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**Girls like you, girls like me: an analysis of domestic
minor sex trafficking and the development of a risk
and resiliency assessment for sexually exploited youth**

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GIRLS LIKE YOU, GIRLS LIKE ME:
AN ANALYSIS OF DOMESTIC MINOR SEX TRAFFICKING
AND THE DEVELOPMENT OF
A RISK AND RESILIENCY ASSESSMENT FOR SEXUALLY EXPLOITED YOUTH

A Dissertation by

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Submitted to the Department of Psychology
and the faculty of the Graduate School of
Wichita State University
in partial fulfillment of
the requirements for the degree of
Doctor of Philosophy

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The following faculty members have examined the final copy of this dissertation for form and content, and recommend that it be accepted in partial fulfillment of the requirement for the degree of Doctor of Philosophy with a major in Psychology.

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DEDICATION

For courage. For hope.

This dissertation is dedicated to my mother.
I appreciate your courage to flee abuse and face motherhood alone. I only wish you could have taken the long road home so that we could have enjoyed this journey together.
I will forever love you. I will always miss you deeply.

This dissertation is dedicated to the Anti-Sexual Exploitation Roundtable for Community Action (ASERCA), and all of its members, past and present, who are my friends and partners. Thank you for walking with me in this abolitionary movement to end the objectification, subordination, and abuse of women and children.
You are my heroes.

This dissertation is dedicated to all of the victims and survivors of domestic minor sex trafficking and all other forms of sexual exploitation. You have a place in my heart. My prayer is that you will know that you are cherished and that you will find the inner strength to search for relationships in which you are treated as such. Keep your head up.
I love you more than you will ever know.

To all girls like you. To all girls like me.

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As I am sure one can see, my passion for anti-sexual exploitation/anti-trafficking efforts – and my commitment to personal, professional, and academic development to assist in doing so – has consumed, and continues to consume, a considerable amount of my life time, effort, and energy. In fact, other than the moments spent meeting my basic needs – eating and drinking, sleeping, showering and other sustenance activities – it is such passion and commitment to DMST that has cost me experiences with and attention away from those who I most deeply care for and love. Thankfully, God has placed committed and often adamant “distractions” in my life to remind me that I too need nourishment, rejuvenation, relaxation, celebration, laughter, and care.

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God's grace, mercy, and love. To both of you – I admire you and I am thankful, as well as proud, to be a Roswurm. I will forever appreciate our time together after church on Sunday afternoons and on holidays. Thank you for all the times you told me, “Keep up the hard work...it will be over before you know it and you will have something that no one can ever take away from you.” Thank you also for extending your time, hearts, and home to us in the aftermath of our home burglary when we were on vacation the summer of 2011. We felt so out of control and vulnerable and you lifted us up in more ways than you will ever know. I love you sincerely and dearly. Thank you for your lasting patience and your “no matter what” kind of love.

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And finally, to my daughter, Isabella Irene Roswurm who grows inside of me – though I have not yet met you I feel you, I know you, and I love you thoroughly and unconditionally.

May you always know that your father and I love you. And may you always recognize that you have a consistent safety network of family and friends surrounding you. We will never abandon you. Know that you are created with purpose and you obtain immeasurable value – your significance is found in your spirit and character not your physical appearance and/or sexuality. As I pray for your brother Bradley and your cousins Lexi and Joci, I pray for you – “God, protect her mind, spirit, physical body, and sexuality. And may she always be safe and warm, free from the harm that has reached the girls I feel called to serve.” I love you dear one.

Lastly, this dissertation would be incomplete without the direct acknowledgement of the young people who participated in this study project. Thank you for sharing your stories – a very private piece of your life journey. You have made this project rich, valuable, and applicable in a manner I could not have done on my own. I appreciate your willingness to show the world that survivor’s of early childhood abuse, neglect, abandonment, and other forms of trauma, including the exploitation of domestic minor sex trafficking, are resilient, courageous, intelligent, and very capable assets to society.

Furthermore, this dissertation is dedicated to victims of sex trafficking whose voices have been silenced through continued exploitation or death. I, along with the help of many others across the globe, commit to changing the culture of our society that supports the objectification and subordination of women and children thus, feeding the demand of human trafficking.

I am thankful for each and every one of you directly and indirectly named. You have made THE difference in my life. This dissertation would not have been possible without you and for that, I am forever grateful.

ABSTRACT

The goal of this study was to further develop a data-driven, theoretically based, tool that illuminates the risks and resiliencies of young people at-risk of and/or subjugated to domestic minor sex trafficking (DMST). The specific aims of the study were to examine and describe the lived experiences of DMST survivors that may act as risk and/or resiliency factors. This was done in an effort to continue the development of the DMST Risk and Resiliency Assessment (DMST-RRA) – an instrument created to assist social service providers in 1) increasing identification of young people at-risk of and/or subjugated to DMST; and 2) providing effective individualized strengths-based prevention and intervention strategies. The aims of this study were accomplished through a mixed methods design that utilized the instrument development and construct validation (IDCV) process. Such process includes 10 cyclical phases and three specific studies. The first study, completed in May of 2006, included an exploratory pre-test post-test design with 23 homeless, runaway, throwaway youth (HRTY) who attended 10 sessions of an interventional psycho-educational therapy group. In this preliminary study phase, risk factors as well as protective factors, which may act to buffer against DMST, were explored. The most recent research included study 2 and 3. The second study included the analysis of data from 258 youths through the preliminary quantitative Domestic Minor Sex Trafficking Risk and Resiliency Assessment (DMST-RRA). The third study sought to further the development of the DMST-RRA by qualitatively exploring DMST survivor risk and resiliency factors. This led to the development of a more robust theoretical explanation as to how the lived experiences of DMST victims and survivors may act as risks and/or resiliencies and thus, DMST-RRA revision recommendations. Discussion focuses on data-driven instrument recommendations and implications of research findings including the application of the DMST-RRA.

A NOTE TO THE READER

*“Having heard all of this you may choose to look the other way but
you can never again say that you did not know.”*

William Wilberforce, 1787 – from a speech in Parliament to abolish slavery.

After 46 years of abolitionary work spearheaded by William Wilberforce, Parliament passed the Slavery Abolition Act in August of 1833 (Wilberforce, 2007). Wilberforce’s efforts are said to not only have alleviated England of slave-trade guilt, but also to have paved the way for the “abolition of slavery in every colony in the Empire” (p. 176). And yet, we find that “this odious traffic in human flesh” continues in modern form, on our own United States (U.S.) of America soil to this day (p. 183). For those who are concerned with this modern form of slavery – whether domestically and/or internationally or whether in regards to labor and/or sex trafficking – it is critical to understand the historical context from which such exploitation occurs, as well as, the foundation from which we work.

For approximately 15 years, I have dedicated my life to serving young people who are at-risk of and/or subjugated to domestic minor sex trafficking (DMST). During such time I have facilitated numerous keynotes and workshop trainings to those who work with youth – anywhere from social service organizations to law enforcement agencies – on how to better identify and therapeutically serve DMST survivors. Though the youth providers are always responsive, the consistent reaction of ignorance or lack of knowledge to the subject is concerning. Professionals and citizens alike just don’t want to believe that trafficking – domestic minor sex trafficking (DMST) – a modern form of slavery, occurs right here in our Country. But it should be no surprise. The issue of DMST, which includes the selling and buying of children and youth for sexual purposes, is an adaptive challenge with strong roots developed and reinforced throughout

history. DMST is influenced by our Country's history with slavery; and the continuance of racial, gender, and class inequality. Thus, this modern slavery did not appear over night but rather, has continued to grow and mutate within our culture that has, in many ways, ignored its history and maintained discrimination.

Though it is impossible to review all of such historical literature within the confines of this dissertation, the historical foundation from which modern abolitionists practice is also important to understand, value, and build upon. A couple of years ago, in efforts to promote anti-domestic minor sex trafficking efforts, including those of the Anti-Sexual Exploitation Roundtable for Community Action (ASERCA), I made stylish t-shirts. Imprinted on black cotton, the t-shirt illustrates a young persons hand branded with a product bar code that is pressed behind the glass of a register checkout screen. Enwrapping the front illustration, the t-shirt reads, "Our children are not for sale." The back of the t-shirt advertises ASERCA and states, "A collaborative multi-disciplinary team to end domestic human trafficking." As though I had become a style icon, everyone I saw wanted a t-shirt. Interestingly, my promotion of the anti-DMST movement is not new. In fact, one of Wilberforce's primary issue-campaigning promotions included the design of a medallion of a black slave in chains on his knees with the inscription: "Am I not a man and a brother?" (Wilberforce, 2007, p. 172). Such public relations technique has since been replicated through Lance Armstrong bracelets and the like, but it is only one of the methods Wilberforce's abolitionary cohort has to offer in regards to avenues of building public attention and commitment to a cause (Wilberforce, 2007).

With this in mind, if we – as Community Psychologists or Social Workers – ever wish to truly make a difference in the life of a trafficking survivor, it is essential that we are willing to face the uncomfortable and heart-wrenching truths about trafficking in efforts to truly understand

the severe and unpleasant extent of the exploitation culture. We must assess the very complex and convoluted nature of the culture in which human commoditization and exploitation occurs. Thus, I ask that for just a brief time in your life, you allow yourself to explore the world of DMST – a world with special rules, codes of conduct, and roles that are, in many ways, entrenched in historical slavery practice. Perhaps this will be painful. It should be, because if not, DMST would continue to be ignored and misunderstood and would forever remain. Hence, I offer you a code book of sorts into this DMST world – a sample of the vocabulary that is used on the streets that refer to the rules and roles enforced through exploitation, as well as, the terminology used by multi-disciplinary abolitionary care providers (modified from Countryman-Roswurm, 2006; Dalla, R., 2006; Farley, M., 2007; McGee & Buddenberg, 2003; Parker, J. as cited in Shared Hope International, 2006; Smith L., 2009; & U.S. Congress Trafficking Victims Protection Act, 2000). Please note that although there are male victims and female perpetrators involved in the exploitation of DMST, similar to domestic violence, it is primarily a gender-specific crime against women and girls. Therefore, due to the overwhelmingly large numbers of males as perpetrators (recruiters, sellers, and buyers) and females as DMST victims and/or survivors, I will refer to issues in such manner. A sample of language that occurs in the DMST world and that may be used throughout this dissertation study includes the following:

Automatic – when the victim of DMST remains psychologically bound to her perpetrator/pimp and continues to engage in sexually exploitive acts even when the pimp is not around (i.e. due to incarceration or travel). In such instances, the victim of DMST provides the pimp with the financial earnings received upon his/her return.

Bottom Bitch/Wife or Wifey – the girl/young woman within the pimp’s stable that is often deemed the favorite and/or may consider herself to be the pimp’s girlfriend. She remains a

victim of DMST/TSE and yet has often crossed the fine line to acting as a perpetrator as a coping or survival strategy. She has been appointed by the pimp to watch over and control the other girls/young women; govern and report when stable rules have been violated; and administer psychological, physical, and sexual punishment.

Brothel (also known as Bordello, Cathouse, Crib, Station, Whorehouse) – an apartment, residential house, or facility often with several makeshift room dividers designed as a location for the selling and purchasing of humans for sexual purposes. Such locations are often open and guarded 24 hours a day, seven days a week, 365 days a year. High security measures of the locations include cameras inside and outside of the home to alert the perpetrators of law enforcement, prevent attacks or raids by opposing criminals, as well as to assist in controlling and containing the exploited victims. During the rare closing times of such locations, victims are frequently locked inside from the outside.

Caught a Case – when either the pimp and/or the victim/survivor of DMST has been arrested by law enforcement and charged with a crime.

Choosing Up – the process that occurs as a consequence of a victim’s eye contact with another pimp. For victims of DMST, eye contact with another pimp is prohibited. If this occurs, the other pimp with whom the victim made contact takes new “ownership” of the victim. If the original pimp desires continued “ownership” of the victim, he must pay a fee to the new pimp. However, if this occurs, the victim is severely punished and is required to “work” to pay restitution to the original pimp. Furthermore, as a penalty for disrespect and betrayal towards the original pimp that “choosing up” represents, an additional debt penalty is often accrued.

Daddy – the name and/or title that pimps often require their victims to refer to them as.

Date – a term used to gloss over, or perhaps mentally cope, with the description of the illegal activity of exploitation and/or prostitution. A pimp might, “set up a date” for one of the girls/young women in his stable. Or, a victim of DMST might state that she was “on a date” when exchanging sexual acts with a buyer. Advertised through free Internet classified sites such as Backpage, such “date’s,” if not arranged on the street, are often arranged as adult escorts.

Domestic Minor Sex Trafficking (DMST); Commercial Sexual Exploitation (CSE); Commercial Sexual Exploitation of Children (CSEC); Human Sex Trafficking (HST); Sexual Human Trafficking (SHT); and/or Teen Sexual Exploitation (TSE) – a type of emotional, mental, physical, and sexual relational violence against young people; which may utilize manipulation, coercion, force, or fraud to recruit, harbor, obtain, or transport persons for the purposes of exchanging sex acts for, or the promise of, money, drugs, food, clothing, shelter, or other survival needs. It is a transaction in which a young persons’ physical, sexual, and spiritual self is exploited and treated as a commodity – one that can be stolen, sold, and bought.

Domestic Trafficking – Labor and/or sex trafficking of persons that occurs within the U.S. It is key to understand that though a victim may be transported between town, city, or state borders within the U.S., the term trafficking does not necessarily mean movement.

Escort Service – a business and/or organization that operates through a community building or through ads, cell phones, or the Internet with the intent to profit from the sexual exploitation of humans. Such service frequently advertises a sensationalized and sexualized version of the victim with intent to profit from sexually exploitive “services.” Typically, escort services arrange “outcalls” in which a buyer calls and requests a “date” and a victim is then sent to the buyer’s location (i.e. their home, apartment, motel room, etc.). There may also be an “in-call” in which the buyer is sent to a home, apartment, or motel room. There are escort services

that partner with external escorts and/or pimps in an effort to assemble large numbers of women and children for parties and/or conventions. Others do so and/or “specialize” in “serving” those with fetishes such as sex with males, young children, and/or sadomasochism.

Exit Fee – an excessive amount of money that a pimp will demand from a victim who desires to exit the exploitive situation. As victims are rarely allowed to keep any of their own money, paying such a fee is impossible and thus, represses the victims’ ability to leave.

Facilitator – any person, business, or organization that assists in and/or allows the trafficker/pimp and/or the “john”/buyer to carry out acts involved in the exploitation of others. Such facilitators (i.e. taxi drivers, strip club owners, motel owners, magazine or internet entertainment advertising businesses, etc.) often work in direct and/or indirect partnership with traffickers/pimps and not only enable but also profit from the commercial sexual exploitation of children and youth. For example, facilitators may refer and transport buyers to the victims of a particular pimp or they may act as a transporter or guard amongst pimps for the purposes of trading up/trading down victims of DMST.

Family or Folk – the group of people who frequently live and/or “work” with one another and are under the psychological, physical, sexual, and/or financial control of one pimp who plays the role of the “father” or “daddy.” Understanding this terminology and this aspect in the culture of DMST is particularly important when serving young victims who may have never lived in a supportive family environment.

Finesse (or Romeo) Pimp – though violence may be used, a pimp who considers himself to be very intelligent and whose emphasis is on the use of more subtle psychological and emotional grooming and control tactics.

The Game – refers to the sub-culture of exploitation and/or prostitution. This includes a very closed circle of rules, hierarchies, and language that is thought to only be understood by those involved. Though many service providers may utilize such terminology in assessments with youth, survivors of DMST frequently do not relate to such term.

Gorilla/Guerilla Pimp – a pimp who primarily grooms and controls his victims through threat and violence. Such a pimp’s initial grooming process typically begins with seduction and entrapment including bait-and-switch tactics.

Grooming Tactics – techniques utilized by recruiters and/or pimps to manipulate, coerce, force, or fraud young people into the subjugation of DMST. It may include the utilization of tactics such as status, jealousy, insecurity, etc.

Ho Line – the network of communication between pimps through the use of phone and or Internet that is utilized to sell, buy, and trade exploited women and children. The language used in such communication network frequently changes in efforts to elude and/or confound law enforcement.

Homeless, Runaway, Throwaway Youth (HRTY); Runaway, Homeless, Street Youth (RHSY) – unaccompanied young people, between the ages of 12 up to the age of 22, who are without family supervision and/or support and who lack adequate stable housing. Varying in their reasoning for leaving home, they are left vulnerable to life on the streets, in shelters, in cars or vacant buildings, and/or the couches of those they hardly know. The acronym HRTY is preferred by the investigator as it is believed that youth who experience life on the street are HRTY, pronounced hearty, and are vigorous, strong, and resilient.

International Trafficking – labor and/or sex trafficking of persons that occurs within and/or between countries outside the boundaries of the U.S. and/or across the borders of the U.S.

“john”/Buyer – any male or female, known or unknown to the victim, who pays for or exchanges anything of value for sexual gratification, control, or domination. The term “john” represents a history of the desired anonymity of those purchasing sexual acts. Though the buyers of sexual exploitation rarely get targeted for prosecution in cases of DMST, it is important to note that it is they that create the demand for DMST. Without a buyer – someone who desires and pursues the purchasing of human sexual engagement, there would not be a seller – someone who desires to profit from such buyer demand, and thus, there would not be a victim of DMST – someone who is commoditized within the cycle of the buyer’s demand and the pimp’s desire to profit.

The Life – the experience of being a victim of exploitation that often refers to the inability to escape the situation and/or the effects of being changed by such situation.

Lot Lizard – a deprecating term used to describe victims who are exploited at truck stops and who are forced, frauded, or coerced to move quickly from truck to truck providing sexual favors.

Madam – an older woman or “mother” who is in charge of the recruitment for and/or managing of a brothel-like exploitation operation. She typically has transitioned from being a victim of exploitation into the role of a perpetrator/pimp.

Prostitute – someone who engages in prostitution. Alludes to conscious choice in criminal behavior and defines a person by such a choice in behavior. See DMST Language and Sensitivity Chart: Changing Paradigms, Changing Treatment (Table 1).

Prostitution – a term used to describe illegal sexual activity in exchange for some form of profit and/or resource. Such language is not utilized, supported, and/or recommended by this dissertation research.

Quota – the amount of money set by the pimp each day/night that the exploited girl must “work for” and “earn” in order to return to the place where she can “rest” with her “family” or “folk.” Depending on the location of exploitation, the pimp, the time of year, etc., quotas may range between \$200.00 to \$2,500.00 a night. The consequence for a victim returning without meeting quota often includes a severe beating and/or being forced back out on the streets, without rest, with an even higher quota.

Reckless Eyeballing – the behavior of a DMST victim randomly and/or unintentionally looking at other men and/or pimps. As described under the terminology of “choosing up” this is prohibited because it may cause the pimp to lose control and/or ownership of the victim to another pimp or perpetrator.

Renegade – a victim(s) of DMST who is not necessarily under the direct control and ownership of a pimp. This may mean that the victim negotiates experiences of sexual exploitation directly or who is under violation of pimp rules. The risk of threat and violence towards a renegade DMST victim is particularly high because local pimps will attempt to make her/him “choose up.”

Seasoning/Systematic Desensitization – a multitude of methodical social and psychological tactics, utilized by a pimp, with the intent to utterly dehumanize and control a victim of DMST. Such tactics may include periods of false kindness woven into cycles of withdrawal, threats and intimidation, physical abuse, gang rape, sodomy, food and/or sleep deprivation, isolation from human contact (including friends and family), involuntary drug intoxication, etc.

Sister Wife, Sister-in-Law, Wife-in-Law, Stable Sister, Wifey – names in which women refer to one another within a particular family/folk or stable.

Stable – the term a pimp often uses to describe the group of victims within the family/folk who are under his control. The term stable is a direct reflection of the way in which pimps analogize victims of DMST to farm-like property.

Survival Sex – a situation that typically occurs with homeless, runaway, and throwaway youth (HRTY) who find themselves on the street vulnerable and unable to meet their own basic needs (i.e. food, clothing, shelter). This experience of HRTY exchanging sex acts for basic human needs falls under the guidelines of the Trafficking Victims Protection Act (TVPA) and is included in the definition of DMST used throughout this dissertation.

Trade Up or Trade Down – refers to the process in which pimps buy and/or sell victims amongst one another in efforts to get rid of victims who they find to be difficult to control or to increase profit with victims who are more desirable to local buyers. Often utilizing facilitators as guards, DMST survivors may be moved long distances, without warning, to a place where they are further exploited.

Trafficker/Pimp/Husband – the person, male or female, who gains profit (i.e. money, food, shelter, drugs, arms, etc.) from the sexual exploitation of another human regardless of age or gender.

Trick – refers to both the sexually exploitive act, as well as, the buyer. The term may be in a sentence such as, “I was caught up busy turning a trick” or “I was with a trick who was very scary.”

Turn(ed) Out – refers to both the process of being forced into DMST and/or the young person who is a new victim of DMST.

Track (also known as Circuit) – a set area, either in a local community or one that crosses state lines, that is known for trafficking and/or sexual exploitation. Within a local community, the

term is often used to describe an area(s) in a section of town that includes a street with a stretch of motels/hotels; a group of strip clubs and/or pornography stores; or a truck stop. Within the country, it can be a string of cities and/or states in which victims of DMST are transported and moved through. Examples include the pipeline between Kansas, Oklahoma, and Texas or the “Minnesota Pipeline” by which DMST victims are moved through a string of locations from Minnesota to markets in New York.

Additional acronyms pertinent to this dissertation include the following:

ASERCA – stands for the Anti-Sexual Exploitation Roundtable for Community Action. ASERCA is a multi-disciplinary team, founded in 2006 by Karen Countryman-Roswurm, to assist in the prevention and intervention of DMST in Kansas.

CPTSD – stands for complex posttraumatic stress disorder. Similar to PTSD, it is considered an anxiety disorder which is marked by the re-experiencing of a traumatic event (e.g. including a response of extreme fear, horror, and/or helplessness); and in which increased arousal and excitability causes a patient to avoid (either physically or through dissociation) stimuli which may be connected to the trauma experience (American Psychiatric Association, 2000; Lambert & Kinsley, 2005; Perry, 2002). Additionally, CPTSD criteria includes shifts in the ability to regulate affect and impulse, modifications in consciousness (such as experiences of dissociation), major shifts in self perceptions, significant changes in key supportive relationships with others, and changes in physical conditions due to maladaptive mental states (Choi et al, 2009). The diagnosis of CPTSD is proposed by many researchers and practitioners due to the inability of PTSD to reflect the developmental effects of the chronic and prolonged nature of historical childhood trauma and repetitious interpersonal trauma, such as in the case of DMST (Choi et al., 2009; Cook et al., 2005; Courtois, 2008; Herman, 1997; Van Der Kolk, 2005).

DMST – stands for domestic minor sex trafficking. See definition above.

DMST-RRA – stands for the Domestic Minor Sex Trafficking Risk and Resiliency Assessment. This instrument, created by Karen Countryman-Roswurm and ASERCA membership, is the focus of the dissertation research, as it requires further development and validation in the instrument research process. The DMST-RRA will be implemented in the intake and assessment process of several youth serving agencies throughout the Wichita, Kansas community in efforts to more effectively identify and intervene in the lives of young people at-risk of or subjugated to domestic minor sex trafficking.

EMCU – stands for the Exploited and Missing Children’s Unit. EMCU is a unique cooperative unit that partners Sedgwick County Sheriff personnel, Wichita Police Department personnel, and Kansas Social Rehabilitation Services personnel in a manner to more effectively investigate and serve in cases of child abuse and neglect, child exploitation, and reports of missing or abducted children. EMCU is a key ASERCA partner.

IDCV – stands for the instrument development and construct validation process. This is a mixed methods approach proposed by Onwuegbuzie et al. (2010) to assist in the development and validation of research instruments. The IDCV is utilized in the development and validation of the DMST-RRA.

PTSD – stands for posttraumatic stress disorder. See definition of CPTSD above.

SRS – stands for Social and Rehabilitation Services. The Kansas Department of SRS is an umbrella agency charged to oversee social services and state institutions. Its general mission is to protect children and promote adult self-sufficiency.

TSE – stands for teen sexual exploitation. See definition above.

WCGC – stands for the Wichita Child Guidance Center. The WCGC is a not-for-profit agency that serves children, youth, and families through a variety of mental health services including early childhood services, preventative case management, individual and family case management, and psychiatric evaluation and medication management.

WCH – stands for the Wichita Children’s Home. The WCH is a not-for-profit agency that serves as the only emergency, temporary residential shelter for children and youth in the Wichita community. The WCH is open 24 hours a day, 7 days a week, 365 days of the year and serves children from birth to 22 years of age through a variety of programs ranging from foster care to independent living.

PREFACE

“So enormous, so dreadful, so irremediable did the trade’s wickedness appear that my own mind was completely made up for abolition. Let the consequences be what they would; I from this time determined that I would never rest until I had effected its abolition.”

William Wilberforce, 1787 – reflection as to his commitment as an abolitionist.

All of us experience the reality of our world through our own unique perspective. We obtain personal bias, beliefs, and values; all of which are shaped by our past experiences. Thus, before the accuracy, validity, and/or usefulness of this study can be fairly judged, I find it only appropriate to share with you a transparent examination of my own life history, belief system, values, and thoughts which have not only placed me on paths I could have never imagined, but also which have greatly influenced my work on domestic minor sex trafficking (DMST) and/or other forms of teen sexual exploitation (TSE).

Loss

Though I am comfortably working in my home office today – warm and free from the chilling rain and fog outside – I have not always been blessed with such life luxuries. Incubated in trauma, I was born in Newport News, Virginia to Edward Faye Countryman and Karen Irene Countryman (Peterson). A man in the military and a woman who had sold her dreams to raise her children, home life was fraught with drug and alcohol abuse and domestic violence. In fact, the memories of such turmoil are not difficult to exhume – memories of angry rages, beatings, and dark nights spent sleeping in the car to get away from my father. Eventually, after moving back to her hometown of Wichita, Kansas, and enduring one last beating, my mother divorced my father when I was five years old. As an only child who had already lost both of her parents, and without extended family, my mother was utterly alone in raising my two older brothers and I

as a single parent. We were free from the drugs, alcohol, and daily domestic violence, but now a new set of difficulties plagued us – isolation, unmet needs, chaos, and ultimately, loss.

Today, on February 15th, 2012 I write about the day exactly 18 years ago that changed my life. It is strange...surreal...as the day my life was altered really doesn't seem so long ago. The day was February 15th, 1994. It was a beautiful February day. A slight chill blew through my sweater and my hair danced in the wind. Thankful to be off the school bus, yet uneasy to tell my mother about my in-school suspension that day, I walked down my street slowly. Even though we didn't live in the nicest neighborhood, the familiar smells and sounds pleased me.

As usual, I went around to the back door when I arrived home. I knocked on the piece of wood that sufficed as a window since my brother had broken it. Usually my mother would greet me with hugs at the back door and the smell of a homemade meal and fresh baked cookies would trail after her. Strangely, my mother did not answer the door, so I went around to the front. After knocking several times, I dug into my book bag and pulled out a braided piece of rainbow colored yarn that tied around the throat of my single key – my key to home. As I opened the front door, my two cats bolted out – brushing across my legs. I knew something was wrong.

The feeling was strange – the silence – the unusual stillness. The house seemed dark. As I walked through the living room, my eyes zoomed through the dining room entryway and focused on my mother's dark curls. The back of her head – her hair placed perfectly on the dining room floor. She lay flat on her back – still.

The image is foggy, but I remember walking around to the front of her. My heart broke and then flushed into a timeless buzzing. Black and white screen. Confusion. Chaos. What does all of this mean? Her blue eyes were not open—would not look at me! Her right arm was held further out from her side – hand slightly opened, fingers curled. The gun lay on the floor

below her hand. What does all of this mean? I don't think I am supposed to understand all of this! Things running through my head! I don't want to believe she did this! She didn't kill herself. Why would she? It would be so much easier if she didn't do this to herself! Are you sure someone didn't come in and murder her? I knew.

I don't remember all of the things that I did or said. My head was overcrowded. I remember screaming out the front door and the old woman across the street happened to be looking out her front door at the same time. She ran over. We called the police together. The Wichita Police Department arrived to my home soon after and a woman officer pulled me off of my mother. I just wanted her to hold me! Why wouldn't someone just hold me? The woman officer bent down into my face. Her lips were moving, but I heard no sound! Why wouldn't someone just hold me?

There were so many strange people in my house at this point and my home slowly started to fade away. As I sat on the floor – ears buzzing – I looked up to the dining room table and spotted a Tupperware container full of my mom's famous homemade coffee cake. Slowly, I made my way through the jungle around me and stared at the lid of the container. Next to it laid a piece of paper – my mother's suicide note.

In an instant, my world as I knew it, had changed. With no family contacts beyond my two teenage brothers who lived outside the home, I was immediately placed into Kansas Social and Rehabilitation Services custody and housed with a foster family. With no familiar smells, tastes, sounds, or sights I moved around as a zombie while I planned my mother's funeral. I picked out a wooden casket that had hand painted flowers on its porcelain handles. I picked out a gravestone that read, "waiting His return." I picked out my mother's favorite church hymns and I asked friends to talk of her amazing cooking and artistic abilities. And after the funeral

was over, people went about with their daily routines and I retreated to a guest room to wrestle with my tangled self upon the blank pages of my journal.

Emancipation

Self-discovery did not come easy in a world where I was told and expected to simply listen and obey. Surrounded by constant change and confusion, life was challenging not only because I was trying to work through my mother's death, but also because I had to make large decisions for and about myself. I had to learn what I believed, wanted, and felt by gathering all the information I had received from my mother, as well as the current information I was getting from the new environment around me.

Quiet and unassuming for the most part, I bucked the system that seemed to duck tape my mouth, blind-fold my eyes, and shackle my feet. After three years of numerous placements, running away, experimenting with drugs, and studying, I knew things had to change. The last time I ran I had a plan. My time was spent figuring out how much it would cost to live on my own, researching legal issues, working to pay for a psychological evaluation required by State law, and earning my GED. After several months, I turned myself into the Wichita Children's Home.

Only a few weeks later, I appeared before Judge Carol Bacon to present my case. It was my mother's Birthday, January 16th, 1997. Nervously, I read an essay on why I wanted out of custody as well as reviewed graphs and charts proposing to her how I could live on my own. Surprisingly, after telling my case worker to "shut up and sit down," the Judge with the reputation to make Social Workers cry looked up at me and said "Karen...I am proud of you. You are free to go."

At 16 I was emancipated and I went out on my own. Legally 18 and free from SRS custody, I thought my problems were gone forever. After all, I had my own apartment! I could spend hours writing in my journal in peace and no one could tell me what to do! However, the truth was that the emancipation process had only begun.

Striving

With legal emancipation came its own set of problems as well – from a drug and alcohol addicted brother knocking on my door for a place to stay to a boyfriend who thought I couldn't protect myself if he put his hands on me. After all, I was a young female on my own with no support system. But somehow, protected and free from harm, I got up every morning and attempted each day with positive self-talk and focus. I obtained a job at a linen store, enrolled in college, and even reached out to the Wichita Children's Home (WCH) to engage in volunteer opportunities.

In February of 1997, the WCH reached back to me through a phone call. At first I assumed it was a call in response to my messages looking to volunteer. Instead however, it was an offer to apply and interview for a job as a peer counselor for the Street Outreach Program (SOP). SOP was new to the Home, but I knew instantly it was a perfect fit for me and after a brief interview, I was hired on the spot.

At the age of 16, it was exciting to have the opportunity to assist in building the SOP, as well as, the peer/street outreach counselor position. I began meeting with teens in the shelter, walked the streets of Wichita meeting and working with runaway and homeless youth, and I facilitated youth support and psycho-educational groups. Because of what I had been through, the job was a natural fit.

My experiences allowed me to be able to relate to the young people in crisis with a unique understanding, compassion, humor, and critique. And I could listen and talk to a teen runaway with empathy, while challenging youth to a higher standard and expectation because I was once there. I could say to young people without a doubt in my mind, “you can never really run from your problems because when you come back--and you always come back--the problems are only worse” and that “character is not defined by how you handle the good times...that’s easy...it’s how you respond to the tough times.” And, the youth I met would listen because even without knowing my story, they could see I felt the words I spoke.

A few years later, building on such work with the WCH SOP, I was hired as a research outreach worker for the Iowa State University/University of Nebraska, Lincoln Midwest Longitudinal Study of Homeless Adolescents (MLSHA) Project. Unaware to the extent of the honor, privilege, responsibility, and challenge of my new role and duties, I was thankful and eager to engage in my new occupation. After all, I knew what I was doing – my SOP partner Will Ellis and I had walked Wichita’s most poor and crime-ridden neighborhoods. We did so five to six nights a week seeking to establish relationships with young people and their families. We offered services such as food, clothing, hygiene, case-management, drug and alcohol treatment services, etc. And humbly, we sat at dining room tables in the homes of grandmothers now raising their grandchildren as their own – giving our best attempt at offering advice for how they might connect with, better serve, and/or assist their young loved one who was becoming lost to the streets. We responded to suicide calls, talking through locked doors to adolescents...feeling scared at first and then blessed when they connected with us enough to let us into their rooms and heart an adequate amount of time to assist them in regurgitating their choice pill to death. But, things were different with the MLSHA Project. I was on my own.

The Call

I was only 19 years old when my heart became dedicated to serving young survivors of DMST/TSE. On a typical afternoon of locating youth participants of the MLSHA Project, and picking them up for interviews, I arrived at a run-down apartment complex right off the main drag of north Broadway – an area of Wichita, Kansas known for homelessness, drug exchange, and sexually exploitive activity. I had gone there to pick up a young African American female who, at five months pregnant, had regularly received services through the SOP and had actively participated in the MLSHA since the start of the Project. As I sat in my car parked to the north of the complex, I watch the young woman walk towards my car; I then noticed that she stopped and began to argue with her “boyfriend” who – though I didn’t understand the full nature and extent of DMST at the time – I knew was acting as some form of pimp to her.

Time seemed to slow and yet rapidly consume me as I sat in my car watching the interaction escalate. I felt I was in quick sand and I knew I needed to do something quick. I reached into my back seat to grab my cell phone out of my purse but before I could dial the number the young woman had opened my car door. In an attempt to escape from the hands of her large-statured “boyfriend” her thin white undershirt had been halfway ripped from her body revealing her protruding five months of maternity and her large braless breasts. She paused for a moment with my car door open – looking back towards the man who served as her attacker before sitting down into the front car seat – giving him just enough time to catch up to her and virtually rip off my car door in one full sweep. Before I knew it, the man was on top of her and I in the front seat of my small vehicle – hitting, scratching, biting, spitting on, and cursing at both of us. Time stood still and observers watched saying nothing.

After what seemed like an eternity, an offbeat officer arrived. Fatefully, he had driven past the scene on his way home and had decided to stop based on the large crowd gathering to watch the incident. After struggling with our attacker and cuffing him in the back seat of the Wichita Police Department (WPD) vehicle, the kind officer discussed the situation with the young woman and I. And I could have never imagined that the information exchanged would forever change the professional path of my life. First, at the time, due to lack of legislation, the officer shared that if the young woman did not testify, her perpetrator would be released from jail within 24 hours. The officer shared that even though she was under the age of 18 years, the abuse by the hands of her “boyfriend” would not fall under domestic violence law because of acknowledgement that she was involved in “prostitution.” Second, the young woman shared with me that she would not testify. She shared her love, commitment, and loyalty to her “boyfriend” and even more so, she shared that with me that “this is the most control I’ve ever had in terms of who I have sex with.” She went on to tell me, “You see Karen – my dad had sex with me, my dad let my brothers have sex with me, and my dad let my uncles and his friends have sex with so he could get his drugs and alcohol.” It was at that moment I learned the face of domestic minor sex trafficking and the treacherous past trauma that acted as the grounds of vulnerability for trafficking predators to prey. After all, that young women had been commoditized from the day she was born and what can be stolen can be sold. Thus, as the intense reaction of fear from the attack subsided within me, a passion began to bloom and rage.

Love

As I developed my career – working hard on my education in Social Work, as well as, on my ideas and intervention strategies with homeless, runaway, and throwaway youth (HRTY), including those who had been sexually exploited – I also intentionally sought personal

exploration and growth. However, on June 6th, 2000 a distraction or perhaps rather, an addition to my self-development joined the Street Outreach team. A young man named Robert joined the team that encompassed my life's work as well as my new family over the past few years. I had actually met Robert a year or two earlier, but being so focused on my career and educational goals, I had never been close enough to him to allow him to catch my eye. However, this time within months, his strong personality, laughter, talkativeness, love for life, huge smile, and bright blue eyes completely and utterly made my heart sing!

For the first time since my mother died, I allowed myself to be close to someone. Two years later on July 20th, 2002 Robert and I were married and for approximately 10 years, we were blessed to be able to work together. Robert and I share the same compassion and energetic vision for assisting and empowering vulnerable populations. And so, from direct service on the street to group facilitation and large trainings for both youth and adults, Robert and I have had the opportunity to serve others and make a difference.

Forgiveness

Since my mother died on February 15th, 1994, the week of Valentine's Day has had a different meaning for me. Unlike many, I do not think of romance, chocolate, and roses. Instead, I remember my mother and the importance of cherishing all of the people whom I love. February of 2005 did not change my thinking of Valentine's Day, but instead invested in these thoughts and feelings over this hyped-up holiday.

In the midst of dealing with my emotions due to the anniversary death date of my mother, I received a call from my father's sister with whom I had minimal contact over the years. This call was not only shocking because of the infrequent contact I had with my father's side of the family, but because it was concerning the health of my father. "Irene, your father is not doing

well and the doctors aren't giving him much longer to live. His cancer is out of control. The one lung he has left has collapsed and his body is filled with infection." I could hardly breathe. This could not be true...at least not now!

The familiar buzz in my ears from when my mother died ran constant. Unable to process this information, I sat numb and confused. Then I cried. For many years my father failed me as his daughter. For many years he left me to feel alone. I often said that if he died I wouldn't miss him. Yet, now all I wanted was to be with him, to forgive him, and to show him love before he died. After all, I could not go to Texas with anger or expectations of my father. I knew I had to forgive him. I had to let go of what I needed and provide for him during this time. Little did I know that the trip to see my father would bring me such peace.

My husband Robert loaded up the car and we left for Texas within a matter of hours. The road brought comfort as I reminisced about my father and the lack of him in my life. Speaking out loud, I processed thoughts and issues that stung my heart and mind. In between talking, I smoked a pack of cigarettes and listened to Pink Floyd's *Wish You Were Here* album. Oh, how I wished both my parents were there with me! But, one was gone and the other was slowly fading.

It had been years since I had seen my father and I hardly recognized him lying down in his hospital bed. Yet, when I looked at him, it was as though I was looking at someone so close and familiar. It was as though I had gazed in his eyes every day of my life. His once strong and tall body was now so small and frail. His body was covered in tattoos and his long brown hair curled due to the humidity of his body. Yet, I saw an image of myself in my father.

My father's eyes lit up when he noticed me in his doorway. At first he looked at me with surprise, then sadness, and then shame. I knew that he had so much to say, yet he was so tired

and so unable to express the words. And so, without expectations, I sat down on a chair next to him and quietly held his hand. I looked at our fingers intertwined and I began to understand.

My father's tattoos told stories of his Native American beliefs and the guilt he felt over his involvement in the Vietnam War. His weathered face and eyes told me a story of a hurt and a sad man who was unable to handle the pain in his life. And his lips suddenly moved to tell me the words I had longed to hear, "Irene, I love you. I am sorry that I was not the type of father you deserved. I wish I had been. But, please never doubt that I love you very much and I am so proud of you."

On February 18th, 2005, at 5:03p.m., my father, Edward Fay Countryman, passed away. And, I am at peace with the way our relationship played out before he died. During his last hours my father gave me a sack of childhood picture albums that he had carried around with him over the years. Even though his heart called him to ride a motorcycle and live off the land as a "free bird" I knew this meant he loved my brothers and me and thought of us often. My father shared with me some of his Native American (Black Foot Indian) beliefs and told me of his wishes after death. And, without question, I honored my father's requests.

Two main things came from my father's death. First, I forgave and made peace with my father for abandoning me all those years. And second, after a call from Robert's employer on our drive back to Wichita, I learned to never question my husband's commitment or ability to provide for and take care of me...us...our family.

Lessons

I have traveled a road that, in many ways, can be summarized by the mere fact that I have gone from obtaining a GED to earning a PhD. And yet with such, there is no one true single defining moment throughout my life journey thus far. Each of the few life experiences I have

shared here – from my mother’s death to working Street Outreach and from my wedding day to the loss of my father – have influenced who I am today. Each experience I have had and continue to have, takes me on a new journey of challenge, strength, and possibility. And each experience shapes and influences the way in which I address the issue of DMST.

Of course I would love to have my mother in my life. I would love to have a father and someone...something...a biological family unit to belong. Even as an adult, I long to be held by my mother; to be doted upon by my father. But, I also feel blessed to have had a handful of great mentors over the years. If it were not for my mother’s death, I would not think to cherish the words spoken from lips regarding feminist thought. Or, to breathe in the scent of the older women I hug. I would not think to take time for lunch to seek wisdom and input of a man willing to invest time in my life. If it weren’t for the loss, I do not think I would love rainstorms the way I do. I am not even sure that I would have sought after what I believe or that I would take the time to notice His little creations. I am not sure of whom I would be at all.

It was not necessarily always of my own intention, but in my life, there was a simple choice to be made – sink or swim. I was thrown out into deep water and I had to make a quick decision on what I was going to do. I decided to swim. And by swimming and facing my family issues, I built a strong foundation of independence and developed a clear understanding of my personal identity.

In my life, I accepted the fact that I had no control over my mother’s death and that it wasn’t my fault. I also recognized that although my mother’s death had a great impact on me; it is not the story of my life. What happened is a part of my life, but not who I am.

In my life, I learned that no piece of paper or law makes us free. Our past – feelings, hate, regret, and anger can enslave us. Therefore, I have acknowledged that I must emancipate

myself from these things on a daily basis. True emancipation is an intentional and active process and it is only I who can set myself free.

When my mother died I, at the age of 13, was left to a demoralizing system and demoralizing streets. I felt hopeless, helpless, desperate, and alone. Even as adults, most of my peers and mentors maintain contact with their parents or extended family. They know that if they were ever upon hard times; if they couldn't pay a monthly bill or if they needed to escape an abusive relationship, that they have someone to call. However, this concept is foreign to me and far too frequently, it is foreign to the young girls and women I serve. It is with this lens, a perspective that understands human vulnerability when left alone – hopeless and desperate – that I work with young people sold and bought as sex slaves.

With this in mind, though I am grounded in the understanding of what it means to live life out of desperation, I also know that it is possible to overcome any obstacle and life challenge. Over time I was able to connect with others, find my voice, and advocate for myself and I believe, that if offered opportunities of unconditional relationship and empowerment, this gift can be extended to all of the young people in which I serve. It is with this lens, a perspective that believes wholeheartedly in the strength of the human spirit – malleable and resilient, that I work with young people sold and bought as sex slaves.

Most of these realizations, lessons learned, and paradigms built have happened within the context of and/or as a result of a relationship. Such relationships, established through nonjudgmental conversations and time spent over meals, are a necessity if we are to seek the understanding needed to prevent and/or intervene in situations of runaway and youth homelessness, teen relationship violence, and ultimately, DMST. It is all of this that shapes my

worldview and provides the lens through which I work with marginalized young people. And it is all of this that guides my research on DMST.

Life

Returning home after my father's death, Robert and I threw ourselves into our work passions. Robert began serving as a Chaplain to young boys in a residential shelter – creating programming to develop the esteem and character of young men who living in the despair of their own trauma, had traumatized others. He has since moved through opportunities such as establishing a young men's group, Ochlos; and guided by the loss of his grandfather Lloyd Roswurm, is now the Director of Development for one of the largest aging community not-for-profit organizations in Kansas. He also serves as the Chair on the American Red Cross Board of Directors for the State of Kansas.

I on the other hand, continued to establish more effective methods of identifying and serving HRTY at-risk of and/or subjugated to all forms of relationship violence, including domestic minor sex trafficking (DMST). I founded and facilitated the Women of Worth (WOW) Program at the WCH; coordinated the Adolescent Safety and Prevention Project (ASAP); and finally, in 2006 I founded and established a DMST model that has been recognized across the country for its survivor-centered multidisciplinary practice – The Anti-Sexual Exploitation Roundtable for Community Action (ASERCA).

I have advocated for marginalized youth through the Runaway and Homeless Youth Act (RHYA) on the Hill in Washington, DC and I have tracked over 40 youth for over three years to see how they progressed into adulthood through the Midwest Longitudinal Study on Runaway and Homeless Adolescents (MLSHA) study. I have been blessed with the opportunity to provide mental/emotional health therapy through the Wichita Child Guidance Center for the Exploited

and Missing Children's Unit (EMCU) and Regional FBI to young people victimized through modern sexual slavery; and I have participated in multi-disciplinary collaborative approaches to prevent and intervene in situations regarding HRTY and DMST as the Founder/Coordinator of ASERCA. And yet, with all of this, fueled by an understanding of what it means to live without absolutes of belonging – to be abused, abandoned, scared, and alone without options – I still remain humbled in the balance of empathizing with the lived experiences of the survivors of DMST of whom I serve.

With all of this in mind, people frequently ask me how it is that I have continued to work on this abolitionary issue of domestic minor sexual trafficking (DMST) for over 15 years now. I guess the best way to answer such a question is to quote what John Wesley wrote to William Wilberforce when encouraging him to continue with his abolitionary efforts in the late 1700's, "Unless God has raised you up for this very thing, you will be worn out by the opposition of men and devils" (Wilberforce, 2007, p. 17). After all, from the very start of my life, God has been preparing me for the work I do...and even for this very exact moment in time. From my own incubation in trauma to my unique opportunities and awards, God has been preparing me to serve in this seemingly never-ending abolitionary war. I must be honest – there are moments that I wish I did not know what I know. There are days that I feel so overwhelmed – as if I am drowning in sorrow. However, even during insurmountable fatigue, there has never been a time in which I wish I would have had a different calling. Thus, once more I consider the words of John Wesley when he wrote, "O be not weary of well doing! Go on, in the name of God and in the power of his might, till even American slavery (the vilest that ever saw the sun) shall vanish away before it" (Wilberforce, 2007, p. 17).

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CHAPTER 1

INTRODUCTION

“Does not every one see that a slave trade carried on around her coasts must carry violence and desolation to her very center? That in a continent just emerging from barbarism, if a trade in men is established, if her men are all converted into goods, and become commodities that can be bartered, it follows they must be subject to ravage just as goods are...”

William Wilberforce, 1789 – speech regarding the horrifying slave trade.

This research aims to further theory development regarding the risk and resilience factors of young people at-risk of and/or subjugated to domestic minor sex trafficking (DMST) otherwise known as, teen sexual exploitation (TSE). Particularly, the goal of this current study is to continue in the development of the DMST Risk and Resiliency Assessment (DMST-RRA) – an instrument created by the Researcher/Author to assist social service providers in 1) increasing identification of young people at-risk of and/or subjugated to DMST; and 2) providing effective individualized strengths-based prevention and intervention strategies to young people at-risk of and/or subjugated to DMST. After all, the past decade has brought about significant buzz and recognition of existence on the issue of DMST (Estes, 2001; Farley, 2003; Flowers, 2001; Shared Hope International, 2006) however, studies regarding identification and intervention strategies remain underdeveloped.

To provide a comprehensive background regarding DMST and the development of the DMST-RRA, the introduction of this dissertation is divided into four primary sections. The first section, *A Multi-Dimensional Understanding of Domestic Minor Sex Trafficking*, discusses the general extent and constitution of DMST in modern U.S. culture. Specifically, the section proposes adoption of survivor sensitive language and paradigms; and provides information regarding the national and local scope of DMST, the forms and venues of DMST, and the

structure and persons' involved in DMST. The second section, *Risk and Resilience*, explains the theoretical basis for experiences and/or characteristics that might cause certain youth to be more vulnerable to DMST as well as factors that help youth to survive and even thrive through DMST subjugation. Additionally, literature regarding risk factors that have been found to be correlated with DMST victimization is reviewed. The third section, *Theoretical Underpinnings and Current Explanatory Framework*, describes the integrated model that has been developed to serve as theoretical starting point for the current research study. And finally, the fourth section, *A Call to Action and Research Goal*, introduces the current dissertation research by describing the context and history of DMST work within the Wichita, Kansas community. The phases included in the model for developing the DMST-RRA are presented and preliminary research previously completed is reviewed.

A Multi-Dimensional Understanding of DMST

Domestic Minor Sex Trafficking (DMST) also known as Teen sexual exploitation (TSE) is one of the most hidden forms of child abuse in the United States today (Countryman-Roswurm, 2006). DMST is the modern form of slavery, which is “now tied with the illegal arms trade as the second-largest and second-fastest-growing criminal enterprise in the world—both of them trailing only the illicit drug trade” (Winn, 2005, p.1). Flowers (1998) reports that “it is estimated that there are well over one million teenagers” subjugated to sexual exploitation each year (p. 10). And Davis (1999) asserts that there is an annual estimation of approximately two million juveniles, between the ages of five and fifteen, that are sold into domestic sexual slavery. Though the numbers are not exact, they speak largely to the magnitude of DMST.

DMST is very real and alive in the United States, and in each and every region, state, and community. It is a reality that is preying on and affecting the lives of many young people, their

families, and the social environments in which they live. Thus, there is an urgent need for social service workers (e.g. direct social service care providers, law enforcement officers, medical professionals, researchers, policy makers, and funders) to not only recognize the terminology, nature, and extent of DMST, but also to become educated on the risk factors and resilience factors of those at-risk of and/or subjugated to DMST. Furthermore, specific identification and intervention methodologies are needed which help to serve and protect this marginalized population of youth and end this growing epidemic.

Cautions and Considerations

There are two primary cautions when addressing the issue of DMST. First, and at the foundation of the following cautions and considerations, is the variation, inconsistency, and even controversy within and between social service workers and multi-disciplinary professionals as to how to define the issue of DMST. For example, some view DMST as a choice, as the crime of prostitution. While others view DMST as a woman's right of revenue. Still others view DMST as a human rights issue and believe the young people involved are victims or survivors who have been mentally, emotionally, physically, and sexually abused.

Second, those who are sexually exploited are difficult to identify and are often misidentified (Countryman-Roswurm, 2006; Smith et al, 2009). Building on such aforementioned issues of varying views and paradigms of DMST survivors, DMST survivors are difficult to identify due to their transient nature. Young people are often taken to different states and frequently sold or traded between multiple pimps. Furthermore, DMST is hard to identify or confirm unless a young person is caught in the act or is clearly associated with those who are known to be involved in DMST. Even if a young person is brought into social service custody, it is typically difficult to provide evidence that sexual exploitation has occurred due to 1) police

custody based on unrelated charges 2) lack of intake processes which utilize appropriate terminology and/or assessment tools to identify such youth 3) the distrust youth have of the system 4) the unwillingness of youth to admit to or discuss sexual exploitation out of the fear and/or bond youth frequently feel towards their pimp (Countryman-Roswurm, 2006).

Overall, if and/or when a young person is brought into law enforcement or social service custody, they frequently fall through the service gaps, not receiving the appropriate sexual, physical, mental, and/or legal care due to varying perspectives and terminology. In fact, it is not uncommon for first responders or service providers to treat DMST survivors as delinquent criminals rather than survivors of a form of victimization that requires holistic trauma responsive care (Countryman-Roswurm, 2006; Smith et al, 2009). As one might see, language shapes paradigms and paradigms influence the diverse and complex practices of service providers who might have the opportunity to identify and/or intervene in the life of a survivor of DMST (see Table 1). Thus, due to current controversy and inconsistency leading to a lack of early identification (misidentification) and/or treatment, survivors frequently fall through the cracks in service provision.

As a result of the aforementioned cautions, it can be difficult to conceptualize, research, prevent, and/or intervene in issues regarding DMST and/or other forms of sexual exploitation. However, within the constraints of such limitations, it is believed that there is merit, as well as room, to find common ground and begin addressing the needs of those sexually exploited through the subjugation of DMST.

A Proposal for Defining Common Terminology

Lost in the confusion and controversy over definitions and paradigms regarding DMST are the young people who desperately need safe places for care and nurturance. And as Jensen

(2007) states “when definitions for a particular debate are difficult to nail down, that’s precisely when we need a collective conversation and should avoid collapsing into individual judgments” (p. 52). Such inconsistency over DMST/TSE begins with the issue of the terminology regarding minors and/or youth. Flowers (2001) defines children as “persons under the age of eighteen” (p. 86) and Morehead (1995) defines a teen as a person between the ages of “13 to 19 years old” (p. 671). As one can see, these two definitions overlap and it is only one year that separates the two between being a minor and an adult. Adding to the confusion is the fact that many federally funded youth service programs (i.e. Basic Center Programs, Street Outreach Programs, Transitional Living Programs) serve young people up through the age of 21 and up to the age of 22 (Countryman-Roswurm, 2006; Runaway and Homeless Youth Act, 2008). Considering such, the current research will use the terms teen, youth, young person (people), and child interchangeably and will include the ages of young people 22 and younger.

Finding and securing common ground on the definition of domestic minor sex trafficking (DMST) and/or teen sexual exploitation (TSE) is even more difficult. There are social and legal definitions, but most service institutions continue to utilize the term prostitution thus, leading to defining of a person as a prostitute. And “when we think of the word prostitute, a number of synonyms come to mind, many of them stereotypical and sexist: whore, fallen woman, street walker, call girl, white slave, drug addict, runaway, and even victim” (Flowers, 1998, p. 5). Lost in these synonyms is the human child who should be protected by our communities rather than judged and turned away.

The range of definitions, including a description of behaviors, distracts us from the human behind the acts of DMST. For example, Morehead (1995) defines a “prostitute” as “a person who engages in sexual acts for money” (p. 539) and does not include a separate definition

for the term prostitution. Flowers (2001) provides a typical definition of “prostitution” as “sexual relations that include some form of monetary payment or barter and are characterized by promiscuity and/or emotional apathy” (p. 85). Flowers (2001) goes on to say that “legally and historically, prostitution has been defined as a gender-specific offense—or one in which the offender is female” (p. 86). Currently, “prostitution is often defined in gender-neutral terms and includes sexual intercourse along with oral copulation, sodomy, sexual acts between persons of the same gender, and adult and child prostitution” (p. 86). Although society has made some advances with the term through the transition into gender-neutral terms, the human continues to be lost in words detailing behaviors.

It is beneficial and even crucial when working with survivors of DMST to separate sexual experiences and/or behaviors from their identity. Mitchell and Smith (1984) advise this when they define “prostitution” as “a behavior and not the characteristic activity of a specially classified deviant” (p. ix). And Davis (1993) addresses the controversy over prostitution by stating the following:

Conflicting social concepts, moral disagreements, and ambiguity of terminology have served to keep the definition of prostitute in dispute. This confusion is further compounded by the habit, especially in America, of stressing the criminal aspects of prostitution almost to the exclusion of other concerns. Definitions [however] tend to emphasize that prostitution involves the offering by a female of her body for lewd purposes and with the expectation of economic gain. (p. 300)

With this in mind, it is critical for service providers to recognize the individual beyond the DMST experience and/or behavior. Furthermore, it is vital that multi-disciplinary service workers distinguish the lives of sexually exploited young people, stop focusing on the

stereotypes that imprison youth to a certain character or lifestyle, and recognize and respond to the trauma associated with experiences of DMST.

In consideration of such aforementioned literature, the terminology of prostitution and/or prostitute will not be used in the current dissertation research. Rather, the terminology of domestic minor sex trafficking (DMST) and/or teen sexual exploitation (TSE), both being forms of human trafficking, will be used (see Table 1). Shifting language use from prostitution to DMST/TSE 1) reframes the issue as a form of abuse, 2) commits to a paradigm that all sexually exploited children deserve holistic/multi-disciplinary services rather than jail sentences, 3) more accurately represents the scope of the issue and the reality of DMST survivors, and 4) provides a common language that serves as a foundation for facilitating a comprehensive community response (Lloyd & Orman, 2007).

TABLE 1

LANGUAGE AND SENSITIVITY CHART

Domestic Minor Sex Trafficking (DMST) Language and Sensitivity Chart: Changing Paradigms and Changing Treatment	
<p>“Prostitution” = “Prostitute”</p> <ul style="list-style-type: none"> ▪ An identity of a young person who has made a conscious and poor choice to enter the commercial sex industry ▪ Provides no context for “choices” made ▪ A “bad kid” who is resistant to help and may not be worth the effort ▪ Used as an insult or derogatory term ▪ Supports myths and misunderstanding of the issue and of the youth involved ▪ Wrongly equated with a “profession” or type of work ▪ A juvenile offender, a criminal, a deviant ▪ Punishable—youth deserve consequences of sexual violence, social isolation, incarceration, etc. ▪ Denies social responsibility and accountability to address as an issue ▪ Makes it a law enforcement of criminal justice problem 	<p>DMST or Teen Sexual Exploitation</p> <ul style="list-style-type: none"> ▪ A child not developmentally, legally, or socially able to make the “choice” to have sex for money or to become involved in the commercial sex industry ▪ Indicates that multiple factors impact how and why children were subjugated ▪ A young person who deserves intensive support and services ▪ A young person who has been sexually abused, coerced, manipulated, and violently controlled for another person’s profit ▪ Recognizes the vulnerability of children and the inequality and power imbalance utilized ▪ Defines what has happened to a young person, rather than labeling who they are ▪ A form of child abuse ▪ Indicates a system of violence against women and children ▪ A young person victimized by multiple systems of oppression ▪ Calls for social responsibility and accountability to address as an issue ▪ Recognizes that these are our children and thus everyone’s issue to address

Table adapted from Lloyd and Orman, 2007

Under the overarching umbrella of human trafficking there is a distinction between Domestic and International Trafficking. As one might assume, Domestic Trafficking includes trafficking within the United States (U.S.) and includes the “fifty States of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, and the territories and possessions of the United States” (TVPA, 2000, p. 8-9). On the other hand International Trafficking includes trafficking in countries and/or across country borders beyond the U.S. The current research is focused on Domestic Trafficking.

Building on such distinction, the Trafficking Victims Protection Act (TVPA) of 2000 distinguishes between labor human trafficking and sexual human trafficking. As one might infer, both forms of trafficking ultimately include involuntary servitude and slavery practices. However, the TVPA (2000) states that labor trafficking includes the “recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery” (p. 8). On the other hand, the TVPA (2000) defines sex trafficking as the “recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of commercial sex act, in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age” (p. 8). With this, it is critical to clarify that a commercial sex act refers to “any sex act on account of which anything of value is given to or received by any person” and may occur through multiple methods of what is deemed legally as prostitution, pornography, and/or stripping (TVPA, 2000, p. 7). Additionally, in regards to underage survivors of DMST, it is key to reiterate that by law, it is not required to prove force, fraud, or coercion. Though the two forms of human trafficking often intersect, the current research is focused on human sex trafficking of young people.

The current study subscribes to the definitions set forth by the Trafficking Victims Protection Act of 2000; however additional definitions that complement the TVPA are also considered and utilized. For example, the Anti-Sexual Exploitation Roundtable for Community Action (ASERCA) defines DMST/TSE as “A type of violence (*including verbal, emotional, physical, and sexual abuse*) against children and youth which may include coerced or forced sexual acts in exchange for, or the promise of, money, drugs, food, clothing, shelter, or other survival needs. It is a transaction in which the body of a child and/or youth is treated as a

commodity” (Countryman-Roswurm, 2005). Furthermore, in consideration of the fact that most domestic sexual exploitation survivors often identify with their pimp/perpetrator as their boyfriend, the following definition of teen relationship violence is also useful: “Abusive and violent behavior” which reflects “the perpetrator’s desire to control and dominate the victim” and includes “verbal and emotional abuse, sexual abuse, and physical violence” (The National Center for Victims of Crime, 2000).

In an effort to summarize the multiple layers of the stacked and loaded terms DMST and/or TSE, the current research will utilize the terms teen, youth, young person, adolescent, and child interchangeably and may refer to those 22 and younger (Countryman-Roswurm, 2006; Flowers, 2001; Morehead, 1995; Runaway and Homeless Youth Act, 2008). The current research focuses on domestic human sex trafficking and the terms DMST and/or TSE may be used interchangeably and will refer to a type of stressor that induces trauma. Ultimately, DMST/TSE is the most heinous and yet far too often the most invisible form of child abuse in the U.S. today. And disheartening is the fact that such sexual exploitation, such modern-day form of slavery, targets the most vulnerable of populations with mental, emotional, physical, and sexual abuse.

National and Local Extent of DMST

Examining the issue of DMST often elicits a “not in my backyard” response. It is easier to think of children only being sold and bought for the purposes of labor or commercial sex acts in international countries. However, the commercial sexual exploitation of U.S. children and youth is “now tied with the illegal arms trade as the second-largest and second-fastest-growing criminal enterprise...both of them trailing only the illicit drug trade” (Winn, 2005, p.1). For example, Congress has found that “at least 700,000 persons annually, primarily women and

children, are trafficked within or across international borders” (TVPA, 2000, p. 4). And the TVPA (2000) estimates that “approximately 50,000 women and children are trafficked into the United States each year” (p. 4). Furthermore, Smith et al. (2009) states that “at least 100,000 American juveniles are victimized” through DMST each year (p. iv). Additional estimates of U.S. children and youth domestically trafficked for the purpose of sex acts range between one and two million (Flowers, 1998; Davis, 1999). The average age of entrance into such subjugation of DMST for American children is between the ages of 11-14 (Fang, 2005; U.S. Department of Justice, 2011). And Mid-West communities including Wichita, Kansas, are not free from such child trafficking.

Perhaps shattering the mental image held by many, Kansas is not the picturesque farmland portrayed in the memorable film, *The Wizard of Oz* (Metro-Goldwyn-Mayer, 1939). For example, Clayton (1996) reported that “Kansas is the favorite recruiting ground for the New York City sex trade. Over a five-year period, 33 of 262 children identified” as sexual exploitation survivors “in New York City” reported that “they were from Kansas” (p. 5). Clayton (1996) goes on to say that Florida ranked as the 2nd most utilized recruiting ground for DMST with 22 identified children.

