in the circumstances preventing a healthy path to holistic healing. The following overview consists of supportive literature and evidence around the multiple components that create systemic barriers to victims of CSEC and even increase the risk of additional barriers. Given the complexities of CSEC victims, the following research outlines these components, which explain the creation of systemic barriers. The literature discussed within this chapter also discusses the definitions and altering terms for Child Sex Trafficking, the lack of education among professionals servicing victims, and mental health misdiagnoses.

In addition to the above, research around trauma responses such as neurobiological deficits, decrease in one's intelligence quotient (IQ), memory loss pertaining to abuse or trauma, and substance abuse are all areas that may contribute to the creation of systemic barriers. To create a successful national response to this issue, professionals must first acknowledge the complexities and symptoms of Commercial Sexual Exploitation victimization and how these may create systemic barriers, which leads to a broken response to fighting child sex trafficking.

Description of Search Strategy

Supportive literature was primarily researched through The Jerry Falwell Online Library with strict delimitations. Restrictions for obtained research were to be no more than five years old, with a few exceptions, and peer-reviewed. Numerous topics were explored,

including risk factors associated with CSEC, symptoms of complex trauma, and any recent literature supporting the polyvictimization of sexually exploited youth. Databases utilized were EBSCO, ScienceDirect, PubMed Central, and APA PsycNET. Several state, local, and federal government websites were used for online statewide and federal statistics and explanations of agency involvement with CSEC youth. The exhaustive list of included research was obtained by utilizing the following keyword(s): Commercial Sexual Exploitation of Children, childhood trauma and the brain, trauma impacts on memory, spirituality after childhood sexual abuse, aggressive behaviors in victims of CSEC, risk factors in victims of CSEC, substance abuse in victims of CSEC, and CSEC youth and mental health misdiagnosis. Biblical research entailed continuous studying of God's Word, research on sexual abuse and spirituality, and extensive research on authors and experts such as Diane Langberg, Heather Gingrich, Norman Wright, and Joni Eareckson-Tada.

Review of Literature

Commercial Sexual Exploitation of Children (CSEC)

The Commercial Sexual Exploitation of Children (CSEC), which may often be referred to as Child Sex Trafficking or Domestic Minor Sex Trafficking (DMST), is defined by the Office of Juvenile Justice and Delinquency Prevention as "a range of crimes and activities involving the sexual abuse or exploitation of a child for the financial benefit of any person or an exchange for anything of value (including monetary and non-monetary benefits) given or received by any person." The differing primary component between sexual exploitation and commercial sexual exploitation is the element of a commercial exchange – sexual acts in exchange for something of value (money, food, clothing, shelter, transportation, etc.). According to Human Rights First (2017), the human trafficking industry (sexual and labor) profited over $150 billion annually, with $99 billion generated from commercial sexual exploitation. In 2021, The National Center for Missing and Exploited

Children received 29,397,681 reports, including 16,032 alleging child sex trafficking (National Center for Missing & Exploited Children, 2022).

Though many different responses have been implemented and established across the nation, numerous barriers have arisen in providing care for victims of Commercial Sexual Exploitation of Children. Uneducated professionals provide a heightened risk for victims to become unnoticed or unrecognized. Given the complexities of CSEC victimization, victims are often misdiagnosed with Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD), Depression, Anxiety, and others (Cintron et al., 2017; Goldberg & Moore, 2018). In addition to the interaction of complex trauma and misdiagnosis, the complex victimization of CSEC may also appear in neurobiological discounts. Appendix A provides a review of the Commercial Sexual Exploitation Identification Tool (CSE-It) used amongst professionals on the CSEC Response Team and other individuals nationally.

Complex Trauma

Complex trauma refers to a child's exposure to multiple traumatic experiences and their long-term impacts that often disrupt many aspects of their development and sense of self ("Complex trauma," 2018). Due to the experience of polyvictimization (sexual abuse, physical abuse, emotional abuse, etc.) that many CSEC victims often endure, an array of systemic barriers tends to arise. The following subheadings are different symptoms often present in CSEC victims' characteristics.

The Numbing Response

Empirical evidence shows that childhood trauma can be associated with lifelong physical, mental, and emotional issues (Dye, 2018; Stirling et al., 2008). The human body has a natural fight, flight, freeze, or fawn response to fear or trauma, yet one peritraumatic response has been overlooked and dismissed. Numbness has been found to be a typical trauma response in victims of child sexual abuse, which has led to corresponding systemic

barriers, leaving judicial systems and other professionals viewing these victims as willing participants in their abuse (Katz et al., 2021). Victims may choose to 'block out' or 'numb' their experiences of an abuse situation for survival. Victims who are forced into sex acts, such as those of commercial sexual exploitation, may be under the control of a trafficker, or pimp, who expects a form of payment for these acts. However, victims are often aware of the repercussions of their trafficker and, for survival, tend to numb or block out these acts to receive the payment needed to survive their trafficker's expectations. Without a knowledgeable understanding of this natural response to trauma, judges and juries may perceive victims of commercial sexual exploitation as consenting parties in an abuse situation, leaving room for reduced sentencing for offenders. Not only does this element create a barrier for victims to receive fair success through the criminal justice system, but many other complex trauma responses also tend to create barriers.

Intelligence Quotient

Like the numbing response, intelligence quotient is another complex trauma response that has been shown to create systemic barriers, such as being denied safe housing in residential CSEC facilities. (Martins et al., 2019; McGuire & Jackson, 2019; Van Os et al., 2017). Bengwasan (2018) found that, out of 300 children with a history of child sexual abuse, scores on the Stanford-Binet Intelligence Scales 5th Edition (SB5) were significantly lower than what is considered average. Kira et al. (2012) revealed that cumulative trauma has a negative impact on all four components of IQ. Their findings support the hypothesis that different trauma types have positive and negative influences (Kira et al., 2012). Whereas abandonment and personal identity trauma (e.g., sexual abuse) have direct adverse effects, secondary trauma (e.g., parents' involvement in war or combat) positively affects IQ. This study also indicated that cumulative trauma dynamics have total adverse significant effects on

all four IQ components: perceptual reasoning, working memory, processing speed, and verbal comprehension.

In the study conducted by Van Os et al. (2017), results indicated significant differences in the impact of childhood trauma on IQ among three groups. The healthy comparison subjects were associated with a 5-point reduction in IQ, a lesser reduction in siblings, and no significant reduction in patients. This study solidifies that childhood abuse and neglect have been found to impact many aspects of social cognition and has even suggested that these deficits may continue into adulthood. Similarly, Martins et al. (2019) found that perceived childhood trauma, family history of severe mental disorders, age at diagnosis, and psychotic symptoms during the first episode as main factors showed that only childhood trauma had a significant effect in predicting estimated IQ. Therefore, the history of childhood trauma in individuals with bipolar disorder may play a role in intellectual development, suggesting that adversities during development result in decreased general cognitive abilities (Martins et al., 2019).

Funding is being provided to CSEC facilities nationwide to provide victims of commercial sexual exploitation with inpatient, residential services specific to CSEC needs; however, the criteria for acceptance into such facilities often require victims to have an IQ above 70. With these requirements, it is evident that there is a lack of knowledge and understanding of the most appropriate care for these children. If proper research and training were conducted for individuals seeking to create a CSEC facility, the requirements would not be set at standards incompatible with complex trauma victims. These facilities should be equipped with the appropriate professionals to serve children with low IQs and children with the other listed complex trauma symptoms such as substance abuse, multiple mental health diagnoses, and aggressive behaviors.

Substance Abuse

Similarly, to IQ, substance use can be a determining factor for the denial of secure placement for victims of CSEC (Prout et al., 2016; Seker et al., 2021). Child welfare youth were involved in a study conducted by Baird et al. (2020) that revealed that victims were likelier to abuse substances, live in a group home, and experience childhood maltreatment. In Georgia, CSEC victims are consistently denied placement at CSEC facilities because of their excessive substance use, which is a lack of knowledge among professionals creating these facilities. Cyders et al. (2021) argue that female victims of CSEC tend to have higher rates of substance abuse and childhood sexual abuse. They further indicate that substance abuse and child sexual abuse should be considered high-risk indicators of commercial sexual exploitation of children (Cyders et al., 2021; Klimley et al., 2018). As many of the other complex trauma symptoms show, substance abuse is also considered a survival tactic for victims of CSEC for similar reasons as the numbing response.

Victims may choose to utilize substances to escape their current situation. It may also not be a choice for the children as many traffickers tend to force substances upon their victims to become more easily controlled and abused.

Aggressive Behaviors

There are many reasons why victims of CSEC may portray aggressive behaviors; however, the misinterpretation amongst the familiar person, and even professionals who serve these victims, show rebellious adolescents and teens. Children who have experienced CSEC frequently have a childhood history of trauma such as physical abuse, sexual abuse, neglect, witness to domestic violence, poverty, homelessness, abandonment, etc. (Barnert et al., 2017; Franchino-Olsen, 2019). Given the profound traumatic history of many victims of CSEC, their behaviors may often be another survival tactic, such as the numbing response and substance usage. Whether a victim entered the life of CSEC via pimp facilitation, familial

trafficking (a family member exploiting the child for their benefit), or survival sex, they are under the manipulation of another individual.

Aggressive behaviors are often presented by CSEC victims when authorities find them. There is a common misunderstanding by professionals in the field when meeting with these victims as they are often viewed as defiant; however, if these victims are incarcerated or placed in a safe home, they are unable to produce the money or items of value to their abuser, placing them in further danger. The other element that should be considered is the constant lack of autonomy they have experienced being under the coercion of their abuser. When they are found by the authorities (such as law enforcement or DFCS), they are once again told where they may be going and what they may have to do without ever being asked what they feel would be best for their safety and ongoing care.

The CSE-It

High-risk factors are scored on a continuum, referred to as The Commercial Sexual Exploitation Identification Tool (CSE-It), by child-serving professionals (Basson, 2017; Livings et al., 2017). Bivariate results from one study found that childhood sexual and emotional abuse, running behaviors, and familial involvement in trafficking were all risk factors associated with CSEC (Fedina et al., 2016; O'Brien et al., 2017; Pullmann et al., 2020). Other risk factors may include family dysfunction and witness to domestic violence, which results in a more extensive collection of childhood adversity (Hopper, 2016; Racine et al., 2020; Reid & Piquero, 2014). Klimley (2018) and her colleagues found that victims more often experienced web-based exploitation and engaged in risky sexualized behaviors outside of victimization. The victims utilized for the study were primarily from single-parent households and low socioeconomic backgrounds (Klimley et al., 2018). While CSEC presents its own specific trauma responses, misunderstanding from professionals often arises when victims are loyal to their perpetrator or trafficker. However, given the low

socioeconomic status and single-parent household, their trafficker often provides them with monetary value, gifts, stable housing, and a familial environment that victims see as an incentive to remain in their abusive situation (Twis et al., 2020).

Trauma & The Brain

Children who have experienced trauma, such as sexual, including CSEC, physical, or emotional abuse, have been shown to have negative mental health outcomes (Schückher et al., 2018; Zaorska et al., 2020). Commercial Sexual Exploitation may involve a wealth of traumas such as physical abuse by their trafficker or exploiter, the obvious, sexual abuse, and emotional abuse through manipulation or coercion. These victims may also have a history of childhood trauma experienced in their home, such as previous abuse, neglect, and witness to domestic violence. Children who experience polyvictimization, or several childhood traumas, such as CSEC, more often experience neurobiological deficits in the amygdala region compared to youth who lack trauma experiences (Cassiers et al., 2018). These deficits create a lapse, or lack of, appropriate self-protective factors in response to fear and often an inability to recall their traumatic experience.

The amygdala is primarily responsible for memory processing, decision-making, and emotional response (Belleau et al., 2020; Gangopadhyay et al., 2020; Roeder et al., 2022). A personal and unique response to a traumatic experience is primarily processed through the amygdala, and other parts of the brain, which produces a fight, flight, freeze, or fawn response. This type of response is processed through the amygdala and sent to the hippocampus to produce the most appropriate response (Belleau et al., 2020). Belleau et al. (2020) found evidence supporting amygdala whole-brain functional connectivity after a traumatic experience predicts more posttraumatic stress disorder (PTSD) symptoms six-month post trauma. Other studies have suggested that sexual abuse impacts the hippocampal structure leading to an unbalanced connection with the amygdala (Cassiers, 2018). CSEC

victims are often inquired to recall the details of the abuse situations; however, given the research conducted on trauma's impact on the brain, victims may physically be unable to recount their stories. These studies are continuous support for why victims may also be unable to provide appropriate emotional responses such as crying or fear and may utilize a survival tactic such as numbing, laughing, freezing, or shutting down (not talking or becoming silent). Experiences such as disassociation, or numbing emotions, are common in individuals with posttraumatic stress disorder (PTSD) and are utilized as a coping mechanism (Shin et al., 2019).

The amygdala has a primary role in decision-making based on one's costs and benefits (Gangopadhyay et al., 2020; Roeder et al., 2022), primarily activating the response to fear. CSEC victims may have an impaired decision-making process dependent upon amygdala damage. The study conducted by Chang et al. (2015) found that amygdala damage impairs social interaction and social neuropeptide oxytocin (OT), which influences human decisions by altering amygdala function. The amygdala has been shown to influence social behaviors and decision-making, explaining the lack of positive behaviors and the inability to make appropriate decisions among CSEC victims. The connection between amygdala damage, specific to decision making, is undermined in the understanding of CSEC victim's rationale. The study also concluded neurophysiological and neuroendocrinological connections between the amygdala and social decisions (Chang et al., 2015).

Confounding research and evidence have shown that trauma victims often cannot recall the amount of physical or emotional reactions to traumatic events, given the neurobiological deficits in the amygdala (Nejati et al., 2017). Memory recall may often be impaired in trauma victims, given the deficits found in the amygdala after traumatic events (Sachschal et al., 2019). The prefrontal cortex, specifically the dorsolateral, is involved in processing working memory which controls updating and manipulation (Miller & Cohen,

2001). It is essential to know this, as memories corresponding to threat and trauma are processed through the amygdala (Herzog et al., 2017; Maddox et al., 2019; Packard et al., 2014). Attention to threat and involvement of the amygdala may explain the findings of those studies that have reported impaired memory for threat-related stimuli, which is primarily processed in the amygdala.

Additionally, trauma victims often cannot recall the details of a traumatic event (Forest & Blanchette, 2018; Grégoire et al., 2019). Cassiers et al. (2018) determined that during sad autobiographical memory recall, sexual abuse correlated with amygdala hyperreactivity (Herzog et al., 2017). The study concluded that the alterations in brain function were likely from a life-threatening event with protective adaptation and brain damage following the traumatic exposure. Victims of CSEC may often be called to testify in court regarding their exploitation and trafficking abuse, yet because of their neurobiological inabilities to provide appropriate detailed responses regarding their memory of the abuse situation and emotional reactions, juries, judges, and courtrooms often consider a lessened sentenced for offenders. Research is still minimal on the criminal sentencing of child trafficking offenders.

Many individuals believe that because trauma is indicated by a powerful experience that one should recall the details of their experiences; however, research indicates that trauma exposure may be associated with explicit and implicit memory alteration, even with individuals not having been diagnosed with posttraumatic stress disorder (PTSD) (Grégoire et al., 2019). Victims of Commercial Sexual Exploitation of Children (CSEC) may often be called to testify in the criminal trial of their abuser. However, they may be unable to provide important details of their abuse given the previous details of how trauma impacts one's brain functioning, including memorization abilities.

In addition to deficits in the brain's amygdala region, the frontal lobe may often be interrupted in development after a traumatic experience. Studies have indicated that childhood trauma is related to executive dysfunction, or the term utilized for cognitive and behavioral difficulties after an injury to the frontal lobe, in children of all ages (Silveira et al., 2020). The frontal lobe is part of the brain that controls speech, language, motor skills, and executive functioning decision-making, indicating additional concerns for CSEC victims, such as the ability to make healthy, appropriate decisions and be self-reflective or engage in future planning. Limited research has been conducted in the past five years regarding brain functioning in CSEC youth.

The hippocampus, along with the amygdala, is another stress-sensitive region of the brain that is highly impacted by childhood trauma and can lead to the development of anxiety disorders (Corr et al., 2021). Xu, Guan, Li, and Zhang (2020) found that early life stressors negatively impact anterior hippocampal-cortical functional connectivity, which lessens the ability for functional memory capabilities.

The average age of entry into CSEC is 12-14 years old ("Sexual exploitation of children," 2022). Many individuals consider early childhood the most significant developmental period; however, adolescents experience a wealth of brain development between the ages of 10 to 24, which often leads to behaviors that adults misunderstand. During adolescence, emotions tend to take charge and inform their decisions with hopes of instant gratification - regardless of the risks (Christakou et al., 2013; Defoe et al., 2015). Several areas of the brain undergo significant development during adolescence, including the prefrontal cortex, which is the final decision-making stage before an action is taken; this part of the brain is fully developed at age 25 (Garrett & Hough, 2018). The prefrontal cortex utilizes information from other brain areas, such as the risks, likelihood of success, and the cost of failure (Garrett & Hough, 2018). The brain is often lacking in its ability to transfer

information from one side of the brain to the other due to the abundance of grey matter and the undersupply of white matter. White matter helps information flow from one side of the brain to the other, while grey matter enables one's memories, movement, and emotions (Berk, 2018; Garrett & Hough, 2018), giving an understanding as to why adolescents often allow their emotions to control their decision and are consistently seeking instant gratification and reward.

With the information provided by current and historical research around adolescent brain development and their sensitive emotional capacity during this developmental time, adolescents are often interpreted as unruly or 'bad children.' For example, a child who presents with running behaviors, suicidal ideations, and physical and verbal aggression may be construed as a youth in need of punishment or detention. However, suppose one was made aware of this child having been exploited by their caregiver in exchange for substances from ages 6-12 and often left at home without food or supervision. In that case, one may then seem to understand and justify their actions. The running behaviors may directly correlate with exploitation (the caregiver forcing them to stay with specific individuals for a time) or even a survival tactic to ensure their safety away from the caregiver. Aggressive behaviors may be a response to the consistent misunderstanding of his behaviors (or outcries) by adults. Examples such as this provide context for the section discussing 'uneducated professionals' and the extreme importance for adults to understand the warning signs and 'red flags' of CSEC.

Uneducated Professionals

The foundation of the numerous systemic barriers that victims of child trafficking face in the aspect of healthcare are the consequences of the provider's inability to recognize high-risk factors, identify victims, and the inability to provide appropriate responses to disclosures made by youth and adolescents (Wallace et al., 2021). In additional support, one study

concluded that professionals serving children should have an increased knowledge of the identification and therapeutic needs of children who have experienced commercial sexual exploitation (Kenny et al., 2019; Reisel, 2016). To gain control over the numerous systemic barriers facing child and adolescent victims of CSEC in Canada, Kimber & Ferdossifard (2021) found that their country's infrastructure will need to invest in determining the epidemiology of violence against children, as well as trafficking and exploitation. A study conducted by Anderson et al. (2016) revealed labeling issues consisting of how court personnel view exploited female youth through exploitation myths, the context of trauma, and system-level barriers. Several adverse effects and challenges were identified through the study conducted by Sprang et al. (2020), where interviews with family and juvenile court judges revealed dispositional issues, legal and policy issues, and challenges with case identification. The overall perception of trafficked youth is harmful in the sense that adolescents are not the 'typical victim' that judges and juries tend to want to see on the witness stand, given how trauma has impacted their physical and emotional responses.

There are many rural counties in Georgia that are highly impacted by politics. Many law enforcement agencies are led by Sheriffs who have an outdated resume of training that does not include identification and trauma-informed responses to victims of child sex trafficking, or CSEC. Given the law enforcement hierarchy, these officers are not required to have additional training outside what the Sheriff feels appropriate. It should also be noted that those elected as Sheriffs are considered constitutional officers that are only removed by the Governor, leaving this issue a more considerable systemic barrier. Many small-town agencies perceive CSEC youth as delinquent children willingly engaging in these acts without understanding the coercion and manipulation aspects of commercial sexual exploitation. With a victim-blaming perspective, many adult males are being viewed as victims to the female children and therefore building upon the systemic barrier of children not receiving adequate

justice. To eliminate this barrier, law enforcement agencies should be required to go beyond the mandated training required to become certified as a peace officer and extend their knowledge to include that of complex trauma in victims of commercial sexual exploitation of children. Child-serving professionals must obtain knowledge and understanding in providing trauma-informed practices and the polyvictimization trauma responses to CSEC to aid in healing victims of unwanted sexual experiences (Saint Arnault & Sinko, 2019).

Extent literature, trauma-informed practices, victim identification, and advocacy for trafficking survivors are limited and scarce across the nation and worldwide (Browne-James et al., 2021; McDonald & Middleton, 2019). Little is done to obtain voices and opinions from child victims themselves; however, Dierkhising et al. (2020) and Middleton et al. (2018) revealed that children and adolescents who had faced homelessness preferred unlocked facilities that were near their homes or presented a home-like structure. Limited research has been done on the prevalence of commercial sexual exploitation in The United States; however, one study did investigate the magnitude of the industry across America. The results determined that further research was needed to include methodologies for producing accurate representatives of this hard-to-reach population (Franchino-Olsen et al., 2020). In support of a lack of education in response to commercial sexual exploitation, foreign countries also see that victims of this crime are often underreported. From 2016-2018, only 61 children out of 2,871,978 persons were identified as victims of child trafficking (Heywood, 2020). There is a lack of education and training, nationally and internationally, on the identification of risk factors associated with CSEC.

There is also an abundance of attention and media interest on the rise in commercial sexual exploitation, which has increased funding, policy implementation, and law formations; however, the execution of CSEC-specific services is often not available or even invented (Foster, 2017; Stoklosa et al., 2022). The issue arises when each state within The United

States creates specific policies and protocols that may contradict the national response (Hounmenou & O'Grady, 2019). To support the defense, a wealth of effort has been made to build Children's Advocacy Centers (CACs) nationwide that are specific to servicing victims of childhood maltreatment, including commercial sexual exploitation. CACs have the unique position to offer trauma-informed services to victims of human trafficking (Pandey et al., 2018; Starcher et al., 2021). Further research has been added to investigate the appropriateness of interviewing trafficking survivors using forensic interviews at Child Advocacy Centers. The current research advocates for multiple-session forensic interviewing, given the complexity of the youth's disclosures; however, the knowledge and practice are, once again, still limited across the nation (Duron & Remko, 2018).

Research around this trend regarding systemic barriers found in victims of commercial sexual exploitation is scarce nationally and internationally. Not much has been studied or discovered specifically in response to CSEC across Georgia. While numerous efforts are being made to end the industry of child sex trafficking, the research has yet to be published and investigated to determine the gap in literature and practice. This study aims to identify gaps and barriers that CSEC victims face, specifically in Georgia, but the conclusions might also be applied nationwide. By identifying the gaps in the current response to CSEC, lawmakers may then be able to formulate a legal, collaborative response that eliminates prior systemic barriers. By doing so, the comprehensive approach to CSEC may only be positively skewed in the coming years.

The undertraining and lack of knowledge in professionals serving child victims pose another significant risk for CSEC youth. The importance of identifying a child as a victim when they are not could lead to extreme repercussions, as well as identifying a child as 'not a victim' when, in fact, they are. Children mistaken as CSEC victims could be placed in a CSEC residential facility, placing them at risk of being recruited by other youth. There may

also be a loss of trust between the youth and the provider, leaving a significant inability to connect appropriately with the youth to provide the most appropriate care and services. On the other hand, children who are victims and not taken as such could be denied access to placements and services that are designed to assist CSEC youth. Even more seriously, these youth could be retraumatized by participating in services that do not support their complex needs.

Mental Health Diagnoses

As previously mentioned, CSEC victims often have ample high-risk factors such as running behaviors, substance abuse, childhood sexual or physical abuse, neglect, abandonment, witness to domestic violence, and others. Through their victimization of CSEC, many other elements may impact a youth's overall mental health, such as their constant fear of safety, coercion, and manipulation. While these horrific lived experiences may bring about extreme mental health diagnoses, one significant diagnosis is often overlooked. Instead of diagnosing a child with posttraumatic stress disorder, they are often given several diagnoses that play into additional systemic barriers.

The Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DMS-5) divides PTSD symptoms into four components: intrusion symptoms, avoidance, negative changes in thoughts and mood, and changes in arousal and reactivity (American Psychiatric Association, 2022). This diagnosis includes nearly all characteristics of a youth who has suffered from commercial sexual exploitation; however, where uneducated professionals have created a barrier for youth by diagnosing these victims with Oppositional Defiance Disorder (ODD) for their aggressive and oppositional behaviors or Major Depressive Disorder (MDD), for their consistent depressed mood.

In addition to numerous diagnoses, these youths are provided several medications to eradicate their behaviors and are still left without appropriate assessment of CSEC

victimization and appropriate trauma-informed care. Uneducated professionals are placing band-aids on children who have suffered this type of abuse rather than assessing their needs and trauma history before placing a 'title' or 'label' on their behaviors. Children with several mental health disorders are most often denied placement in CSEC facilities because of the lack of services they offer to children with extreme behaviors or mental health concerns. Additionally, these youth are only medicated for the time they are not on runaway status or under the age of 18.

Without the appropriate care, including trauma-focused therapy, these youth are only given a temporary fix to their complex trauma. Professionals must consider taking the time to fully assess a child's needs and history before deciding on diagnoses. It is the lack of knowledge among all individuals working with children, including educators, who observe aggressive, oppositional, anxious, and depressed behaviors as delinquent youth. Adults must take responsibility for understanding the root of a child's behavior before finding an easy fix, such as a mental health diagnosis or medication.

