A study of the impact of perceived individual stigma, social stigma and social support on treatment seeking behaviors of victims of sexual exploitation in Georgia

Elizabeth Michale Goatley
Clark Atlanta University

Follow this and additional works at: http://digitalcommons.auctr.edu/dissertations

Part of the Social Work Commons

Recommended Citation
The issue of commercial sexual exploitation of children (CSEC) is a growing problem within the United States of America. According to research by Report of the Special Rapporteur on the Sale of Children, Child Prostitution, and Child Pornography, 300,000 CSEC children may live within the United States every year (United Nations Economic and Social Council, 1996). Other research by the National Center for Missing and Exploited Children (1999) has estimated that the number of CSEC children may be increasing to around 300,000-500,000 per year. Research is lacking in providing more current statistics regarding the number of children being commercially sexually exploited due to the clandestine nature of the lifestyle. The CSEC population is described as an intricate network of pimps, johns, and child victims (Slavin, 2002; Dalla, Xia, &
Kennedy, 2003; Gragg, Petta, Berstein, Eisen, & Quinn, 2007). The population is often created of children that are deemed homeless, thrownaways, or transient/migrant (Gragg, Petta, Berstein, Eisen, & Quinn, 2007) or have not been reported missing by those with guardianship. According to research by A Future Not A Past, a national organization to end child prostitution, most CSEC children enter “the Life” around 12-13 years of age (A Future Not A Past, 2009). This dissertation examines the impact of perceived individual stigma, perceived social stigma and social supports impact on treatment seeking behavior among victims of CSEC. Through a mixed methods study, fifty (50) participants were selected through snowball sampling to participate in the quantitative research agenda and ten (10) participated in in-depth interviews. The findings showed that 48% reported seeking treatment for CSEC and 76% stated they had strong social support systems. The qualitative analysis supported the position that victims of CSEC will seek treatment with the help of strong social support systems.
A STUDY OF THE IMPACT OF PERCEIVED INDIVIDUAL STIGMA, SOCIAL
STIGMA AND SOCIAL SUPPORTS ON TREATMENT SEEKING
BEHAVIORS OF VICTIMS OF COMMERCIAL SEXUAL
EXPLOITATION OF CHILDREN IN GEORGIA

A DISSERTATION
SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF DOCTOR OF PHILOSOPHY

BY
ELIZABETH M. GOATLEY

WHITNEY M. YOUNG, JR., SCHOOL OF SOCIAL WORK

ATLANTA, GEORGIA
JULY 2012
ACKNOWLEDGMENTS

Heartfelt gratitude goes out to my Lord and Savior, Jesus Christ, without whom all of my efforts would be in vain. I acknowledge my mother, Ruby Goatley, for instilling in me persistence and determination. I acknowledge my father, Dr. Wilbert H. Goatley, Jr., for his continuous and unfailing love. Both of you created a wonderful environment for learning that nourished my buds of curiosity. I acknowledge my sisters and brother, LiAndrea, Victoria and Jonathan Goatley, for being my motivation to stay focused and finish. I acknowledge Mattie Davis, Dr. Wilbert H. Goatley Sr. and Verlene Farmer Goatley, the memory of John Davis and Lillian Goatley, my grandparents who prayed for me daily. I hope I have made you all proud. I acknowledge Jasmine Byse, Lara Cole, Dr. Terra Tyler, Renica Smith, Dr. Kristen Clark, Lailawna Armstrong, Allyson Rainey and Antronella Duff for being my wings when I wasn’t strong enough to fly on my own. I acknowledge Dr. Richard Lyle, chairman of my dissertation committee; Dr. Robert W. Waymer who was a faithful dissertation committee member. I acknowledge Chief Terry Sults, Captain Craig Chandler, Captain Benjie Cain, Sergeant Robert Stevens, Detective Elizabeth Concepcion and the Sandy Springs Police Department for creating a job that allowed me to follow my dream. I acknowledge Melba Robinson, Valentina Wiltshire, Kaffie McCulen and Janice Barrocas for their champion work on behalf of children who are victims of commercial sexual exploitation. I acknowledge Dr. Kimberly Broomfield-Massey, who has mentored me throughout this process. I acknowledge Kalinda Campbell for always reminding me of God’s calling on my life and Sean Smith for always believing in my dream. I am truly humbled. I am truly grateful. I am truly blessed.
TABLE OF CONTENTS

ACKNOWLEDGEMENTS ........................................................................................................ ii
LIST OF TABLES .................................................................................................................. v
LIST OF FIGURES ................................................................................................................ vi

CHAPTERS

I. INTRODUCTION ............................................................................................................ 1