On May 24, 2009, the *Wichita Eagle* ran a front-page feature article under the title “Child Sex Trafficking is a Growing Problem in Wichita.” Through numerous interviews with local social service professionals and the police, in addition to consideration of local runaway youth reports and the National Runaway Switchboards (2005) report that out of every three youth on the street, one will be sexually exploited within the first 48 hours of leaving home, reporter Wenzl (2009) concluded that “between 300-400 Wichita-area children every year are significantly at risk to become victims of sexual exploitation.” With this in mind, and as

aforementioned prior in regards to cautions and considerations, there is a great disparity between the number of young people at-risk of and/or subjugated to DMST and the number of such survivors who are identified and served. For example, Gallagher & Lanza (2006) stated that the Kansas City Regional FBI had seen a 170% increase of human trafficking investigations from 2001 to 2005 (from 51 to 146). Furthermore, Finger (2011) from the Wichita Eagle interviewed Wichita Deputy Police Chief Tom Stolz who communicated that “sex-trafficking cases have more than tripled in Wichita over the past four years.” Stolz went on to tell Finger (2011) that “documented cases have jumped from nine in 2008 to 28 so far this year” and “there were 22 [cases of DMST] last year.” By the end of 2011, there were 44 cases of DMST worked by the Wichita Police Department through the Exploited and Missing Children’s Unit (EMCU). However, as Kent Bauman (2008) from the EMCU has stated many times, we know that “this is just the tip of the iceberg.”

To demonstrate this, as a grant recipient from the U.S. Department of Health and Human Services, the Wichita Children’s Home (WCH) interviewed 250 youth during their intake and assessment process between 2007-2008. Preliminary analyses of such data reveals that 67% reported they had been sexually assaulted or raped; 46% had been propositioned to strip, go on a date or provide sexual acts in exchange for food, shelter, money or drugs; and 40% reported that they had been forced, frauded, or coerced to exchange sexual acts for food, shelter, money or drugs. Thus, once propositioned and/or pursued, 100 of the 250 young people interviewed were forced, frauded, or coerced into sexual exploitation. This is only including the youth we know about, the children who survived and were lucky enough to make it into safe shelter (Schmidt & Countryman-Roswurm, 2010).

The shadowy, amorphous underworld of DMST is difficult to map; consequently, the exact number of children who are being sexually exploited in Wichita, Kansas, is impossible to enumerate. Nonetheless, all indications—from statistics on risk factors to the testimony of social service professionals, law enforcement and those victims willing to speak out—are that the community faces a crisis that requires an immediate response (Potter, 2011; Sylvester, 2011; Wenzl, 2009). A response that communicates that one child subjugated to DMST is too many and a response that includes recognizing and decreasing the issue of demand.

If we are to end and/or prevent future DMST within the U.S. we must address the larger social and cultural risk factors and norms that allow for the continuance of demand for the selling of young people for commercial sex purposes. Until then, we must, at minimum, focus on those directly creating the demand of DMST – the buyers. The Department of State (2011) reports that “poverty, unemployment, lack of opportunity, social upheaval, and political instability facilitate traffickers’ ability to recruit victims” and the “economic reality is that human trafficking is driven by profits” (p. 21). Furthermore, the Trafficking Victims Protection Act Report (Department of State, 2011) states that “if nobody paid for sex, sex trafficking would not exist” (p. 21). However, Smith et al (2009) posits that though “demand is the primary drive of the commercial sex industry within which children are being exploited for commercial sex activities and performance,” law enforcement investigations are not responding to the fact that “buyers are...a critical component in the sex trafficking of children” (p. vi). Ultimately, it is the responsibility of Federal and local Governmental agencies, including legal/law enforcement infrastructures to help identify and serve survivors of DMST as well as bring both traffickers and buyers to justice (Department of State, 2011). In agreement with this assertion, Smith et al. (2009) proposes “innovative investigative techniques that shift the burden of making the case

against a perpetrator away from the juvenile victim and focus instead on arresting all parties to the crime of the sexual exploitation of a child are required” (p. vi).

In sum, DMST crosses all socio-economic, racial, religious and community boundaries within the U.S. Children and youth victimized in human trafficking are not social outcasts or criminals. Rather, they are our neighbors and friends, our nieces and nephews, and our children and grandchildren who have been or who are currently being mentally, physically, and sexually abused. Combating all forms of human trafficking, whether labor or sexual exploitation, takes a collaborative multi-disciplinary approach that bridges the gap between direct practice, research, and policy. This includes providing public awareness and professional training, prevention services, early identification and intervention services, survivor protection and human rights advocacy, perpetrator prosecution, and recovery services, while at the same time working to reduce the demand that encourages trafficking to occur in the first place (Countryman-Roswurm, 2010).

Forms and Venues of DMST

Adding to the difficulty of identifying and appropriately intervening in cases of DMST are the multiple forms and venues in which it occurs (Countryman-Roswurm, 2006; Farley, 2007; Lloyd and Orman, 2007; Smith et al., 2009). With this in mind, it is important to recall that under the provisions of the Trafficking Victims Protection Act (TVPA) of 2000, any minor under the age of 18 who is involved in a commercial sex act, regardless of the form or venue, is a victim of human trafficking. And yet, it is also critical to understand that frequently, in an effort to perpetrate exploitation and divert law enforcement (i.e. possibly only eliciting a ticket rather than arrest depending on State law in the location of exploitation), traffickers often purchase or make DMST victims/survivors fake identification cards falsifying them as legal adults.

DMST may occur in the form of family or intimate partner violence. Such DMST is also known as interfamilial pimping. This form of DMST may range from a mother selling her daughter in order to meet the needs of her addiction or to pay her monthly living expenses; to a father formally selling his wife and/or children, through a multitude of venues, for financial gain. DMST may also occur in the form of gang-based sexual exploitation. This may include the selling and/or purchasing of a person who 1) was forcibly taken by members of gang or 2) who is a member of a gang. In either case, the gang is the face of the pimp – ultimately profiting from the commoditization of a human life. Lastly, DMST may also occur in the form of survival sex. Survivor sex includes the trading of a commercial sex act with a minor, in exchange for money, food, shelter, etc. in efforts that the minor can meet their own basic needs.

Venues of DMST are vast and may include settings involving stripping. This can range from formal stripping that occurs in a strip club to informal stripping that is arranged outside the use of a strip club business for the purposes of private parties. Both forms of stripping are regularly used as an entry grooming point for more severe venues of DMST (Countryman-Roswurm, 2006; Raymond and Hughes, 2001). Commercial sex shops (i.e. businesses which sell pornographic materials, offer private viewings of erotic films, etc.), escort services (i.e. businesses which sell sex under the guise of a dating service), phone sex lines, and brothels are also venues of DMST. However, perhaps more hidden are the DMST venues of street exploitation; restaurants, clubs, and bars; motels and residential apartments/homes; truck stops (often frequented during weekend sex tours in which a pimp refers to his victims as “lot lizards” – forcing them to go from truck to truck performing sex acts); massage parlors and spas (i.e. erotic/nude massage); and shoe shine shops (a place more typically known for male sex exploitation). Regardless of the exact form or venue, the use of web sites, social media, and

internet-based pornography is a primary conduit for the advertisement, arrangement, and direct exploitation of DMST victims/survivors. Considering this, we as service providers must recognize that the abolition of DMST will never be accomplished within our country if we do not first address the widespread use and normalization of pornography.

Though a full discussion regarding the link between pornography and all forms of sexual exploitation, including DMST, extend beyond the confines of this dissertation research, it is critical to briefly illustrate the connection. Jensen (2007) strongly states, “pornography is a mirror of the way this culture hates women and children” (p. 50). After all, through pornography, woman “can be reduced to a thing to be penetrated...and men will buy movies about that, and...in many of those movies your humiliation will be the central theme” (p. 14). And yet, society tends to act surprised by the direct selling and purchasing of humans for the purposes of sexual gratification. Building on these assertions, and connecting pornography to the subjugation of DMST, Dworkin (1993) posits that “In the subordination of women, inequality itself is sexualized: made into the experience of sexual pleasure, essential to sexual desire. Pornography is the material means of sexualizing inequality; and that is why pornography is a central practice in the subordination of women” (p. 264-265). Thus, it should be of no surprise that within DMST 1) pornography (including pictures or films used as blackmail to cause fear, embarrassment, and/or humiliation) is frequently used as a means to gain control (Klain, 1999); 2) pornography is often used as an “educational tool” during initiation/grooming (Raymond and Hughes, 2001, p. 10) and a way to “normalize” sexual exploitation during the “seasoning” process (Klain, 1999); and 3) pornography is often used as a means to advertise survivors and/or to communicate sexual requests desired by the buyers (Klain, 1999).

Structure and Persons Involved in DMST

Driven by the demand supported through social and cultural norms, as well as by social and cultural risk factors, the structure of DMST preys upon the most vulnerable young people in our society (see Figure 1 below). Involved in DMST are the buyer, often referred to as a “john”, who supports the exploitation and allows the cycle of abuse to continue by creating the demand. Additionally, there is the recruiter (this may or may not be the same person who acts as the trafficker/pimp) which is the person(s) who initially forces and/or lures (through fraud and/or coercion) the young person into DMST; the pimp(s) (could be a man or woman, gang, relative, boyfriend, etc.) who is the person(s) who forces, frauds, or coerces the young person into the act(s) of exploitation and who directly profits from the commoditization of the DMST victim; and most importantly are the young people who are subjugated to DMST (Countryman-Roswurm, 2006). It is on these young people, those that are survivors and victims of DMST, which the current research study will primarily focus.

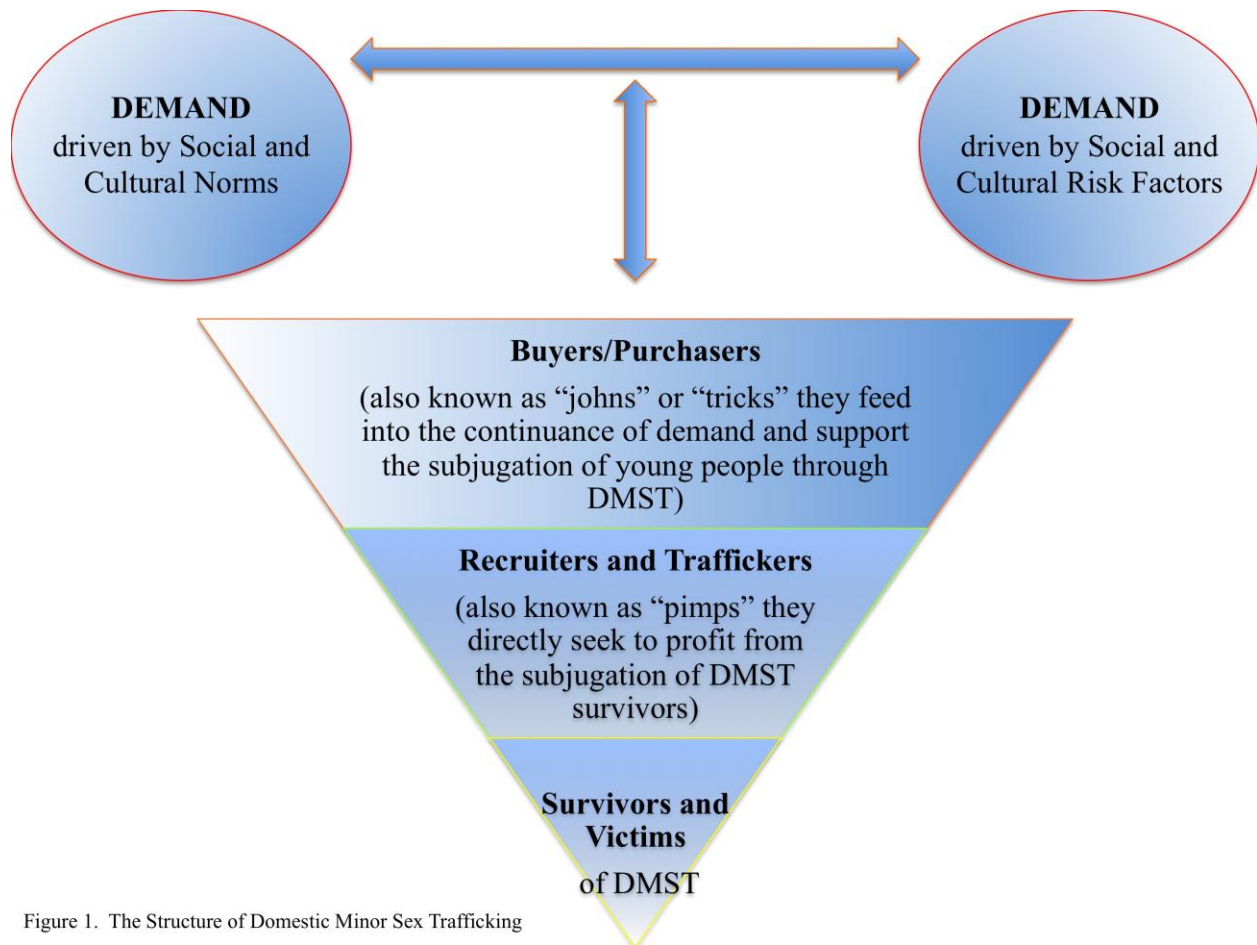


Figure 1. The Structure of Domestic Minor Sex Trafficking

Buyers Creating Demand

Within the United States, “an estimated 16 percent of men have paid for sex on at least one occasion” (Malarek, 2009, p. 12). Similar to the unassuming and average name “john,” the buyers which fuel the demand for DMST are typical men – covering a wide array of personal, professional, and spiritual backgrounds (Malarek, 2009). In fact, Raymond and Hughes (2001) found that the buyers of person’s for sexual purposes range in age and come from a variety of socio-economic classes. Furthermore, studies have found that the majority are married and range from working-class to prominent professionals (Malarek, 2009; Raymond & Hughes, 2001). With this in mind, the commoditization of people for sexual purposes is unacceptable and is

absolutely not the norm. The men who do so are “all about entitlement, power, and control” (Malarek, 2009, p. 10). And porn serves as:

The halftime show between sex junkets abroad, something to tide the travelers over until they can head out again. It is the poor cousin of prostitution – a man’s surrogate for the kind of sex he craves but can’t easily get or afford. And while the porn industry tries to sell its product as a form of sexual liberation, free speech, and artistic expression, pornography is in essence prostitution, because it involves the purchase of another person’s body for sexual gratification. Therefore, the men who buy and watch porn are themselves johns. (p. 193-193)

Furthermore, through sexual exploitation, buyers seek to produce their own “private porn flick” in an attempt to make themselves “feel good” if only for a brief moment (Malarek, 2009, p. 10-11).

Though we know that DMST will only end if we reduce the demand, our society continues to target the victims and/or survivors subjugated to sexual exploitation. Malarek (2009) sums this perfectly when he articulates that “while the women are stigmatized with terms laced with opprobrium and distaste – prostitutes, hookers, whores, harlots, and sluts – the users of prostituted women are benignly tagged clients, patrons, customers, and johns” (p. xiv).

Proving this point even further are the arrest rates. In 2004, Chicago arrested 3,204 women for “prostitution” and yet only 950 “johns” were arrested (Lloyd & Orman, 2007). This fact is concerning as it is they, the buyers, who support the incentives and profits for traffickers and crime networks to enslave and subjugate more and more young people to DMST.

Recruiters and Traffickers Supplying Demand

Though the stereotypical image of a pimp being that of an adult African American male wearing a large colorful top hat is held by many, the truth is that there are many unassuming faces to those that act as the recruiters and traffickers of DMST (Countryman-Roswurm, 2006; Polaris Project, 2011). Often referred to as pimps, faces range from pornographers to mothers and from young adolescent boys to business owners. Regardless of the exact face, they all have one thing in common – the pimp seeks to profit from the commoditization of the young person through DMST subjugation.

At the cultural level of exploitation, is the first of “three general types” of pimping referred to as “media pimping” (Stark & Whisnant, 2004, p. 7). Selling the false and detrimental fantasies that feed into the demand of DMST, these pornographers – often powerful, financially secure Caucasian men such as Hugh Hefner with Playboy, Joe/Joseph Francis with Mantra Media Group (e.g. Girls Gone Wild), and Larry Flynt with Hustler, remain under the radar and thus, unrestricted in the messages that they sell. In fact, they even operate “education” and “support” web sites selling the idea of street level pimping to minority men.

At the community level, the second general type of pimping is referred to as “business-level” pimping. Such recruiters and traffickers, operating within the cycle of DMST subjugation, include owners and/or operators of bars and strip clubs, hotels/motels, taxi-cab services, massage parlors, adult video and/or book stores, etc. Often posturing as legitimate business owners, they utilize their venture as a means for promoting and profiting from the sexual exploitation of others.

Finally, those more directly involved in and/or charged in the subjugation of DMST, are the “foot soldiers” of DMST (Stark & Whisnant, 2004). Occurring at the individual level, street-

level pimping is facilitated by males and females with varying racial and ethnic make-up; minors and adults, individuals and gangs, strangers, friends, partners, and family members. To demonstrate such diversity in the profile of a pimp, in a study with street-level pimps in Chicago by Raphael and Myers-Power (2010), 64% were African American, 20% were Caucasian, 4% were Hispanic, and 8% were Biracial. Furthermore, 72% were male, 28% were female, and the average age at which the participants had begun pimping was 22 years of age. Though each kind, or rather face, of the pimp operates under their own form of pimping structure and/or set of methodical guidelines for varying reasons – an in-depth discussion which stretches beyond the scope of this dissertation research – all pimps utilize a grooming and/or seasoning process to control their victim.

In light of the fact that most young people subjugated to DMST are considered to be a vulnerable population, immersed in a life fraught with a variety of risk factors and with limited support, the grooming and/or seasoning process may not take much effort at times. However, pimps systematically utilize intentional methods of traumatization in an effort to gain specific forms of psychological, emotional, physical, and sexual control over their victims. Farley (2007) states that:

Pimps assume psychological, biological, social, and economic control over the lives of the women they sell to johns through the use of chronic terror, cunning use of various aspects of captivity, and isolation from others who might offer support and validation. In addition they employ starvation, sleep deprivation, protein deprivation, conditioned physiologic hyperarousal, unexpected sexual violence, and learned helplessness. (p. 49)

Often initiating the grooming/seasoning process with the use of multiple tactics such as the use of jealousy and possessiveness, insecurity, intimidation, anger, accusations, flattery, status,

bribery, and control (McGee & Buddenberg, 2003) pimps frequently progress into the implementation of more brutal abusive seasoning tactics such as those mentioned previously. Then, with their victim emotionally, psychologically, physically, and sexually beaten down, pimps will insidiously interweave moments of relief, gift giving, tenderness, support, and perhaps most importantly, promises of a lasting relationship full of love and privilege.

To assist in steering away from the tendency to blame the young people victimized in DMST subjugation, it is important to understand that such young people, recruited and won over by many of the same techniques utilized in cults (Farley, 2007), are ultimately caught in a “powerful and enduring trauma bond” with their perpetrator (p. 50). And within such bond – one which is overflowing with the use of power and control – the pimp is able to obtain the young person’s full and “total subordination” to him/her (p. 51). The young person trapped in the subjugation of DMST is bonded to her pimp “by the traumatic violence he subjects her to and periodic indulgences he bestows on her” (p. 51). Furthermore,

The complex psychobiology of trauma, attachment, and survival (brilliantly manipulated by the pimp) leaves the prostitute-victim ensnared by her own adaptation responses.

Outsiders see them as partners rather than dominator and subordinate. This misinterpretation of their relationship further cements her bond to him. (p. 51)

Thus, whether considering themselves to be a finesse or gorilla pimp (see A Note to the Reader) utilizing mind control techniques such as unassuming long-term grooming or bait-switch-hook; and regardless of their use of techniques (e.g. social isolation, sensory deprivation, torture, forced exhaustion, familial threats, degradation, forced pregnancy, forced drug use/abuse/addiction, etc.) pimps assume full jurisdiction over their victims.

In consideration of all of this, it is necessary to point out that while predators, pimps were victimized as children in a similar fashion as those subjugated to DMST. For example, research within the mid-west city of Chicago demonstrated that within their childhood home, 88% of pimps had experienced physical abuse, 76% had been sexually assaulted with an average age of nine as the time of the initial victimization, 88% had witnessed domestic violence, 84% were exposed to drugs and alcohol, 24% had been committed to foster care, and 48% had run away from home due to physical and/or sexual abuse. Furthermore, 60% came from homes in which they had been made aware of and even immersed in the life of sexual trafficking, and at an average onset age of 15 years, 68% of the pimps reported that they had “sold their bodies for sex prior to pimping” (Raphael and Myers-Powell, 2010, p. 1-3). Thus, in a search for their suppressed ability to exercise and/or embrace their own human dignity, personal control, and use of power and choice, they became opportunists seeking to profit from the demand for human subject supply. More so, with an inside understanding of the weaknesses and vulnerabilities born out a tumultuous childhood, they learned to search and wait, like a predatory animal, for opportunities to play into the spirit of need of young people previously victimized, and then they pounce.

Victims and Survivors Commoditized

Though it is the most marginalized and vulnerable youth who serve as prey to the perpetrators of DMST, it is important to point out that similar to the buyers, recruiters, and traffickers, the victims and survivors of DMST also come from a variety of backgrounds and represent diversity of race, gender, religion, and socio-economic status. Thus, though it is critical for service providers to pay attention to the risk factors of those who may be most susceptible to DMST subjugation, it is just as important to understand that DMST can and does

happen to anyone. It is not just the girl who lives across town in a poverty-stricken neighborhood who is at risk for DMST. It is also the young man who spends his free time on Facebook while his two parents work long hours in their lucrative medical practice. And it is not just the young Hispanic boy who wanders his neighborhood unattended. It is also the young lady who spends her afternoons volunteering at her local church before heading home. Yes, survivors of DMST typically share stories of tumultuous childhoods. Many examples of such stories will be shared throughout this dissertation research. But, the fact of the matter is that those subjugated to DMST are our neighbors and friends, our nieces and nephews, our mothers, our children and our grandchildren. They are girls like you, and they are girls like me.

Indicators of DMST/TSE

Regardless of the exact characteristics or circumstances of the young person subjugated to DMST, there are indicators that can assist service providers in identifying and intervening in situations in trafficking. Some indicators may include a young person's expressed lack of freedom to leave their living or working condition. Or, perhaps they are not allowed to keep possession/control of their own identification documents such as their birth certificate and/or social security card. Additional indicators posed by Able-Peterson & Wayman (2006), which may also act as risk factors for DMST, include: abusing drugs and alcohol, drastic sexualized changes in appearance, truancy or dropping out of school, low self esteem, learning disabilities, mental health issues, familial and/or or peer history of sexual exploitation, chronic criminal activity and/or gang involvement, having boyfriend-type relationships with older men, history of childhood sexual abuse; history of dating violence, history of out of home placement, foster care or institutionalization, inquiring about fake ID's (used for strip clubs, escort services, and pornography) and/or using an alias.

It is critical to understand that one and/or a culmination of such indicators do not certify that DMST subjugation is in fact occurring. However, such indicators should cause a pause to consider, look into, and/or inquire about the possibility for DMST subjugation. A summary of indicators in which parents and multi-disciplinary service providers should pay attention to is included in Table 2 below.

TABLE 2
INDICATORS OF DMST

1.	Dress – a sudden change in wearing more sexualized clothing and/or the sudden obtainment of many new clothes without an appropriate explanation as to how such clothing was purchased.
2.	Language – pay attention to a change in language and/or the use of new sexualized street slang. Furthermore, pay attention to the content of discussion. Is the young person talking about spending time with a “boyfriend” who is often surrounded by several other underage girls/boys; going on many “dates” in which items of monetary value are received; or hanging out in motels?
3.	Extreme and quick attachment – did the young person just meet someone who they are suddenly bonded to in a manner that is not based on time and consistent trust?
4.	Protection – is the young person in need of forms of sexual protection, but are they afraid as to the amount of protection in their possession (e.g. possibly in fear that they may be picked up by law enforcement for possible solicitation)?
5.	Multiple sex partners – does the young person seem to have a large number of sex partners with whom they have no emotional bond?
6.	Possession of hotel/motel room keys – hotels/motels are a primary location in which DMST occurs.
7.	Excess amount of cash – obtainment of money without an appropriate explanation as to how such money was earned.
8.	Fake ID/Lying about age – often as a means to conceal the illegal sexual interactions with adult predators and/or to obtain access/employment at strip clubs, porn stores, bars, etc.
9.	Inability and/or fear to make eye contact.
10.	Presence of an overly controlling and abusive “boyfriend” – who keeps close tabs on the young person’s every movement.
11.	STI/STD infections, multiple unplanned pregnancies, etc. – particularly without knowledge of how or by whom such infection and/or pregnancy was obtained.
12.	Injuries/signs of physical abuse and/or torture – do they have injuries and are unable to explain how such injuries occurred? Do they seem fearful of talking with you about who perpetrated the abuse?
13.	Cross-generational relationships – in which there is a strong potential for a relationship power imbalance.
14.	Signs of branding – such as the wearing of jewelry; or burns, and/or tattoos that indicate that they are the property of someone else (e.g. pimps will often tattoo their names on the necks, breasts, or backs of their DMST victims) and/or that they are sexualized in some form (e.g. “money maker” or “rump shaker”).
15.	Risk factors – such as those mentioned throughout this dissertation research, serve as possible indicators of DMST subjugation.

Table 2 has been modified from presentation materials by Countryman-Roswurm (2006).

Barriers to Self-Identification and Exit

In addition to the pimp tactics utilized to force, fraud, and coerce a young person into DMST subjugation and/or the trauma-bond formed in the process, there are additional barriers to a young person's self-identification and exit from DMST. For example, whether reality or a false perception, a young person may feel like they have no choice or option to leave their perpetrator. They may feel fear, shame, embarrassment, self-blame, and hopelessness due to their circumstances and/or the sexual behaviors in which they have already experienced (Countryman-Roswurm, 2006; Polaris Project, 2011). And in fact, they may be so traumatized that they blame themselves for their abuse and see no possibility of leaving their situation. They may be physically captive, confined, and/or isolated away from friends and/or family. Or, they may be restrained through the threat and/or use of violence (e.g. physical beatings, rape, torture, assaults and threats with weapons, threatened reprisal against loved ones). The perpetrator may also keep the young person under their control through misinformation and false promises to free them or marry them. Or the trafficker may control their victim through a fabricated never-ending cycle of debt bondage and/or creating a vicious cycle of obligation. The perpetrator may also establish, utilize, and/or build upon the youth's distrust of law enforcement or other authority figures. Perhaps most successful in barricading the young person from self-identification and/or DMST exit is the mental/emotional learned loyalty and/or dependency on their perpetrating pimp. Again, mentioned previously as a formed trauma-bond, and similar to stockholm syndrome, this dependency, similar to that of a domestic violence victim, is difficult to break.

A visual aid (Figure 2) representing the violence endured by a DMST victim/survivor is provided below in the Polaris Project (2011) Power and Control Wheel:



Note: this wheel was adapted from the Domestic Abuse Intervention Project's Duluth Model Power and Control Wheel, available at www.theduluthmodel.org
 Polaris Project | P.O. Box 53315, Washington, DC 20009 | Tel: 202.745.1001 | www.PolarisProject.org | Info@PolarisProject.org
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Figure 2. Polaris Project (2011) Human Trafficking Power and Control Wheel.

The Consequences and Cost of DMST

Regardless of the exact set of circumstances, the consequence and cost for DMST survivors is large. After all, young people subjugated to DMST are often exposed to homelessness, weather elements, malnutrition, sleep deprivation, verbal harassment, physical abuse, sexual abuse, disease, drugs and alcohol, etc. (Able-Peterson and Wayman, 2006). And through the process of being forced to perform sex acts with between one to 20 men per day (Raymond and Hughes, 2001), the young people subjugated to DMST endure a cycle of violence that includes isolation, battering, and degradation. Specifically, Raymond and Hughes (2001) found that young people subjugated to DMST endure physical injuries such as cuts and broken bones, face and head injuries, and mouth and teeth injuries and that a large majority of them contract sexually transmitted infections. Furthermore, Raymond and Hughes (2001) state that nearly half of women subjugated to sexual exploitation feel hopeless; the majority feel depressed; more than half experience anger and rage; and over 60% have had suicidal thoughts and have tried to hurt and/or kill themselves. There are also high rates of those who are drugged, mutilated, severely beaten, sexually assaulted, and stalked by their buyers, recruiters, and traffickers; and who are murdered by serial killers.

With this in mind, it is critical to understand that DMST is abuse. A form of abuse so severe that it causes insurmountable destruction. It disassembles the human body...commodifying each piece – the mouth, the breasts, the vagina, the rectum – into something that can be stolen, something that can be sold, something that can be bought. And through such processes, no one stays whole (Dworkin, 1997).

Through such mental, emotional, physical, and sexual dissemblance, 66% of DMST survivors suffer from symptoms of posttraumatic stress disorder in comparison to 20-30% of

Vietnam Vets (Farley, 2003). And the death rate of those involved in DMST is 40 times higher than the general population. In fact, the FBI estimates that a young persons average life expectancy is only 7 years from the date of her first experience of DMST subjugation (Fang, 2005) with HIV/AIDS and homicide as the main causes of death.

Although the direct corollary of DMST occurs at the individual level, the consequences and/or costs of DMST for our communities and larger society are also large. For example, despite the fact that not much information is available directly relative to DMST, Prevent Child America (2008) does illustrate the severity of DMST consequences by estimating societal costs of sexual exploitation to include an annual expenditure of \$70.7 billion treating long-term and indirect effects through “special education, mental and physical health care, juvenile delinquency, lost productivity, and adult criminality.” Thus, in sum, from the young person subjugated to DMST to our communities at-large, trafficking affects all of us within the U.S. whether directly and/or indirectly.

Risk and Resilience

The terms risk and resilience, in association with the terms vulnerability and protective factors, are based in research and relate to the practice of prevention services (Catalano and Hawkins, 1996). For example, throughout the developmental process, all humans are affected by risk and resilience experiences that influence thinking, feeling, and behavior patterns. Risk experiences and/or characteristics often lead to paths of additional risk experiences due to the development of antisocial coping skills and/or antisocial behavior. In the same way, resilience experience and/or characteristics often lead to paths of additional resilience experiences due to the development of prosocial coping skills and/or prosocial behavior. Thus, risk and/or vulnerability factors are considered for examining the possibility for future negative behaviors and/or experiences and resilience and/or protective factors are considered to examine the

potential for future positive behaviors and/or experiences (Hawkins, 1996; Hawkins, Catalano, & Miller, 1992). Awareness of such information can not only help service providers in identifying young people at risk of potential experiences and/or behaviors such as DMST, but can also assist providers in more appropriately providing intentionally individualized and effective interventions.

In short, an understanding of risk factors helps social service providers identify “factors that accentuate or inhibit...deficiency states, and the processes that underlie them” (Haggerty et al., 1996). And an understanding of resilience factors assists providers in identifying factors that relate to “health under stress, and the dynamic processes that contribute to positive development” (Liebenberg & Ungar, 2009). With this in mind, though this dissertation research will primarily focus on individual risk and resilience factors, it is important to point out that such factors do not occur within a vacuum. Rather, risk and resilience factors occur at all levels ranging from the micro or rather more individualized level to the macro societal and/or cultural level (see Figure 3 below). In fact, there are societal and cultural norms that both contribute and feed upon familial and individual risk/vulnerability and/or resilience/protective factors.

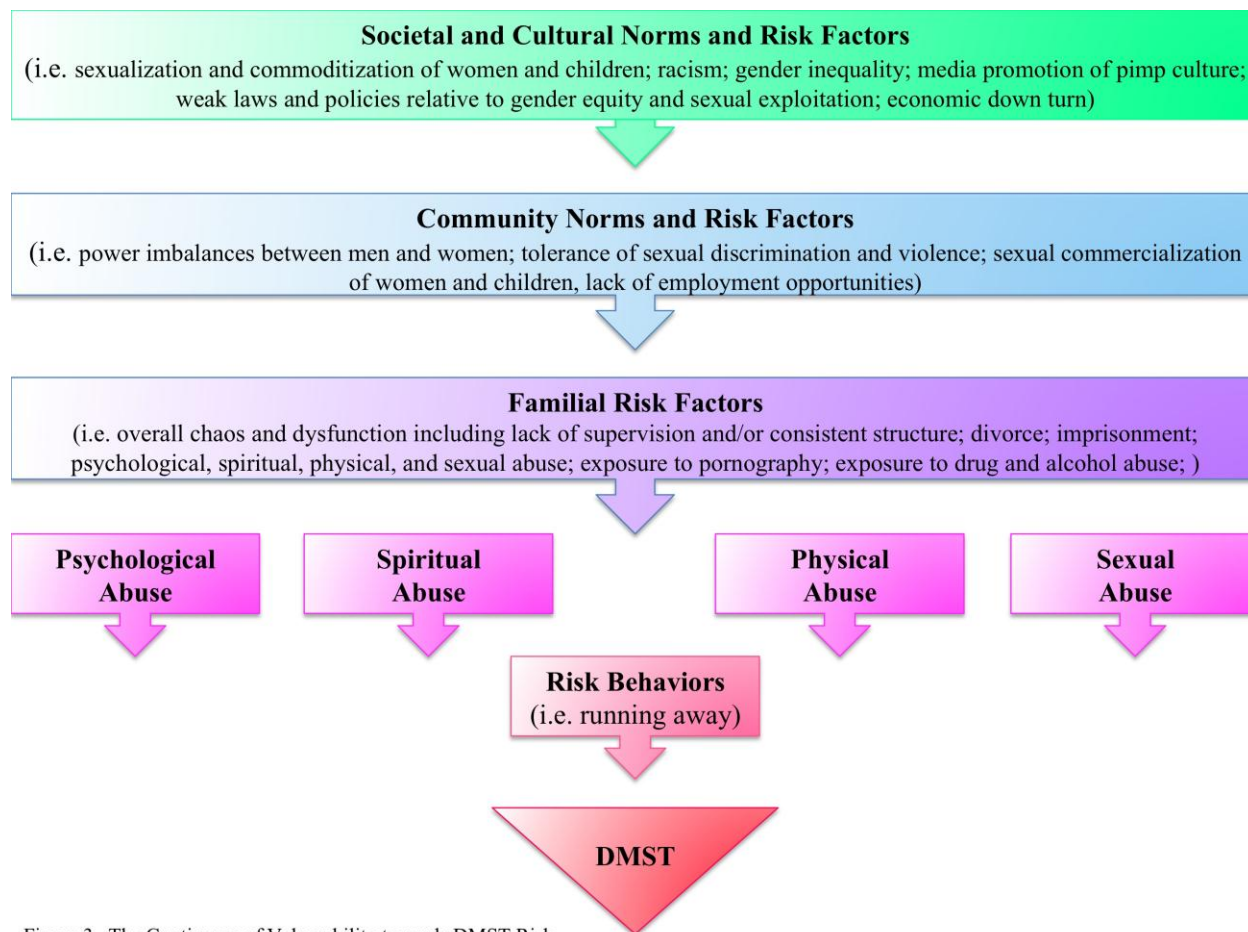


Figure 3. The Continuum of Vulnerability towards DMST Risk

Individualized Risk Factors

Though there is an abundance of literature relative to the general concepts of risk (Liebenberg & Ungar, 2009), there is limited information specific to risk factors of DMST. The literature research that has been identified relative to risk factors and vulnerability for DMST will be presented below; however no information specific to resilience and DMST has been identified and therefore, will not be presented. Supporting such a lack of information regarding even general research in regards to resilience, Liebenberg and Ungar (2009) state that “what we know far less about is the ways in which large numbers of young people not only survive stressful environments but thrive in spite of the risks to which they are exposed” (p. 3). Nevertheless, Liebenberg and Ungar (2009) go on to propose that:

We can't study resilience without studying risk. Resilience is the positive end of the developmental continuum that occurs for children who experience both acute and chronic exposure to stressors like poverty, abuse, war, violence, neglect, drug addictions, mental illness, disability, marginalization, racism, and a myriad of other ways their well-being is threatened. Studying resilience requires that we assess the level of risk posed to children, which means we must get close enough to vulnerable individuals to understand their lives within the culture and context in which they live. It is little wonder, then, that research with vulnerable populations has proven difficult. (p. 3)

Therefore, though no literature has been identified relative to resilience and DMST, this dissertation research will examine DMST risk literature and will explore and develop concepts of both risk and resilience through quantitative and qualitative research.

With all of this in mind, and in hopes to not send conflicting messages, it is important to understand that while awareness and recognition of risk factors for DMST is critical to more effective prevention and intervention services, DMST may and does in fact occur with young people with various antisocial and/or prosocial backgrounds. There are factors that appear to make young people more at-risk of and/or vulnerable to DMST; however absolutely no one is immune. Children and youth victimized in human trafficking are not social outcasts or criminals. Rather, they are our neighbors and friends, our nieces and nephews, and our children and grandchildren who have been or who are currently being mentally, physically, and sexually abused.

Considerations of Childhood Neglect and Abuse

Sexually exploited youth often have a history filled with a myriad of neglect, abuse, and trauma. As Halcón and Lifson (2004) explain, "Risk behaviors in adolescents tend to cluster,

meaning that young people engaged in risk behaviors are often engaged in more than one” (p. 76). And in the same way, the risk factors, which lead to the youths’ risk behaviors, are also clustered.

These clustered risk factors affect the early life experiences and often perpetuate the cycle of victimization in the lives of young people. Studies have found that poverty; familial abuse and neglect, problematic relationships with caregivers, and drug and alcohol abuse are correlated with the risk of female DMST (Farley et al., 2003; Herman, 2003). In fact, in a qualitative study with 40 homeless, runaway, throwaway youth (HRTY), it was found that youth subjugated to DMST reported familial issues of substance abuse and criminal activity “selling drugs being the most common” within the home (Tyler & Johnson, 2004, p. 434). Furthermore, Tyler and Johnson (2004) found that “90% had experienced physical abuse and one third had experienced sexual abuse” (p. 434).

Corroborating such studies, Flowers (2001) posits that “many [homeless youth subjugated to DMST] have been victims or witnesses to physical and emotional abuse, neglect, or domestic violence” and in fact, “studies show that sexual abuse, in particular, is a significant predictor of adolescent girl” DMST (p. 89). Davis (1999) adds to this list of early life risk factors when she states that “physical abuse was experienced by almost 65 percent; emotional abuse was reported by 82 percent; and sexual abuse was a factor in the lives of nearly half the sample” of young people victimized through DMST (p. 131). Specifically in regards to childhood sexual abuse, Lloyd and Orman (2007) found that between 70-90% of DMST survivors have a history of child sexual abuse. And Raymond and Hughes (2001) found through their interviews with U.S. sex trafficking survivors and social service providers that between 65 to more than 80% of those subjugated to sexual exploitation had experienced childhood sexual

molestation, rape, and/or incest. Such childhood neglect and abuse serves as “boot camp” for DMST. The child is already “trained” for her perpetrator and “the training is specific and it is important: not to have any real boundaries to her own body; to know that she’s valued only for sex...” (Dworkin, 1997, p. 143). And yet, we must consider that this is not an exhaustive list of early life risk factors experienced by DMST survivors, but rather just a short sample of the “seasoning” process that began early in life development.

Considerations of Teen Relationship Violence

Teen relationship violence (TRV) is explained by The National Center for Victims of Crime (NCVC) as “abusive and violent behavior in teen dating relationships” which reflects “the perpetrator’s desire to control and dominate the victim” (2006). NCVC states that teen relationship violence “happens in both heterosexual and homosexual relationships” and “it covers a wide range of behavior that includes verbal and emotional abuse, sexual abuse, and physical violence” (2006). TRV stands out as one of the notable risk factors for DMST because it is not only dependent upon the same risk factors as DMST, but is also closely tied to the signs of someone being “groomed” for and/or involved in DMST (McGee & Buddenberg, 2003, p. 42). In addition, DMST is often a hidden form of relationship violence as it is frequently a dating partner who grooms, manipulates, and forces the youth into the exploitation.

Many teen girls involved in DMST are tricked into believing and report that the one who acts as their pimp is their boyfriend (Countryman-Roswurm, 2006). According to a study by Tyler and Johnson (2004) “boyfriends perpetrated the majority of victimizations that women experienced” (p. 439). They provide an example of this by describing that “Stacey was exploited by her boyfriend who first got her hooked on crack and then coerced her into selling her body for money” (p. 439). Supporting such findings, Raymond and Hughes (2001) found in their study

that 28% of sexually exploited women within the U.S. described a past intimate partner relationship with the man who later trafficked them. They go on to explain this by stating that “they and other victims described the classic dynamic of battering that evolved into pimping. Emotional and physical coercion were used to break the women’s resistance to entering prostitution” (p. 10). This all too familiar scenario only adds ammunition to the way in which our society tends to blame the victim of both relationship violence and DMST.

Considerations of Homeless, Runaway, and Throwaway Youth

Homeless, runaway, and throwaway youth (HRTY) refers to unaccompanied youth without adequate stable housing and/or supervision, regardless of their reasoning for leaving home. While not putting them into mutually exclusive categories, HRTY are similar in that they “are usually defined as those who are unaccompanied by their families and who lack stable housing” (Greene, Sanchez, Harris, Cignetti, Akin, & Wheelless, 2003, p. 2-2) and who are as Flowers (2001) puts it, “fraught with high-risk activities, exposures, and hazards at every turn” (p. 3). Thus, in an attempt to escape from a neglectful and/or abusive home life, HRTY often find themselves hostages in an even more treacherous street life (Simons and Whitbeck, 1991). Thus, being a HRTY is a notable risk factor for many of the same reasons as relationship violence. Like relationship violence or DMST for that matter, becoming a HRTY is often dependent upon several past factors within the youth’s family of origin. While at the same time, being a HRTY is what often puts one at greatest risk for relationship violence and sexual exploitation (Davis, 1999; Flowers, 1998; Flowers, 2001). Thus, the factors that influence risk and/or vulnerability are ecologically multi-dimensional, reciprocal, cascading, and cyclical. And due to researchers such as Flowers (2001) who states that “most teenagers who sell sexual favors are runaways” (p.

89), examining the associations between these issues seems important for the purposes of this research as well as effective social service practice.

Multiple studies report a strong relationship between HRTY unaccompanied by a legal adult caretaker and/or without a consistent living/ mailing address and DMST (Cusick, 2002; Halcom & Lifson, 2004; Tyler & Johnson, 2006). Demonstrating this, the National Runaway Switchboard (2005) reports that one in three HRTY will be forced, frauded, and/or coerced into DMST within the first 48 hours of leaving home and/or living on the streets. And the Nokomis Foundation (2002) posits that “homelessness lasting longer than 30 days has been identified as the single most determinative factor” of DMST (p. 25).

Halcón and Lifson (2004) illustrate this when they explain that out of their research sample of 203 homeless youth ages 15-22, “over one fifth reported a history of survival sex or receiving money, drugs, clothing, shelter, or food for sex” (p. 71). They continue by saying that “homeless youth are more likely to engage in earlier sexual intercourse, have multiple sexual partners, and participate in other sexual risk behaviors, such as survival sex or exchanging sex for money, drugs, shelter, food, or clothing” (p.72). The number of HRTY experiencing these tragedies have been estimated to be well over one million in many studies (Whitbeck and Simmons, 1990), but “despite their large numbers, HRTY are an understudied and undercounted population” (Greene, et al. 2003, p. 1-1). Therefore, many HRTY are left unaccounted for and often neglected of appropriate care.

Theoretical Underpinnings and Current Explanatory Framework

Combating all of the forms of neglect and abuse that frequently act as risk/vulnerability factors in the lives of young people, in addition to adequately addressing the issue of DMST/TSE itself, is clearly complex. It takes a collaborative multi-disciplinary approach that bridges the

gap between direct practice, research, and policy. This includes providing public awareness and professional training, prevention services, early identification and intervention services, survivor protection and human rights advocacy, perpetrator prosecution, and recovery services, while at the same time, working to reduce the demand that encourages sexual exploitation to occur in the first place. Implementing such diverse and holistic care practices are most effective when we are aware of what we are doing and why. Thus, as a Social Worker and a Community Psychologist, my personal-professional integrated theoretical framework is an invaluable tool in guiding intentional, individually relevant services.

To me, the definition of theory, its application and theoretical formulations to the study of social phenomena, is best explained in an analogy. Theory is like a pair of sunglasses. Sunglasses, just like theories, provide a lens through which the world is filtered (Dalla, 2006). Dalla (2006) goes on to say that “Examining data from a particular theoretical perspective does not change the data; instead, what is altered is the manner in which we approach, organize, and make sense of the data” (p. 19). The sunglasses I wear frame comfortably around the lens that greatly influence my worldview; they serve as the philosophical foundation/theoretical framework for assessing, processing, and addressing the issue of DMST/TSE. Such theoretical glasses were chosen because they reflect my personal-professional philosophical values and belief systems. Thus, guiding my holistic practices with sexually exploited young people, including my exploratory/explanatory research, is an integrated theoretical model that includes Ecological Systems Theory (EST); Psychobiological Theory; Cognitive Self -Schemata Theory; and Social Psychologies Possible Selves Theory (see Figure 4 below). Such an integrated theoretical model is informed by Feminist Theory and Trauma Theory thus, my explanations will begin here.

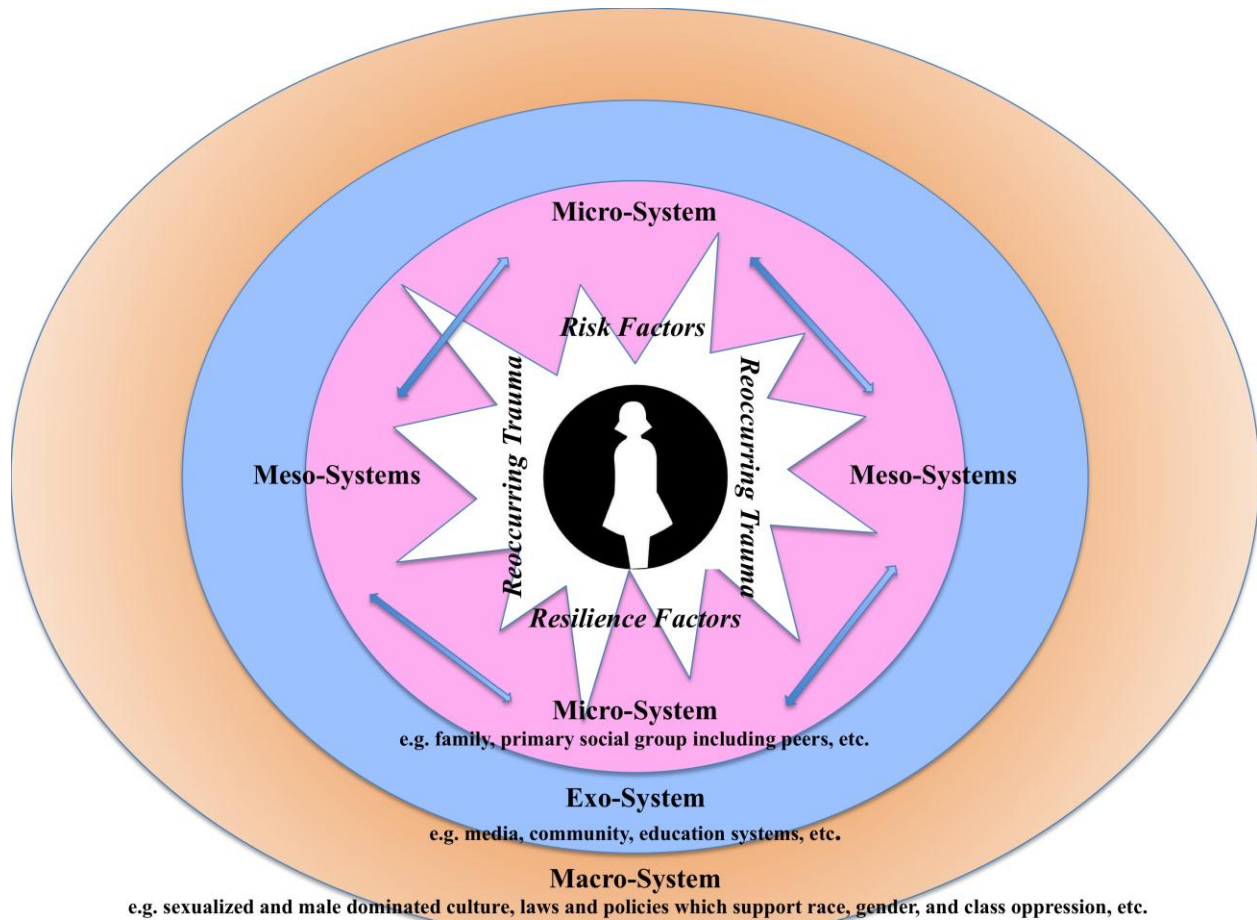


Figure 4. Theoretical Framework

Feminist Theory

Feminist Theory is a theory of sex inequality and sexual politics (MacKinnon, 2006). It recognizes male dominance and women’s sexual violation by men including the “regularities and widespread extent and trauma of sexual abuse in childhood, the pervasiveness of rape and other sexual assault, the torture and shame of battering, the routine existence of sexual harassment at work, in school, and on the street, and the endemic abuse constituted by pornography and prostitution” (MacKinnon, 2006, p. 45). Feminist Theory utilizes Socialist and Marxist Feminism to link race, gender, and class oppression to exploitation (Ehrenreich, 1976). And furthermore, it supports my personal-professional beliefs that true consent regarding DMST/TSE

is impossible and that rather, DMST is a modern form of female-targeted slavery and human trade (Barry, 1979).

DMST is a form of exploitation that targets those previously marginalized and vulnerable. It takes place because of distorted social norms, which support power imbalances relative to gender (Barry, 1979) and utilized within methods of force, fraud, and/or coercion. Feminist theorists would argue that within such power imbalance, DMST contributes to and is a direct reflection of the devaluation, objectification, and commoditization of all women and children (Davis & Stasz, 1990). Feminists recognize that DMST and/or other forms of TSE routinely exposes the youth to psychological, physical and sexual violence which has serious negative long-term effects such as severe post-traumatic stress disorder, dissociative disorders, depression, anxiety, drug and alcohol abuse, eating disorders, and suicide (Parker, 1998).

Jensen (2007) summarizes the feminist explanation as to how multi-faceted issues such as DMST occur:

- The systems and structures in which we live are hierarchical.
- Hierarchical systems and structures deliver to those in the dominant class certain privileges, pleasures, and material benefits.
- People are typically hesitant to give up such privileges, pleasures, and benefits.
- But those benefits clearly come at the expense of those in the subordinated classes.
- Given the widespread acceptance of basic notions of equality and human rights, the existence of hierarchy has to be justified in some way other than crass self-interest.
- One of the most persuasive arguments for systems of domination and subordination is that they are “natural.” (p. 30).

Trauma Theory

Trauma Theory recognizes the impact of traumatic experiences and human suffering on human functioning (Bloom, 2008; Van der Kolk, 1996). In fact, it recognizes that experiences of trauma can have a profound effect on one's psychological, biological, and social equilibrium (Van der Kolk, 1996). Thus, it suggests that many of the behavioral symptoms that we see in individuals are a direct result of coping with adverse experiences. What we identify as maladaptive behaviors are really misapplied survival skills. For example, when we see aggression in a client toward others in circumstances in which aggression is not warranted, trauma theory proposes that during a traumatic experience, a person may rely on aggression in order to survive. Changes in brain chemistry that result from trauma can actually cause trauma survivors to perceive threat even when it does not exist and therefore apply the survival skill of aggression in stressful situations that may not necessarily intend them harm. An example might be a child who has been physically abused who responds to teasing by a classmate with physical aggression - a "fight or flight" response to stress. Or another example might be a teen who was sexually abused by men in her family as a child that now "refuses" to exit sexual exploitation from her pimp - a response to long term stress/trauma "flight" mode often termed "learned helplessness."

In order to intervene effectively in situations such as these, we must move from a position of blame to one of questioning. Bloom's Sanctuary Model (1999) recommends changing the central question we ask about clients from "What's wrong with you?" to "What's happened to you?" as the first step in recognizing the influence of the past on current behaviors and functioning. Trauma Theory proposes that we must recognize, in consciousness, the cyclical traumatic realities that youth sexual exploitation survivors have experienced and furthermore, we

must support a social context that affirms and protects the survivor of TSE (Herman, 1997). As a final note, it is of importance to realize that Trauma Theory is often situated at the intersection of feminist theoretical approaches. This is due to a long history of personal traumas (i.e. childhood molestation, incest, rape, domestic violence, mental/emotional illness, etc.) as well as more macro-level historical trauma experienced by women world wide (i.e. inability to work or vote, cultures of accepted domestic servitude or domestic violence, etc).

Integrated Theoretical Model

Ecological Systems

Ecological Systems Theory (Bronfenbrenner, 1979) proposes “individuals are embedded within multifaceted and multilayered social systems which mold and shape personal life experiences, thus setting developmental processes in motion” (Dalla, 2006, p. 21). Thus, Ecological Systems Theory (EST) suggests that we must look at an individual’s development within the context of the system of relationships that form his or her environment. The theory defines multiple complex layers of such environment, how each layer interacts (bi-directional influence), and how such layers and interactions influence development and thus, behavior. The levels of analysis include the individual(s) themselves, including their personality, genetics, and internal risks and resiliencies based on past trauma; the Microsystem which is the layer closest to the individual and which contains structures that have the most direct contact (i.e. family, religious setting, classroom, and peers); the Exosystem which typically impacts the individual’s life indirectly by interacting with some structure in the Microsystems (i.e. school, community, health agencies, mass media); and the Macrosystem which is the outermost layer in the individual’s environment (i.e. political systems, culture, nationality, society, economics) and which has a cascading influence throughout the interactions of all other layers. With all of this in

mind, such theory is useful as a Community Psychologist due to the field's commitment to treating individuals in context—as a holistic and multi-dimensional being that interacts with its surrounding that may or may not fit. Specifically, EST helps to highlight that understanding a present circumstance of DMST “cannot be fully understood without careful observation of the entire ecological context within which she/he is embedded, including historical events and situations (e.g., early childhood developmental experiences), social relationships (e.g., support received from others), and environmental factors (e.g., poverty)” (Dalla, 2006, p. 24).

Psychobiological Causes and Consequences of DMST

The very most basic biological risk for young people is the mere evidence that their brains' frontal lobes are not fully developed (Ortiz, 2003). In fact, this place in the brain, which is in charge of executive functioning, planning, reasoning, and impulse control, and which continues to mature into the mid-20's, highly affects and is affected by traumatic reactions in the developing adolescent (Reyna & Farley, 2006; Tynes, 2007; Van Der Kolk, 2003). With this in mind, the young people subjugated to DMST have experienced a continuum of life risk factors and in turn often display symptoms of emotional and mental health concern. However, the psychobiological account of DMST is typically unexplored in practice settings, not to mention, is rarely fully understood. Examining literature regarding DMST, stress and trauma, and psychobiology illuminates the dimensions of DMST and assists in more accurately preventing and more effectively intervening in such situations.

Stress and trauma.

Perry (2002) defines stress as “any challenge or condition that forces our regulating physiological and neurophysiologic systems to move outside of their normal dynamic activity” (p. 4). Any event that disrupts biological homeostasis may be considered stressful (Perry, 2002)

and such stress, if moderate, controlled, and in the context of a loving and supportive environment; is not a bad thing (Perry, 2002; Smith & Selye, 1979). Perhaps surprisingly, moderate stress is what is required to build a resilient, healthy child (Perry, 2002). On the other hand, extreme forms of stress, such as DMST, become traumatic due to their unpredictable, extreme, and threatening nature (Perry, 2002, p. 4). Trauma is caused by a chronic psychologically distressing event that, beyond typical human experience, causes an extreme sense of fear, terror, and helplessness (Perry, 2002; Smith and Selye, 1979). Thus, in regards to trauma, rather than stress leading to resiliency, stress acts as a risk factor causing humans, particularly children and youth, to become more vulnerable to physical, psychological, and bio-physiological harm (see Figure 5 below).

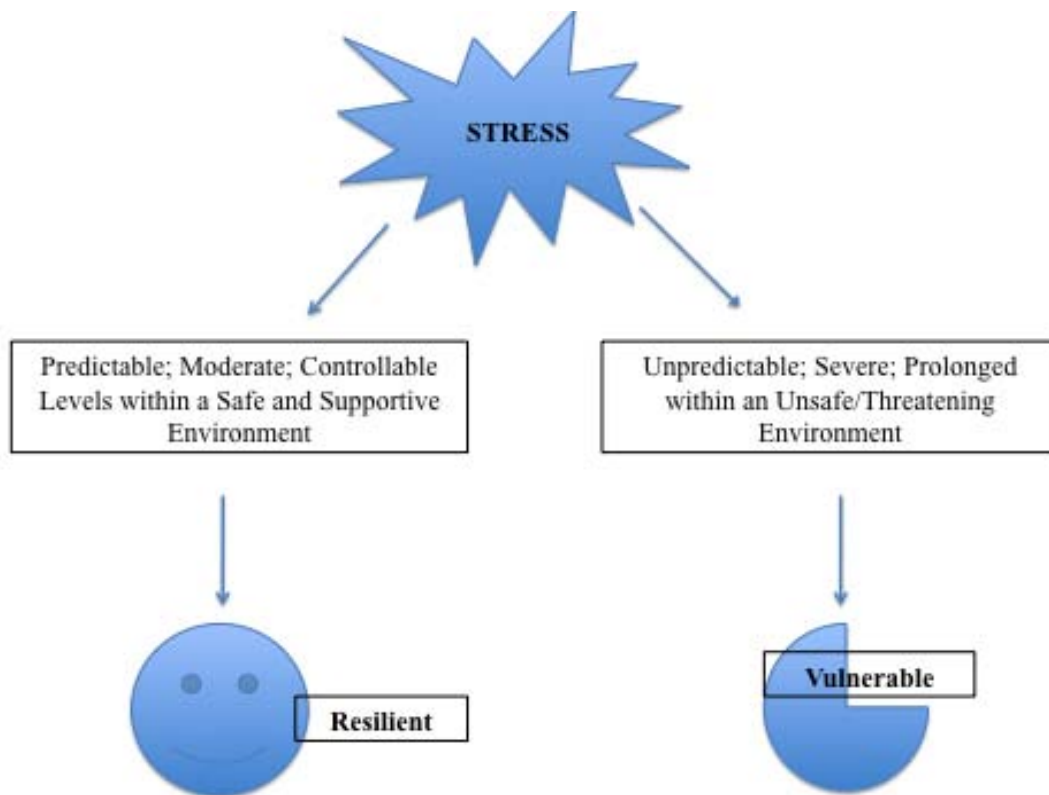


Figure 5. Stress Consequences

General biological responses to DMST as a form of stress and trauma.

If we were to look at our body as an orchestra, with all of its parts working together in concert, the brain would be the conductor that detects, amplifies, analyzes, connects, and controls all internal and external information to maintain a harmonious or homeostatic environment (Van Der Kolk, 2007). Within the brain, and throughout the human body, different parts work together creating unique systems that are involved in various functions (Van Der Kolk, 2007). Therefore, when a stressor such as DMST causes stress and/or trauma, a biological brain-mediated stress-response system, or rather, stress circuit, is activated.

The stress circuit is typically defined within the endocrine system as the hypothalamic-pituitary-adrenal (HPA) circuit (Bremner et al., 2003; Bremner & Vermetten, 2001; McEwen, 2008; Neigh, Gillespie, and Nemeroff, 2009; Thompson, 2000). Second to the nervous system, the endocrine system is the greatest communication system of the human body (Thompson, 2000). The most important glands include the hypothalamus, pituitary gland, and the adrenal gland (Bremner et al., 2003; Van Der Kolk, 2007). Additional major endocrine glands include the pineal gland, thyroid, parathyroid, thymus, stomach, pancreas, kidney, duodenum, ovary, and testis.

Together, the endocrine system as a whole communicates through blood via hormones (Bremner & Vermetten, 2001; Lambert & Kinsley, 2005; Thompson, 2000). The pituitary gland, through its connection with the hypothalamus, secretes hormones into the blood stream. These hormones then act on certain receptors in specific organs that then cause additional hormones to be released into the blood. It is important to note that the effect of such hormones is reliant upon very specific and individualized hormone receptor molecules. Distinctively, research has verified that the only way that a cell in the body will respond to a certain hormone is if the cell

contains a receptor molecule for that specific hormone (Bremner & Vermetten, 2001).

Furthermore, the hormones released in the blood act on additional tissues, which in turn act in a feedback loop on the pituitary gland and the brain (Bremner et al, 2003; Bremner & Vermetten, 2001; LeDoux, 2002).

Specifically, when we as humans are exposed to stressful or traumatic situations, such as violence in the form of DMST, many biological reactions within the endocrine system occur. Such reactions, or rather chain of events, are commonly known as the “fight or flight response” and literature suggests that this response encompasses the first two stages (of three) of what Hans Selye coined as the general adaptation syndrome (G.A.S.) (Lambert & Kinsley, 2005; Selye, 1950; Selye, 1965; Thompson, 2000). These two stages have been called the: 1) alarm reaction (A.R.) or phase of shock in which the body’s defensive forces (e.g. increased blood pressure, body temperature, and muscle tone) are mobilized in an effort to respond to multiple stressors and overall stress; and 2) stage of resistance in which the body fights back and adapts to the stressor” (Selye, 1950; Selye, 1965). Neigh, Gillespie, and Nemeroff (2009) postulate that such phases evolved to empower organisms facing life-threatening situations.

The two phases in which the stress response occur are summarized in Table 3 below. With such phases in mind, imagine what might happen when our body faces stress, such as in the case DMST. First, the paraventricular nucleus of the hypothalamus (also referred to as the hypophysis in Selye, 1965) produces a hormone called corticotropin-releasing hormone (CRH) (Bremner et al, 1997; Bremner & Vermetten, 2001; Thompson, 2000). This is secreted and transported directly to cells in the anterior pituitary through the portal blood supply causing the anterior pituitary to release adrenocorticotrophic hormone (ACTH) into the body’s general circulation of blood. From here, ACTH acts directly on cells in the cortex of the adrenal gland

(adrenal cortex) to synthesize and secrete a glucocorticoid hormone called cortisol into the entire bloodstream (Bremner et al, 1997; Selye, 1950; Selye, 1965; Thompson, 2000).