Access to Services

The Division of Family & Children Services indicated that 11,921 children were in foster care in Georgia as of August 2021 ("Demographics of children in foster care," 2021). Children who are placed in the custody of the Division of Family & Children Services (DFCS) or the Department of Juvenile Justice (DJJ) are provided with ample amounts of physical and mental health services statewide, including that of dental, vision, and health insurance. Some residential facilities and therapeutic services are only catered to those that are in the state's custody, leaving those in parental custody without appropriate and accessible trauma-informed services. However, the small percentage of services available to private pay youth, or those in parental custody, are often extremely expensive and often unattainable for caregivers to provide for their children in need of these services.

While exploring the barriers related to residential placements, it should be noted that there are very few facilities that cater to CSEC youth in the state of Georgia and nationally, who still have extreme requirements for acceptance despite the previously explained impacts of trauma on a CSEC victim. One study sampled members from the Association of Children's Residential Centers (ACRC) and found that only six out of sixty-six facilities provided explicit programs and services for exploited or trafficked youth (Schnur et al., 2019). Any individual that desires to open a CSEC facility can be granted a 501(c)(3) non-profit organization without any specific trauma-informed training ("How to start a non-profit in Georgia," 2022). While numerous CSEC grants can be awarded for funding, many of these grants still only require a minimum of one staff member to obtain appropriate training and knowledge around the symptoms of complex trauma ("Complete a certified human trafficking victim assistance organization application," 2019; "Types of funding," 2022). With that understanding, facilities are being awarded thousands, and often millions, of dollars to create facilities for these youth without appropriate legal requirements to cater to this vulnerable population (Schnur et al., 2019; "Types of funding," 2022).

In contrast, though these numbers are often more than enough to establish a facility for exploited youth, they may need to be awarded more for ongoing financial support for hiring appropriate staff or individuals who may best fit the needs of CSEC youth. Grants are often awarded with specific requirements, such as a certain amount of dollars may only be used for certain aspects. For example, 50% of the awarded grant may go to building the new facility, while 20% may go to new hires and 30% to furnishing the facility. With these allocations, many times, CSEC facilities do not have the ability to financially support individuals who obtain a wealth of knowledge and expertise about exploited or trafficked youth.

Not only are there limited CSEC facilities in Georgia, but addiction rehabilitation centers are also limited to this population. Research has already determined that substance abuse is a common risk factor and practice of CSEC victims. However, many of these facilities either do not accept youth in the custody of DFCS or DJJ or set unattainable financial requirements for youth in parental custody. Furthermore, these addiction rehabilitation centers often do not have the capacity or experience to serve victims of child sex trafficking. A reason why there are limits on these facilities throughout the state is often due to liability. With youth who present with substance dependency concerns, aggressive behaviors, pregnancy, and/or intellectual disabilities, the cost significantly increases due to liability concerns, leaving both CSEC facilities and addiction rehabilitation facilities forced to increase their restrictions on acceptance.

These elements combined create a large systemic barrier failure that may only be altered on a national funding level. Facilities and all staff must become aware and knowledgeable of the numerous trauma responses in CSEC victims. They must also be awarded the appropriate funding to hire professionals with the training and expertise to serve these youth. Lastly, they must be provided the financial support that allows these facilities to cater to the needs of victims who may have substance dependency issues, aggressive behaviors, and/or those who are pregnant.

Biblical Foundations of the Study

As discussed in previous sections, the polyvictimization of CSEC impacts many aspects of a child's functioning, such as their emotional, behavioral, and neurobiological; however, the aspect that has yet to be discovered is the impacts it may have relationally. Children who have experienced childhood sexual abuse may have a distorted view of relationships, including their relationship with Christ. The book The Spiritual Impact of Sexual Abuse (2017), written by Diane Langberg, discusses several perspectives from

victims of sexual abuse. Langberg (2017) provides the example of children's songs, such as "Jesus Loves Me," indicating that children belong to God and that He is strong. However, their trafficker or abuser must be stronger because their prayers for the abuse to stop have yet to be answered. Much like Langberg, Heather Gingrich also writes about complex traumatic stress disorder (CTSD) and its place in the church. In the book Restoring the Shattered Self (2020), Gingrich explores how the church often tends to disappear as trauma symptoms deepen, leading traumatized individuals without interest in God or the church. Gingrich (2020) further explores the importance of Christian counselors having the appropriate knowledge and training in dealing with survivors of CTSD, much like those of trafficked youth.

Professionals working in the field of ending child sex trafficking understand the process of the journey. It often takes children months and years to eliminate ties and urges to 'the life.' Dr. H. Norman Wright writes in his book, The Complete Guide to Crisis & Trauma Counseling: What to Do and Say When It Matters Most! (2011) about the example of Jesus as a counselor. Jesus chose to see people's potential rather than their current problems and behaviors, creating a perfect example for professionals serving victims of CSEC (Wright, 2011). Literature continues to equip professionals with knowledge of how to work with victims of trauma. In the book, The Gospel for Disordered Lives: An Introduction to Christ-Centered Biblical Counseling (Jones et al., 2021), readers are given numerous examples of how the Bible provides a framework for understanding trauma. Jones and his colleagues (2021) give three critical components of trauma: a triggering event(s), one's experience of that event(s), and possible ongoing adverse effects. The book continues to support counselors and all professionals working with trauma victims. It warns these individuals that without extensive knowledge of trauma, professionals can do more harm than good to these victims

(Jones et al., 2021). This is another indication of why uneducated professionals' systemic barrier is vital in altering and improving the entire child welfare agency.

Summary

As research continues to expand, so too does the industry of child sex trafficking. There are numerous agencies and organizations that are being created annually to fight against the horrific crime of domestic minor sex trafficking; however, founders of these agencies and organizations are ignoring the reasons why previous infrastructure has yet to succeed. Children who are victims of commercial sexual exploitation need trauma-informed wrap-around services. CSEC victimization is unlike any other childhood trauma, given its extreme polyvictimization.

Professionals working in the field of fighting child trafficking often misread the complexities of these children. While these youth are considered children by age, many disregard their experiences which tend to be incomprehensible to most adults. In addition, the different agencies who work alongside one another in each child's case tend to become consumed in their own role rather than keeping the child's best interest in the first place. For example, law enforcement's primary goal is to arrest the offender, while the Division of Family & Children Services' goal is to create a case plan and, of times, reunify the child with their caregiver. Nevertheless, it could be that arresting the offender before the child is in a safe placement creates a deadly situation for the child via retaliation from the other traffickers.

As the field of child-serving agencies tends to expand, it is crucial that appropriate training and awareness be conducted to understand the numerous, complex needs of CSEC victims. Understanding how trauma impacts a child's physical, emotional, and neurobiological development and appearance and what the Scriptures contribute to the conversation can foster the services needed for victims to receive the justice and healing they

deserve finally. When facilities and organizations begin to foster the idea of expanding or creating, the needs of the victims should be first place. Agencies who provide services to these victims must consider leniency in policies, procedures, and practices when it creates the best situation for the child's ongoing needs and care. Until the system begins working collectively, children will continue to fall through the cracks and be viewed as delinquents. Until the cracks in the system, or systemic barriers, are recognized and thoughtfully sealed, there will not be an end to child sex trafficking.

CHAPTER 3: RESEARCH METHOD

Overview

The state of Georgia has recently implemented a CSEC Response Team under the Children's Advocacy Centers of Georgia. The CSEC Response Team is a team of professionals who serve as the center point individuals of all reported CSEC cases in the state. These professionals gather all current and historical information on each child, including their involvement with law enforcement, DFCS, DJJ, the court systems, local Child Advocacy Centers, caregivers, and any other relevant source of information. Their primary goal is to assess this information and determine if the youth is a victim of CSEC. In addition to the assessment process, the CSEC Response Team works alongside each child's internal multidisciplinary team, including partners from the agencies listed above.

The study leverages the knowledge of the professionals working on the CSEC Response Team to identify systemic barriers such as access to appropriate medical and mental health treatment, denial of CSEC placement or safe housing, and inappropriate trauma-informed services. Additionally, to corroborate the responses received from these professionals, documentation of the victim's case files also provides evidence of systemic barriers that prevented holistic care. The study's technicalities and details, such as participants and sample size, are explained in detail, as well as a detailed description of the study procedures. Variables are operationalized, and a description of the data analysis paints a picture of the presented study. More significant details, such as the hypothesis and research design, allow readers to comprehend the researcher's intent of the study and provide future researchers with a guide to expand on this topic.

Research Questions

Research Questions

RQ 1: What are the most prevalent systemic barriers among CSEC youth to obtaining necessary care?

RQ 2: How often do high-risk factors of CSEC youth create systemic barriers to appropriate medical and mental health treatment amongst the caseloads of CACGA CSEC Response Team professionals?

RQ 3: How often do high-risk factors of CSEC youth create systemic barriers to safe housing amongst the caseloads of CACGA CSEC Response Team professionals?

RQ 4: How does the prevalence of systemic barriers impact the overall effectiveness of the child-serving system in Georgia?

Research Design

A qualitative case study design was utilized to obtain subjective experiences from professionals on the CSEC Response Team regarding systemic barriers in the victims they serve. Case studies allowed for data to be obtained through interviews, questionnaires, observations, or written accounts. While the primary design does reflect qualitative research, this study does quantify elements of the data results. The different themes collected throughout case observations, as well as the data collected from the responses by the CSEC Response Team members, are both quantified to provide visual results of how often these barriers are present among CSEC cases in Georgia. Given that the objective and purpose of the study is to identify systemic barriers amongst CSEC victims, the use of content analysis allowed the researcher to examine patterns and themes between the questionnaire responses

and victim's case files, including documentation from numerous child service agencies (law enforcement, DFCS, DJJ, and the court systems).

Participants and Sample Size

Two data collection components were utilized for corroboration: a survey and a documentation review. The survey was used for experiences amongst professionals serving on the CSEC Response Team, while documentation review demonstrated what is being observed within the actual victim's case files. These two data collection methods demonstrate any corroboration in the results indicating which, if any, systemic barriers are presented amongst victims of CSEC. Qualitative research has the unique ability to illuminate hard-to-reach populations and ultimately alter future practices (Israel, Eng, Schulz, Parker, 2005). Other studies have used qualitative research methods to interview and collect data from professionals serving victims of CSEC to understand best the needs and circumstances of the victims they serve (Sapiro et al., 2016; Swaner et al., 2016). This research aims to utilize information from both sources- the survey and documentation review- to compare results and evaluate any systemic barriers that might consistently be present in the CSEC population.

Survey

Professionals working on the Commercial Sexual Exploitation of Children (CSEC) Response Team in Georgia were recruited to identify systemic barriers in cases of CSEC youth. There is a total of (11) individuals employed by the Children's Advocacy Centers of Georgia (CACGA) CSEC Response Team. This team of professionals serves all reported CSEC youth throughout the state of Georgia and works diligently with agencies such as law enforcement (federal, state, and local), DFCS, medical professionals, mental health professionals, juvenile justice, the court system professionals, Child Advocacy Centers, residential placement facilities, and others, to assess a youth's case and to ensure these

children have the most appropriate services for success. The CSEC Response Team professionals have firsthand knowledge of systemic barriers in Georgia that are consistently seen in the cases of victims of CSEC and can provide adequate reporting of systemic barriers in the lives of CSEC youth. Professionals were asked to participate in the study via email (see Appendix B). Only eight of the 11 CSEC Response Team professionals were asked to participate in the study. Only team members whom the CSEC Response Team has employed prior to August 1, 2022, were asked to participate, which does eliminate two members from the total sample size. This elimination prevents the data from being skewed by any professionals not having adequate experience in the field to appropriately identify the current systemic barriers being faced by victims of CSEC. Other components were also considered to justify the most appropriate sample size for individuals completing the online questionnaire.[3]

Documentation

Several CSEC victim case files were collected through random sampling that provided additional corroboration to the reports of the CSEC Response Team members. Observing victims' cases was recruited by obtaining consent from the Director of Children's Advocacy Centers of Georgia CSEC Response Team. Documentation that was observed throughout the duration of the study did include the age and gender of victims; however, any information that allowed for identification was removed prior to the documentation of results. Ages ranged from 10-17, and no victim was excluded on the basis of gender, sexual orientation, ethnicity, or socioeconomic status.

Since the launch of the CACGA CSEC Response Team in October 2020 to August 3, 2022, there were 1,050 referrals made to the CSEC Response Team regarding allegations of CSEC. Of those 1,050 referrals, 333 youth were identified as confirmed victims of CSEC.

[3] The author serves as a member of The CSEC Response Team. To eliminate bias, the author has eliminated themselves from participating in the completion of the online questionnaire.

The sample size of 128 was justified through a confidence level of 95%, leaving a margin of error at 5% and the sample proportion at 0.16. The National Center of Missing & Exploited Children (NCMEC) reports that in 2020 there were 26,500 reports of endangered runaways, and 1 in 6 were likely victims of CSEC ("Sexual exploitation of children," 2022). With this, 0.16 became the appropriate sample proportion for this study. This justifies the sample size to include 128 cases for review. There was no further editing to the sample number as a total of 128 cases were reviewed by the researcher[4].

Study Procedures

An initial email was sent to the CEO of Children's Advocacy Centers of Georgia (Appendix E) to obtain consent to review case files regarding victims of CSEC identified through the CACGA CSEC Response Team. Participants on the CACGA CSEC Response Team were then sent an email (Appendix B) to obtain their consent via a consent form (Appendix C) of participation in the study, inviting them to provide their responses to an online JotForm questionnaire (Appendix D). Participants were not required to provide the consent form (Appendix C) back to the researcher as their answers to the questionnaire indicated their consent for participation. It should be noted that participation in this study was voluntary. There were no repercussions or negative responses by the researcher for any individual who chose not to participate; however, all eight professionals did consent to provide their responses and opinions on the systemic barriers they observed.

Further, any participant who chose to participate did not receive any form of praise or incentive. Participants on the CACGA CSEC Response Team will continue to remain anonymous in their responses to the online questionnaire (Appendix D) regarding observed systemic barriers in the victims of CSEC they serve. The online form did not give the option

[4] Given that the researcher is also a member of The CSEC Response Team, if any cases within the random sampling are those of ones having been worked by the researcher as a CSEC Response Team member, they will be excluded from the total reviewed cases.

to provide any identifying information about the individual completing the survey. The researcher does provide disclaimers within the consent form as the topic may obtain triggering information for some individuals. Numerous disclaimers were also provided to the CEO of CACGA, indicating that any obtained information from the victim's case files was to be completely stripped of any identifying information before publishing and data reporting.

In the CSEC Response Team system, all reports provide case numbers (ex. 22-01234) rather than names. These numbers were input into an excel spreadsheet that randomly selected the justified sample of cases to be reviewed. The researcher observed identifying information as files were reviewed; however, the researcher did not copy any information into the excel spreadsheet that had any information that would identify any child. No identifying information was included in the researcher's data files connected to this study, including notes. All identifying information remains in the CSEC Response Team database that is only accessible via CSEC Response Team professionals. The use of pseudonyms is utilized for the purpose of providing examples for further explanation. The researcher may refer to 'Jane Doe' and 'John Doe' as a reference to gender throughout this study if needed.

Further, any communication between the CSEC Response Team and other agencies was also altered for confidentiality. Rather than utilizing specific agency names, the researcher used terms such as 'CSEC Placement,' 'Law Enforcement,' 'Division of Family & Children Services,' etc. Lastly, while the researcher observed the youth's names and identities in the CSEC Response Team database, information was copied manually. All identifying information was removed before being placed into a notes document. Upon sending the consent forms to the CSEC Response Team professionals, they were allowed to complete the online questionnaire if they chose to participate. Data was collected from the online questionnaire showing how often specific barriers were presented amongst their caseloads. In addition to the data collected from the online questionnaire, the researcher obtained consent

from the CEO of CACGA and the Director of The CSEC Response Team to observe victims' case files. Of the 333 confirmed cases, random sampling did determine which cases the researcher was to review. Through this process, objectivity did decline. Random sampling was created through an excel sheet. The researcher was provided all 'Confirmed' cases by the CSEC Response Team Intake Coordinator, which was input into an excel file. The researcher allowed excel to randomly select 128 cases, which the researcher reviewed in the CSEC Response Team database. When reviewing the randomly selected cases, the researcher utilized thematic analysis for data collection. The online database used by CSEC Response Team professionals is arranged into single files (per victim child), which typically include any communication amongst multidisciplinary team members (LE, DFCS, DJJ, CACs, placement facilities, etc.) and a CSEC Response Team member. Communication may include placement attempts for children, connecting with LE, CAC, DFCS, and/or DJJ to arrange a forensic interview and any other means of communication regarding services for a youth.

Responses from The CSEC Response Team professionals and victims' case files were reviewed simultaneously for any corroborating information. It was assumed that these two data collections would align.

Instrumentation and Measurement

Identified Systemic Barriers Amongst CSEC Youth in GA Online Questionnaire

The Likert Scale Questionnaire (Appendix D) was provided to CSEC Response Team Members to determine how prevalent specific systemic barriers are amongst the child victims of CSEC who have been referred to the CACGA CSEC Response Team. Participants were asked to provide a number from 1 to 10 in response to the question, one indicating 'never,' five indicating 'sometimes,' and ten indicating the presence of the systemic barrier in every case. By obtaining this information, the study was able to have the ability to corroborate this collection of data with what was being shown in the victim's case files. Given that

professionals on the CSEC Response Team work amongst multidisciplinary teams, including LE, DJJ, DFCS, and other agencies involved with CSEC youth, these professionals are the most resourceful individuals to answer what systemic barriers are preventing CSEC youth from appropriate trauma-informed, holistic care.

Thematic Analysis

The researcher utilized thematic analysis when observing documentation of deidentified CSEC victim case files. These case files were presented to the researcher to compile a list of themes regarding any systemic barriers that interfered with the youth being provided holistic care.

Review Data

Upon being provided with case files by The CACGA CSEC Response Team, the researcher had to familiarize herself with the entire picture of the youth's journey through the child welfare system while taking notes. It was important that the researcher understood how the system works, what agencies were involved with the youth, what services were provided, and what barriers were present in obtaining holistic treatment for the youth.

Coding

As the researcher began identifying information from each case file, coding was necessary for documentation and data collection. Reporting direct statements from victims' case files was the first step in documenting and recording the data into transcription. The researcher then began highlighting texts and coding them into shorthand phrases to describe the context best. Coding allowed for a condensed version of the main points and common phrases recurring throughout the data.

Creating Themes

Once the direct statements, observations, and codes were collected, the researcher began creating themes. This process allowed the researcher to organize the different systemic

barriers into categories to allow for prevalence. Themes are broader than codes as the codes are what compile into themes. Themes were developed in direct response to the frequency of codes as the data was being reviewed. This was also the step in which the researcher chose to delete certain codes because it was too vague or did not appear enough throughout the coding stage to be relevant. By including this step in organizing the data, the researcher was then able to have the ability to see how this data compares with that of the responses from the professionals on The CSEC Response Team.

Reviewing Themes

The researcher reviewed the themes compared to the wholistic data to determine how appropriately the themes reflect the unedited data. At this time, it was most appropriate for some themes to be compiled together, new themes to be added, and even ones deleted from the totality of the data collection.

Defining Themes

Once the researcher reviewed the themes and felt confident the data was reflected and summarized appropriately, they were then to define each selected theme. Each theme is detailed for readers and reviewers to comprehend the meaning of the data. This may have involved altering the names of some or all the themes to provide a better representation of what data was collected within that particular category.

Writing & Summarizing

Finally, the researcher provides a detailed description of the overall data analysis, including an introduction to the research questions, aims, and approach. In addition, how the thematic analysis was completed regarding this specific study will be explored and explained in the coming chapters. The results section will provide real-life examples that were pulled directly from the victim's case files to assist in explaining the description of each selected theme in the data. It is also to be noted that themes will be quantitatively categorized. The

researcher did identify how many themes fall into each category and provided a percentage explanation to understand the data best. Further chapters will summarize the takeaways and recommendations for researchers who wish to complete this study in future years or in different states and jurisdictions.

The two means of data collection – the anonymous online questionnaire completed by CSEC Response Team professionals and the review of documentation - were used for means of corroboration. By leveraging knowledge from the professionals on the CSEC Response Team, the study obtained information regarding how often these individuals see high-risk factors as systemic barriers. With the understanding that the CSEC Response Team professionals hold unintentional bias, the victim's case files did provide detailed facts of what may or may not have happened within the duration of the case. This will provide support, or not, to the prevalence of barriers reported by the professionals. By understanding how often these barriers may be happening amongst CSEC victims, the child-serving system will then have the ability to recognize what may be causing victims to go back into the life of CSEC, become revictimized, and end up back on professionals' caseloads. This study provides the system with what barriers are continuing to arise, how often they may be arising, and how victims are being impacted. This study highlights the cracks in the child-serving system of Georgia and provides the foundation for future studies and professionals to fill the gap.

Validity & Reliability

The transferability of this research study remains subjective. Many states within the United States appear to have differing systemic barriers; however, there are some barriers that will transfer appropriately to other states and jurisdictions as CSEC is still an under-researched field. Additionally, the population utilized in this study (victims of CSEC) limits the ability for transferability to other populations. Many of the risk factors associated with CSEC may not be associated with other forms of abuse. Due to qualitative research relying

on dependability rather than reliability, the researcher does consider the changes that may occur throughout the duration of the study. Many laws, policies, and procedures are likely to take place over the course of data collection and analysis, indicating differing responses.

It is also important to note that every child referred to the CSEC Response Team has a unique background and characteristics, indicating different systemic barriers as problematic in each child's case. The research did consider the limited amount of literature that has been done on systemic barriers in victims of CSEC as a form of conformability as well as documenting the procedures for rechecking all collected data. Because this research displays qualities of transferability, credibility, dependability, and conformability, one can assume that this research is highly valid (Leung, 2015; Rose & Johnson, 2020).

Data Analysis

A Likert Scale questionnaire (Appendix D) was provided to the CACGA CSEC Response Team professionals assisting in corroborating the themes found in the deidentified victim's case files. The Likert Scale did allow professionals to rate the prevalence of specific systemic barriers amongst victims on their caseloads. Coding and thematic analysis were used to identify the reoccurring systemic barriers found throughout the provided documentation of the victim's case files. The data resulted in showing the corroboration between the subjective experiences of professionals working intensely on these cases and the detailed records of victims' experiences through the child-serving system.

Delimitations, Assumptions, and Limitations

The study does have certain delimitations regarding the utilized data. The population was specific to children who had been referred to the CACGA CSEC Response Team for allegations of commercial sexual exploitation of children. Further, the case files that were reviewed and admitted into the data may or may not have obtained some element of a systemic barrier that prevented a youth from adequate services and/or care. Georgia is also

among the first few states to develop a CSEC Response Team utterly independent from other federal agencies such as law enforcement or child protection services. The CSEC population was chosen for this study due to historical research being either limited or outdated. Literature regarding how the child-serving system is failing exploited youth is primarily non-existent, leaving a gap in the literature that must be filled to end child sex trafficking.

Many assumptions must be considered throughout the study, including that of the responses given by professionals serving on The CACGA CSEC Response Team. It is assumed that all professionals were to provide clear and accurate depictions of the barriers they see working in the field. It is further assumed that the documentation of the victim's case files provided to the researcher was not edited or altered in any way to justify the outcome of this research study. It is also assumed that all professionals working on the CACGA CSEC Response Team and providing feedback in this study are equipped with extensive knowledge in working with multidisciplinary team members such as LE, DFCS, DJJ, the court systems, etc., as well as coordinating child exploitation cases.

Social desirability may be a limitation in the given study due to the many opinions, emotions, and viewpoints on child sex trafficking. Given that these professionals answering questions in this study work tirelessly within an often-broken system, it may be likely that answers are biased in a way that provides the data with answers that readers would like to see. Another limitation is the small amount of literature that has historically been conducted on how child-serving systems fail victims of exploitation. Due to this limitation, it is difficult to view the current research with historical data for comparison on how to adjust, edit, and alter child-serving systems moving forward. The provided data from this research must be implemented within child-serving agencies to see how these changes begin impacting the overall extinction of child sex trafficking or exploitation. Lastly, because the data is strictly pulled from the state of Georgia, it limits the ability for generalizability. While this study will

be a stepping stone for other states to utilize, this data does not have the ability to prove the systemic barriers that may be happening in other states or even countries.

Summary

Chapter three provides an overview of the problem the study is attempting to solve and all procedures, measures, and steps that should be followed in future research. *Commercial sexual exploitation* is a complex issue that is at the fault of no one agency or individual. CSEC is a societal issue, and the responsibility of all individuals to step up and fill in the gaps for children. Chapter three provides the study's aim of research through its provided research questions. This study collects data to identify which systemic barriers are most prominent in failing commercially sexually exploited youth. By utilizing a questionnaire for CSEC Response Team professionals, these individuals were given the ability to provide adequate reports on what barriers they are seeing as problematic in the youth they are working with. Further, observation of victims' case files allows for these responses to be corroborated and confirmed for more accurate and reliable data. Details of the delimitations, assumptions, and limitations of the study are discussed to provide future researchers with adequate tools to improve and refine ongoing studies on this topic and issue.

Chapter four will begin by providing details of the obtained data and analysis. Data provided by CSEC Response Team members are provided in graphs for easy reading and analysis. Reoccurring themes throughout the observance of victims' case files are also included, as well as some that may not have been corroborated via CSEC Response Team members. Details of the data collection, data analysis, and results are explained in the coming chapters.