   Statement of the Problem .............................................................................................. 4
   Purpose of the Study ...................................................................................................... 7
   Research Questions ...................................................................................................... 8
   Hypotheses .................................................................................................................... 8
   Significance of the Study ............................................................................................. 9

II. REVIEW OF LITERATURE .......................................................................................... 12

   International Sex Trafficking of Children .................................................................. 13
   Commercial Sexual Exploitation of Children in the United States ......................... 19
   Commercial Sexual Exploitation of Children in Georgia ........................................ 24
   Stigma Among Sex Workers ...................................................................................... 30
   Social Support Among Sex Workers ........................................................................ 34
   Theoretical Framework ............................................................................................... 40

III. METHODOLOGY ....................................................................................................... 48

   Research Design .......................................................................................................... 48
   Description of the Site ................................................................................................. 51
   Sample and Population ............................................................................................... 51
   Instrumentation ............................................................................................................ 53
   Treatment of Data ....................................................................................................... 55
   Limitation of the Study ............................................................................................... 57

IV. PRESENTATION OF FINDINGS ............................................................................... 59

   Demographic Data ..................................................................................................... 59
   Research Questions and Hypothesis .......................................................................... 63
LIST OF TABLES

Table

1. Demographic Profile of Study Participants .............................................. 60-61
2. Level of Individual Stigma ........................................................................ 62
3. Level of Social Support ............................................................................. 62
4. Level of Social Stigma ............................................................................... 62
5. Special Person sub facets among victims of commercial sexual exploitation...... 64
6. SPECIALPERSON: Special Person Support among victims of CSE ............ 65
7. Family Support sub-facets among victims of CSE ....................................... 66
8. FAMSUPPORT: Family Support among victims of CSE ............................. 67
9. Level of Family Support among victims of CSE ........................................ 67
10. Friends Support sub-facets among victims of CSE .................................... 68
11. FRIENDSUPPORT: Friend Support among victims of CSE ...................... 69
12. Family Support and Seeking Treatment ................................................... 69
13. I can talk to my family about my problems among victims of CSE ........ 70
14. Correlation of Social Support and Individual Stigma .............................. 72
15. Correlation of Social Support and Social Stigma ...................................... 73
16. Correlation between Social Stigma and Individual Stigma ..................... 74
17. Qualitative Analysis Questions from the interview schedules .................. 75
18. Qualitative Themes with Narrative ......................................................... 76- 78
LIST OF FIGURES

Figures

1. Triangulation Method ...........................................................................................................50
CHAPTER I

INTRODUCTION

The trafficking and exploitation of children for sex is a global problem. UNICEF, the international nongovernmental organization for the protection of children, estimates that 1.2 million children and youth are commercially sexually exploited each year worldwide (Lloyd, 2011). Rachael Lloyd is the founder and executive director of Girls Educational and Mentoring Services (GEMS), the nationally recognized leading service provider for victims of commercial sexual exploitation, in New York. Lloyd states that globalization has assisted in the increased number of children and adults that are being trafficked internationally, but reports that the majority of sexual exploitation occurs with a country’s borders and involves its native citizens (Lloyd, 2011).

Commercial sexual exploitation of children (CSEC) is the most hidden form of child abuse in the United States and North America (Estes, 2001). Commercial sexual exploitation of children, simply put, is the domestic sex trafficking of children with a third party exploiter who profits from the exploitation (Estes and Wiener, 2001). It is often described as juvenile prostitution, but is much larger in scope. CSEC includes, but is not limited to, pornography, stripping, erotic or nude massages, escort services, phone sex, private parties, gang- based prostitution and interfamilial pimping (Estes and Wiener, 2001).

It is estimated that 100,000 to 300,000 youth are at risk for commercial sexual exploitation annually in the United States (Estes and Weiner, 2001). In the state of
Georgia it is estimated that more than 400 girls are victims of commercial sexual exploitation annually (Governors Office for Children and Families, 2010). The average age for entry among juveniles into the commercial sex industry for juveniles ranges from 12 to 14 years old (US Department of Justice, 2010).

Commercial sexual exploitation of children is a subset of the larger social phenomena human trafficking. CSEC encompasses the domestic trafficking of juvenile victims for sexual purposes. While CSEC is often discussed within the larger socio construct of human trafficking, the effects of CSEC crimes differ slightly, from those of international human trafficking victims. This dissertation examined the commercial sexual exploitation of children in the state of Georgia. It sought to gain a better understanding of victims desire to seek treatment, by analyzing the impact of perceived individual stigma, perceived social stigma and social supports on a victims treatment seeking behaviors decisions (Kotrla, 2009).