TABLE 3
STRESS RESPONSE PHASES

Table 3 <i>Stress Response Phases Table</i>	
Phase One	Phase Two
The moment the traumatic stressor is detected, norepinephrine releases from nerve terminals of the sympathetic nervous system and epinephrine is released from the adrenal medulla into the general circulation.	ACTH is humorally transported to the adrenal cortex where it stimulates the release of glucocorticoids from the adrenal cortex. Glucocorticoids is cortisol in primates and is corticosterone in rodents.
Parvocellular neurons of the hypothalamic paraventricular nucleus releases the corticotropin-releasing hormone (CRH) into the hypothalamo-hypophyseal portal system for transport to the anterior pituitary gland where it stimulates the release of adrenocorticotrophic hormone (ACTH) into the general circulation.	This phase of the stress response, which characterizes the hypothalamic-pituitary-adrenal (HPA) axis response, usually takes several minutes.
	Due to negative feedback via stimulation of glucocorticoid receptors within the hippocampus, hypothalamus, and the anterior pituitary, activation of the HPA axis is reduced.

Note. This table is a summary of the two stress response phases presented in "The Neurobiological Toll of Child Abuse and Neglect," by G. N. Neigh, C.F. Gillespie, and C. B. Nemeroff, 2009, *Trauma, Violence, and Abuse*, 10:389, p. 391.

The release of cortisol, which is considered to be the human body's primary stress hormone, is important because it empowers the body to cope with its stress (Bremner et al, 1997; Lambert and Kinsley 2005; Neigh, Gillespie, and Nemeroff, 2009; Selye, 1965; Thompson, 2000). It is also important because, if the body operates as designed, it causes an essential action of negative feedback control. In short, the heightened increase of cortisol in the blood acts reciprocally back on the hypothalamus and pituitary gland. This in turn, decreases the release of

CRH and ACTH thus reducing the stress-circuit response and allowing the body to return to homeostasis (Bremner & Vermetten, 2001; Lambert and Kinsley 2005; Neigh, Gillespie, and Nemeroff, 2009; Selye, 1965; Thompson, 2000).

Such responses to stress and trauma are our body's natural method of focusing resources toward bio-physiological functions that will aid in survival (fight) or escape (flight). When acute, and in moments where we must, in a sense, respond as "super heroes", such conducted orchestration of our biological and physiological resources is highly adaptive (Perry, 2002; Selye, 1965). However, acting with turbo speed and strength becomes maladaptive over time.

Literature suggests that if the stress is severe, or becomes chronic in nature, our body's stress responses become overactive and eventually break down due to fatigue (Perry, 2002; Thompson, 2000). This is the third stage in which Selye (1950) identified as the "stage of exhaustion" (p. 4667). The stage of exhaustion can last as long as the stressor continues to some degree of severity and may include depletion in energy, impairment of the immune system, and in extreme cases, death (Lambert and Kinsley, 2005; Selye, 1950; Selye, 1965; Thompson, 2000). Hence, when stress becomes extreme and prolonged, our body's adaptive mechanisms malfunction and/or become maladaptive causing holistic health consequences that may be irreversible.

Extreme and prolonged stress and trauma causes our bodies adaptive mechanisms to become unable to restore its initial state of equilibrium or homeostasis (Perry, 2002). Perry (2002) points out that our body's "physiological system re-organizes its 'basal' patterns of equilibrium" (p. 4). An analogy might be that, if our body were a train, trauma throws our body's adaptive stress response and homeostatic state off its tracks. The train keeps moving, but now it requires intense amounts of energy and effort as it chugs along through grass, dirt, and

cornfields. Though it continues to chug along, it does so with less functionality and with great physical and psychological strain.

Long Term Consequences of Chronic Activation of Stress Circuitry due to DMST.

The health of life in general, from unicellular forms to the physical human body, is determined by an ability to orchestrate all psychobiological organisms in harmony (Smith and Selye, 1979). Inharmoniously, DMST includes repeated and prolonged cycles of unanticipated abuse including being kidnapped and drugged, being physically mutilated, and being sexually assaulted and raped. Additionally, such abuse means being penetrated orally, anally, and vaginally without a mode of sexual protection, by someone much older in age, and who may have an STI/STD, HIV, or AIDS (Farley, 2003; Herman, 2003). As the young survivor of DMST is dehumanized, objectified, and commodified, one or more parts of the bio-psycho-social connection becomes out of tune (Perry, 2002; Smith and Selye, 1979, Van Der Kolk, 2007) and as summarized perfectly by Van Der Kolk (2007), “the body keeps the score” (p. 214).

The body keeps score through reducing the volume of the Hypothalamus, the master gland in the endocrine stress circuit, thus challenging its ability to function appropriately (*Bremner et al., 2003; Bremner & Vermetten, 2001; Dutton et al., 2006; LeDoux, 2002; Lim et al., 2003; McEwen, 2008; Neigh, Gillespie, and Nemeroff, 2009; Schuff et al., 2001; Shin et al., 2006; Yehuda et al., 1993*). Furthermore, the body keeps score in such a way that causes the adrenal gland, which is considered the most prominent gland in directly dealing with stress, to become inflamed and swell due to an over-activation of stress-related hormones (Lambert and Kinsley 2005; Neigh, Gillespie, and Nemeroff, 2009; Thompson, 2000). Such psychobiological structural shifts actually add to a score of physical and psychological risk factors.

Cortisol, referred to previously as the body's stress hormone, essentially backstabs the system it was intended to serve. This is because, as a steroid hormone, it acts in a negative feedback loop that ultimately results in termination of the stress response. Thus, researchers Voorhees & Scarpa (2004) have found that though cortisol acutely increases energy and improves human strength and concentration; chronically, cortisol acts in the opposite fashion causing lethargy, weakness, and inability to concentrate. Somewhat counter to this, a study by Bremner et al. (2003) found that when comparing patients diagnosed with abuse related PTSD and controls without PTSD, both groups ultimately had similar increases in salivary cortisol levels during a stressful cognitive challenge. However, again supporting the link between past trauma and increased cortisol levels, the baseline of cortisol levels for subjects with PTSD before the stressful challenge began was 61% higher than that of control subjects.

In sum, though the release of cortisol is amplified during times of stress as a very adaptive response, too much cortisol for too long can be maladaptive and even quite harmful (Bremner et al, 1997; Lambert and Kinsley 2005; Neigh, Gillespie, and Nemeroff, 2009; Thompson, 2000; Yehuda et al., 1993). For example, in the case of a survivor of DMST, in which the life situation of exploitation, and thus stress, often continues over a period of time, there is an increased risk of hypertension and high blood pressure. Furthermore, elevated levels of cortisol over an extended period of time lead to a break down in the human body's immune system, thus making it less able to fight infection.

Psychobiological effects: Diseases of adaptation.

Increased levels of stress hormones (e.g. cortisol) and complications within the different levels of the negative feedback system due to repetitive or long-term exposure to stress and trauma (such as in the case of DMST) provide a breeding ground for a variety of stress-related

diseases or, as coined by Hans Selye (1950), diseases of adaptation (McEwen, 2008; Neigh, Gillespie, and Nemeroff, 2009; Selye, 1950; Selye, 1965; Van Der Kolk, 2007). This breeding ground, empowered by the very same system that helps us cope with stress and trauma, causes medical disorders such as peptic ulcers, underactive colitis, bronchial asthma, rheumatoid arthritis, heart attacks, hypertension, hyperthyroidism, cancer, migraine headaches, and periarteritis nodosa (Lambert & Kinsley, 2005; Selye, 1965; Selye, Gabbiani, & Tuchweber, 1964; Smith and Selye, 1979). Referencing back to the general adaptation syndrome (G.A.S.) previously discussed, Selye (1965) based this syndrome on these types of maladaptive effects caused by chronic stress (Lambert & Kinsley, 2005; Perry, 2002; Selye, 1965; Smith & Selye, 1979; Thompson, 2000).

Specifically, Felitti (founder of the Adverse Childhood Experiences Study, ACES, and head of Kaiser's Department of Preventive Medicine) along with Brown and Anda (epidemiologists at the Centers for Disease Control and Prevention), have spent more than 20 years studying the relationship between childhood trauma and risk factors for the leading causes of death in adults. What they have found is that the number of childhood stressors actually have a graded relationship with medical health issues such as heart disease, cancer, diabetes, and pulmonary lung disease. They've also found that experiencing a chronic and multi-faceted stressor such as DMST actually causes death up to 20 years prematurely (Anda et al., 2006; Felitti et al., 1998; Stevens, 2009). Adding another facet of harm, somatic, emotional, cognitive, behavioral, and characterological functioning are also affected (American Psychiatric Association, 2000; Bremner & Vermetten, 2001; Van Der Kolk, 2007).

Neuropsychological effects: (Complex) Posttraumatic stress disorder.

In the same way the malfunctioning stress response causes stress-related physical health issues, it also provides a breeding ground for a variety of neurotic and psychiatric disorders, somatization disorders, insomnia, dissociative disorders, self-mutilation, suicide, eating disorders, and drug and alcohol abuse (American Psychiatric Association, 2000; Bremner & Vermetten, 2001; Gabbiani, & Tuchweber, 1964; Herman, 2003; Selye, 1965; Smith and Selye, 1979; Van Der Kolk, 2007). Typically, when a stressful stimulus is removed, our body's stress response subsides and, in a sense, refuels to prepare itself for the next time we are faced with a life stressor. However, when the stress response does not go away and/or continues to reoccur, it begins to interfere with the daily ability to function as necessary.

The most relevant diagnostic category, linked to dysfunction in the endocrine system as well as to general medical conditions, is included in the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV-TR) as posttraumatic stress disorder (PTSD) (American Psychiatric Association, 2000). Notably, malfunctions in the stress circuit have been found to impact as well as be impacted by PTSD (Voorhees & Scarpa, 2004). Through research with monozygotic twins discordant for exposure to trauma, Gilbertson et al. (2002) have found that reduced hippocampal volume is a risk factor, and even a predictor of PTSD. Furthermore, Bremner and Vermetten (2001) postulate that forms of sexual abuse, such as that of TSE, is actually the number one cause of PTSD in women. Moreover, the American Psychiatric Association (2000) proposes that the likelihood of developing PTSD increases the more chronic and more intense the stressor becomes; and the severity of PTSD has been found to worsen when it is inflicted of human design (e.g. sexual assault, rape, sexual exploitation, torture).

Building on this, the term complex PTSD, abbreviated as CPTSD, is proposed by many researchers and practitioners due to the inability of PTSD to reflect the developmental effects of the chronic and prolonged nature of historical childhood trauma and repetitious interpersonal trauma, such as in the case of DMST (Choi et al., 2009; Cook et al., 2005; Courtois, 2008; Herman, 1997; Van Der Kolk, 2005). It too is considered an anxiety disorder which is marked by re-experiencing of a traumatic event (e.g. including a response of extreme fear, horror, and/or helplessness); and in which increased arousal and excitability causes a patient to avoid (either physically or through dissociation) stimuli which may be connected to the trauma experience (American Psychiatric Association, 2000; Lambert & Kinsley, 2005; Perry, 2002). Additionally, CPTSD criteria includes shifts in the ability to regulate affect and impulse, modifications in consciousness (such as experiences of dissociation), major shifts in self perceptions, significant changes in key supportive relationships with others, and changes in physical conditions due to maladaptive mental states (Choi et al, 2009).

With this in mind, the stressful and traumatic experience of DMST has been directly linked to CPTSD (Choi et al., 2009; Farley, 2003). Recognized as the most comprehensive study (in regards to statistical methodologies and sample size) linking sexual exploitation and traumatic stress reactions (Choi et al., 2009), Farley et al. (2003) utilized the PTSD Checklist, a self-report inventory for assessing the DSM-IV 17 symptoms of PTSD, to interview 854 survivors of sexual exploitation across nine countries. Of the 854 respondents, 68% (562) met the criteria for a PTSD diagnosis. Additionally, recognizing that most survivors of DMST have an extensive history of risk factors and childhood trauma, researchers Choi and colleagues (2009) examined the relationship between sexual exploitation and CPTSD in 46 sexually exploited women, while controlling for the history of childhood abuse. Independent of

experiences of childhood, the majority of women (50% or more depending on the category level of CPTSD symptom) were found to meet criteria for a CPTSD diagnosis. Thus, sexually exploited women (N=46) in comparison to non-sexually exploited women (N=31) met more of the symptom level criteria for CPTSD. Further, those who had experienced childhood abuse prior to the sexual exploitation experienced a greater severity of CPTSD symptomology (Choi et al, 2009).

Variability in Terms of Stress, Trauma, and CPTSD Among DMST Survivors.

Though we all utilize the term stress regularly, it is hard to define due to the variability in the way in which stress is individualistically perceived. There are varying degrees of stress and trauma thresholds experienced by DMST survivors. Furthermore, each DMST survivor has their own unique biophysiological response dependent upon genetic predispositions, gender, personality characteristics, social environments, past childhood stress and trauma, the severity of and multiple forms of abuse experienced during DMST, length of DMST, and the presence or lack of social support networks (Adshead and Ferris, 2007; Bremner & Vermetten, 2001; Perry, 2002). Hence, some, but not all DMST survivors will acquire the symptomology or diagnosis of CPTSD (or other stress-related diseases).

Because the majority of DMST survivors are female, it is of special interest to highlight gender variability. Bremner and Vermetten (2001) postulate that 8% of the general population suffers from the symptomology of PTSD and that out of this population PTSD is twice as common in women as compared to men. Furthermore, research shows that women typically exhibit internal symptoms of CPTSD such as avoidance, dissociation, and anxiety, whereas men usually exhibit external symptoms such as inattention and hyperactivity, aggression, and impulsivity (Perry, 2002).

Secondly, due to the myriad of early childhood experiences of trauma (e.g. physical and sexual abuse) that typically precedes a young survivor's experience of DMST (Farley, 2003; Flowers, 2001; Halcón & Lifson, 2004; Tyler and Johnson, 2004), and building on the importance of gender in that sexual abuse occurs against girls in a 4 to 1 ratio with boys (Trickett & Putnam, 1993), it is key to note that research has found childhood stress and trauma to be the primary environmental factor influencing neurobiological and psychobiological development (Bremner & Vermetten, 2001; Cook et al., 2005; Courtois, 2008; Perry, 2002; Perry, 2002; Trickett & Putnam, 1993). Research suggests that genetics, without the influence of environment (and vice versa), are ultimately meaningless and that the earlier the childhood trauma occurs in the environment, the more likely that the psychobiological consequence(s) will be severe and cause cumulative impairment (e.g. psychiatric and addictive disorders; medical illness(es); educational, employment, and familial problems) (Bremner & Vermetten, 2001; Cook et al., 2005; Courtois, 2008; Perry, 2002; Perry, 2002; Trickett & Putnam, 1993). Strikingly, the interdependence between genes and environments is so strong that stressors can actually adjust the transcription of a genome as well as the development of neurobiological structures (Bremner & Vermetten, 2001; Perry, 2002; Trickett & Putnam, 1993). Thus, survivors of DMST, incubated in stress and trauma, were unfortunately susceptible to such abuse, and they far too frequently remain caught in a vicious cycle of being at-risk of, and even drawn to, further risk factors and forms of physical and psychobiological harm (Farley, 2003).

Cognitive Self-Schemata

One of the ways in which young people might be psycho-biologically “drawn to” additional risk factors, including DMST/TSE, is explained by the Cognitive Psychology concept of Self Schemas. Self schemas, or rather the plural self schemata, are “cognitive generalizations

about the self, derived from past experience, that organize and guide the processing of the self-related information contained in an individual's social experience" (Markus, 1977, p. 63). Self Schemata are developed "early in life," and based upon reinforcement and influence, schemas "organize and direct how individuals experience the world" (p. 99). From such experiences, Ponce (2004) suggests that one's schemata make an engraved connection between "old information and experiences to new situations and events" (p. 99). Schemata become "self-perpetuating" in that "only...consistent information is perceived and/or remembered" and inconsistent information is resisted, manipulated, or ignored (Martin and Halverson, 1981, p. 1129-1130). To demonstrate this, Ponce et al. (2004) has found that maltreatment in early childhood is "associated with both acceptance and experience of violence" (p. 98). Furthermore, it can "predict an individual's involvement in subsequent violent intimate relationships, both as victim and as perpetrator" (Ponce, Williams, and Allen, 2004, p. 98).

Social Possible Selves

Finally, helpful in further explaining how factors lead to increased risk of sexual exploitation is the concept of Possible Selves in Social Psychology. Possible selves (PSs) are self-concepts that "include both personal and social identities" (Oyserman et al., 2006, p. 189). PSs "derive from representations of the self in the past and they include representations of the self in the future" (Markus and Nurius, 1986, p. 954). Guided by past experiences, dreams, risks, etc., they include the selves we someday hope to be and the selves we very much fear becoming (Markus and Nurius, 1986). They include the self who passed a recent exam with flying colors and the self who is still being rumored about after poor decisions with the bad boy in town five years ago. In short, our possible selves motivate and lead us to act and they are fueled by our past experiences, those with whom we are surrounded or rather our in-group, and our overall

social context. Thus, if a young person is raised in a low-SES context, and exposed to images of their in-group as low achieving and engaged in sexual exploitation and drug/alcohol abuse, this in turn causes them to predict low possibilities for themselves...and they unfortunately often live up to this expectation.

Summary of Theoretical Underpinnings and Explanatory Framework

Integrated, these theories recognize the complex nature of DMST/TSE and thus, the need for holistic and multi-disciplinary care. The aforementioned theoretical framework supports the idea that combating DMST takes a collaborative multi-disciplinary approach that bridges the gap between direct practice, research, and policy. This includes providing public awareness and professional training, prevention services, early identification and intervention services, survivor protection and human rights advocacy, perpetrator prosecution, and recovery services, while at the same time, working to reduce the demand that encourages sexual exploitation to occur in the first place.

In sum, the theoretical framework for this dissertation research includes the concept that a risky and/or developmentally void family environment (e.g. child neglect and abandonment, physical and sexual abuse, exposure to domestic violence and/or drug and alcohol abuse) has ecological consequences – influencing psychobiological functioning, cognitive self-schemata, and social possible selves. This leads to a cascading of additional negative effects in other contexts (e.g. academic struggles, association with delinquent peer groups, early sexual initiation and/or exposure to relationship violence) further exacerbating the psychobiological, cognitive, and social processes and causing the youth to be extremely vulnerable to DMST. As one can imagine, such exposure to DMST related stress and trauma yet again acts back on psychobiological functioning, cognitive self-schemata, and social possible selves. Therefore,

with an understanding of feminist and trauma theory, and within the context of multiple levels of ecological risk and resilience, psychobiological, cognitive self-schemata, and social possible-selves processes inform the cyclical cause, as well as consequences of DMST.

A Call to Action and Research Goal

With all of the aforementioned literature in mind, it is of importance to again remember that children and youth victimized in human trafficking are not social outcasts or criminals. Rather, DMST/TSE victims and survivors are our neighbors and friends, our nieces and nephews, and our children and grandchildren who have been or who are currently being mentally, physically, and sexually abused. Combating human trafficking and sexual exploitation takes an intentional collaborative multi-disciplinary approach, which bridges the gap between direct practice, research, and policy. This includes providing public awareness and professional training, prevention services, early identification and intervention services, survivor protection and human rights advocacy, perpetrator prosecution, and recovery services, while at the same time, working to reduce the demand that encourages DMST to occur in the first place.

Where do we as Social Workers and Community Psychologists begin? After all, as social service providers, we often find ourselves working in a field of crisis. Seeming as though we are simply putting out one fire after another, rarely making progress, it is easy to get bogged down and forget about our passion and our primary responsibilities to our clientele (NASW, 2003). However, a major primary step in providing efficient and effective multi-disciplinary service is first identifying factors that will assist social service providers in providing prevention and early identification services.

Thus, in efforts to prevent and/or intervene in situations of DMST related trauma as well as to promote the well-being of sexually exploited youth, the purpose of this study is to identify

factors that may make certain youth more likely to become involved in DMST/TSE as well as assess the factors that assist youth in the prevention of and recovery from DMST/TSE. All of this is done in an effort to continue the development of the DMST Risk and Resiliency Assessment (DMST-RRA) – an instrument created by the Researcher/Author of this dissertation research – to assist social service providers in 1) increasing identification of young people at-risk of and/or subjugated to DMST; and 2) providing effective individualized strengths-based prevention and intervention strategies to young people at-risk of and/or subjugated to DMST.

The aims of this study are accomplished through a mixed methods design that utilizes the instrument development and construct validation (IDCV) process. Such process includes 10 cyclical phases and three specific studies. The first study, completed in May of 2006, included an exploratory pre-test post-test design with 23 homeless, runaway, throwaway youth (HRTY) who attended 10 sessions of an interventional psycho-educational therapy group. In this preliminary study phase, risk factors as well as protective factors, which may act to buffer against DMST, were explored. The current proposal includes study 2 and 3. The second study includes the analysis of data; previously gathered but unexamined, from 250 youths through a preliminary quantitative DMST-RRA. The third study seeks to further the development of the DMST-RRA by qualitatively exploring DMST survivor risks as well as resiliency and strength factors. This leads to assessment model revisions and the development of a more robust theoretical explanation as to how the lived experiences of DMST victims and survivors may act as risks and/or resiliencies.

Community Setting and Context of Study

Wichita, Kansas is a medium-sized Midwest City. By assessing community demographics and risk factors, it is clear that children, youth, and families are not free from poverty or other hardships including DMST/TSE.

Characteristics of Sedgwick County and Wichita, Kansas

Wichita is the largest city in the State of Kansas with a population of 382,368 (U.S. Census Bureau, 2010). It serves as the county seat and the economic hub of Sedgwick County, which is home to six major aircraft manufacturing companies, as well as McConnell Air Force Base, and has an estimated county-wide population of 498,365. The demographic profile of the community is 71.9% White, 11.5% African-American, 1.2% Native American, 4.8% Asian, 0.1% Pacific Islander, 15.3% Hispanic or Latino, and 4.3% from two or more races.

According to demographic information available from the 2008 Kansas Kids Count (Kansas Action for Children), Sedgwick County, Kansas is rife with the socio-economic conditions that place children at risk. Examples of that risk can be found in the following comparisons of county statistics to statewide averages (see Table 4 below).

TABLE 4
 SEDGWICK COUNTY COMMUNITY RISK FACTORS

Indicator	Sedgwick	Kansas
Percent of children under age 18 living below 100% poverty	16.7%	15.2%
Number per 1,000 15-19 yr. olds who died due to suicide, murder or motor vehicle accident	57.8	40.5
Percent of public school children participating in the free and reduced price lunch program	49.4%	39.8%
Percent of live births to mothers without high school education	22.6%	18.6%
Percent of public schools that meet the AVP requirements of the No Child Left Behind Act of 2001	73.2%	88.9%
Percent of 9 th grade public school students enrolled in the 2003-2004 school year who graduated in 2007	81.8%	89.0%

Furthermore, according to the Kansas Department of Social and Rehabilitation Services (SRS), Sedgwick County had the highest number of children in foster care who were in out-of-home placements in Fiscal-Year 2008 with a monthly average of 1,396 children (SRS, 2008). In addition, 559 families received pre-custody Family Preservation Services as a result of one or more children assessed as being at-risk of child abuse and/or neglect. A monthly average of 8,401 persons received Temporary Assistance for Needy Families (TANF) support during that same period.

Building on such community risk factors of poverty and child abuse and neglect, an analysis of child serving agency data (Exploited and Missing Children’s Unit and the Wichita Children’s Home) documents a significant homeless, runaway, and throwaway youth (HRTY) population in Wichita and the surrounding area. Specifically, child abuse cases that involve an investigation of sexual abuse, runaway and/or homeless youth, or serious physical abuse and neglect are assigned to the Exploited and Missing Child Unit (EMCU), a joint venture between

law enforcement and the Kansas Department of Social and Rehabilitation Services. Within Wichita alone, and with an understanding that many unwanted youth, considered “throwaway” youth remain unreported, there were 1,800 youth reported as runaways in 2006 and 1,388 reported runaways in 2007 (Exploited and Missing Children’s Unit). In 2008, EMCU worked a total of 1,689 cases of which 1,461 were reported as runaways. Such numbers are worrisome when considering the National Runaway Switchboards (2005) report that out of every three youth on the street, one will be sexually exploited within the first 48 hours of leaving home. Additionally, the Internet Crimes Against Children Unit of EMCU worked 152 cases of child sexual abuse/child pornography and exploitation within the same year.

Often working in partnership with the EMCU, the Wichita Children’s Home (WCH) provides runaway and homeless youth shelter as part of the national network of Basic Centers funded under the National Runaway and Homeless Youth Act administered by the U.S. Department of Health and Human Services. The agency is the single point of entry in the community for runaway and homeless youth who are encountered by law enforcement and taken into protective custody. WCH provided shelter services to 684 runaway and homeless youth in 2006, 578 in 2007, and 579 in 2008 (Wichita Children’s Home). Additionally, WCH operates a Street Outreach Program (SOP) that comes into contact with many more HRTY. The Street Outreach program has been very successful in making contact with these youth and providing services at the young person’s level of comfort. The program recorded 3,247 contacts with youth on the street in 2006, 4,125 in 2007, and 4,250 in 2008 (Wichita Children’s Home). Additionally, Rehmert (2011) reports that in 2010 their SOP provided services to over 250 unduplicated HRTY who were needing shelter—connected with these 250 youth were an additional 90 babies who were born to these young parents. Contacts included providing youth

with food, hygiene materials, health information, drug and alcohol treatment care, transportation, situational counseling, crisis intervention and additional related services. Many of these contacts originated from the Safe Place Project in which the WCH partners with 35 QuikTrip convenience stores, the YMCA, the Boys and Girls Club and the City of Wichita (city buses, fire stations, libraries, police substations and parks and recreation facilities) to offer 165 safe places for youth to go in times of crisis.

Recognizing the aforementioned risk factors and the link to the increasing concern of young people at-risk of and/or subjugated to DMST, the issue of sexual exploitation and human trafficking in Wichita, Kansas has reached a point where it is consistently making front-page news. Specifically, on May 24, 2009, the Wichita Eagle, the leading newspaper for the community ran a front-page feature article under the title “Child Sex Trafficking is a Growing Problem in Wichita.” Through numerous interviews with local social service professionals and the police, reporter Roy Wenzl concluded, “between 300-400 Wichita-area children every year are significantly at risk to become victims of sexual exploitation.”

An additional, and quite troubling conclusion of the article, is the emergence of local gangs as a major perpetrator of exploitation – a face of the modern day slave owner or rather, pimp (Wenzl, 2009). Luring vulnerable youth, who are often HRTY, with money, food, shelter and pseudo-family care and concern, gang members often begin with a “training program” designed to teach a variety of sex acts that promise high profitability. Gang members are known to export youth to larger cities for the purpose of increased sex trade profit, often buying, selling and trading youth like slaves. It is a lucrative business – gang pimps can make hundreds of thousands of dollars from one child. The Gang Unit of the Wichita Police Department was said to have identified 75 gangs in the immediate area with an estimated 3,500 members.

Such gang members and/or perpetrating pimps of all forms not only prey on the individual risk factors of youth, but on the location and overall community risk factors of Wichita, Kansas. Wichita's location in the heartland represents a crossroads for both north and south and east and west migrations resulting in a transient population that includes a significant number of HRTY (Bauman, 2008; Countryman-Roswurm, 2006; Rehmert, 2011). Furthermore, with access to major highways, Wichita and the South Central Kansas area serve as an originating city of sexual exploitation victims – offering a pipeline for traffickers seeking to exploit young people through the Mid-West Region, with primary emphasis on Colorado, Missouri, Kansas, Oklahoma, and Texas (Bauman, 2008; Countryman-Roswurm, 2006; Gallagher & Lanza, 2006; Rehmert, 2011). For clarification, the Kansas City FBI (Gallagher & Lanza, 2006) has divided cities into either originating sites (where victims of DMST are taken from by perpetrators) or destination sites (where perpetrators take and exploit victims of DMST). Wichita has been identified as one of the major originating cities within the country (Gallagher & Lanza, 2006) due to several community risk factors (Centers for Disease Control and Prevention, 2009; World Health Organization, 2009) that include, but are not limited to, a central geographic location which allows Wichita to serve as a form of pipeline for sexual exploitation; pockets of neighborhoods saturated with escort services and strip clubs; a strong agriculture industry and meat/packing plants that attract migrants and undocumented citizens; a trucking thoroughway and the presence of a military base; a number of large Casinos in Northern Kansas, Southern Kansas, and the North Oklahoma border; and decreased employment/economic development opportunities. Adding to this, Gallagher & Lanza (2006) have found that one young person victimized through DMST is worth between \$75,000-250,000 to their perpetrator each year.

Context of Study Population

The Wichita Children's Home (WCH) was founded in May of 1888 as an orphanage (Wichita Children's Home, 2011). Even before a local chapter of the Humane Society could be organized and established in 1890, the WCH (which at the time included a group of 20 local women) was caring for many children left alone due to illness, death, poverty, abuse, and neglect. Though initially intending to solely care for the growing number of neglected, abused, and abandoned children as a result of the 1880's economic recession, the WCH has since grown with the needs of our community and is the oldest continuously operating charity and youth serving organization in the city.

The WCH is a non-profit child-care agency serving at-risk children and youth (from birth to 22 years of age) and their families across the State of Kansas. It is the only emergency and temporary residential shelter for children in our community, and it provides its services 24 hours a day, 365 days a year. Children may come to the Home on their own or, they may be admitted into WCH by parents, law enforcement, or social workers. However, no matter their mode of entry, the mission of the WCH is to assure the safety and well being of children and to create healthy families by providing:

- assessment and intervention services;
- a temporary home for children at-risk of abuse, neglect, or homelessness;
- education, prevention, and advocacy initiatives

In order to accomplish this mission, the WCH offers a comprehensive range of support services, which are offered and based on the individual needs of the child and their family. Some of these outcome-oriented services include victim counseling, behavior modification, life skills training, parent education, case management, substance abuse prevention, evaluation, and

intervention, etc. Furthermore, beyond residential services (such as foster homes, the main shelter, or the independent/transitional living program BRIDGES), the WCH offers support through their Street Outreach Services (SOS); CrossRoads; Child Access, and Families KAN Project.

Collaborative Multi-Disciplinary Response and Survivor Centered Care

In response to the recognized aforementioned individual and community risk factors, as well as the identified increase of young people at-risk of and/or subjugated to DMST/TSE, the Researcher/Author of this dissertation study, Karen Countryman-Roswurm, founded and formed the Anti-Sexual Exploitation Roundtable for Community Action (ASERCA) in 2006. ASERCA is a multi-disciplinary team (MDT) comprised of social workers, psychologists, law enforcement officers, nurses, physicians, detectives, FBI agents, attorneys, therapists, outreach workers, case managers, etc. With this, youth partners are also included in such MDT as paid peer SOP workers. Partner agencies include the Wichita Children's Home, Kansas Social Rehabilitation Services, Wichita Police Department, Regional FBI, District Attorney's Office, Via Christi, Catholic Charities, US Department of Justice, Attorney Generals Office, Corrections and Juvenile Courts, Exploited and Missing Children's Unit, Wichita Area Sexual Assault Center, Child Advocacy Center and Youthville, in addition to individual community members representing ASERCA's community action citizen group ICT SOS (see Table 5 below).

TABLE 5

ASERCA MDT PARTNER AGENCIES/ORGANIZATIONS

Emergency/1st Responders (survivor identification and empowerment rescue/restore)	Legal/Law Assistance (protection, prosecution, State law and policy influence)	Medical/Health Care Providers (physical and sexual health examinations)	Social Service Providers (housing, mental health care, case management, etc.)	Citizen Community Action Support (resource development, action committee implementation, advocacy, etc.)
<p>Exploited and Missing Children's Unit (EMCU) including Social Rehabilitation Services and Wichita Police Department</p> <p>Wichita Children's Home (WCH), Street Outreach Program (SOP)</p>	<p>District Attorney's Office</p> <p>Wichita, Kansas Corrections and Juvenile Courts</p> <p>Regional FBI</p> <p>Kansas U.S. Attorney's Office</p> <p>Attorney General's Office</p>	<p>Via Christi, Health Care Haven</p>	<p>Wichita Children's Home (including Street Outreach; Independent Living – BRIDGES; etc.)</p> <p>Wichita Child Guidance Center (WCGC)</p> <p>Wichita Area Sexual Assault Center (WASAC)</p> <p>Catholic Charities, Harbor House</p> <p>Sedgwick County Child Advocacy Center (CAC)</p> <p>Social Rehabilitation Services (SRS)</p> <p>Sedgwick County Juvenile Detention Facility</p> <p>Youthville</p>	<p>ICT SOS</p>

The Vision of ASERCA is that all *Youth in Wichita and Sedgwick County will be free from sexual exploitation*. The Mission is *To provide collaborative and multi-disciplinary prevention and intervention services in a safe, secure, nurturing and healing environment to young people up to the age of 22 who have been victimized or who are at risk for sexual human trafficking therefore allowing youth to regain dignity and respect for themselves*. A primary Objective is *To effectively prevent, and intervene in, situations of sexual exploitation through collaborative multi-disciplinary direct service provision and through the following action committees: Collaborative Direct Practice Service Delivery (Protocols and Procedures); Resource Development; Advocacy, Legislation, Law, and Policy; Community Education/Training; Multi-Disciplinary Case Staffing*. Though all of the ASERCA membership meets monthly in a formal setting to ensure connection and accountability of the five action committees, action committees convene additionally based on the needs of young DMST survivors or other agency/organization and/or community need and activity.

The chief purpose of the ASERCA Multi-Disciplinary Case Staffing action committee is to 1) prevent DMST and 2) more effectively meet the holistic needs of those sexually exploited through a) recognizing and utilizing youths strengths and assets through survivor-centered and survivor-led service interventions and b) operating as a collaborative multi-disciplinary team (MDT) to fill the gaps/areas of need in the life of a young person who has been sexually exploited. Therefore, in efforts to provide a culture and process of empowerment, and as illustrated in my integrated theoretical framework (Figure 4) that is based on the Ecological Systems Theory (EST) construct (Bronfenbrenner, 1977), the young person at-risk of and/or subjugated to DMST remains at the center of their life plan through all stages of intervention. For example, protocols and procedures, including ASERCA intervention documents and forms,

have been created in a manner that seek the guided direction of the survivor client's desires, wants, needs, strengths, and concerns. Prior to the case staffing, the case manager is to meet with the young person regarding their situation and seek information as to the following: the name of the consumer/young person and the name of the case lead (which may or may not be a case manager from WCH, SRS, EMCU, CROSSROADS, FAMKAN, Youthville); and the current status, individual desires, personal/social resources and the needs/gaps in services/resources that would be helpful from the ASERCA MDT in the life categories of 1) physical health/medical care 2) mental/emotional health and therapeutic services 3) daily living situation/housing 4) vocation/education 5) financial employment 6) spirituality 7) social supports and 8) leisure and recreation.

In sum, it is the practice of the ASERCA Roundtable members to assist young people at-risk of and/or subjugated to sexual exploitation in a manner that assists them in recognizing their own strengths and assets. The Roundtable membership recognizes the importance of meeting the client where they are at, whether or not they are ready to fully exit street life and/or whether or not they desire to pursue prosecution against their perpetrator. And most importantly, the ASERCA membership takes action regarding a case of DMST within the boundaries of a capable, knowledgeable, and participating client – the young victim or rather, survivor.

Historical Context and Design of Current Study

In consideration of the community context and multi-disciplinary system of care described above, the ASERCA MDT recognized that a primary step to more successfully preventing and intervening in cases of DMST/TSE was to first pay attention to risk factors and identify young people most susceptible to DMST/TSE. Furthermore, to assist in progressive individualized and best-practice youth interventions – the ASERCA MDT found it critical to

detect resilience factors and seek youth who have survived DMST/TSE and apply their strengths/resources/assets, which assisted them in survival, to intervention practices.

In 2006, under the title *Evaluation of Healthy Relationships/Women of Worth (W.O.W.) Group*, the Wichita State University (WSU) Institutional Review Board (IRB) approved the initial phases of the proposed project. Such exploratory research demonstrated that youth involved in the Wichita Children's Home (WCH), Street Outreach Program (SOP) had experienced significant childhood risk factors such as experiences of physical abuse by caregivers, drug and alcohol use/abuse, and out-of-home placement. Many of such youth had also experienced varying forms of sexual exploitation including DMST/TSE. From the Group intervention assessed in the research project, it was also recognized that the ability for youth to identify signs of healthy versus unhealthy relationships, set boundaries in relationships, and obtain knowledge of how to seek/receive assistance from service providers served as resiliency factors. Thus, the WCH, along with many community professionals participating in the ASERCA identified the need to pursue resources that would support further exploration of these initial findings.

Between 2006 and 2008, as the founder and coordinator of the Anti-Sexual Exploitation Roundtable for Community Action, the Principle-Investigator facilitated a federally funded community Adolescent Safety and Prevention Project (ASAP) intended to reduce the incidence of relationship violence among homeless, runaway, and throwaway youth (HRTY). Based out of the Wichita Children's Home, experienced professionals representing the ASERCA Roundtable membership (see Table 5) utilized professional experiential knowledge, as well as, information gathered from the previous IRB approved research (*Evaluations of Healthy Relationships/W.O.W. Group*) to create a risk assessment tool in order to identify youth who may

be involved in or at-risk of multiple forms of relationship violence, including sexual exploitation. Between the member agencies, 250 surveys were gathered. While the data collected helped to guide Phase 6 (Study 2), which is focused on the quantitative aspects of the mixed methods design, the data collected from the risk assessment tool had not yet been fully analyzed.

With this in mind, the purpose of the current research is to attain further knowledge regarding the risk factors that may have made youth more vulnerable to sexual exploitation as well as the resiliency factors that may have assisted in the young persons' survival. This information will be used to assist in the continued development of an assessment tool titled the Domestic Minor Sex Trafficking Risk and Resilience Assessment (DMST-RRA). The DMST-RRA will be used during the intake and assessment process at youth serving organizations and/or agencies. This assessment will be utilized in efforts to 1) identify youth who are at-risk of and/or involved in sexual exploitation and 2) provide individualized and more effective strengths based services.

The following is a breakdown of the phases of included studies that have been and will be used in the development of the DMST-RRA. With permission from the author T. Onwuegbuzie (personal e-mail communication, August 14, 2011), the phases and process have been modified from the Instrument Development and Construct Validation (IDCV) process (Onwuegbuzie, Bustamante, & Nelson, 2010).

Phases in the Development of the DMST-RRA

Phase 1: Interpret professional experiences of serving survivors of domestic minor sex trafficking (DMST) and review literature regarding all forms of human trafficking and sexual exploitation utilizing qualitative inductive logic. Identify, define and conceptualize appropriate

terms and language regarding DMST. Examine own belief system, values, and thoughts regarding DMST and youth victims/survivors.

Phase 2: Study 1. *Evaluation of Healthy Relationships/W.O.W. Group.* – Completed in 2006.

Young people at-risk of and/or subjugated to DMST participated in groups. Pre and post test questionnaires assisted in identifying and describing the behaviors and experiences that served as risk factors to subjugation of DMST. The pre and post test research provided initial ideas in regards to the common behaviors and experiences that occur prior to and during DMST.

Furthermore, results of this study phase demonstrated the need for a DMST risk and resilience assessment and provided the initial guidance in developing such an assessment.

Phase 3: Development of the initial DMST-RRA. The original DMST-RRA contained 43 items and asked youth participants about their experiences with emotional, physical, and sexual abuse, including DMST/TSE. In this quantitative phase, items were developed based on the findings from the initial phase one study identified as the *Evaluation of Healthy Relationships/W.O.W. Group.* These items were supplemented as well as further developed through additional literature review and through consultation from DMST and youth services experts who assisted in the *Adolescent Safety and Prevention Project (ASAP)* and who serve on the Anti-Sexual Exploitation Roundtable for Community Action (ASERCA).

Phase 4: Pilot testing of the initial DMST-RRA through the *Adolescent Safety and Prevention Project (ASAP)* pre-tested for face validity. This qualitative phase was undertaken in focus groups with both high-risk young people receiving services through the Wichita Children's Home (WCH) Street Outreach Program (SOP), as well as with domestic minor sex trafficking (DMST) and youth services experts. Participants were asked to make observations and reflect upon the language, clarity, relevance, and usefulness of the DMST-RRA. Based on this data,

revisions were made to the DMST-RRA and a second version was created which contained 40 items.

Phase 5: Designing and field-testing the Revised DMST-RRA: Instrument fidelity through ASAP. In this phase, between 2007-2008, 250 surveys were administered to young people during their intake at the WCH.

Phase 6: Study 2. Included in the **current dissertation research study**, this phase validated the revised instrument through quantitative analysis of the 250 previously gathered surveys utilizing exploratory factor analysis (EFA). A major goal of this phase was to assess content-related validity, criterion-related validity such as predictive validity, and construct-related validity of the current DMST-RRA (Appendix D) scale.

Phase 7: Study 3. Included in the **current dissertation research study**, this phase included validating the revised instrument, as well as further developing the DMST-RRA, through a qualitative analysis phase. Individual semi-structured interviews (Appendix E) were facilitated and grounded theory methodological steps were utilized in coding and analyzing data. In this phase, qualitative data was compared with the quantitative responses as a means of validating constructs and enhancing instrument development (Onwuegbuzie et al., 2010). In regards to developing the DMST-RRA instrument in the area of assessing risk, the major goal was to address Greene et al.'s (1989) purposes of triangulation, complementarity, development, and expansion for mixing quantitative and qualitative data. In regards to developing the DMST-RRA instrument in the area of assessing resilience, the work was guided by Greene et al.'s (1989) purposes of development and expansion for mixing quantitative and qualitative data. This was done in an effort to revise the current DMST-RRA by adding the resilience component.

Phase 8: Not in current dissertation research: Will be completed in future stages of the development and validation of the DMST-RRA. Phase 8 includes validating the revised instrument in a mixed analysis phase using qualitative-dominant crossover analyses. It is important to note here that in efforts to promote rigor in instrument development and construct validation, the proposed phases of mixed method instrument development for the DMST-RRA can and will be cyclical in nature and revisited as needed.

Phase 9: Not in current dissertation research: Will be completed in future stages of the development and validation of the DMST-RRA. Phase 9 includes validating the revised instrument in a mixed analysis phase using quantitative-dominant crossover analyses. Again, it is important to note that the proposed phases of mixed method instrument development for the DMST-RRA can and will be cyclical in nature and revisited as needed.

Phase 10: Not in current dissertation research: Will be completed in future stages of the development and validation of the DMST-RRA. Phase 10 includes evaluating the development and construct of the DMST-RRA as well as the overall process and product. Again, it is important to note that the proposed phases of mixed method instrument development for the DMST-RRA can and will be cyclical in nature and revisited as needed. Such iterative process promotes rigor in the development of the DMST-RRA instrument as well as construct validation. At this time it may be likely to revisit any phases in the DMST-RRA instrument development process, leading to further revisions.

An illustration of the Instrument Development and Construct Validation (IDCV) phases utilized in the development of the DMST-RRA are summarized in Figure 6 below. Following is a further description of mixed method – quantitative and grounded theory methodological qualitative approaches – within the utilization of the IDCV process.

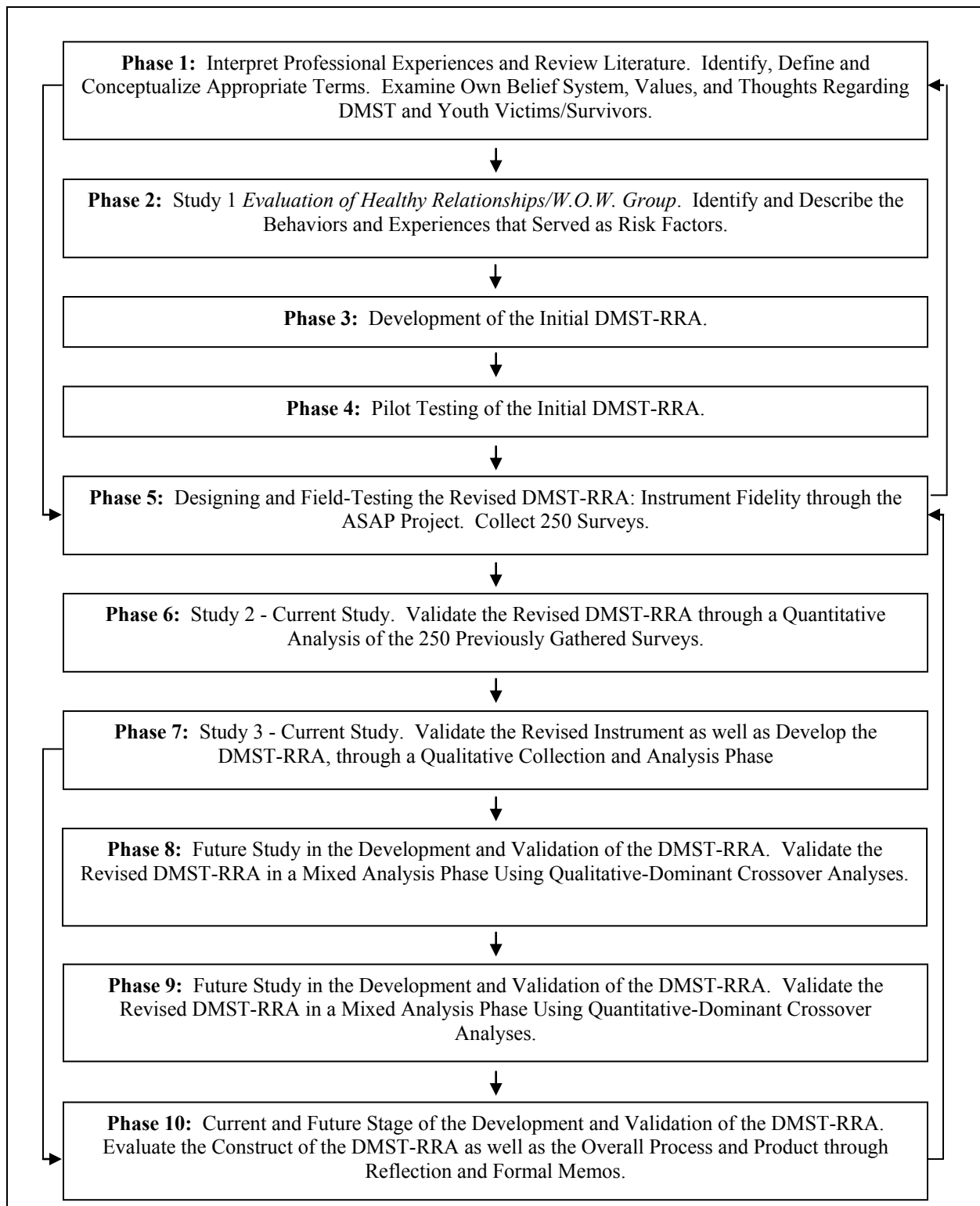


Figure 6. IDCV Phases Utilized for DMST-RRA. Phases in the development of the quantitative *Domestic Minor Sex Trafficking Risk and Resilience Assessment (DMST-RRA)* utilizing mixed method research and the instrument development and construct validation (IDCV) process. Phases and process adapted from the IDCV process proposed by Onwuegbuzie, Bustamante, and Nelson (2010).

Mixed Methods

Within the framework of the Instrument Development and Construct Validation (IDCV) process, the current study is of mixed method design and has utilized both inductive reasoning (also known as a bottom-up approach) and deductive reasoning (also known as a top-down approach) depending on the phase of the DMST-RRA development. Thus, it includes both quantitative and qualitative data, marked at different stages in the project, and exploratory and explanatory analysis in its sequential design to assist in identifying the risks and resiliencies of young people who are victims and/or survivors of DMST. Supportive of studies similar in design (Dalla, 2006; Onwuegbuzie et al, 2010; and Unger & Liebenberg, 2011) Padgett (2008) proposes that “mixed methods have an intrinsic appeal for instrument development and testing because most measures’ underlying constructs are complex and open to differing meanings and interpretations” (p. 226). In the case of the current study design, mixed methods were particularly useful as quantitative and qualitative data worked in partnership with each other to assist in the discovery, interpretation, and analysis of findings.

For clarification, “quantitative methods (e.g., survey instruments, experiments) are techniques which focus on obtaining numbers and frequencies, rather than on meaning and experience, and are often used for the purpose of drawing statistical inference” (Dalla, 2006, p. 34). On the other hand, Creswell (2007) proposes that “qualitative research begins with assumptions, a worldview, the possible use of a theoretical lens, and the study of research problems inquiring into the meaning individuals or groups ascribe to a social or human problem” (p.37). Focused more on the description of process, Creswell (2007) goes on to say that

To study this problem, qualitative researchers use an emerging qualitative approach to inquiry, the collection of data in a natural setting sensitive to the people and places under

study, and data analysis that is inductive and establishes patterns or themes. The final written report or presentation includes the voices of participants, the reflexivity of the researcher, and a complex description and interpretation of the problem, and it extends the literature or signals a call for action. (p. 37).

Dalla (2006) brings this definition of qualitative methods to life when she states that “methods, such as case studies, interviews, or diary analyses, allow a researcher to examine phenomena in depth and from the participant’s point of view” (p. 34). She adds to this by stating that such qualitative “methodological strategies are typically used: (1) when little is understood or known about a particular phenomena, (2) when the researcher seeks subjective information, and/or (3) for theory creation or development” (Dalla, 2006, p. 34).

With this in mind, utilizing mixed methods within the IDCV construct offered a framework that built upon my personal and professional experiences and observations with HRTY and DMST/TSE victims and survivors. It also provided a process for which to work in multiple stages to formulate tentative hypotheses for further exploration, review literature, gather data, create measures, detect pattern differences and regularities, and formulate further hypotheses. All of these processes were free to be cyclical in nature; with the ultimate goal of developing a theoretically sound instrument, which illuminates the phenomenon of the risks and resiliencies of young people who have fallen victim to DMST and who have survived such subjugation.

The following is a detailed description of the three primary studies (Phase 2 Study 1; Phase 6 Study 2; and Phase 7 Study 3) that are included in the development of the DMST-RRA. As mentioned prior, please note that Study 1 has been completed, while Study 2 and Study 3 were included and completed in the current dissertation research.

Preliminary Research: Study 1 (Phase 2) Research – Completed 2006

Methods

Participants.

The participants of this research included teens, ages 14-21. The sample consisted of 23 adolescent participants who were involved with the Wichita Children's Home, Street Outreach Program (SOP). The SOP includes a 24-hour seven days a week crisis line for HRTY, and a mobile van intended to identify, build relationships with, and provide the basic needs (including food, clothing, hygiene, and shelter/transitional housing referrals) to HRTY. In addition, case management services, and weekly psycho-educational peer groups are provided after a dinner is served.

Fifty-six percent of the participants within this study were female, 35% were male, and 9% reported their gender/sex as other. The mean age of the participants was 16 and the race of participants was comprised of 39% Caucasian, 22% African American, 9% Hispanic, 13% Native American and 17% Bi-Racial. All participants attended SOP groups, which were a part of the Adolescent Safety and Prevention Project (ASAP), and attended/participated voluntarily. ASAP is a sub-program intended to assist SOP in working with vulnerable youth identified as HRTY and at-risk for and/or involved in abusive and/or exploitive relationships.

Two psycho-educational groups were utilized in this study. One group contained males and females (Healthy Relationships Group) between the ages of 14-21 and another group contained only females (Women of Worth WOW*) between the ages of 14-21. Although no youth who attended such psycho educational groups were excluded from this study, youth were asked to participate only if they felt comfortable and understood that it was voluntary.

Instruments.

The questions on both the pre and post-test relate to the risk factors/vulnerability variables discussed within the literature review. Because this previous research showed the relationship between HRTY, relationship violence, sexual exploitation and other risk factors such as sexual and/or physical abuse, low self-esteem, etc., this study was conscientious to ask such relevant questions (Davis, 1999; Flowers, 2001; Halcón & Lifson, 2004). Questions were designed and selected to measure the involvement in such behaviors and/or experiences. Furthermore, the Rosenberg Self-Esteem Scale (Rosenberg, 1989) was selected due to its reliability, validity, wide use, and acceptance with similar populations.

The pre-test has 73 items and is composed of six sections that ask questions regarding the following topics: 1) demographics 2) family/support history 3) risk behaviors 4) thoughts and feelings about intimate partner relationships and sexual exploitation 5) experiences of abuse and/or sexual exploitation 6) Rosenberg Self-Esteem Scale. In addition to the pre-test sections 1, 4, and 6, the post-test also included sections regarding perceived helpfulness/usefulness of group, level of understanding and/or knowledge gained, and relationship improvement. A variety of scales and formats (e.g. likert, yes/no, and true/false) were utilized. At the end of both instruments, space was provided for the youth to leave their name and phone number if they wanted to be contacted by a counselor.

Procedures.

Prior to research facilitation, consent for the Researcher/Author leading the Healthy Relationships and W.O.W. groups was given by the coordinator of the Wichita Children's Home Street Outreach Program (SOP). In addition, the project was reviewed and approved by Wichita State University's Institutional Review Board. A convenience sample of youth who were

already attending psycho-educational peer groups was used for this study. Youth were asked to participate in this study and informed consent was explained to the participants both verbally and in writing. Consent letters were given to the youth asking permission to use the group for research purposes. It was made especially clear that services offered to them would not change if they choose to not participate in the study. After signing the informed consent forms, the surveys were distributed in hard copy form to the youth to fill out by themselves during the first and last of the ten intervention group sessions. Both surveys took approximately 30 minutes to complete.

Every effort was taken in order to protect the subject's personal privacy and guarantee confidentiality. Each youth who attended group had the same code number at the top of both the pre-test and post-test. Youth were asked to not put their names on their questionnaire, but although information was confidential, it was understood that it may not be anonymous since the Researcher administering the survey was the same person who facilitated both groups. In addition, youth were provided the opportunity to add their name and contact information at the bottom of their survey if they wanted a counselor to contact them regarding issues on the survey. Finally, it was agreed upon by the Researcher and participating youth that all individual discussions and/or personal stories expressed during the sessions were not to be discussed outside of the group. Again, because of the depth and seriousness of the material covered, individual counseling services were offered and were available to the youth who attended the groups.

The first group utilized was a male and female group (Healthy Relationships Group) which met once a week for one hour. The second, female only group (W.O.W. Group) also met once a week for one hour. This particular project was provided to both groups for 10 weeks and

included the same curriculum. Each session addressed different issues pertaining to building healthier relationships with themselves, family members, peers, and significant others. Specific topics for the groups included: Session 1 and 2) Healthy vs. Unhealthy Relationships, 3) Awareness of Mental, Emotional, and Sexual Con Games, 4) Empowerment and Self-Discovery, 5) Developing a Positive Sense of Self, 6 and 7) Boundaries and Building Healthy Relationships, 8) Physical and Mental Health, 9) Sexuality, and 10) Planning for a Positive Future.

Results of Study 1 (Phase 2)

Findings regarding risk and vulnerability.

The findings in Table 6 below summarize the percentage of youth who experienced particular factors that relate to the risk and vulnerability for sexual exploitation. Furthermore, the findings in Table 6 support previous research regarding indicators of high-risk youth found in the literature (Davis, 1999; Flowers, 2001; Tyler & Johnson, 2004). However, contrary to such previously stated research, 57% of the youth reported to be living with at least one of their biological parents, 52% felt as though they could depend on their parents, and 57% felt that they had a good support system growing up. In addition, only 13% reported that a parent or caregiver had asked them to do sexual favors and had forced them to engage in sexual acts, and although most have been identified as HRTY through involvement with the SOP, only 48% reported that they had run away from home.

TABLE 6
RISK FACTORS EXPERIENCED BY YOUTH

Table 6

Risk Factors Experienced by Youth

Risk Reported By Youth	<i>P</i>
Parents were not married	87%
Had been in SRS custody	61%
Had stayed in a shelter and/or group home	70%
Had been pushed, shoved, or grabbed in anger by a caregiver	61%
Someone caring for them had slapped them in the face or head	83%
They had thought about harming themselves	57%
They had used alcohol	74%
They had used drugs	70%

Findings regarding the reduction of risk.

In relation to the development of client protective factors due to the psycho-educational peer group, the majority of youth (57-70%) reported that the group had taught them skills that have helped them have better relationships with themselves, peers, family members, and dating partners. Eighty-two percent of the youth reported group to be “very helpful” in identifying the signs of a healthy versus unhealthy relationship, 71% in helping set boundaries within relationships, 88% in understanding of what to do if in an abusive relationship and/or being sexually exploited, and 71% in how to help themselves or someone else who is being abused and/or sexually exploited. In addition, 82% reported feeling less likely to become involved in an

abusive relationship because of the group, 71% felt less likely to become involved in sexual exploitation, 12% reported that they had left an abusive relationship because of the group, and 24% of the young people reported that because of the group, they no longer exchanged sex for food, drugs, or money. Finally, the t-test scores of the Rosenberg Scale revealed that the self-esteem of group attendees increased from a pre test mean of $M = 17.7$ ($sd = 6.51$) to a post test mean of $M = 19.4$ ($sd = 5.68$) at the $p = .05$ level.

Discussion of Preliminary Research

An increase in the number of sexually exploited HRTY in the study's Midwest city encouraged the initial action to begin exploring and addressing the issue of DMST/TSE. Though the sample for this study was small, it was representative of HRTY who had been identified by street outreach services within this community. Such connection to HRTY through street outreach services as well as the identification of HRTY as at-risk due to their participation in such services, parallels with other studies cited in the literature (Kurtz, Lindsey, Jarvis, & Nackerud, 2000; Whitbeck & Hoyt, 2002). In addition, percentages of basic demographic information are also comparable, including the number of youth who self report that they have been HRTY, involved in an abusive/exploitive relationship, and/or who have experienced additional childhood risk factors.

The findings regarding risk and vulnerability support previous research regarding indicators of high-risk youth found in the literature (Davis, 1999; Flowers, 2001; Tyler & Johnson, 2004). However, contrary to such previously stated research, 57% of the youth reported to be living with at least one of their biological parents, 52% felt as though they could depend on their parents, and 57% felt that they had a good support system growing up. In addition, only 13% reported that a parent or caregiver had asked them to do sexual favors and

had forced them to engage in sexual acts, and although most have been identified as HRTY through involvement with the SOP, only 48% reported that they had run away from home. Thus, the continued connection to a home-base, regardless of the degree, was a unique characteristic of HRTY in this Midwest City.

In regards to decreasing vulnerability, the participants who completed the group intervention noted improvement of protective factors (increased knowledge, self esteem, improvement in relationships). As such, this study's results are consistent with the literature which suggests that the use of psycho-educational groups assist in the improvement in cognitive and behavioral symptoms (Glodich, Allen, & Arnold, 2001; Hayes & Morgan, 2005; Thompson, 1998) of at-risk youth. Furthermore, the results correspond with other studies (Davis, 1999; Flowers, 2001; Tyler & Johnson, 2004) concerning the similar characteristics of HRTY and that protective/resiliency factors such as more appropriate thoughts, beliefs, and expectations regarding intimate partner relationships can increase through cognitive-behavioral/psycho-educational groups. And lastly, youth in this study reported that perhaps most important, beyond the intervention technique, was simply a safe place for HRTY to explore their own beliefs and values regarding healthy relationships with themselves, parents, peers, and intimate partners.

Future research and conclusions.

This preliminary exploratory research was an initial step (Phase 2 - Study 1) in the 10 phases of the IDCV process. Such process is utilized in an effort to develop a rational and scientific base for making classification (risk and resiliency of DMST) and treatment decisions for youth at-risk of and/or involved in DMST. With this in mind, Phase 2 - Study 1 provided useful information regarding factors that should be included in the future development of the Domestic Minor Sex Trafficking Risk and Resilience Assessment (DMST-RRA). Furthermore,

the responses from the youth regarding the impact of intervention strategies provided useful information (including a safe place where young people can examine, process, verbalize, and practice healthy relationship skills) in guiding practices which best serve high-risk young people. For example, it is important to point out that although the intent of this study was simply exploratory, the lives of participants were improved during the process of providing the peer psycho-educational groups. Two youth reported that they had left an abusive relationship because of group. And, four young people reported that because of group, they had stopped exchanging sex for food, drugs, or money. In sum, this study contributes to the young field of study regarding assessing and reducing the risk of sexually exploited HRTY and it demonstrates the value of creating youth-friendly places which encourage opportunities of self exploration and personal development.

All of this information will be used to assist in the continued development of the DMST-RRA. The proposed dissertation research seeks to further explore additional risk as well as resiliency factors. Following such exploration, the development and validation process of the DMST-RRA, an identification and intervention guidance tool will ensue. Ultimately, it is intended that the DMST-RRA will be utilized in efforts to 1) identify youth who are at-risk of and/or involved in sexual exploitation and 2) provide individualized and more effective strengths based services.

CHAPTER 2

METHODS

“You should endeavor not only to convince your understanding, but also to affect your heart; and to this end, you must secure the reinforcement of your passions.”

William Wilberforce, 1700’s – writing on the subject of perseverance.

The purpose of the current dissertation research is to further develop a theoretically-based Domestic Minor Sex Trafficking (DMST) Risk and Resiliency Assessment (DMST-RRA) that will assist children, youth, and family service providers in more effectively identifying and serving young people at-risk of and/or subjugated to DMST. In order to accomplish this aim, the study utilized a mixed method – quantitative and qualitative approach, and followed the cyclical phases of Onwuegbuzie et al. (2010) instrument development and construct validation (IDCV). In the development of the DMST-RRA, Study 1 (Phase 2 in the IDCV model) had been completed prior to the current study. The Community Setting and Context of this research as well as details regarding the IDCV process, including the details of Study 1, were discussed in the Introduction section of this dissertation, Chapter 1. To develop the DMST-RRA further, two additional studies (study 2 and 3 representing phases 6 and 7) were completed.

Current Dissertation Research: Study 2 (Phase 6) and Study 3 (Phase 7)

In efforts to 1) increase identification of youth who are at-risk of and/or subjugated to DMST/TSE and 2) provide individualized and thus, more effective strengths based services to such youth, this dissertation research, in connection with the Wichita Children’s Home Anti-Sexual Exploitation Roundtable for Community Action (ASERCA), sought to further investigate the risk and resiliency factors of sexual exploitation. These findings assisted in the continued development of the DMST-RRA. As mentioned previously, the Institutional Review Board

(IRB) at Wichita State University (WSU) approved the initial exploratory stages of this research project. An extension application was added to incorporate the current dissertation research including the analyses of previously gathered quantitative data and the collection and analyses of qualitative data.