CHAPTER 4: RESULTS

Overview

The primary purpose of this study was to determine how systemic barriers impacted victims of CSEC and how often these barriers may be occurring throughout the state of Georgia. The study was guided by several research questions that analyze how often CSEC youth risk factors impact the effectiveness of the child-serving system, including creating barriers to treatment (medical and mental health) and placement. This chapter will highlight the study findings and provide detail on the measurements utilized in the data collection process.

Demographics

Two sets of criteria were outlined when selecting appropriate participants for this study. For the case observation portion of data collection, selected cases must have met the criteria of 'confirmed,' indicating that some form of commercial exchange was found, resulting in confirmation of CSEC victimization. Individuals who were to complete the online questionnaire must have met a minimum criterion. All individuals participating in the online questionnaire were to be full-time CACGA CSEC Response Team employees before August 1, 2022. With the CSEC Response Team actively expanding, new team members were excluded from the study due to needing more experience in observing system-wide barriers.

Additionally, these individuals had to have experience working CSEC cases through the CSEC Response Team to complete the online questionnaire. All questions were pertaining to their current and previous caseloads, as well as their personal experience in observing trauma symptoms amongst CSEC victims as being a barrier to services.

Participants were also given the opportunity to share any additional barriers that they have observed during their time as a member of the CSEC Response Team.

As noted previously, collecting case documents for review was obtained through random sampling. The data pulled from these documents highlighted trauma symptoms and numerous systemic barriers that prevented victims from receiving appropriate services and care. For cases to be accepted into the study, they must have been 'confirmed' victims of CSEC, indicating that a commercial exchange was found during the duration of the case. There were no requirements for age apart from being under 18, gender, sexual orientation, or any other demographic requirements.

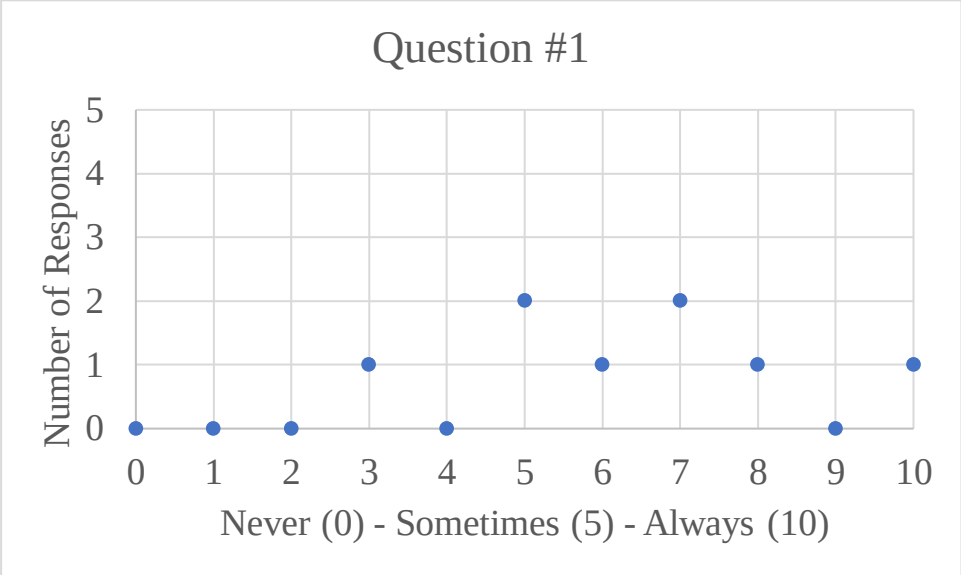
Descriptive Results

Questionnaire

A set of 16 questions were provided to participants regarding their experiences and observations working CSEC cases in the state of Georgia (see Appendix D). These questions were structured by the research conducted in chapter two that indicated common trauma symptoms amongst CSEC youth and reasons for systemic barriers. The answers to these questions were intended to provide insight into how often these barriers may be currently presented amongst the CSEC population in Georgia.

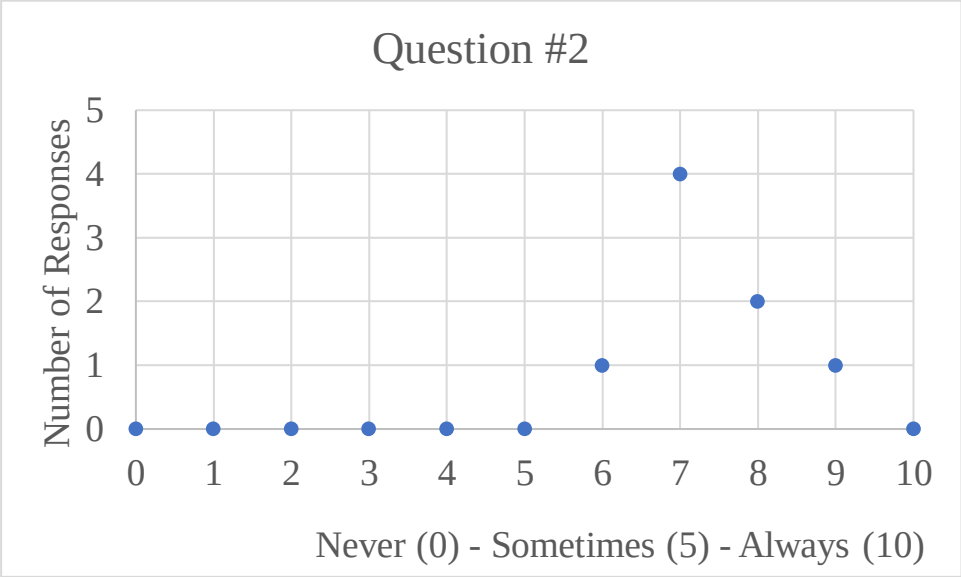
Participants were asked to rate the frequency on a scale of 1-10, with one indicating never, five indicating sometimes, and ten indicating present in every case. The results provided the following information for questions in the questionnaire:

1. How often do you see Intelligence Quotient (IQ) becoming a barrier to placement amongst the children you serve?



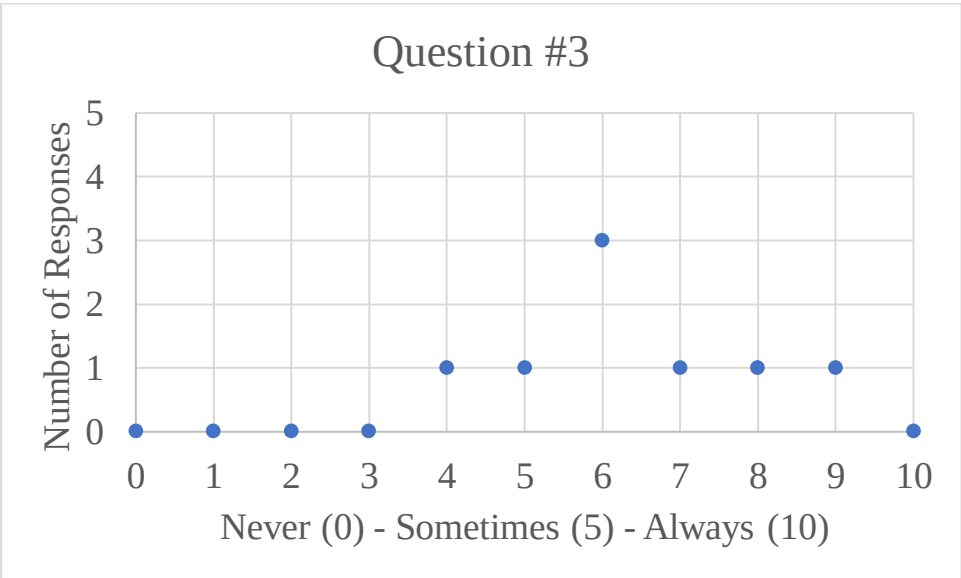
Eight professionals on the CSEC Response Team answered the above question. Their answers were scored on a continuum (1-10). One professional indication that IQ was a barrier to placement in every case on their caseloads. One professional indicated an '8', two indicated a '7', one indicated a '6', and two professionals indicated a '5', suggesting this barrier present amongst their caseloads from 'sometimes' to more than 'sometimes,' but not in every case. One professional suggested less than 'sometimes,' seeing IQ as a barrier to placement, and scored their response as a '3'.

2. How often do you have children on your caseload who present aggressive behaviors?



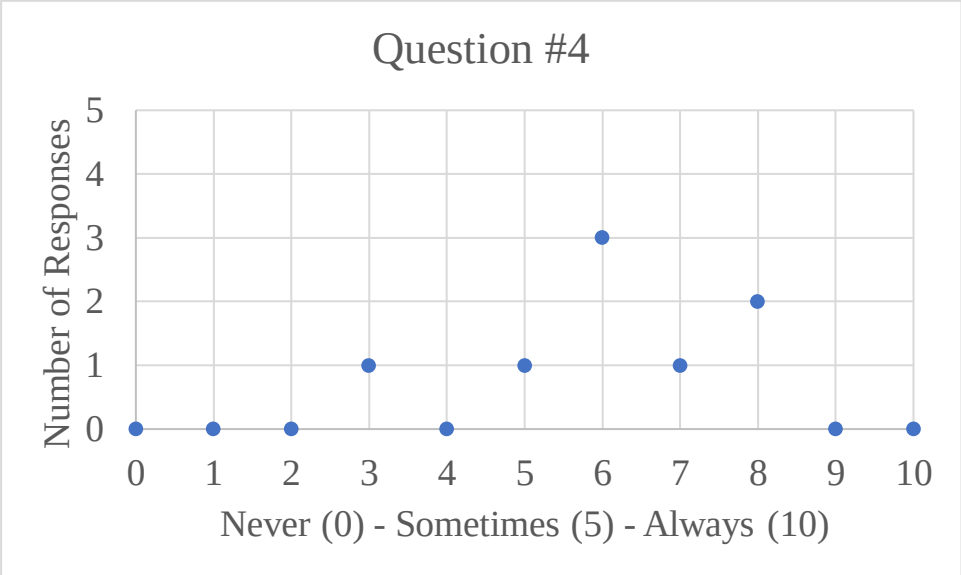
On a scale of 1-10, one professional scored a '6,' and one professional scored a '9'. Two professionals selected an '8', while four chose a '7'. A seven indicated that these professionals felt that more than 'sometimes' but less than 'every case,' they see children presenting with aggressive behaviors. Every professional on the CSEC Response Team felt that aggressive behaviors were present on their caseloads more than some of the time.

3. How often are children on your caseload denied placement in CSEC residential facilities due to presenting with aggressive behaviors?



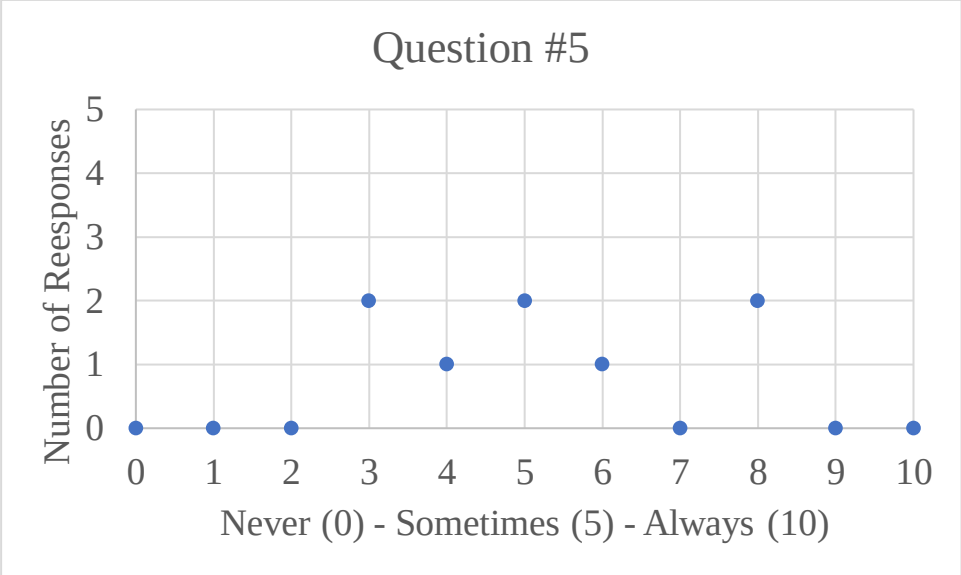
Several responses were chosen when asked how often these professionals observe children being denied placement due to aggressive behaviors. Approximately 90% of the professionals felt that aggressive behaviors were consistently present as a barrier to placement for children amongst their caseloads more than some of the time.

4. How often do you have children are on your caseload who present with substance abuse concerns?



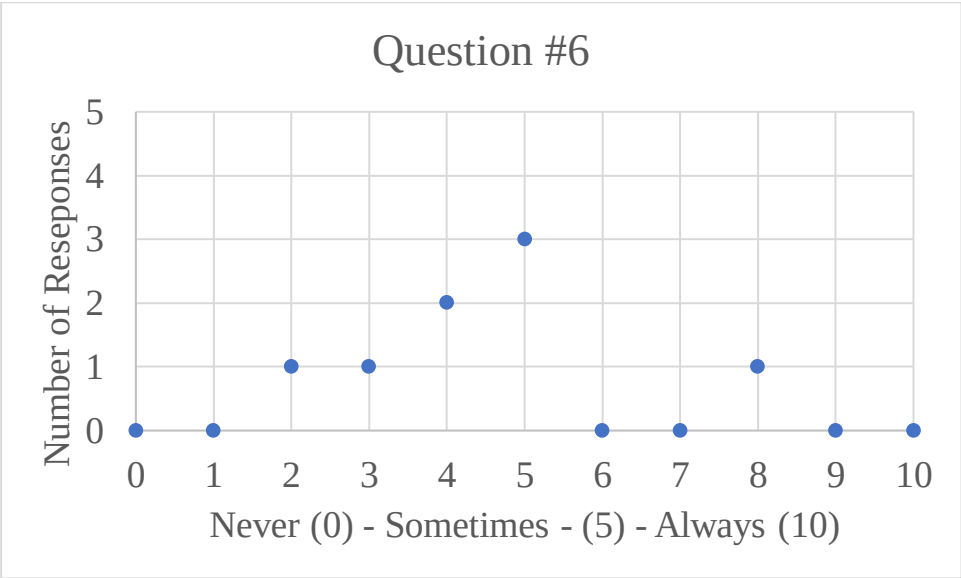
Like the previous response, roughly 90% of professionals suggested that they observe substance abuse as a prominent factor amongst their caseloads more than some of the time. Only one professional indicated a ‘3’ suggesting fewer than ‘sometimes’ do they observe substance abuse presenting amongst the children on their caseloads.

5. How often are children on your caseload denied placement in CSEC residential facilities due to presenting with substance abuse concerns?



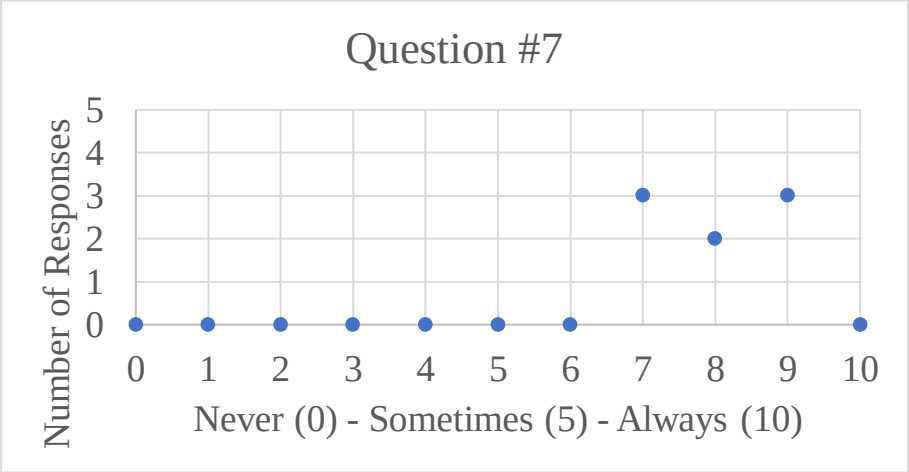
The responses provided by the CSEC Response Team were nearly split when asked how often children are denied placement due to their substance abuse concerns. However, five professionals stated they had observed children amongst their caseloads being denied placement for substance abuse concerns more than some of the time.

6. How often do you observe children lacking the ability to recall details of their CSEC victimization?



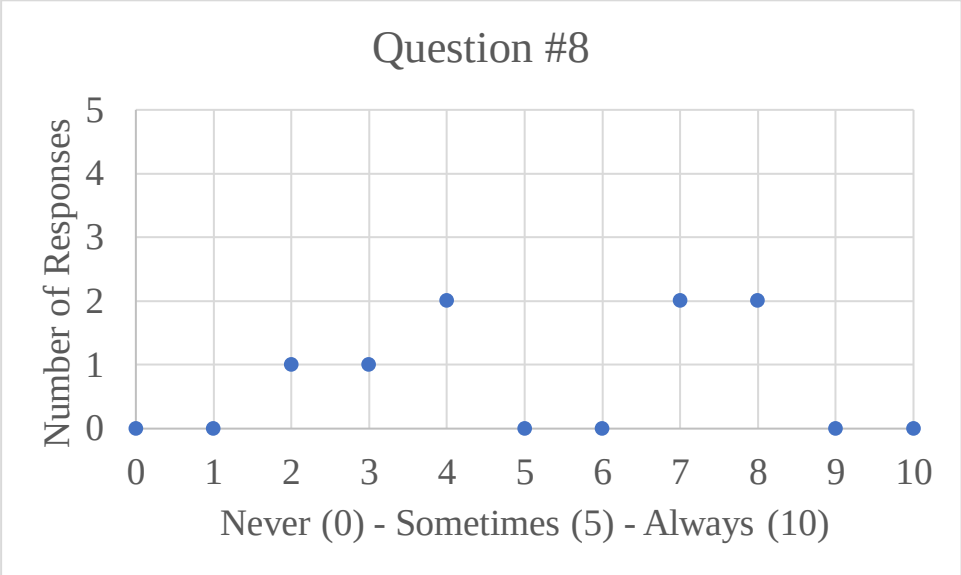
When asked how often children have difficulty recalling the details of their CSEC victimization, the CSEC Response Team professionals were split 50-50. Half of the professionals indicated observing this as a barrier more than some of the time, while the other half of the team answered not having this barrier as present amongst the children on their caseloads.

7. How often do you have children on your caseload diagnosed with multiple mental health disorders?



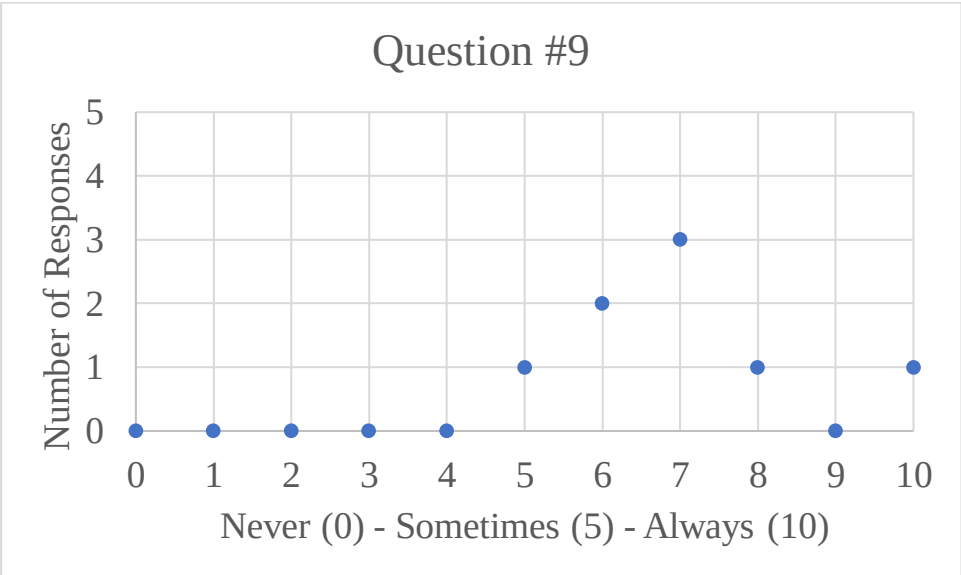
There was a significant increase in answers provided by CSEC Response Team professionals when questions how often they observed seeing children diagnosed with multiple mental health disorders. All professionals indicated a '7', '8', or '9', suggesting more than some of the time and closer to observing this barrier in nearly every case on their caseload.

8. How often do you have children on your caseload who are denied placement in CSEC residential facilities due to presenting with multiple mental health diagnoses?



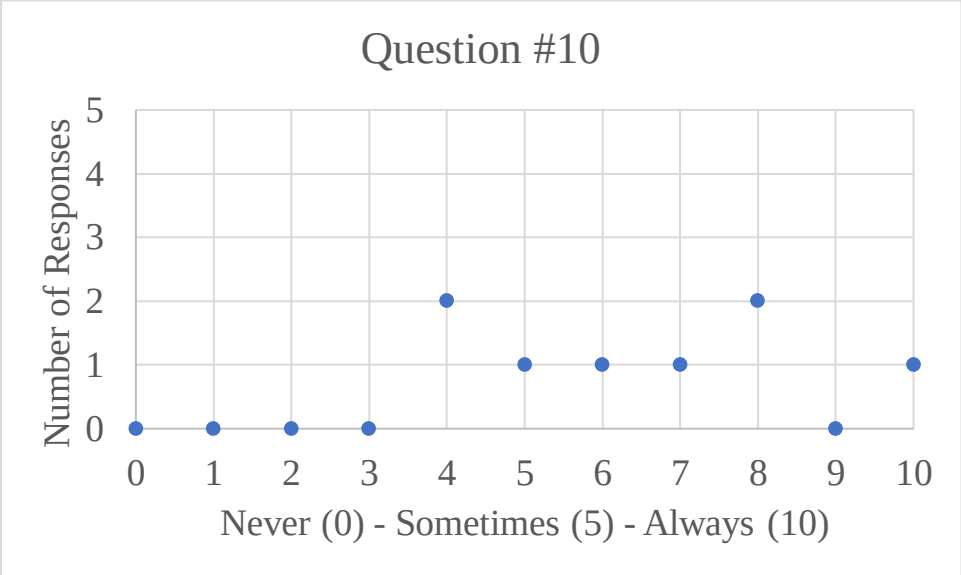
Once again, the CSEC Response Team provided a split response when questioned about how often multiple mental health disorders prevented children from obtaining appropriate CSEC housing. Half of the team observed this issue more than some of the time, while the other half indicated that this issue was not as significant.

9. How often do you come into contact with multidisciplinary team members (MDT) working in the field of child welfare who do not know what 'CSEC' is?



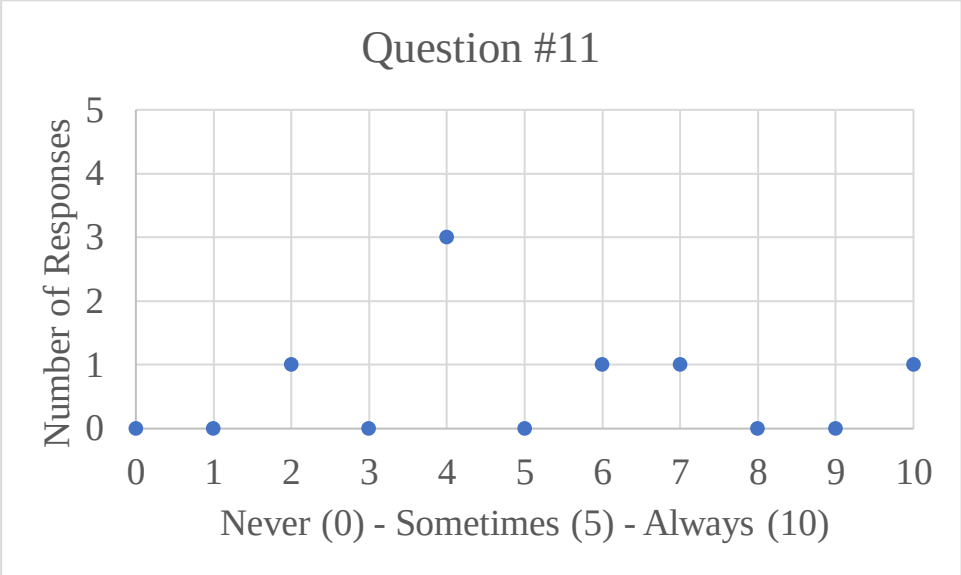
The responses significantly increased, again, when asked how often professionals observed communicating with multidisciplinary team members who were unaware of the term 'CSEC.' 100% of the responses indicated an answer suggesting some of the time and increasing to observing at least one MDT partner being unaware in every case on their caseload.

10. When working with multiple different agencies, how often do you see multidisciplinary team members utilizing victim-blaming language?