Addressing the paradigm of commercial sexual exploitation in children research begins by analyzing the national policies used to define the social problem. Federal policies addressing CSEC are located within the Victims of Trafficking and Violence Protection Act (2000). This Congressional Act defined human trafficking as (a) Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age; or (b) 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 (Kotrla, 2009).
The Victims of Trafficking and Violence Protection Act (2000) defines sex trafficking as the means the recruitment, harboring, transportation used in an act of commercial sexual exploitation, as sex trafficking victims (Hughes, 2007). After the incorporation of the VTVPA (2000) the United Stated made significant advances in the area of international human trafficking victims. Federal money was allocated to states to assist in victim services as well as with law enforcement agencies to prosecute human trafficking crimes (Hughes, 2007). Limited resources were allocated to assist in the treatment and prosecution of domestic victims of sex trafficking (Hughes, 2007; Kyckelhahn, Beck, & Cohen. 2009).

The first national research agenda that focused on capturing CSEC on a national scale was conducted through the University of Pennsylvania. This research approximated 100,000 victims of sex trafficking within the United States (Estes & Weiner, 2001) annually. Estes and Weiner (2001) also reported that approximately 325,000 children are at high risk to be victimized within the United States. Estes and Weiner (2001) acknowledged that they utilized projections in their research to estimate the number of victims. Critiques of this research abound due to concerns over the methodology used to gather the data and the clandestine nature of the research population (Stransky & Finkelor, 2008). While the methodology may be debated, the research exposed the need to address the phenomenon of domestic sex trafficking in conjunction with the international phenomenon (Kotria, 2009).

In 2007, the Federal Bureau of Investigations (FBI) cited the city of Atlanta and its metropolitan area as one of 14 cities of concern for commercial sexual exploitation
In 2007, the Governor's Office of Children and Families (GOCF) began a prevalence study on CSEC in the state of Georgia. Over the two years that the GOCF monitored CSEC traffic in Georgia, there was a significant increase in commercial sexual activity including juvenile victims (Schapiro Group, 2010). The research showed that from August 2007, the number of CSEC cases seen in Georgia was 251, by November 2009; the number was 405 CSEC cases in Georgia with a majority of the traffic being conducted via the internet (Governor's Office for Children and Families, 2010). In an effort to correct the CSEC problem in Georgia the GOCF created the Commercial Sexual Exploitation (CSEC) Task Force which was charged with the task of creating a state wide response to the growing CSEC problem throughout the state (Governor's Office for Children and Families, 2010).

This issue continues to be a growing social concern due to the maltreatment of the victims and disregard for human life. Narratives of victims of commercial sexual exploitation recount stories of rape, identity theft, starvation, and forced prostitution (Tepanon, 2006). In a country where the core values include that every person is given the right to life, liberty, and the pursuit of happiness, the question must be addressed as to how this country can allow people to hinder the rights of our youth and steal their innocence, thus negating their rights to all of our core values by refusing them freedom (Westebbe, 2004).

Statement of the Problem

Commercial sexual exploitation of children greatly impacts society by increasing criminal behavior within communities and decreases the safety of adolescents in those
communities, society and globally (Office of Juvenile Justice and Delinquency, 2005; Mitchell, Jones, Finkelhor & Wolak, 2011). Often accompanying this criminal behavior are other crimes such as drugs, stealing and increases violence, thus increasing concerns in the area of public health and safety (Mitchell, Jones, Finkelhor & Wolak, 2011; Estes & Weiner, 2002; Boxhill & Richardson, 2007). It maintains an overt disregard for law enforcement and for civil rights. It traps individuals into a life of servitude, thus limiting the contributions they can make to their families and the impact that they can make in their own lives (Halter, 2007; Hodge, 2008).

Commercial sexual exploitation of children causes extreme psychological damage to the victim resulting in residual issues of trauma, anxiety and depression (Farley & Barkan, 1998; Clawson & Goldblatt, 2007; Albanese, 2007). These psychological issues can take years of therapeutic and emotional support to overcome (Tyler, Hoyt, Whitbeck & Cauce, 2001; Cooper, 2008). In the United States, individuals are governed under the Constitution that states that it is unconstitutional to enslave any human being or force them to work without appropriate working conditions and pay. Victims of commercial sexual exploitation of children (CSEC) are coerced and forced to perform sexual acts with strangers, experience violent beatings, threats, and death if they refuse to adhere to their pimps. CSEC victim also lose their self identity by losing their names and carrying the name that their exploiter chooses as their “street/ stable” name (Estes & Weiner, 2002; Shauer & Wheaton, 2005). Commercial sexual exploitation of children is child abuse at its worst. It takes the voice away from an already silenced population (Cooper, 2009; Hodge, 2008).
The need to research commercial sexual exploitation of children (CSEC) is imperative to ending this cruelty among children and ensuring the safety of future generations from enduring such disregard for human life (Flowers & Moore, 2003). The profession of social work provides a great avenue to research this social issue, as it allows for the researcher to look at several aspects of the social problem such as economic factors, health/mental health factors, and social factors, to name a few (Estes & Weiner, 2002; Kay, 1993).