Institutional Review Process, Confidentiality, and the Protection of Human Subjects

The Executive Director of the Wichita Children's Home, Sarah Robinson, provided consent for the dissertation research (see Appendix A). It is important to note here again that the Researcher is a licensed master social worker with more than 15 years serving homeless, runaway, and throwaway youth (HRTY) and/or otherwise marginalized youth populations with an emphasis on domestic minor sex trafficking (DMST) and sexually exploited young people. She is the identified local expert in the area of DMST, founder and coordinator of the Anti-Sexual Exploitation Roundtable for Community Action (ASERCA), and the sole specialized mental/emotional health therapist for DMST survivors in our area. She works closely with all Roundtable member agencies and is frequently called to train on the topic of DMST across the country. Her services to DMST survivors and her administration of this study are taken seriously with much consideration of therapeutic care.

The dissertation research was also reviewed and approved by the Wichita State University Institutional Review Board (Appendix B). Furthermore, informed consent was explained to each youth participant both verbally and in writing. Consent letters (Appendix C) were given to youth and/or their parents or guardians (when appropriate) asking for a willingness/permission to participate in the study. It was made especially clear that services offered to them would not change if they choose to not participate in the study and that they could discontinue participation at any time.

Much effort was taken in order to protect the youth participants' personal privacy and guarantee confidentiality. Each youth who participated in the study was assigned a code number that was used to identify completed interviews/forms. All of these forms were kept in a locked file cabinet. The key to linking the code numbers with identifying information was kept in a separate locked file cabinet. The names of participants were not and will not be used in any results of the research and any materials, including surveys, notes, and/or audio recordings, produced during activities conducted in interview sessions were kept, and will be kept for up to three years beyond completion of the study. The Researcher will keep all research materials in a locked file cabinet within a locked room.

Although minimal, it was acknowledged that youth participants may experience some psychological discomfort while exploring their memories, thoughts, and feelings regarding past risk factors as well as resilience strategies. Because of this, the Researcher openly discussed the possibility for such discomfort and encouraged youth to talk about these thoughts and/or feelings. Youth were consoled during the study interview if discomfort was present. Furthermore, there was time allowed for a therapeutic process of personal assessment, reflection, and coping. Again, because of the depth and seriousness of the material covered, individual counseling services were offered and were available to the youth participants beyond the scope of the study.

Current Mixed Methods Quantitative Research: Study 2 (Phase 6)

Risk Assessment Measure/Instrument

Within phase 5, through the WCH Federally-funded ASAP Project, the current DMST-RRA (Appendix D) underwent designing and field-testing for instrument fidelity (Johnson & Onwuegbuzie, 2004; Johnson et al, 2007; Onwuegbuzie et al., 2010). The current DMST-RRA

includes 40 items. The first three items are demographic questions in regards to gender, age, and race. The following four questions are to be answered yes or no and relate to lack of supervision, street life, and/or experiences of being a HRTY. The next three sections of the instrument are broken down into the categories of emotional issues/abuse, sexual issues/abuse, and physical issues/abuse. Under each category, there are several questions that relate to each issue/form of abuse and the participant can respond, “It has happened to me,” “It has happened to a person I know,” “I’ve done it to another person,” or “I have had not experience with it.” The last two questions are open-ended and relate to 1) whether the youth is able to identify ways to keep themselves safe and/or 2) if they have safe people/resources in their life on which they can count. In regards to such revised DMST-RRA, 250 surveys were administered to young people during their intake at the WCH between 2007-2008. However, such data remained unanalyzed. An additional eight surveys were completed immediately following the facilitation of the qualitative semi-structured interviews for Study 3 (Phase 7), which is included in this dissertation research. The data from such 258 surveys was analyzed for the current dissertation research.

Participants

Convenience and purposeful sampling were utilized in order to select cases relevant to the study at hand. The subjects were selected as a participant in this study due to their involvement with/receipt of service from the Wichita Children’s Home (WCH) and/or other ASERCA member agencies/organizations. Specifically, 250 youth participated in the assessment survey study during their intake into the Wichita Children’s Home and/or the Street Outreach Program. The additional eight young people completed the DMST-RRA immediately following their qualitative semi-structured interview.

All youth who participated in this dissertation research did so voluntarily. They were between the ages of 8-22 with the mean age of 15.6 thus; many of the subjects were minors. A unique feature of this study is the composition of participants who, though having lived through extremely traumatic life experiences, were young in age and longevity of street life. Furthermore, their “rescue” or self-initiated “recovery” from street life was recent and limited.

Risks and Benefits

Although there was minimal risk associated with this research, it was acknowledged that youth participants might experience some psychological discomfort while exploring their memories, thoughts, and feelings regarding past risk factors. Because of this, the Researcher, who is a licensed master social worker and a therapist specializing in working with DMST survivors, openly discussed the possibility for such discomfort and encouraged youth to talk about these thoughts and/or feelings. Youth were consoled during the study assessment if discomfort was present. Furthermore, there was time allowed for a therapeutic process of personal assessment, reflection, and coping. Again, because of the depth and seriousness of the material covered, individual counseling services were offered and were available to the youth participants beyond the scope of the study.

With this in mind, the youth who participated in the current research project benefited from the therapeutic process and the knowledge gained during the assessment survey process. All young people, including the participants, will also benefit from the improvements made in organizational/agency treatment methods as a result of the research findings. The research will benefit the knowledge base of all member organizations/agencies of ASERCA (see Table 5) as well as additional youth serving entities. It will guide the way in which such agencies identify as

well as serve young people who have been sexually exploited, in particular those who have been identified as survivors of DMST and/or other forms of TSE.

In addition to benefiting young people who receive services from youth serving organizations/agencies as well as those who work with teens by providing information on the experiences of youth in the Midwest, this research will serve as an additional and highly valuable tool in the development of state level policy and national advocacy at a time where DMST/TSE is at the forefront of unresolved youth issues (i.e. is currently on the Kansas Attorney General Schmidt's and Kansas Governor Brownback's action agenda).

Procedures

Data Analysis

Crossover analyses (Onwuegbuzie, Bustamante, & Nelson, 2010) between qualitative data (discussed in following section) and quantitative survey data began with simple descriptive statistics followed by exploratory factor analyses (Dalla, 2006, Onwuegbuzie et al., 2010, Ungar & Liebenberg, 2011). Specifically, the dimensionality and appropriateness of the 37-item (excluding the three demographic questions) quantitative sexual exploitation risk/resilience inventory survey, DMST-RRA, was analyzed using principle axis factoring method, exploratory factor analysis (EFA). Factor scores were obtained and Cronbach's alpha coefficients were calculated. Abductive logic was used during crossover analyses thus, findings from the exploratory factor analyses were compared and assisted in developing qualitative findings (Johnson, McGowan, & Turner, 2010; Onwuegbuzie, Bustamante, & Nelson, 2010).

Current Mixed Methods Qualitative Research: Study 3 (Phase 7)

Risk and Resilience Assessment Measure/Instrument

To fully understand the lived experiences of young people subjugated to DMST/TSE and to aid in the further development of an effective risk and resiliency assessment tool (DMST-RRA), within phase 7, DMST/TSE survivors were individually interviewed until theoretically based saturation was achieved (Charmaz, 2006). At between five and six interviews, no new themes were emerging and such theoretically based saturation occurred completely after eight interviews. Two major themes of exploration 1) Risk/Vulnerability Factors and Pathways to DMST/TSE and 2) Resilience/Strength Factors that Assisted in Survival during the Experience of DMST/TSE were examined.

The first overarching question focused on factors, situations, or experiences in participants' pasts that they themselves identify as having made them more vulnerable, or at-risk, for sexual exploitation. For the second overarching question, the intent was to explore factors, situations, or experiences that participants identify as having helped them survive while on the streets and/or during sexual exploitation. A number of probe/follow-up questions were developed for possible use during the semi-structured interview dependent on the progression of the therapeutically-research-based conversation. Examples of these probes were "Tell me about drug and alcohol use in your home" or "Tell me about some of the positive or supportive people you had in your life when you were young" (see Appendix E).

It is important to remember that the retrieval of such information has and is intended to continue to aid in the further development of the DMST-RRA, particularly in regards to assessing resiliency factors that may be applied during social service intervention practice. It is the ultimate goal of the study that the DMST-RRA tool that will be utilized by juvenile social

service organizations/agencies to assist in the identification of as well as effective service delivery to those who are at-risk of or subjugated to DMST/TSE.

Participants

Participants were selected for the qualitative component of the dissertation research due to their involvement with/receipt of service from a member organization/agency of the ASERCA facilitated by an Administrative Order through the Wichita Children's Home (see Table 5).

Youth were involved with these organizations/agencies because they had been identified as a HRTY and were at-risk of and/or involved in exploitive relationships including DMST/TSE.

Purposeful theoretical sampling was utilized in order to select cases relevant to the study at hand and interviews were conducted until saturation was achieved (Charmaz, 2006; Glaser, 1978). Theoretical saturation was reached, and no additional interviews occurred, when no new properties surfaced from gathered data. Thus, interviews were conducted in an iterative fashion and more information was gathered through additional interviews as analysis deemed necessary. Saturation was fully achieved after eight interviews.

All youth who participated in the current study did so voluntarily. Depending on the legal placement and/or guardianship of the participating youth, interviews occurred at the youth's housing placement and/or location of choice (i.e. an ASERCA member organization/agency or a youth's residential home). Youth participants were between the ages of 14-22 years of age thus; some of the participants were minors. Again, a unique feature of this study is the composition of participants who, though having lived through extremely traumatic life experiences, were young in age and longevity of street life. Furthermore, their "rescue" or self-initiated "recovery" from street life was recent and limited.

Risks and Benefits

Although minimal, it was acknowledged that youth participants may experience some psychological discomfort while exploring their memories, thoughts, and feelings regarding past risk factors, as well as, resilience strategies. Because of this, the Researcher, who is a licensed master social worker and a therapist specializing in working with DMST survivors, openly discussed the possibility for such discomfort and encouraged youth to talk about these thoughts and/or feelings. Youth were consoled during the study interview if discomfort was present. Furthermore, there was time allowed for a therapeutic process of personal assessment, reflection, and coping. Again, because of the depth and seriousness of the material covered, individual counseling services were offered and were available to the youth participants beyond the scope of the study.

The youth involved with the current research project benefited from the therapeutic process and the knowledge gained during the one-on-one primary semi-structured qualitative interviews. Young people receiving social services, including the participants, will also benefit from the improvements made in organizational/agency treatment methods as a result of the research findings. The research will benefit, but is not limited to benefit, the knowledge base of all member organizations/agencies of ASERCA (see Table 5). It will guide the way in which such agencies identify, as well as, serve young people who have been sexually exploited in particular those who have been identified as survivors of DMST/TSE.

In addition to benefiting young people who receive services from youth serving organizations/agencies as well as those who work with teens by providing information on the experiences of youth in the Midwest, this research will serve as an additional and highly valuable

tool in the development of state level policy and national advocacy at a time where DMST/TSE is at the forefront of unresolved youth issues.

Procedures

Youth were identified as at-risk of and/or subjugated to DMST/TSE and thus, appropriate for participation in the proposed study due to their involvement with/receipt of service from an ASERCA member agency (see Table 5) and a referral for participation in the research study was made to the Researcher. Following the initial referral, a meeting was arranged to request project participation and inform the youth of confidentiality and consent. In some cases (i.e. when youth were under the age of 18 years) both the young person and their parent and/or legal guardian signed consent. After signing informed consent forms, the semi-structured interview occurred at the location of the young person's choosing and/or youth's placement/residential home. The Researcher of this study facilitated all of the semi-structured interviews.

For the semi-structured interview, a guide/question outline, which includes two primary – overarching questions, was used (see Appendix E). With this in mind, it is important to note that the interviews took place in the context of an engaged discussion or conversation. Thus, the primary overarching questions served as starting points and the exact wording slightly differed depending upon the context and flow of the individually based conversation. Such flexible, individually based conversation structure, is critical in allowing young people to share their stories in their own words and according to their own understanding (Charmaz, 2006). Furthermore, general follow-up questions were used to elicit more detail or clarify the issues being discussed. Such follow-up questions may be as simple as “could you give me an example?” or “would you mind telling me about that a little more?” The interview took approximately one to one and one half hours to complete. In efforts to fully engage in the

conversation appropriately, minimal notes were documented during the interview (Charmaz, 2006). Rather, the interview was audio recorded for accuracy and all transcripts and audiotapes were stored in a locked cabinet.

Grounded Theory

Similar to the way in which the integrated theoretical framework shaped the study lens for viewing and addressing the issue of DMST/TSE in a respectful, empowering, non-exploitative manner, so do the theories that guided applied methodologies in research. Therefore, supportive of the mixed method IDCV process (Johnson, McGowan, & Turner, 2010; Onweugbuzie, 2010; Ungar and Liebenberg, 2011), and in an effort to effectively gather and analyze qualitative data, grounded methodology was utilized. Grounded theory (Glaser and Strauss, 1967) is a “research method designed to aid in the systematic collection and analysis of data and the construction of a theoretical model” (Creswell, 2007, p. 286). It allows the researcher to listen to the stories of the participants and examine how they themselves interpret their experiences (Glaser, 1978; Glaser & Strauss, 1967). Grounded theory is applicable to the proposed research, including the development of the DMST-RRA survey instrument, because it allows for the use of a variety of data forms and sources, including quantitative data and interviews through its inductive process, which is “grounded” in the observations of data from which it was developed.

Data Analysis

Qualitative research methods are especially useful in revealing the participants personal meanings of their experiences (Creswell, 2007) and grounded theory methodological steps can assist in perceptive articulations of such experiences (Charmaz, 2006). The five major overarching steps in the grounded theory research process include 1) collecting data, 2) forming

concepts, 3) developing concepts, 4) modifying and integrating concepts, and 5) finalizing and producing a report regarding such research (Stern, 1980).

Considering this process, the Researcher recorded key word notes and memos about her impressions of the interview, including the perceived reactions of the participant, immediately after completing the interview and leaving the participant. Interview recordings were then reviewed via audio, transcribed, and analyzed by both the Researcher and a Research Associate utilizing a sequential method. Sequential method analysis includes an inductive and deductive process or rather abductive method of developing codes, categories, constructs, and/or themes; data analysis and memo writing; generating working hypotheses and/or assertions from the data; and analyzing the life histories of the participants' experiences of abuse, victimization, survival, and coping (Charmaz, 2006; Erickson, 1986; Glaser, 1978).

Coding

The first analytic step in grounded theory research is a process called qualitative coding. With the ultimate goal of defining the meanings behind gathered data, coding refers to the practice of “naming segments of data with a label that simultaneously categorizes, summarizes, and accounts for each piece of data” (Charmaz, p. 43, 2006). Analysis of the audio recorded and transcribed semi-structured interviews were guided by the constant comparative method (Glaser & Strauss, 1967) and followed the approach outlined by Glaser (1978) and Charmaz (2006). First, interview audio recordings and transcriptions were analyzed to identify key codes, meanings, actions, similarities, differences, and general categories. Initial open line-by-line coding was used to assist in the guidance of theoretical sampling and saturation and the refocusing of later interviews.

The initial codes were then written in the margins of the transcripts and the words of interview participants were used to identify the meanings behind experiences explained in regards to risk and/or resiliency. The code and the participant's statement pertaining to the code was then copied and grouped together into categories. This cut and paste method was used to begin grouping the codes. Key codes were then grouped together to facilitate the identification of categories. Lists were constructed that identified the key codes, their relationship to each other, and the exact quotations of participants. These lists were then used to assist in the comparison of line-by-line coding, key codes, and categorical resemblance. This was done in an effort to determine the accuracy of fit of the new emerging concepts prior to documenting further relationships and dimensions of identified experiences of risk and resilience.

As the codes during the initial open coding phase began to fit into larger categories, level two focused coding was initiated. This focused coding was more intentional, discriminating, and theoretical than the initial line-by-line coding and ultimately sought to assess the accuracy of initial codes and categories (Charmaz, 2006; Glaser, 1978). Assessing the data further, each category was compared with other participant quotations, codes, and subcodes to expose the similarities and differences. The analysis continued until each categorical property dimension was defined and exclusive of the additional categories.

Following level two focused coding, relationships between and among categories were analyzed in level three coding. The primary variables and the explanatory social processes, which serve to explain the risk and resiliency factors related to DMST, emerged and reoccurring primary variables linked data together and explained the variation noted in the data. With this, the substantive theory explaining factors that may serve as risks prior to experiences of DMST, as well as the factors that assist in the resilience of DMST survivors, began to surface.

With all of this in mind, it is important to note that initially, the data obtained was analyzed and interpreted separately between the Researcher and Research Associate. A Research Associate, who has a Ph.D. in Community Psychology and is experienced in qualitative research, was used in this dissertation research to act as a second coder and to assess for intercoder reliability. Thus, after each level of independent coding, the Researcher and Research Associate would meet to discuss and compare their findings. When disagreement on the identified categories, codes, and/or subcodes occurred, the Researcher and the Research Associate would discuss the code indicators until agreement was achieved. The Researcher and the Research Associate reached what is considered to be an excellent level of intercoder reliability of 96% (Boyatzis, 1998; Cicchetti, 1994; Cohen, 1960; Fleiss, 1971).

Memo-Writing

Memo-writing was utilized throughout the gathering and analysis of data. Memos are extended notes regarding the theoretical ideas of the researcher that come to mind during the process of collecting data and/or coding transcripts (Charmaz, 2006; Glaser, 1978). Memoing helps guide and direct analysis and may include the researcher's general thoughts or observations, comparisons, or even raw data gathered and/or founded during interviews, coding, etc. Charmaz (2006) considers memo-writing, also known as memoing, a critical intermediary step in the midst of collecting data and writing paper drafts. Specifically, Charmaz (2006) states that memoing "constitutes a crucial method in grounded theory because it prompts you to analyze your data and codes early in the research process" (p. 72).

Prior Knowledge and Role of Researcher

The researcher plays a key role in conducting objective and accurate grounded theory research. After all, as Charmaz (2006) states, "we construct our grounded theories through our

past and present involvements and interactions with people, perspectives, and research practices” (p. 10). And in the same way that methods influence research findings, the holistic self of the researcher also influences the emergence of research findings (Charmaz, 2006). Thus, recognizing that it is impossible to fully separate the researcher from research findings, it is critical to be aware of one’s own past, values, expectations, etc. and “bracket” (Glaser & Strauss, 1967) one’s self from the research and participant interview occurrence.

Building on such self-awareness, and in support of the trauma-informed therapeutic practices utilized with survivors of DMST (Herman, 1997), it is critical that researchers establish rapport through intentional and respectful relationship building strategies (Charmaz, 2006; Herman, 1997). Some of the strategies utilized in the current research to engage in respectful treatment and assist in neutral research facilitation included 1) setting aside my own views and expectations in an effort to learn about the views and actions of the participant, 2) defining and understanding the lived experiences of participants through their perspectives and not my own, 3) testing my own expectations and assumptions so as to not to reproduce my own thoughts but rather the reality of participants, 4) putting myself in the place of the participant in an attempt to see things through their eyes, and 5) learning and interpreting the experiences and realities of participants (Charmaz, 2006).

CHAPTER 3

RESULTS

“The circumstances of individuals will be found indeed to differ, but none are altogether free from its sway; all, without exception, in greater or less degree, bear about them, more visible or more concealed, the ignominious marks of their captivity.”

William Wilberforce, 1700’s – writing in regards to the corruption of human nature.

Between 2005-2008 the Wichita Children’s Home was the recipient of a grant from the U.S. Department of Health and Human Services that was designed to prevent dating violence among runaway and homeless youth and to cross-train providers of services to such population. One of the work products of the grant was the development of a preliminary assessment tool to assess youth for the potential for or degree of involvement in multiple forms of relationship violence, including domestic minor sex trafficking (DMST). In the development of the measurement tool, 250 youth were asked a number of questions about their life experiences utilizing the DMST-RRA. In addition, the eight participants who completed qualitative interviews for the purposes of this dissertation study also completed the assessment. The Researcher of this dissertation conducted all of the 250 DMST-RRA interviews between 2007-2008, as well as the eight DMST-RRA aforementioned assessments in person with a paper and pencil instrument. Furthermore, the Researcher was the sole facilitator of the eight qualitative semi-structured interviews.

Results of Quantitative Risk Assessment Survey: Study 2 (Phase 6)

Of the 258 young people who participated in the DMST-RRA sample, 35.3% (n = 91) were male and 64.3% (n = 166) were female. There was one participant who did not identify with being male and/or female. In regards to the age of the sample, the majority of the participants were between the ages of 14 and 17 with a mean age of 15.6: 14 years, 17.4% (n = 45); 15 years,

22.9% (n = 59); 16 years, 28.3% (n = 73); and 17 years, 14.7% (n = 38). The race of the sample was reported as follows: Caucasian, 50.4% (n = 130); African American, 25.2% (n = 65); Hispanic, 13.2% (n = 34); Asian, 1.6% (n = 4); Native American, 1.9% (n = 5); and other, 6.6% (n = 17). Two participants chose not to answer this question regarding race. See Figures 7-9 for an overview of the demographics of participants.

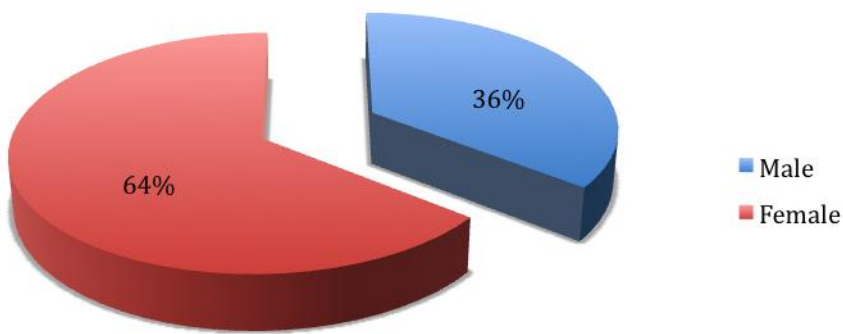


Figure 7. Sex of youth participants.

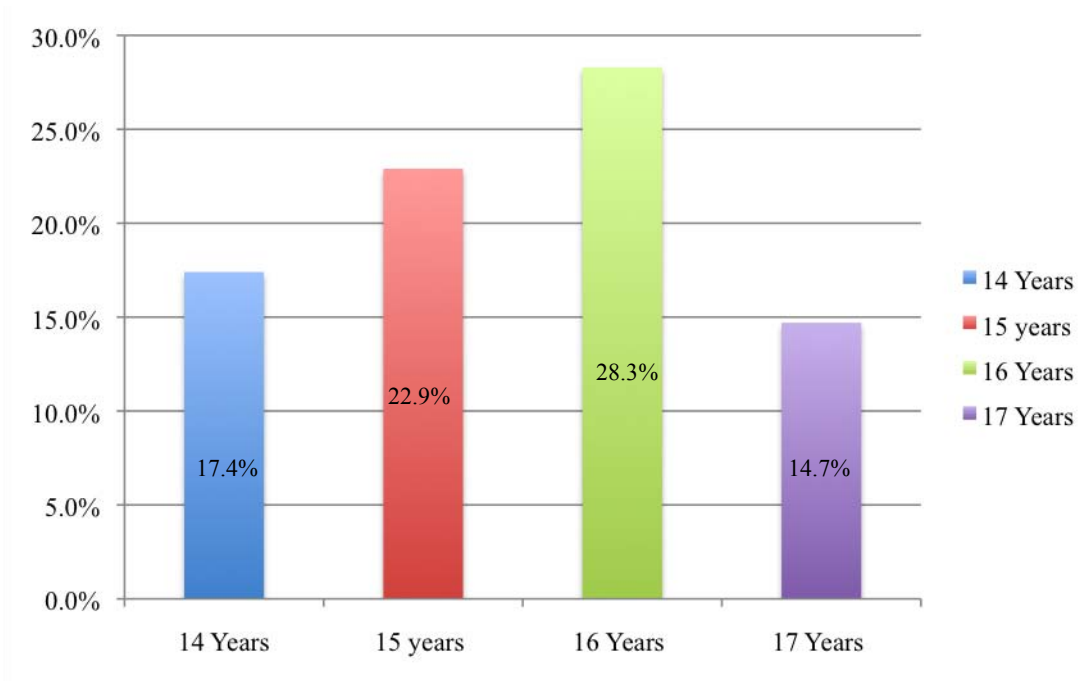


Figure 8. Age of youth participants.

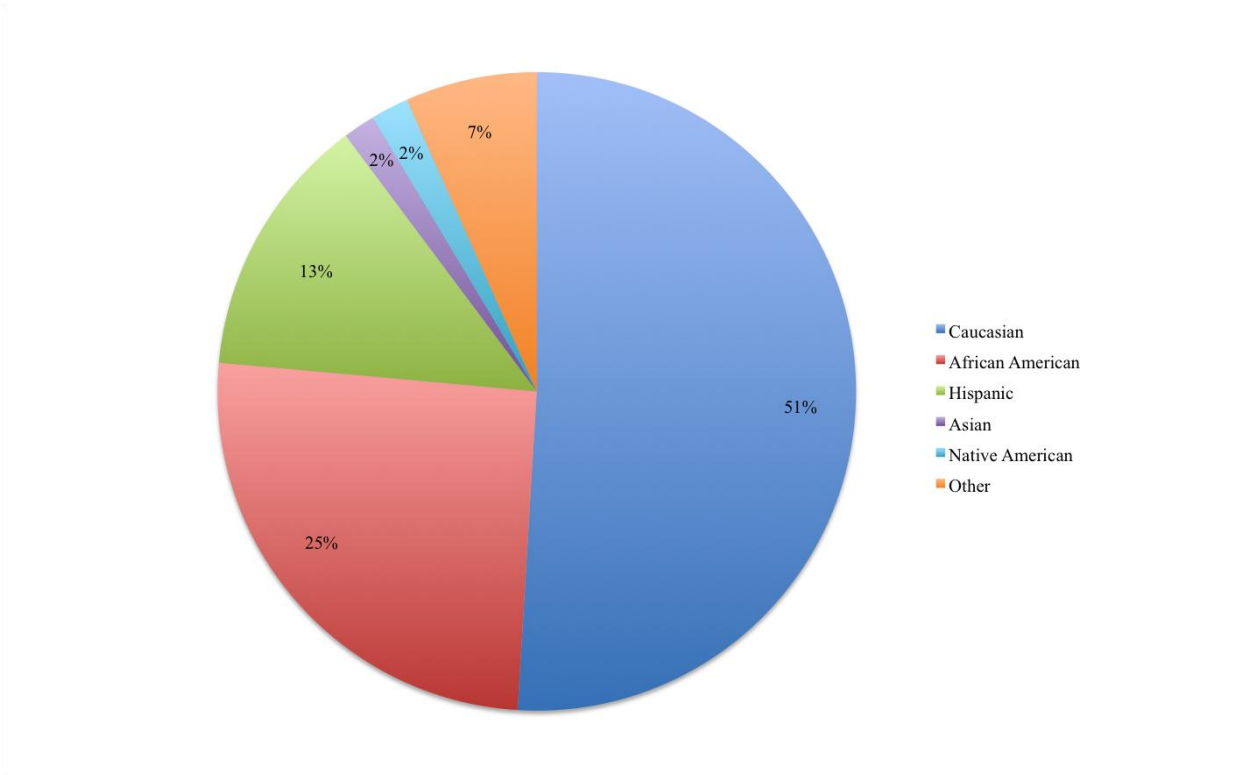


Figure 9. Race of youth participants.

In addition, and perhaps of particular interest to those working with young people at-risk of and/or subjugated to DMST, of the participants surveyed, 68% (174) reported that someone they knew had utilized guilt, pressure or intimidation to force them into sexual activity and 68% (173) reported they had been sexually assaulted or raped. Additionally, 47% (120) had been propositioned to strip, go on a date or provide sexual favors in exchange for food, shelter, money or drugs, and 40% (101) reported that they had been forced, frauded, and/or coerced to exchange stripping, intercourse or other sexual favors for food, shelter, money or drugs. A summary of these life experiences that were reported by participants is presented in Figure 10 below.

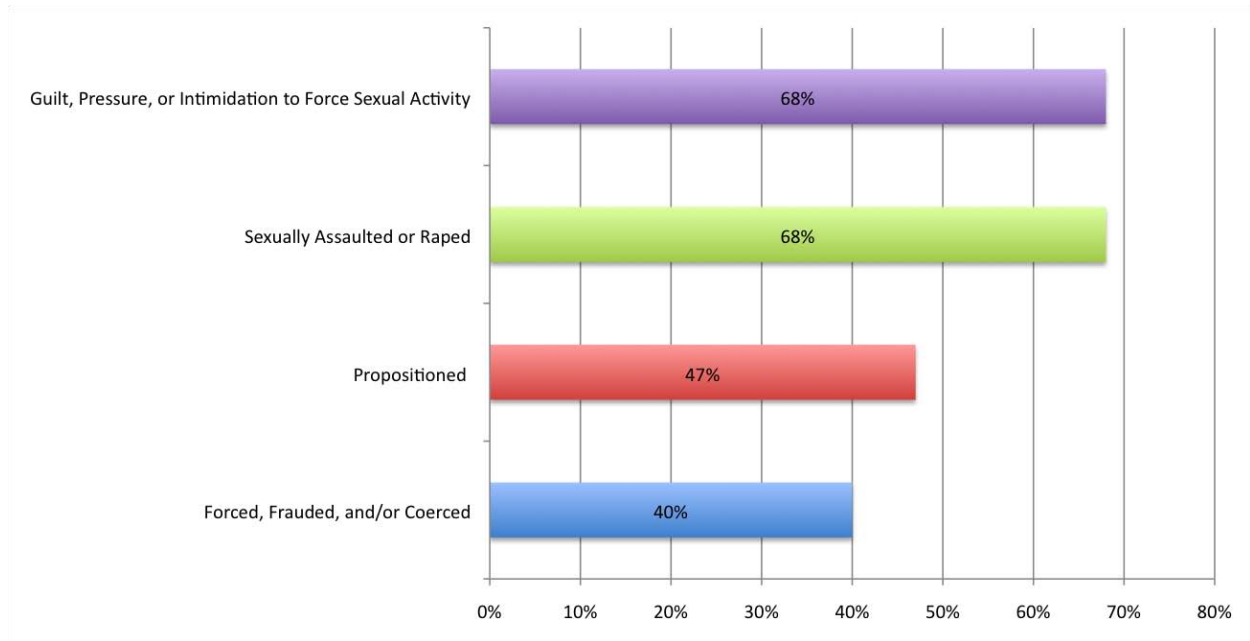


Figure 10. Life risk experiences of youth participants.

Dimensions of Risk for DMST

With the use of principle axis factoring method, exploratory factor analysis (EFA) was performed on the dimensionality of 37 items (excluding the three demographic questions) on the 40-item Domestic Minor Sex Trafficking-Risk and Resiliency Assessment (DMST-RRA). This was done in an effort to examine the underlying dimensions of life experience factors that may

increase the risk for subjugation to DMST. With a criteria that values between 0.8 and 0.9 indicate a great ability for EFA to “yield distinct and reliable factors” due to a value close to 1, the Kaiser-Meyer-Olkin (KMO) measure verified the sampling adequacy for the analysis, KMO = .87 (Field, p. 647, 2009).

To identify the underlying dimensions, two criterion tests were conducted to determine the number of factors to extract and retain for rotation – the scree test (Cattell, 1978; Costello & Osborne, 2005) and parallel analysis (Costello & Osborne, 2005; O’Connor, 2000). Both the scree test and parallel analysis indicated that there were five factors. Therefore, five factors were extracted using an iterative principle axis solution. These factors were then subjected to the oblique promax rotation procedure in an effort to achieve simple structure (Thurstone, 1947). Variables with weights greater than positive and/or negative 0.32 were included in the factor content interpretation (Tabachnick & Fidell, 2001).

The rotated solution, shown in Table 7, indicated five interpretable factors. Note that rather than labeling factors based on abuse, harm, or risk, the term safety was used. This was done due to youths’ explanations regarding how they felt their safety had been threatened. The five interpretable factors that emerged from the DMST-RRA were: Factor 1 – *Sexual Safety*; Factor 2 – *Physical Safety*; Factor 3 – *Mental/Emotional Safety*; Factor 4 – *Personal Modes of Safety*; and Factor 5 – *Extreme Violence*. None of the DMST-RRA item variables loaded on more than one factor. Furthermore the percent of variance accounted for by the five factors was 62.7% of the total variance. This is justified by looking at factor 5 (and above) in the cumulative percent of the initial eigenvalues in the first total variance explained output box. As mentioned previously, a summary of the pattern matrix is provided below in Table 7.

Table 7

Variable Values for Factors of the DMST-RRA - Item Factor Loadings

Item	Factor 1 Loadings: Sexual Safety	Factor 2 Loadings: Physical Safety	Factor 3 Loadings: Mental/ Emotional Safety	Factor 4 Loadings: Personal Modes of Safety	Factor 5 Loadings: Extreme Violence
Name Calling			0.836		
Threats			0.709		
Screaming at you			0.834		
Ridiculing you			0.779		
Controlling you			0.784		
Jealousy			0.788		
Criticizing			0.817		
Stalking	0.518				
Emotional Blackmailing	0.455				
Put down about your sexuality or sexual lifestyle choices	0.679				
Unwanted sexual touching and kissing	0.848				
Guilt, pressure, or intimidation to force you to engage in sexual activity	0.808				
Spreading sexual rumors or threats to try and make you do something sexual	0.653				
Sexually assaulted or raped	0.822				
Propositioned to strip, go on a date, or provide sexual favors	0.762				
Forced, Frauded, Coerced to trade stripping, intercourse, or other sexual favors	0.668				
Sexual talk on the internet through chat rooms, my space, etc.	0.699				
Met up with someone you met on the internet through chat rooms, my space, etc.	0.6				
Used a web cam to engage in sexual behaviors and/or discussions	0.455				
Shoving		0.92			
Punching		0.979			
Slapping		0.918			
Hitting		1.003			
Kicking		0.724			
Hair pulling		0.463			
Choking					0.527
Use of a weapon to threaten or intimidate					0.69
Relationship experiences causing physical harm					0.675
Youth was able to identify two or more ways to keep themselves safe				0.834	
Youth was able to identify at least one safe person and/or resource				0.788	

Twelve items loaded on the first factor, “*Sexual Safety*.” The highest loading items are as follows: “*Unwanted sexual touching and kissing*” (.85), “*Sexually assaulted or raped*” (.82), “*Guilt, pressure, or intimidation to force you to engage in sexual activity*” (.81), “*Propositioned to strip, go on a date, or provide sexual favors for others in order to earn money or drugs*” (.76), “*Put down about your sexuality or sexual lifestyle choices*” (.68), “*Sexual talk on the internet through chat rooms, MySpace, etc.*” (.71), and “*Forced, frauded, or coerced to trade money, drugs, food, or shelter for stripping, intercourse, or other sexual favors*” (.67). The lowest item loadings on factor 1 above the 0.32 criteria were both “*Emotional blackmailing*” and “*Used a web cam to engage in sexual behaviors and/or discussions*” (.46).

Six items loaded above 0.32 on the second factor, “*Physical Safety*.” From greatest to lowest loadings, these were: “*Hitting*” (1.0), “*Punching*” (.98), “*Shoving*” (.92), “*Slapping*” (.92), “*Kicking*” (.72), and “*Hair pulling*” (.46).

The third factor, “*Mental/Emotional Safety*” was comprised of seven items. These items included: “*Name calling*” (.84), “*Screaming at you*” (.83), “*Criticizing*” (.82), “*Jealousy*” (.79), “*Ridiculing you*” (.78), “*Controlling you*” (.78), and “*Threats*” (.71).

Two items loaded above the 0.32 criteria on the fourth factor, “*Personal Modes of Safety*.” These items included: “*Youth was able to identify two or more ways to keep themselves safe*” (.83), and “*Youth was able to identify at least one safe personal and/or resource*” (.79).

Lastly, there were three items that loaded on the fifth factor of “*Extreme Violence*.” These items included: “*Use of a weapon to threaten or intimidate*” (.70), “*Relationship experiences causing physical harm*” (.68), and “*Choking*” (.53).

To determine whether reliable risk scales could be developed from the DMST-RRA, Cronbach’s alpha coefficients were calculated for each of the five factors/sub-scales. Utilizing a

minimum criteria value of .7 to .8 (Field, 2009), the Cronbach's α for the first factor with 12 items was 0.91; 0.95 for the second factor with six items; 0.93 for the third factor with seven items; and 0.74 for the fifth factor with three items. The Cronbach's α for these four factors were high thus, they suggested internal consistency and strong test-retest reliability. Conversely, the Cronbach's α for the fourth factor with four items was 0.30. This low value is may be due to the variability with which participants may respond to such questions and suggests that this sub-scale must be re-visited in the DMST-RRA instrument development process.

Furthermore, within the DMST-RRA there are "*Other*" response categories to allow participants to discuss their life experiences beyond the options provided in the assessment. Beyond the factor loadings previously mentioned, it is valuable to assess the open-ended responses to the items below in Table 8.

Table 8

<i>"Other" Responses Reported During DMST-RRA</i>	
Item	
Q 14	Response
	Participant described how she had been verbally abused and experienced name calling by stepmother. Participant described that boyfriend/pimp threatened suicide to play "emotional mind games" with them. Participant reported that she was fearful of her father due to his yelling and name-calling.
Q 25	Response
	Participant described how they had been forced to strip/dance after being physically assaulted with a wire-clothing hanger and then raped. Participant reported that she had experienced unwanted touching and kissing by her stepfather. Participant reported that she had met someone on the phone chat line and later met up with him or her face to face.
Q 35	Response
	Participant described being kicked in the testicles by a "girl friend." Participant described how she had been physically abused by father and shared an example of a time she was "thrown against the wall" by her father when he was under the influence of drugs. Participant described being burned with cigarettes all over her body as a form of "mind control" and "abuse." Participant reported a time during which she watched her mother brutally beaten up with a hammer by her mother's boyfriend. Participant described being regularly "beat up" and "burnt with cigarettes" by "pimp." Participant described an experience of watching mother being stabbed with a fork by stepfather. Participant reported that her mother repeatedly threatened her life while intoxicated by alcohol and/or drugs. Participant reported that in response to being fearful of abuse, she put an "extension cord" around the neck of her "boyfriend" to choke him.

Results of Qualitative Risk and Resiliency Assessment: Study 3 (Phase 7)

As mentioned previously, in an effort to further develop the DMST-RRA, eight qualitative semi-structured qualitative interviews were facilitated with young people who were survivors of DMST. The Researcher was the sole facilitator of these semi-structured interviews. There were two major themes of exploration: 1) Risk/Vulnerability Factors and Pathways to DMST/TSE and 2) Resilience/Strength Factors that Assisted in Survival during the Experience of DMST/TSE. The first overarching question focused on factors, situations, or experiences in participants pasts that they themselves identified as having made them more vulnerable or at-risk

for sexual exploitation. Specifically, participants were asked, “Do you think there were things that happened in your life that set the stage or made you more vulnerable to being sexually exploited?” For the second overarching question, the intent was to explore factors, situations, or experiences that participants identified as having helped them survive while on the streets and/or during sexual exploitation. For this theme of exploration, participants were asked, “Are there things about your life or just things about yourself that you think helped you survive while being on the streets and while being sexually exploited?” A number of probe/follow-up questions were developed for possible use during the semi-structured interview dependent on the progression of the therapeutically-research-based conversation. Examples of these probes were “Tell me about drug and alcohol use in your home” or “Tell me about some of the positive or supportive people you had in your life when you were young” (see Appendix E).

In consideration of such questions, it is important to remember that the retrieval of resulting responses has and is intended to continue to aid in the further development of the theoretically based and data-driven DMST-RRA. Thus, it is significant to note that the semi-structured interview questions were asked as generally as possible to allow the participants to define the concepts of risk and resilience themselves during the interview process. Doing so allowed the data to not be “forced.” Rather, the participants’ responses guided the meanings behind their experiences during data coding and categorizing.

Of the eight young people who participated in the DMST-RRA qualitative sample, 100% (n = 8) were female. The age range of the young women in the sample was between 14 and 22 years of age: 14 years (n = 1); 15 years (n = 1); 17 years (n = 2); 18 years (n = 1); 19 years (n = 1); 20 years (n = 1); and 22 years (n = 1). The race of the sample was reported as follows:

Caucasian, 38% (n = 3); African American, 13% (n = 1); Hispanic, 25% (n = 2); Native American, 13% (n = 1); and other, 13% (n = 1).

Semi-Structured Interview Findings Regarding Risk and Resilience

Grounded theory methodology was used to analyze the answers of the eight youth survivors of DMST who participated in the semi-structured interviews. Out of the answers, the Researcher and the Research Associate, acting as two separate coders before comparing and discussing findings, identified 560 risk-related responses and 132 resilience-related responses. Relative to the risk-related responses, six categories were identified with a total of 18 codes and 73 subcodes. These findings helped to illuminate the varying life experiences of the youth DMST survivor participants that caused them to be more susceptible to DMST. Furthermore, and relative to the resilience-related responses, three categories were identified with a total of eight codes and 29 subcodes. These findings also assisted in the elucidation of factors that allow certain young people to avert and/or strive through extremely traumatic life situations such as DMST.

A summary of the risk categories, codes, and subcodes generated, along with the number of mentions of such category, codes, and subcodes are provided in Table 9 below. Following Table 9, a fuller description of each risk category, code, and subcode is provided through presenting a smaller breakdown of the Table into its specific category and by utilizing direct quotes from youth DMST survivors who participated in this dissertation study. Subsequently, Table 16 is a summary of the resilience categories, codes, and subcodes generated, along with the number of mentions regarding such category, code, and subcode. Following Table 16, a more complete description of each category, code, and subcode is provided through presenting a smaller breakdown of the resilience Table into its specific category and by utilizing direct quotes

from the youth DMST survivors who participated. With this in mind, it is important to note that pseudonyms were assigned for each participant and those mentioned by participants (e.g. peers, pimps, law enforcement officers, and social service workers) in an effort to uphold confidentiality and protect any of those involved from potential risk of harm. Additionally, only a sample of the quotes and mentions gathered are provided as illustrations for the identified categories, codes, and subcodes.

TABLE 9

CATEGORIES, CODES, AND SUBCODES OF DMST RISK

Categories	Codes	Subcodes	<i>f</i>
Exposure to and Normalization of Risk Factors by Family and Primary Social Group	Overarching Risks (51/51)	Loss (1/51) Poverty (3/51) Mental/Emotional Health (6/51) ATOD (31/51) Incarceration (5/51) History of Problem (5/51)	51
Exposure to and Normalization of Abuse by Family and Primary Social Group	Emotional Abuse (44/122) Priming and Normalization of Physical Violence (16/122) Physical Abuse (30/122) Priming and Normalization of Sexual Violence (12/122) Sexual Abuse and Sexual Assault/Rape (20/122)	General Emotional Mistreatment (6/44) Disloyalty (8/44) Abandonment (28/44) Callousness (2/44) Male Dominance and Control (2/16) Conflict, Aggression, and Violence in Home (13/16) Dismissal of Violence (1/16) Abuse by Caretaker (19/30) Abuse by Other Family Member (1/30) Abuse by Friends and/or Acquaintances (4/30) Intimate Partner/Relationship Violence (6/30) Pornography (2/12) Cheating (1/12) Sexualization of Children (2/12) Dismissal of Inappropriate Sexual Boundaries (7/12) Sexual Discomfort in Home (7/20) Abuse by Caretaker (5/20) Abuse by Other Family Member (1/20) Abuse by Friends, Acquaintances, Intimate Partners (7/20)	122

TABLE 9 (continued)

<p>Lack of Consistent and Constructive Life Foundation</p>	<p>Lack of Two Parent Home (13/128) Parents Never Married (5/13) Parents Separated/Divorced (6/13) Single Parent Home (2/13)</p> <p>Inconsistent Supervision (25/128) Lack of Consistent Guidance and Discipline (7/25) Authoritarian Parenting (1/25) Lackadaisical Parenting (17/25)</p> <p>Chaotic Home Structure (26/128) General (2/26) Multiple Caretaker Partners (1/26) Transient Live-Ins (2/26) Complex Family Make-Up (6/26) Caretaker/Child Role Reversal (9/26) Lack of Family Cohesion (6/26)</p> <p>Child and Youth Services System (30/128) Child in Need of Care (2/30) Shelter/Group Home Care (4/30) Foster Home Care (7/30) Other Out-of-Home Placements (3/30) Adoption (2/30) Inappropriate Care/Negligence by System (9/30) Negative Associations through System (3/30)</p> <p>Lack of Permanence (34/128) Home Mobility/Transitions (32/34) School Mobility/Transitions (2/34)</p>	<p>128</p>
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TABLE 9 (continued)

<p>Individual Maladaptive Risk Thinking, Attitudes, and Behavior</p>	<p>Risk Thinking (18/168) General (1/18) Minimizing/Denial of Risk (9/18) Incongruence/Confusion of Appropriate Relationships (1/18) Lack of Foresight (7/18)</p> <p>Risk Attitudes (20/168) Ambivalence Toward Caretakers (2/20) Low Self-Worth (6/20) Disempowerment (12/20)</p> <p>Risk Behaviors (130/168) Progression/Regression into Delinquent Behavior (17/130) Academic Failure (9/130) Individual ATOD Use/Abuse (38/130) Inability to Distinguish Safe Resources (15/130) Over-Reliance Upon Males (6/130) Early Sexual Experiences (5/130) Street Life (40/130)</p>	<p>168</p>
<p>Risk Outcomes</p>	<p>Lack of Resources (14/39) Inability to Meet Basic Needs (10/14) Lack of Options (4/14)</p> <p>Isolation (25/39) General (10/25) Lack of Unconditional Peer Support (3/25) Lack of Unconditional Adult Support (12/25)</p>	<p>39</p>
<p>Exposure to Direct Assault</p>	<p>Negative Role Models (23/52) Peer Influence (11/23) Sibling Influence (4/23) Adult Influence (5/23) Parents and/or Caretaker Influence (3/23)</p> <p>Grooming (29/52) General (5/29) Grooming by Female DMST Recruiter/Facilitator (8/29) Grooming by Male DMST Recruiter/Facilitator (6/29) Grooming by DMST Perpetrator (10/29)</p>	<p>52</p>

Exposure to and Normalization of Risk Factors by Family and Primary Social Group

TABLE 10

CATEGORY 1 CODE AND SUBCODES OF DMST RISK

Category 1	Code	Subcodes	<i>f</i>
Exposure to and Normalization of Risk Factors by Family and Primary Social Group	Overarching Risks (51/51)	Loss (1/51)	51
		Poverty (3/51)	
		Mental/Emotional Health (6/51)	
		ATOD (31/51)	
		Incarceration (5/51)	
		History of Problem (5/51)	

Under the first category of risk, labeled as *Exposure to and Normalization of Risk Factors by Family and Primary Social Group*, there were a total of 51 mentions. During such mentions, the survivors of DMST described a variety of life situations in which they were exposed to and/or normalized to general risk factors by family members as well as their primary social group, including extended family, family friends, and peers. It is important to point out that in this context, normalization is intended to explain that through the process of repeated exposure to particular risk factors, such thinking, feeling, behavior, and/or experience pattern became “normal” – typical or habitual.

Under this category, there was one code that emerged: *Overarching Risks* (51 mentions). The code *Overarching Risk* was utilized as it most appropriately encompassed the various familial and/or primary support group subcodes that seemed to act as a systemic root of the additional risk categories that followed. Six dimensions or rather, unique qualities of this code were identified as the subcodes: *Loss, Poverty, Mental/Emotional Health, Alcohol, Tobacco, and Other Drug (ATOD) Use/Abuse, Incarceration, and History of Problem*.

Loss.

This subcode of *Loss* included one of the 51 mentions for its code, *Overarching Risks*. *Loss* was defined as an experience in which the participant grieved due to a death of a parent, child, friend, or other person who they deemed important. In regards to *Loss*, Abby shared how she had met her best friend, referred to as Heather, while in a particular foster care placement. Abby felt as though Heather was the only person in her life that had “been there” for her no matter what issues she was facing. While on the run, Abby found her friend Heather laying dead in a ditch; however she could not reach out to law enforcement and/or other social services extensively due to her own runaway status:

“That’s when I met Heather. She’s like my best friend. And I actually haven’t...last thing I knew with her...when I saw her...I found her in a ditch. I called 911 and I walked away from the scene. And that was it. After she got out from Dodge City, I haven’t heard from her since.”

Poverty.

This subcode of *Poverty* included three of the 51 mentions related to *Overarching Risks*. Participants shared how *Poverty* had affected their lives as young children and as adolescents. For example, Abby shared how she was born into a home life of *Poverty* prior to being removed from the home:

“And uh...they couldn’t take care of us, you know. They were living in a trailer park without water, electricity...no water, no electricity, no nothing, no food.”

On the other hand, Macey discussed how she had handled her families’ social economic status as a young adolescent:

“But I just...I...I...I know how poor we were and I’d feel too bad to ask for stuff. So if I needed clothes, I would go out and I would steal them and say that my friends bought them for me or whatever.”

Mental/Emotional health.

The subcode of *Mental/Emotional Health* included six of the 51 mentions for its code, *Overarching Risks*. Such mentions can be broken down into individual or personal *Mental/Emotional Health* concerns and familial *Mental/Emotional Health* concerns. For example, in regards to personal *Mental and/or Emotional Health*, Tabitha, Kacie, and Abby shared their own experiences with mental health diagnosis and mental health medications as a child in need of care (CINC) who had been placed within the foster care system:

“I seen a therapist a coupla times. They said it was for depression...and then, uh...Wellbu...Webr...Wellbutrin I think it’s called. I don’t remember if it was for anger or if it was for depression.”

“And I did well. I've always done well for good amounts of time. But it's like I had a chemical imbalance in my brain because I just have -- like I've always had severe ADD and I've never been able to figure out how to stabilize it.”

“I did get diagnosed, but I don’t think -- I’m not like psychotic or, but as a foster kid, I got overdosed. They always thought I had a bad attitude problem -- mental problems, so they put me on medication...they said I was a paranoid schizophrenic, split...they said I had multiple personalities, split personality, Tourette’s, all kinds of stuff, but really...all I am is bi-polar... and ADHD. That’s it. And it’s not even bi-polar -- its just a severe mood disorder...I was on all kinds of medication...right now I’m not, cause I don’t feel like I need to be, cause I’m not really...I’m not really that bad. Yeah, I get heated really bad, cause when you say something like “Hey, Ho, you’re stupid cunt ass” you know, well yeah, then I’m gonna get mad, sorry. That’s an automatic reaction...sorry. You just pissed me off.”

On the other hand, relative to familial mental and/or emotional health, both Gail and Ella discussed the *Mental/Emotional Health* condition of their mother:

“I think like now my mom, yes, because she -- like when she gets mad or something, it's like -- I think she's bipolar.”

“My mom has what you would call ‘homicidal tendencies.’ She actually got diagnosed with that.”

ATOD.

This subcode of *Alcohol, Tobacco, and Other Drugs (ATOD)* included 31 of the 51 mentions for *Overarching Risks*. This subcode was also broken down into two smaller and more targeted groups: close friends/adult social groups and familial alcohol, tobacco, and other drug (*ATOD*) use/abuse. In regards to the first, Lacy explained how she was exposed to *ATOD* by adults who were friends of her mother as well as the overall population of adults by whom she was socialized:

“And those two mainly were the ones that lived with us -- like lived at my mom's. And they were bad into everything. So pretty much I was just completely surrounded by people who drank, who did drugs. And I think that was a big factor. Because if I wasn't in that environment, then I would have more than likely never been so deep and so early into drugs as I was.”

“Well, the reason I said "neighbor" actually is because on two different occasions there was a lady named Paula, and her...well, I'm not really sure who she was to her. Tasha, who lived next door to us...and like I did pills with her. And she...I mean, she's like this 50-year-old woman that was like strung out on Xanax all the time. I did pills with her. And then...I mean, after they had left, they had all known [that Lacy's mother was allowing her to skip school, be exposed to ATOD, and allow a much older man who was having sex with and physically abusing her to live in the home]. I mean -- you know what I mean? So it's like everybody did see, but they...but it was like it...I don't...I don't know. It [doing drugs, older man living with her, etc.] was okay. It was all just normal. It was all just -- I mean, that's just how people were. I mean literally -- I remember feeling like there was absolutely...like I was just normal. Everybody I had seen was like that. Everybody that I had remembered. You know what I mean? I mean, everybody I was surrounded with, everybody that I had met...it seemed like, everybody...that's how they were. They did drugs...they drank all the time. You know what I mean? Like -- I don't know. I don't know.”

Kacie shared how a close adult friend, who frequently acted in the role of her pimp, exposed her to *ATOD*:

“But he started like -- and he started getting me hooked on wet [PCP often mixed with formaldehyde], and -- but I only did it a couple of times and I didn't like it and it scared me real bad, because I thought I was going to die every time I did it.”

In regards to familial *ATOD* use/abuse, Gail explained how she grew up being exposed to, as well as encouraged to engage in the use of alcohol by her father:

“I remember that I would always get him [her father] one [a Corona beer]. He’d always have me grab it up there, and then...and then I would go to the kitchen counter and snap the cap off. He would be like "Take a sip." I'd be like "Ooh, no." Like I would lick it, and I would be like "No, I wouldn't take it." It would be so nasty. He would be laughing at me so much.”

And Abby, Madalyn, and Ella shared how their mothers’ drug use had influenced their lives:

“And uh...with all the issues I had and when they did some tests on me they found cocaine in my system when I was three years old.”

“She [her mom] had like a hundred pills -- she had everything [in terms of drugs].”

“My mom has had a drug habit all my life. She likes meth, and speed, and Adderall...and different things like that. She use to take all of us [her and her siblings] to the doctor...and...to Dr. Sch...the one who got arrested with his wife...ummm and she used to tell em that there was a whole bunch of problems with us and that we were doin bad in school and a whole bunch of stuff like that just to get medication.”

In summary, Ella stated that in terms of her familial life risk factors, “The majority of the problem – was the drugs.”

Incarceration.

The subcode of *Incarceration* included five of the 51 mentions for its code, *Overarching Risks*. In regards to such *Incarceration* mentions, participants explained how family members time in jail and/or prison had affected their familial connections. Example statements made by Macey, Abby, and Tabitha include:

“They were married up until my dad went to jail...and then they got separated. They haven't been together since, but they get along real well still. And that happened when I was in third grade.”

“My biological sister is in jail now, so...we didn’t really have a relationship either, you know.”

“Like she [her mother] is still in and out of jail.”

History of problem.

Lastly, in regards to Category One, this subcode of *History of Problem* included five of the 51 mentions for its code, *Overarching Risks*. Mentions of this subcode included familial experiences with forms of street life and sexual exploitation relative to DMST. Due to the unique nature of DMST and the lived experiences of those who are more likely to be subjugated to such exploitation, all five mentions are provided below:

“When I was little, my mom, she traded me...um my biological mom...she traded me for an eight ball and a hit.”

“My vulnerability point was...everybody seen me when I was...became homeless...and everybody could say something to me about my childhood past and that would be my point. That’d be my weak point and that’s when I would just go off. You know? Say something about my mom because you know who my mom is cause you deal dope to her. I’m gonna go off. You know? And that was my problem -- they knew who I was before I even got out on the street [because they knew her mother].”

“Like my mom still uses drugs. Like, she’s...she hasn’t changed from who she was when I started learning about her, till like now. Like I talk to her every...periodically. Like she is still in and out of jail. She has been to Las Vegas prostituting the last couple of years. Like, she’s the same person. She hasn’t changed.”

The following is a brief example of a discussion with Tabitha in regards to her mother’s history with sexual exploitation:

Researcher:	Was your mom married?
Participant:	Nuh huh [negative]. Like, she was doing...prostituting.
Researcher:	So does your mom know who your dad was?
Participant:	Um hmmm [positive]. My mom knows who my dad was, but she named me after the guy that was pimping her and that is how my name is Tabitha, cause his name is T.R.

In sum, and in perfect illustration of the normalization process defined for Category One, Ella explained that, “If you see things...different shit...um...different guys coming in and out, you know, stuff like that...your mom’s with different guys...you’re gonna learn it.”

Exposure to and Normalization of Abuse by Family and Primary Social Group

TABLE 11

CATEGORY 2 CODES AND SUBCODES OF DMST RISK

Category 2	Codes	Subcodes	<i>f</i>
Exposure to and Normalization of Abuse by Family and Primary Social Group	Emotional Abuse (44/122)	General Emotional Mistreatment (6/44) Disloyalty (8/44) Abandonment (28/44) Cynicalness (2/44)	122
	Priming and Normalization of Physical Violence (16/122)	Male Dominance and Control (2/16) Conflict, Aggression, and Violence in Home (13/16) Dismissal of Violence (1/16)	
	Physical Abuse (30/122)	Abuse by Caretaker (19/30) Abuse by Other Family Member (1/30) Abuse by Friends and/or Acquaintances (4/30) Intimate Partner/Relationship Violence (6/30)	
	Priming and Normalization of Sexual Violence (12/122)	Pornography (2/12) Cheating (1/12) Sexualization of Children (2/12) Dismissal of Inappropriate Sexual Boundaries (7/12)	
	Sexual Abuse and Sexual Assault/Rape (20/122)	Sexual Discomfort in Home (7/20) Abuse by Caretaker (5/20) Abuse by Other Family Member (1/20) Abuse by Friends, Acquaintances, Intimate Partners (7/20)	

Under this second category of risk, labeled as *Exposure to and Normalization of Abuse by Family and Primary Social Group*, there were a total of 122 mentions. Relative to experiences with emotional, physical, and sexual abuse, there were five codes that emerged in this category: *Emotional Abuse, Priming and Normalization of Physical Violence, Physical Abuse, Priming and Normalization of Sexual Violence, and Sexual Abuse and Sexual Assault/Rape.*

Under the first code, *Emotional Abuse* (44/122 mentions), four subcodes were identified:

General emotional mistreatment.

This subcode of *General Emotional Mistreatment* included six of the 44 mentions for its code, *Emotional Abuse*. Such subcode mentions were organized into smaller, more specific, responses based on whether the emotional mistreatment was perpetrated by peers or the family/primary social group. In regards to emotional mistreatment by peers, Macey and Abby shared the following experiences:

“Like between being raped and then letting myself do this...and then after me and my boyfriend broke up, he just -- he was crazy, and he...and me and my best friend got in a fight around the same time...and so she likes to talk a lot of crap...and so she's telling him all this stuff, that half of it ain't -- isn't even true, so he's like blowing in my phone, leaving me voicemails about, you know, how worthless and dirty I am and everything.”

“I got into a fight at school with this girl because she had a whole clique and they were like “Well, you’re just like white trash...you know -- you know nothing and you’re the only foster kid alive in Andover” and “We don’t usually carry...take charity cases.” And she called me a wigger -- you know a white nigger, and that’s when I had to draw the line there.”

In regards to emotional mistreatment by the participants family/primary social group, Lacy, Macey, Abby, and Madalyn made the following comments during the semi-structured interview:

“[I was] Definitely emotionally [abused] by my mom.”

“And they just made me feel like -- really like worthless and I was like ashamed.”

“Cause a lot of people [biological as well as foster family members] even told me, like, “You’d be good laying on your back anyway. You don’t know anything else but sucking dick, so you’re fine.” You know?”

“I always feel like I was always treated different...um hmm, my mom...[long pause and tears building up in eyes]...ummm...just like I did a lot of work around the house. My mom would just sit on the couch all day every day and stuff and like my older brother was like -- he was a fuckin douchbag...like they called me names...like he’d [her brother] say stuff, but if I said something back, like I would get in trouble [by her mother].”

Disloyalty.

The subcode of *Disloyalty* included eight of the 44 mentions for *Emotional Abuse*.

Disloyalty was mentioned by participants relative to their personal feelings of lack of trust and/or ability to depend on their caretakers due to their caretaker's behavior, including deceit. For example, Gail and Lacy made the following comments in regards to risk during their semi-structured interview:

“Well, he [her father] stayed down there [out of town] for longer. And then like...he had planned it all along. He knew all along that he was going to leave [her and her mother and her siblings]. And I don't know how old I was, like 10 or 11, I think. Anyways, he planned it all along that he was going to leave and I'm like -- he even told me [later] he planned it.”

“Well, then they [her aunts who had custody of her and her daughter] had like backed off and everything was fine. Okay? And smiling to my face, talking, and everything was fine again. Right? So he [a security officer at her high school] came and got me and he told me that we were going to get my daughter [who was in the school day care center]. So we go get her and I'm thinking like "Okay, me and Nevada are just abandoned, so we're going to go, you know." Well, then when we get to the Children's Home, they tell me that we're not going to be together.”

In the following three mentions, Ella described experiences that illuminated how her parents, as well as, extended family had not been loyal and/or committed to the care of her and her siblings:

“[Acting as though she is speaking to her father] ‘How, how could you trust...how could you put all your trust in a woman who you know, for one, has homicidal tendencies -- whether that was her fault, or...you know, God's, or something...but at the same time, you know that she does drugs, you know that...you know she has different habits, you know that she's violent, and things like that. How can you trust leaving six of your kids with her?’”

“I got older, like, you know, and this was like maybe a year after that happened -- a year or two. She tried to put her hands on me again and I had got to the point where I'm like, “Fuck this!” I'm not caring if you're my mom, or not. I'm gonna hit you back. I'm gonna kick you back. I'm gonna punch you back.” So, between 12 and 13...yeah...I had got into a fight with her -- and this was in the bathroom. I forgot she told me I couldn't take a shower at that time, or something. But she came in there and, you know, started

cussing da duh da duh da duh. Eventually, she got to shoving me. I shoved her back and I hit her. And she started freaking out...and she called my cousin over there. She [her mother] always calls either my aunts or my grandma...or one of my cousins, you know...when we were littler, and you know, when we were going through that. So, my cousin came over and goes “You can’t hit your mom da da da da.” I said, “Get outta my face. You don’t...you know what’s going on over here, but you always come when she calls.” “But, everybody knows what’s going on. You guys have been going...been knowing what’s going on before we even realized it and you still didn’t do anything about it! Because you want to hide behind the shadows! You want to act like nothing is wrong! Everything is perfect...La de da de da.” Shit isn’t like that!”