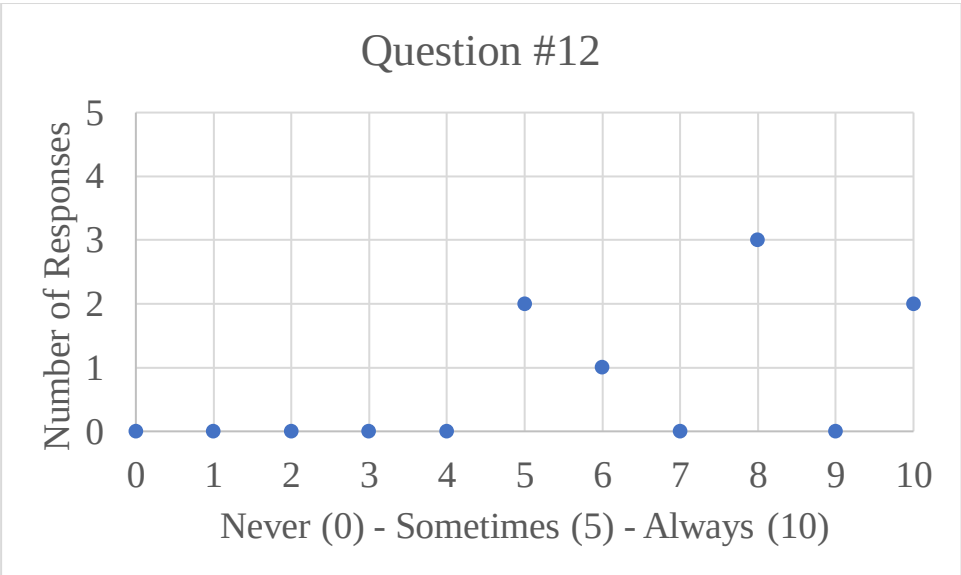
Only two professionals indicated less than 'some of the time' do they observe MDT partners utilizing victim-blaming language. The other six professionals have stated observing MDT partners utilizing victim-blaming language more than some of the time, and one suggested in every case. Roughly 77% suggest seeing victim-blaming language from DMT partners more than some of the time amongst their caseloads.

11. How often are you experiencing alleged perpetrators receiving reduced sentences due to a victim's inability to recall details of their abuse?



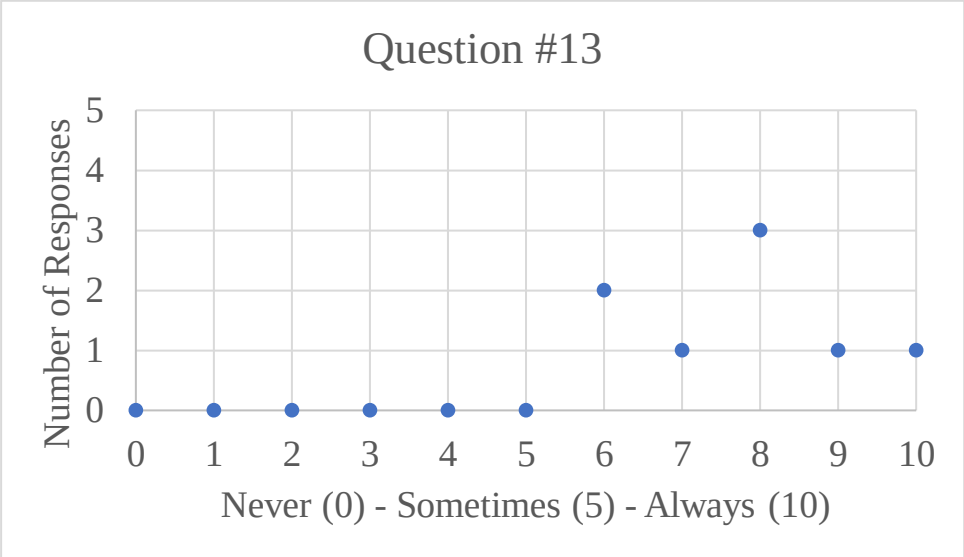
While one professional did not answer this question, four suggested reduced sentencing amongst alleged perpetrators was not a significant barrier throughout their caseloads. Three professionals did observe alleged perpetrators receiving reduced sentences ranging from more than some of the time to within every case.

12. How often do you observe a victim presenting with 'numbing' expressions?



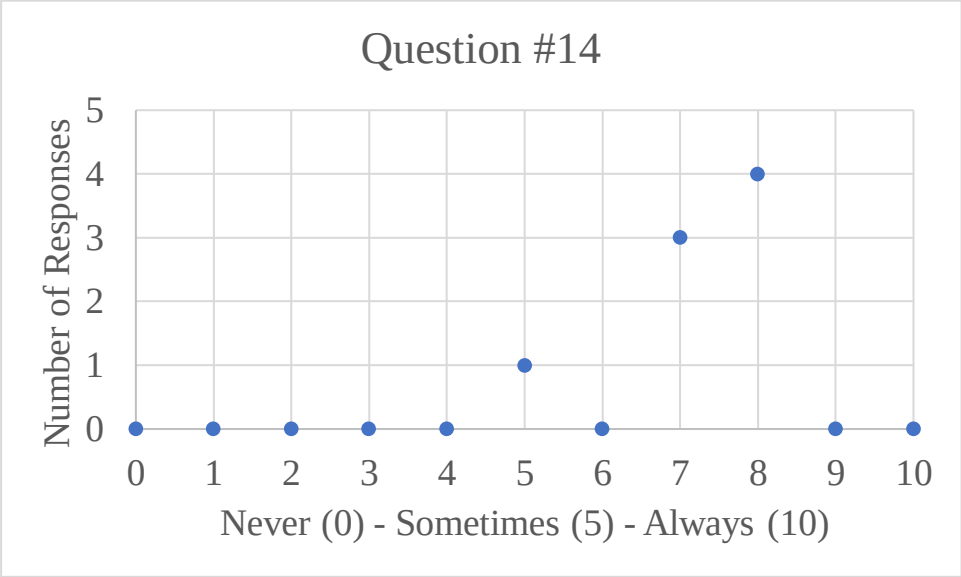
From 'some of the time' to observance in every case, professionals amongst the CSEC Response Team suggested children amongst their caseloads presenting with 'numbing' expressions or flat affect. This response often appears as a lack of emotional response to their victimization.

13. How often do you observe a lack of collaboration amongst MDT members resulting in children falling through the cracks?



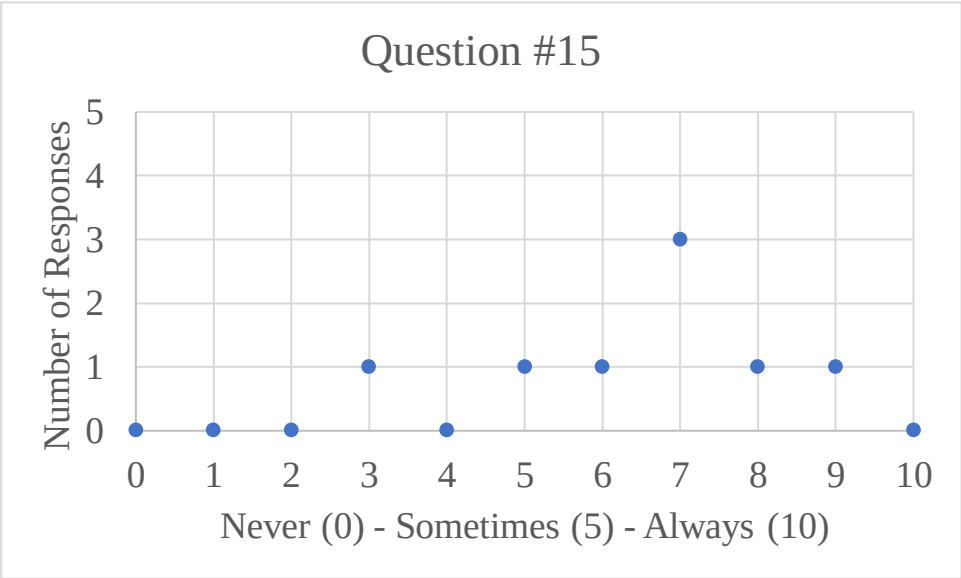
All the responses from the CSEC Response Team professionals indicated more than 'some of the time' they observe seeing a lack of collaboration among MDT members resulting in children falling the through the cracks. This barrier raises a significant challenge for children receiving appropriate services.

14. How often do you find a lack of trauma-informed services for victims of CSEC?



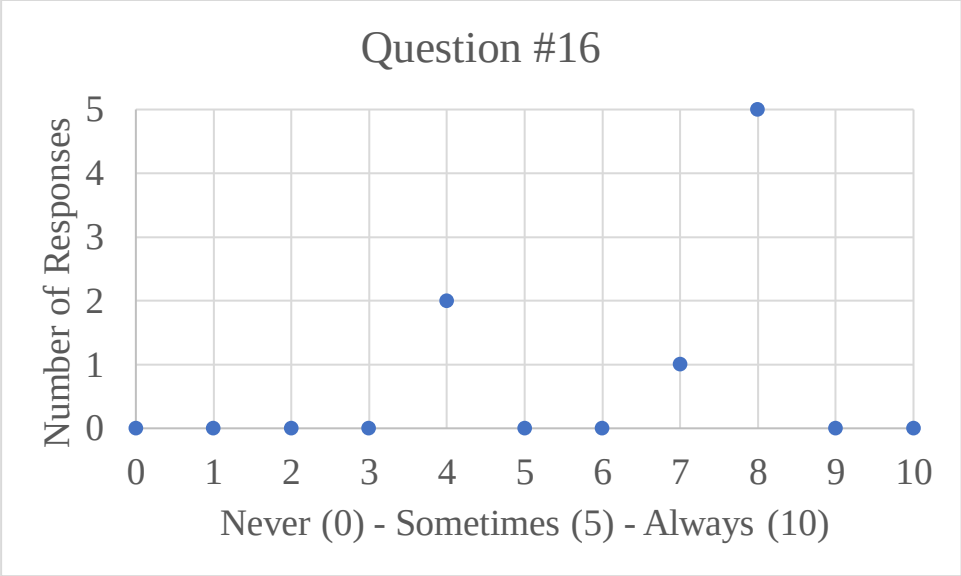
All professionals responded by observing a lack of trauma-informed services in their cases more than some of the time. This response shows a significant barrier to appropriate services for CSEC children in Georgia.

15. How often do you see medical professionals serving CSEC victims without appropriate training in high-risk factors associated with commercial sexual exploitation?



Only one professional suggested less than some of the time observing medical professionals lacking appropriate training related to the area of CSEC. With the provided responses, the CSEC Response Team suggests that medical professionals providing essential services to CSEC youth are often not appropriately trained in recognizing and/or responding to CSEC youth and their trauma symptoms.

16. How often do you see mental health professionals serving CSEC victims without appropriate training in high-risk factors associated with commercial sexual exploitation?



Approximately 75% of the responses the CSEC Response Team professionals provided indicated observing mental health professionals lacking appropriate training in recognizing and/or responding to CSEC youth and their trauma symptoms.

Several professionals utilized the open-ended question at the bottom of the questionnaire to allow for any other systemic barriers that were not covered in the previous questions. Table 1 provides their answers.

Table 1: CSEC Response Team Answers to Additional Barriers

Please explain any additional systemic barriers you may have observed amongst victims on your caseload if they've not already been addressed above
The overwhelming lack of resources for this specific population is alarming. The co-morbidity of CSEC and other MH concerns can cause a child to lose a bed that they desperately need for treatment. The lack

CSEC specific MH facilities/programs and the lack of CSEC programs in general that can meet the complexities of these youth is a constant barrier.
Lack of insurance or ability to pay if the child is not in the custody of a state agency such as DFCS or DJJ. Family refusing services or making it difficult to offer services to the child. Law Enforcement officers that aren't willing to go the extra steps to investigate a case as a CSEC case, settling for the simpler charge or one that is easier to prosecute. A need of better education and training on CSEC among the judiciary and prosecutors around the state. Systemic issues not related to training but to budget and manpower issues with smaller law enforcement agencies.
In addition to youth being denied placement for substance abuse/mental health concerns, there is a significant concern regarding these youth being discharged early due to behaviors that are consistent with trauma responses. In addition, there is lack of resources available for pregnant CSEC youth with only a couple of CSEC designated placements having one or two beds available for pregnant youth. Lack of resources available to trans CSEC youth. A significant component to lack of cooperation among MDT partners is diffusion of responsibility and lack of clear policy/protocol to address issues.
Insurance only paying for placement (particularly mental health facilities) for a certain period of time based on the child not exhibiting behaviors, making progress when in reality it takes at least 6 months for the child to be comfortable enough to start opening up in therapy and making progress. The child is not given the chance to develop rapport and fully receive services.

Case Observation

Random sampling was conducted to obtain the most appropriate sample size for case evaluations. A total of 128 were justified; however, given the researcher's position, their cases were eliminated from review for purposes of eliminating researcher bias. The total of cases reviewed remained at 128, but the researcher's cases were eliminated after random sampling. The researcher thoroughly reviewed each case. All information pertaining to systemic barriers was pulled from the cases and collected in an electronic file for thematic analysis (See Appendix F for data). This element of data collection was utilized for corroboration of the answers provided by the CSEC Response Team on their online questionnaire. Table two will provide readers with a tabulation of the data. In addition, table three below will provide examples of the data that precisely aligned with the requirements of systemic barriers amongst CSEC youth (See Appendix F for complete data). It should be noted that each case reviewed may have multiple systemic barriers identified, as well as

duplicate examples of the same barrier. For example, some cases may show numerous times a youth was not provided adequate services.

Table 2: Tabulation of Case Analysis

Theme:	Total:	Percentage:
Lack of Services Provided	81	63.2%
Lack of Community Partners	50	39.0%
Uneducated Professionals	45	35.1%
Lack of Placement	44	34.3%
Criminalizing Youth	43	33.5%
Multiple Mental Health Diagnosis	28	21.8%
Victim-Blaming Language	25	19.5%
Substance Abuse	21	16.4%
Reduced/No Sentencing	20	15.6%
Lack of Communication Amongst Partners	17	13.2%
Aggressive Behaviors	15	11.7%
Denied Placement for Aggressive Behaviors	6	4.6%
Denied Placement for Insurance	2	1.5%
Denied Placement for IQ	1	0.7%
Numbing Response	1	0.7%

Table 3 provides examples of how the researcher categorized themes of statements collected from victims' case files. All statements pulled indicated a type of systemic barrier, or trauma symptom, that increases the risk for additional systemic barriers to arise. The themes provide readers with an understanding of how these statements were categorized.

Table 3: Thematic Analysis Examples

Case #	Statements	Themes
1	No known DFCS involvement at this time.	lack of community partners
	AP was still incarcerated but does have a bond	Reduced/no sentencing
2	now detained at RYDC	Criminalizing youth
	[Youth] was supposed to be picked up for a forensic interview but DFCS did not send over the paperwork and LE was waiting to pick youth up.	lack of communication amongst partners
	department not being able to secure a placement for her	Lack of placement
	LE denied involvement in forensic interview process	lack of community partners
	[LE] stated she is about to be arrested for the warrant	Criminalizing youth
3	DFCS just became involved with her case [three months late]	lack of community partners
	LE is only involved for runaway behaviors	lack of community partners

	LE did not investigate runaway.	Reduced/no sentencing
	[DFCS] case closed on April 24th. Stayed in investigations and never moved to FC.	lack of services provided
4	Has been charged for running away and being an unruly juvenile.	Criminalizing youth
	[Youth] just got out of a mental health commitment after being 10-13'd for "going crazy"	Victim-blaming language
	making threats	aggressive Behaviors
	He was prosecuted and is not in jail.	Reduced/no sentencing
	DJJ deemed her “incompetent and unrestorable”	Victim-blaming language

Case numbers have been altered for anonymity.

Many statements regarding high-risk factors, such as substance abuse, were included in the data, specifically if this risk factor led to being denied placement in a CSEC facility. Other high-risk factors, such as multiple mental health diagnoses and aggressive behaviors, were also included in the data for purposes of aligning with the online questionnaire and the research collected and justified in chapter two. Many limitations to this study will be discussed in chapter five, as well as many considerations for future studies to consider when researching and analyzing this data and population. These suggestions are outlined below.

Study Findings

The current research was organized by several research questions surrounding how high-risk factors of CSEC youth ultimately led to more considerable systemic barriers where victims did not receive the appropriate care and services. An online questionnaire was utilized to obtain answers from the CSEC Response Team, who reported on the frequency of these trauma symptoms and systemic barriers amongst their caseloads. By obtaining these answers, the researcher was able to compare these with the data collected through observation of victims' case files. Case files were reviewed by the researcher and analyzed using thematic analysis. Any trauma symptoms, such as those justified in chapter two, that led to more prominent systemic barriers were copied and pasted into an electronic database. During this process, identifying information was removed before being placed into the researcher's files. Once these statements were collected, they were coded as different themes such as

'criminalizing youth,' 'victim-blaming language,' 'lack of community partners,' and many others.

Following the quantification of how prevalent these barriers were mentioned in victims' case files, the data showed that 19% of the victims were not being provided services. These services include forensic interviews, medical exams, mental health services, community partner involvement (DFCS, LE), emergency custody, and others. The online questionnaire, as well as the victim documentation review, showed high-risk factors, such as those presented in chapter two, as being primary reasons for the origination of systemic barriers to medical and mental health treatment. The CSEC Response Team professionals indicated that a lack of trauma-informed services was very prominent among victims on their caseloads. Trauma-informed services include primarily therapeutic services and may include psychiatric, residential, medical, and others.

All participating professionals indicated that the children on their caseloads presented with multiple mental health disorders, creating room for further discussion. Many CSEC children are assigned numerous diagnoses without ever having been assessed or questioned about their trauma history; this may lead to another possible systemic barrier where children are receiving additional labels rather than a diagnosis specific to their trauma experiences, such as PTSD. The other diagnoses are often time reasons why children are denied certain services, such as placement. One example of multiple diagnoses that lead to reasons for denied placement would be 'Substance Use History,' 'borderline personality disorder,' and 'Schizophrenia.' These disorders are often referred for a higher level of care, such as a psychiatric residential treatment facility (PRTF) because CSEC facilities do not often have the human resources or staff to cater to the needs of these children. In addition, all professionals indicated higher than a '6' (out of ten) when asked how often children on their caseloads fall through the cracks due to multidisciplinary team members not appropriately

collaborating. This results in children not being provided adequate services such as medical and mental health services.

Several questions were asked of the professionals regarding how often high-risk factors of the child amongst their caseloads prevented them from receiving adequate placement and safe housing. Intelligence quotient was reported as a barrier amongst caseloads. Seven out of eight professionals stated that more than 'sometimes,' they observed children being denied placement due to low IQ. With similar results, seven out of eight professionals indicated higher than 'sometimes' when asked how often their children were denied placement due to aggressive behaviors. Substance abuse was considered another high-risk factor. Five of the eight professionals indicated higher than 'sometimes' observing how often their children were denied placement due to extreme substance abuse. Six out of eight professionals indicated higher than 'sometimes' when observing how often children on their caseloads were denied placement due to presenting with multiple mental health disorders. Therefore, this research indicates that IQ, aggressive behaviors, substance abuse, and mental health disorders are the most common prohibitive factors for placement and care.

The results provided by the professionals serving amongst the CSEC Response Team, as well as the observation and data collection of victims' case files, show that the prevalence of systemic barriers is impacting the effectiveness of the child-serving system in Georgia. The system, as defined above in chapter two, has yet to acknowledge and evaluate why children are falling through the cracks and what is causing the gaps in the system. This study highlights what causes the gaps and the ability for children to fall through the cracks in the system and not be provided the most appropriate services.

Summary

This study highlighted several high-risk factors amongst CSEC youth and what causes a more considerable system barrier to victims being provided services. The data provides

important data regarding responses from CSEC Response Team members and observations of victims' case files. Because of the many complexities surrounding CSEC, including the high-risk factors and trauma symptoms, the data can be challenging to collect and project effectively and appropriately. Many of those explanations are explained in the limitations in the following chapter. Additionally, they suggested observing youth expressing 'numbing behaviors', a lack of collaboration amongst MDT members resulting in children falling through the cracks, observing MDT partners unaware of the term 'CSEC' and its complexities, children having been diagnosed with multiple mental health disorders, and children presenting with aggressive behaviors all as elements of systemic barriers that are observed as being the most prevalent amongst children on their caseloads.

Similar to the results that were presented by the online questionnaire, the data collected through tabulating case file information showed that victims were consistently severely underserved and not provided adequate services. These services include things such as MDT partners not engaging in cases (i.e., DFCS and/or LE closing their cases), MDT partners not communicating, children not receiving forensic interviews and/or medical exams, children not being offered or provided mental health services, children denied placement and several other services. In addition, 35% of the data showed results of uneducated professionals, including professionals having never worked a CSEC case, not understanding trauma symptoms of CSEC youth, not being aware of the statewide response, nor being aware of what CSEC means. Examples of the coding of these themes can be found in Appendix F.

Chapter Five provides several elements of consideration for future research. Collecting data relating to the topic of CSEC is exceptionally complex and difficult to portray. The following chapter will provide the limitations of this study, as well as the

implications. It should be highlighted that this study is foundational and future research should continue to explore and expand on this topic and the details of the research conducted.

CHAPTER 5: DISCUSSION

Overview

Given the complex nature of the commercial sexual exploitation of children (CSEC), this study has many complex features. Over the past decade, society has begun considering the best practices for handling victims and cases of child sex trafficking. With any new system comes many obstacles that must be analyzed and altered to create the best possible function. This study aimed to highlight the systemic barriers that are often faced by child sex trafficking victims within the state of Georgia. There are many barriers that these victims already tend to face given their victimization; however, the system that was initially created to serve and support these victims has, over time, begun disrupting and denying their healing.

This study aims to provide society with the data supporting how the system may be self-destructing with hopes that policies, procedures, laws, and practices may begin to understand, support, and serve victims of CSEC. This chapter will provide an overview of the study's overall findings and conclusions and suggestions, and considerations for future studies. In addition to these considerations, it should be noted that this population and data are incredibly complex to capture. This study has many limitations and is outlined in the following text.

Summary of Findings

The study suggests that Georgia's current child-serving system that serves CSEC victims has significant challenges. While the data does have significant complexities, the findings present a disconnect among multidisciplinary team members serving these children. A significant number of CSEC victims are not being provided adequate services to meet their needs due to their severe complex trauma symptoms. This data appears to indicate that children are being denied safe housing due to low IQ, multiple mental health disorders, substance abuse, and aggressive behaviors. Additionally, services such as forensic interviews,

medical exams, and mental health services are not being provided to victims on a consistent basis. The data reveals that professionals working in these cases, regardless of vocation (LE, DFCS, DJJ, etc.), are primarily not in collaboration concerning the overall best needs of the child. It has been determined that child welfare agencies continue to close cases for numerous reasons, leaving child victims without adequate services. Data has determined that law enforcement agencies are lacking in their ability to provide appropriate arrests, and court systems are lacking in the ability to provide appropriate sentencing for offenders. The child-serving agency continues to utilize victim-blaming language creating an adverse visual for professionals interacting with such vulnerable children.

The findings of this study provide Georgia's child-serving agency and the greater community with results of how best to critique and revise their current policies, procedures, and knowledge of this crime. The results further allow for legislative movement on how best to engage our multidisciplinary team members in a collaborative way that is supported through laws and practices.

Discussion of Findings

The commercial sexual exploitation of children is a highly complex crime that involves multiple forms of child abuse, including sexual abuse, physical abuse, emotional abuse, and extreme coercion and manipulation, which require professionals to hold ample amounts of knowledge and training on providing trauma-informed services and practices to aid in the healing of CSEC victims (Saint Arnault & Sinko, 2019). As the results of this study show, CSEC children are presenting with aggressive behaviors that are ultimately causing their denial of safe housing. As discussed in the literature review, professionals continuously misconstrued aggressive behaviors among several complex trauma symptoms (Jaeckl & Laughon, 2020; Kafafian et al., 2021).

It was further discussed that placements are provided a significant amount of funding for treating and housing trafficked and exploited youth (Schnur et al., 2019; "Types of funding," 2022); however, many of these placements have requirements that deny children for common trauma symptoms, such as aggressive behaviors, low intelligence quotient, substance abuse, and multiple mental health disorders. While funding is allotted to these facilities, they are also required to spend this money in particular ways, which may limit their ability to fund positions for individuals with the appropriate skills and education to treat CSEC victims. The findings provided by the CSEC Response Team, as well as the collection of data from the victims' case files, prove that there is a lack of placement being provided to victims due to common complex trauma symptoms.

The most prominent overall finding was a lack of services being provided to victims. There are several services that fall into this category, including forensic interviews, forensic medical exams/medical clearance, partner involvement, and others. Forensic interviews allow children the ability to tell their stories in a safe, child-friendly environment; however, partner agencies are not considering this a priority when engaging with these children. In addition, medical exams should be listed as the most critical element when working with child victims. CSEC youth are placed at extreme risk for pregnancies, STIs, and other physical concerns; however, partner agencies are not considering this element as crucial.

Partner agencies also need to engage in these types of cases. Child welfare cases are being screened out and/or closed due to the parent or guardian not having been the maltreater; however, the youth is not being provided adequate protective capacity, leaving these children vulnerable and continuously missing. In these cases, it is imperative to have all partner agencies involved for purposes of support and services in all areas. Law enforcement partners are failing to investigate the depth of CSEC cases, which continues to result in a lack of arrests. Furthermore, many partners agencies (DJJ, DFCS, LE, court systems, etc.) are

continuing to utilize victim-blaming language due to the significant knowledge these victims hold and, in turn, lacking in their ability to provide appropriate services and support (Anderson et al., 2016; Heywood, 2020; Sprang et al., 2020).