CSEC victims often face personal and/ or family challenges that make it difficult for them to exit the commercial sex industry. According to GEMS, a national program to services girls in and exiting the sex industry, most victim’s recidivate seven times before they are fully successful in leaving the commercial sex industry (GEMS, 2010). The ability of the victim to completely exit the sex industry was not limited to education levels or socio economic status. CSEC victims are often faced with the violence or the threat of violence, a loss of identity and feelings isolation upon attempting to exit the sex industry (GEMS, 2010).

Research that tells the story of CSEC victims, through their voice, is limited. This dissertation utilized a mixed method exploratory research design to examine the factors that will assist social programs, cities and states to provide better CSEC treatment for rescued victims. More specifically, this dissertation examined the relationship between perceived individual stigma, perceived social stigma and social support on victims of commercial sexual exploitation decision to seek treatment. Analyzing CSEC victims from this perspective increased the body of knowledge and increased the understanding
of CSEC as a social issue. Many research addressing CSEC, discusses rescuing the victims from their perpetrator and providing them treatment without acknowledging the systems that will assist in the success of the victims treatment. Without the proper policies in place, government at the national and state level will not be able to address this growing form of child abuse.

Purpose of the Study

The purpose of this dissertation was to take a more social approach to the issue of commercial sexual exploitation in Atlanta, Georgia. This research examined the relationships between perceived individual stigma, social stigma and social support’s impact on victims of CSEC seeking treatment. This study used a mixed methods approach, meaning that it utilizes both qualitative and quantitative data for analysis (Creswell & Plano Clark, 2007). The researcher deemed this method most appropriate to obtain a more in-depth analysis of victims of commercial sexual exploitation (Creswell & Plano Clark, 2007; Flowers & Moore, 2003; Glaser & Strauss, 1967; Moore & Flowers, 2003). This method allowed the researcher to gather quantitative information directly from victims of CSEC as well as gathered data in their words; providing a direct voice to victims of commercial sexual exploitation. This study allowed the researcher to gain a better understanding of how to better serve this population.

Utilizing both a qualitative and quantitative approach to analyzing the data allowed the researcher to have data that can be both statically analyzed to find significant relationships among the variables, and the qualitative data provides a voice to the relationship (Yegidis & Weinbach, 2006; Creswell & Plano Clark, 2007). This
dissertation examined these variables in efforts to reduce recidivism rates among commercial sexual exploited victims by increasing the comprehension surrounding the systems that assist victims in seeking treatment to address issues related to CSEC. Due to the vulnerability of this population, this study will utilize adult victims (age 17 and older) that have been in the commercial sex industry before turning sixteen years of age.

Research Questions

The research questions of the study will be:

1. Will victims of CSEC with greater social support have a greater tendency to seek CSEC treatment?
2. What is the association between treatment seeking behavior and talking about problems with social support among victims of CSE?
3. What is the association between perceived social support and perceived self stigma among victims of CSE?
4. What is the relationship between perceived social support and perceived social stigma among victims of CSE?
5. What is the association between perceived self stigma and perceived social stigma among victims of CSE?

Hypotheses

The null hypotheses for the study are as follows:

1. There is no difference in seeking treatment among those with greater social support among victims of CSE.
2. There is no significant difference between treatment seeking behavior and talking about problems with social support among victims of CSE.

3. There is no significant difference between perceived social support and perceived self stigma among victims of CSE.

4. There is no significant difference in the relationship of perceived social support and perceived social stigma among victims of CSE.

5. There is no significant difference between perceived self stigma and perceived social stigma among victims of CSE.

Significance of the Study

In order to address the issue of CSEC in the state of Georgia, law enforcement, service providers, and policy makers must better understand what will assist and hinder victims from wanting to seek treatment. It is also important for all stakeholders to understand what societal issues will assist or hinder CSEC victims from seeking treatment (Moore & Flowers, 2003).

This dissertation attempted to better explore the impact that individual and social stigma of being a victim of CSEC had on a victim’s decision to seek treatment for CSEC related issues. This research also sought to examine the significance of social supports impact on treatment seeking. This dissertation is essential in this area due to most of the victims will need the support of their parents, therapist, mentors, and society to reintegrate into mainstream society. It strengthens the body of literature by addressing ways to better embrace victims of commercial sexual exploitation, discussed the need for
appropriate public policy to be in place to combat CSEC and identify better programmatic ways to treat rescued victims.