“When we [her and her siblings] got older -- as in 16, 17, 18, and these things were still going on, we would go to our aunts and uncles and things like that for comfort and they would start breaking down and say, “I know this been going on a long time and da da da da da...and I’m sorry we didn’t do anything bout it...da da da da da. We...you know...your mom has or hasn’t been like this forever, and...!” Well then, why act like for so many years that we were the enemies -- that we were hurting our mom! That we were putting her through so much shit! Why did you act like that...instead of coming to us and helping us? Getting us out of this situation -- because you know you are fully capable of doing that! You guys are her older sisters and her mom. Anything you guys say...basically...more than half the time, she’s gonna jump to it. So, why didn’t you do anything knowing you had almost full control over the situation? Almost. Just about. And then 90% of the situation, you had control over! I’ve asked them that plenty of times. They just...you know, “We didn’t know exactly, you know, what to do...da duh da duh da duh.” You know? “We have...you know...we’re raising our kids. We were da duh da duh da duh.” Your kids...almost all of your guyses’ kids are older than us...so, your kids, when this was going on, were between 18 and 23. So...how were you still raising your kids?”

Abandonment.

The subcode of *Abandonment* included 28 of the 44 mentions for its code, *Emotional Abuse*. When participants were questioned about what they thought had put them at risk for DMST, *Abandonment* was a subcode that had one of the largest number of mentions. Such mentions coded as *Abandonment* were recognized as being actual physical *Abandonment* as well as more emotional, internalized feelings of *Abandonment*. Due to the large number of responses coded under *Abandonment*, 13 example mentions are included below:

“And then like whenever he [her father] left for good, it was like -- it hurt me. I was like ‘Wow, he really left for good.’”

“You [acting as though she is speaking to her father] haven't been here in my life...and it's been horrible without you in my life. And I realize I've been trying to fill up that hole in my heart that you left.”

“Pretty much everybody has abandoned me, so I think that's another thing. Uh...so I think abandonment has a lot to do with it.”

“My mom had already abandoned me a long time ago.”

“No, they [her aunts who had custody of her and her daughter] abandoned us. They -- Kay and Dawn [her aunts] -- Kay and Dawn abandoned us. That was what was in the reports [by Kansas Social Rehabilitation Services/SRS]. That was even -- that was even in the SRS...that they had -- like all the SRS papers I still have to this day.”

“I was 15, yeah. Oh yeah. I was 15 when I got in the system. So, uh, I told him [a man who acted in the role of her pimp] I was 17 and he's like, "When will you be 18?" And I told him like as far away as when you could be 18 was...whenever month that was, you know. And he was like, "Well, do you want to get in?" And I just got in the car and like we drove around like a few places. So I think, like, once again that -- I guess that does lead back to abandonment pretty much. Abandonment and drug use. Just...I could -- I always think of like: ‘What if that wouldn't have happened?’ Or like, ‘What if my mom wouldn't have been like that?’ Or, like ‘What if...?’ I can't see that stuff happening to me if my mom was a mom. If, you know, if I had guidance -- if I had known what right and wrong was.”

“She [my mom] didn't take care of me at all. She abandoned me.”

“Well, my aunt Rae took care of me till I was about 5 or 6, uh...and she said she couldn't take care of me cause I was having seizures and I was just really, really bad when I was little, so she was gonna...so she gave up on me and sent me to Wichita [from Texas].”

“People coming in and out of my life and thinking they are gonna stay and then they tell you that they're gonna to stay and then they just run out of your lives -- like it's like a repeated thing, no matter what you do.”

“I just feel like everybody that I come across...like...they're there for a while and then they're gone. Just like...even now, that's how I feel.”

“It was the fact that my dad...he even...even when he got told that these different things were going on in the house when he was at work -- it was almost as if he didn't believe it. But then when he had seen it for himself...it...kind of shifted my mind towards thinking -- you believe it, but you don't want to. You don't know what to do about it. You don't want to leave her because you been with her for so long. Its kind of a -- you don't know what to do situation. But, at the same time, he coulda protected us. And, you know...at...at some point...I never had the security.”

“That...that was one of the parts that hurt the most...was the fact that he [her father] knew what was going on, but didn't do anything about it. And that almost felt worse than doing...you know...than dealing with what she was putting us through.”

“Well, I ended up telling my dad, anyways [about her mothers abuse]. He didn't say, “Are you OK?” He didn't say, “I'm sorry that that happened.” He didn't tell her anything -- he didn't do anything about it! He didn't say anything. He just didn't care. That's, that's what it seemed like to me -- he just didn't care. At first, like, I thought it was...he just didn't believe me or something.”

Callousness.

Lastly, in regards to the first code of *Emotional Abuse* under Category 2, *Exposure to and Normalization of Abuse by Family and Primary Social Group*, this subcode of *Callousness* included two of the 44 mentions for its code. In regards to *Callousness*, participants mentioned exposure to caretakers who had disregarded the feelings of others in the family and/or treated family members harshly. Gail shared an example of this when she described how her father had come back into the lives of her, her mother, and her siblings very briefly and gave them false hope of mending a relationship:

“And then he [her father] broke up my...like he came back in March for my mom's birthday. The whole...like we were supposed get her present and instead he went and got a massage. And he was...we were at the mall, you know, the little Chinese thing or whatever, and like the mall closed so we couldn't get her nothing. And then the next day he left back to Seattle that day...you know. [Mumbling angrily] The next day he broke up with her. And he told her he didn't want to be with her no more and all that. And so he just stayed in Seattle.”

In regards to Category 2, under the second code of *Priming and Normalization of Physical Violence* (16/122 mentions), three subcodes were identified (see Table 11 above):

Male dominance and control.

This subcode of *Male Dominance and Control* included two of the 16 mentions for its code, *Priming and Normalization of Physical Violence*. Participants mentioned experiences with their father, brother, as well as a boyfriend in regards to *Male Dominance and Control*. During

the semi-structured interview with Lacy, she explained a situation that occurred at Christmas time when she was young:

“Like I remember getting a Barbie at Christmas that had a little basketball thing. I remember my dad and my brother locking me in my room...holding like the BB gun or something like -- and it was like -- I don't remember. I just remember seeing how they did it [locked her in her room] afterwards.”

Conflict, aggression, and violence in home.

This subcode of *Conflict, Aggression, and Violence in Home* included 13 of the 16 mentions for the code of *Priming and Normalization of Physical Violence*. During such mentions, participants shared experiences of general quarrels and hostility in the home between parents, siblings, and others who were coming in and out of the home. The following three example mentions were made by Gail, Lacy, and Abby:

“And then other times when they [her parents] would argue, they would throw stuff around.”

“I remember my mom calling my dad a dick in the kitchen and I was in the living room, that was one thing that I remember, and I remember crying over it. And I remember my mom throwing a bottle of nail polish, like a pinkish red nail polish on our white wall and it busting all over our wall.”

“However, there was a lot of yelling and screaming in the house and stress. My mom's a little freak...like she's always neat always has to have something in place and if there is something on the floor, everybody gets yelled at, you know?”

Dismissal of violence.

Lastly, in regards to the second code of *Priming and Normalization of Physical Violence* under Category 2, the subcode of *Dismissal of Violence* included one of the 16 mentions for its code. In this mention, Madalyn shared with the Researcher how her mother would excuse her brothers aggression towards her:

“He [her brother] had a really bad anger problem. I would, I don't know...he's like...my mom would just be like ‘He has anger problems...so let's pretend [that everything is okay and that the aggression towards her does not occur].”

In regards to Category 2, under the third code of *Physical Abuse* (30/122 mentions), four subcodes were identified (see Table 11 above):

Abuse by caretaker.

The subcode of *Abuse by Caretaker* included 19 of the 30 mentions for its code, *Physical Abuse*. In such mentions regarding risk for DMST, participants shared experiences of physical abuse perpetrated by their biological father and mother as well as familial and non-kinship foster placements. Lacy, Abby, Madalyn, Tabitha and Ella provided the following five examples:

“Well then, my mom was drunk, you know what I mean? We were fighting over something. Well, she pulled me by my hair outside in front of like the neighbors because I was trying to leave. Like I wanted to leave. She was like pulling me by my hair, trying to get me in the house.”

“My dad tried to kill me because I didn’t look like him.”

“She [her mother] is just as bad...she would do crack...she never really like...tried to sit there. In fact, cause I would just like pull away...and if I like walk away...she would grab my hair.”

“Just like, they...they would like hit me everywhere. Like...they’d get the bat and as soon as...like they started hitting me, like I would move -- try to move, so like so I’d try to move out the way, so they’d hit me wherever they could. So...its just like...that’s when they’re like really, really angry. You could see like the demon coming outta em. So...yeah...they were scary. Even to this day, I just am scared of em.”

“She [her mom] used to have withdrawals and when she would have withdrawals she would get mad and hit us and things like that for no reason.”

Abuse by other family member.

This subcode of *Abuse by Other Family Member* included one of the 30 mentions for its code, *Physical Abuse*. During the semi-structured interview, Tabitha shared with the Researcher an experience she had with her older male cousin:

“I did something and he’s like...he started getting rough with me, and like, I think he like, like he knew in the back...back then, he knew I used to get punished real bad,

and...beat by my uncle and aunt [who had kinship foster placement of her], so like, he thought maybe like using physical abuse would, uh...probably put me back in my place.”

Abuse by friends and/or acquaintances.

The subcode of *Abuse by Friends and/or Acquaintances* included four of the 30 mentions for its code of *Physical Abuse*. During such mentions, participants shared situations in which those who they considered to be friends and/or acquaintances had physically assaulted them. In these examples, the friend and/or acquaintance was at minimum several years older. Specifically, Ella talked about a time where she had been physically beaten by a friend’s uncle. Three different quotes provided throughout the semi-structured interview regarding this experience are provided below in an effort to illuminate the extent of the situation:

“I...had got into...a fight around 15. Really wasn’t a fight...it was...this guy named Jean. He had smoked wet -- which is an embalming fluid...and um, he had beat me up.”

“I asked my parents if I could go out that night...whatever...well that evening -- it wasn’t really night...it was like to go to my friend’s house. They said yeah -- it was fine with them. I went over there and his uncle had came through there and was on the wet. He started to beat me up outta nowhere. I...that was one of the worst times in my life -- blacked both my eyes. Left bruises all over my stomach. Bruised my ribcage. Busted my lip. Scratched my face up...bruises all over my legs and stuff like that...then that’s when the system got involved.”

“I, I was a victim and I still got treated like I was a criminal. I had got the shit beat out of me for no reason. For no reason whatsoever -- got the shit beat outta me. Felt like shit. My whole stomach was covered in bruises. My face was bruised up. My lips were busted. You know? I had scratches on me. My hair had been pulled out. My, I had bruises all over my legs -- got my legs slammed in the fucking car door when he tried to kidnap me afterwards. I had got...fucked...up. Totally beat down. Felt like shit. I couldn’t do shit about it. And then on top of it -- for them to come in -- for the State to come in -- Ariel and Kyle to come in and act like I was the one who beat him...and saying, “Your parents can’t obviously keep you and...blasé, blasé.” You know? “We’re gonna keep you...da duh da duh da duh.” Why should I get the punishment?”

Intimate partner/relationship violence.

Lastly, in regards to the third code of *Physical Abuse*, under Category 2, the subcode of *Intimate Partner/Relationship Violence* included six of the 30 mentions. During such mentions,

participants described experiences where those who they considered to be their boyfriend had become physically violent toward them. For example, Lacy provided the two following quotes in regards to her boyfriend and the father of her daughter. When reading such quotes, it is important to note that Lacy's mother had allowed Lacy's boyfriend, Rico, to move in with them when Lacy was only 13 under the "impression" that he was "only 23." Lacy's boyfriend Rico was actually 36 years of age:

"I got pregnant and then Rico [her boyfriend and father of her daughter], or whatever, hit me when I was two months pregnant."

"And I just -- because every time I tried getting him [her boyfriend and the father of her baby] to leave, like he would never leave. He would always come back or he would always -- and like I was scared, you know."

The following two mentions were provided by Abby. In regards to such mentions, Abby's reference to "husband" is a slang word for the man she considers to be her boyfriend who also plays the role of her pimp:

"But uh...Bear uh...he and I uh -- he just hit me for no reason. Like we'd be eating dinner and I'd say something and for no reason -- he'd just smack me. It would be like "How's your dinner?" You know? And he would just backhand me at the table! All of the very severe abuse has been with him but I mean -- that's my "husband." I feel like I'm supposed to take it because that's my "husband." You know? We're not just little kids anymore. You know? Telling mommy, "Hey!" or... You know? We're not just some normal boyfriend/girlfriend where I can just walk away."

Abby adds to this piece of the conversation during the semi-structured interview by adding, "I cannot say...even though he put his hands on me...I can never say that he didn't take care of me -- because he did."

Under Category 2 labeled as *Exposure to and Normalization of Abuse by Family and Primary Social Group*, the fourth code, identified as *Priming and Normalization of Sexual Violence* (12/122 mentions), also had four subcodes that were labeled as *Pornography*, *Cheating*,

Sexualization of Children, and *Dismissal of Inappropriate Sexual Boundaries* (see Table 11 above):

Pornography.

The subcode of *Pornography* included two of the 12 mentions for its code, *Priming and Normalization of Sexual Violence*. The mentions included the participants' experience of being exposed to *Pornography* by male caretakers, including their mother's fiancé:

“Okay...it was like...it was like you walk in the door and then here's the kitchen and then the computer is right here -- right by the fridge. And then it's the laundry room and the living room. So my mom would always cook and then he [her father] would be on the computer and he would eat at the computer. Like he wouldn't get up for nothing. And then, uh...I would go to -- we'd all be in the living room eating, he would be at the computer eating. And then like -- I guess he got onto like, you know, porn on the computer and you know [making gesture imitating masturbation]. And so...my mom got mad at him for that. And like she's [her mom] still insecure about that to this day because Jim [her mom's current boyfriend] used to be into that [porn] too...or whatever...I guess.”

Cheating.

This subcode of *Cheating* included one of the 12 mentions for *Priming and Normalization of Sexual Violence*. Relative to *Cheating*, Macey shared with the Researcher how the infidelity between her parents influenced her father's physical and sexual abuse of her stepsister:

“And they [her father and her mother] would have like -- you know, they had their problems when I was maybe one or so, or before that really, uh, like they had trouble with - - they cheated on each other for a while. And my dad, he would take it out on Melanie because that was my mom's kid. So when my mom hurt my dad, he would hurt Melanie.”

Sexualization of children.

This subcode of *Sexualization of Children* included two of the 12 mentions for its code of *Priming and Normalization of Sexual Violence*. Mentions for this subcode included the participant's exposures to other child siblings in the home being sexually abused and/or assaulted in some form. An example of such a mention was given by Macey when asked about what

caused her risk for DMST. Macey stated that, “I guess you have to like understand what my family has gone through -- with like my dad raping my sister and then her going down the bad road...and then us all going through this whole mess [of her and her siblings being split up and placed within varying SRS placements].”

Dismissal of inappropriate sexual boundaries.

The subcode of *Dismissal of Inappropriate Sexual Boundaries* included seven of the 12 mentions for its code of *Priming and Normalization of Sexual Violence*. *Dismissal of Inappropriate Sexual Boundaries* included mentions during the semi-structured interview in which the participants themselves or a participant’s caretaker had made excuses for inappropriate sexual behavior. For example, after sharing situations in which her mother’s fiancé had stared at her and her sisters breasts, Gail made the comment that, “I guess it's a guy thing to where they have to look, but he didn't have to look...like...[at my breasts].” Gail continued by stating that, “It's...I think it's just like every guy. Like every guy is going to look at something. You know? Like...he's going to look at it...Jim looked at it [pornography]...like that's like the girls made the videos and that's them. Like my dad watches it [pornography] and that's him.”

On the other hand, Lacy described how her mom did not address the inappropriate nature of Lacy’s much older boyfriend living in the home when she was only 13 years of age: “I mean, she [her mother] never really said it [that her boyfriend Rico could or couldn’t live in the home]. She...I mean...she saw him. Like whenever she was there she normally would pass out for however many hours at a time, be up, be gone. I mean, I don't...so, I mean, she never said anything about it pretty much. She never...uh...she was under the impression that he was 23, but, I mean...still.”

Finally, the fifth and last code for Category 2, *Sexual Abuse and Sexual Assault/Rape* (20/122 mentions), had four subcodes as well (see Table 11). These subcodes, described below, are *Sexual Discomfort in Home*, *Abuse by Caretaker*, *Abuse by Other Family Member*, and *Abuse by Friends, Acquaintances, Intimate Partners*:

Sexual discomfort in home.

This subcode of *Sexual Discomfort in Home* included seven of the 20 mentions for its code of *Sexual Abuse and Sexual Assault/Rape*. Based on the behaviors of male caretakers, including biological and foster fathers as well as the boyfriends and/or fiancés of mothers, participants shared situations in which they were uncomfortable with their own sexuality and/or unable to deal with sexual issues within their home environment. For example, Gail explained a specific situation in which one of her mother's boyfriends was staring at her sisters breasts:

“And like Brianna had a beater [tank top] on and he [her mom's boyfriend] like -- you could tell when he was doing it like [imitating staring at Researcher's chest] -- like he looked like a deer in the headlights look. And like he's...like...sometimes he looked at her chest. And like we finally told my mom...and my sister and my mom went...uh...now my sister went off on my mom because...but my mom was yelling.” She went on to explain that after that experience, “I wore a coat when I was in the house and then -- yeah.” Gail explained that her mom's boyfriend questioned her as to why she was wearing the coat, “And I was like "I'm cold!" You know?”

Macey's experience with sexual discomfort in the home was caused by her father's inappropriate sexual boundaries and ultimately, physical and sexual abuse against her stepsister. Due to such sexual abuse against her stepsister, Macey stated that, "And then I got raped and that just messed me up. And I didn't want to like talk to my family about it...like I felt like I could just handle it on my own...because that's some crazy stuff to pull up with my family again [after

her family had already dealt with a lot of repercussions following the arrest of her father due to sexual abuse].

Abuse by caretaker.

This subcode of *Abuse by Caretaker* included five of the 20 mentions for its code, *Sexual Abuse and Sexual Assault/Rape*. During such mentions, participants shared experiences of being sexually abused by men who were in the role of their caretaker, including biological fathers, foster fathers, and kinship foster fathers. The following three quotes, taken from the semi-structured interviews with Kacie, Abby, and Tabitha, are examples of such mentions:

“And then my dad and I got into some severe fights...um...and a lot of people thought I was lying about everything that was going on. You know? But it showed up later on that I wasn't [lying]. And I really was raped by my dad -- I was 12.”

“But it really wasn't hard for me to, like...(coughing)...it wasn't really hard for me to do any of it [the acts involved in DMST]...because I have been raped so many times and molested so many times.”

“Everything was good until I turned about 11...12...and then they [SRS] took me cause my uncle had...like was like touching on me and I said something to...I think it was like a counselor I said something to and then he [the counselor] like made me go to like uh this place where they have cameras all around the room -- around the room and they ask you questions about what he [her uncle] did to...to me and stuff. And that's when I got into state's custody down here [in Wichita]...finally the last time I finally ran away -- the SW took me into SRS custody and said, uh...I wasn't gonna go back home. And then I had visitations with my aunt and that's when I finally came out and told about what my uncle was doing and then that's when...uh...they sent me to the uh place for sexual...like to tell the police everything. It [the sexual abuse by her uncle who had custody of her] started like, when I was maybe...nine? Nine or 10? Then he would like...give me candy afterwards (child-like nervous giggle) to make me...not say nothing...I guess...(awkward child-like nervous giggle). I dunno. It was about nine or 10...it went on like...I'd say like 12...cause I know...like when I was about 12...when I first got into state's custody. I never said anything cause he [her uncle] would get mad cause he said if I said anything then he would tell -- like tell my aunt that it was me doing it [to him] and I believed like my aunt would like get mad at me for anything -- like I would get hit with belt buckles and stuff... so I was scared of em...so... I didn't say anything. But I just got fed up with em. Finally I said something so I didn't have to go back to that house.”

Abuse by other family member.

The subcode of *Abuse by Other Family Member* included one of the 20 mentions for its code, *Sexual Abuse and Sexual Assault/Rape*. Relative to abuse by an extended family member, Abby mentioned during her semi-structured interview that in one of her foster family homes, “Like everybody comes over and does something -- does this and that. You know? I mean like - - barbeques galore!” Abby continued discussing the closeness of her prior foster family and the activities they would do together and added, “And my cousin molested me from seven to nine.”

Abuse by friends, acquaintances, intimate partners.

Lastly, in regards to Category 2, this subcode, *Abuse by Friends, Acquaintances, Intimate Partners*, included seven of the 20 mentions for its code of *Sexual Abuse and Sexual Assault/Rape*. Mentions shared by participants included experiences of sexual abuse perpetrated by personal and/or familial friends, those connected to peer group in some way, and/or intimate dating partners. An example is provided below in a specific mention made by Lacy:

“I was...I was raped once but, other than that...like my brother's older friends...like they all wanted to [have sexual intercourse with her]...you know what I mean? It's kind of weird to talk about it, I guess. Like Riley [her brother's friend] like tried kissing me like three different times...and I was probably like 11. And then, uh, Steve-O [another of her brother's friends], which was -- ended up being Carri's, my brother's ex-fiance, that she ended up moving here, too -- her boyfriend. Well...her baby's father [Steve-O] like fingered me when I was in the apartment. I think I was...yeah -- I think I was 12. And see what happened -- then Julian -- it was like all of them too [her brother's friends] were doing sexual things [to her].”

Lack of Consistent and Constructive Life Foundation

TABLE 12

CATEGORY 3 CODES AND SUBCODES OF DMST RISK

Category 3	Codes	Subcodes	f
Lack of Consistent and Constructive Life Foundation	Lack of Two Parent Home (13/128)	Parents Never Married (5/13)	
		Parents Separated/Divorced (6/13)	
		Single Parent Home (2/13)	
	Inconsistent Supervision (25/128)	Lack of Consistent Guidance and Discipline (7/25)	
		Authoritarian Parenting (1/25)	
		Lackadaisical Parenting (17/25)	
	Chaotic Home Structure (26/128)	General (2/26)	
		Multiple Caretaker Partners (1/26)	
		Transient Live-Ins (2/26)	
		Complex Family Make-Up (6/26)	
		Caretaker/Child Role Reversal (9/26)	
		Lack of Family Cohesion (6/26)	
	Child and Youth Services System (30/128)	Child in Need of Care (2/30)	
		Shelter/Group Home Care (4/30)	
		Foster Home Care (7/30)	
	Other Out-of-Home Placements (3/30)		
	Adoption (2/30)		
	Inappropriate Care/Negligence by System (9/30)		
	Negative Associations through System (3/30)		
Lack of Permanence (34/128)	Home Mobility/Transitions (32/34)		
	School Mobility/Transitions (2/34)		

Under this third category of risk, labeled as *Lack of Consistent and Constructive Life Foundation*, there were a total of 128 mentions. In regards to a *Lack of Consistent and Constructive Life Foundation*, there were five codes that emerged: *Lack of Two Parent Home*,

Inconsistent Supervision, Chaotic Home Structure, Child and Youth Services System, and Lack of Permanence.

Under the first code, *Lack of Two Parent Home* (13/128 mentions), three subcodes were identified as *Parents Never Married, Parents Separated/Divorced, and Single Parent Home*:

Parents never married.

This subcode, *Parents Never Married*, included five of the 13 mentions for its code, *Lack of Two Parent Home*. During such mentions, participants explained how their parents had never been married and perhaps had not known each other well at all. This form of relationship between biological parents was also mentioned to cause the participants to not know the identity of their biological father and/or receive the last name of their biological father. For example, when discussing her risk for DMST, Gail stated, “I don't even have his [her biological father's] last name cause... ‘what happened?’ He wasn't there to sign my papers [her birth certificate].” When the Researcher questioned Tabitha as to the nature of her parent's relationship, Tabitha responded, “They just messed around a couple a times.”

Parents separated/divorced.

This subcode of *Parents Separated/Divorced* included six of the 13 mentions for its code, *Lack of Two Parent Home*. During the semi-structured interviews, participants shared their experiences of parental separation and/or divorce and the effect it had on the family unit. For example, Gail stated that, “Everything went downhill when he [her father] left.” Lacy declared, “They got divorced when I was eight.” And went on to explain how such divorce caused challenges for her mother who was left to be a single parent:

“My mom trying to...be single mom [put her at risk for DMST]. And like how things started going when she was a single mom -- working all the time, at first, at restaurant jobs. And then her drinking is a big factor after the divorce. So pretty much everything that happened after my parents got divorced.”

Madalyn also shared how the divorce between her mother and her stepdad, of whom is the only father figure she has known in her life, increased her risk for DMST:

“It got really bad when um...my Freshman...when they [her mom and stepdad] got divorced...and then...that’s when her drinking got really bad. She just wasn’t around -- she just fell out -- hardly ever around.”

Single parent home.

Lastly, in regards to the first code, *Lack of Two Parent Home*, under Category 3, *Lack of Consistent and Constructive Life Foundation*, the subcode *Single Parent Home* included two of the 13 mentions for its code. Though seemingly related to the aforementioned subcode, this subcode was distinct in that the experience of living with a single parent was not tied to the cause of a separation and/or divorce but rather was perhaps as a result of biological parents who hardly knew each other and/or were never married:

“She [her mom] worked a lot...uh...we were mostly...me and my older brother...were mostly with my grandma Betty and my Mamma’s -- my great-grandma’s house...most of the time.”

Under Category 3, *Lack of Consistent and Constructive Life Foundation*, within the second code, *Inconsistent Supervision* (25/128 mentions), there were three subcodes that were identified (see Table 12 above):

Lack of consistent guidance and discipline.

This subcode of *Lack of Consistent Guidance and Discipline* included seven of the 25 mentions for its code, *Inconsistent Supervision*. These shared experiences included the participant’s explanations of how their home lives were filled with unpredictable, capricious, and/or contradictory parenting messages. The following three quotes, taken from the semi-structured interviews with Gail, Macey, and Ella, are examples of such inconsistency:

“So it [her life] went downhill from there [her father leaving] because he [her father] kept us in line when he was here. Like he would get mad and, "Go do this!" or "Go do that!" So, you know -- we were in line. But since he left...it was like I didn't have that discipline that I did have, so...so you know...we were in line. But since he left...it was like I didn't have that discipline that I did have.”

“Like he [her father] was...we were really...like he was real strict and stuff. But my dad -- he wasn't over the top with discipline with us [her and her full biological siblings] like he was with Melanie and Manny [her stepsister and stepbrother].”

“I was really understanding her [her mother] -- her drug habit and different things. Just seeing different things that she did -- she...she kinda had her own routine of being high for like a week or two and then...going through withdrawal and being asleep and getting up and screaming and yelling and hitting and shit like that. Just...I dunno -- it was a roller coaster! You kinda never knew what to expect from her type shit...I dunno.”

Authoritarian parenting.

The subcode *Authoritarian Parenting* included one of the 25 mentions for its code, *Inconsistent Supervision*. During a semi-structured interview, Tabitha shared with the Researcher that, “They [her kinship foster placement] were just...they were really strict with me cause I was like a girl. So...they said...they said they hadda be stricter with me. So like, if I would ride my bike or stuff down the street, they would like -- get mad.”

Lackadaisical parenting.

This subcode of *Lackadaisical Parenting* included 17 of the 25 mentions for the code *Inconsistent Supervision*. Including a large majority of the mentions for its code, this subcode encompassed mentions made by participants in regards to being raised by caretakers who did not make reliable efforts to provide clear life guidance, direction, rules, structure, and/or discipline. For example, Gail mentioned that:

“Part of me liked it when he [her father] left, but part of me hated it whenever he like left for good. Like -- because I liked it when he first [left]...after those three months...because...you know...he was...I was in so...getting so much discipline [from her father] and it was so hard. And like [after her father left] I got to stay up late and whatever. And then like whenever he left for good, it was like -- it hurt me. I was like "Wow, he really left for good.”

Later in the semi-structured interview, Gail built upon this statement by sharing that, “Because my mom was easier on us. She like -- she let us stay up late and so, yeah. And then my mom wouldn't know [what she was up to] because she would be asleep.”

Lacy, Macey, Kacie, and Ella built upon such statements in regards to a life lacking parental guidance, structure, and/or discipline by stating the following:

“That's how I started getting into drugs -- she [her mother] was gone all the time. And I didn't go to school.”

“I remember when I was with John, who was another friend of mine that I got into some bad stuff with - I pretty much lived there or with Roseanne. My mom was, like I said, working all the time.”

“So then we moved into like some little -- I don't know what you would call it, supposed to be a grandmother house or something, like a house behind a house kind of. And when we moved there, it was the same thing. I mean, it was -- it was like I own place at all times and I just lived with my mom because she was never there.”

“I do think that if somebody -- I mean anybody...if...the next door neighbor. If I were to have guidance from...you know -- from anybody just saying like, "You can't do this. You cannot do this. This man cannot stay in your house. This is..." You know what I mean? If I had somebody physically telling me "No!" then I think it [her life] would have been different.”

“Like there wasn't much discipline after my dad went to jail.”

“The foster mom let us smoke cigarettes -- which is not a big deal. But because she got foster kids in the home that already smoked cigarettes, she picked -- she picked and chose her battles. You know? But I took that [her foster mom allowing youth to smoke cigarettes] to pick up smoking cigarettes. Like I didn't already smoke. So that was a bad choice.”

“My dad would work from six in the morning to about between five and six at night. So, ummm...he pretty much made all the money. She [her mother] never worked or anything. Umm...well, she never worked while she was raising us at all. She really...she really didn't do too much of raising us either!”

In regards to Category 3 labeled as *Lack of Consistent and Constructive Life Foundation*, under the third code of *Chaotic Home Structure* (26/128 mentions), six subcodes were identified (see Table 12 above):

General.

This subcode of *General* included two of the 26 mentions for its code, *Chaotic Home Structure*. An example of this *General* home life structure that was muddled and confusing is provided through a quote shared by Abby:

“I went to Maude Carpenter’s [a shelter/group home placement]. Um...my...I spent time here [the Wichita Children’s Home known as WCH], Maude Carpenter’s, and I...back to...back to Children’s Home. My family lives here [at the Wichita Children’s Home] -- you know like Allison [a Street Outreach staff worker]; and Miss Joy, Miss Angela, Miss Latifah, Miss Shawna [girls department residential staff workers]. Everybody [staff persons and youth residents] -- those are my family. You know?”

Multiple caretaker partners.

The subcode *Multiple Caretaker Partners* included one of the 26 mentions for its code, *Chaotic Home Structure*. During the semi-structured interview with Gail, she clearly articulated her mother’s multiple intimate partner relationships with males:

“Oh yeah, he’s [her brother] older than me. He’s like -- he’s probably 19. No, he’s probably 20...I think. Yeah. And, uh...what was I going to say? Oh! And then she [her mother] had uh...Angelo [another one of her brothers] with a different person, but he was like a drunk, and he was an alcoholic. So, she let him go. And then she had my dad. She was with my dad for...how long? I think Brianna was 14...and then he left. And then like...she had like one or two or three other boyfriends that she brought to the house.”

Transient live-ins.

This subcode of *Transient Live-Ins* included two of the 26 mentions for the code *Chaotic Home Structure* and was in regards to the participants’ experience of living in a home where family friends and/or acquaintances were allowed to live in the home periodically. In one of these mentions, Lacy shared how her mother had allowed other people to live in their home who

were using drugs, “Those two [male friends of her mother] mainly were the ones that lived with us -- like lived at my mom's.”

Complex family make-up.

This subcode, *Complex Family Make-Up*, included six of the 26 mentions for its code, *Chaotic Home Structure*. Mentions relative to this subcode include participants lived experiences of growing up in a family situation that included convoluted and/or incoherent structure and/or roles. Examples of this subcode are provided through quotes taken from the semi-structured interviews with Kacie, Abby, and Tabitha:

“No -- I grew up alone actually. I mean, like, my brothers were there, but they weren’t really my brothers. You know what I mean? They’re like good friends that would be brothers.”

“I didn’t feel like I had that kind of family. Like, my family wasn’t really my family -- or at least what they’re supposed to be!”

“I had like two younger brothers that -- they weren’t really my brothers -- I just called em my brothers. They were adopted by my aunt and uncle though and uh...cause their mom was a...like did like coke. So she died and gave the boys to my aunt and uncle, though. And they raised the boys since they were babies.”

Caretaker/Child role reversal.

This subcode, *Caretaker/Child Role Reversal* included nine of the 26 mentions for its code, *Chaotic Home Structure*. This subcode emerged from participants’ shared experiences of growing up with caretakers of whom they frequently took care of (physically and/or emotionally) and/or of whom they had to reach out to for a relationship. For example, Gail explained that in regards to the relationship she has with her father, “It goes on for months at a time that I don’t talk to him [her father] and like I have to call him instead of him calling me.” Gail also explained that after her mother cycling through multiple boyfriends, “She finally stayed with Jim because I told her to.”

Additional examples of *Caretaker/Child Role Reversal* provided below are taken from the semi-structured interviews with Lacy, Macey, and Ella:

“And then I called him [her father]. And then like he would send me guilt money, you know what I mean? But then he would never call. Like it would go like a week, and like he would never call or text or like anything like that. And it was like "Why in the hell am I the one sitting here trying to mend this if this mother fucker isn't going to do anything?" kind of thing, you know. I gave that up.”

“I could have [talked to her mother about how she was raped]. But like I just -- I didn't want to, 'cause I knew like how bad it would hurt my mom and stuff. And just...just for everyone [her family] like what that would...you know...do to them -- memories [about her father raping her stepsister] that it would bring up. You know?”

“We [her and her siblings] cooked for ourselves, we cleaned, we did the laundry -- all types of stuff. Umm...the younger siblings -- we helped take care of and made sure that they got homework and stuff like that done. We're...we're [her and her older siblings] are like kind of more protective over them [her younger siblings] more than anything. Like, I got to the point where -- I know I could take it [the abuse by her mother] because it -- it had been the way it was for a while. Like, I could take her...screaming and cussin around and, you know...yell and hit and duh, da duh, da duh, daduh...but I could never take seeing her doing that to one of my younger brothers or sisters.”

“I kind of left out something earlier when I was talking about my mom. She doesn't pay a whole lot of bills. She never really did. She spent em on drugs and alcohol and different things so...that was part of me that was feeling like I had to do this [DMST] for my family. For my nieces and nephews, for my brothers and sisters, or something like that, so...that was part of my motivation -- I thought of them, you know? They need this and this and this. And so-and-so [her parents] cannot provide that for them. And, I would do anything in my power to make sure that they're okay and they would have what they need. About 75% of the money that I made [while subjugated to DMST] went to my family. You can...I was on the run from the State...it went to my family. I made trips out there [to her family]...they'd meet me somewhere and I'd give them money. If my little brother or sister needed anything, they knew that they could call me. One night, um...it was around 9-ish, 10-ish. I was cooking at the time. My little sister called me. Bout some going on the stove and the oven, da duh, da duh, da duh, she called me-she was crying. She said that my dad and my mom wouldn't get her...her lunch for her field trip tomorrow and they wouldn't pay for her field trip. It was a school event, da duh, da duh, da duh. They coulda paid for it. They were able to pay for it, but they wouldn't pay for it. So, I stopped everything and I said, “Listen to me. I will...I'm headed to the store right now to go to the store. When I get there...I'm gonna call you and you're gonna tell me what you want for your lunch tomorrow.” And I did that. I turned the stove off, I turned the oven off...and I...left...went to the store, got there, said, “What do you want?” She said that she wanted, you know, a couple of burritos to heat up. I said, “What chips do you want?” She gave me the chips that she wanted? “What kind of pickles do you want?” Gave me those. “What,

um...“Do you want anything else? What pop do you want?” Got her that, you know, and bought some bags, whatever, put it in the lunch bag, brought it over to her and um, I said, “How much is your field trip, and, something like?” And I think it was \$5.00, maybe, or something like that...\$5-10 dollars, you know...you know, some shit like that, you know? I gave all that to her, and uh, when I had pulled up, it was dark outside, and she was, you know, I had called her again, and I said “Hey, meet me on the porch.” She had came out. My dad and my other sister were sitting on the porch. I walked up there and didn’t pay no attention to my dad and my other sister. I handed my little sister her things. I handed her her lunch and her money and I said, “If you need anything else, I mean anything else, I don’t care what it is, call me and I will bring it to you. And, my dad looked over at me and he said, “You didn’t have to come all the way over here and do that.” And I looked at him, and said, “Oh, but I had to. If nobody else is gonna take care of it, I am.” I gave my sister a hug and a kiss...and I left. That right there is telling him, you know, you’re not gonna do this...you’re not gonna hurt the rest of my brothers and sisters...whether its over some little lunch and you know, money for a field trip for school...or, something way bigger than that. You’re not gonna do this anymore. Your wife is not gonna do this anymore. I, I call my mom ‘his wife’ sometimes because I don’t feel like she was my mom. I don’t feel like she ever was my mom. I feel like she was my enemy at first and now she’s trying to be my best friend. This shit’s not gonna work like that. You don’t just beat me and terrorize me and talk me down for the first 17 years of my life and then, all of a sudden one day, get up and be like, “Oh, we’re best friends.” Shit doesn’t happen like that. So...when I get pissed off at you, because you’re asking me for certain shit, or I see that you’re going back down the same track, don’t wonder why I’m mad at you. Don’t wonder why I say some of the shit I say to you...at all. Because you know you’re wrong.”

Lack of family cohesion.

Lastly, in regards to the code of *Chaotic Home Structure*, under Category 3, this subcode of *Lack of Family Cohesion* included six of the 26 mentions for its code. *Lack of Family Cohesion* emerged from responses of participants that were in regards to their family’s inability to pull together and maintain a family structure of unity. For example, Abby declared that, “She [her sister] was always busy doing whatever -- or whoever and uh...I grew up with Miss Shawna [a teen girls unit staff residential worker at WCH]. I mean...I been in and out of the Children’s Home my whole life. I didn’t really have a sister. I mean she was there, but she wasn’t really there.” To sum up this subcode, Macey stated, “We [her, her parents, and her siblings] didn’t really have any family.”

In regards to Category 3, the fourth code, *Child and Youth Services System* (30/128 mentions), included the identification of seven subcodes (see Table 12 above). These seven subcodes are *Child in Need of Care*, *Shelter/Group Home Care*, *Foster Home Care*, *Other Out-of-Home Placements*, *Adoption*, *Inappropriate Care/Negligence by System*, and *Negative Associations through System*:

Child in need of care.

This subcode, *Child in Need of Care*, included two of the 30 mentions for its code of *Child and Youth Services System*. Though the participants placed in shelter/group home care, foster care, etc. as mentioned below were more than likely all considered children in need of care (CINC); this was a general subcode that emerged from statements that did not directly relate to a long term placement such as the following:

Researcher:	When did you enter the system of care?
Participant:	Ummmm...at the age of four.
Researcher:	Were you taken from your parents at four?
Participant:	Yes.

“When I um...when I uh...ended up the first time in this Children’s Home -- the very first time -- they thought I was a black child because of all the bruises I had.”

Shelter/Group home care.

This subcode of *Shelter/Group Home Care* included four of the 30 mentions for its code, *Child and Youth Services System*. It emerged during coding analysis based on participants’ lived experiences of being placed in shelters and group homes. Examples of this were stated multiple times; however specifically, Abby repeatedly stated that, “I been in and out of the Children’s Home my whole life!” And Tabitha exclaimed, “I kept running away from her [her aunts] house and they would send me to the Children’s Home!”

Foster home care.

The subcode of *Foster Home Care* included seven of the 30 mentions for its code, *Child and Youth Services System*. Examples of the participants' lived experiences of being placed in foster home care are provided in the following quotes taken from the semi-structured interviews with Kacie, Abby, and Ella:

“But then I got caught [as a runaway] after about two weeks and they [her SRS workers] took me way out to Nemaha, Kansas -- by the boarder of Nebraska. They made me stay out there in a foster home for about four months -- three or four months.”

“I ended up getting into a fight, which made me have to leave the foster home, so they [her foster care workers] sent me to Dodge City and ummm...a foster home there...and I spent six months there.”

“When...when we [her and her siblings] had got put in foster care...we got...put with our aunts -- at first -- it's when I was about 12...11, 12, maybe. We were in foster care about a year.”

Other out-of-home placements.

This subcode, *Other Out-of-Home Placements* included three of the 30 mentions for its code of *Child and Youth Services System* and emerged from participants' experiences of being placed by SRS in housing arrangements other than shelter/group home care and/or foster care homes. Such placements primarily included temporary kinship care and/or transitional living/independent living care. For example, Tabitha explained that:

“My mom lost custody of her kids. I was a baby -- I started living with my aunt Rena like, when I was, like -- one or two. And she took care of me till I was, like, four. Marc, Angel, and Tina...were the other three older ones that got taken. Marc and Angel got bapti...I mean...adopted and Tina went with her dad. They [SRS] took me and put me with my aunt and then they took the boys and put them in an adopted home -- cause nobody wanted the boys. And then Tina had her dad, so she was able to go with him.”

Kacie shared that, “I got real...released from foster care...and uh...I moved over to...uh... Bridges Independently Living Phase Two.”

Adoption.

The subcode *Adoption* included two of the 30 mentions for its code of *Child and Youth Services System*. Though details regarding experiences with *Adoption* were sparse, an example, provided through the semi-structured interview with Abby, included the following:

“And then...and after that [being taken to the WCH after law enforcement and social service providers identified that she was being physically abused and was being exposed to drugs]...I got adopted when I was five.”

Inappropriate care/negligence by system.

The subcode of *Inappropriate Care/Negligence by System* included nine of the 30 mentions for the code *Child and Youth Services System*. This subcode emerged while coding qualitative responses in which participants expressed personal distress over their experiences in dealing with law enforcement, SRS, and/or the general CINC system of care. Mentions made that presented concerning behavior by such protective and/or service agencies were also organized under this subcode. Examples of mentions made in regards to *Inappropriate Care/Negligence by System* are provided below and were taken from semi-structured interviews with Lacy, Kacie, Abby, and Ella:

“Well, I'm pretty sure that the system is just pretty much fucked up in general, because they assume a girl who had a baby at 14 -- you have no fighting chance.”

“And then like afterwards, I guess, I had started thinking like, ‘Wow, like how did this happen? Like how did my aunts fuck me over like this? And then like their friend is like my [SRS] worker? This doesn't look right!’”

“I'm pretty sure that like after a month of being in the Children's Home -- I should have heard something [from her SRS worker]!”

“Between 4 and 18 years old -- I was in 38 different homes in my 13 years in the system.”

“I got exited out of the system after...I ended up becoming homeless on my 18th birthday. They [her SRS workers] dropped me off [after being in the CINC system between the ages of 3 to 18]. They took me from...they walked me out of like the courthouse and dropped me off and said, ‘Here you go.’”

“I...(chuckle)...I know part of this isn't funny, but part of it is, because they [law enforcement and SRS] had told my parents that [they weren't watching her and taking care of her appropriately]...and they tried to keep me in the other [investigative] room and then they let my parents go. And then Kyle and Ariel [law enforcement and SRS investigative workers] came in and switched this lady [another worker] out cause this lady was watching me -- making sure I didn't go nowhere. Ariel and Kyle came in there -- Kyle got on the computer -- his back was facing me. Ariel had walked in there -- asked me if I wanted anything to drink, or anything. I told her no at first cause I was pissed off. Then I came up with this bright idea and so I said, 'Yeah, I do want something to drink.' I asked if I could go with her [to go get something to drink], and she said "No." So, I told her what I wanted to drink. I looked around the room -- Kyle wasn't paying no attention to me -- back faced towards me. [She] Looked out the door, looked around, looked down the hallway -- nobody was down the hallway. There's a door across from there. And it's an exit -- straight shot. So, I got up and I tiptoed outta there, still looking around -- Kyle still wasn't paying attention. He had to have been sitting at that computer for a good 10 minutes before he even noticed...a good 5 minutes...maybe. I had walked out that door. I think I had gone down some stairs -- or up some stairs -- either way...to an elevator. [She] Got down the elevator...was walking a little bit fast, but not fast enough to make myself look noticeable. [She] Walked out the door and ran to the Wichita Library. 'Wow!' You know? I was thinking, 'God!' when I got the Wichita Library because I saw one of my friends up there! Coincidentally...well...there was this lady [the original worker who was supposed to be watching her in the investigative room before Kyle and Ariel] and I'm...I'm not gonna call her all the way stupid, but she's...she's kinda air-headed and...she was the one who was watching me before Kyle and Ariel had came back...and I was sitting there and I was kind of just messing around with her cause I knew what was gonna happen. So I was like, 'Wow, you must get lost in here...coming to work every day...da duh, da duh, da duh.' 'Oh no, you know...I looked up the thing, you know, when I first started coming to work and I know where all the exits are. One's right there, and one's right there...' -- stupid lady. That's the time that I ran for like almost two years.”

Negative associations through system.

Lastly, in regards to the code *Child and Youth Services System* under Category 3, this subcode of *Negative Associations through System*, included three of the 30 mentions for its code.

Negative Associations through System emerged as a subcode through assessing qualitative responses, made by participants, in which they discussed being exposed to unhealthy and/or harmful relationships and/or behaviors while they were living in a CINC placement. For example, Kacie stated, “When I was about 16 -- I moved to Wichita, and I, uh, moved to a foster

home where I started partying a lot -- drinking.” Tabitha builds on this statement about her personal experiences with the foster care system:

“Just being in foster care wasn’t...I dunno...just being in foster care [put her at risk]. I just seen all kinds of stuff in foster care. You see other people doin this and that and they just...you’ll be like, ‘Maybe if you do it...it’ll turn out better.’ Or, ‘You’ll do way better than they’re doing.’ Or...something. I think I was just bein a follower...too...when I was in foster care. If I seen somebody doin...I would try -- like a peer pressure thing.”

In sum, Kacie spoke of a time when she was reunited with her biological father whose rights were severed when she was a young child, while participating in community service work with her placement:

“When we were going to clean the Lord's Diner on Saturdays -- Phase 1 did that on Saturdays...they go to like help out for community service...and we would go do that on Saturdays. And I knew that the homeless people kicked it across the street at the benches. And then...that's how I got all mixed up in the benches in first place dad. My dad...my dad, my dad, my dad. It all goes back to my dad.”

Finally, in regards to Category 3, under the fifth and final code of *Lack of Permanence* (34/128 mentions), two subcodes emerged (see Table 12 above):

Home mobility/transitions.

The subcode of *Home Mobility/Transitions* included 32 of the 34 mentions for its code, *Lack of Permanence*, and was the third most highly mentioned subcode of all subcodes regarding risk. Mentions included in this subcode were in regards to the participants’ experiences of frequent moves and/or living transitions. Though all of the participants made multiple mentions relative to *Home Mobility/Transitions*, example quotes taken from the semi-structured interviews with Lacy, Kacie, Abby, and Ella are provided below. Specifically, illustrating the occurrence of lack of permanence due to home mobility/transitions, the first four mentions were made by Lacy and extend over a one and one half year period:

“I remember when I was with Jay -- who was another friend of mine that I got into some bad stuff with -- I pretty much lived there or with Rosy. My mom was...like I said before...working all the time.”

“And then we moved...uh...we moved to some apartments by ourselves [after some of her mother’s friends who were transient live-ins moved out].”

“Well, it was not until we moved to like our second apartment in the same year that I met them [older adults with whom she used ATOD] at the pool.”

“So then [after her and her mother were kicked out of her two aunts houses]...we [her and her mother] moved into like some little -- I don't know what you would call it...supposed to be a ‘grandmother house’ or something -- like a house behind a house... kind of.

Relative to her risk for DMST, Kacie explained how she never lived in one stable place as I child: “I would move from home to home to home to home. They [SRS workers] weren't able to ever find a place that I was able to fit well in.” Such continuance of mobility extended to her adolescence as demonstrated in her following two quotes:

“And we [her and her friend] stayed at an apartment. I met her [her friend with whom she lived with in multiple apartments] that same year at Riverfest. And she, uh...we stayed at - - with her friend right past the benches [where a large homeless population hangs out] at those green apartments on Broadway and Pine.”

“But I ended up...what happened was is...I got...I ended up back over downtown at this place on Elm that this old black dude used to stay there that sold crack -- named Mackey. Next door to him was this street preacher named Brother Jon. Well, he [Brother Jon] had this apartment he was leaving -- he was moving out so...he let me stay in there for the five days till he was, you know, going to be turning in his key. Well, than...after that...I met this Christian lady, Minnie. Me and Minnie don't talk no more...she will get pissed, get -- blow up on you if you don't want to be helped...and I met her. She let me move in with her.”

The following two quotes, made by Abby and Ella, summarize the extent of living transitions experienced by the participants:

“I got switched around from place to place my whole life.”

“I think...I hadda go to the Children’s Home then. They [her SRS workers] had to let me go after that. Yeah, they’d let me go after that. [She] Went back to my mom’s house for a little bit. I think that’s how it went. Either that or...I ran. No, I didn’t run. I’m trying to think...I almost feel like I’m leaving something out or...I’m telling the story

backwards. God, there's so much shit that has happened...it's just crazy. God. Such a radical -- big spiral...spiraling story...that it's...so hard to keep shit, like, straight.”

School mobility/transitions.

This subcode, *School Mobility/Transitions*, included two of the 34 mentions of its code of *Lack of Permanence*. It emerged as a result of coding participants' experiences in which they described multiple and/or frequent school changes. For example, Gail explained that, “And then there was this other girl – Alyssa. Me and her got in a fight in seventh grade. And so did me and Sabrina. And then after that it was too much drama at Hadley, and I -- I went to Wilbur.” Gail went on to say that, “And halfway through Wilbur, I switched and I went to [live in] Texas with my sister.”

Individual Maladaptive Risk Thinking, Attitudes, and Behavior

TABLE 13

CATEGORY 4 CODES AND SUBCODES OF DMST RISK

Category 4	Codes	Subcodes	<i>f</i>
Individual Maladaptive Risk Thinking, Attitudes, and Behavior	Risk Thinking (18/168)	General (1/18)	168
		Minimizing/Denial of Risk (9/18)	
		Incongruence/Confusion of Appropriate Relationships (1/18)	
		Lack of Foresight (7/18)	
	Risk Attitudes (20/168)	Ambivalence Toward Caretakers (2/20)	
		Low Self-Worth (6/20)	
		Disempowerment (12/20)	
	Risk Behaviors (130/168)	Progression/Regression into Delinquent Behavior (17/130)	
		Academic Failure (9/130)	
		Individual ATOD Use/Abuse (38/130)	
		Inability to Distinguish Safe Resources (15/130)	
		Over-Reliance Upon Males (6/130)	
		Early Sexual Experiences (5/130)	
		Street Life (40/130)	

Under this fourth category of risk, labeled as *Individual Maladaptive Risk Thinking, Attitudes, and Behavior*, there were a total of 168 mentions. Furthermore, there were three codes that emerged from Category 4: *Risk Thinking, Risk Attitudes, and Risk Behaviors*.

Under the first code, *Risk Thinking* (18/168 mentions), four subcodes were identified:

General.

The *General* subcode included one of the 18 mentions for its code of *Risk Thinking*. It emerged from a general statement, made by Lacy, in regards to her thinking patterns that influenced her attitudes and behavior, and ultimately made her more vulnerable to the man who groomed her for DMST:

“And I think it [her risk for DMST] has a lot to do with my attitude. You know what I mean? Like how my attitude was, how I spoke, just how trashy and disgusting the things that I said and did were. You know what I mean? Just like, "Oh, you ain't ready." You know? And he [the pimp who groomed her for DMST] was just saying, "Oh, you have no idea." And I'm just...going along with it! Like of course they [the men in the car who were grooming her] are going to think [that she was an easy young person to prey on for DMST] -- you know what I mean?”

Minimizing/Denial of risk.

This subcode of *Minimizing/Denial of Risk* included nine of the 18 mentions for its code of *Risk Thinking*. In such mentions regarding risk for DMST, participants expressed the thinking patterns they had while on the streets. Within the examples below, Macey, Kacie, and Abby share how they minimized the risk, severity, and/or consequences of DMST, drug use, and even the way they thought about themselves:

“And like -- I don't know, I just -- it's kind of -- it was like I'm going to do this [DMST] just to get out and then I'll get in school.”

“And so she [her friend who she met on the streets] -- I did not know...basically...until then that -- she was a recovering addict. I mean, I -- if I was smart, I would have known. I mean, I probably did know, but I just didn't want to believe it because her teeth pretty much told the story. You know? But, I just didn't pay attention to drugs like that. Real

drugs. You know? I just smoked weed -- that's all I did. And...you know? I just told myself, 'Well, maybe weed can do that to your teeth, too.'"

"And I knew he [a man she met on the street who ultimately became one of her pimps] sold crack, and I never liked crack like that. I did it only a couple of times with Tearra."

"I was a tweaker, not a -- not a felon, not a -- you know? I wasn't trying to, you know, do a drug and go commit crimes?"

"And drugs just make me -- like I'm a lover, not a fighter. Drugs just made me want to -- like it was to the point where my boyfriend was kind of my pimp, but it was my choice because I loved him."

"But, I may still have some value...may not of, like, been able to look myself in the mirror. I don't know if I could ever have looked myself in the mirror and said, 'Hey this chick is awesome! She's a beautiful wo...[woman].' You know? Can't do that. Sorry...but as far as your body or anything else...you just...a lot of people don't even think that [they are a beautiful woman with value in life]! So it's not like I'm any different!"

Incongruence/Confusion of appropriate relationships.

The subcode of *Incongruence/Confusion of Appropriate Relationships* included one of the 18 mentions for *Risk Thinking*. This subcode emerged from coding qualitative transcriptions that illuminated discrepancies and inner conflicts regarding relationships that were supposed to be positive, but perhaps were not. Though there are multiple overlapping themes provided in the following example quote given by Abby, such material is provided to clarify the extent of

Incongruence and/or Confusion of Appropriate Relationships:

"My adopted parents [from whom she was taken and has not seen and/or spoken to in years] -- they were awesome. They were awesome! However, there was a lot of yelling and screaming in the house...and stress. My mom's a little freak...like she's always neat -- always has to have something in place and if there is something on the floor -- everybody gets yelled at! You know? And it was me and my sister [living in the adoptive home] and then after that...it ended up to where my dad...well my cousin...we're really close-knit -- my family...like...we're really close-knit. Like everybody comes over and does something -- does this and that. You know? I mean like -- barbeques galore! And my cousin molested me from seven to nine. And then my dad and I got into some severe fights...um...and a lot of people thought I was lying about everything that was going on. You know? But it showed up later on that I wasn't [lying]. And I really was raped by my dad -- I was 12. And then my sister, because my

sister never got anything put...hands put on her...she got to stay [with her adoptive family].”

Lack of foresight.

In the final subcode for the code of *Risk Thinking*, *Lack of Foresight* included seven of the 18 mentions for its code. Mentions shared by participants that were organized under this subcode included the participants’ verbal illustrations of how they were not able to think and/or look ahead as to the effect and/or consequence of their behavior and/or life choices. The following are examples of lack of foresight taken from the semi-structured interviews with Macey and Kacie:

“I was just tired of like bouncing around and doing everything, like -- in -- it was kind of like, ‘Okay, I’ll do this just for a little bit though,’ because you realize that you’re willing to do it, and you’re like I can just get like -- like a lot of money off of this really quick and I’ll be done in like two months. And like you’re just -- you know, everything would be better, that you could figure something out.”

“And half the people you like stay with, like, you don’t even know -- you just stay there because you don’t want to like sleep on a stairwell that night.”

“I wasn’t like, ‘I think I’m going to start having sex for money. Yeah, that will help me.’ It was like, ‘I’ll try this for like a little bit.’”

“I quit my job and did not go to school [this led her to being kicked out of the transitional living program].”

“And it just seemed like all of those bad decisions that I was making up until that point -- just led me to make that quick decision [of using meth] that just screwed my life all to pieces in that one split moment.”

The second code, *Risk Attitudes* (20/168 mentions), for the fourth category *Individual Maladaptive Risk Thinking, Attitudes, and Behavior*, included the identification of three subcodes (see Table 13 above):

Ambivalence toward caretakers.

This subcode of *Ambivalence Toward Caretakers* included two of the 20 mentions for its code, *Risk Attitudes*. The undecided, or rather ambivalent attitude, of the youth participants who had survived DMST was noticed during the semi-structured interviews particularly in regards to father-daughter relationships. For example, though Lacy stated multiple times that she felt hurt and abandoned by her father after he left her and her mother and brother, she exclaimed, “And I didn't want anything to do with him [her father]. It was like five years or something [that she did not speak to her father].” On the other hand, Tabitha shared how she was emotionally torn in regards to her feelings about her family:

“I didn’t really have emotions towards my family. Like it hurt to go through what I was goin through but I mean...they...I...put this wall up so high where it doesn’t affect me anymore. Like, back then...it didn’t even affect me. I get punished for my wrongdoings and then it was just like...I was numb to everything.”

Low self-worth.

This subcode of *Low Self-Worth* included six of the 20 mentions for the code *Risk Attitudes*. Self-worth for this subcode represented the participants’ expressed sense of personal value or worth and included the general sense of self-esteem and/or self-respect articulated throughout the semi-structured interviews. Examples of such subcode mentions are taken from the semi-structured interviews with Macey and Tabitha:

“And so I was just thinking so low of myself [for having sex while she was a runaway and for getting pregnant that resulted in a miscarriage after having sex]. And I didn't want to go home [because of how low she was feeling about herself].”

“And then, I guess...you're [talking about herself in third person describing what she thinks put her at risk for DMST] thinking low of yourself. Like, you just bring yourself lower and lower and lower -- until you realize like where you're at.”

“I just didn’t feel like I was nobody to anybody. Like...I mean everybody treated me so bad so I thought that’s how everybody was supposed to treat people, so...maybe that’s part

of why I was used to people treating me badly. So...that's probably why it was easier to go and do stuff like that [DMST]."

Disempowerment.

This subcode, *Disempowerment*, included 12 of the 20 mentions for its code of *Risk Attitudes*. It emerged from the expressed lived experiences of participants regarding occurrences that robbed or rather deprived them of influence, a feeling of importance, etc. In regards to this, participants expressed that such occurrences caused them to feel as though they lacked voice, felt helpless, and felt hopeless.

For example, Lacy described how she ran from the WCH because her SRS worker, who also happened to be a friend of her aunt's who had just kicked her and her daughter out of their home, was not calling her to give her information as to if and/or when she was going to see her baby girl, Nevada: "So, I think I just freaked and thought 'I'm never going to get to see my baby again!' 'Nobody is telling me anything!' 'I don't know what's going on!' And so I ran." On the other hand, Macey feared telling her parents that she had been raped due to a family history of rape in the home. Not only did she have concerns as to the inability for her family to handle the knowledge of such an event, Macey also dreaded the response her mother might have towards her: "And then I didn't -- it'd [telling her parents about the rape] also like limit everything that I would be able to do. And I just didn't want to be caged up because of something like that!"

In describing her home life with her biological parents, Ella stated:

"This is how it felt when I was growing up -- like um...because in my family...on my mom's side -- this is kinda how it is: When you're grown -- then you can have a voice. When you're young -- you don't get a say so in shit. You don't get to do shit. You don't get to talk to nobody. You don't get to talk to no friends. You don't get to talk on no cell phones. You don't have any Internet access. You can't go outside. Blasé da da da da blasé blasé. You can't do shit. And you cannot say anything to anybody out of any kind of context. You couldn't tell somebody to shut-up. You couldn't tell somebody to screw off. You couldn't even tell somebody hey, this is how I feel. You couldn't even have your own opinion. Even if it didn't

have a cuss word in it -- you couldn't have your own opinion. So, when I was younger, no, they [her parents] didn't listen to me. And it felt like they [her parents] weren't supportive.

In sum, Ella stated that due to the behavior of her parents, "I always felt like I hadda walk on eggshells."

Lastly, within the third code, *Risk Behaviors* (130/168 mentions), under Category 4, seven subcodes were identified: *Progression/Regression Into Delinquent Behavior*, *Academic Failure*, *Individual ATOD Use/Abuse*, *Inability to Distinguish Safe Resources*, *Over-Reliance Upon Males*, *Early Sexual Experiences*, and *Street Life* (see Table 13 above).

Progression/Regression into delinquent behavior.

This subcode of *Progression/Regression into Delinquent Behavior* included 17 of the 130 mentions for its code of *Risk Behaviors*. Such mentions were broken down, or rather organized, into even smaller groupings based on general impulsivity, lying, fighting, stealing, and working the system. Gail provided an example of general impulsivity when she stated, "And then -- I don't know. Then after that [after her mom became lackadaisical in her parenting] everything just went bad. We [her and her friend] -- then we started hanging out with boys more and then [began skipping school, running away, etc.] -- yeah." Macey remarked, "I don't know what I was thinking really. And then, I guess -- I got involved -- I was -- I had this boyfriend at the time. And then when I ran away I got pregnant by him."

An illustration of the dimension of lying, within the subcode of *Progression/Regression into Delinquent Behavior*, is clearly noted by Gail in her articulation of how she lied to school administrators in efforts to skip school:

"And I called myself in. 'Hi, this is Katie Pierce. I'm calling in for Gail Pierce.' You know? 'She's ill today and she...she's going to the doctor and she'll be in school tomorrow. Okay, thank you. Bye.'"

And of even higher consequence, Lacy provided an example of this when she explained how she lied to the first man who ended up subjugating her to DMST: “I was 15...I told him I was 17.”

Examples of the dimension of fighting and stealing are provided throughout the following quotes taken from semi-structured interviews with Gail and Lacy:

“In sixth grade was when I got in my first fight. I got that temper thing. This girl flipped me off and I got so mad and then I just ended up fighting her.”

“And we [Gail and her friend] took her [her friends] grandma's car and that got wrecked.”

“Because I had always stolen everything -- pawned it, did whatever, sold it to somebody to get money. You know what I mean? That was always how I did everything [to survive on the streets] initially.”

And lastly, in regards to the *Progression/Regression into Delinquent Behavior*, the dimension of working the system emerged from participant expressions of how they engaged in whatever behavior necessary to accomplish what they wanted to happen. Such behavior, often in the form of manipulation, typically occurred within the context of dealing with parents, the school, law enforcement officers, and social service providers. A simple illustration of this is given by Gail when she states, “Maybe they [school administrators] shouldn't make it so easy to call in. Like it's not -- it doesn't take a genius to figure out, ‘Hey, I can call in and act like I'm my mom.’ You know?”