The most significant takeaway from this study is the lack of education and awareness around the complexities of this crime and the symptoms the victims hold. The professionals working on these cases, and supporting these victims, are being withheld by a lack of training and education, as well as a lack of trauma-informed laws, policies, procedures, and practices. This study serves as an evaluation of the collaborative response to CSEC in Georgia. It highlights the areas where challenges are arising for victims to receive the best and most appropriate services for a successful healing journey from their CSEC victimization.

As the findings relate to that of a biblical perspective, the relational aspects of these challenges must be considered. The lack of education amongst professionals causes a lack of trust on behalf of the child in the form of adults. This creates a larger barrier to their relationship with Christ and the impression adults must take when guiding children to God. Once again, the lack of arrests and prosecution of these offenders solidifies the thoughts that child victims have – their traffickers are stronger than God because the abuse does not stop (Langberg, 2017).

Furthermore, as the Bible provides some of the world's first examples of trauma, professionals must consider the leaders through His Word and how they provide a guideline on how to assist victims. The Gospel for Disordered Lives: An Introduction to Christ-Centered Biblical Counseling (Jones et al., 2021) further allows professionals the ability to obtain insight and education on supporting victims through their trauma, including triggering events, experiences, and ongoing adverse effects. In sum, professionals are uneducated – including the professionals at the top of legislation to those working the cases daily. This challenge creates a rippling effect on other areas of systemic barriers, such as children not

being provided services, victim-blaming language, lack of placement, and others discussed and shown throughout the data.

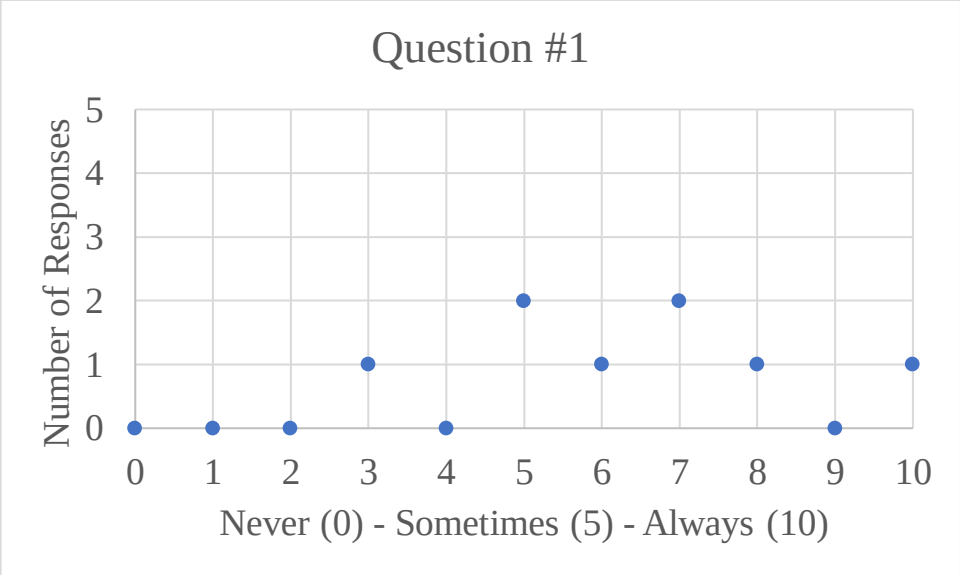
Implications

This study provides many implications for theory and practice pertaining to the field of CSEC. By society having foundational data to support the cracks in the current system of fighting child sex trafficking cases, numerous agencies may have the ability to evaluate how to improve their policies and practices when it comes to working with this population. While this is a foundational study, the first of its kind, it does provide future researchers the ability to build upon for continuous reevaluations of the entire child-serving system across the nation and likely internationally.

Many implications may be drawn from the results of the data collected from victims' case files, as well as the answers provided by the CSEC Response Team members on the online questionnaire.

1. How often do you see Intelligence Quotient (IQ) becoming a barrier to placement amongst the children you serve?

Responses from Online Questionnaire



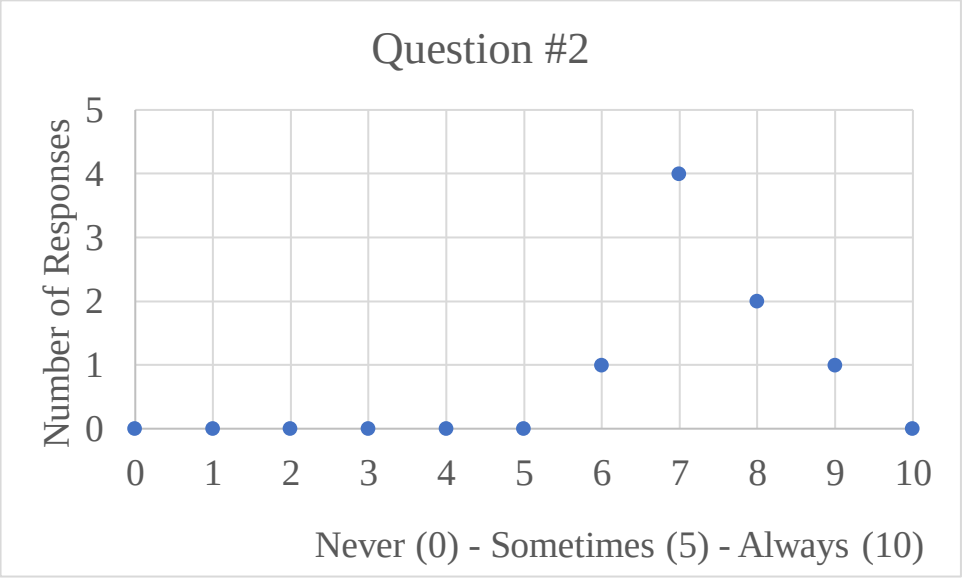
Observation of Case Files

Theme:	Total:	Percentage:
Denied Placement for IQ	1	0.7%

The results shown by professionals indicated that the presence of IQ is a barrier to placement as significant. Professionals recall seeing IQ as a barrier to placement quite often among their caseloads. When observing the case files, the results did not align; however, it must be considered that the documentation surrounding this barrier may not be accurate. As previously stated, systemic barriers are often observed in real-time and may not be reflected accurately in the documentation. Many of the reasons for the denial of safe housing are not expressed throughout victims' case files, which may be a leading cause of these results not accurately aligning. The data suggests that intelligence quotient may be a leading cause of placement denial, which professionals should know. It is often that residential facilities do not have the capacity to assist youth with a lower-than-average intelligence quotient.

2. How often do you have children on your caseload who present aggressive behaviors?

Responses from Online Questionnaire



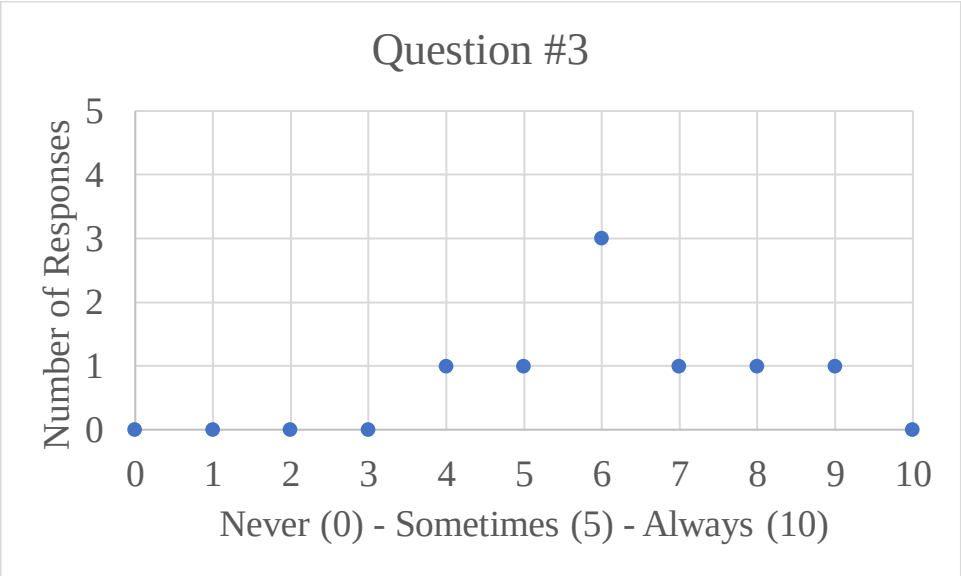
Observation of Case Files

Theme:	**Total:**	**Percentage:**
Aggressive Behaviors	15	11.7%

Children who have experienced CSEC often have a childhood history of trauma such as physical abuse, sexual abuse, neglect, witness to domestic violence, poverty, homelessness, abandonment, etc. (Barnert et al., 2017; Franchino-Olsen, 2019). With a youth who has experienced polyvictimization, aggressive behaviors are often present. The CSEC Response Team answers and the victim's case files showed a significant number of aggressive behaviors among the children being served. The results were quite significant between both data sets indicating this trauma symptom as a significant barrier. It is important for providers to understand aggressive behaviors as a common response to complex trauma rather than a negative characteristic.

3. How often are children on your caseload denied placement in CSEC residential facilities due to presenting with aggressive behaviors?

Responses from Online Questionnaire



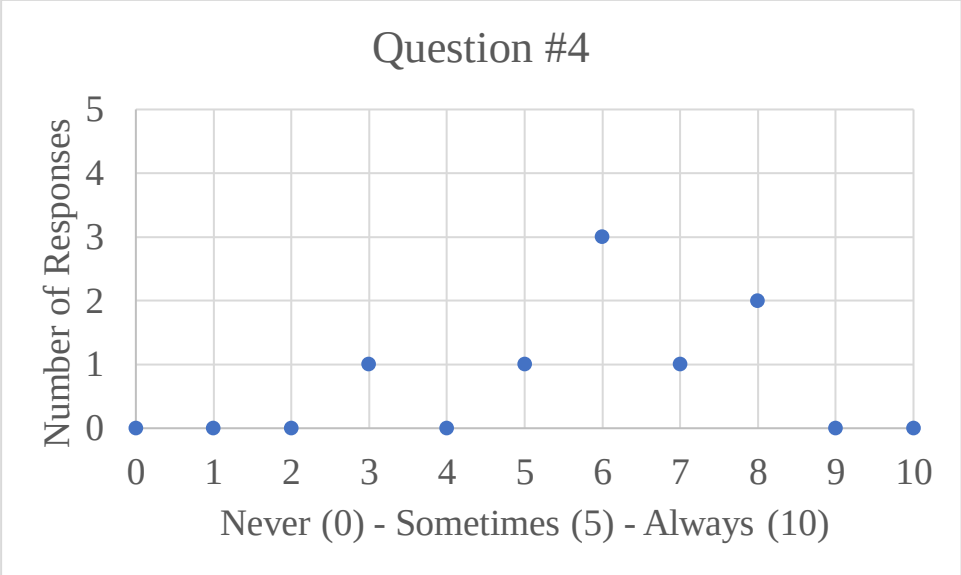
Observation of Case Files

Theme:	**Total:**	**Percentage:**
Denied Placement for Aggressive Behaviors	6	4.6%

While there was not a significant percentage shown regarding this barrier by the observation of case files, the CSEC Response Team answers showed this barrier as significant. Similar to IQ, the reason for the denial of safe housing may not have been adequately recorded in a victim's case file, leaving a gap in data collection. Aggressive behaviors have become a barrier to placement for youth who have experienced CSEC due to the liability placed on placements. Unfortunately, these placements are unable to care for these youths due to the liability they place on the residential staff and other youths within the facility. CSEC facilities advertise serving CSEC youth; however, they often deny children due to common trauma symptoms, such as aggressive behaviors.

4. How often do you have children on your caseload who present with substance abuse concerns?

Responses from Online Questionnaire



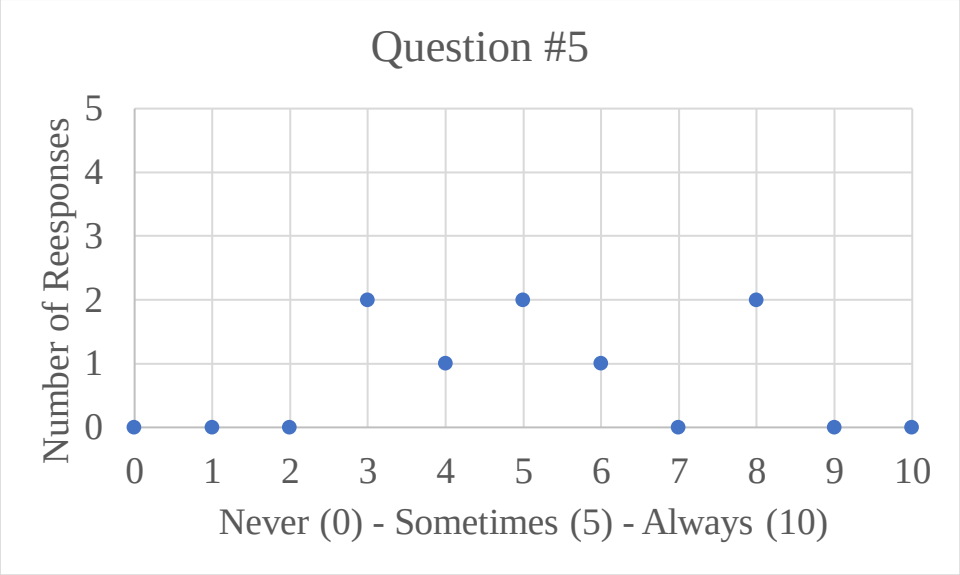
Observation of Case Files

Theme:	**Total:**	**Percentage:**
Substance Abuse	21	16.4%

The responses from the professionals and the case observation data indicated an increased percentage of acknowledging substance abuse as a common traumatic symptom. The results from both data collection methods were comparably similar and gave insight into this trauma symptom has a rising concern for systemic barriers. It is essential for providers, and the greater community, to understand how prevalent substance abuse is amongst the CSEC population. It should also be noted that substance abuse may not be voluntary. May traffickers utilize substances as a means to make children more compliant in their abuse. Other times, children utilize substances to cope with their trauma and current circumstances.

5. How often are children on your caseload denied placement in CSEC residential facilities due to presenting with substance abuse concerns?

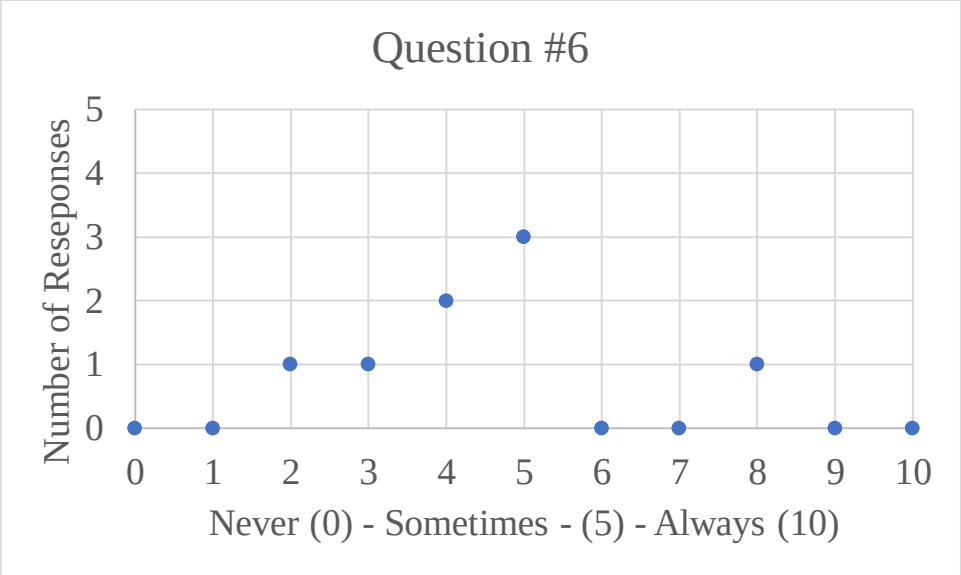
Responses from Online Questionnaire



The responses provided by the CSEC Response Team were nearly split when asked how often children are denied placement due to their substance abuse concerns; however, five professionals stated they had observed children amongst their caseloads being denied placement for substance abuse concerns more than some of the time. While this question was not explicitly detailed in the data collected from the victim's case files, this barrier may have been labeled as 'substance abuse' and/or 'lack of placement.' In addition to previous questions, the reason for the denial of safe housing is often not recorded in victims' case files. Children are, again, being denied placement for a common trauma symptom often directly related to their CSEC victimization. Once again, many CSEC facilities lack the ability to provide substance abuse and trauma treatment simultaneously. CSEC children with significant substance abuse history are often required to complete a substance abuse program prior to trauma treatment; however, many CSEC facilities do not obtain the staff and capacity to provide these services.

6. How often do you observe children lacking the ability to recall details of their CSEC victimization?

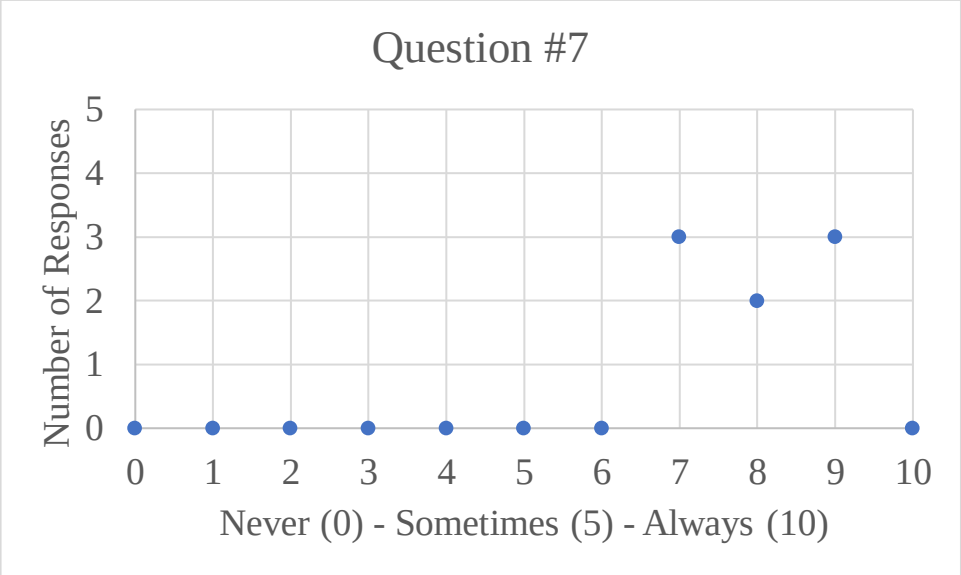
Responses from Online Questionnaire



When asked how often children have difficulty recalling the details of their CSEC victimization, the CSEC Response Team professionals were split 50-50. Half the professionals observed this as a barrier more than 'some of the time.' In contrast, the other half of the team indicated that this barrier was not as present amongst the children on their caseloads. This question was not observed throughout the collection of data from victims' case files; however, this type of documentation may be difficult to document. This type of information may best be observed through direct observation of forensic interviews, which was not conducted in this research study. This question relied on documentation through the case files, which rarely includes descriptions of the subjective experiences of victims. Many CSEC children do not disclose during a forensic interview due to the lack of education about their victimization. Most CSEC children do not see themselves as victims, as many children are manipulated and/or coerced into believing they were willing participants in their abuse. Other times, trauma prevents children from having the ability to recall specific details, if any, of their victimization/abuse.

7. How often do you have children on your caseload diagnosed with multiple mental health disorders?

Responses from Online Questionnaire



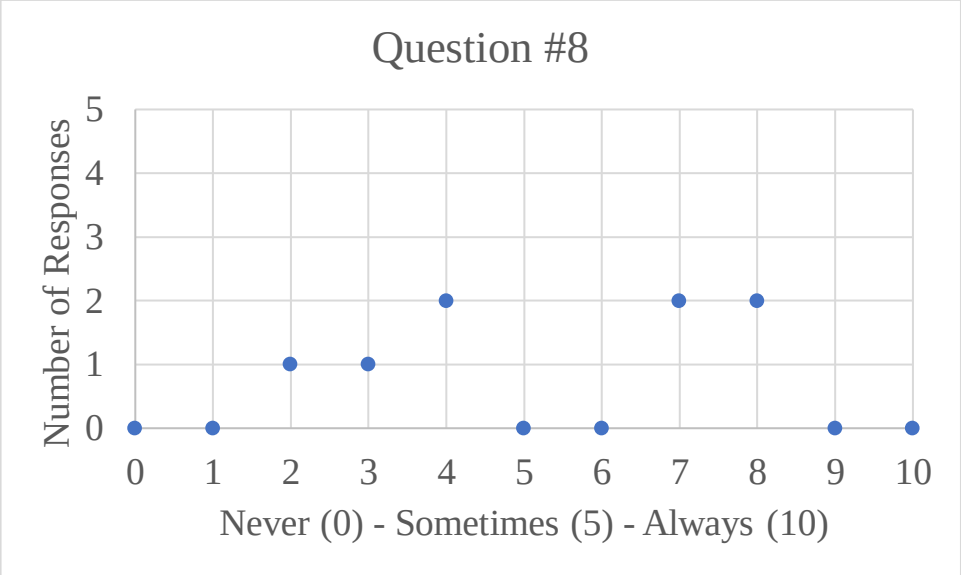
Observation of Case Files

Theme:	**Total:**	**Percentage:**
Multiple Mental Health Diagnoses	28	21.8%

The results from both data collection methods showed a significant number of children being diagnosed with several mental health diagnoses. While this observation does not indicate wrongful diagnoses, although those have been observed, it does caution clinicians to obtain a healthy understanding of CSEC risk factors prior to making a final diagnosis and consider the youth's trauma history. Mental health providers must obtain the most current practices as it relates to CSEC youth to recognize high-risk factors. Having this knowledge will allow clinicians to screen for PTSD before choosing other mental health disorders that may not be the most appropriate for these youth.

8. How often do you have children on your caseload who are denied placement in CSEC residential facilities due to presenting with multiple mental health diagnoses?

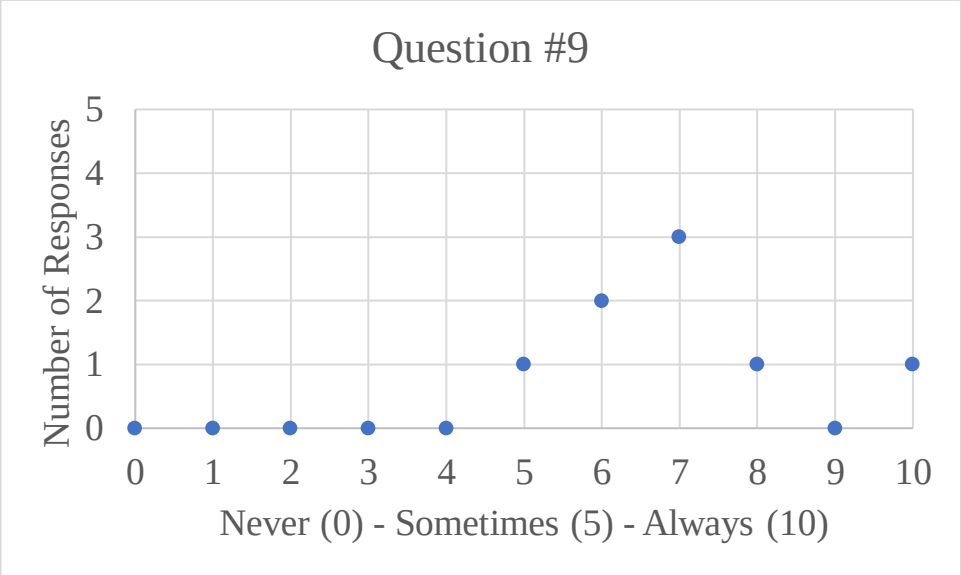
Responses from Online Questionnaire



Once again, the CSEC Response Team provided a split response when questioned about how often multiple mental health disorders prevented children from obtaining appropriate CSEC housing. Half of the team observed this issue more than some of the time, while the other half indicated that this issue was not as significant. While this question was not explicitly detailed in the data collected from the victim's case files, this barrier may have been labeled as 'multiple mental health disorders' and/or 'lack of placement., which was shown as significant. Twenty-One percent of the data collected from victims' case files indicated an apparent concern for children diagnosed with multiple mental health diagnoses. Similarly, to the others before, placement can be challenging to obtain for children diagnosed with multiple mental health disorders due to the facility's inability to provide adequate care and services. This reduced the ability of children to have safe housing and appropriate treatment for their CSEC victimization.

9. How often do you come into contact with multidisciplinary team members (MDT) working in the field of child welfare who do not know what ‘CSEC’ is?