Academic failure.

This subcode of Academic Failure included nine of the 130 mentions for the code Risk Behaviors. Within such subcode, the Researcher and Research Associate identified influencing or rather, descriptive factors such as: lack of connections in school, lack of commitment to school, truancy, and poor academic performance. The following quotes taken directly from the semi-structured interview transcriptions provide examples of how participants mentioned *Academic Failure* in regards to DMST risk:

“It was like in eighth grade when I started not liking to go to school. And then, uh, I didn't like my teachers.”

“And then in high school -- I hated all my teachers! They never wanted me in class.”

“Oh, yeah...I skipped class...I skipped it and I went to my ex-boyfriend's house. His name was Luis and then Renee was there, and then we smoked a blunt. And then what happened? Oh, and then like that's the day I found out he was cheating on me -- the day I skipped.”

“Oh my gosh! I skipped so much [school]! I skipped day after day after day. It was like an everyday thing [that] I skipped at least one class.”

“Well, Rosy [an adult neighbor/friend] would call in for me...and then eventually I just gave up [on trying to go to school]. And it was like I -- if I -- I don't really have any memory of going to school.”

Individual ATOD use/abuse.

This subcode of *Individual ATOD Use/Abuse* included 38 of the 130 mentions for the code *Individual Maladaptive Risk Thinking, Attitudes, and Behavior* and was the second most highly mentioned subcode out of all risk related subcodes. In regards to such mentions, the Researcher and Research Associate created smaller groupings under this subcode to highlight the dimensionality of *Individual ATOD Use/Abuse*. These smaller groupings include general ATOD use/abuse, tobacco, alcohol, marijuana, narcotics, prescription pills, and other chemicals as drugs.

Examples of general ATOD use/abuse can be seen in the following quotes taken from the semi-structured interviews with Lacy, Kacie, and Madelyn:

“But if I weren't into drugs and alcohol -- I'm trying to figure out how to word this, but I don't really know how -- then I wouldn't have made the bad decisions to go off and be on the run or be so vulnerable [to DMST].”

“And when I moved -- when I turned 16 and I came to Wichita, started to get into drugs.”

“Tearra is like my sister and Minnie is like our mom -- kind of -- but it's all like fucked up. So like -- like it's kind of dysfunctional, because drugs do that.”

“Drugs just made me want to -- like it was to the point where my boyfriend was kind of my pimp, but it was my choice because I loved him. My ex-boyfriend Crow, he was a piece of shit. 39 years old...I was doing [DMST to get drugs] -- yes. To make him love me. And he never did. And he never will. He didn't even love himself.”

“[She started using ATOD]...every once in a while in the eighth grade. I smoked in the eighth grade -- marijuana, cigarettes...the first time I did, was...the...is end of my Freshman year, and then my Sophomore year, started doing it for other people, like, bringing drinks to school...and so on for other people.

In regards to tobacco and alcohol use/abuse Kacie, Macey, and Ella made the following mentions:

“It [her drug use] started with the cigarettes.”

“I guess when I was in middle school -- I would hang out and I would go drinking and stuff.”

“I felt lucky for me at the time -- there was some more people came over [to a house that she was staying at when she was on the run and in which place she had become uncomfortable]. Two of his friends...da da da da... started talking, blasé blasé, ask me if I wanted anything to drink -- like alcohol-wise. My stupid ass, um, I said ‘yeah,’ and, I asked for some Goldschlager. I’m not sure if you know what that is...yeah...and uh...and ummm...I thought that they were all gonna drink it with me. Didn’t happen. And I was kind trying to be a show-off at the same time when they came back with the bottle. The bottle...was about... a liter...of Goldschlager. And that shit’s 100-proof. And...little gold flakes... I don’t know if you’ve heard about the gold flakes, but they kind of slit your throat a little bit, you know. So, the alcohol gets in your bloodstream a little faster, and...you just get drunk off you ass. I didn’t drink like that. I just know I tried the shit before and I liked it. Trying to show off at the same time. So, they come in with that...and hand it to me and I look around and...only thing they have is a beer each in their hand. That’s it. Like, uh...you guys are drinkin this with me, right? ‘No-we got that for you.’ ‘Well, why’d you get such a big bottle if it’s just for me? You just trying to get me drunk? I’m not stupid. Da duh, da duh, da duh.’ ‘It’s like, no, they didn’t, that’s the only size bottle, uh, they had, da duh, da duh, da duh, ...c’mon we just paid like 40-some dollars for that. Drink it. da duh, da duh, da duh.’ ‘Well, I’m telling you right now, I’m not opening this unless you guys drink it with me.’ So, (sigh)...one took a shot, the other took a shot...and then, like, ‘You haven’t drank anything yet! You scared of it?’ I’m sitting here, like, reverse psychology doesn’t work on me but, I am gonna drink some of this. You know? I sit there and chugged the whole damn bottle. The whole damn bottle. The whole damn bottle, but two shots they had taken. Then, like say you know, I was laying on the couch feeling like I was gonna throw up. Dude was like, ‘you feel like you gotta throw up?’ ‘Yeah.’ ‘Don’t worry, I got perfect thing.’ Brought me popcorn. My dumb ass. It’s like, ‘Oh yeah -- like popcorn is gonna soak it up.’ No...it didn’t happen. Ate some popcorn, ran to the bathroom. And...on the way to the bathroom, puked... and then I

thought the toilet seat was open and puked on the toilet seat...and I finally got the toilet seat open and puked in the toilet. Um...set up against the bathtub, like this, asking for somebody to help me. Nobody was gonna help me -- they were just gonna laugh at me, cause they thought it was pretty funny. Umm...next thing you know, I woke up the next morning with a vacuum and some cleaner in my face, telling me to go clean up my throw up.”

And lastly, quotes from the semi-structured interviews with Lacy, Kacie, Abby, and Tabitha have been provided below to illuminate participants’ expressions of how their use/abuse of marijuana, narcotics, prescription pills, and other chemicals made them more vulnerable to DMST:

“So I would -- I got connected with them [two adult neighbors] a while before that, and then I started smoking weed with them. He [an adult neighbor] sold weed and pills.”

“Well, one day when my friend Nicole was over and they [her aunts who had custody of her] were gone, like we started like smoking their [her aunts’] weed.”

“So I think -- maybe it's because I started smoking weed again and it got me on the bad track again or like towards the bad track again. So I wanted to go out, I wanted to hang out, lie, do something that I shouldn't have been doing.”

“I just [used] -- marijuana basically.”

“And I was hanging out with Amanda really hard. And she was -- we were kicking it with this lady named Lady T or Momma T...And so she -- I did not know, basically, until then that she was a recovering addict...and then she was like, ‘I'm about to go relapse.’ I'm like, ‘On what?’ And then she was like, ‘On dope.’ And then I was like, ‘I'm with you.’”

“Drugs are in the equation the entire time since I had been out [on the run living on the streets]. And -- well, that's when I started doing coke really bad when I stayed at Vicki's [an older adult woman whom she met while on the run] house.”

“The first time I used meth -- I did not exit the [transitional living] program. I'm pretty sure I just took off for a whole month.”

“And I was all tweaked [a slang term for being strung out and experiencing symptoms such as shaking and paranoia due to crystal meth use]. And then my dad had ran me out the Auto [motel] because he found out I was using dope. And I had been up [awake and without sleep due to the effects of crystal meth] for about a week, and they [WCH SOP] came and picked me up and I was crashing on the couch.”

“I called up this dude that I had met, that I had a crush on real hard. He was a douche bag. He was only 17...his name was Danny. I called him, met up with him, and we went -- knew we couldn't go back to the Auto [motel] because that's where Amy and her other little friend Addie, who was like his sister -- was hating that we liked each other. And we was using dope [crystal methamphetamine]. And we walked, freezing cold outside, all the way from Riverside to South Broadway -- the Economy Inn...yeah, we walked all the way there at night. And I stayed out there for a whole month. And then Bridges [the WCH transitional living program] basically packed up all my clothes and all my belongings and put them down in the storage for me. And I was nowhere to be heard from, nowhere to be seen. For a whole month [she] used dope -- just disappeared. And then after a month, this fat dude that was staying there [at a motel] -- or the room belonged to a guy named Rick -- that we stayed with these guys. Danny's dad, Cotton, stayed there, and then Rick -- was the guy's room. They [Rick and Cotton] ended up just throwing me out for no reason, because I was the only one in the frickin' room besides Dalton, the guy that I was seeing, that showered. And they had a bunch of clean clothes there for his [Rick's] fat little son that was ten years old that was around all these drug addicts. But the fat little boy didn't shower either, because the dad didn't make him shower. And so I was little skinny mini at the time that was able to fit all of the, sorry, all of the little boy's clothes, and so I was wearing them. Didn't think that I needed to ask [permission to wear the clothes], you know, because the little boy wasn't changing. He [the little boy] had been there for ten days, you know, on his Christmas break, and he wasn't changing, wasn't showering. I was. You know? And I wasn't even taking full showers. I had to take, you know, whatever it's called...yeah, with a sink and just washing yourself off, and then changing into clean clothes. And one day he [Rick] just goes off on me, because the little boy goes outside, was playing in the freezing cold when he shouldn't even be playing in the freezing cold when he doesn't even have any gloves on, and -- you know! Or playing in the frickin' Economy Inn parking lot, while the dad is in there getting high off of dope, you know, with no supervision out there with all them dope heads, you know! And then he [the little boy] comes in all freezing cold, needing to change his clothes, and there's no clean clothes. I mean, I shouldn't have been [wearing the little boy's clothes]. Me, a dope ho. But I did ask. I just didn't ask Rick. But, I mean, they weren't even the boy's clothes anyways. They were just some random box of clothes that somebody else probably left. So he went off on me and kicked me out. And so I left crying.”

“Sarah and I talked and she pulled me a trick and she pulled me into a car and said do what he says and get the money. So I did. That was the first time I took a hit of crack, too. So I was a crack head.”

“When I was 18...when my age status and stuff...because like that's when I started doin X...X-pills...like when I was really bad on X-pills [known as ecstasy, a hallucinogen that produces stimulant effects similar to an amphetamine]. Like...I aced out and started hanging out with the wrong people who were selling X-pills and they would like just give em to us and that's how I came exposed to ecstasy.”

“Tashina [an adult female], who lived next door to us, and like I did pills with her.”

“[She] Used marijuana -- air duster when couldn't get the marijuana, or the alcohol.”

Inability to distinguish safe resources.

This subcode of *Inability to Distinguish Safe Resources* included 15 of the 130 mentions for the code of *Risk Behaviors*. *Inability to Distinguish Safe Resources* emerged from qualitative data regarding the participants' descriptions of how they would stray from safe environments and more predominately, run to and/or turn to unknown people with whom they formed quick and easy attachments. Furthermore, participants shared experiences in which they had formed negative loose associations and had trusted people who were unhealthy and/or toxic. Examples of such dimensions can be seen in the mentions made by Gail, Kacie, Tabitha, Lacy, and Ella:

“And then this last time I ran -- it was from the Children's Home.”

“I met this girl through her...from her [a street preacher named Minnie] church -- from her old church, named Adriel. We were going around looking for her...going to pick up her prom dress from Parrot-fa-Nalia [a dress shop]. I ended up saying a prayer before I filled out a job application -- I got hired. I worked at Parrot-fa-Nalia for...this was right after I got clean off of meth. I've got clean off of meth, cold turkey, almost every time. And the one time I did go to treatment, it was bad news -- I didn't like it. And I caught a charge, so -- but, basically, she -- I said a prayer, got the job, worked there for about six, seven months. The lady was real nasty, mean, rude, used to sell coke out of there back in the day. Parrot-fa-Nalia -- it was a real big trafficking place, so she just -- I quit one day. And I actually caught a ride home from a lady that I found out the day that I quit was a cokehead -- a real bad cokehead or meth head or something. So I realized it wasn't a good place. God didn't want me there anyways because I was just getting signs every day. And the Christian lady wasn't really that smart because she was like ‘Just give it up to God. Just give it up to God and he'll take care of it.’ And I tried, every day. And the lady was still mean and nasty. And underneath the dress rack she had liquor -- liquor bottles and stuff, and she'd hand out liquor to underage -- you know, didn't I.D. people and stuff. So I was like huh-uh. And she just treated me like crap.”

“I mean...even to this day I trust people that are bad and I shouldn't be trusting them.”

“I think I...come off too nice when I meet people. Like I'm really nice, like, to people, and I don't try to have any guard up, like, even when I meet people now, like and I think I'm too nice to people cause... people tell me, ‘You're way too nice -- you talk to people.’ And I think that's part of it [that puts her at risk for DMST]. Like, maybe I'm too nice to people...I dunno.”

“And then when I went on the run, I stayed with this girl, Samara, at first. And then from Samara, I stayed with -- oh, okay...I met with Crystal, the same girl from that night.”

“Like...and then I met and I just started staying at Vicki's house. And this is this grown woman with three kids.”

“[I was staying with] uh, with Star and B.J. This -- this one girl [Star] -- she's got short black hair and her eyes go cockeyed. She just had got out of jail for stabbing her dog. And then her boyfriend at the time, B.J., he was a crack head. And we didn't -- I didn't use any of those drugs then.”

“After that I had went to another friend's house. Good friend. Could always stay over there -- not be bothered. Male. Every time its males. You know? Every time I get hungry -- needed something to eat. Shit like that. Didn't have to worry about anything, but I'm like...I can't stay here. Just can't do it. So I stayed over there for a couple nights, then I went around the corner at my other friends' house. Stayed over there -- was gonna stay over there that night and they brought me around the corner to their friend's house.”

Over-Reliance upon males.

This subcode, *Over-Reliance Upon Males*, included six of the 130 mentions for its code, *Risk Behaviors*. In regards to this subcode, participants made mention of their lived experiences of consistently turning to and/or desiring the relationship of a man. Building on this, participants shared experiences of how their desire for male companionship often blinded their ability to set healthy standards, boundaries, and/or expectations. For example, in regards to her risk for DMST, Kacie stated, “Because I was dumb, I was always unstable, just dependent on a boyfriend. [She] had this guy that I had just met, started dating, moved in with me [into the squat house in which she was staying]. He was just weird. He just -- was a douche bag, trying to be controlling. He moved in there, I moved out -- went down to Mackey's again. Bad place. Mackey wasn't there no more.” In regards to where she would stay when she was on the run, Ella shared similar experiences by saying that, “Male. Every time its males.”

Early sexual experiences.

This subcode of *Early Sexual Experiences* included five of the 130 mentions for the *Risk Behaviors* code. Prior to subjugation to DMST, participants shared experiences in which they had become sexually active, often resulting in pregnancy, as a young adolescent. For example, Ella shared that, “I’d, you know [talking about when she would sneak out and stay gone for nights or weeks at a time]...I didn’t know a lot at 13. I didn’t even lose my virginity at 13. I think I lost my virginity when I was about 15. Sneaking out with...you know...a close boyfriend. Then you know, time went by...da duh, da duh, da duh...I got curious...started talking about some stuff...lost my virginity. One of those times I snuck off.” Lacy’s sexual experiences began much younger and after her mother allowed a much older man to move in with them, Lacy explained how she found out, “I was pregnant. Found out I was pregnant. And then -- [she was] thirteen when I got pregnant and 14 when I had her [her daughter Nevada].”

Street life.

This subcode of *Street Life* included 40 of the 130 mentions for its code, *Risk Behaviors*. Furthermore, it was the most highly mentioned subcode out of all risk subcodes identified by the Researcher and Research Associate. Dimensions of *Street Life* included unsupervised aimless wandering, running away and/or homelessness, and couch surfing (a slang term used to describe staying from place to place, often sleeping on the couch). Examples of such street life experiences have been drawn from all of the semi-structured interviews with Kacie, Gail, Lacy, Macey, Abby, Madalyn, Tabitha, and Ella:

“I got addicted to the streets before I got addicted to the drugs.”

“Like I said, I got addicted to the streets before I got addicted to the drugs on the streets. And then like it just slowly started to regress. And like the more I was around all those worthless people, the more my language got -- like the worse my language got, the more cussing, the more just making bad decisions, the worse my decision making got. And then

-- and when you make bad decisions, you're going to make worse decisions and worse decisions."

"I think the first time I ran away was like...it was like I ran for a day. It was in seventh or eighth grade."

"But I wasn't worried about anything before -- I'm on the run. You know what I mean? Like I'm just thinking like where am I going to live? What am I going to do?"

"And then I just kind of couldn't handle it [her victimization of rape] on myself and left home. I ran away for the first time."

"I had this boyfriend at the time. And then when I ran away I got pregnant by him. And then I ended up having a miscarriage."

"I ran multiple times between seven and 16. 12 times altogether. 13 times actually. But after that time, I got a -- what is called a no-run order by the court system. And if you run again, they send you to a place called Trego, and you are there for three months, 90 days. And I did run again, but they didn't send me to Trego, thank God."

"But after, I was on the run and I partied. And I stayed down right past the benches [where a large homeless population hangs out due to its location across the street from an agency that serves dinner to those in need] with Kate, who actually lives at my house right now. "First time I ran away -- I was like 13. No, I was younger than that...so before that, I ran away and ran into a church. Well the very first time, I ran like 18 miles away from home. I was almost in Park City...I was like 12. 12...that was the first time I had left...and then I ended up in a...the first time and the second time, I was smart and went to a church, and then the rest from there it just came, you know, all too easy. (Coughing). The rest of the time I just went to Broadway, did what I did and then got ruined [by drugs and DMST]."

"In eighth grade, um my mom, I was like drawing all over myself and stuff and I then...wasn't like allowed to... getting in trouble for it and I had to do a bunch of extra chores, like, which...um...like, on top of like basic chores whichI don't, um...I took a safety pin, and I like cut a little heart in my hand and I was trying to make a little tattoo and she was like, I don't know, she took my room away and stuff and told me I had to sleep on the floor in the dining room and stuff and she like gave me an outfit and she was like, 'I'll pick your outfits out this week,' and she was like...it was like ugly, and then I got really mad, cause she was like yelling at me and all this stuff and then I just left... and... um, my friend...they only, the only way I that I was like allowed to go to her house was with my, um her parents, like talked to my mom, so like they knew, they knew that like and stuff and um, they'd ask where was my... and she had called the friend that I was with, and they told her and took me home and so they didn't call in or anything."

"I had a 'No Run' order when I was in foster care. And then when I would run away they would send me to lock up for a while."

“I probably ran away like... 20 plus times.”

“I started getting older and understanding crap and...you know...I wasn’t gonna get, you know, slapped around anymore type stuff like that -- I was just gonna leave. I started running away...uhhh...it was more like sneaking out at first...around 13. And then the sneaking turned into a couple days. Then the sneaking turned into a couple weeks. Just...you know, and...I’d go with a boyfriend.”

“You have to hang out at like McDonald's and stuff till you have a place to go later on. And half the people you like stay with, like you don't even know; you just stay there because you don't want to like sleep on a stairwell that night.”

Risk Outcomes

TABLE 14
CATEGORY 5 CODES AND SUBCODES OF DMST RISK

Category 5	Codes	Subcodes	<i>f</i>
Risk Outcomes	Lack of Resources (14/39)	Inability to Meet Basic Needs (10/14) Lack of Options (4/14)	39
	Isolation (25/39)	General (10/25) Lack of Unconditional Peer Support (3/25) Lack of Unconditional Adult Support (12/25)	

There were a total of 39 mentions regarding risk for DMST under Category 5 labeled as *Risk Outcomes*. *Risk Outcomes* articulated risks factors that appeared to be a consequence of aforementioned risk categories and in regards to such (see Figure 11), there were two codes that emerged: *Lack of Resources* and *Isolation*.

Under the first code, *Lack of Resources* (14/39 mentions), two subcodes were identified: *Inability to meet basic needs*.

This subcode of *Inability to Meet Basic Needs* included 10 of the 14 mentions for the code *Lack of Resources*. As participants explained their perspective of why and how they had been at-risk for DMST, the subcode of *Inability to Meet Basic Needs* emerged. Such subcode

includes participants' experiences of not being able to fully take care of themselves while they were on the run/living on the streets. For example, Lacy explained how she had been living with an older woman, "But then one day, Vicki's, uh, water got shut off, the electricity was about to get shut off, she was saying that she was supposed to be getting evicted." Building on this situation, Lacy shared how after a pimp propositioned her she thought to herself, "You know, I'm -- not to going to have nowhere to live...like we don't have any food." Kacie remarked that in regards to DMST perpetrators, "They saw that I didn't have anything."

Additional examples of an *Inability to Meet Basic Needs*, have been taken from the semi-structured interviews with Abby, Madelyn, and Ella:

"I didn't have an ID, I didn't have a SS Card, didn't have a birth certificate -- none of that. I did what I had to do. I was already on the street. But I still didn't have an ID or verification...so no shelter could take me, so I ended up tricking, so I could get a motel room (coughing)."

"I didn't have anywhere to stay and was tired cause I hadn't slept in a while...um...I was like really drugged up, I dunno...I just...I wasn't...couldn't think anymore."

"I was just like no...because that night...when I was drinking...actually before I started drinking, we started talking about it [DMST] -- me and his other two friends. I need money. I need a place to stay. Well. That was the time, you know, and it didn't happen right off the bat, and they didn't even ask me to do that...right away."

Lack of options.

This subcode of *Lack of Options* included four of the 14 mentions for its code, *Lack of Resources*. Similar to inability to meet basic needs, the subcode of lack of options was distinct in that it encompassed the participants' real and/or perceived experience of having no one and/or nothing to turn to as well as an inability to identify different behavioral choices. For example, Macey explained, "And then, I guess, when you're like kind of just walking around, you know, like the city, without a place to go, and you're thinking low of yourself, like you just bring yourself lower and lower and lower until you realize like where you're at [with no place to go]."

Macey went on to describe that, “I was just tired of like bouncing around and doing everything, like -- in -- it was kind of like, ‘Okay, I’ll do this just for a little bit though.’ Because you realize that you’re willing to do it, and you’re like I can just get like -- like a lot of money off of this really quick and I’ll be done in like two months.” In regards to her risk for DMST while on the run and living on the streets, Ella explained that, “It was the fact that...the weed thing [selling marijuana] wasn’t working out. It wasn’t enough money to support me, at all. Uh, secondly, I was running from the State and...I felt like I, I couldn’t...I had no other option. You know what I’m saying?” And in sum, Kacie articulated that, “You know...it’s just that the longer that I was out there [on the streets], the more desperate I became. And they’re [the drug dealers and pimps] -- they’re -- what they are, they are wolves.”

Finally, in regards to Category 5 (see Table 14 above), there were three subcodes identified in the second and final code labeled as *Isolation* (25/39 mentions):

General.

This *General* subcode included 10 of the 25 mentions for its code, *Isolation*. Distinct from the following two subcodes as it did not necessarily directly relate to a lack of peer and/or adult support, examples of the subcode regarding *General Isolation* are provided through the following mentions made by Tabitha, Gail, Lacy, Macey, Kacie, and Abby:

“I just didn’t trust nobody...uhhh...I just didn’t trust nobody, so I think...I just had my guard up with everybody so I just...I dunno, maybe it just made me vulnerable.”

“I just feel like everybody that I come across like they’re there for a while and then they’re gone. Just like...even now, that’s how I feel.”

“I’m sure if I had somebody...just in my life that would support me all the way, I think they would see...I don’t have a real good support system right now.”

“I had an Xanga in like -- whenever -- like I didn’t -- no, it was Blog Spot. And like I didn’t talk to nobody [outside of being online].”

“And that's all I can remember is my dog, because that was like the only thing that I have loved more than anything, which is so weird to say.”

“And you realize where you are and think about all the stuff that you've done, all the mistakes that you've made. And you're by yourself, and only you are going to pull yourself out of it.”

“I grew up alone.”

Lack of unconditional peer support.

This subcode of *Lack of Unconditional Peer Support* included three of the 25 mentions for the code *Isolation*. In regards to risk for DMST, a *Lack of Unconditional Peer Support* emerged through participants' explanations of how they did not have friends whom they could rely upon. For example, in sharing how several of her older brother's friends had sexually abused her between the ages of 11 and 12, Lacy explained how she attempted to reach out to an older female friend of her and her brothers:

“I was like trying to tell Kari [about the sexual abuse] and it was like nobody -- like she was like, ‘No, no, that didn't...no.’ And I'm like, ‘Are you serious?’ You know what I mean? Like everybody can believe me or all for me when everything else is going on, but when I'm trying to tell you something serious like you can't!”

And in regards to her lack of peer support, Macey explained that, “Like you just -- you like feel like you have to do it on your own, and like you feel like you don't have anybody really. Because I -- like I had acquaintances, but not like friends and stuff.”

Lack of unconditional adult support.

Lastly, in regards to Category 5, the subcode of *Lack of Unconditional Adult Support* included 12 of the 25 mentions for the code of *Isolation*. The participants explained that overall, from parents to neighbors, the adults in their lives had failed to be categorically committed to them in a supportive manner. Due the multiple details in her explanations relative to a *Lack of*

Unconditional Adult Support, the following examples are provided through Lacy's mentions of what put her at risk for DMST:

"I mean, there was a lot of stepping in a lot of people could have done beforehand, but I think if somebody would have stepped in at that moment, I'm not saying that I would have listened or that I would have just stopped seeing him, but he wouldn't have been living there [with her and her mom]. You know what I mean?"

"And then the guy [the much older man and father of her baby who was allowed to live with her at the age of 13] just broke down and like told my mom...told mom...after he had...[been physically abusive towards her]. And I just -- because every time I tried getting him to leave, like he would never leave. He would always come back or he would always -- and like I was scared, you know. When I finally like -- well, I tried calling her [her mom] and she was completely smashed at the bar. Well, Shelly brought my mom home and then he like literally tried coming back with a plate of food. Well, Shelly brought my mom home and then he like literally tried coming back with a plate of food. I busted him in the head with an iron and left. And then like went to a pay phone, you know what I mean? I was like trying to call my mom. And Shelly had came. Well, then -- I don't remember if it was right when we had came back, but he had literally tried to come with like a plate of food. And then Shelly was like, 'You would never come here again...da da da da...' going on and on. So, then after that, like I hadn't seen him or nothing. Okay? Well, then my mom was mom drunk! You know what I mean? We were fighting over something. Well, she pulled me by my hair outside in front of like the neighbors, because I was trying to leave. Like I wanted to leave. She was like pulling me by my hair, trying to get me in the house. And then like, uh, when I was in the house, like I just went crazy and was like knocking over the TV, busted the TV; knocked over like everything in our little mini-ass living room. Like knocked -- we had a dresser in there. Like I was just like knocking over everything. And I had Blackjack, my puppy, and I was like I do not -- you know what I mean? Like I just -- I would not be -- I don't know, whatever I was saying to her. And then so like I called my aunt and I'm like, I don't -- you know, I told them I was pregnant. I mean, like I told them everything that had happened that was going on, and I'm like, I just want help. I just want out of here. I just don't want my daughter -- or I didn't know...I said, I don't want my baby like around this environment. I don't want to be here anymore. And I was like, and I'll only -- I'll only come if Blackjack can come with me."

Furthermore, in regards to Ella's inability to depend on the support of her father, she stated that:

"It was the fact that my dad...he even...even when he got told that these different things were going on in the house when he was at work -- it was almost as if he didn't believe it. But then when he had seen it for himself...it...kind of shifted my mind towards thinking -- you believe it, but you don't want to. You don't know what to do about it. You don't want to leave her because you been with her for so long. Its kind of a -- you don't know what to

do situation. But, at the same time, he coulda protected us. And, you know...at...at some point...I never had the security.

Exposure to Direct Assault

TABLE 15
CATEGORY 6 CODES AND SUBCODES OF DMST RISK

Category 6	Codes	Subcodes	<i>f</i>
Exposure to Direct Assault	Negative Role Models (23/52)	Peer Influence (11/23)	52
		Sibling Influence (4/23)	
		Adult Influence (5/23)	
		Parents and/or Caretaker Influence (3/23)	
	Grooming (29/52)	General (5/29)	
		Grooming by Female DMST Recruiter/Facilitator (8/29)	
		Grooming by Male DMST Recruiter/Facilitator (6/29)	
		Grooming by DMST Perpetrator (10/29)	

Last of all, regarding the risk for DMST, there were a total of 52 mentions for this sixth and final category. Under this Category 6, labeled as *Exposure to Direct Assault*, two codes emerged: *Negative Role Models* and *Grooming*.

Under the first code, *Negative Role Models* (23/52 mentions), four subcodes were identified:

Peer influence.

This subcode of *Peer Influence* included 11 of the 23 mentions for the code *Negative Role Models*. In such mentions, participants shared their experiences of being persuaded by the behaviors of their peers. For example, Kacie explained that, “Like, basically, I was going to a Wichita school -- there was a lot of bad examples.” And similarly, Tabitha stated that relative to her risk for DMST, “It’s like...I hang out with some of the bad people that’s...doin the wrong stuff.”

Sibling influence.

This subcode of *Sibling Influence* included four of the 23 mentions for the code *Negative Role Models*. Though comparable to the pressure of peers, *Sibling Influence* occurred within the home by either biological and/or foster brother's and/or sisters. For instance, while explaining factors that made her more vulnerable to DMST, Lacy mentioned that, "And then my brother, like he had all his older friends, and he was in a bad crowd." Also influenced by her brother's behavior was Madelyn: "He [her brother] did...he would...and like smoke...and...and then until like...take pills -- cause he would take my mom's narcotics." She went on to state that, "My brother was like...he was like rollin or something but then he was really like he was...rolling, like he was -- he was doing coke." On the other hand, Kacie explained that the peer influence she received was from her foster sister, "Uh, then I had a foster sister who I became really close with -- she partied."

Adult influence.

This subcode, *Adult Influence*, included five of the 23 mentions for its code of *Negative Role Models*. Participants expressed experiences of *Adult Influence* ranging from adult neighbors who exposed them to and/or encouraged them to use ATOD to adults who introduced them to methods of theft for the purpose of street profit. Abby shared her experience of an adult female who encouraged her to turn to DMST as a means for survival while she was on the street: "And this lady knew me and, me and her didn't get along, but she said...she gave me \$5 and she said, 'Trick this and make \$500.'"

Parents and/or caretaker influence.

This subcode of *Parents and/or Caretaker Influence* included three of the 23 mentions for its code, *Negative Role Models*. As mentioned previously in the section regarding the

subcode of *Negative Associations through the System*, Kacie had been reunited with her biological father during a community service project for her transitional living program placement. She has stated that in terms of behaviors which caused her to be more at risk for DMST while living on the streets, “My dad...my dad, my dad, my dad. It all goes back to my dad.” Later in the semi-structured interview, Kacie reiterated the influence of her dad by commenting that, “Part of the reason why I started going around Mackey's [a drug house and where she first met her perpetrator] was because of my dad.”

In regards to the final risk category of *Exposure to Direct Assault*, Category 6, in the second and last code, *Grooming* (29/52 mentions), there were also four subcodes identified (see Table 15 above):

General.

This *General* subcode included five of the 29 mentions for its code, *Grooming*. Such mentions included participants’ explanations as to what they thought had put them at greatest risk for DMST, with specific consideration as to why the perpetrators of DMST had targeted them for force, fraud, and/or coercion. Indirect methods of manipulation and/or grooming were also provided. The following examples of such lived experiences are quotes taken from the semi-structured interviews with Lacy, Kacie,

“You can tell that I'm young. I'm out here smoking. I'm smoking weed. When you [talking about the pimps in third person] see those things, you know that they [the young person engaging in those behaviors] are willing to do certain things. And they are young and they are choosing to do these things -- what else would they be willing to do? Oh, I could get her to do this if she's doing that. Or, oh, if she's talking to this grown man in the backseat...you know what I mean?”

“Like things that you would think aren't right in general. When they [the pimps] see those things happening [a young person engaging in behaviors that Lacy states ‘aren’t right in general’], they are like, ‘Oh yeah, this is [the one] -- I can get her.’”

“I met a trick, found -- or who I thought was a trick. Found out -- he found out I was a prostitute, didn't want nothing to do with me, but still -- still was talking to me on there [on the online website her pimp had set up for her] -- still wanted to meet with me. [The john] Met up with me, was trying to talk me out of doing what I was doing. Was -- we were having a really deep conversation, and I started to listen to him, and I asked him for \$300 to get me a bus ticket, and I wanted to go to Portland, Oregon, because I wanted -- I knew that I had a safe place to go there. Thought I did. And he had bought me a Boost Mobile phone that had Chirp on it. So stupid. And he had bought me one of those, and the guy gave me the \$300. And even after all of that -- he probably felt like he did a good deed. But even after all of that, he still wanted me to give him oral sex, which I did, because I wanted out of it, you know, what I was in [the situation with one of her pimps]. And I went...and -- which is fine. I mean, he got me a bind. But, I mean, he was still a trick, you know. But he -- I mean -- and maybe that's how he gets off, whatever, dude. I mean, I never saw him again, you know.”

“They [the drug dealer and the pimps] saw that I didn't have anything, and they probably saw that...probably saw that I am used to having things. There used to be this guy named Slim -- well, Slim, he's just a piece of crap dude. And for the longest, he was just over at Mackey's all the time. But then he got his own place at this Broadway and Pine apartments on the bottom one. And I knew he sold crack, and I never liked crack like that. I did it only a couple of times with Tearra. And there was one day where it was freezing cold outside, and a lot of people saw me in a really bad place, because I was wearing like all of somebody else's clothes, like long johns with New Balance tennis shoes, and a couple of windbreakers, and like a jacket that was all beat up, and my hair was all messed up, and I had tears running down my face, and it was freezing cold. And I was probably like 100 pounds at most, and I'm five seven. And I looked bad. And I was sitting on the benches [where a large homeless population hangs out], just trying to stay warm. And I had some food stamps, so I had like a Pepsi and some other stuff. But I had heartburn so bad that I couldn't eat or drink, so I don't even know why I bought it. And he came walking over from across the street at those Broadway and Pine apartments and tried to get me to come in there. And I went in there, you know, and I sat on his couch and everything and chilled for a minute. But like I would always get so paranoid. But like I knew [that he was going to force her into DMST].”

“I think some people see what I've been through. Or, even I tell people, 'I've been through this, been through this, and I just don't want to be hurt anymore.' And I think they go off of that and try to use that to their advantage.”

Grooming by female DMST recruiter/facilitator.

This subcode, *Grooming by Female DMST Recruiter/Facilitator*, included eight of the 29 mentions for the code *Grooming*. *Grooming by Female DMST Recruiter/Facilitator* emerged as the Researcher and Research Associate noticed, through participant expressed experiences, the

way in which pimps frequently used females to initiate the grooming and/or seasoning process for DMST. As examples, quotes taken from the semi-structured interviews with Lacy, Macey, and Kacie are provided below:

“And there was a knock on the door like ten minutes later, and I opened the door and it's the white girl from the car. And she's like, ‘Pump wants to talk to you.’ And I'm like, ‘Who?’ And she's like, ‘Pump.’ And I was like, ‘Okay.’ So I go out [to the car]. And then like right then, like all of my -- you know what I mean? Like how you get that -- yeah, like how you get that, ughhh. And I was just like walking, like, ‘Oh my God, oh my God.’ And like there was like two times that I thought about like turning around, like going in and like not going, but I'm like wicking it here. Just go. So he's [the pimp known as Pump] like, ‘What if I told you I wanted to go to Texas?’ -- or, ‘Let's go to Texas tonight,’ or something, and I'm like, ‘Okay.’”

“Because we were like in his house [the man who ended up as her pimp], and she's [the pimps sister] like -- and it wasn't Tanisha, it was the big scary one. And Tanisha, she's scary too. But it was the big scary one. She's, ‘Let me holler at you for a minute,’ and took me in the back room and I'm like, ‘Oh, my God.’”

“And then I met Zag. Zig Zag -- that was my first pimp. And he was a light skinned guy. But he didn't do it how I expected -- that's how I got caught up in the web. He had a girl come talk to me. And she talked me into doing it. And she -- she -- she ended up not even turning a trick. She wasn't very pretty, but he -- he had her tell me all about the glitz and the glam and how we're supposed to be going to -- we were supposed to be going to California.”

Grooming by male DMST recruiter/facilitator.

This subcode, *Grooming by Male DMST Recruiter/Facilitator*, included six of the 29 mentions for the code of *Grooming*. In addition to utilizing females to groom participants into DMST, pimps also used males in the process. For example, before Pump had sent the girl to get Lacy to come to his car, he had initially utilized two other males who were a father and son duo in the DMST recruiting process:

“So he [Lil' Slice] had -- he went inside, and I had already said hi to him, and he was like, ‘Oh, my dad is out in the car, da-da-da-da.’ So I go out. And like I said, me and Star went out to smoke and just say hi or whatever. So I'm talking to them [Pump and Big Slice] and I'm like leaned over the backseat and he's like sitting in the middle and I'm like talking to him. And he like said something. I remember him saying like, ‘You ain't ready,’ or like

something like that. And that was like pretty much like all we had said in the car. And then Big Slice was like, ‘Oh, you don't know. You don't know.’”

Ella on the other hand, was introduced to the man who eventually acted as her pimp by a string of males who she identified as her friends and who she stayed with periodically while on the run:

“After that I had went to a friend’s house. Good friend. Could always stay over there -- not be bothered. Male. Every time its males -- you know, every time I get hungry -- needed something to eat. Shit like that. Didn’t have to worry about anything, but I’m like...I can’t stay here. Just can’t do it. So I stayed over there for a couple nights, then I went around the corner at my other friends’ house. Stayed over there -- was gonna stay over there that night and they [the male friends she thought she was going to stay with] brought me around the corner to their friend’s house.”

At this house, the males in the home initially tried to season Ella with more direct tactics:

“Man, their friend started talking...da da da da...other dude hadda go to work, blasé, blasé. Man, his friend started talking...da da da da...um...he liked me. He was kinda treating me like I was his bitch, or something -- like I was just a punk or something -- like, ‘You’re gonna, you’re gonna...you know...you’re gonna fix me this...and you’re about to fix me some dinner, da da da da.’ And I’m like, ‘Get outta here. I mean, does it, does it really look like I have ta be here? Cause I don’t. I can go a couple other places. I don’t have to be here around you.’”

When this didn’t work, the man called two of his male friends to bring over alcohol. Though this quote was partially used prior, in regards to individual alcohol use, it is used again linked with the previous, as well as following quotes, in the way it was presented during the semi-structured interview, to demonstrate the full set of events that led up to Ella’s subjugation to DMST:

“I felt lucky for me at the time -- there was some more people came over [to a house that she was staying at when she was on the run and in which place she had become uncomfortable]. Two of his friends...da da da da... started talking, blasé blasé, ask me if I wanted anything to drink -- like alcohol-wise. My stupid ass, um, I said ‘yeah,’ and, I asked for some Goldschlager. I’m not sure if you know what that is...yeah...and uh...and ummm...I thought that they were all gonna drink it with me. Didn’t happen. And I was kind trying to be a show-off at the same time when they came back with the bottle. The bottle...was about... a liter...of Goldschlager. And that shit’s 100-proof. And...little gold flakes... I don’t know if you’ve heard about the gold flakes, but they kind of slit your throat a little bit, you know. So, the alcohol gets in your bloodstream a little faster, and...you just get drunk off you ass. I didn’t drink like that. I just know I tried the shit

before and I liked it. Trying to show off at the same time. So, they come in with that...and hand it to me and I look around and...only thing they have is a beer each in their hand. That's it. Like, uhhh...you guys are drinkin this with me, right? 'No-we got that for you.' 'Well, why'd you get such a big bottle if it's just for me? You just trying to get me drunk? I'm not stupid. Da duh, da duh, da duh.' 'It's like, no, they didn't, that's the only size bottle, uh, they had, da duh, da duh, da duh, ...c'mon we just paid like 40-some dollars for that. Drink it. da duh, da duh, da duh.' 'Well, I'm telling you right now, I'm not opening this unless you guys drink it with me.' So, (sigh)...one took a shot, the other took a shot...and then, like, 'You haven't drank anything yet! You scared of it?' I'm sitting here, like, reverse psychology doesn't work on me but, I am gonna drink some of this. You know? I sit there and chugged the whole damn bottle. The whole damn bottle. The whole damn bottle, but two shots they had taken. Then, like say you know, I was laying on the couch feeling like I was gonna throw up. Dude was like, 'you feel like you gotta throw up?' 'Yeah.' 'Don't worry, I got perfect thing.' Brought me popcorn. My dumb ass. It's like, 'Oh yeah -- like popcorn is gonna soak it up.' No...it didn't happen. Ate some popcorn, ran to the bathroom. And...on the way to the bathroom, puked... and then I thought the toilet seat was open and puked on the toilet seat...and I finally got the toilet seat open and puked in the toilet. Um...set up against the bathtub, like this, asking for somebody to help me. Nobody was gonna help me -- they were just gonna laugh at me, cause they thought it was pretty funny. Umm...next thing you know, I woke up the next morning with a vacuum and some cleaner in my face, telling me to go clean up my throw up."

"I looked down...[she] was wearing these...fluorescent, bright, lime green...pants, like...and they were high-waters on me...they were like sweat pants that were like fuzzy and shit. And then this shirt that was terribly too small on my...was like hot pink shirt and it was like a belly shirt-like, I didn't even have to lift my arms up for it to like, yeah, and it was like, 'Wow,' like, 'What happened?' Um...and I remember part, I remember part of that, I remember part of...cause it was...the...the dude...of the house [the one who ended up profiting off of being in the role of her pimp] -- he changed me. The other people [the two men he had called over to bring alcohol] had already left. Like, the other people had left before I threw up. There was only him and his other friend there and then his friend had left before I had thrown up in the bathroom. It was just him. I remember part of him trying to change me. It was like, 'Lift up, so I can put these pants on you.' I was just like, 'No,'...because that night...when I was drinking...actually before I started drinking, we started talking about it -- me and his other two friends. 'I need money.' 'I need a place to stay.'"

"Well...that was the time, you know, and it didn't happen right off the bat, and they didn't even ask me to do that [DMST] at first. We're gonna do something totally different. They came back the next morning after I got done cleanin up my throw up. And they [the two men who had brought over alcohol the night before] said, 'Are you ready?' I said, 'Ready for what?' They said, 'Are you ready -- last night, you said that, you know, don't tell me that you forgot!' And I was, like, 'Okay, like run it by me again, I'm gonna remember.' And they were like, 'You know, we told you that we had a place for you to stay, and stuff like that...and you said that you wanted to get money with us.' And...okay...but, 'I'm not

making any promises right now. Just show me where this is at. Show me where I'm gonna be staying at...da duh, da duh, da duh.' [Thinking to herself] It's obviously gonna have to be with somebody else cause I'm not old enough to have an apartment under my name. Who am I gonna stay with? They didn't know I wasn't old enough at the time...but...I don't...had a lot of lies...lied my ass off. Even after I got caught by the police [by the motels on North Broadway] in that December...I was still able to lie my ass off [to her pimp so that she would not get beat for being gone and not making money] after that...because I just said I went to jail. Made up a poor-ass excuse why I went to jail. Didn't say I went to the Children's Home [because she wasn't old enough to be in jail]."

Grooming by DMST perpetrator.

Lastly, in regards to all risk related codes, this subcode of *Grooming by DMST Perpetrator* included 10 of the 29 mentions for the code of *Exposure to Direct Assault*. Though participants typically shared experiences of how additional females and males were involved in their grooming process, participants also expressed how the perpetrators, known as pimps, were also directly involved. To demonstrate such involvement, the following quotes are the continuance of mentions made by Ella during the semi-structured interview:

"This is...this is how it happened: They [the two men who, per the request of the man who ended up acting as her pimp, had brought her alcohol the night before] showed me where I was gonna be staying at and there was two other females there. There was an older...older female and that's the...and the apartment was under her name. And she didn't have to do shit because she let people sell drugs out of her house. And then there was this other chick. And she was a prostitute. Okay...and I went over there and I stayed over there, but the deal was, that...you know, I liked this dude [the man who had organized the grooming process and who ended up profiting off of being her pimp] -- he liked me. We wanted to be together so, he didn't want me doing no shit like that. I didn't expect him to want me to do shit like that because I didn't really know about shit like that at the time. I knew about it, but I didn't know that it was up live, close. You know what I'm saying? Like, 'Oh that shit only happens in...da duh, da duh, da duh' and you know, stupid shit like that. Not thinkin that this shit actually happens in Wichita, type shit. I was that young-minded at the time...so...he [the man who ended up profiting from being her pimp and who organized for her to be taken to live at the apartment where DMST occurred] was just like, 'We're just gonna sell weed together, da duh, da duh, da duh. Blasé, blasé.' So...um...I just...you know what...me and the chick that I was stayin with, we started becoming friends, like we're gonna have to live with each other, so...we're just gonna be friends on this shit, I guess, you know...and so...I dunno...anyways. We walked around Broadway. This was on 11th and Topeka -- that apartment that I stayed at. Not 11th and Topeka -- 11th and Emporia. That's where the police had picked me up in December and that's when Ariel [an SRS worker]

learned...thought I was prostituting...which was not happening...yet...but ummm. Anyways, um...you know...we start, you know becoming friends. She was a prostitute. I was a drug dealer. That's just how it went...we even almost had a schedule...it was...it was crazy. Ummm...we went every morning to Popeye's -- got us something to eat, went to go get a pack of cigarettes at Casey's gas station, and made our routes. She went to the Auto [a motel], and I went to the Auto. I went to the Auto to sell weed to people. She went to the Auto to fuck people. That's just how it went...for a while until December. Got caught up...than [she ran again and came back to stay in the house].

“Anyway. It was the fact that...the weed thing wasn't working out. It wasn't enough money to support me, at all. Uh, secondly, I was running from the State and...I felt like I, I couldn't...I had no other option. You know what I'm saying?

“I was innocent at the time. Didn't know shit about that [DMST]. They [the adults who groomed her for DMST] knew I didn't know shit about that. They knew it would be an easy situation, because I had spoke upon what I was...doing at the time [running and without resources to consistently meet her basic needs]. They have been there before. They have done that before. They knew it [selling weed] wouldn't have been enough money [to even pay her own rent in the apartment they had organized for her to live at]. Uh...so they knew that eventually you'd see that...that wasn't working and you'd see what everybody else was doing around you. And they could easily say, ‘Well, do you want to try this then?’ And they...they knew that once they got me to try it the first time...that I would like it. Not the fact of having sex or sexual contact with a stranger, or an older man -- it was the fact that I got paid and I hadn't seen a whole lot of money in my life. They knew part of my story, because they knew that I was innocent enough to open up to them and trust them a little bit easier. You know? They...and...at the same time, they knew how to...act like they gave me security and protection. ‘If anything happens, I'll protect you. If anything happens...da duh, da duh, da duh. You know I'll always be here for you.’ They knew that they could play a very easy role. And they could almost fake it at the same time...and that was that of my protector.

Additional examples of the way in which the perpetrators of DMST groom their victims are provided in the mentions of Gail, Kacie, and Tabitha below:

“Probably...because like when I was talking to him [the man who ended up being her pimp], I was like, ‘Oh, no, I can't talk to you.’ Or whatever, you know? I love Chico [her boyfriend who had cheated on her and who had recently broken up with her] and I care about him, da-da-da-da. And then Carlos left and then, ‘Oh, are you still with Carlos?’ ‘No, he left me, da-da-da.’ And then like -- he started talking to me like, ‘You don't need that.’ And like -- you know? ‘You didn't need him and he did you wrong...whatever, da-da-da-da.’ And like, that was like a vulnerable time for me, because like he could hear me like -- you know, how a voice gets whenever they start to cry, that's how my voice started getting on the phone. I mean, I know my voice got like that and then I did start to cry like that.”

“And I worked for him [one of her pimps] for about two weeks straight, making a lot of money. And I had -- I was expected to give him 100 percent of the money, all of it, and he bought me cigarettes and he bought me food and he paid for my motel room. But -- and he got me high. But he started like -- and he started getting me hooked on wet, and -- but I only did it a couple of times and I didn't like it and it scared me real bad, because I thought I was going to die every time I did it. And I was like, ‘No.’ And one day he started trusting me, so he started having me get on the computer and chat with these guys to get calls...Back Page and Craig's List. But I was using like sugardaddy.com and stuff like that, too. Because I was trying to get -- get rich and drop him real quick, you know. I was trying to make money off these dudes. Like I was trying to make one quick dollar and never have to do it again, because it made me sick and it made me like hate myself.”

“But then he -- like my pimp was hitting me up the entire time. Like he was chirping me, ‘Come home, baby.’”

“And then my next pimp was Baby Bear...like it's all -- like Baby Bear is disgusting to me, and Baby Bear raped me and all of that [to season her for DMST].”

“Like, I've never been through something like...he [her most recent pimp] made us take pictures with dresses on...and it was weird...so...he said, uh...‘if you take pictures...and we could make money and people will want it and like...want your business and stuff,’...like, so I don't know what exactly what he seen about it, he just told me, ‘put these dresses on,’” and he took pictures and posted em on his...on his little website thing and so...ummmmm...I act...acted a little scared towards him, cause he, he threatened us that if we ever said anything, that would beat, like, our asses, basically, so he, he kind of put like some fear in our eyes...so, he probably seen like, she, if she really believes me, she's not gonna say anything.”

“Cause I didn't know that Main [one her pimps] was that like that. I thought Main was a nice person, like, here in Wichita, he acted normal, but when we got to Kansas City, he was like a whole different person.”

In summary of the DMST risk categories, codes, and subcodes described above, it is key to recognize the stacked and cumulative nature of experiences that participants Gail, Lacy, Macey, Kacie, Abby, Madalyn, Ella, and Tabitha feel made them more vulnerable to DMST. Through mentions made by the young women, one can hear stories of how seemingly building on what might be considered a weak life foundation; thinking, feeling, and behavior patterns were formed that allowed a cyclical process of additional risk factors. A more in-depth discussion of the risk factors will ensue in the following chapter; however recognition of the inter-related and

collective nature of risk categories is also relative to the consideration of the categories, codes, and subcodes found regarding resilience.

As mentioned prior to sharing the results of risk factors that emerged during the qualitative semi-structured interviews, Table 16 (see below) is a summary of the resilience categories, codes, and subcodes generated. The number of mentions of each category, code, and subcode are also provided. Following Table 16, a fuller description of each resilience category, code, and subcode is provided through presenting a smaller breakdown of the resilience Table into its specific category and by utilizing direct quotes from youth DMST survivors who participated in this dissertation study.

TABLE 16

CATEGORIES, CODES, AND SUBCODES OF DMST RESILIENCE

Categories	Codes	Subcodes	<i>f</i>
Individual Characteristics/Traits	Future Oriented (12/63)	Planning/Looking Ahead (5/12) Ability to Envision the Future (3/12) Hopes, Dreams, and Goals (4/12)	63
	Positive Oriented (10/63)	Optimistic Thinking Patterns (6/10) Thankfulness (3/10) Forgiveness (1/10)	
	Internally Oriented (24/63)	General (2/24) Insight (12/24) Awareness of Conflicting Values (10/24)	
	Survival Oriented (17/63)	Personal Responsibility (3/17) Self-Sufficiency (3/17) Belief in Self (9/17) Self-Reliance (1/17) Self-Possession (1/17)	
Individual Adaptations	Personal Flexibility (19/35)	Go With the Flow (2/19) Low Profile (2/19) Ability to Act Like a Chameleon (2/19) Ability to Get Along with Others (5/19) Street Smarts (8/19)	35
	Separating Self from Reality (16/35)	Disassociation (13/16) ATOD (3/16)	

TABLE 16 (continued)

Individual Resources	Relationship Connections (19/34)	34
	Positive Models in Past (3/19) Female Peer Association (7/19) Male Peer Association (1/19) Supportive Professionals (3/19) Parent-Child Bond (5/19)	
	Faith and Spirituality (15/34)	
	Reading Scripture (2/16) Attending a Faith Congregation (2/16) Prayer and Other Personal Spiritual Practices (11/16)	

Individual Characteristics/Traits

TABLE 17

CATEGORY 1 CODES AND SUBCODES OF DMST RESILIENCE

Category 1	Codes	Subcodes	<i>f</i>
Individual Characteristics/Traits	Future Oriented (12/63)	Planning/Looking Ahead (5/12) Ability to Envision the Future (3/12) Hopes, Dreams, and Goals (4/12)	63
	Positive Oriented (10/63)	Optimistic Thinking Patterns (6/10) Thankfulness (3/10) Forgiveness (1/10)	
	Internally Oriented (24/63)	General (2/24) Insight (12/24) Awareness of Conflicting Values (10/24)	
	Survival Oriented (17/63)	Personal Responsibility (3/17) Self-Sufficiency (3/17) Belief in Self (9/17) Self-Reliance (1/17) Self-Possession (1/17)	

Under this first category of resilience, labeled as *Individual Characteristics/Traits*, there were a total of 63 quotes or rather, mentions. During such mentions, the survivors of DMST described personal characteristics and/or traits that they applied during their subjugation to DMST in an effort to survive and even strive through such trauma. Under this Category 1, there were four codes that emerged: *Future Oriented*, *Positive Oriented*, *Internally Oriented*, and *Survival Oriented*.

Under the first code, *Future Oriented*, three dimensions or rather, unique qualities of this code were identified as subcodes:

Planning/Looking ahead.

This subcode of *Planning/Looking Ahead* included five of the 12 mentions for the code *Future Oriented*. It emerged in the data as the Researcher and Research Associate recognized the articulated importance between the participants' ability to think about what they should do next in regards to their situation and their own survival. Take the following mentions for example:

"I've learned not to follow the path of other people and follow them when I'm not...not thinking about my future."

"And just like...look at what I was aiming for and not where I was at."

"I think I just planned out everything that was going to happen, so I knew like what I was going to [to escape the situation from her pimp]."

"I kept it [some of the money she made and held back] in my bra. And then that is whenever I went -- like the next day, I think, is whenever I went to the Greyhound and then went home."

Ability to envision the future.

This subcode of *Ability to Envision the Future* included three of the 12 mentions for *Future Oriented*. Regarding this subcode, participants expressed their ability to visualize, in

their minds, what life would be like post DMST subjugation as being important to their survival and ability to strive through the trauma endured. For example, Abby stated that, “Your mind’s always gotta be on the go and you’ve always got this little back of the head thing and saying, ‘Hey, one of these days you’re gonna do this, it’s gonna be great, you know, we’re only doing this for now.’” More specifically, Gail described how in her mind, “I went to going home. I went to, ‘I want to go home, and I know how I’m going to get home.’ Like I knew how I was going to make my way home.”

Hopes, dreams, and goals.

Finally, this subcode, *Hopes, Dreams, and Goals*, included four of the 12 mentions for its code of *Future Oriented*. Formulating such subcode, participants described their personal *Hopes, Dreams, and Goals* for their life beyond the exploitation they were enduring. When asked about what helped her to survive and even strive through DMST, Kacie simple stated, “I’m goal oriented.” Gail expressed detail in her goals of furthering her education, “I want to go to school and I want to either do my G.E.D. or the regular Metro or something, like get that over with and then go to college, and go through a whole thing so I can have a successful life.” Tabitha shared that a variety of personal goals helped her to fight for her survival during DMST, “I wanna be the best mom -- my son is a major value. I wanna get my degree...like...I wanna keep goin to school, and, just like getting all kinds of things. I just wanna start like showing everybody I am the person that I really wanna be.”

In regards to the resilience Category 1, the second code, *Positive Oriented* (10/63 mentions), included the identification of three subcodes (see Table 17 above):

Optimistic thinking patterns.

This subcode of *Optimistic Thinking Patterns* included six of the 10 mentions for its code, *Positive Oriented*. The Researcher and Research Associate recognized two unique descriptive dimensions of *Optimistic Thinking Patterns*. The first was the ability for the participant to focus on what was “right” or “good” about their situation. For example, Lacy stated:

“It really sounds kind of fucked up, but, uh, I think when I was there, this is how -- like I was just like -- for one, I was getting food whenever, however. You know what I mean? Whatever I wanted, which was -- I can't even remember like before then, you know, other than my aunt's. Like whenever I had -- even at my aunt's, like they would try to limit what I -- when and what I could eat, even when I was pregnant. Like I remember that. But it was -- but it was just like if I wanted something, all I had to do is be like, ‘Hey,’ you know, ‘I want this.’ Or if I needed a new pair of shoes or if I wanted a new pair of shoes, he [her pimp] would have went and got me one. Or like I had a place to sleep. I -- I don't know. I don't know. I mean, I think that's what helped me cope.”

The second unique descriptive dimension of *Optimistic Thinking Patterns* was the participants’ ability to engage in positive self-talk. For example, Gail mentioned how she told herself of the day she would see her boyfriend and family members again and how she would be fine and able to experience a good life free of such DMST subjugation:

“Like, ‘You're going to see him. You're going to go home. You're going to be fine at home. You're going to see your family. You're going to see your sisters. You're going to see...’ -- like it was more along -- it was more like just Chico [her boyfriend]. It was like, ‘You're going to see him. You're going to be with him.’ Like it was more him than, yeah, than everything. It was -- he overcame everything, everything else in my mind. I would just like see his face or I would see him cracking a joke in a car, see us sitting on his car just like laughing.”

On the other hand, Tabitha shared the following two mentions in regards to her resilience for DMST:

“I pretty much just knew I was gonna be okay. Like, I knew I was gonna get out, either way. So, I think that just by saying I was gonna be okay, got me through.”

“I told myself, ‘I’m gonna get out of this situation.’ I always knew I was gonna get out of it. I just never knew how I was gonna get out of it, or where I was gonna go, but I finally did get out of it by running away.”

Thankfulness.

This subcode of *Thankfulness* included three of the 10 mentions for its code, *Positive Oriented*. In discussing resilience for DMST, participants mentioned people for whom they were directly thankful or who they remembered doing things for which they were thankful. For example, Gail, while pretending to be talking to her father stated, “Thank you for teaching me that I don’t need a man in my life and that no one can make or break me.” She continued speaking, “For teaching me not everything is going to go smooth, and teaching me to keep my head up when no one was there to tell me things good or bad.” Ella shared that she had an aunt who was strict and provided her encouragement and guidance to take care of her responsibilities at school and at home. She summarized how she felt about these experiences with her aunt and exclaimed, “And I thank her for that!”

Forgiveness.

This subcode, *Forgiveness*, included one of the 10 mentions for the code of *Positive Oriented*. During such mention, Gail continued to pretend as though she was talking directly to her father during the semi-structured interview and stated, “And you know that I forgive you for leaving. I forgive you for not having the relationship with us that you should have had. I forgive you for all of the pain and suffering you put us through.”

Relative to Category 1, *Individual Characteristics/Traits*, under the third code, *Internally Oriented* (24/63 mentions), there were three subcodes that emerged from the qualitative data regarding resilience (see Table 17 above):

General.

This *General* subcode included two of the 24 mentions for its code, *Internally Oriented*.

During these mentions, without giving specific details, participants shared how they spent significant time engaged in behaviors of internal thought. The two mentions following are examples of this:

“Like I am such an internal person. Like I sit there and talk about everything in my head.”

“I'm a person that dwells a lot. No, I don't dwell. I'm trying to figure out the -- I think a lot about the past. Like it -- it just -- like the past really sometimes eats up at me -- and I think a lot about it. And I'm a very like emotional person.”

Insight.

This subcode of *Insight* included 12 of the 24 mentions for the code *Internally Oriented*.

The subcode of *Insight* emerged through participants' explanations of how they had recognized the underlying truth about something, developed an understanding of a relationship in a manner that assisted them in resolving a problem, realized the source of mental/emotional/physical difficulty, and/or how they had gained an understanding of what was motivating their thinking, feelings, and/or behavior. Examples of such insight have been pulled from the semi-structured interviews with Gail, Lacy, Kacie, Ella, and Tabitha:

“Yeah, it's not the best thing in the world [being locked up in the Juvenile Detention Facility]...and...even though I don't mind being here -- maybe it was the best for me, because then I opened my eyes to a real bad situation in a relationship that I didn't mean...or need to be in.”

“You [her father] haven't been here in my life and it's been horrible without you in my life! And I realize I've been trying to fill up that hole in my heart that you left [by being with different men]. Now I don't need anyone to fill it. I don't need nobody. I know what I want to do, and I don't need a man either to tell me right from wrong, what I should and shouldn't do!”

“If I were never to do those things, like if I wasn't all into drugs, if I wasn't drinking all the time, it wouldn't have led me to do some of the stupid mistakes that I had made, which

would have led me to the situation, let's just say, up to when the exploitation happened. Making bad decisions. Like I said, I got pregnant and had a baby!”

“Like I said...being able to analyze. Being able to know -- like I've been able to sit here and just say what I just said. I know that I can think like I was -- like I did on the streets, or I can think like the responsible way. So I analyze what I can do or what I should do. And I do what I'm supposed to do. And it's a tricky situation, because sometimes I do what I'm supposed to do, sometimes I do what I'm not supposed to do. And it's a growing thing. Like with age, you grow with maturity, you know?”

“Its like...I'm tired of it [being treated poorly by the man who presented himself as a loving boyfriend but was acting in the role of her pimp]...I'm tired of going through the same shit! I don't care how much money there is. Money -- it almost seemed like everything at one point, but...and another aspect is, it seems like nothing, because, you can't replace a feeling with money. You can't replace time with money!”

“Because like -- but that's why like I'm so fucked up, because like it's hard to -- like people wonder why I can't love myself. But then people wonder why I'm so ready to fight people. Because I don't care if you love me! I'll still fuck you up any day of the week, because it ain't about you loving me, it's about me loving me! And I'm still going to do what I got to do every day! You know? And it's not about that in this world, though. I got to rise above it [her hurt and angry feelings]. I got to rise above that, because that's street mentality. And I ain't on the streets no more.”

“You know and when you get addicted to the game [DMST], you know, you're so far in the game that you can't get out, because you're already doing dope so bad, that you're so skinny, nobody wants you anymore. That's when your mind frame switches.”

In regards to such *Insight*, the Researcher and Research Associate also indentified a unique descriptive dimension that was labeled as healthy fear:

“One of the sad things that I hated about the streets was -- its like I never ever slept on the streets. Part of it -- part of the reason is because I kind of refused to. I refused to sleep outside. I was on the streets...but like one of the things that I hated is -- I wonder if part of the reason why I was always able to find a place to sleep inside, so that I wasn't -- so I wouldn't freeze outside. Because the reason why I wouldn't sleep on the streets is because I was scared to freeze to death. I was so deathly afraid of freezing to death outside...and that's part of what kept me -- that's part of -- I feel like that's part of what kept me able to get off the streets.”