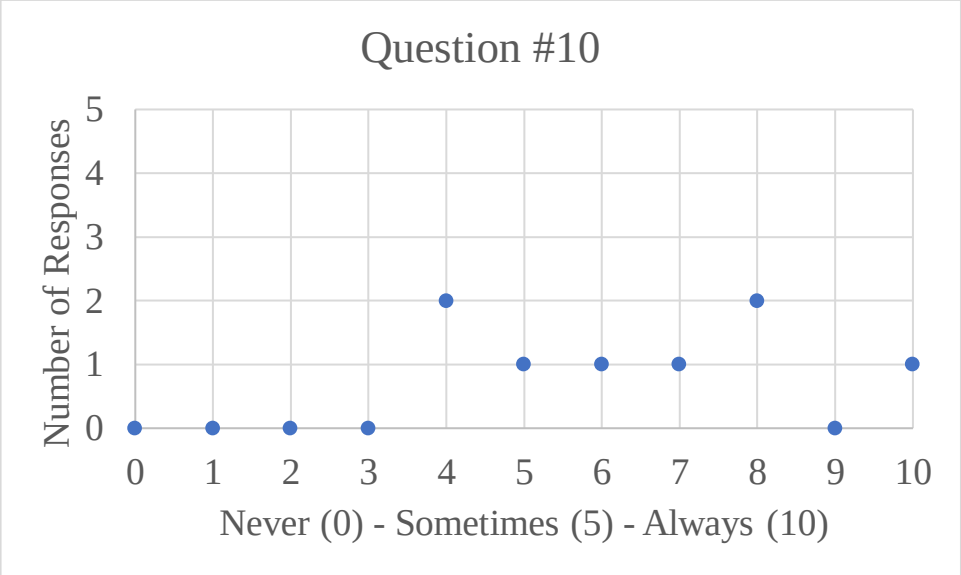
Responses from Online Questionnaire



The responses significantly increased, again, when asked how often professionals observed communicating with multidisciplinary team members who were unaware of the term 'CSEC.' 100% of the responses indicated an answer suggesting some of the time and increasing to observing at least one MDT partner being unaware in every case on their caseload. While this question was not explicitly detailed in the data collected from victims' case files, this barrier may have been labeled as 'uneducated professionals,' which was indicated a total of 45 times, or 35% of the data. Having partners without the appropriate training and knowledge surrounding the complexities and risk factors of CSEC, there can be a significant gap in services for these youth. It also reduces the ability for collaborations between agencies, ultimately hoping to work towards the goal of a youth's success; however, without proper knowledge and training, this goal can be extremely difficult to obtain. The result is a child falling through the cracks and ultimately not receiving the needed services.

10. When working with multiple different agencies, how often do you see multidisciplinary team members utilizing victim-blaming language?

Responses from Online Questionnaire



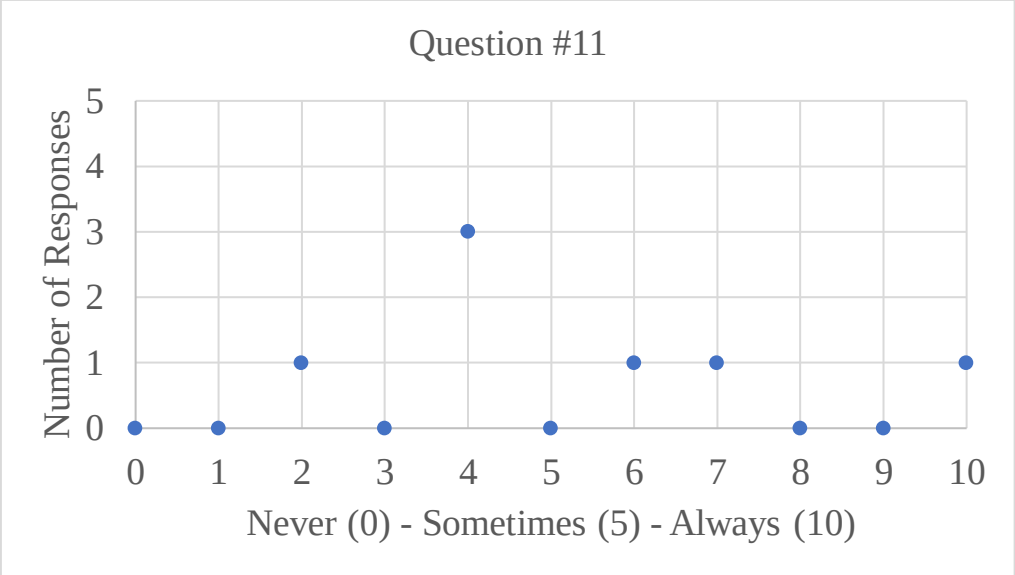
Observation of Case Files

Theme:	**Total:**	**Percentage:**
Victim-Blaming Language	25	19.5%

The responses provided by the CSEC Response Team professionals indicated significant observation of victim-blaming language amongst their caseloads. The data, when observing case files, also indicated a significant amount of victim-blaming language by multidisciplinary team members. When professionals have the mindset of CSEC victimization, or common risk factors such as substance abuse and/or running behaviors, being the fault of the child, it becomes a barrier to serving the youth as a victim rather than a perpetrator. This type of language causes a negative impact on the team serving the youth, as well as a degrading of the child's experiences and values. It must be remembered that the population being served are children, who lack both the ability to provide consent and the appropriate decision-making capabilities due to their current stage of brain development.

11. How often are you experiencing alleged perpetrators receiving reduced sentences due to a victim's inability to recall details of their abuse?

Responses from Online Questionnaire



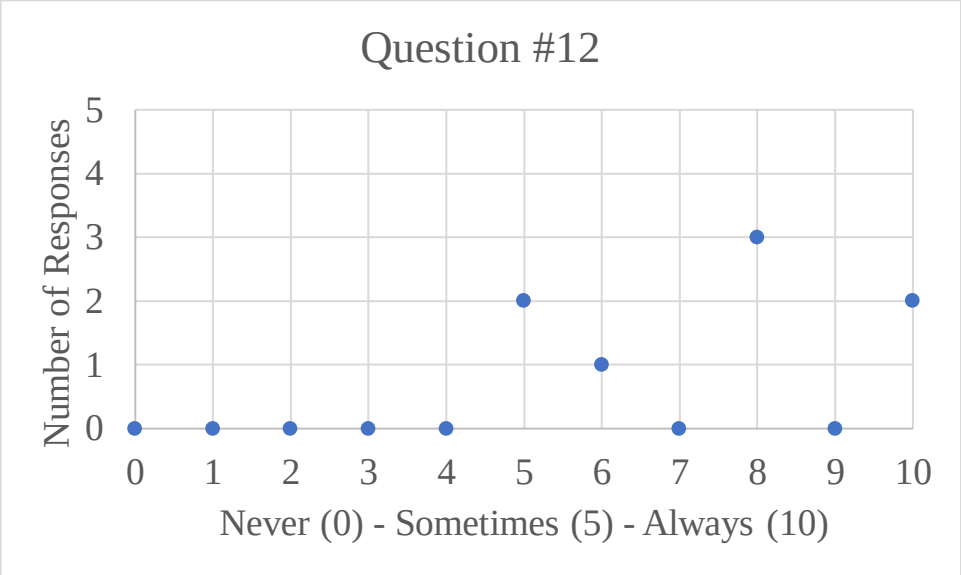
Observation of Case Files

Theme:	**Total:**	**Percentage:**
Reduced/No Sentencing	20	15.6%

While one professional did not answer this question, four suggested reduced sentencing amongst alleged perpetrators was not a significant barrier throughout their caseloads. Three professionals did observe alleged perpetrators receiving reduced sentences ranging from more than some of the time to within every case. The data did not specifically note if perpetrators were receiving reduced/no sentencing due to the youth's inability to recall details of their abuse; however, it was observed that many perpetrators were not being given appropriate punishment for child abuse. This barrier calls for concern because perpetrators are continuing to commit these crimes without consequences. It must be understood that these cases are often challenging to prove in court due to many children's unwillingness to testify/disclose against their abuser; however, many who find the courage are often not given the justice they deserve by seeing their abuser punished.

12. How often do you observe a victim presenting with 'numbing' expressions?

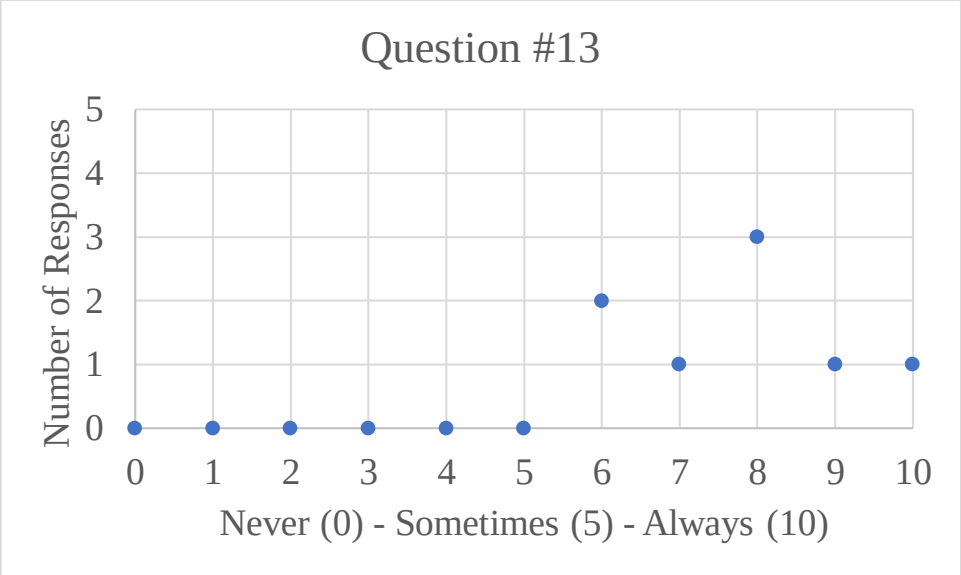
Responses from Online Questionnaire



Ranging from some of the time to observance in every case, professionals amongst the CSEC Response Team suggested children amongst their caseloads presenting with 'numbing' expressions or flat affect. This response often appears as a lack of emotional response to their victimization. This question was not observed during data collection through victims' case files, as this is another barrier that may be difficult to document. Individuals must be aware that many CSEC youth do not provide emotions when discussing their victimization due to many similar reasons as the previous question, 'inability to recall details of their abuse.'

13. How often do you observe a lack of collaboration amongst MDT members resulting in children falling through the cracks?

Responses from Online Questionnaire

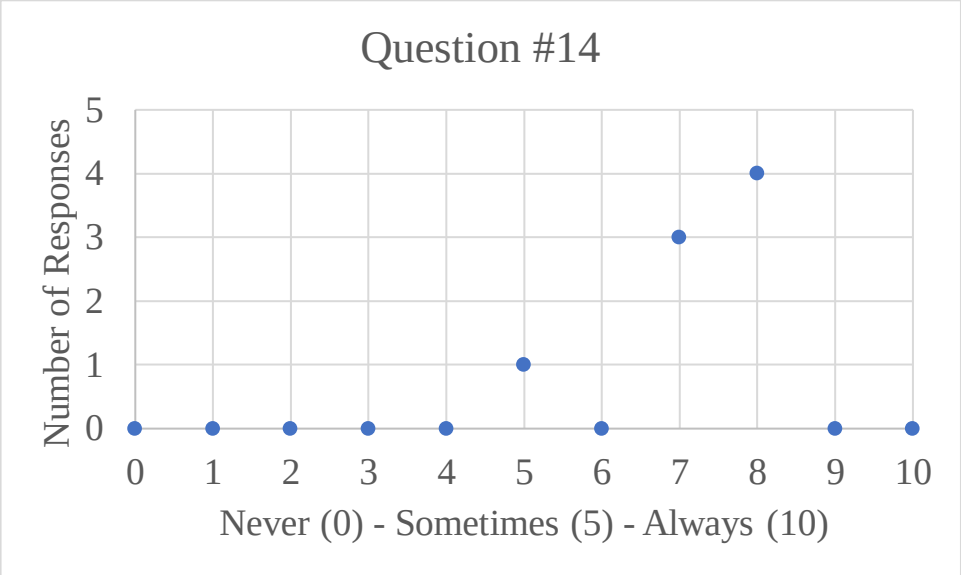


All the responses from the CSEC Response Team professionals indicated more than 'some of the time' they see a lack of collaboration among MDT members resulting in children falling the through the cracks. This barrier raises a significant challenge for children receiving appropriate services. There was no theme created for this particular question when observing victims' case files; however, one that was most aligned was that of 'lack of services provided.' It was the most observed theme throughout this data collection method, being present 81 times and 63% of the data—a lack of services results in children falling through the cracks.

Many of the statements categorized by this theme were when children did not receive forensic interviews or medical exams, when MDT partners closed their cases at inappropriate times without implementing services for the youth, not being provided appropriate housing, not having the ability to obtain mental health treatment, and many others. When children are not provided adequate services, the continuous cycle of CSEC continues. Without a system attempting to restore, heal, and serve victims, they will continue to be without the tools necessary to exit the life of CSEC.

14. How often do you find a lack of trauma-informed services for victims of CSEC?

Responses from Online Questionnaire

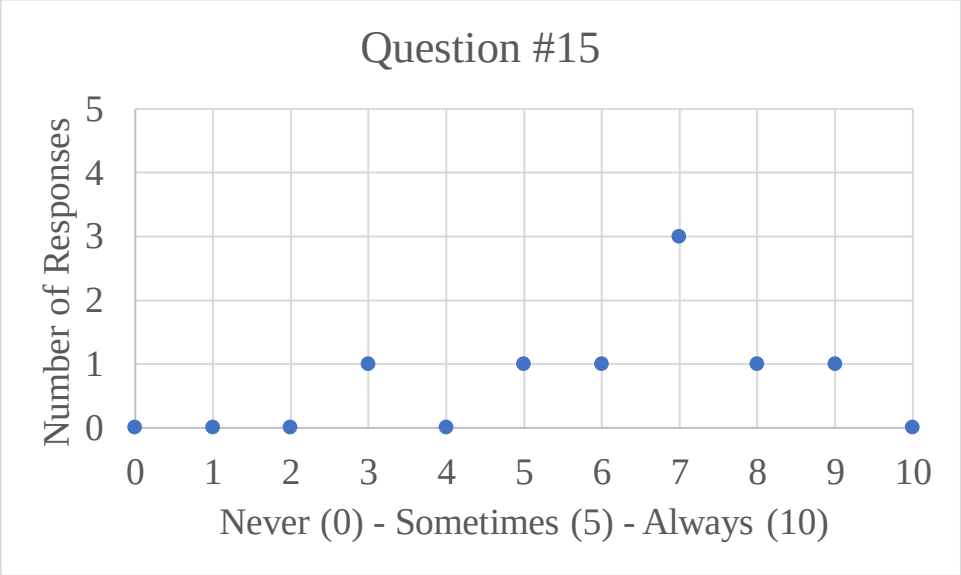


All professionals responded by observing a lack of trauma-informed services in their cases more than some of the time. This response shows a significant barrier to appropriate services for CSEC children in Georgia. Professionals and clinicians, generally, are not trained in trauma. Without this knowledge, these children cannot receive services specific to their needs. Trauma-informed medical providers cannot provide adequate care for CSEC youth, and trauma-informed mental health providers are scarce. The demand for trauma-informed professionals increases daily with the rising number of CSEC youth throughout Georgia. The ratio between youth needing services and trauma-informed therapists is highly outnumbered.

Many mental health providers have waitlists for months and often must discharge children after several missed appointments. With the CSEC population, missed appointments are expected due to running behaviors, lack of transportation, unwillingness/fear of talking, etc.; however, mental health providers are often left with no choice but to release them from their caseloads due to the extreme need of these services by other children.

15. How often do you see medical professionals serving CSEC victims without appropriate training in high-risk factors associated with commercial sexual exploitation?

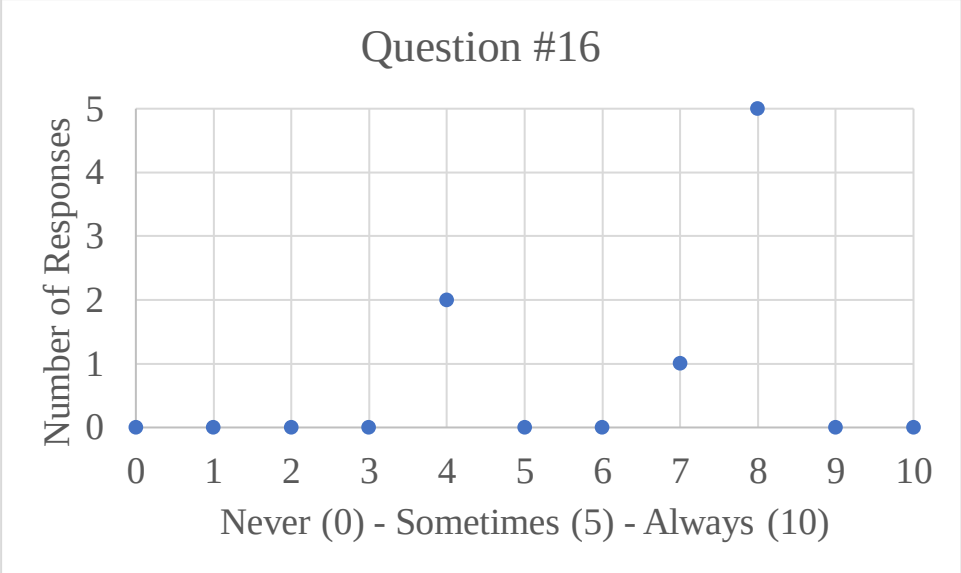
Responses from Online Questionnaire



Only one professional suggested less than some of the time observing medical professionals lacking appropriate training related to CSEC. With the provided responses, the CSEC Response Team indicates that medical professionals providing essential services to CSEC youth are often not appropriately trained in recognizing and responding to CSEC youth and their trauma symptoms. Similar to the previous question, medical professionals often lack the appropriate training for identifying and serving CSEC youth. This increases the risk of children falling through the cracks and not being provided the needed services. Many CSEC youth present with pregnancy and STI/STDs, which may be treated at the hospital; however, they are not further assessed by whom they may have received these symptoms. This barrier was not specifically themed throughout the observation of case files; however, it is difficult for this to be documented in the case files. This barrier is often times observed in real-time.

16. How often do you see mental health professionals serving CSEC victims without appropriate training in high-risk factors associated with commercial sexual exploitation?

Responses from Online Questionnaire



Approximately 75% of the responses the CSEC Response Team professionals provided indicated observing mental health professionals lacking appropriate training in recognizing and responding to CSEC youth and their trauma symptoms. Many professionals serving CSEC youth are desperate for services. Because of the lack of trauma-informed mental health providers, children may be receiving services that are not appropriate for their needs. This barrier was not observed in the victim's case files because it is not directly tied to the process of assessment. The observation of professionals lacking knowledge in the area of recognizing CSEC youth would not be documentation relevant to input into the youth's case.

While this data provides means for growth and change in the future, the literature review also provides the greater community with a knowledge and understanding of some of the acute trauma symptoms that CSEC victims are to likely obtain or experience. This allows caregivers, friends, and other adults to learn to identify high-risk factors in young people.

With this information being easily accessible to all individuals, there is a greater chance of fewer children falling through the cracks and having the opportunity to find healing and justice despite their CSEC victimization.

Research Questions

RQ 1: What systemic barriers are most prevalent amongst CSEC youth when obtaining necessary care?

The data provided by this research indicates that 'Lack of Services Provided' was the leading systemic barrier amongst the cases reviewed, with being present 68% of the time throughout the 128 justified sample size. This systemic barrier indicates that community partners or victim-serving agencies working with CSEC youth closed their cases prematurely, and children were not receiving forensic interviews and medical exams. Further examples may be found in Appendix F. The 'Lack of Community Partners' was the second leading systemic barrier in the data collection. This barrier indicates that these cases lacked support from agencies such as law enforcement and the department of family & children services. The third leading systemic barrier was 'Uneducated Professionals,' being present 35% of the time throughout the data collection. This barrier provides insight into the lack of training, education, and knowledge of recognizing high-risk factors among professionals serving CSEC youth.

RQ 2: How often do high-risk factors of CSEC youth create systemic barriers to appropriate medical and mental health treatment amongst the caseloads of CACGA CSEC Response Team professionals?

The study reveals several high-risk factors that lead to more considerable systemic barriers to medical and mental health treatment for CSEC youth. Substance abuse was shown to be present 16% of the time throughout data collection, leading to a barrier to safe housing. Multiple mental health diagnoses were observed 21% of the time. Children were denied

placement for aggressive behaviors 4% of the time and were criminalized for the behaviors 33% of the time. IQ was also observed and resulted in a lack of housing 0.7% of the time during data collection. These high-risk factors, or common trauma responses, were often regarded as leading causes for children to experience systemic barriers, including a lack of services being provided.

RQ 3: According to the CACGA CSEC Response Team professionals, how often do the high-risk factors of CSEC youth create barriers to safe housing?

The CSEC Response Team professionals indicated that aggressive behaviors were often a lead cause of denial of safe housing. Nearly 77% of the responses provided by the professionals indicated that this risk factor led to denial from safe housing more than 'some of the time.' Substance abuse was also stated as a barrier to secure housing, and roughly 63% suggested seeing this as a cause for safe housing denial more than 'some of the time.' Professionals continued to provide insight into the impact of multiple mental health diagnoses being a barrier to placement, and 50% suggested this barrier being present amongst their caseload between 'some of the time' and 'always.'

RQ 4: How does the prevalence of systemic barriers impact the overall effectiveness of the child-serving system in Georgia?

The data collected and analyzed throughout this research highlights numerous systemic barriers that Georgia CSEC youth face. The results indicate that CSEC youth are denied safe housing for common trauma symptoms and are not provided adequate services. This research offers the child-serving system in Georgia with knowledge of what barriers are consistently being presented in these cases. With this knowledge, the system can engage in training and education on areas to improve these gaps. With the extreme prevalence of these barriers being proven throughout the data, the effectiveness of the child-serving system has ample room for growth and ongoing education and training in the coming years. This data

and research allow for the overall system to critique itself and better its collaborative efforts in serving CSEC youth.

Limitations

While this study provides significant benefits, several limitations must be acknowledged. As continuously stated, CSEC is very complex, which leaves more room for complexities in capturing accurate data amongst this population. When studying a population that involves many moving parts, one must consider the amount of documentation that may have been missed. Many systemic barriers are often observed and acknowledged in 'real-time,' meaning that these barriers are observed during a crisis, i.e., lack of communication among partners amid a child being recovered from a hotel operation. Because these actions happen in person, they are often not recorded in detail in a database for researchers to observe. This limits the accuracy of exactly how frequently these barriers may arise. It should be noted that the data collected thus far is as accurate as possible with the information available to the researcher.

It must be acknowledged that several other risk factors may not have been captured during this research. As one example, the LGBTQIAS2+ community is at significant risk to CSEC and often faces an even larger number of systemic barriers. This research did not capture that data; however, future research must consider and capture the obstacles facing this community. Further research might also delineate between genders or races of children.

With respect to the logistical elements of the data, bias may have occurred amongst CSEC Response Team professionals when given the ability to complete the online questionnaire. These professionals could have reported a higher frequency due to their continuous observations of systemic barriers being the cause of case failures. Sample size should also be considered as a limitation. While the sample size was justified, the CSEC

Response Team began its origin in October 2020, leaving the data with a limited capacity regarding timeframe. With the CSEC Response Team specific to Georgia, generalizability must be considered. This data may only be accurate for the state of Georgia; however, its foundations and purpose should be considered for use and growth amongst the nation and all other states to evaluate the function of the current practices in place for handling these cases.

Lastly, researcher bias must be acknowledged within this study. The researcher is a member of the CSEC Response Team, leaving a significant limitation to the study. The researcher has been a team member with the CSEC Response Team since its origin in October of 2020 and has observed their own systemic barriers amongst their personal caseloads. While this did create the purpose of this study, it has to be acknowledged that researcher bias may be a limitation. However, many precautions were taken to ensure that researcher bias was as limited as feasibly possible. All cases worked by the researcher as part of the CSEC Response Team were eliminated from the data and not under review for data collection. Additionally, all other team members completed an anonymous questionnaire that eliminated the researcher's ability to link any identifying information to the answers provided.

Recommendations for Future Research

Many suggestions should be considered for future research regarding this population. CSEC is a very complex type of child abuse and differs from every other form of child maltreatment, causing the research in this field to become more challenging to analyze. Several of the limitations discussed above should be carefully considered in future studies. There is unlimited ability to expand this type of research nationally and internationally. Each state in the nation has a unique response to child sex trafficking, which provides this research with the ability to expand significantly. Future research should consider observing each state individually and nationally to provide the nation with the data to support how the child-serving agency is failing victims of child sex trafficking. Many agencies involved with CSEC

cases are either federal or funded by federal dollars. Given the extensive federal funds, this data could expand globally and alter how CSEC cases are handled. Future research to support national data will allow lawmakers to change how these cases and victims are served and handled. This research provides the foundation for legislative movements regarding how CSEC cases are handled and viewed by law. This type of research may be the groundwork for ensuring that legislation begins to require new MDT partners to engage in training pertaining to the state's systemic barriers. With this required training, professionals are equipped with the knowledge of what challenges they may face in the workforce and therefore have the ability to combat those.

It is recommended that future research review each agency's (LE, DFCS, DJJ, etc.) policies for responding to CSEC cases. This information may likely provide a great deal of insight into systemic barriers. With the data to support how different multidisciplinary team members function within their own agency regarding CSEC cases, there is a greater change to identify additional systemic barriers and provide insight into how these barriers could be improved.

Summary

Research on and around the topic of commercial sexual exploitation is considerably complex. With the numerous complexities, the data can often be challenging to capture in a sanitized and 100% accurate manner. This study analyzed the current response to CSEC in Georgia and what elements were causing systemic barriers to arise. Additionally, these barriers were quantified to determine which barriers were most often observed by the center point agency and their case files. While the data revealed that the most prominent barrier is a lack of services, the ultimate barrier is a lack of education among professionals working in

child sex trafficking. All other barriers tend to increase and form without appropriate knowledge and education.