“I know that I have uh...an ...a very addictive personality. And I know that if I probably were to try stuff [certain drugs], maybe if I were to try something it would probably spiral down from there, and...‘No thank you.’”

Awareness of conflicting values.

Last in regards to the code *Internally Oriented* under Category 1, this subcode of *Awareness of Conflicting Values* included 10 of the 24 mentions for its code. During such mentions, participants explained how their personal recognition that the acts involved in DMST were against their values, ethics, and/or morals helped them exit and strive through their subjugation to exploitation. As examples, the following quotes, shared during semi-structured interviews, are provided:

“And it [the acts occurring on the street and the acts involved in DMST] would tear me up inside. It would hurt my feelings. Like these people would be doing the most crappiest things to each other. They would treat each other like crap. They would rob each other. They would steal from each other. They would lie to each other. They would beat each other. They would just sit there and smoke dope all day long, and then they would lie, and they would steal, and then they would commit illegal crimes. And then I just wasn't down for that. The only reason why I was there is because I was addicted to dope. What happened to just being able to do a drug and chill?”

“Like I was trying to make one quick dollar and never have to do it again, because it made me sick and it made me like hate myself. And I just hated it so much.”

“And I don't -- like it just disgusts me now, you know.”

“It makes you feel disgusting. It's disgusting. And those motherfuckers are sick and they like it...they paid for it. That's a lot of money. And it's disgusting. Like I still -- I still am disgusted by it. Like, you know, like to have to act like you like it is wrong. It's still wrong. And they are married. Like I met this one trick, he was 80 something years old. Or, no, like 70 something years old. His wife was dying of cancer. Not only did he pay me the \$200, but he also gave me a card saying, ‘Thanks for our date,’ and put a \$75 gift certificate to Dillard's in there. And told me he was married to a wife that was dying of cancer. It's just -- it's wrong. And it eats me up inside.”

“And I'm a very like, ‘God, I can't believe that was me. God, I can't believe I did that. God, I can't believe’ -- like it just -- I was -- like for the longest time, I can't believe that many tears came out of my eyes. I can't believe I was the saddest person. As sad of a person that I was. I felt like I was the saddest person on the face of the earth. That's how I felt. You know? I really truly did. Like I cried every day, sometimes three or four or five times a day. I just wanted to lash out. You know? Like it was just so bad. And now is when I'm making healthy decisions. Then I wasn't making healthy enough decisions to even -- I didn't go near my faith, I didn't talk about God, I didn't want to talk about God, I didn't bring it up, I didn't -- huh-uh.”

“I would be so freakin' torn up, because I'm not a piece of shit. Like I was sitting there living the piece of shit lifestyle, and I am not a piece of shit. So it didn't mix.”

“I didn't really like taking part in it [DMST and the drug use involved].”

And in regards to Category 1, under the fourth and final code of *Survival Oriented* (17/63 mentions), five subcodes were identified (see Table 17 above):

Personal responsibility.

This subcode of *Personal Responsibility* included three of the 17 mentions for its code, *Survival Oriented*. *Personal Responsibility* emerged as the Researcher and Research Associate identified that participants recognized how their own choices and behaviors made them more susceptible to DMST. Unique descriptive dimensions of *Personal Responsibility* included the participants' recognition of how their personal choices led them to be manipulated and used in the situation of DMST. Furthermore, the second dimension was in relation to the participants' recognition of how, through personal choices and/or behaviors, they might have the ability to change their situation of DMST. For example, Gail stated, “My mistakes have got me in here.” Presenting a balance of responsibility while not engaging in self-blame for acts perpetrated by adults, Lacy explained, “If I were never to do those things -- like if I wasn't all into drugs, if I wasn't drinking all the time -- it wouldn't have led me to do some of the stupid mistakes that I had made, which would have led me to the situation, let's just say, up to when the exploitation happened...but by no means did I make horrible, unforgiving decisions that should have led to my aunts abandoning me.”

Self-Sufficiency.

This subcode, *Self-Sufficiency*, included three of the 17 mentions for the code *Survival Oriented*. During such mentions of *Self-Sufficiency*, participants explained their confidence in

and/or ability to utilize their internal resources to meet their personal needs. For example, Macey stated that, “I just get everything on my own.” Later in the semi-structured interview, she continued by exclaiming, “So if I needed clothes, I would go out and I would steal them and say that my friends bought them for me or whatever.” In addition, Tabitha stated that in her life, “I was like, ‘I’m gonna be okay,’ and I think I just...try to deal with it by myself.” And later in the conversation, in regards to her resilience for DMST, Tabitha stated, “I know that I’m a good person, so I know that I want to get through all this stuff by myself.”

Belief in self.

The subcode of *Belief in Self* included nine of the 17 mentions for the code *Survival Oriented*. Mentions of *Belief in Self* included the participants’ positive thoughts about themselves. During coding, the Researcher and Research Associate recognized that a descriptive dimension of this was in regards to the participants’ recognition of personal strengths. For example, when describing how she found internal strength through her subjugation to DMST, Lacy said that she thought back to how, “I was getting like straight A's in school.” Similarly, Macey stated, “I like to think that I'm smart about most everything. And Kacie appeared proud as she exclaimed, “I finished out that semester [at a new high school when she was placed in a foster home]. Like, I passed all my classes, was helping watch these kids.” Further examples, provided through the semi-structured interviews with Kacie, Tabitha, and Ella include the following:

“I’m so true...I’m so honest.”

“I’m good with people like...talk...well, I’m good being friendly to people, so I think being in the medical field is one of my good assets, cause I didn’t, I dunno, I like working with people. Good people. Like, I see good people and I just wanna be around em cause they bring my, like, bring my, like my happiness up.”

“Poetry...poems have always been a strength for me. Raps, too. Um...creative things like construction paper and glue and colors...and things like that.”

Self-Reliance.

This subcode of *Self-Reliance* included one of the 17 mentions for the code *Survival Oriented*. The subcode of *Self-Reliance* was in regards to participants’ confidence in and ability to exercise their own capabilities with an emphasis on an ability to advocate for one’s self. For example, Kacie explained that though her Judge had put her on a ‘No Run’ Order due to multiple incidents of running away from placements, though she did run, “They didn't send me to Trego! Thank God! Because I talked the Judge out of it...and I pulled my crap together.”

Self-Possession.

And finally in regards to Category 1, as the last subcode for its code, *Self-Possession* included one of the 17 mentions for *Survival Oriented*. *Self-Possession* emerged from the qualitative data as a subcode as the Researcher and Research Associate identified the expression of how one’s ability to control and command one’s own actions assisted in the survival during DMST. For example, though Macey felt she was better than the people she was hanging around while on the street, she managed her own thoughts, feelings, and behavior, and did whatever she had to do to get along with whomever she was around:

“And about like -- like I could be around people -- and not sound like -- like high of myself or anything -- but like I could see what made me better than them and what I didn't want to be like.”

TABLE 18

CATEGORY 2 CODES AND SUBCODES OF DMST RESILIENCE

Category 2	Codes	Subcodes	<i>f</i>
Individual Adaptations	Personal Flexibility (19/35)	Go With the Flow (2/19) Low Profile (2/19) Ability to Act Like a Chameleon (2/19) Ability to Get Along with Others (5/19) Street Smarts (8/19)	35
	Separating Self from Reality (16/35)	Disassociation (13/16) ATOD (3/16)	

Under resilience Category 2, labeled as *Individual Adaptations*, there were a total of 35 mentions. And regarding *Individual Adaptations*, there were two codes that emerged: *Personal Flexibility* and *Separating Self from Reality*.

Under the first code, *Personal Flexibility* (19/35 mentions), five subcodes were identified (see Table 18 above):

Go with the flow.

This subcode of *Go With the Flow* included two of the 19 mentions for its code, *Personal Flexibility*. Mentions relative to the subcode of *Go with the Flow* had to do with participants' expressed ability to just go along with whatever was going on around them in order to meet their needs and/or not get hurt. For example, during the semi-structured interview with Gail, she explained to the Researcher that in regards to her survival of DMST, "I kind of played on living in the moment." And Macy stated, "I can get along with most everyone, like -- but I don't like have friends because I don't like people, but I can get along with them. And I don't like groups.

It was just my -- you know, go with the flow type of deal and being able to just ride everything out.”

Low profile.

The subcode of *Low Profile* included two of the 19 mentions for *Personal Flexibility*. Mentions labeled under the subcode of *Low Profile* represented the participants’ expressions of how their ability to lay low and not create waves of disruption assisted in their exit and survival from DMST subjugation. To illustrate this, the following two quotes below have been pulled from the transcriptions of qualitative interviews:

“I kind of kept to myself. I kept my mouth shut, you know, like I didn't say nothing.”

“I've always been the quiet one, stuck in the middle. And that [what helped her to survive] I've never been like... because I can just go without and not like complain.”

Ability to act like a chameleon.

This subcode, *Ability to Act Like a Chameleon*, included two of the 19 mentions for the code *Personal Flexibility*. Similar to how it sounds, the *Ability to Act like a Chameleon* emerged through participants’ descriptions regarding the critical importance of obtaining the ability to change who they were, play out roles, and pretend they thought or felt a particular way assisted in their survival of DMST subjugation. For example, Macey explained that even though she hated the acts involved in DMST and she thought the pimps and johns involved in such DMST were distasteful and unlikeable, she would play to a kind spirit and attempt to develop more in-depth relationships with particular johns. Doing so facilitated a level of connection that caused these particular johns to return to her pimp and specifically ask for sexual relations with her. This not only helped Macey feel safer, but it also helped her to make more money in less time. To illuminate this subcode, the following segment of the semi-structured interview with Macey is provided below:

Participant: And that [managing her incongruent thoughts, feelings, and behaviors in order to play a role and pretend] helped, honestly, with the customers too, because I knew like how not to be.

Researcher: Why was that important?

Participant: Because if I wasn't getting any money, I wouldn't -- I would be there forever.

Researcher: So are you saying that helped so that you could be over and done with your interaction with a john faster?

Participant: Yeah. I just get like a couple of personal ones. I don't got to see a different person every day and stuff. And then –

Researcher: Are you saying so you could establish that relationship so you could see the same person more than once and see them for less time?

Participant: Yeah. And get more money out of them. Have them take me shopping and all that nice stuff.

Researcher: Did this help you to feel safer that way as well?

Participant: Yeah. Like if I could find one that I trusted -- it's better than not knowing who's about to come through that door.

Ability to get along with others.

This subcode of *Ability to Get Along with Others* included five of the 19 mentions for its code of *Personal Flexibility*. Participants expressed that while living on the streets and particularly while subjugated to DMST and thus, interacting with pimps and johns, the *Ability to Get Along with Others* was important for their survival. In general, if they couldn't get along with others on the streets, they could easily get beaten and/or killed. And specifically if they could not get along with their pimp and/or john, they could be forced to “take more calls” and engage in more sex acts with more partners during one night or a john would keep them longer and force them to engage in more severe sexual acts. To summarize the importance of getting along others, Macy stated, “It was good I learned my respects when I was little.”

Street smarts.

As the last subcode in regards to the code of *Personal Flexibility*, the subcode *Street Smarts* included eight of the 19 mentions for its code. *Street Smarts* emerged from the

qualitative data through the mentions of participants describing how their knowledge and wisdom in the way of tough areas of town infested with ATOD, homelessness, and multiple forms of trafficking and sexual exploitation ultimately assisted them in personal survival during their DMST subjugation. The following excerpts, taken from semi-structured interviews, are provided by Ella, Lacy, and Abby:

“[Listening to] My senses -- my gut feeling more than 95% of the time [kept her safe and helped her to survive DMST subjugation]. And, I know...I knew what the signs were to look for if I needed to exit the situation. For me to say, ‘Hey. Whoa. This isn’t right. Let me get out of this.’ Like...okay, I was on the Backpage [her pimp posted nearly nude photos of her on this on-line website for classified ads]. I answered a phone call and it was, you know, a guy wanting to see me, da duh, da duh, da duh, and I would ask the color, the type of car. And I’ve actually had this happen before. He gave me the color and the type of car, he said a green Taurus. Okay, well, and when he called back, he thought I was there, which I didn’t give him the exact location, cause I wanted to make sure it’s legit. When he called back, I asked him what he was driving again -- he forgot what he told me before and he ended up telling me it was white Ford. You told me it was a green Taurus before and now it’s a white Ford. Click. Hang up. I’m not doing this.”

“But the way that I saw it then was survival, kind of. Because if you're older and you're doing any -- and you carry yourself in this way, you can get more stuff done. If you're going out and stealing and -- and doing all this stuff, you know -- you're more able to -- to survive. If you're more -- if I'm constantly on the streets and I'm just some pretty little princess, you know what I mean? They are going to eat me up. You know what I mean?”

“If a guy’s like got something on you -- hey, you got something on him too. You know what I mean? A lot of people are like, ‘I don’t know why a lot of people have phones.’ Well that’s why. You know? A lot of people can track a phone, but it’s better to be tracking a phone for something illegal and you get killed in a ditch cause you don’t got a phone. And I knew that once when I first got out there. And you know, I knew how dangerous it was. I knew a lot of people who did it [DMST]. I also knew a lot of things -- I couldn’t be a stripper at Jezebel’s, cause I’m not 21. You know what I mean? I mean...cause the minimum age is 18 nowadays. You gotta stop thinking how gross a guy is, or if he has anything [like a sexually transmitted disease], or anything -- you just do it. And you get however much money. And a lot of people are like, ‘Well that’s disgusting.’ But, really, it’s what it is. You know? Like once you’re done, it’s not like everybody’s gonna judge you -- and if they do they can suck your dick and move on.”

“Unless the crack heads and you’re like looking at, ‘Hey that’s my crack.’ But a smart person knows this is how much you need for that hit of crack. This is how much you need for a room to sleep in. This is how many tricks you’re going to have to pull if you’ve got the same trick that’s only pulling 25. If you’re hitting up a truck stop, you’re gonna get

\$500 a pop. At least. And hitting up, I mean its pretty much Mexicans will only give you like 15-20, anyways, cause that's just the way they are. White people -- they give you money all the time. Black dudes will give you about \$30 and that's it. You know? They are not going to give more than \$50 to fuck a chick. You know? So, it's more of like you balance out and you know who is who."

"It's different when you have a kid -- it's even worse. You're thinking about your kid when you're racking about money and you can't think about what color is the car or who's in the car or what's going on. No, you just do it. If you need to bring in another person -- it's just like hey, you just do it. Everybody on the street knows who each other is, its not like you're unfamiliar with the person, and if you just came on the scene, everybody knows you just came on the scene, cause everybody else has been doing it for. You know?"

Under the second and final code of Category 2 (*Individual Adaptations*), the code

Separating Self from Reality (16/35 mentions), two subcodes emerged:

Disassociation.

This subcode of *Disassociation* included 13 of the 16 mentions for the code *Separating Self from Reality* and was the most highly mentioned subcode out of all subcodes in regards to resilience. *Disassociation* emerged from the qualitative data and demonstrated dimensions of the participants' ability to separate and/or disconnect their minds and emotions from their physical reality. For example, in terms of surviving their experiences of DMST subjugation, participants' shared how they would simply turn off their minds during sexual interactions with johns. To illustrate how *Disassociation* was viewed as a resilient factor by the participants of this study, the following quotes by Lacy, Macey, Kacie, Abby, Madelyn, and Ella are provided:

"Like I just shut down, kinda."

"I'm so good at being able to like block things out. You know?"

"It's like now when I look back, like half of -- more than half of the things like I can't even remember."

"I'm just really good at putting stuff in the back of my mind, and that helped."

"I think that something just came over me. That I kind of just was a professional. That I kind of just -- I became this -- like what is it called? Blank."

“It may not feel as good as -- a lot of people don’t understand that when you’re doing what you’ve gotta do, you cannot think of it as you know, ‘I’ve gotta fuck this guy for some money.’ You just can’t. You’re gonna cry and you’re gonna throw up. You’re gonna make yourself sick. No. This is, I mean -- my mindframe switched like a light switch, from on to off. I’m gonna pull this trick. I’m gonna make some money. I’m bracketing -- and then I’m gonna go.”

“It [her mind] switches all the time. You can’t think about what you’re doing. You just do it. Like when you’re eating macaroni. You know what I mean. You’re not thinking about what color, what, how’d you make that macaroni. You’re not thinking about how you’re going to eat it, no, you’re just going to eat it. Right? When you’re going to pull a trick, you can’t think of what if this guy kills me -- where is he taking me? No. You just gotta do it and get out.”

“I didn’t really like taking part in it...what I was going to do at the moment...I dunno...I don’t think about it.”

“I would like be thinking about someone else...or thinking about something else...like the other person that I was with at that time...the person that I liked at that time -- I thought of them. Closed my eyes and thought of them...type shit. It was easier to do it like that...that’s kinda that thing...imagine that you were even [with the person she liked as a boyfriend at the time]...shutting out.”

ATOD.

And lastly in regards to Category 2, this subcode of *ATOD* included three of the 16 mentions for the code *Separating Self from Reality*. Assisting in participants’ ability to separate themselves from reality, hence the label of the over-arching category, participants shared the benefit of using *ATOD* while being subjugated to DMST. Not only was *ATOD* mentioned to assist in the mental and/or emotional separation from self to endure traumatic sex acts, but *ATOD* also assisted in managing the physical pain that was experienced as well. In sharing her experience of being raped by several males in a gang who were attempting to traffic her, Madelyn explained that, “I took like...a whole bunch of different, different...I could take like six...I took like six...a lot of names...took Vivance and Seroquel, Ssss...I can’t remember the other ones...Ssss...or something...I...lot of things and that’s not everything, and if I didn’t

...well I just did...not...cause I...my boyfriend [who was friends with the gang members who raped her and who profited from the role of her pimp] at that time – his...oh...he gave me weed for free.” In summary, and in regards to what helped her survive DMST, Macey remarked, “And then smoking weed helped.”

Individual Resources

TABLE 19
CATEGORY 3 CODES AND SUBCODES OF DMST RISILIENCE

Category 3	Codes	Subcodes	<i>f</i>
Individual Resources	Relationship Connections (19/34)	Positive Models in Past (3/19) Female Peer Association (7/19) Male Peer Association (1/19) Supportive Professionals (3/19) Parent-Child Bond (5/19)	34
	Faith and Spirituality (15/34)	Reading Scripture (2/16) Attending a Faith Congregation (2/16) Prayer and Other Personal Spiritual Practices (11/16)	

Under this third category of resilience, labeled as *Individual Resources*, there were a total of 34 mentions. Furthermore, under Category 3, there were two codes that emerged:

Relationship Connections and *Faith and Spirituality*.

The first code, *Relationship Connections* (19/34 mentions), encompassed the emergence of five subcodes (see Table 19 above):

Positive models in past.

This subcode of *Positive Models in the Past* included three of the 19 mentions for the code *Relationship Connections*. *Positive Models in Past* emerged as a subcode through the Researchers and Research Associate’s recognition of the value participants placed on having

healthy influences during their early childhood. For example, when discussing the things that helped her survive DMST, Kacie stated that it was her, “Foster parents teaching me good things. Building a foundation.” Similarly, Abby stated that, “I had one foster family that was really cool...they were like ministers at church. They were awesome. They introduced me to Jesus.”

Female peer association.

This subcode, *Female Peer Association*, included seven of the 19 mentions for the code of *Relationship Connections*. Mentions regarding *Female Peer Association* related to participants’ lived experience of having a supportive female peer to assist them in their survival and/or exit of DMST. For example, Gail shared how she had initially gone to one of the older females in the stable to ask how she might approach the pimp to tell him her true younger age and attempt to get back home to her family. She explained that, “I asked one of the girls first. I was like, well, ‘What should I even say?’ And like, you know -- and then she -- I don't know what she told me. Gail continued to expand on the description of the scenario by adding that, “And he [her pimp] came in and then she -- she told him what I told her, and then he was like, well, ‘You're lucky,’ whatever, ‘I'm letting you go.’”

Additional examples relative to the positive resource female peer associations played in the survival of DMST are provided below:

“Like the only person that ever -- that I could really go to, to help me out of anything, was my best friend, Jessica, on the outside [of the street life involving drugs and DMST].”

“I just knew that I was gonna get out...like I, after I seen like what he was trying to get us to do...I was like scared, but I was like, ‘If he makes me do something...I probably won't do it.’ Like, the other girl, was like, ‘Well, if we need to, well, we'll just like -- she had...she's the one who drove her car -- she's like, ‘We'll just leave him...here.’ So, I knew we were gonna get out, either way.”

Male peer association.

This subcode of *Male Peer Association* included one of the 19 mentions for the *Relationship Connections* code. *Male Peer Association* emerged as a subcode through the Researcher and Research Associate's recognition of how participants' connection to a male peer gave them the strength and will to survive DMST and return back home. For example, Gail stated that, "Like, the only thing that popped in my mind was his -- was his [her boyfriends] face. Like it wasn't never like my mom, because I think -- I don't know. It was never really her, it was more him, because he was the one who left me [when he temporarily broke up with her]."

Supportive professionals.

The subcode of *Supportive Professionals* included three of the 19 mentions for its code of *Relationship Connections*. Though there were many mentions of positive social service providers throughout the semi-structured interviews with participants, three mentions were specific to participants' perspective of what acted as a resilience factor toward DMST exposure and/or survival. The following quotes have been pulled from the semi-structured interviews to serve as examples of this:

"I stayed there [at a foster home] for about three or four months, until I pulled my crap together, until my social workers helped me fill out the Bridges Program [the WCH transitional living program] pamphlet to get into Bridges."

"And like, that's where Rita has a gift. You know? She doesn't -- like she doesn't try to get in all the kids' business. She knows that, you know, they are going to -- in the end they are going make the choice if they want to do it or not...you can't help somebody that doesn't want to be helped."

"Rita and Street Outreach [helped her]."

Parent-Child bond.

This subcode, *Parent-Child Bond*, included five of the 19 mentions for the code of *Relationship Connections*. Distinct from the aforementioned subcodes under the overarching

category of *Relationship Connections* in which participants perceived a form of support and/or influence by another, the *Parent-Child Bond* was in regards to participants' feelings of responsibility toward their own child. Examples to illuminate the connections between the young mothers and their children, and how such connections encouraged participants to survive and exit their lived experiences of DMST, are provided below in the mentions made by Lacy, Abby, and Tabitha:

“The only thing that I ever thought of was the baby.”

“You know what? I...the whole reason I overcame it [DMST] and got out of it, is because I got pregnant. By my “husband.” That’s...that’s the only reason, because of my child. Otherwise I’d still be in the game, I’m not gonna lie about it -- I would.”

“My son is like a major part of it [surviving and exiting DMST] too...getting me through this stuff. He’s just like my little angel. I just want to be better for him. He wants...I know he wants to see me do better, so...I just want to be better for him and I know he wants to have me to be the best mom for him. So, like, that’s my major part, I just wanna be best for him.”

“Before my baby got here, it was just...a lot of...people kept telling me, I know, that they could see the good in me and I could be the best...if I just give it [drugs and DMST] all up.”

And lastly, in the second and final code for this third and final category, *Faith and Spirituality* (15/34 mentions), three subcodes were identified (see Table 19 above):

Reading scripture.

This subcode of *Reading Scripture* included two of the 16 mentions for the code of *Faith and Spirituality*. Such mentions included participants' descriptions of how reading religious/biblical scripture acted as a resource to help them through their time of being subjugated to DMST. For example, Gail stated, “I’m like -- like I had this little Bible [that she would read].” And Lacy added to this by explaining that, “And just like I remember reading the Bible like daily -- all the time. You know?”

Attending a faith congregation.

This subcode of *Attending a Faith Congregation* included two of the 16 mentions for its code, *Faith and Spirituality*. Though participants described not being able to attend church or rather, a congregation of faith, during their subjugation to DMST, they recalled how church had influenced them in a positive manner. Such influence was described to act as a resilience factor during their life on the streets which included DMST subjugation. Examples of this have been pulled from the transcriptions of semi-structured interviews and are provided below:

“And I remembered...every day there's chapel...whenever I go on Sunday...to chapel...I go to chapel.”

“And then when I had got back [from one of the times in which she was on the run] and -- well, when I had turned myself in, then I went to Ruby -- Ruby's home and I got like into church. And like it was at their church -- I say I never touched a Bible, I never touched like a real Bible because they have a gay church, you know. So it was all pretty much different. But either way, well, I got really big into church, and just like thinking and just feeling so -- like so -- it was almost like a high, like being into -- being into all of that.”

Prayer and other personal spiritual practices.

And lastly, the subcode of *Prayer and Other Personal Spiritual Practices* included 11 of the 16 mentions for the code *Faith and Spirituality*. *Prayer and Other Personal Spiritual Practices* emerged as a subcode through participants' descriptions of how they utilized prayer and other spiritual practices, such as looking for “signs” from God, to help them survive through DMST and overcome their experiences of trauma that occurred as a result. Examples of how prayer and other personal spiritual practices were perceived as resilience factors to the survivors of DMST who participated in this study, the following quotes have been provided by Gail, Lacy, Macey, Kacie, Abby, Tabitha, and Ella:

“I look for signs.”

“I do remember praying all the time.”

“Big time praying all the time. And like I -- like I said -- I just remember praying all the time.”

“And I would pray.”

“I ended up saying a prayer before I filled out a job application...I got hired. I said a prayer, got the job, worked there for about 6, 7 months.”

“God didn't want me there...I was just getting signs every day.”

“And I think God told him [her pimp to let her go]. Honestly, I do.”

“I think that without God being there...I know He didn't like what I was doing, and He thought I was wrong, but He didn't judge me for it, cause He knew I had to do what I had to do. He was always there to pick me up. You know what I mean?”

“I know that He loves me and he's getting me through things.”

“I prayed. I prayed ever since I was little. And I prayed to God for a lot of things. I prayed to God...and I prayed to God every day since [she has been off the streets] for help to not let me go back and do that [DMST with her pimp]...no matter what happens. No matter what happens.”

“What I said to myself in there [in the motel rooms with johns] was, you know, before I went in there actually, ‘God, please help me through this. Please help me be safe, protected...sexually. Please help me stay safe, as in, you know...please make sure this isn't some really bad person who wants to do bad shit to me and so on and so forth.’ That's part of where I, you know, that's where religion came in for me.”

In sum, though a more in-depth discussion will ensue in the following chapter, it is interesting to note the vast breadth of characteristics, skills, and/or resources utilized by DMST survivors as resilience factors. Furthermore, it is also interesting to note that some factors, such as the use of alcohol, tobacco, and other drugs (ATOD), which participants identified as being helpful to their survival of DMST subjugation may be deemed as a maladaptive behavior by many social service professionals. Thus, in considering the risk and resilience factors of DMST, professionals must look beyond their own stereotypes, beliefs, and/or training and seek to find and understand the perspective of those they wish to serve.

CHAPTER 4

DISCUSSION

“If to be feelingly alive to the sufferings of my fellow-creatures is to be a fanatic, I am one of the most incurable fanatics ever permitted to be at large.”

William Wilberforce, 1807 – in response to those who judged his abolitionary efforts.

The purpose of this dissertation research was to further develop a theoretically-based Domestic Minor Sex Trafficking (DMST) Risk and Resiliency Assessment (DMST-RRA) that will assist children, youth, and family service providers in more effectively identifying and serving young people at-risk of and/or subjugated to DMST. Very specifically, the current research assisted in the DMST-RRA development by completing two of the 10 phases in Onwuegbuzie et al. (2010) instrument development and construct validation (IDCV) process (see Figure 6). This included completing exploratory factor analysis to examine the dimensionality and item-appropriateness of the DMST-RRA as well as to examine and further develop the DMST-RRA through qualitative analysis. The mixed methods analysis has led to recommended revisions of the DMST-RRA that will assist in the continued IDCV process for the DMST-RRA and more importantly, assist local social services agencies in more effectively 1) increasing identification of youth who are at-risk of and/or subjugated to DMST/TSE and 2) providing individualized and thus, more effective, strengths based services to such youth.

In addition to data-guided revisions of the DMST-RRA that are detailed below, the mixed methods analysis has also assisted in further developing an overarching theoretical framework for understanding the issue of DMST (see Figure 4). For example, as illuminated through the mentions provided in the Results, and as supported by literature regarding risk factors of DMST, the participants described being born into family situations fraught with poverty, physical and sexual abuse, abandonment, and drug and alcohol abuse (Davis, 1999; Lloyd & Orman, 2007;

Tyler & Johnson, 2004). Participants identified such experiences of childhood neglect and abuse as factors that caused them to be at risk for DMST. Such factors rippled throughout their multiple life social systems (Bronfenbrenner, 1979) and permeated with distorted norms that supported the devaluation, objectification, and commoditization of women and children (Davis & Stasz, 1990), the participants described life scenarios in which additional risk factors (e.g. experiences with running away) and trauma became reoccurring and cyclical in nature. This in mind, participants also described resilience factors which, like a lotus blossom growing and blooming in the dark evening hour, developed even in light of risk and trauma.

Discussion of Quantitative Risk Assessment Survey: Study 2 (Phase 6)

The exploratory factor analysis produced a combination of dimensions of factors that posed as life risk factors for subjugation to DMST. Specifically, the five factors of “*Sexual Safety*,” “*Physical Safety*,” “*Mental/Emotional Safety*,” “*Modes of Safety*,” and “*Extreme Violence*” were identified. With this, analysis of the results confirm that 30 of the 37 items load across these five factors and thus support the ability for the DMST-RRA to measure a young person’s life risk experiences. Therefore, it also provides useful information to assist social service providers in more effectively identifying and intervening in the lives of children and youth who may be at-risk of and/or subjugated to DMST.

Out of the underlying factors, “*Sexual Safety*,” “*Physical Safety*,” “*Mental/Emotional Safety*,” “*Modes of Safety*,” and “*Extreme Violence*”, discovered during exploratory factor analysis, “*Sexual Safety*” had the largest number of loadings (12) and accounted for the largest amount of variance. Thus, young people are more likely to report “*Sexual Safety*” experiences and/or concerns when discussing their life risk experiences. Overall, and consistent with findings of previous studies mentioned in regards to DMST risk factors (Davis, 1999; Farley et

al., 2003; Flowers, 2001; Herman, 2003; Lloyd and Orman, 2007; Tyler & Johnson, 2004), the quantitative exploratory factor analysis of this study suggests that “*Sexual Safety*,” “*Physical Safety*” and “*Mental/Emotional Safety*” appear to have the greatest connection to a youth’s risk for DMST.

In sum, the results of Study 2 (Phase 6) provide support for the underlying structures of the DMST-RRA that may dictate the risk of young people’s subjugation to DMST. Therefore, the results of this exploratory factor analysis hold the potential to assist in the continued development and validation of an instrument that will assist youth serving agencies in more effectively 1) identifying youth who are at-risk of and/or subjugated to DMST and 2) providing individualized and thus, more effective strengths based services to such youth. Once validated and reasonably defined, it is hoped that a reliable instrument will contribute to a consensus in both academic and social service direct practice settings as to the risk and resiliency factors that contribute to both the subjugation as well as survival of DMST survivors. Considering such a consensus, the ultimate goal would be to implement practical methods in youth serving organizations and agencies in a manner that assists in the prevention and intervention strategies used with youth at-risk of and/or subjugated to one of the most horrendous and yet hidden forms of child abuse in America today – domestic minor sex trafficking.

Discussion of Qualitative Risk and Resiliency Assessment: Study 3 (Phase 7)

In this dissertation study, the facilitation of qualitative semi-structured interviews with DMST survivors assisted in the collection of 560 risk-related responses and 132 resilience-related responses. The analysis and coding of these responses allowed for the identification of six risk-related categories. Contained under the overarching categories of the risk-related themes were a total of 18 codes and 73 subcodes that emerged through mentions made by participants of

this dissertation study. All of these mentions illustrated the varying life experiences of the youth DMST survivor participants, including what they perceived to have caused them to be more susceptible to DMST. Furthermore, and relative to the resilience-related responses, three overarching categories were identified with a total of eight codes and 29 subcodes. These findings also assisted in the elucidation of factors that allow certain young people to exit, survive, and even strive through DMST subjugation.

Although all of the findings of the qualitative risk and resilience results are valuable in shaping the developing DMST-RRA instrument as well as in providing useful information to social service providers, only the overarching categories and their most frequently mentioned subcodes will be discussed further within this chapter. This is done for multiple reasons including the fact that the depth and clarity of the large amounts of data, presented within the Results, speaks for itself. In fact, the articulation of meaning shared by the participants is so poignant and transparent, that to translate and analyze in much detail would be a disservice. Thus again, in regards to the risk and resiliency factors of DMST found through the qualitative semi-structured interviews, the six overarching categories will be discussed along with such categories two most frequently mentioned subcodes.

With this in mind, though such overarching categories were clear and distinct in their multitude of facets, it is essential to understand that the nature of human behavior does not occur in isolation. Rather, and relative to the integrated theoretical model presented in the Introduction (see Figure 4), each component of a human's life; including thinking, choices, behaviors, availability of resources, mental health, etc., influences other life components. For example, during the semi-structured interviews, it was worthy of note that in sharing their perceptions of risk and resilience, participants would link *ATOD* to *Abuse by Caretaker* or *Awareness of*

Conflicting Values to Disassociation. Therefore, with such complexity in mind, the lived experiences, shared by survivors of DMST, will be presented in a manner that reflects what they identified as causing them risk and/or resilience of DMST.

Risk Factors of DMST

In response to what participants perceived to have put them at risk for DMST, the mentions made by the youth survivors of DMST assisted in the emergence of six categories of risk (see Table 9). These overarching categories of risk were labeled as: 1) *Exposure to and Normalization of Risk Factors by Family and Primary Social Group*; 2) *Exposure to and Normalization of Abuse by Family and Primary Social Group*; 3) *Lack of Consistent and Constructive Life Foundation*; 4) *Individual Maladaptive Risk Thinking, Attitudes, and Behavior*; 5) *General Risk Outcomes*; and 6) *Exposure to Direct Assault*.

Exposure to and Normalization of Risk Factors by Family and Primary Social Group

Under the first category of risk, labeled as *Exposure to and Normalization of Risk Factors by Family and Primary Social Group*, there were a total of 51 mentions. During such mentions, the survivors of DMST described a variety of life situations in which they were exposed to and/or normalized to general risk factors by family members as well as their primary social group, including extended family, family friends, and peers. Normalization in this context is meant to illustrate the process of how the participants' repeated exposure to particular risk factors influences maladaptive thinking, feeling, behavior, and/or experience patterns to become "normal" or rather, typical and/or habitual. Under this category, there was one code that emerged: *Overarching Risks* (51 mentions). Six dimensions or rather, unique qualities of this code were identified as the subcodes: *Loss, Poverty, Mental/Emotional Health, Alcohol, Tobacco, and Other Drug (ATOD) Use/Abuse, Incarceration, and History of Problem*.

Out of the six subcodes identified under the first category of risk, the participants' exposure to and normalization of *ATOD* was most frequently mentioned. In fact, it included 31 out of the 51 mentions for its entire category and was the fourth most highly mentioned subcode out of all subcodes regarding risk. Though studies typically have focused on the correlation between physical and sexual abuse and subjugation to DMST (Davis, 1999; and Lloyd and Orman, 2007), these findings regarding the relationship between drug and alcohol use in the home and the risk of female DMST are supported by Farley et al. (2003) and Herman (2003). This is of interest as the participants themselves identified their exposure to *ATOD* as being a primary risk factor for DMST subjugation. Specifically, recall the quote made by Lacy in describing how the early exposure to *ATOD* by adults who were friends of her mother put her at risk for DMST:

“And those two mainly were the ones that lived with us -- like lived at my mom's. And they were bad into everything. So pretty much I was just completely surrounded by people who drank, who did drugs. And I think that was a big factor. Because if I wasn't in that environment, then I would have more than likely never been so deep and so early into drugs as I was.”

Though the subcode of *History of Problem* was not one of the most frequently mentioned responses in terms of participants perceived risk, it too is worthy of further discussion under the first category of *Exposure to and Normalization of Risk Factors by Family and Primary Social Group*. Mentions included in this subcode included familial experiences with forms of street life and sexual exploitation relative to DMST. Specifically, participants discussed how their biological mothers had been involved in sex trafficking, referred to as prostitution. Though no literature has been identified to elaborate on this risk factor, the participants' perception that this lived experience served as a risk factor remains very real. For example, Tabitha has to live each day of her life with the reminder that she was named after her mother's pimp:

Researcher:	Was your mom married?
Participant:	Nuh huh [negative]. Like, she was doing...prostituting.
Researcher:	So does your mom know who your dad was?
Participant:	Um hmmm [positive]. My mom knows who my dad was, but she named me after the guy that was pimping her and that is how my name is Tabitha, cause his name is T.R.

Ella on the other hand articulated how being around the sexual exploitation of her mother directly influenced some of her own personal behaviors by stating that, “If you see things...different shit...um...different guys coming in and out, you know, stuff like that...your mom’s with different guys...you’re gonna learn it.” And lastly, Abby said that, though only a young child, “When I was little, my mom, she traded me...um my biological mom...she traded me for an eight ball and a hit.”

Exposure to and Normalization of Abuse by Family and Primary Social Group

Under the second category of risk, labeled as *Exposure to and Normalization of Abuse by Family and Primary Social Group*, there were a total of 122 mentions. Such mentions articulated the participants’ lived experiences of enduring what was coded as: *Emotional Abuse, Priming and Normalization of Physical Violence, Physical Abuse, Priming and Normalization of Sexual Violence, and Sexual Abuse and Sexual Assault/Rape*. Contained under these codes, there were an additional 19 subcodes. And out of the 19 subcodes, the participants’ experiences with *Abandonment* and *Physical Abuse by Caretaker* were the most frequently mentioned. *Abandonment* was the fifth most highly mentioned subcode of all risk-related subcodes identified and *Physical Abuse by Caretaker* was the sixth most highly mentioned subcode out of all risk-related subcodes. Thus, participants described their exposure to and/or habituation of thinking, feeling, behavior, and/or experience patterns regarding *Abandonment* and *Physical Abuse by Caretaker* as being primary risk factors for DMST.

Though participants' experiences of *Abandonment* was frequently mentioned as a factor of risk, and included 28 out of the 44 mentions for the code *Emotional Abuse*, it is interesting to note that this factor has yet to be explored in the young, and yet rapidly increasing, research literature relative to DMST. After all, the participants, who have themselves lived through and survived DMST subjugation, clearly articulated how they perceived experiences of physical abandonment as well as more emotional, internalized feelings of abandonment to cause them to become more vulnerable to DMST. In fact, Lacy very clearly articulated that, "Pretty much everybody has abandoned me, so I think that's another thing [that put her at risk to DMST and the perpetrators who forced, frauded, and coerced her into such subjugation]. Uh...so I think abandonment has a lot to do with it." After all, with few to turn to and depend on, participants identified their vulnerability to perpetrators that would pay attention to them and/or offer them false kindness and commitment.

Abuse by Caretaker, including biological and/or adoptive parents and kinship and/or non-kinship foster placements, encompassed 19 of the 30 mentions for the code *Physical Abuse*. And distinct from *Abandonment*, it has been correlated to female DMST within research literature. In fact, as presented in the Introduction under the heading of *Considerations of Childhood Neglect and Abuse*, Tyler and Johnson (2004) found that 90% of young people who reported DMST subjugation had experienced physical abuse. Similarly, Davis (1999) reported that from her study, 65% of DMST survivors reportedly experienced physical abuse in the home as young children. With this in mind, it is not surprising that participants expanded upon the current risk category of *Physical Abuse* which is already included in the current version of the DMST-RRA.

Lack of Consistent and Constructive Life Foundation

Under the third category of risk, labeled as *Lack of Consistent and Constructive Life Foundation*, there were a total of 128 mentions. Under this category, based on the shared lived experiences of participants, there were five codes that emerged: *Lack of Two Parent Home*, *Inconsistent Supervision*, *Chaotic Home Structure*, *Child and Youth Services System*, and *Lack of Permanence*. Organized under these codes were 21 additional subcodes that illuminated the participants' perceived meaning of risk as articulated during their semi-structured interview. Of these responses, *Lackadaisical Parenting* and *Home Mobility/Transitions* were mentioned most frequently. In fact, *Lackadaisical Parenting* was the seventh most highly mentioned subcode out of all risk-related subcodes and *Home Mobility/Transitions* ranked as the third.

Lackadaisical Parenting included 17 of the 25 mentions for the code *Inconsistent Supervision* and encompassed mentions made by participants in regards to being raised by caretakers who did not make reliable efforts to provide clear life guidance, direction, rules, structure, and/or discipline. For example, and as presented in the Results, Lacy made multiple mentions of her mothers' lack of intentional parenting. Specific quotes included the following:

“That's how I started getting into drugs -- she [her mother] was gone all the time. And I didn't go to school.”

“My mom was, like I said, working all the time.”

“I mean, it was -- it was like I own place at all times and I just lived with my mom because she was never there.”

However, though *Lackadaisical Parenting* was frequently mentioned during the qualitative semi-structured interviews, it is not included on the current version of the DMST-RRA and has yet to be identified within research literature regarding DMST. Questions regarding *Lackadaisical Parenting* will be added to the revised DMST-RRA.

The finding of the subcode *Home Mobility/Transitions* is also interesting in that it too is absent from exploration in DMST related research literature. Additionally, it is not a factor that is examined on the current version of the DMST-RRA. Therefore, worthy of further exploration and discussion, it is important to note that *Home Mobility/Transitions* included 32 of the 34 mentions for the code *Lack of Permanence* and as stated prior, was the third most highly mentioned subcode. Furthermore, all of the survivors of DMST that participated in this dissertation study shared how their experiences of lack of permanence and repeated moves acted as a risk factor for DMST. Specifically, and as presented in the Results, it is important to recall that Kacie explained how she never lived in one stable place as a child: “I would move from home to home to home to home.” Such mobility influenced her ability to connect and feel secure in one place for an extended period of time and continued throughout her adolescence. In fact, such mobility seemed to act as learned maladaptive coping skill as Kacie began running from multiple placements each time she encountered a challenge. Questions regarding *Home Mobility/Transitions* will be added to the revised DMST-RRA.

Individual Maladaptive Risk Thinking, Attitudes, and Behavior

Individual Maladaptive Risk Thinking, Attitudes, and Behavior was the fourth category of risk found during the analysis of the qualitative semi-structured interviews. There were a total of 168 mentions in this category and through the coding process, three codes were identified that elucidated the participants’ perceived experiences of risk: *Risk Thinking*, *Risk Attitudes*, and *Risk Behaviors*. Organized under these codes were 14 additional subcodes and, of these subcodes, mentions regarding *Individual ATOD Use/Abuse* and *Street Life* occurred most frequently. Specifically, *Individual ATOD Use/Abuse* included 38 of the 130 mentions for its code and was the second most highly mentioned subcode out of all risk-related subcodes. On the

other hand *Street Life* included 40 of the 130 mentions for its code and was rated as the most frequently mentioned subcode out of all DMST risk related subcodes.

Although the risk factor of *Individual ATOD Use/Abuse* has been occasionally mentioned in relation to DMST (Farley et al., 2003; Herman, 2003), there is much room for more thorough investigation in research literature. Additionally, *Individual ATOD Use/Abuse* has yet to be explored through the inclusion on the quantitative DMST-RRA instrument. Therefore, in regards to the participants' mentions, it is useful to note the smaller groupings that were created under this subcode to highlight the dimensionality of *Individual ATOD Use/Abuse*. These smaller groupings included general ATOD use/abuse, tobacco, alcohol, marijuana, narcotics, prescription pills, and other chemicals as drugs. Participants primarily reported frequent use of tobacco, alcohol, marijuana, and various narcotics. And this drug use appeared to act as a precursor/risk factor prior to DMST, a direct cause of and/or reason for DMST, a tool used by perpetrators in the methods of grooming for DMST, and a coping tool to assist in survival during the lived experiences of DMST. Thus, questions regarding *Individual ATOD Use/Abuse* will be further explored and formulated before adding to the revised DMST-RRA.

Street Life, particularly in the context of running away and homelessness, has been cited in research literature as a correlate of DMST (Cusick, 2002; Halcom & Lifson, 2004; Tyler & Johnson, 2006). In such contexts, *Street Life* experiences are also assessed in the current version of the DMST-RRA. However, it is worthy to note the descriptive dimensions of *Street Life* that were found during this dissertation study: unsupervised aimless wandering, running away and/or homelessness, and couch surfing (a slang term used to describe staying from place to place, often sleeping on the couch). Furthermore, it appears to be of importance to consider the following quotes when applying such new found dimensions on the revised edition of the DMST-RRA:

“Like I said, I got addicted to the streets before I got addicted to the drugs on the streets. And then like it just slowly started to regress. And like the more I was around all those worthless people, the more my language got -- like the worse my language got, the more cussing, the more just making bad decisions, the worse my decision making got. And then -- and when you make bad decisions, you're going to make worse decisions and worse decisions.”

“I think the first time I ran away was like...it was like I ran for a day. It was in seventh or eighth grade.”

“I ran multiple times between seven and 16. 12 times altogether. 13 times actually. But after that time, I got a -- what is called a no-run order by the court system. And if you run again, they send you to a place called Trego, and you are there for three months, 90 days. And I did run again, but they didn't send me to Trego, thank God.”

“I probably ran away like... 20 plus times.”

“I started getting older and understanding crap and...you know...I wasn't gonna get, you know, slapped around anymore type stuff like that -- I was just gonna leave. I started running away...uhhh...it was more like sneaking out at first...around 13. And then the sneaking turned into a couple days. Then the sneaking turned into a couple weeks. Just...you know, and...I'd go with a boyfriend.”

With such quotes in mind, and building on the current DMST-RRA questions regarding runaway and homeless experiences, questions regarding the frequency and length of unsupervised time on the streets will be developed for the revised DMST-RRA.

Risk Outcomes

Labeled as *Risk Outcomes*, there were a total of 39 mentions for this fifth category regarding risk for DMST. Under this category, there were two codes that emerged: *Lack of Resources* and *Isolation*. Organized under these two codes, were five additional subcodes that illuminated the participants' perceived meaning of risk as articulated in their semi-structured interview responses. Of these responses, *Inability to Meet Basic Needs* and *Lack of Unconditional Adult Support* were mentioned most frequently. Specifically, *Inability to Meet Basic Needs* included 10 of the 14 mentions for the code *Lack of Resources* and *Lack of Unconditional Adult Support* included 12 of the 25 mentions for the code *Isolation*.

Inability to Meet Basic Needs emerged as participants explained their perspective of why and how they had been at-risk for DMST. Such subcode includes participants' experiences of not being able to fully take care of themselves while they were on the run/living on the streets. For example, the survivors of DMST explained situations in which they did not have adequate shelter, were without basic home necessities such as access to water for food and/or hygienic purposes, did not have the resources of food and clothing, etc. And without the ability to meet their own basic needs, participants explained feelings of being backed into a corner, without alternatives, to the point that the life propositioned to them by DMST predators appeared appealing. Though such factors present as critical in regards for one's risk to DMST, questions regarding this subcode are not currently on the DMST-RRA nor have they been found to be explored in DMST related research literature. Thus again, this new qualitative finding will be used to formulate additional questions for the revised DMST-RRA.

The subcode of *Lack of Unconditional Adult Support* and its direct connection to DMST has also yet to be found in the research literature regarding DMST. Nor is it being assessed on the current version of the DMST-RRA. In regards to mentions of *Lack of Unconditional Adult Support*, participants explained that overall, from parents to neighbors, the adults in their lives had failed to be categorically committed to them in a supportive manner. They felt that there were no adults to which they could turn and/or depend on unconditionally. In fact, as presented in the Results, Lacy even shared experiences in which her own mother became physically aggressive toward her in the midst of an attempt to reach out to her mother in regards to her experience of relationship violence. During such occurrence of physical aggression that took place outside in their front yard, Lacy explained that neighbors watched and yet did not intervene in the situation. Other participants shared how the moment they presented physical, mental,

emotional, or behavioral issues in a home placement, their caregivers would give up on them and send them away to another placement. And Ella articulated very clearly how she never felt she had the support, safety, and security she was looking for in her father. Quantitative questions regarding *Lack of Unconditional Adult Support* will be added to the revised DMST-RRA.

Exposure to Direct Assault

Last of all, in regards to the risks for DMST, there were a total of 52 mentions for the sixth category labeled as *Exposure to Direct Assault*. This category was identified through data which appeared to illustrate how, when already at risk due to aforementioned categories, participants became more particularly vulnerable to direct experiences of DMST when exposed to adamant pressures, propositions, and manipulations. Under this category, two codes emerged based upon participant mentions: *Negative Role Models* and *Grooming*. Organized under these two codes were an additional eight subcodes. Of these subcodes, *Peer Influence* and *Grooming by DMST Perpetrator* were mentioned most frequently.

Peer Influence included 11 of the 23 mentions for the code *Negative Role Models*. In such mentions, participants shared their experiences of being persuaded by the behaviors of their peers. Persuasion by peers was primarily explained to occur in regard to ATOD and DMST. Though similar peer influence is indirectly explored through the current edition of the DMST-RRA, there is much room to develop the exploration of direct predatory assaults of peers relative to risk for DMST. Additionally, it is interesting to note that this category is also young and remains unexamined in the research literature regarding DMST.

Last, and of particular interest in regards to DMST, the subcode of *Grooming by DMST Perpetrator* included 10 of the 29 mentions for the code *Grooming*. Though participants had shared *General* responses, in addition to *Grooming by Female DMST Recruiter/Facilitator* and

Grooming by Male DMST Recruiter/Facilitator, they also expressed how the perpetrators, referred to as pimps, were directly involved in the grooming and/or seasoning process. From covert subtle to very explicit practices, participants shared examples of how pimps/traffickers used various tools such as females and/or males as initiators, alcohol and/or drugs, and/or rape to force, fraud, and/or coerce and manipulate the youth into DMST. Specifically, recall the process of grooming Ella described in her semi-structured interview that was presented in the previous Results chapter. After a multiple series of grooming and seasoning procedures, ultimately there was one key factor that played to the weakness and vulnerability of Ella – her perpetrator’s ability to seemingly offer what her father could not – the role of protector:

“They [those who acted as recruiters/facilitators and direct perpetrators in her exploitation] knew part of my story, because they knew that I was innocent enough to open up to them and trust them a little bit easier. You know? They...and...at the same time, they knew how to...act like they gave me security and protection. ‘If anything happens, I’ll protect you. If anything happens...da duh, da duh, da duh. You know I’ll always be here for you.’ They knew that they could play a very easy role. And they could almost fake it at the same time...and that was that of my protector.”

As one may recall, this of particular interest in regards to *Lack of Unconditional Adult Support*, as Ella had previously mentioned how she had never felt, but always desired the support, safety, and security of her father.

All of such findings provide many implications for direct social service providers, particularly those engaging in outreach efforts. For example, consider the comments made in regards to *Inability to Meet Basic Needs*, *Lack of Options*, and *Grooming by DMST Perpetrator*. After all the culmination of the risk factors experienced through categories one through five (see Table 9), youth than expressed the tragedy of *Risk Outcomes* (see Table 14) and *Exposure to Direct Assault* (see Table 15). Thus, building on a life of repeated and cyclical trauma, youth DMST survivors who participated in this study ended up on the streets without a place to sleep,

without food, in dirty clothes, etc. and without the unconditional support of an adult. And then, even more so, while in need and vulnerable, they were preyed upon by a pimp who utilized a manipulated form of Maslow's Hierarchy of Needs to groom/season them for DMST.

The pimp offered the survivors of DMST the most basic of human needs on the Maslow's Pyramid (e.g. an apartment, food, access to showers). After meeting such physiological needs, and moving up the Pyramid, a false sense of safety and security was then offered. Again, for Ella, this came in the form of her pimp acting as her "protector" – something that she had so desperately sought from her father during the abuse she experienced at the hand of her mother. Furthermore, participants then expressed how the pimps would sell a false sense of love and belongingness, esteem, and self-actualization by pretending to be their boyfriend, acting as though they respected them and did not want them to engage in DMST, and selling them the dream that eventually, they would be together.

With all of this in mind, the issue of direct exposures to grooming is only minimally explored through the DMST-RRA in its current form. Therefore, there is much room for additions and growth in the current version of the DMST-RRA in regards to young people's exposure to the grooming process. And although the grooming and seasoning process has been discussed quite extensively in research literature by experts such as Farley (2007) and Herman (2003), it has not been explored within the direct context presented here in this dissertation research.

In summary of the risk categories, codes, and subcodes identified through analysis of the semi-structured qualitative interviews, the following Figure 11 has been designed to highlight the overall context in which risk factors interact and build upon one another in a manner that causes a youth to become vulnerable to DMST.

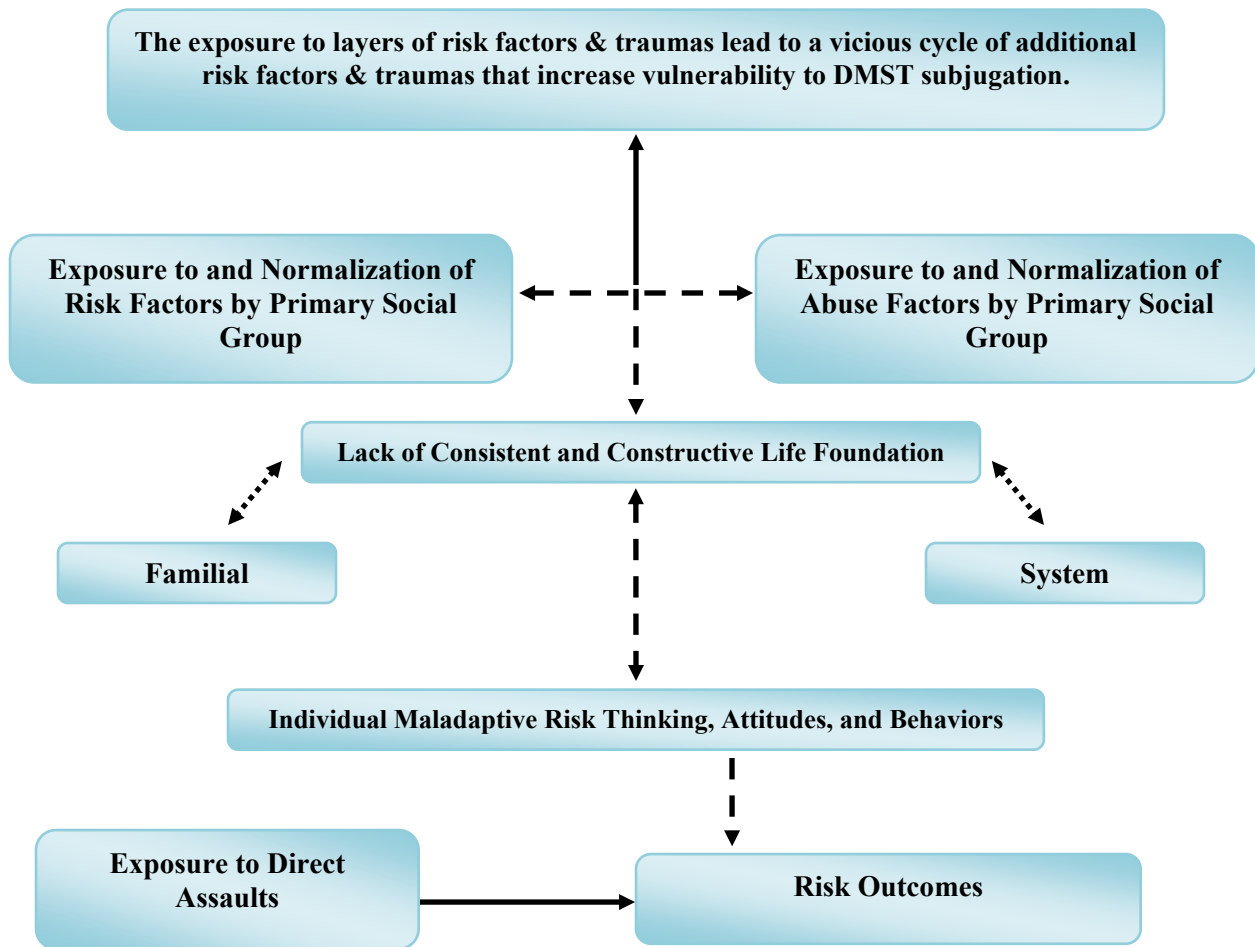


Figure 11. Theoretical DMST risk map based on qualitative findings.

Resilience Factors of DMST

In response to what participants perceived to have helped them exit, survive, and even strive through DMST; thus experiences, resources, and/or individual qualities which participants recognize to be resilience factors of DMST, mentions made allowed for the emergence of three categories of resilience. These overarching categories of resilience were labeled as: 1) *Individual Characteristics/Traits*; 2) *Individual Adaptations*; and 3) *Individual Resources* (see Table 16). Note that no resilience factors are examined through the DMST-RRA in its current form, nor has the research literature identified specific resilience factors of DMST within this

context. Thus, all of such findings are fascinating to the young, and yet rapidly growing, research interest regarding multiple forms of trafficking and sexual exploitation.

Individual Characteristics/Traits

Under the first category of resilience, labeled as *Individual Characteristics/Traits*, there were a total of 63 mentions (see Table 17). During such mentions, the survivors of DMST described personal characteristics and/or traits in which they applied during their subjugation to DMST in an effort to survive and even strive through such trauma. Under this category, there were four codes that emerged: *Future Oriented*, *Positive Oriented*, *Internally Oriented*, and *Survival Oriented*. Under these codes, were an additional 14 subcodes. Out of such subcodes, the participants' characteristics/traits of *Insight* and *Awareness of Conflicting Values* were most frequently mentioned. In fact, *Insight* was the second most highly mentioned subcode identified and *Awareness of Conflicting Values* was the fourth most highly mentioned subcode out of all resilience-related subcodes.

Insight included 12 of the 24 mentions for its code of *Internally Oriented*. The subcode of *Insight* emerged through participants' explanations of how they had recognized the underlying truth about something, developed an understanding of a relationship in a manner that assisted them in resolving a problem, realized the source of mental/emotional/physical difficulty, and/or how they had gained an understanding of what was motivating their thinking, feelings, and/or behavior. Furthermore, examples of *Insight* illuminated how participants were able to gain an awareness of their life situation and a balanced sense of reality. An illustration of this, as presented in the Results, were Gail's remarks during her semi-structured interview with the Researcher:

“You [her father] haven't been here in my life and it's been horrible without you in my life! And I realize I've been trying to fill up that hole in my heart that you left [by being with

different men]. Now I don't need anyone to fill it. I don't need nobody. I know what I want to do, and I don't need a man either to tell me right from wrong, what I should and shouldn't do!”

With this in mind, it is interesting to note that Gail took initiative of her own free will to utilize the Researcher as well as the semi-structured interview process to role play and/or pretend that she was speaking directly to her father. In doing so, she articulately realized and verbalized what had led her to the place in her life of desperately seeking men, thus causing an additional factor of predatory vulnerability.

As one may recall, a unique descriptive dimension of *Insight* that was labeled as *Healthy Fear* was also identified. Such fear is described by Ella when she states that based on the knowledge she has regarding her mother’s addiction, “I know that I have uh...an ...a very addictive personality. And I know that if I probably were to try stuff [certain drugs], maybe if I were to try something it would probably spiral down from there, and... ‘No thank you.’”

Interestingly, such familial and individual analysis, as well as awareness, kept Ella from using the hard narcotics and pills that often put young people subjugated to DMST more at-risk for chronic exploitation and/or death. Thus, it is of value to consider the methods of teaching young people about ATOD use as well as methods of familial and self-discovery.

Awareness of Conflicting Values contained a total of 10 of the 24 mentions for the code *Internally Oriented*. During such mentions, participants explained how their personal recognition that the acts involved in DMST were against their values, ethics, and/or morals helped them exit and strive through their subjugation to exploitation. A few specific quotes that stand out as examples of *Awareness of Conflicting Values* include the following:

“And it [the acts occurring on the street and the acts involved in DMST] would tear me up inside. It would hurt my feelings. Like these people would be doing the most crappiest things to each other. They would treat each other like crap. They would rob each other. They would steal from each other. They would lie to each other. They would beat each

other. They would just sit there and smoke dope all day long, and then they would lie, and they would steal, and then they would commit illegal crimes. And then I just wasn't down for that. The only reason why I was there is because I was addicted to dope. What happened to just being able to do a drug and chill?”

“And I'm a very like, ‘God, I can't believe that was me. God, I can't believe I did that. God, I can't believe’ -- like it just -- I was -- like for the longest time, I can't believe that many tears came out of my eyes. I can't believe I was the saddest person. As sad of a person that I was. I felt like I was the saddest person on the face of the earth. That's how I felt. You know? I really truly did. Like I cried every day, sometimes three or four or five times a day. I just wanted to lash out. You know? Like it was just so bad. And now is when I'm making healthy decisions. Then I wasn't making healthy enough decisions to even -- I didn't go near my faith, I didn't talk about God, I didn't want to talk about God, I didn't bring it up, I didn't -- huh-uh.”

“I would be so freakin' torn up, because I'm not a piece of shit. Like I was sitting there living the piece of shit lifestyle, and I am not a piece of shit. So it didn't mix.”

Consideration of such quotes denotes the value of social service providers working with high-risk populations in providing opportunities for young people to explore and formulate personal beliefs, values, ethics, and morals as well as consider how such findings are in compliance with and/or incongruent with their current life choices and/or situations.

Individual Adaptations

Labeled as *Individual Adaptations*, there were a total of 35 mentions for this second category regarding resilience (see Table 18). Under this category, there were two codes that emerged: *Personal Flexibility* and *Separating Self from Reality*. Organized under these two codes, were seven additional subcodes that illuminated the participants' perceptions of what served to their benefit as a resilience factor in surviving their personal subjugation to DMST. Of these responses, *Street Smarts* and *Disassociation* were mentioned most frequently. Specifically, *Street Smarts* included eight of the 19 mentions for its code and *Disassociation*, ranked as the number one most frequently mentioned subcode out of all resilience-related subcodes, included 13 of the 16 mentions for its code.

Street Smarts emerged as participants described how their knowledge and wisdom in the ways of tough areas of town infested with ATOD, homelessness, and multiple forms of trafficking and sexual exploitation, ultimately assisted them in personal survival during their DMST subjugation. For example, in the following mention, Lacy explained how she would listen to her gut instinct and attempt to question the johns who called to set up a “date” with her in a manner that would allow her to know whether or not they were being honest about their identity:

“[Listening to] My senses -- my gut feeling more than 95% of the time [kept her safe and helped her to survive DMST subjugation]. And, I know...I knew what the signs were to look for if I needed to exit the situation. For me to say, ‘Hey. Whoa. This isn’t right. Let me get out of this.’ Like...okay, I was on the Backpage [her pimp posted nearly nude photos of her on this on-line website for classified ads]. I answered a phone call and it was, you know, a guy wanting to see me, da duh, da duh, da duh, and I would ask the color, the type of car. And I’ve actually had this happen before. He gave me the color and the type of car, he said a green Taurus. Okay, well, and when he called back, he thought I was there, which I didn’t give him the exact location, cause I wanted to make sure it’s legit. When he called back, I asked him what he was driving again -- he forgot what he told me before and he ended up telling me it was white Ford. You told me it was a green Taurus before and now it’s a white Ford. Click. Hang up. I’m not doing this.”

And though perhaps offensive to some, Abby articulated how she used her knowledge of the streets and DMST to engage in the fewest number of sex acts – enabling her to meet only her and her pimps most basic of needs:

“Unless the crack heads and you’re like looking at, ‘Hey that’s my crack.’ But a smart person knows this is how much you need for that hit of crack. This is how much you need for a room to sleep in. This is how many tricks you’re going to have to pull if you’ve got the same trick that’s only pulling 25. If you’re hitting up a truck stop, you’re gonna get \$500 a pop. At least. And hitting up, I mean its pretty much Mexicans will only give you like 15-20, anyways, cause that’s just the way they are. White people -- they give you money all the time. Black dudes will give you about \$30 and that’s it. You know? They are not going to give more than \$50 to fuck a chick. You know? So, it’s more of like you balance out and you know who is who.”

Under the second and final code of the second category, *Separating Self from Reality*, the subcode of *Disassociation* emerged. Again, this subcode included 13 of the 16 mentions for its

code and was the most highly mentioned subcode in regards to the participants' perceptions of resilience. *Disassociation* materialized from the qualitative data and demonstrated dimensions of the participants' ability to separate and/or disconnect their minds and emotions from their physical reality. Though many clinical practitioners, from social workers to psychologists, often identify disassociation as a negative mental/emotional state, such dissociative alterations in consciousness, including ATOD intoxication similar to that which is mentioned in the Results, can be adaptive if it remains only as an acute coping mechanism and does not become chronic (Herman, 1997).

Providing an example of an adaptive acute state of *Disassociation*, participants' shared how they would simply turn off their minds during sexual interactions with johns. Some survivors of DMST who participated in this study referred to this as their ability to become blank, block things out, shut down, or flip like a switch. Others described how they would play another role or pretend they were somewhere or with someone else. A few of the powerful statements illuminating the dissociative states viewed as a resilient factor by the participants of this study, included the following:

"I'm just really good at putting stuff in the back of my mind, and that helped."

"I think that something just came over me. That I kind of just was a professional. That I kind of just -- I became this -- like what is it called? Blank."

"It [her mind] switches all the time. You can't think about what you're doing. You just do it. Like when you're eating macaroni. You know what I mean. You're not thinking about what color, what, how'd you make that macaroni. You're not thinking about how you're going to eat it, no, you're just going to eat it. Right? When you're going to pull a trick, you can't think of what if this guy kills me -- where is he taking me? No. You just gotta do it and get out."

With all of this in mind, it is important to note the similar value placed on *ATOD* in regards to resilience and the ability to survive and even strive through DMST. After all, as mentioned in

the Results, *ATOD* use was not only mentioned to assist in the mental and/or emotional separation from self to endure traumatic sex acts, but *ATOD* also assisted in managing the physical pain that was experienced as well. Thus, such findings denote that clinicians and social service providers alike may want to rethink the usefulness in the coping skill of *Disassociation* and careful consideration as to how one replaces such a coping skill must be given.

Individual Resources

Labeled as *Individual Resources*, there were a total of 34 mentions for this third and final category in regards to resilience (see Table 19). Under this category, there were two codes that emerged: *Relationship Connections* and *Faith and Spirituality*. Organized under these two codes were eight additional subcodes that elucidated the participants' perceived meaning of how particular internal and/or external resources served to their benefit as a resilience factor in surviving their personal subjugation to DMST. Of such responses, *Female Peer Association* and *Prayer and Other personal Spiritual Practices* were mentioned most frequently. Specifically, *Female Peer Association* included seven of the 19 mentions for its code labeled as *Relationship Connections* and *Prayer and Other personal Spiritual Practices*, ranked as the third most frequently mentioned subcode out of all resilience-related subcodes, included 11 of the 16 mentions for its code labeled *Faith and Spirituality*.

Female Peer Association emerged as the Researcher and Research Associate analyzed the mentions made by participants regarding their lived experience of how having a supportive female peer, assisted them in their personal survival and/or exit of DMST. Of particular interest, and as presented in the Results, Gail shared how she had initially gone to one of the older females in the "stable" to ask how she might approach the pimp to tell him her true younger age and attempt to get back home to her family. After all, prior to being manipulated and then forced

into DMST, she had initially met the man who ending up being a 40-year-old predatory pimp, on Facebook. During such on-line interactions, her pimp had presented himself as a kind good-looking young man who lifted her spirits following Gail's bouts with her mother and/or boyfriend. And Gail had presented herself to be 18 years of age rather than her actual age of 14.

Gail explained in the semi-structured interview that, "I asked one of the girls first. I was like, well, 'What should I even say?' And like, you know -- and then she -- I don't know what she told me." Gail continued to expand on the description of the scenario by adding that, "And he [her pimp] came in and then she -- she told him what I told her, and then he was like, well, 'You're lucky,' whatever, 'I'm letting you go.'" Though interactions between adolescent girls are often tumultuous, this interaction in the subcode of *Female Peer Association* denotes the importance of opportunities in which young people can develop healthy same-sex peer relationships.

Prayer and Other Personal Spiritual Practices was identified as a subcode in the second and final code *Faith and Spirituality*, for the third and final resilience-related category of *Individual Resources*. *Prayer and Other Personal Spiritual Practices* emerged as a subcode through participants' descriptions of how they utilized prayer, spiritual discussion, spiritual signal observance, etc. to help them survive through DMST and overcome their experiences of trauma that occurred as a result. For example, some of the participants shared how they would frequently pray throughout their subjugation to DMST; some specifically prayed immediately prior to an interaction with a john, and others shared how they would look for "signs" from God.

Such examples of how prayer and other personal spiritual practices were perceived as resilience factors to the survivors of DMST who participated in this study, denotes the importance of children and youth in having the opportunity to develop their own faith and

spiritual beliefs and practices. Where was “the church” or rather “faith community” in the lives of the participants when they were facing DMST? What is the responsibility of “the church” and/or “faith community” in serving such high-risk populations? And how does “the church” or “faith community” become aware of such populations in the first place? With these questions in mind, though religion is often removed from the social services agencies that primarily interact with high-risk populations, empowering opportunities of spiritual exploration can still be facilitated within therapeutic clinical settings and social service agencies alike. Furthermore, referrals and the linkage between youth and faith communities are within the scope of appropriate social service practice.

In summary, and in regards to the resilience categories, codes, and subcodes identified through analysis of the semi-structured qualitative interviews, Figure 12 below has been designed to highlight the overall context in which resilience factors interact and build upon one another in a manner that causes a youth to become less susceptible to and/or more able to survive and strive through DMST subjugation. Of interest is that through all the risk and resiliency factors identified, it appears as though there is a graded relationship between the number of risk factors and the number of resilience factors. Specifically, the more risk factors one possesses, the fewer resilience factors one obtains, thus equating to greater risk. With this in mind, it is critical to consider how such resilience factors in the following resilience map might be applied and/or developed in the lives of young people.

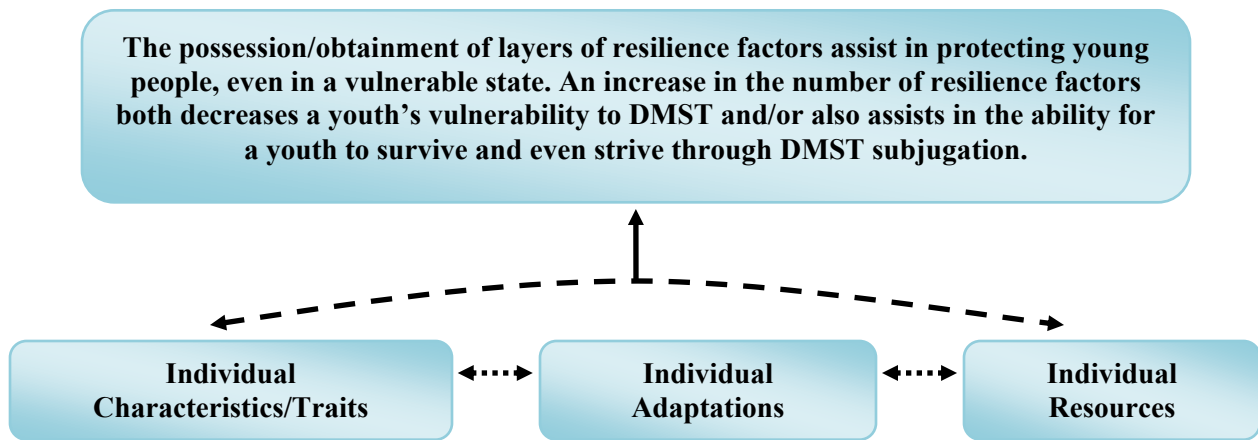


Figure 12. Theoretical DMST resilience map based on qualitative findings.

Proposed Revisions to the DMST-RRA

Based on the aforementioned Results and Discussion of both the quantitative and qualitative findings from Study 2 and Study 3, revisions will be made to the current DMST-RRA. Specifically, due to quantitative findings of Study 2 (Phase 6), questions relative to the five factors identified will remain on the instrument. These factors include: Factor 1 – *Sexual Safety*; Factor 2 – *Physical Safety*; Factor 3 – *Mental/Emotional Safety*; Factor 4 – *Personal Modes of Safety*; and Factor 5 – *Extreme Violence*. With this in mind, based on the low number of loadings, *Personal Modes of Safety* and *Extreme Violence* will be intentional areas of focus when developing the DMST-RRA questions based on the new qualitative findings from Study 2 (Phase 7).

Though the quantitative findings solely supported the value of the DMST-RRA in its current form, qualitative findings both confirmed quantitative factors of the DMST-RRA as well as assisted in formulating guidance for future instrument additions/revisions. For example, the qualitative findings validated the DMST-RRA's inclusion of questions regarding experiences of running away, emotional abuse, physical abuse, sexual abuse, grooming propositions, and the value of identified people and places as resources. However, qualitative findings gave rise to

recommendations of expanding on such questions as well as adding questions in regards to new and unique categories that were previously unidentified. Some of the revisions that will occur prior to Phase 8 IDCV process include the following:

In regards to general revisions:

1. Flip around/reverse the layout of the question and answer/scoring sections.
2. In regards to *Sexual Safety*, change the word “asked” to “propositioned” and the word “agreed” to “forced, frauded, coerced, and/or manipulated.”
3. Adjust the scoring following question additions.

In regards to risk revisions:

1. Restructure and/or reword the overarching DMST-RRA questions based on the five factors identified in the exploratory factor analysis.
2. Reword the questions regarding additional experiences of physical harm under the factor of *Physical Safety* by making them more specific to the physical abuse experiences identified through qualitative analysis.
3. Combine the questions regarding slapping and hitting under the factor of *Physical Safety*.
4. In regards to category one labeled as *Exposure to and Normalization of Risk Factors by Family and Primary Social Group*, add questions regarding:
 - a) *Poverty*
 - b) *Familial and individual Mental/Emotional Health*
 - c) *Familial and primary social group ATOD use/abuse*
 - d) *Familial Incarceration*
 - e) *History of the Problem*

5. In regards to category two labeled as *Exposure to and Normalization of Abuse by Family and Primary Social Group*, expand upon and/or add questions regarding:

- a) *Abandonment*
- b) *Pornography*
- c) *Dismissal of Inappropriate Sexual Boundaries*
- d) *Sexual Discomfort in the Home.*

6. In regards to category three labeled as *Lack of Consistent and Constructive Life Foundation*, add questions regarding:

- a) *Parents Never Married*
- b) *Parents Separated/Divorced*
- c) *Lack of Consistent Guidance and Discipline*
- d) *Lackadaisical Parenting*
- e) *Caretaker/Child Role Reversal*
- f) *Shelter/Group Home Care*
- g) *Foster Home Care*
- h) *Inappropriate Care/Negligence by System*
- i) *Home Mobility/Transitions.*

6. In regards to category four labeled as *Individual Maladaptive Risk Thinking, Attitudes, and Behavior*, add questions regarding:

- a) *Disempowerment, Progression/Regression into Delinquent Behavior*
- b) *Academic Failure*
- c) *Individual ATOD Use/Abuse*

d) *Over-Reliance Upon Males.*

In addition, expand upon questions regarding *Inability/Ability to Distinguish Safe Resources* and *Street Life*. Specifically in regards to *Street Life*, expand upon questions regarding running away and homelessness to consider aimless wandering, frequency of runs, duration of runs and/or homelessness, etc.

7. In regards to category five labeled as *General Risk Outcomes*, add questions in regards to:

a) *Inability to Meet Basic Needs*

b) *Lack of Options*

c) *Lack of Unconditional Adult Support*

8. Lastly, in regards to category six labeled as *Exposure to Direct Assault*, add questions regarding:

a) *Peer Influence*

b) *Adult Influence*

c) *Grooming by Female DMST Recruiter/Facilitator*

d) *Grooming by Male DMST Recruiter/Facilitator*

e) *Grooming by DMST Perpetrator.*

In regards to resilience additions:

1. While maintaining congruence with quantitative findings, adjust and add overarching questions based on the categories that were identified through the coding the semi-structured interviews.

2. In regards to category one labeled as *Individual Characteristics/Traits*, add questions concerning:

- a) *Planning/Looking Ahead*
- b) *Hopes, Dreams, and Goals*
- c) *Optimistic Thinking Patterns*
- d) *Insight*
- e) *Awareness of Conflicting Values*
- f) *Personal Responsibility*
- g) *Belief in Self*

3. In regards to category two labeled as *Individual Adaptations*, add questions concerning:

- a) *Ability to Get Along with Others*
- b) *Street Smarts*
- c) *Disassociation*

4. And lastly, relative to resilience and in regards to category three labeled as *Individual Resources*, add questions concerning:

- a) *Positive Models in Past*
- b) *Female Peer Associations*
- c) *Supportive Professionals*
- d) *Prayer and Other Personal Spiritual Practices*

Limitations

The sample of participants utilized for this dissertation research was comprised of young people residing in Wichita, Kansas and therefore may limit generalizability to other urban areas. For example, youth residing in cities and states that are more accepting of sexually exploitive venues, such as Las Vegas, may have more exposure to experiences that serve as risk and/or

resiliency factors for DMST (Farley, 2007). Additionally, the participants in this study had at least minimum connection to a social youth serving organization and/or agency. Therefore, responses to risk experiences that related to the vulnerability for DMST as well as resilience factors that assisted in the survival and recovery of DMST trauma may differ from those who maintain life on the street and obtain no relationships and/or connections to the resources offered by social services.

Lastly, though the Researcher's expertise and connection to the issue of DMST served as an overall strength to the research, the personal characteristics, experiences, values, and beliefs may also act as a limitation. For example, being an Anglo-American female who only speaks English may have limited my connection and ability to receive a full range of responses from non-Caucasian participants. And though extra care and self-analysis was consistently assessed, personal experiences, values, and beliefs may have acted as biases in the way in which questions were developed and/or asked, thus limiting the possibility of both quantitative and qualitative responses.

Implications for Practice and Applications of the DMST-RRA

Throughout my nearly 15 years of directly serving and providing education regarding young people at-risk of and/or subjugated to DMST/TSE, I have remained aware of the difficulty for communities, including the professionals positioned to serve youth populations, in identifying, accepting, and openly discussing the factors that allow for the demand, supply, selling, and purchasing of young people for sexual purposes. I understand that considering such saddening and horrific man-inflicted atrocities is difficult. But, in an effort to prevent further horrendous acts of trafficking and exploitation, including DMST, we must face the reality that

such atrocities do occur. Furthermore, in an effort to intervene, we, all civilians and social service providers alike, must recognize how we might be involved in the plight.

Exploring all of this is particularly critical as we consider the current response to young survivors of DMST that occurs across our country on a daily basis. Within the U.S., young people subjugated of DMST typically either remain unidentified or rather than rescuing them – providing them opportunities of safety, restoration, revitalization, and empowerment – many legal and social service providers extensively interrogate them, label them as delinquents, and then lock them up on charges of prostitution. After years of victimization and trauma, the very system that should be protecting the youth survivors of DMST subjugation often takes away any possible dignity in freedom, places them in a jail suit, and charges them with prostitution.

Consider the life of Gail for example. We have come to learn about many of her life experiences through the quotes and mentions she provided as a participant in this dissertation study regarding her perspective of what has caused her to be at-risk of as well as resilient to DMST. However, there is much more to her story than what has been shared thus far. As she has shared, she was born into a home fraught with parental ATOD, open pornography use, mental health concerns, and general parental dysfunction. Such factors encouraged her father to abandon his family and eventually led to divorce. After the divorce, Gail was often left unsupervised and without consistent discipline and/or guidance. In addition, Gail's mother had multiple boyfriends who not only made Gail and her sister uncomfortable in the home by looking at pornography and/or staring at their chests, but eventually Gail was sexually molested.

Never directly discussed within the mentions, following Gail's sexual molestation, due to her mother's jealousy and anger that Gail "had sex with her boyfriend" as well as her mother's growing mental/emotional health concerns and an emerging drug addiction, Gail's mother traded

Gail to a man who was living with AIDS. As Gail's mother profited from the sale of her daughter, horrendous, indescribable physical and sexual abuse acts continued for years before Gail was eventually returned to her mother. This return home only lasted briefly before Gail was then manipulated and forced into DMST by an adult male pimp who took her out of the State.

Upon Gail's return back to Kansas, she was identified by law enforcement and social service agencies and was held at the juvenile detention facility for her own safety. Though this is partially fitting, Gail was inappropriately held on prostitution charges until her preliminary hearing could occur. Gail presented as angry and volatile – not wanting anyone to talk to or even approach her. This behavior, acting as a coping mechanism to build a wall against further harm, worked. No workers wanted to deal with Gail's obscene attitude or erratic behaviors. Not to mention, with the possibility of being HIV positive paired with symptoms of a rare conversion disorder which causes Gail to not only not have reliable use of her hands or feet, but also causes her to indiscriminately produce blood as tears from her eyes and ears, Gail was institutionalized in an isolated state.

Thus, after years of culminating victimizations and trauma acting as risk and vulnerability factors for DMST, Gail was victimized and traumatized further. And even after her identification, few knew what to do. Fortunately, a member of ASERCA identified Gail and ensured that holistic trauma-informed multi-disciplinary interventions took place. Though not perfect in their implementation, relationships have been formed and continue to develop with Gail in a manner that has, at minimum, initiated the recovery process. Much of this recovery process can be identified through Gail's natural method of processing her thoughts and feelings about her mother, discussing her personal strengths and resiliencies, and sharing her hopes and dreams.

With all of this in mind, and in consideration of the literature and research data presented within this dissertation, the following practice implications and recommendations are provided in an effort to assist Community Psychologists, Social Workers, and other law enforcement, social service, and public policy professionals who may indirectly and/or directly have influence in the lives of young people at-risk of and/or subjugated to DMST:

1. Develop and ensure the implementation of multi-disciplinary holistic services, ranging from medical care and legal protection to housing and mental health therapy within the structure of survivor-centered trauma-informed services targeted toward youth at-risk and/or subjugated to DMST.

2. Provide community and service oriented awareness regarding DMST through media campaigns, trainings, etc.

3. Assist in State and Federal legislation efforts that a.) do not label and/or allow minors to be charged as prostitutes; b.) ensure immediate protective custody; c.) allot funding for multi-disciplinary service interventions.

4. Utilize the DMST-RRA in its current and future edition forms to more effectively identify young people at-risk of and/or subjugated to DMST. Specifically, the DMST-RRA should be used in youth residential shelters, juvenile intake and assessment centers, exploited and missing children units, etc. during an intake, assessment, and/or interview process. One staff person who has been trained on instrument facilitation should administer the DMST-RRA. Furthermore, the DMST-RRA should be administered in a safe, quiet, and confidential environment only after the most basic of human needs have been met (e.g. food and water, sleep, etc.).

5. In utilization of the DMST-RRA, look beneath the surface, develop a professional relationship with the young person, and seek to understand the risk factors that caused layers of psychobiological trauma that led to the vulnerability for DMST and resulted in additional trauma.

6. In addition to understanding risk factors, seek to redefine coping mechanisms that may come across as problem behaviors. Utilize the youth's personal internal and external resources, strengths, and assets to empower their continued resilience and strive through recovery.

7. Consider the knowledge gained through literature and data results regarding risk factors and the manner which perpetrators of DMST utilized and played to such tragedies for their predatory benefit. With awareness that perpetrators are preying on the vulnerable and marginalized, playing to their most basic of human needs, we as service providers must also work on our methods of establishing respectful and sustainable healthy relationships and meeting the needs of young people at-risk of and/or subjugated to DMST. Secondly, quantitative results found that 47% (120) of the 258 youth interviewed had been propositioned to strip, go on a date or provide sexual favors in exchange for food, shelter, money or drugs; and 40% (101) reported that they had been forced, frauded, and/or coerced to exchange stripping, intercourse or other sexual favors for food, shelter, money or drugs. Thus, once propositioned, the likelihood of DMST subjugation appears strong, indicating that as social service providers, particularly outreach workers, we must get to the youth before the predator does.

With this knowledge in mind, a few tools are being offered as resources below. The first of such resources are Figure 13 and Figure 14, based on Maslow's Hierarchy of Needs (Martin, 2010; Poston, 2009). These tools contain sample questions to ask yourself and the young person and can be used by outreach and other social service workers to assess and assist in meeting the

most basic of needs before addressing the more elevated human needs of marginalized youth populations:

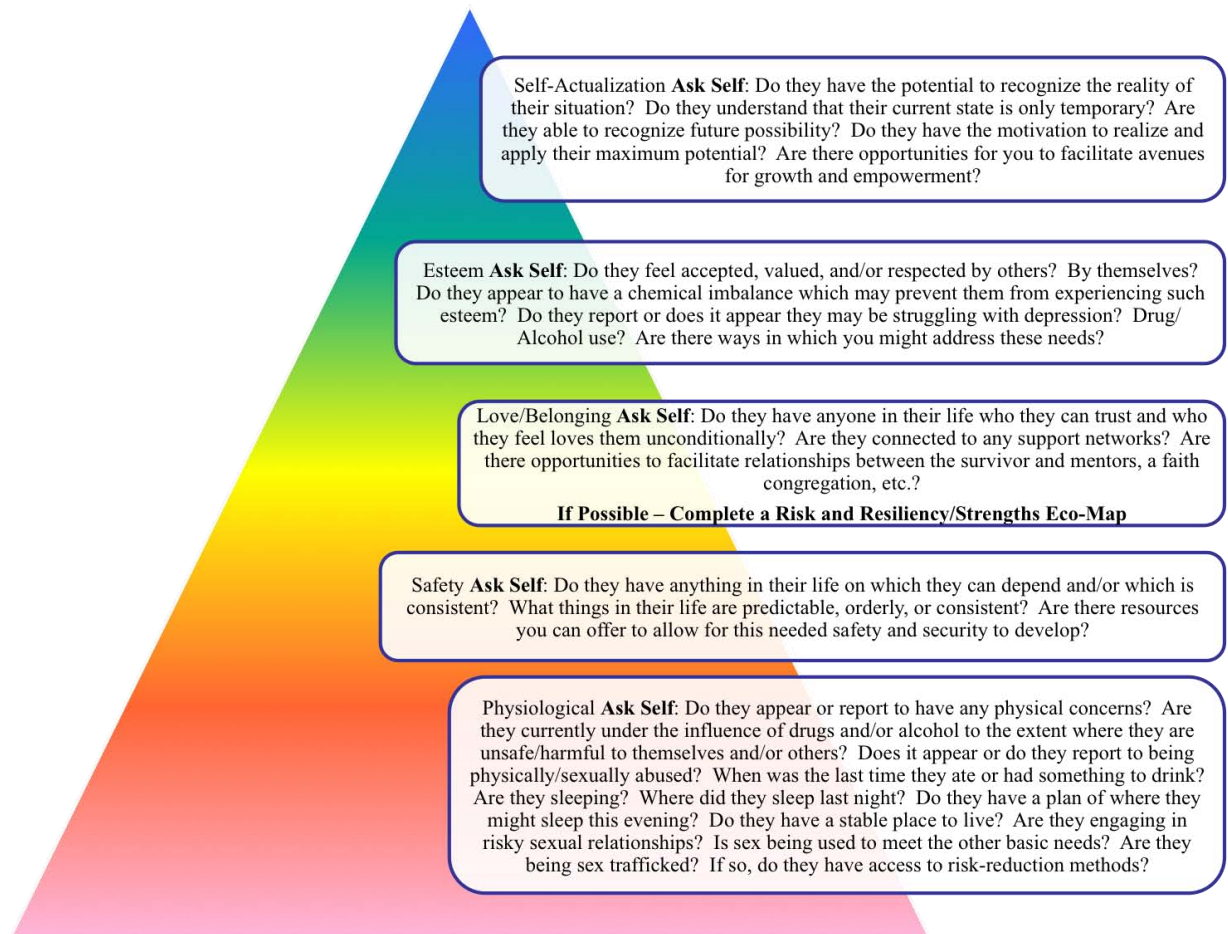


Figure 13. Questions to ask self when working with youth at-risk of and/or subjugated to DMST.

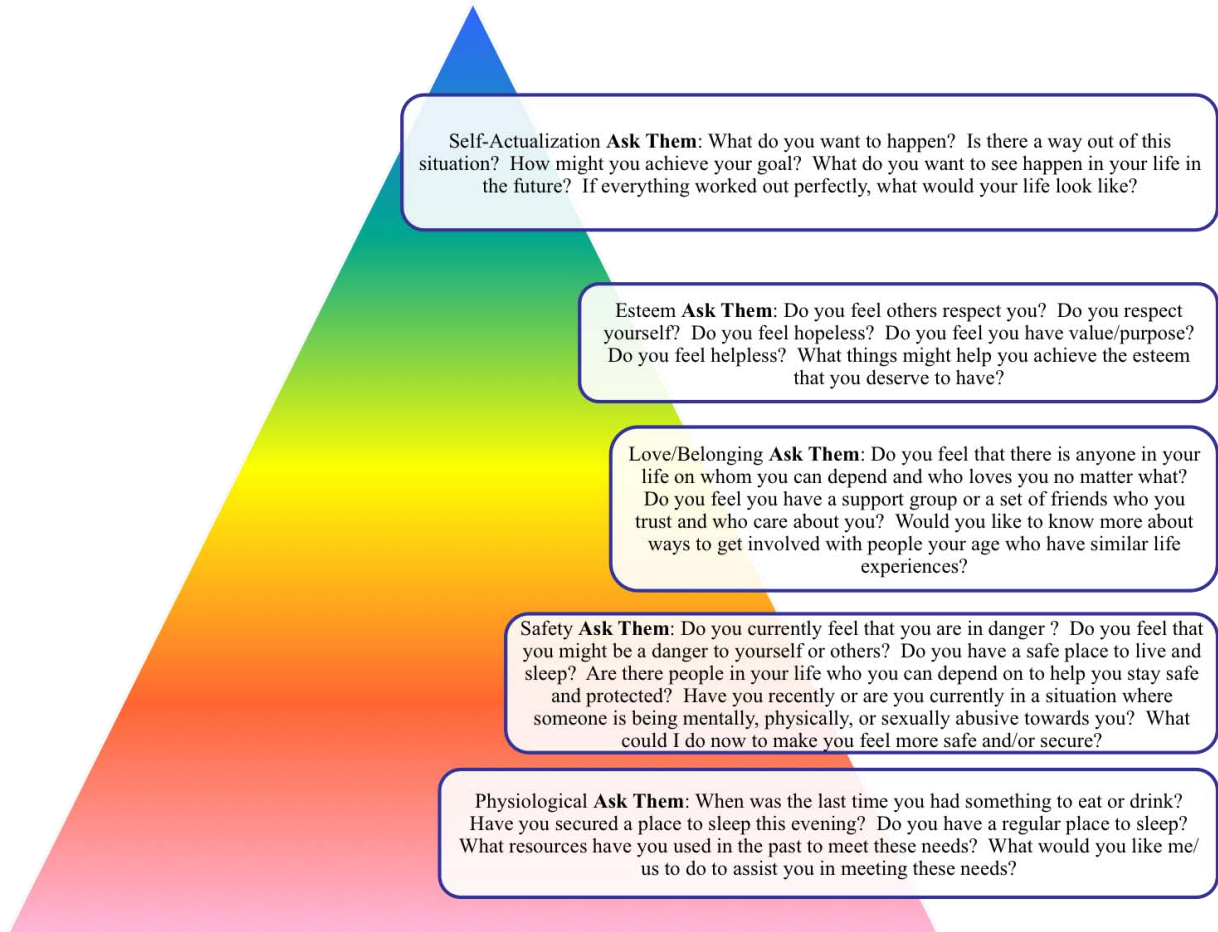


Figure 14. Questions to ask youth at-risk of and/or subjugated to DMST.

Additionally, the following Table 20 below offers tips and suggestions to assist outreach, social service, and specialized law enforcement workers in serving survivors of DMST:

Table 20

WAYS TO POSITIVELY AFFECT THE LIVES OF YOUTH SUBJUGATED TO DMST

1.	Respect and value each other as a staff team. Youth are more likely to trust your team of staff if they see positive interactions between co-workers. How we treat each other is an example of our character and how we may treat them.
2.	Recognize and utilize each other's strengths within the staff team. Learning and encouraging the unique characteristics of each staff member helps the team to provide the most effective service delivery possible.
3.	Collaborate and work with youth as a team. Youth should never be considered "my" or even "our" client. It will take a number of agencies and support systems to provide the holistic needs of a youth subjugated to DMST.
4.	Build a trusting relationship with youth! This means working harder than the predator to build trust with the youth. Providing services to marginalized populations is a privilege! Do not expect the young person to "bond" or share information with you without the demonstration of consistent integrity and effort.
5.	Utilize good communication (includes respecting confidentiality) while collaborating in order to provide a positive and effective support system. Remember to provide opportunities for youth to build positive relationships with both male and female staff.
6.	Demonstrate to youth that they are valuable and have purpose. Be careful that you don't cause a youth to feel defective, inadequate, dirty, or bad when speaking to them about your concern for their life situation. Unintended non-verbal communications may confirm the lies of the exploiters that the youth will never be wanted or accepted.
7.	Don't overreact. Although it is important to empathize and show concern, overreacting can cause youth to feel shame or judgment.
8.	Provide harm reduction options for youth who are unable to exit their life of DMST subjugation. This includes simply providing someone to talk with, providing birth control and/or other STI/STD reduction methods, access to health care, etc. This builds trust and can lead to future exit.
9.	Respect each young person and be ready and willing to meet the client where they are at in their life. Relationships must be established and consistently developed throughout a timely intentional process of assisting a DMST survivor in dealing with the repeated layers of trauma developed throughout their lifetime.
10.	Only ask questions if the answer is needed to better assist the client. There is a fine line between service and exploitation at times. Social service providers must be careful not to let concern and/or excitement about advocating for a case to cause an exchange of unnecessary information.
11.	Don't have negative consequences for youth disclosing DMST. Instead of losing privileges, suspension, or making the youth leave the program, work together to find what the youth wants and/or needs in their life. This includes treating the youth as a unique individual and utilizing their strengths, skills, and own personal resources to find solutions.
12.	Provide options to youth. Instead of just focusing on the DMST, offer tangible and realistic options and resources. This includes job training, involvement in community activism, paid peer counselor opportunities, etc.
13.	Don't allow your desire for the youth to be safe to sabotage the working relationship. It took a slow traumatic and manipulative process for the youth to become subjugated to DMST and it will take a slow process for recovery to occur. As staff we must invest in building respectful and empowering relationships. In addition, this means not insulting the pimp who is often viewed as a loving and protective boyfriend.
14.	Let the youth know if you feel the subject/situation is out of your range of experience. A skilled social service provider knows when they can offer support and when they should refer a youth to on-going/additional services.
15.	Say thank you. Working with marginalized and vulnerable populations is an honor and a privilege.

Table 20 has been modified from the *15 Ways Staff Can Positively Affect the Lives of Young People Involved in Sexual Exploitation* by Countryman-Roswurm (2005).

8. In consideration that *Street Life* was found to be the number one risk factor for DMST, offer safe, consistent, empowering environments and opportunities in which young people can engage in self-exploration, develop relationships with peers, and engage in appropriate committed relationships with adults. This may be through the operation of a youth drop-in/resource center, a youth shelter, a mentoring program, or a youth employment program. In doing so, ensure that youth recognize and have accessibility, to life housing, education, and employment options.

9. With the knowledge that *Disassociation, Insight, and Prayer and Other Personal Spiritual Practices* are the top three resiliency factors; offer case management, peer support groups, psycho-educational groups, and individual therapy which assist in and empower the adaptive development of such skills, abilities, and resources. For example, one might facilitate a group regarding healthy versus unhealthy modes of disassociation or facilitate exercises that encourage personal insight. The exploration of spiritual practices can occur within a peer group setting or referrals can be made for a youth to attend a faith congregation of their choosing.

Furthermore, and in-line with recognizing and utilizing the strengths, resources, and assets of young people at-risk of and/or subjugated to DMST, it is recommended that social service providers find ways to value and include the diverse and “unusual voices” of the survivors themselves in any way possible. After all, survivors offer knowledge and wisdom that often remains untapped, and if placed in a leadership capacity, can offer a great resource to peer groups, advisory boards, etc. while also benefiting their own personal development.

10. And lastly, following the most basic of implications to treat young people as the precious humans they were created to be, it is recommended that service providers intervening in the lives of young people at-risk of and/or subjugated to DMST be aware of and manage their

own personal needs, struggles, and traumas. After all, we are human and thus, possess our own histories of pain and trauma. Such pain and trauma does not remain separate and/or free from our professional selves but rather, if left untreated, assists in the development and/or continuation of a demoralizing system of “care” in which traumatized people perpetuate disempowering traumatic practices. As wounded healers, we must consistently seek to heal ourselves in a manner that enables us to utilize our full professional selves.

With this in mind, the recognition and acknowledgement, respect and appreciation for, and the application of personal pain and trauma can also play to one’s benefit if applied in a healthy and balanced manner. For example, the connection to one’s own humanity can assist in the understanding of what it means to engage in particular street life behaviors when operating out of emptiness and desperation. It can allow for the offering of empathy to those trapped in the subjugation of DMST. And, it can contribute to the support and encouragement to survivors regarding the possibility that they too can overcome and prevail.

Conclusions

As the issue of DMST rises to the forefront of both political and social service concern, it becomes more apparent that there is a considerable need for future research. Of particular need is continued research in methods of early identification of those at-risk of and/or subjugated to DMST as well as effective prevention and intervention strategies that recognize and apply the strengths and resiliencies of such young people. With this in mind, the Researcher of this dissertation study plans to complete phases 8-10 in the ten phases of the IDCV process utilized for the development and validation of the DMST-RRA. Initial steps will include 1) finalizing revisions to the DMST-RRA based on current findings; 2) implementing the revised instrument in the intake and assessment process of local social serving agencies to continue in both

quantitative and qualitative data gathering; and 3) conducting both qualitative and then quantitative-dominant crossover analyses to validate the final instrument. In the third step mentioned, confirmatory factor analysis will be completed along with other statistical tests to assess the overall validity of the DMST-RRA and it's ability to measure the correlation between risk factor sub-scales and a youth's subjugation to DMST and resilience sub-scales and a youth's ability to strive through the DMST and engage in effective social service interventions.

In the meantime, the Researcher, along with other members of ASERCA, will continue efforts in this modern abolitionary movement against DMST. The DMST-RRA will be implemented in it's current and immediately revised form to assist in the identification and intervention strategies of youth at-risk of and/or subjugated to DMST, community awareness efforts, including trainings, will continue to occur, local and State statutes and legislation will be developed and implemented, etc. Motivating such efforts will be the voices of the young women, expressed through quotes and mentions presented within the Results, who have survived through, exited, and even strived through their experiences of DMST subjugation. Their lived experiences, shared through what they perceive to be risk and resiliency factors, illustrate the heartbreaking situations many young people within our country face. And we, we as Community Psychologists and Social Workers, must intervene.

“I have thought over this and I think over this every single day that goes by. I didn't just get up and decide to do that [DMST]. Things from my childhood led up to that. Try to take somebody's story and understand it...instead of totally looking over...with you know...what they went through and just look at what they done. You know what I'm saying? You, you can't exactly just look at somebody and be like, like even...even cold murderers...you can't look at em and be like, oh, they just got up and, 'Oh, I'm gonna kill this person?' You know? Things that they have seen...even when they were, you know, first born. Their first months even, that had something to do with them. Even though they couldn't sit there and talk. They saw certain things. And...when, you know, that's, that's like the learning process. You know, every, everybody learns, from zero to 50-some years old...everybody learns. So when, when you, hear things when you're inside there, or you're outside here, and you're three months and you hear the words, you

know, ‘bitch, or slut, or whore, or asshole, or jackass’ or...you hear things like that, you’re gonna eventually say it, whether it’s right off the bat or a little bit down the line, you’re gonna say it. If you see things...different shit, um, different guys coming in and out, you know, stuff like that, your mom’s with different guys...you’re gonna learn it. Those people [social service providers] need to understand that.”

Ella, recently 18 years of age; stated on January 20th, 2012 – recommendations to social service providers working with young people at-risk of and/or subjugated to DMST.

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APPENDICES

APPENDIX A

WICHITA CHILDREN'S HOME SUPPORT LETTER



WICHITA
Children's Home

August 18, 2011

Office of Research Administration
Wichita State University
Wichita, Ks. 67260-0007

Dear Office Research Administration Personnel,

I, Sarah Robinson, Director of the Wichita Children's Home (WCH), give permission to Karen Countryman-Roswurm to conduct quantitative and qualitative research with young people in our organization who may be at-risk of and/or subjugated to domestic minor sex trafficking (DMST). Karen has worked with our agency for approximately 14 years serving homeless, runaway, and throwaway youth (HRTY), as well as, young people who have been victimized through sexual exploitation and/or other forms of sex trafficking. She is the primary mental/emotional health provider for such populations in our region and is also the founder/coordinator of our multi-disciplinary Anti-Sexual Exploitation Roundtable for Community Action (ASERCA). It is our understanding that the data collected and analyzed will assist in the continued development of the DMST Risk and Resiliency Assessment (DMST-RRA) – a mixed methodology instrument Karen has created that is intended to be utilized by child/youth serving agencies to assist in 1) the identification of youth at-risk of and/or subjugated to DMST; and 2) effective individualized prevention and intervention strategies to those at-risk of and/or subjugated to DMST. The data that Karen has and will continue to collect in regards to DMST is greatly needed to support the continuation and development of specialized service provision and public policy efforts. Lastly, it is also our understanding that such research will be used to support the PhD degree completion of Mrs. Karen Countryman-Roswurm Doctor of Philosophy, Community Psychology at Wichita State University.

Sincerely,

A handwritten signature in cursive script that reads "Sarah Robinson".

Sarah Robinson, MA
Chief Executive Officer

APPENDIX B

INSTITUTIONAL REVIEW BOARD APPROVAL



Date: November 9th, 2011

Principal Investigator: Greg Meissen, Karen Countryman-Roswurm

Co-Principal Investigator: n/a

Department: C&I, Box 131

IRB Number: 2484

The University Institutional Review Board (IRB) has reviewed your research project application entitled:

“An Analysis of Domestic Minor Sex Trafficking and the Development of a Risk and Resiliency Assessment for Sexually Exploited Youth”

and approved the project according to the Federal Policy for the Protection of Human Subjects. As described, the project also complies with all the requirements and policies established by the University for protection of human subjects in research. Unless renewed, approval lapses one year after approval date.

Please keep in mind the following:

1. Any significant change in the experimental procedure as described should be reviewed by the IRB prior to altering the project.
2. When signed consent documents are required, the principal investigator must retain the signed consent documents for at least three years past completion of the research activity.
3. At the completion of the project, the principal investigator is expected to submit a *final report*; the form is attached.

Thank you for your cooperation. If you have any questions, please contact me at ext. 6945.

Sincerely,

A handwritten signature in black ink that reads 'Terry Behrendt'. The signature is written in a cursive style with a large initial 'T'. Below the signature, the name and title are printed in a standard font.

Terry Behrendt, Ed.D.
Chairperson, IRB

APPENDIX C

INFORMED CONSENT



WICHITA STATE UNIVERSITY
Community Psychology Doctoral Program
Department of Psychology

CONSENT FORM

PURPOSE: You (if over 18 years of age) or your child (if they are under 18 years of age) are invited to participate in a study regarding the risk and resiliency factors of young people who are sexually exploited. This information will be used to assist in the continued development of an assessment tool titled the domestic minor sex trafficking risk and resiliency assessment (DMST-RRA) that will be used during the intake and assessment process at youth serving organizations and/or agencies. This assessment will be utilized in efforts to 1) identify youth who are at-risk of and/or involved in sexual exploitation and 2) provide individualized and more effective strengths based services.

PARTICIPANT SELECTION: You/your child was selected as a possible participant in this study due to involvement with a member organization/agency of the Wichita Children's Home (WCH) Anti-Sexual Exploitation Roundtable for Community Action (ASERCA). Such organizations and/or agencies may include, but is not limited to, the Wichita Children's Home (Residential, Street Outreach, Cross Roads, or Transitional Living Program); Exploited and Missing Children's Unit; Sedgwick County Juvenile Detention Facility; Catholic Charities Harbor House, Via Christi Health Care Haven, or the Child Advocacy Center. It is estimated that 10 participants will complete qualitative semi-structured interviews for this study.

EXPLANATION OF PROCEDURES: If you/your child agree to participate in this study, you/your child will be asked to complete a voice recorded one-on-one interview that may take between one to one and one half hours. If asked to participate in a voice recorded one-on-one interview, we ask that 1 hour and 30 minutes be allowed for interview completion in one setting. This in mind, you/your child may refuse to answer any question and you/your child may ask to end the interview at any time. Participation in the study will not affect receipt of service(s) in any way. Again, the purpose of this study is to identify the risk and resiliency factors of young people who have been sexually exploited in efforts to identify and better serve those who are at-risk of or involved in sexual exploitation.

DISCOMFORT/RISKS: You/your child may experience some psychological discomfort while exploring past experiences regarding home life, familial relationships, intimate partner relationships, and street life. The Licensed Master Social Worker conducting the interview will

do her best to console you/your child during this discomfort. Furthermore, the Licensed Master Social Worker will work to allow this interview to serve as a therapeutic and healing experience for you/your child. Time will be allowed for you/your child to express emotions and feelings regarding these topics. In addition, counseling services are available to you/your child and/or additional family members if the need and/or desire for such services is requested.

It is important to understand that regulations of mandated reporting apply throughout all service provision, including the research interview process. Specifically, there are three things that require reporting to law enforcement and/or Social Rehabilitation Services/Child Protective Services:

- The researcher will report any cases of suspected child physical or sexual abuse. This may be yourself, your child, a sibling or someone else who is described as being physically and/or sexually abused/neglected throughout the interview process.
- Self-harm or the planned harm of others will be reported. If you/your child reports plans of self-harm or the harm of others, including plans of suicide, the researcher will get help for you/your child.
- If you/your child reports planned harm toward a particular person, the researcher will take the necessary steps to protect that person.

BENEFITS: You/your child may benefit from the therapeutic process and the knowledge gained during the one on one interview. You/your child may also benefit from the improvements made in organization/agency treatment methods as a result of the research findings. The research will benefit the knowledge base of all member organizations/agencies of the Wichita Children's Home (WCH) Anti-Sexual Exploitation Roundtable for Community Action (ASERCA). It will guide the way in which such agencies identify, as well as, serve young people who have been sexually exploited. In addition to benefiting young people who receive services from youth serving organizations/agencies, as well as, those who work with teens by providing information on the experiences of youth in the mid-west; this research will serve as an additional and highly valuable tool in the development of state level policy and national advocacy.

CONFIDENTIALITY: Any information obtained in this study in which you/your child can be identified will remain confidential and will be disclosed only with you and/or your child's permission. Any forms you and/or your child sign, like this consent form, will be kept in a locked file away from your/your child's interview answers. The abuse of sexual exploitation will have previously been reported if you/your child are participating in this study. However, new and/or other forms of abuse will also be reported. Specifically, there are three things that require reporting to law enforcement and/or Social Rehabilitation Services/Child Protective Services:

- The researcher will report any cases of suspected child physical or sexual abuse. This may be yourself, your child, a sibling or someone else who is described as being physically and/or sexually abused/neglected throughout the interview process.

- Self-harm or the planned harm of others will be reported. If you/your child reports plans of self-harm or the harm of others, including plans of suicide, the researcher will get help for you/your child.
- If you/your child reports planned harm toward a particular person, the researcher will take the necessary steps to protect that person.

COMPENSATION OR TREATMENT: Wichita State University does not provide medical treatment or other forms of reimbursement to persons injured as a result of or in connection with participation in research activities conducted by Wichita State University or its faculty, staff, or students. If you believe that you have been injured as a result of participating in the research covered by this consent form, you can contact the Office of Research Administration, Wichita State University, Wichita, KS 67260-0007, telephone (316) 978-3285.

REFUSAL/WITHDRAWAL: Participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your future relations with Wichita State University or any other member organization/agency of the Wichita Children’s Home (WCH) Anti-Sexual Exploitation Roundtable for Community Action (ASERCA). If you agree to participate in this study, please read and sign the consent form. You are free to withdraw from the study at any time without penalty.

CONTACT: If you have any questions about this research, you can contact Greg Meissen, Ph.D. at 978-3039 or Karen Countryman-Roswurm, LMSW at 978-7298. If you have questions pertaining to your rights as a research subject, or about research-related injury, you can contact the Office of Research Administration at Wichita State University, Wichita, KS 67260-0007, telephone (316) 978-3285.

You are under no obligation to participate in this study. Your signature indicates that you have read the information provided above and have voluntarily decided to participate.

You will be given a copy of this consent form to keep.

Signature of Subject	Date
----------------------	------

Signature of Parent or Legal Guardian (omit for subjects consenting for themselves)	Date
--	------

Witness Signature	Date
-------------------	------



WICHITA STATE UNIVERSITY
Community Psychology Doctoral Program
Department of Psychology

YOUTH ASSENT FORM

I have been informed that my parent(s) or legal guardians have given permission for me to participate, if I want to, in a study regarding the risk and resiliency factors experienced by sexually exploited youth. My participation in this study is voluntary and I have been told that I may stop my participation in this study at any time. If I agree to participate, I understand that I do not have to report names of those involved in my sexual exploitation, including my own. In fact, while participating in the voice recorded interviews, it is suggested that I try not to use names of those involved in the risk and resiliency factors surrounding the experience of sexual exploitation. If I choose not to participate, it will not affect my treatment in any way.

PURPOSE: You are invited to participate in a study regarding the risk and resiliency factors of young people who have been sexually exploited. This information will be used to assist in the continued development of an assessment tool titled the domestic minor sex trafficking risk and resiliency assessment (DMST-RRA) that will be used during the intake and assessment process at youth serving organizations and/or agencies. This assessment will be utilized in efforts to 1) identify youth who are at-risk of and/or involved in sexual exploitation and 2) provide individualized and more effective strengths based services.

PARTICIPANT SELECTION: You were selected as a possible participant in this study due to involvement with a member organization/agency of the Wichita Children's Home (WCH) Anti-Sexual Exploitation Roundtable for Community Action (ASERCA). Such organizations and/or agencies may include, but are not limited to, the Wichita Children's Home (Residential, Street Outreach, Cross Roads, or Transitional Living Program); Exploited and Missing Children's Unit; Sedgwick County Juvenile Detention Facility; Catholic Charities Harbor House, Via Christi Health Care Haven, or the Child Advocacy Center. It is estimated that 10 participants will complete qualitative semi-structured interviews for this study.

EXPLANATION OF PROCEDURES: If you agree to participation in this study, you will be asked to complete a voice recorded one-on-one interview that may take between one to one and one half hours. If asked to participate in a voice recorded one-on-one interview, we ask that 1 hour and 30 minutes be allowed for interview completion in one setting. This in mind, you may

refuse to answer any question and you may ask to end the interview at any time. Participation in the study will not affect receipt of service(s) in any way. Again, the purpose of this study is to identify the risk and resiliency factors of young people who have been sexually exploited in efforts to identify and better serve those who are at-risk of or involved in sexual exploitation.

DISCOMFORT/RISKS: You may experience some psychological discomfort while exploring past experiences regarding home life, familial relationships, intimate partner relationships, and street life. The Licensed Master Social Worker conducting the interview will do her best to console you during this discomfort. Furthermore, the Licensed Master Social Worker will work to allow this interview to serve as a therapeutic and healing experience for you. Time will be allowed for you to express emotions and feelings regarding these topics. In addition, counseling services are available to you and/or any additional family members if you request the need and/or desire for such services.

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- Self-harm or the planned harm of others will be reported. If you report plans of self-harm or the harm of others, including plans of suicide, the researcher will get help for you.
- If you report planned harm toward a particular person, the researcher will take the necessary steps to protect that person.

BENEFITS: You may benefit from the therapeutic process and the knowledge gained during the one on one interview. You may also benefit from the improvements made in organization/agency treatment methods as a result of the research findings. The research will benefit the knowledge base of all member organizations/agencies of the Wichita Children's Home (WCH) Anti-Sexual Exploitation Roundtable for Community Action (ASERCA). It will guide the way in which such agencies identify, as well as, serve young people who have been sexually exploited. In addition to benefiting young people who receive services from youth serving organizations/agencies, as well as, those who work with teens by providing information on the experiences of youth in the mid-west; this research will serve as an additional and highly valuable tool in the development of state level policy and national advocacy.

CONFIDENTIALITY: Any information obtained in this study in which you can be identified will remain confidential and will be disclosed only with you and/or your parent(s) or legal guardian(s) permission. Any forms you/your parent(s) or legal guardian(s) sign, like this consent form, will be kept in a locked file away from your interview answers. The abuse of sexual exploitation will have previously been reported if you are participating. However, new and/or

other forms of abuse will also be reported. Specifically, there are three things that require reporting to law enforcement and/or Social Rehabilitation Services/Child Protective Services:

- The researcher will report any cases of suspected child physical or sexual abuse. This may be yourself, your child, a sibling or someone else who is described during the interview process as being physically and/or sexually abused/neglected.
- Self-harm or the planned harm of others will be reported. If you report plans of self-harm or the harm of others, including plans of suicide, the researcher will get help for you.
- If you report planned harm toward a particular person, the researcher will take the necessary steps to protect that person.

COMPENSATION OR TREATMENT: Wichita State University does not provide medical treatment or other forms of reimbursement to persons injured as a result of or in connection with participation in research activities conducted by Wichita State University or its faculty, staff, or students. If you believe that you have been injured as a result of participating in the research covered by this consent form, you can contact the Office of Research Administration, Wichita State University, Wichita, KS 67260-0007, telephone (316) 978-3285.

REFUSAL/WITHDRAWAL: Participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your future relations with Wichita State University or any other member organization/agency of the Wichita Children’s Home (WCH) Anti-Sexual Exploitation Roundtable for Community Action (ASERCA). If you agree to participate in this study, please read and sign the consent form. You are free to withdraw from the study at any time without penalty.

CONTACT: If you have any questions about this research, you can contact Greg Meissen, Ph.D. at 978-3039 or Karen Countryman-Roswurm, LMSW at 978-7298. If you have questions pertaining to your rights as a research subject, or about research-related injury, you can contact the Office of Research Administration at Wichita State University, Wichita, KS 67260-0007, telephone (316) 978-3285.

You are under no obligation to participate in this study. Your signature indicates that you have read the information provided above and have voluntarily decided to participate.

You will be given a copy of this consent form to keep.

Name/Signature of Participant

Date

Signature of Parent or Legal Guardian

Date

Witness Signature

Date

APPENDIX D

QUANTITATIVE RESEARCH CURRENT DMST-RRA INSTRUMENT

Domestic Minor Sex Trafficking Risk and Resiliency Assessment (DMST-RRA)

Gender: Male Female Age: _____ Race: _____

1. Have you ever spent one or more nights on the street, at different friend's houses, or another place other than home? Y N
2. Have you ever been kicked out of your home by a parent or another adult in charge? Y N
3. Have you ever left home without permission and stayed gone for 24 hours or more? Y N
4. Have you ever been called in as a runaway? Y N

Scoring: 0 points for each "No" 2 points for each "Yes", if all answers "Yes" then add 2 additional points total of section / 10

It has happened to me	It has happened to a person I know	I've done it to another person	I've had no experience with	Score	Have you ever experienced any of the following emotional issues with a family member, person you were dating or hooked up with, or anyone else?
1	1	1	0	/3	Name Calling
2	1	2	0	/5	Threats
1	1	1	0	/3	Screaming
1	1	1	0	/3	Controlling
1	1	1	0	/3	Jealousy
1	1	1	0	/3	Criticizing
2	1	2	0	/5	Stalking
2	1	2	0	/5	Emotional Blackmailing
1	1	1	0	/3	Other:
/ 33 Total for emotional issues					

It has happened to me	It has happened to a person I know	I've done it to another person	I've had no experience with	Score	Have you ever experienced any of the following sexual issues with a family member, person you were dating or hooked up with, or anyone else?
3	2	3	0	/8	Put down about sexuality or sexual lifestyle choices
4	3	4	0	/11	Unwanted sexual touching and kissing
5	4	5	0	/14	Guilt, pressure, or intimidation to force sexual activity
3	2	3	0	/8	Spreading of sexual rumors or threats in order force sexual activity
5	4	5	0	/14	Sexually assaulted, raped, or molested.
5	4	5	0	/14	Asked to strip, go on a date, or provide sexual favors in order to earn money or drugs
5	4	5	0	/14	Agreed to trade money, drugs, food, or shelter for stripping, intercourse, or other sexual favors
4	3	4	0	/11	Sexual talk on the internet through chat rooms, my space, etc.
3	2	3	0	/8	Met up with someone met on the internet through chat rooms, my space, etc.
3	2	3	0	/8	Used a web cam to engage in sexual behaviors and/or discussions
1	1	1	0	/3	Other:
/ 113 Total for sexual issues					

It has happened to me	It has happened to a person I know	I've done it to another person	I've had no experience with	Score	Have you ever experienced any of the following physical issues with a family member, person you were dating or hooked up with, or anyone else?
1	1	1	0	/3	Shoving
1	1	1	0	/3	Punching
1	1	1	0	/3	Slapping
1	1	1	0	/3	Hitting
1	1	1	0	/3	Kicking
1	1	1	0	/3	Hair pulling
3	2	3	0	/8	Choking
3	2	3	0	/8	Use of a weapon to threaten or intimidate
1	1	1	0	/5	Anything else causing physical harm
1	1	1	0	/3	Other:
/ 40 Total for physical issues					

ADD all the above Totals /196

- Automatic High Risk if No. Youth was able to identify two or more ways to keep themselves safe.
- Automatic High Risk if No. Youth was able to identify at least one safe person and/or resource.

Created by Karen Countryman-Roswurm, LMSW

APPENDIX E

QUALITATIVE SEMI-STRUCTURED INTERVIEW GUIDE/QUESTIONS

ID: _____

Agency: _____

Interviewer: _____

City: _____

Date: _____
Month/Day/Year

State: _____

Start Time: _____ : _____

End Time: _____ : _____

Risk and Resiliency of Sexually Exploited Youth: Development of an Assessment Tool

Wichita State University

Department of Psychology

Wichita, Kansas

Karen Countryman-Roswurm, LMSW

Semi-Structured One-on-One Interview Protocols/Questions

Introduce the study before each interview:

- Describe the purpose of the study/interview
- Discuss the length and time involved in the interview
- Discuss recording/audio information
- Give a copy and read through the informed consent
- Answer any questions the participant might have
- Insure all consents and documents are signed

Gather all Information in the Context of a Discussion/Conversation

Youth Characteristics:

1. Gender:
 - a. Male.....1
 - b. Female.....2
 - c. Refused.....9
2. What is your date of birth?
3. What race or ethnic origin do you consider yourself to be?
4. Regarding sexual orientation, do you consider yourself:
 - a. Straight (heterosexual).....01
 - b. Bi-sexual.....02
 - c. Gay.....03
 - d. Lesbian.....04
 - e. Refused.....09

APPENDIX F

FROM THE VOICES OF GIRLS LIKE YOU, GIRLS LIKE ME:

POEM AND LETTER DOCUMENTARY

Poem One – Anonymous Female, 14

Just because I'm in a children's home
I'm not a bad child
I'm not a disgrace to society
I'm not an orphan
I'm someone who needs love.

Just because I was exploited and abused
I'm not a sex addict
I'm not begging for attention
I'm not even asking for your help
I need my space.

Just because I'm in special ed
I'm not retarded
I'm not unintelligent
I'm not a bad person
I just need extra help.

Just because my dad died
I'm not a weak vulnerable person
I'm not using that as an excuse to get out of normal living
I'm not desperate for a father figure
I'm grieving.

Poem Two – Anonymous Female, 15

It doesn't matter.
All the flowers have died.
It doesn't matter.
There aren't any trees standing behind.
It doesn't matter.
The leaves have all blown away.

It does matter.
This tree is still standing.
It does matter.
It is still living, breathing, growing.
It does matter.
It is getting stronger for the time when the cold wind blows.

Poem Three – Anonymous Female, 15

I guess I just feel like nobody understands me.
I feel like people look at me and talk to me like I am dirty and nasty.
But, I didn't do anything wrong.
I am not a prostitute.
I am just a girl.
I am just a kid.

I was just walking down the street.
It wasn't my fault this pimp drove by me and jumped out to throw me in his car.
I didn't know him.
He beat me up and drugged me.
I had to have sex with these men.
If I didn't he told me that he would kill me.
If I didn't he told me that he would kill my grandma.
So, I felt threatened.
I was in a panic.
I didn't dare speak.
I didn't dare run.
It shook my confidence.
I felt really bad.

I was the thing he could rape.
Others men could come and literally purchase.
I was like something in the store.
And then, I felt like men would look at me and judge me like I was a cow at a fairground.
It makes me want to throw up to think about.
No one can understand if they haven't been through it.
But I hope they can care.
And I hope they can see the truth.
I am not a prostitute.
I am just a girl.
I am just a kid.

Testimony One – Anonymous Female, 16

I met my boyfriend on the Internet when I was 15 and he took me to another State – Atlanta. As soon as I got there he raped me and started advertising me on Internet sites like Craig’s List – sites that sold things you know. He made me stay in a motel room and he would send different guys in there. I was forced to have sex with them. When he was really being mean – when I hadn’t brought in enough – he would make me walk the streets. I would have to walk down the track.

I was pretty mad when I first got caught and got brought into the system. I just wanted to go back with my boyfriend because he had confused me into thinking I loved him. But, what helped was talking to my therapist. My therapist is honest and I can tell her anything without her judging me. She will still check me if I am not acting or thinking right though. I like being able to talk about what happened to me with my boyfriend or even just normal everyday stuff.

I also liked this group I went to because it helped me to think about what a healthy relationship is and when I started comparing these things to my relationship with my boyfriend I finally realized he was my pimp and not my boyfriend. Also we were funny sometimes in group and I learned how to have fun without drugs, older people, or boys. Before that I only hung out with people because of the drugs they had.

Again, I was made when I first got brought into the system. Some things I didn’t like about the system were being away from home. Part of me wished I could have just gone straight to my moms. Also, I felt like I had no control over my situation and my schedule was too full with things I had to do for the court orders. It made it so that I kept thinking about what happened and I could hardly move on with life.

More than anything I didn’t like rude staff. One day I saw a couple of them in their office talking about, making fun of, and laughing about how another girl looked. I knew I couldn’t trust them if they were mean and disrespectful to her. I didn’t like it when they talked to us bossy either. To staff working in the system – be nice to other people who come to you for help. They need someone who is nice to them. They need someone they can trust.

Testimony Two – Anonymous Female, 16

My story would be too long to tell. But in short, at the age of 14, I found myself pregnant by a 23 year old who my mom let move into my room. She never really cared or paid attention. By 15 years old I was on the run being sold for sex in Texas. I knew I had to get out of that situation and finally, I had a chance to talk to a cop at a gas station.

After being on the run I came into a big circle of people I had never met before, who were there to help me. I started in a foster home where I began in therapy. My therapist was referred by a cop who had previously helped me out of my situation. Meeting my therapist was one of the biggest blessings that I have received yet. She introduced me to the real world and worked week by week to make sure I was okay. In fact, she actually referred me to the Transitional Living Program where I now live.

There has been good and bad things that have come out of this experience and I want people who want to help stop this problem of sexual exploitation to know what they can and can't do that helps or doesn't help. There are just a few staff that have helped me and they seem to make these programs possible. They are the staff that care. The rules and regulations have helped me stay in order. The transportation has been an amazing thing for me with a 2 year old daughter, a job, and other needs. Having that available is a blessing. For me, being 16 and living with a bunch of teenagers is pretty hard, but I just stick to doing the things I need to take care. I stay busy with productive things and that keeps me going.

Now on the other hand, some things in this system of services don't help me. Sometimes I feel like staff, their ways, and their choices almost hurt me and bring me down. That's where my therapist comes in again though because she is the only way I could get through these issues. I would definitely suggest to anyone going through something to find someone you can trust and be able to share your problems with that person. Another disadvantage of being in this system would be the dis-communication with staff and peers or the way that people react over things that go on. It would be good if rules and regulations were straight and consistent. So, please try to be a staff that cares about the youth and I will continue to work to take care of my business. Please believe in me that I can do this.