The implications of this study provide an excellent foundation for all responses nationwide to evaluate their current practices in combating CSEC. The current research is foundational and has many elements and room for improvement. Without an adequate evaluation of current practices regarding crime, the system will continue failing victims and having them fall through the cracks without being provided appropriate care. This crime will continue to expand as victims return to 'the life.' While there is a significant understanding that child sex trafficking will cease to exist, the agencies working to combat this crime must

consider what elements are causing children to have difficulty in engaging with the individuals sworn to protect and provide for them.

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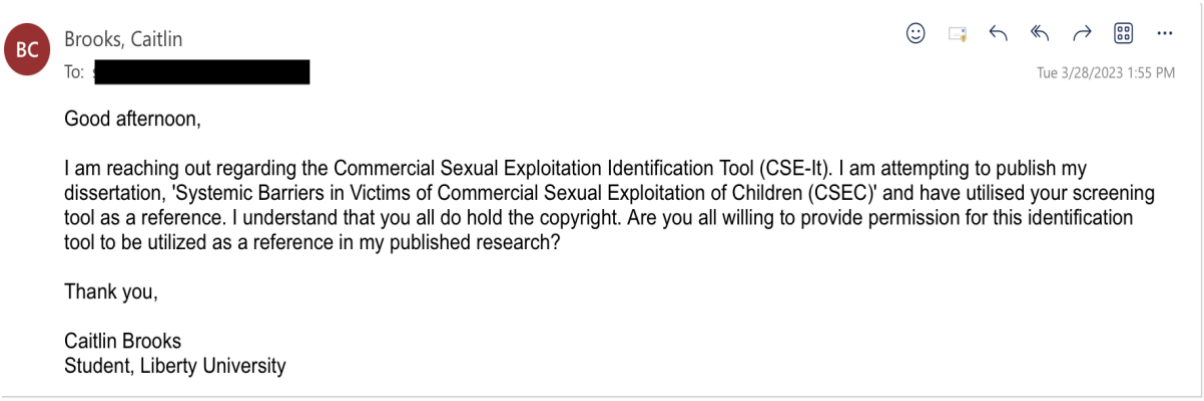
APPENDIX A: Commercial Sexual Exploitation Identification Tool (CSE-It)

WestCoast Children's Clinic

Commercial Sexual Exploitation Identification Tool (CSE-IT) – version 2.0

1. HOUSING AND CAREGIVING. The youth experiences housing or caregiving instability for any reason.	**No Information**	**No Concern**	**Possible Concern**	**Clear Concern**
a. Youth runs away or frequently leaves their residence for extended periods of time (overnight, days, weeks).	0	0	1	2
b. Youth experiences unstable housing, including multiple foster/group home placements.	0	0	1	2
c. Youth experiences periods of homelessness, e.g. living on the street or couch surfing.	0	0	1	2
d. Youth relies on emergency or temporary resources to meet basic needs, e.g. hygiene, shelter, food, medical care.	0	0	1	2
e. Parent/caregiver is unable to provide adequate supervision.	0	0	1	2
f. Youth has highly irregular school attendance, including frequent or prolonged tardiness or absences.	0	0	1	2
g. Youth has current or past involvement with the child welfare system. ∞	0	0	1	2
Indicator 1 Score: A subtotal of 0 to 3 = *No Concern*. A subtotal of 4 or 5 = *Possible Concern*. A subtotal from 6 to 14 = *Clear Concern*. **Circle score here →**	**0**	**No Concern 0**	**Possible Concern 1**	**Clear Concern 2**
2. PRIOR ABUSE OR TRAUMA. The youth has experienced trauma (not including exploitation).	**No Information**	**No Concern**	**Possible Concern**	**Clear Concern**
a. Youth has been sexually abused. ∞	0	0	1	2
b. Youth has been physically abused. ∞	0	0	1	2
c. Youth has been emotionally abused. ∞	0	0	1	2
d. Youth has witnessed domestic violence. ∞	0	0	1	2
Indicator 2 Score: A subtotal of 0 or 1 = *No Concern*. A subtotal of 2 = *Possible Concern*. A subtotal from 3 to 8 = *Clear Concern*. **Circle score here→**	**0**	**No Concern 0**	**Possible Concern 1**	**Clear Concern 2**
3. PHYSICAL HEALTH AND APPEARANCE. The youth experiences notable changes in health and appearance.	**No Information**	**No Concern**	**Possible Concern**	**Clear Concern**
a. Youth presents a significant change in appearance, e.g. dress, hygiene, weight.	0	0	1	2
b. Youth shows signs of physical trauma, such as bruises, black eyes, cigarette burns, or broken bones.	0	0	1	2
c. Youth has tattoos, scarring or branding, indicating being treated as someone's property.	0	0	1	2
d. Youth has repeated or concerning testing or treatment for pregnancy or STIs.	0	0	1	2
e. Youth is sleep deprived or sleep is inconsistent.	0	0	1	2
f. Youth has health problems or complaints related to poor nutrition or irregular access to meals.	0	0	1	2
g. Youth's substance use impacts their health or interferes with their ability to function.	0	0	1	2
h. Youth experiences significant change or escalation in their substance use.	0	0	1	2
Indicator 3 Score: A subtotal of 0 or 1 = *No Concern*. A subtotal of 2 or 3 = *Possible Concern*. A subtotal from 4 to 16 = *Clear Concern*. **Circle score here →**	**0**	**No Concern 0**	**Possible Concern 1**	**Clear Concern 2**
4. ENVIRONMENT AND EXPOSURE. The youth's environment or activities place them at risk of exploitation.	**No Information**	**No Concern**	**Possible Concern**	**Clear Concern**
a. Youth engages in sexual activities that cause harm or place them at risk of victimization.	0	0	1	2
b. Youth spends time where exploitation is known to occur.	0	0	1	2
c. Youth uses language that suggests involvement in exploitation.	0	0	1	2
d. Youth is connected to people who are exploited, or who buy or sell sex.	0	0	1	2
e. Youth is bullied or targeted about exploitation.	0	0	1	2
f. Youth has current or past involvement with law enforcement or juvenile justice.∞	0	0	1	2
g. Youth has gang affiliation/contact that involves unsafe sexual encounters.	0	0	1	2
Indicator 4 Score: A subtotal of 0 = *No Concern*. A subtotal of 1 = *Possible Concern*. A subtotal from 2 to 14 = *Clear Concern*. **Circle score here →**	**0**	**No Concern 0**	**Possible Concern 1**	**Clear Concern 2**
5. RELATIONSHIPS AND PERSONAL BELONGINGS. The youth's relationships and belongings are not consistent with their age or circumstances, suggesting possible recruitmen*t by an exploiter.	**No Information**	**No Concern**	**Possible Concern**	**Clear Concern**
a. Youth has unhealthy, inappropriate or romantic relationships, including (but not limited to) with someone older/an adult.	0	0	1	2
b. Youth meets with contacts they developed over the internet, including sex partners or boyfriends/girlfriends.	0	0	1	2
c. Explicit photos of the youth are posted on the internet or on their phone.	0	0	1	2
d. Youth receives or has access to unexplained money, credit cards, hotel keys, gifts, drugs, alcohol, transportation.	0	0	1	2

APPENDIX B: Permission for Use – WestCoast Children's Clinic



BC

Brooks, Caitlin

To: [redacted]

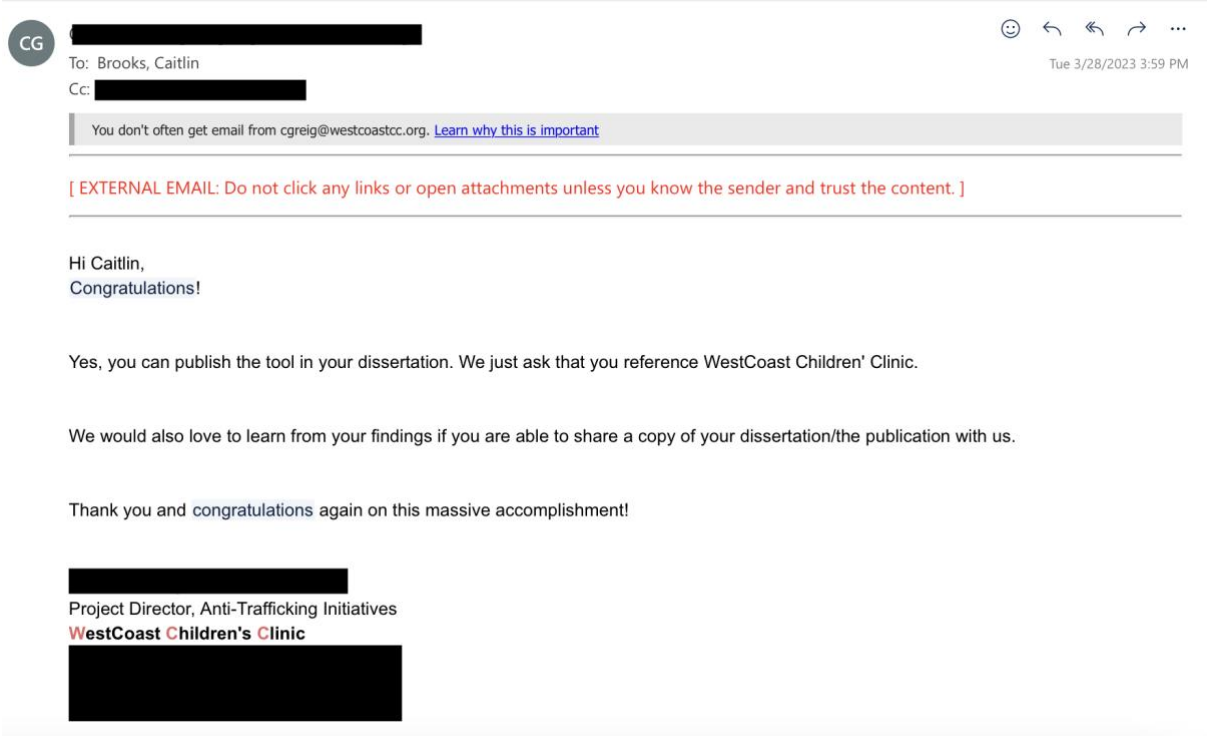
Tue 3/28/2023 1:55 PM

Good afternoon,

I am reaching out regarding the Commercial Sexual Exploitation Identification Tool (CSE-It). I am attempting to publish my dissertation, 'Systemic Barriers in Victims of Commercial Sexual Exploitation of Children (CSEC)' and have utilised your screening tool as a reference. I understand that you all do hold the copyright. Are you all willing to provide permission for this identification tool to be utilized as a reference in my published research?

Thank you,

Caitlin Brooks
Student, Liberty University



CG [redacted]

To: Brooks, Caitlin

Cc: [redacted]

Tue 3/28/2023 3:59 PM

You don't often get email from cgreig@westcoastcc.org. Learn why this is important

[EXTERNAL EMAIL: Do not click any links or open attachments unless you know the sender and trust the content.]

Hi Caitlin,
Congratulations!

Yes, you can publish the tool in your dissertation. We just ask that you reference WestCoast Children' Clinic.

We would also love to learn from your findings if you are able to share a copy of your dissertation/the publication with us.

Thank you and congratulations again on this massive accomplishment!

[redacted]
Project Director, Anti-Trafficking Initiatives
WestCoast Children's Clinic
[redacted]

APPENDIX C: Recruitment of Professionals Email

Dear CSEC Response Team Member,

As a graduate student in the School of Psychology at Liberty University, I am conducting research as part of the requirements for a Doctor of Philosophy Degree. The title of my research project is 'Systemic Barriers in Victims of Commercial Sexual Exploitation of Children,' and the purpose of my research is to identify systemic barriers that are continuously faced by victims of child sex trafficking and to expound upon the reasons many of these barriers are often formed. I am writing to invite eligible participants to join my study.

Participants must be employed by The Children's Advocacy Centers of Georgia CSEC Response Team and have adequate knowledge in working cases that involve 'confirmed' victims of Commercial Sexual Exploitation of Children. Team members will participate in a short questionnaire that assists in identifying systemic barriers faced by victims of CSEC. CSEC Response Team members may take this online questionnaire at their convenience. It should take approximately 10 minutes to complete the online assessments. Team members will not have the ability to provide their names on the online questionnaire for purposes of anonymity.

To participate, please follow the link below to complete the online questionnaire.

https://form.jotform.com/222216756817056

A consent document is attached to this email. The consent document contains additional information about my research. If you choose to participate, you will need to select 'Yes' on the question regarding consent on the online questionnaire. If you choose 'No,' your answers will not be published in the final results of the study.

Sincerely,

Caitlin Wiggins Brooks
Doctoral Student at Liberty University

APPENDIX D: CSEC Response Team Member Consent Form

CACGA CSEC Response Team Member Consent Form

Title of the Project: Systemic Barriers in Victims of Commercial Sexual Exploitation of Children
Principal Investigator: Caitlin Wiggins Brooks, Doctoral Student in the School of Psychology at Liberty University

Invitation to be part of a Research Study

You are invited to participate in a research study. Participants must be above the age of 18 years old and employed by the CACGA CSEC Response Team. Taking part in this research project is voluntary.

Please read this entire form and ask questions before deciding to participate in this research project.

What is the study about, and why are we doing it?

The purpose of my research is to identify systemic barriers that are continuously faced by victims of child sex trafficking and to expound upon the reasons many of these barriers are often formed.

What will participants be asked to do in this study?

If you agree to be in this study, I will ask him/her/them to do the following things:

1. Assessments (approximately 10 minutes): CACGA CSEC Response Team Members will be asked to participate in an online questionnaire that rates their perspective of systemic barriers. Their rating will provide ideas on how often these barriers are presented in the cases they work daily. This online questionnaire will be provided to you via email from the researcher. The email will provide a link to an online jot form that will record data directly to the researcher.

How could participants or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study. However, all participants may receive a copy of the published work from the researcher.

Benefits to society include limiting future systemic trauma for victims of CSEC. This study will conclude with substantial information to identify numerous systemic barriers facing children who have been identified as victims of child sex trafficking. Furthermore, the study will provide child serving agencies with appropriate data to inform their future training material, along with ideas on how best to improve their responses to child sex trafficking and decrease children's ability to fall through the cracks. Lastly, this information will also provide lawmakers with the information needed to improve legislative movements to improve the state and national response to CSEC.

What risks might participants experience from being in this study?

The risks involved in this study include possible triggering emotions for individuals who work diligently in the industry of stopping child sex trafficking and exploitation.

Injury or Illness: Liberty University will not provide mental health treatment or financial compensation to any individual that may feel a sense of instability during their online assessment. This does not waive any of your legal rights nor release any claim you might have based on negligence.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher[s] will have access to the records. Data collected in this study may be shared for future research studies or with other researchers. If data collected from the participants is shared, any information that could identify them will be removed before the data is shared.

- Participant responses will be anonymous. Any data collected pertaining to documentation of participant's involvement with child serving agencies, and any participant's disclosures, will be kept confidential using pseudonyms/codes.
- Data will be stored on a password-locked computer and may be used in future presentations. After three years, all electronic records will be deleted.

What are the costs to be a part of the study?

No costs will be asked of the participants.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should be done if a participant wishes to withdraw from the study?

If you choose to withdraw from the study or choose to withdraw, please contact the researcher at the email address/phone number included in the next paragraph. Should you withdraw, data collected from your responses will be destroyed immediately and not included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Caitlin Wiggins Brooks. You may ask any questions you have now. If you have questions later, you are encouraged to contact her.You may also contact the researcher's faculty sponsor, Dr. Kristin Kellen,.

Whom do you contact if you have questions about rights as a research participant?

Suppose you have any questions or concerns regarding this study and would like to talk to someone other than the researcher. In that case, you are encouraged to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515, or email at irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty

researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Consent/Opt-Out

By acknowledging ‘Yes’ on the online questionnaire, you agree to be in this study. Make sure you understand what the study is about before selecting this option. You will be given a copy of this document for your records. The researcher will keep a copy of the study records. If you have any questions about the study after you agree to participate, you can contact the study team using the information provided above.

APPENDIX E: Online Questionnaire

Systemic Barriers in Victims of CSEC

On a scale of 1-10, please indicate how often you may be seeing these barriers amongst the children on your caseload. 1 indicating never, 5 indicating sometimes, 10 indicating presence in every case.

Please indicate if you are above the age of 18.

Please Select

Please indicate if you are a full-time employee of the CACGA CSEC Response Team and were employed prior to August 1, 2022.

Please Select

Please indicate if you have read and understood the consent form sent with the recruitment email.

Please Select

How often do you see Intelligence Quotient (IQ) becoming a barrier to placement amongst the children you serve?

EX: A child is denied placement in a CSEC residential facility due to an IQ below a certain threshold.

How often do you have children on your caseload who present with aggressive behaviours?

How often are children on your caseload denied placement in CSEC residential facilities due to presenting with aggressive behaviors?

How often do you have children are your caseload who present with substance abuse concerns?

How often are children on your caseload denied placement in CSEC residential facilities due to presenting with substance abuse concerns?

How often do you observe children lacking the ability to recall details of their CSEC victimization?

How often do you have children on your caseload diagnosed with multiple mental health disorders?

How often do you have children on your caseload who are denied placement in CSEC residential facilities due to presenting with multiple mental health diagnoses?

How often do you come into contact with multidisciplinary team members (MDT) working in the field of child welfare who do not know what 'CSEC' is?

When working with multiple different agencies, how often do you see multidisciplinary teams members utilising victim blaming language?

EX: MDT Members placing blame on the victim rather than the alleged perpetrator.

How often are you experiencing alleged perpetrators receiving reduced sentences due to a victim's inability to recall details of their abuse?

How often do you observe a victim presenting with 'numbing' expressions?

EX: A flattened expression when discussing their CSEC victimisation.

How often do you observe a lack of collaboration amongst MDT members resulting in children falling through the cracks?

EX: Agencies not working together in order to maintain an open and ongoing case.

How often do you find a lack of trauma-informed services for victims of CSEC?

How often do you see medical professionals serving CSEC victims without appropriate training in high risk factors associated with commercial sexual exploitation?

EX: Victims being seen at hospitals by professionals without training and knowledge around identifying and/or treating CSEC youth.

How often do you see mental health professionals serving CSEC victims without appropriate training in high risk factors associated with commercial sexual exploitation?

EX: Victims being provided mental health services by professionals without training and knowledge around identifying and/or treating CSEC youth.

Please explain any additional systemic barriers you may have observed amongst victim's on your caseload if they've not already been addressed above.

Submit

APPENDIX F: CEO of CACGA Email – Permission for Case Review

Dear CACGA CEO,

As a graduate student in the School of Psychology at Liberty University, I am conducting research as part of the requirements for a Doctor of Philosophy Degree. The title of my research project is 'Systemic Barriers in Victims of Commercial Sexual Exploitation of Children,' and the purpose of my research is to identify systemic barriers that are continuously faced by victims of child sex trafficking and to expound upon the reasons many of these barriers are often formed.

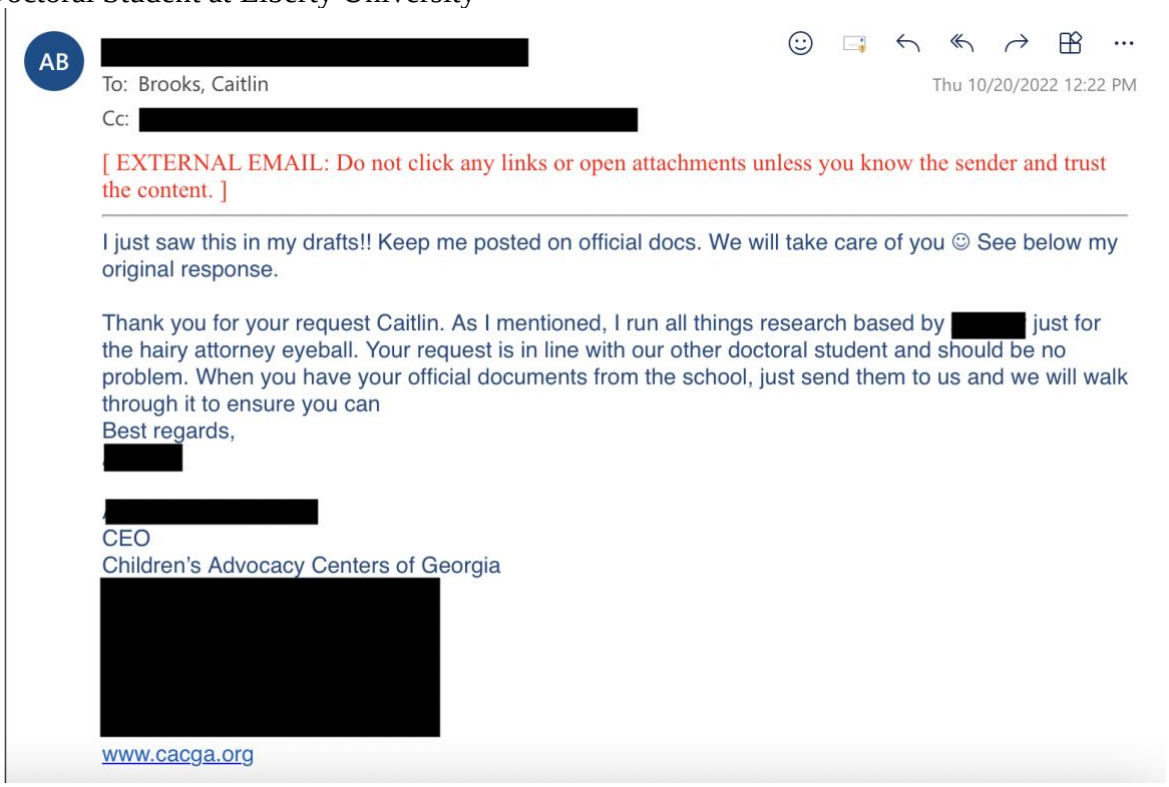
I am writing to request your permission to utilize your online statewide database to access data/records inclusive of 'confirmed' victims of Commercial Sexual Exploitation of Children (CSEC) that may have been presented with systemic barriers during their involvement with the child welfare system, inclusive of law enforcement, child advocacy centers, DFCS, DJJ, and other child-serving professionals.

Confidentiality is of importance, and no identifying information will be collected or published. If desired, your team may send deidentified case notes for certain cases they feel presented systemic barriers. No identifying information related to patients will be delivered within the publication of this study.

Thank you for considering my request. If you choose to grant permission, please respond by email.

Sincerely,

Caitlin (Wiggins) Brooks
Doctoral Student at Liberty University



APPENDIX G: Coding of Themes

Case #	Statements	Themes
1	Child is diagnosed with Mood disorder, intellectual disability, learning disability, morbid obesity, anxiety and depression	Multiple MH Diagnosis
	She is still in a motel. They are still looking for her a placement.	Lack of placement
2	Det. stated that the AP hasn't been arrested yet	Reduced/no sentencing
3	Youth disclosed that she would "prostitute herself" and do what she had to do to make money,	Victim-blaming language
	Substance use history Alcohol use disorder Cannabis use disorder stimulus use disorder, Major depressive disorder, Gen. Anxiety, PTSD, Borderline Personal,	Multiple MH Diagnosis
	CH reported she could physically assault hotel sitter,	aggressive Behaviors
	[Youth] reported that someone from DFCS stated to [the child] disappointment in not being able to find placement [and stated] that if [the child] would "just stay on run, [she] wouldn't have this problem."	Victim-blaming language
	CH is staying at YDC until another placement is found.	Criminalizing youth
4	Youth was placed on house arrest during the month of June due to sneaking out of the house repeatedly.	Criminalizing youth
	Placement (at the beginning of the month) they were on a 3-4month wait list	Lack of placement
5	She was taken into custody at that time,	Criminalizing youth
	diagnosed with schizophrenia, bipolar disorder, and suffers from suicidal ideations.	Multiple MH Diagnosis
	DFCS informed that she has not made a police report	Lack of education
	youth disclosed CSEC to her and that she does not normally make the report to LE.	Lack of education
	HSP found explicit content on the youth's cell phone and made a DFCS report but did not make a police report.	Lack of education
	Child also has several diagnoses such as bi-polar and schizophrenia disorders	Multiple MH Diagnosis
	child is dually involved with Dependency and Delinquency	Criminalizing youth

6	Youth has been diagnosed with anxiety and depression.	Multiple MH Diagnosis
7	YDC in long term detention	Criminalizing youth
	Was in residential but was released. Insurance won't let her stay long.	Insurance issues for placement
	No FI or FME performed.	lack of services provided
	• Diagnosed with ADHD, Mood Disorder, Bipolar, ODD	Multiple MH Diagnosis
	became agitated and began behaving erratically	aggressive Behaviors
	[Hospital] denied [youth] for long term placement	Lack of placement
	We currently do not have any immediate openings for the adolescent girls	Lack of placement
	[Staff] told [youth] that she needs to be grateful.	Victim-blaming language
	DFCS case was closed.	lack of community partners
	Because the girls have private insurance primary with [anonymous provider], we were unable to get in home services for them	insurance issues for services
8	No known DFCS involvement at this time.	lack of community partners
	AP was still incarcerated but does have a bond	Reduced/no sentencing
9	now detained at RYDC	Criminalizing youth
	[Youth] was supposed to be picked up for a forensic interview but DFCS did not send over the paperwork and LE was waiting to pick youth up.	lack of communication amongst partners
	department not being able to secure a placement for her	Lack of placement
	LE denied involvement in forensic interview process	lack of community partners
	[LE} stated she is about to be arrested for the warrant	Criminalizing youth
10	DFCS just became involved with her case [three months late]	lack of community partners
	LE is only involved for runaway behaviors	lack of community partners
	LE did not investigate runaway.	Reduced/no sentencing
	[DFCS] case closed on April 24th. Stayed in investigations and never moved to FC.	lack of services provided
11	Has been charged for running away and being an unruly juvenile.	Criminalizing youth
	[Youth] just got out of a mental health commitment after being 10-13'd for "going crazy"	Victim-blaming language
	making threats	aggressive Behaviors
	He was prosecuted and is not in jail.	Reduced/no sentencing
	DJJ deemed her "incompetent and unrestorable"	Victim-blaming language

	mom reported that she no longer wishes to care for her. The youth was released to mom despite this.	lack of services provided
	there is a concern about her IQ not being high enough	Denied placement for IQ
	She is unfortunately placing herself in compromising situations that prevent the agency from meeting her needs and ensuring her safety.	denied placement for aggressive behaviors
12	thinks that she may be possibly be involved in advertising herself on websites	Victim-blaming language
	She will not be able to attend the forensic interview as she had a apprehension warrant and is being housed at RYDC until court.	Criminalizing youth, lack of services provided
	[youth] appears to be unable to regulate her emotions and behaviors at times	aggressive Behaviors
	has a complex history of trauma and reports severe trauma symptoms on a daily basis, that include avoidance behavior, emotion dysregulation, numbing, irritability, hypervigilance and sleep disturbance	numbing response
	We are still trying to locate a provider in your area.	lack of services provided
	we are requesting an emergency discharge [for behaviors]	denied placement for aggressive behaviors
	It was reported that [youth] has been denied from every placement.	Lack of placement
13	"the case came in with accusations regarding her having sex with older men, or something of that nature." She qualified that statement by saying that Mom and Child do not speak English and she has been unable to find an interpreter.	lack of services provided, uneducated professionals
	she has never seen a "kid so shut down, so despondent, not willing to engage; never had a kid that has been that resistant to talking."	numbing response
	Spanish speaking therapy provider [asked] how they would handle payment for a child without insurance.	lack of services provided
	We do not have a staff member who speaks Spanish here or at our other facility	lack of services provided
	Unfortunately, the youth is not a good placement match for us at this time.	Lack of placement
	the behavior issues we identified with her yesterday we would have likely said no when first asked.	lack of placement, aggressive behaviors
	here has not been a forensic interview nor was a forensic medical exam done	lack of services provided
14	DFCS screened out their case	lack of community partners
	law enforcement and DFCS are not involved with this youth	lack of community partners
	there are not any current openings [for placement]	lack of placement

15	Youth was arrested	Criminalizing youth
	high level mental health needs	Multiple MH Diagnosis
	[placement] now has a 3-4 month waiting list.	lack of placement
16	No current DFCS involvement	lack of community partners
	DFCS never offered [caregiver] any services	lack of services provided
	LE has not reached out about a forensic interview	lack of services provided
17	Diagnosed with unspecified mood disorder, depression, and impulse control	Multiple MH Diagnosis
	LE chose not to pursue because they said the sex was consensual	victim-blaming language, lack of community partners
	Caregiver stated she was having trouble finding a hospital that could provide appropriate services	lack of appropriate medical care
	Caregiver called LE and they advised there was not anything they could do	lack of services provided
	DFCS case was screened out	lack of community partners
	They did not have an individual therapist	lack of MH resources
	[Therapy] provider is no longer able to provide services because they feel she needs more care	lack of services provided
	[Youth] is becoming aggressive	aggressive Behaviors
	We don't have any immediate openings	lack of placement
	I have not heard back from DFCS	lack of community partners
	DFCS is closing out their case	lack of services provided
	I don't think a new report was made for her missing	uneducated professionals, lack of services provided
	LE stated they didn't feel that the youth would talk so they would not be complying with a forensic interview	uneducated professionals, victim-blaming language, lack of services provided
	Youth was arrested	Criminalizing youth
18		
19	Youth diagnosed with Disruptive Mood Dysregulation Disorder, Conduct Disorder-unspecified onset, neglect of child/physical abuse, ADHD Combined type severe, and Cannabis Use disorder	Multiple MH Diagnosis
	History of Marijuana and Cocaine	Substance abuse
	Several DJJ Charges	Criminalizing youth
	Not allowed back at placement	Lack of placement
20	Arrested but then released a couple of days later	Reduced/no sentencing
	Therapy has stopped due to DFCS closing their case	lack of services provided, lack of community partners
21	No one met response time at the hospital during a child's recovery	uneducated professionals, lack of services provided
	youth became aggressive	aggressive Behaviors
22	DFCS is closing out their case	lack of community partners
23	We have trouble finding placements for pregnant teens as well	lack of placement
24	She was in a rehab facility for substance use	Substance abuse

	She was found at a hotel and there were concerns of 'prostitution' but no investigation was done and the juvenile was arrested	victim-blaming language, lack of community partners, criminalizing youth
25	Child provided disclosure regarding CSEC and DFCS case was screened out	lack of community partners, lack of services provided
	On probation for a couple of years	Criminalizing youth
	Youth is diagnosed with Bipolar, ADHD, PTSD, and MDD	Multiple MH Diagnosis
26	Diagnosed with ADHD, PTSD, and ODD	Multiple MH Diagnosis
	LE closed their case	lack of community partners
	Current most places are full and have a waitlist	lack of placement
	Youth would need to be committed to DJJ or DFCS or the parents would be responsible for payment of placement	lack of services provided
	The youth does have aggressive behaviors	aggressive Behaviors
	Youth was let out of the placement and was hit by a car. The mother was not informed of the youth being transferred from the hospital to a CSU	Lack of communication amongst partners, lack of services, uneducated professionals
	Our primary concern is her lack of insurance	lack of placement
	Youth was discharged for her aggressive behaviors	aggressive Behaviors, lack of placement
27	Youth is diagnosed with PTSD, ODD< and Mood dysregulation	Multiple MH Diagnosis
	LE attempted to contact DFCS during a recovery. No answer. LE attempted to contact the DFCS office with no answer. Youth was in their possession at that time after a recovery.	lack of communication amongst partners
28	Youth lives in hotel [due to no placement, but was victimized in a hotel]	lack of services provided, uneducated professionals
29	Current charges: Trafficking of persons/labor/sexual servitude, giving false name, possession of substances	uneducated professionals, victim-blaming language
	We are currently at capacity	lack of placement
	Parents would be required to pay daily rate of stay as well as all costs for therapy appointments	lack of services provided
30	Youth is diagnosed with PTSD, Manic depressive, psychotic disorder, and personality disorder	Multiple MH Diagnosis
	No forensic interview has been completed or referred	lack of services
	I was not aware the forensic interview was scheduled for today	lack of communication amongst partners
31	[Youth] had a wellness check but did not have a forensic medical exam nor a forensic interview	lack of services provided
	DFCS denied utilizing [trauma-focused counselor] as the group home had a counselor	lack of services provided, uneducated professionals
	I am unable to make contact with DFCS to sign the consent for the youth to receive advocacy services	lack of services provided

	It appears the youth is becoming overwhelmed by having so many service providers contacting her several times a week	lack of communication amongst partners
	DFCS stated that the youth is manipulative	Victim-blaming language
32	[Youth] was prostituting.	Victim-blaming language
33	[Youth] discharged for threatening peers and staff	lack of placement
	Unsure of any placements that would accept private pay youth	lack of placement
	We will not be able to accept [youth] back into our program for destruction of property	aggressive Behaviors, lack of placement
34	Current diagnoses are 1.Unspecified Mood (affective) d/o [F39] 2.Impulse d/o, unspecified [F63.9] 3.Personal Hx of sexual abuse in childhood [Z62.810] 4.ODD [F91.3] 5.Mathematics d/o [F81.2].	Multiple MH Diagnosis
	The man [she] was found with has only be charged with obstruction of a police officer	Reduced/no sentencing
35	The [children] were having sex with their neighbor and getting money for it	Victim-blaming language
	IF they were sexually abused, should they have an STD this would confirm the concerns	uneducated professionals
36	She has extensive substance abuse history	Substance abuse
	[Youth] would never admit that she's engaging in prostitution but that's what she's doing	victim-blaming language, uneducated professionals
37	[Youth] admits to drug use	Substance abuse
	DFCS is not currently involved	lack of community partners
	[Youth] has pending charges	Criminalizing youth
	It is recommended that [the youth] participates in a program that is able to better meet her needs in terms of physical aggression	lack of placement, aggressive behaviors
	It is unknown if a runaway report has been filed with LE	lack of services provided, uneducated professionals
38	DFCS is closing case	lack of community partners
39	she has not had a FME or an FI	lack of services provided
	Victim has been using drugs with trafficker.	Substance abuse
	Victim was in RYDC for several months.	Criminalizing youth
	[Youth's] charges were upgraded to felony charges for assaulting RYDC staff	aggressive behaviors, criminalizing youth
	There has been no communication with DJJ since she entered their custody	lack of communication amongst partners
40		
41	Youth is committed to DJJ as a Class A Designated Felon	criminalizing youth
	Youth has history of substance abuse documented since 2018	Substance abuse
	No current DFCS involvement	lack of community partners
	[2 placements] have denied the child	Lack of placement

	[Youth] does not meet criteria for PRTF	lack of services provided, lack of placement
	there were concerns with the child's behavior and gang involvement	aggressive Behaviors, lack of placement
	I'm not aware of [her completing a forensic interview or medical exam]	lack of services provided
42	the youth abuses marijuana, pills.	substance abuse
	not sure what specific services the youth is receiving at this time	uneducated professionals
43	The youth is very smart, manipulative	Victim-blaming language
	who has charged the child with Producing Child Pornography.	Criminalizing youth
	No charges taken against the men	Reduced/no sentencing
	They are also going to have her evaluated for sex addiction	criminalizing youth, victim-blaming language
	advised that LE will be bringing the following 6 charges [against the youth]: 2 counts: Criminal Solicitation (felony) 2 counts: Sexual Exploitation of a Child (felony) 2 counts: Fornication (misdemeanor)	
	When asked he stated that he was concerned the youth would not be alive in 5, 10, 15 years if something is not done to get her away from internet access.	uneducated professionals, criminalizing youth
44	[LE is] pursuing some charges after she took pornographic photos of herself and sent them to someone in [a different state] and sent her some of him also.	uneducated professionals, victim-blaming language
	[Youth] did not receive a forensic interview or medical exam after she was recovered	lack of services provided, uneducated professionals
	[LE] is not sharing information [LE]	lack of communication amongst partners
45	child using drugs, alcohol and marijuana	Substance abuse
	[DFCS] not involved	lack of community partners
46		
47	[Youth] was recovered and placed in a hotel	lack of placement
	[DFCS attorney] told [caseworker] to walk away from [the case] and relive the state of the responsibility of the youth before something really bad happened to her	lack of community partners, lack of services provided, uneducated professionals
	no longer under the care of DFCS	lack of community partners
	Substance abuse history	Substance abuse
	youth is diagnosed with chronic PTSD, moderate bipolar disorder, child sexual exploitation	Multiple MH Diagnosis
	no one had notified NCMEC	lack of services provided
48	the youth has a history of substance abuse	Substance abuse
	[DFCS] will probably be taking her to RYDC because she has a warrant	Criminalizing youth

	DFCS stated that youth can not stay at the placement longer than 90 days due to the waiver.	lack of placement
	youth has been discharged due to inappropriate behaviors	
	[youth] was supposed to have [court] btu DFCS didn't bring her	lack of communication amongst partners
	youth tested positive on a drug screen	Substance abuse
49	they closed out their case due to her mental health concerns being behavioral.	lack of service provided, uneducated professionals
	[youth] has gotten into conflicts with her brother and her mother, adding that she was hitting her mother.	aggressive Behaviors
50	hospital did not do a drug screen	lack of services provided
	judge told her that if she ran away again she would be held at RYDC	Criminalizing youth
51		
52	previous DFCS reports that have been made have been screened out.	lack of community partners
	received a Felony charge [for aggressive behaviors]	criminalizing youth, aggressive behaviors
	ADHD, Depression, and Anxiety.	Multiple MH Diagnosis
	However she is 16 and can have sex with anyone she wants…	uneducated professionals
	[federal LE] states they are in a weird spot because [local LE] doesn't want them involvement	lack of communication amongst partners
	doing cocaine and shrooms	Substance abuse
	DFCS case is closed	lack of services provided
	[therapy provider] stated that they will not give [the youth and caregiver] another chance due to [missing appointments]	lack of services provided, uneducated professionals
	She is going to be charged as an adult	Criminalizing youth
53	she got combative with the officers	aggressive Behaviors
	charged with 2 counts of Obstruction of an Officer Felony	Criminalizing youth
	Police chose not to prosecute so no charges against the men.	Reduced/no sentencing
	We are currently seeking a CSEC placement for her but have not been successful due to them being at capacity	lack of placement
54	informed they could not accept the youth due to their funding preventing it	lack of placement
55	4 week wait to get admitted into the program	lack of placement
56	current dx of ADH unspecified, Anxiety disorder unspecified, DMDD	Multiple MH Diagnosis
	having daily episodes of aggression	aggressive Behaviors
	unfortunately we do not have any available beds at this time.	lack of placement
	a warrant has been put out on her	Criminalizing youth
	child was found in a hotel unconscious, on drugs	Substance abuse

57		
58	Bipolar mood disorder, ODD, and ADHD	Multiple MH Diagnosis
	No follow up from DFCS, Youth, or LE the night of the call.	lack of services provided, lack of communication amongst partners
59	[DFCS] stated they were going to try and close out the case this month	lack of services provided
	Hospital discharged the child to relatives and BMO was not made aware	lack of communication amongst partners
60	Diagnosed with ADHD and ODD	Multiple MH Diagnosis
61	No [forensic medical exam]	lack of services provided
62	DFCS attempted to get her into [CSEC placement] but was denied	lack of placement
	It does not look like she had a forensic [interview]	lack of services provided
	Youth was detained in [adult jail] due to charges	Criminalizing youth
	frustrated that DFCS was not coming to either hospital to either be with the child or to sign any paperwork	uneducated professionals
	However, at this time, we believe the risk she poses is too great to maintain her at this placement	denied placement for aggressive behaviors
	Disruptive mood disorder • intermittent explosive Disorder • ODD • PTSD	Multiple MH Diagnosis
63	drug usage	Substance abuse
	a full exam was not completed	lack of services provided
64	She is extremely sexually promiscuous	Victim-blaming language
65	several facilities denied DFCS request for admission	lack of placement
	no charges were ever filed	Reduced/no sentencing
	still in the hotel	lack of placement
66	There was no medical exam	lack of services provided
67	She has two pending charges	Criminalizing youth
	this kid is not the sharpest tack in the box	Victim-blaming language
	I reached out to DFCS and they advised that they did not have an open case	lack of community partners
	The DFCS case is closed	lack of services provided
	Inv. stated that NCMEC wasn't made for the youth because they do not do that.	uneducated professionals, lack of services provided
68	the suspect was granted a bond	Reduced/no sentencing
	[youth] was released back into the home with her mother [despite the physical abuse and support of the youth's perpetrator]	uneducated professionals, lack of services provided
69	[CSEC placement] would not take her	lack of placement
	Male was released on bond.	Reduced/no sentencing
	She became physically aggressive	aggressive Behaviors
	still trying to get DFCS involved	lack of community partners
	tested positive for meth, cocaine and opioids	Substance abuse

	the ambulance is not willing to transport her.	lack of services provided, lack of communication amongst partners
	DFCS closed their case	lack of community partners
	youth is still detained	Criminalizing youth
	PTSD, Anxiety and Bipolar Disorder.	Multiple MH Diagnosis
	She does not have a community therapist at this time	lack of services provided
	all of the facilities are denying [her]	lack of placement
	they came and arrested her	criminalizing youth
70		
71	DFCS screened out case	lack of community partners
72	diagnosed with PTSD, Depression and ODD	Multiple MH Diagnosis
73	screened out by DFCS	lack of community partners
74		
75	[youth] was adamant about her abuse but the case was screened out [by DFCS]	uneducated professionals, lack of services provided
	ADHD, PTSD, bipolar, major depressive disorder	Multiple MH Diagnosis
	no forensic medical exam	lack of services provided
	Charged with 4 counts battery, 4 counts terroristic threats, 1 felony obstructing LE	Criminalizing youth
76	As far as I know, absolutely nothing was done	lack of services provided, lack of communication amongst partners, uneducated professionals
	never received a forensic exam or forensic interview	lack of services provided
	DFCS has since closed their case.	lack of community partners
77		
78		
79	has been denied placement [at CSEC facility].	lack of placement
80	[DFCS] not involved	lack of community partners
81	no forensic medical exam	lack of services provided
	substance abuse of cocaine, marijuana, and molly.	Substance abuse
	No current LE investigation	lack of community partners
	[CSEC placement] currently at capacity	lack of placement
	[youth] is currently in jail	Criminalizing youth
82	concerns regarding prostitution	Victim-blaming language
	unsure if DFCS is involved because [DJJ] hasn't been contacted by them	lack of community partners, lack of communication amongst partners
	the man wasn't arrested	Reduced/no sentencing
	The cops don't have enough available police in the precinct to send someone out right now	lack of services provided
83	[CSEC placement] has requested the youth to move due to her experiencing previous trauma symptoms	lack of services provided, lack of placement
84	Uses Adderall, Xanax, marijuana, and mushrooms	Substance abuse
85	no investigative party involved	lack of community partners
	detained at RYDC	criminalizing youth

	if she does anything now, she is 17 and she will go to jail	victim-blaming language, criminalizing youth
86	a pelvis exam was never completed	lack of services provided
	well law enforcement isn't pushing [the investigation] anymore	lack of services provided
87	they felt that a forensic interview was not needed	uneducated professionals
	no DFCS involvement	lack of community partners
	no charges brought against him	Reduced/no sentencing
88	[AP] hasn't been arrested	lack of services provided
	they didn't understand how it was CSEC if they were in a relationship	uneducated professionals
89	placement still has not been secured	lack of placement
	Persistent Depressive Disorder, GAD, Conduct Disorder, Cannabis disorder, and ADHD	Multiple MH Diagnosis
	[DFCS] reported that [the youth] was doing this to herself	Victim-blaming language
	DFCS case closed	lack of services provided, lack of community partners
	[youth] is a committed felon	Criminalizing youth
	No [we did not file a missing person's report] and because she turns 18 in a month, we probably won't	lack of services provided, uneducated professionals, lack of community partners
90		
91	never arrested	Reduced/no sentencing
	[another trafficker] never arrested	Reduced/no sentencing
92	parents and her perpetrator are all out on bond	Reduced/no sentencing
93	[DFCS] stated that every placement is refusing or is full	lack of placement
	He has not had a forensic interview before	lack of services provided, uneducated professionals
	[youth] does have a history of aggression and he is still currently experiencing the aggressive behaviors	aggressive Behaviors
94	[offender] is now out of jail	Reduced/no sentencing
95		
96	No forensic interview was done for this youth	lack of services provided
	law enforcement is not currently involved	lack of community partners
	no DFCS case opened	lack of community partners
97	No DFCS involvement	lack of community partners
98		
99	history of being promiscuous	Victim-blaming language
	the case was unfounded due to [youth] not being honest about her sexual history	uneducated professionals
	DFCS case was closed	lack of community partners
	LE was involved but stated that he did not believe her and states that she has a history of promiscuity	uneducated professionals, victim-blaming language

	the mother has called LE on 6 different occasions after [the youth] would leave and a report would never be made	lack of services provided
	LE never pressed charges on the AP because they didn't believe the youth	lack of services provided, reduced/no sentencing
	She diagnosed with bipolar, Schizophrenia and depression	Multiple MH Diagnosis
100	Per Placement: I hope that a sanction will be filed by DJJ for her actions here	victim-blaming language, uneducated professionals
	She had an interview for [a placement] and we did not make it 3 seconds into the interview before we were told 'No'	lack of placement, lack of services provided, uneducated professionals
	Youth is denied placement for her significant amount of difficulty following any directives, rule, structure or guidelines.	uneducated professionals
	Youth currently has 2 warrants	Criminalizing youth
	Judge doesn't believe the youth is CSEC	uneducated professionals
	no placement leads at this time	lack of placement
101		
102	a rape kit, sexual exam, nor a forensic medical exam were completed upon her recovery	uneducated professionals, lack of services provided
	Offender was not arrested	Reduced/no sentencing
	youth was arrested	Criminalizing youth
	When SB158 is being considered, the county must discuss it internally first	uneducated professionals
	the agency will not be moving forward with the SB 158	lack of service provided, uneducated professionals
	DFCS closing case	lack of services provided
103	History of drug use	substance abuse
	DFCS is not involved	lack of community partners
	[youth] has been in and out of jail for the past two years	Criminalizing youth
104	[LE] does not believe that another forensic interview is feasible due to the youth's past behavior [and] it would be a waste of time.	Uneducated professionals
	[Placement] would like her removed due to [the youth] acting out	uneducated professionals, lack of placement
	DFCS has closed their case	lack of community partners
105	MDD, Anxiety, PTSD, ADHD, Impulsive disorder, and ODD	Multiple MH Diagnosis
	DFCS case have been opened but all screened out	lack of community partners
106	DFCS has previously been involved but are not currently involved	lack of community partners
	There is no active BOLO out of the youth	lack of services provided, uneducated professionals
	[CSEC placement] is currently at capacity	lack of placement
107	Marijuana, Percocet, & alcohol	Substance abuse
	Has not received a forensic medical exam	lack of services provided

108	Currently placement has not been secured for [the youth] as she is staying in a hotel	lack of placement
	LE has washed their hands of the case as they have close it on their end	lack of community partners, uneducated professionals
	She is on our waitlist for counseling	lack of services provided
	Cocaine and THC	Substance abuse
109	[Placement] is currently full and will not have availability for over a month	lack of placement
110	There are not any investigate parties involved with this youth	lack of community partners
111	DFCS was advised by LE while making the LE report that there was nothing that they could do because the youth was 16	lack of services provided, uneducated professionals
112		
113	DFCS did not notify LE of the forensic interview	lack of communication amongst partners
	DFCS case was closed	lack of services provided, lack of community partners
114	she has been denied from about 28-29 placements so far	lack of placement
	I am sorry to let you know that we will not be able to transport [the youth for a forensic interview]	lack of services provided
	She has an active warrant	criminalizing youth
	DFCS closed their case	lack of community partners
115	[youth] was doing prostitution	Victim-blaming language
	[youth] was recovered and is currently detained in Miami	Criminalizing youth
	she had been using crack, THC, pills and alcohol.	Substance abuse
	has not been taken to receive a medical exam	lack of services provided
	this young lady does not present as appropriate for us. The main concerns were the sexualized behaviors (having peers in placement engage in sexualized behaviors with her), borderline intellectual functioning, level of aggression (attempting to assault staff with a weapon and assaulting her peers), and her resistance to treatment	lack of placement, aggressive behaviors, low IQ
	they will not be able to transport her for a forensic interview	lack of services provided
	youth is denied placement for her aggressive behaviors	lack of placement, aggressive behaviors
	Her diagnoses are oppositional defiant disorder, unspecified mood disorder, and sleep difficulties	Multiple MH Diagnosis
	[DFCS] reported that they were not going to assist nor were they going to take the child back into care	uneducated professionals, lack of services provided
	this is the youth's behavior that got her into this situation	Victim-blaming language
	this is not abuse/neglect.	uneducated professionals

	[LE] stated that they cannot take the youth to the Hospital because they do not have the manpower	lack of services provided
116	There is no DFCS or DJJ involvement	lack of community partners
117	[LE] was not classifying her as CSEC and considered that to be a grooming situation	uneducated professionals
118	Other specified disruptive impulse control, Conduct disorder, and Specific learning disorders	Multiple MH Diagnosis
	Youth has had some explicit content found on her phone. DFCS was not aware of the content.	lack of communication amongst partners
	Law Enforcement is not currently involved	lack of community partners
119		
120	have made referrals for this child for placement for several places throughout the state and she has been rejected	lack of placement
	They do not feel they can help her because she has verbalized, she will keep trying to run	lack of placement, uneducated professionals
121	Cocaine and Marijuana	Substance abuse
	Prev. involvement for CSEC, but case has closed. No new DFCS report has been made.	lack of services provided
	youth was not accepted into the program	lack of placement
122	I apologize as I thought [DFCS] had spoken with you but the youth ran away [last week]	lack of communication amongst partners
	Our local hospital advised that they are unable to complete a rape kit on [the youth] as they are not equipped for it	lack of services provided
	A forensic interview has not been done	lack of services provided
123	DFCS is not involved	lack of community partners
	currently being detained	criminalizing youth
124		
125	She does have multiple diagnosis	Multiple MH Diagnosis
	She is not receiving any services at this time	lack of services provided
	the man wasn't arrested	Reduced/no sentencing
	they don't have any information about DFCS being involved with the Youth	lack of communication amongst partners, lack of community partners
	taken to RYDC	Criminalizing youth
	warrant out for her arrest	Criminalizing youth
	to be eligible for the program they cannot be on probation or have any pending charges	uneducated professionals
126	[she] is not receiving services	lack of services provided
	not sure how long the youth was gone	uneducated professionals
	no placement has been located for her; she is currently in RYDC	lack of placement, criminalizing youth

	During her time at RYDC, she has been hospitalized more than once for self-harming behaviors and there was also a concern of her ingesting other youths' meds. While CSEC concerns were noted, we have to take into consideration that we may not be able to fully meet [her] needs.	lack of placement, mental health
127		
128	[DFCS} noted that their case was closed last week	lack of community partners, lack of services provided

Case numbers have been altered for anonymity.