The significance to the field of social work is evident through the distinct paradigm it provides as it examined CSEC from a social problems perspective instead of an economic issue or a criminal justice context. It adds to the literature that gives a voice to child victims of commercial sexual exploitation by utilizing qualitative research methods, as well as adds to the literature that proposes that a more social concept to combating CSEC is necessary. This study allowed the researcher to explore whether the state policy makers are making it a priority to fight this form of child abuse, thus providing the needed policies to provide assistance for victims of CSEC.

The issue of commercial sexual exploitation of children (CSEC) continues to be a growing concern within the United States. Research is often limited in this area do to the clandestine nature of the population. Most research on this topic addresses the growth of the issue and how to provide for the victims, but few evaluate the reasons that victims would seek treatment to address CSEC related issues. Research lacks in the area of commercial sexual exploitation and the stigma that is gained from being labeled a victim of CSEC. No research identifies the impact that it has on seeking treatment. This dissertation also examined the impact of social supports on treatment seeking behaviors.

Commercial sexual exploitation in all simplicity steals the victim’s childhood. It forces the victim to deal with physical and emotional trauma and negates their feelings of safety from family, community and society. It traps individuals into a life of servitude, thus limiting the contributions they can make to their families and the impact that they
can make in their own lives (Lloyd, 2011). This dissertation utilized both a qualitative and quantitative approach the commercial sexual exploitation of children from a more social context. The goal of this study was to address the recidivism rate among victims of commercial sexual exploitation by exploring the impact in which perceived individual stigma, social stigma and social supports have on victims of CSEC tendency to seek treatment in Georgia.
CHAPTER II
REVIEW OF LITERATURE

The purpose of this research is to examine the relation between perceived individual stigma, social stigma and social support on the treatment seeking behaviors of victims of commercial sexual exploitation of children in Georgia. This dissertation took an in-depth look into these paradigms to determine if creating program models to address these variables will better service the CSEC population or strengthening the ones already implemented will affect the rate of recidivism and increase treatment rates which occurs when objectified victims are compelled or cajoled to return to oppressive environments by various institutional factors among this population (Davies, 2004).

This research analyzed the impact that each variable has on the identified individual’s ability to successfully complete treatment or to not return to the commercial sex industry. A goal of this research was to assist social workers better understand commercial sexual exploitation of children as well as provide the best services to care for these victims (Davies, 2004).

This chapter examined the current empirical literature in the field of commercial sexual exploitation of children. Through critical analysis, this chapter aimed to provide a comprehensive review of literature that addresses this social problem as well as expose the gaps in literature that continue to garner research. This literature review discusses the condition of trafficking humans globally and it’s precedence in the economic market.
place, the domestic trafficking of human within the United States, the trafficking of children for sexual purpose and finally the commercial sexual exploitation of children in Georgia. Through each of these themes, the research will provide foundational literature as well as examine where prominent research is headed. Throughout each theme, the research will discuss how the variables in this proposal intertwine throughout the literature or how their absence plays a vital role in better understanding this phenomenon.

International Sexual Trafficking of Children

According to the U.S. Department of State Report, (2008) the clandestine nature of human trafficking prevents the accurate and concise count of human trafficking victims annually (U.S. Department of State, 2008). The United Nations Children’s Fund (UNICEF) estimates that over a million children are trafficked globally for the purposes of sexual exploitation. While the United States of America is not a prominent country for the exporting of trafficking victims, it does play as significant role as a transit and destination country for trafficking in persons (U.S. Department of State, 2008; Fong & Cardoso, 2010; Estes & Weiner, 2002; Minzus, Moody, Privado & Douglas, 2003). The prominence of trafficked children internationally is astounding (Fong & Cardoso, 2010; Schauer & Wheaton, 2006; Munzus et al., 2003). Edward Schauer and Elizabeth Wheaton (2006) state in their article, *Sex Trafficking into the United States: A Literature Review*, “human trafficking and sexual exploitation are “part and parcel” of the larger world wide and exponentially increasing slave trade.” They continue by discussing that sex trafficking of children must not be combined with that of trafficked adults due to the intricacies and overlapping systems that work to protect children (Schauer & Wheaton,
They also state that while the transport of international child trafficking victims and adult victims are logistically similar, there are vast differences in the emotional, psychological and physical torture that child victims encounter (Schauer & Wheaton, 2006). Children that have been trafficked must deal with the adjustments in self identity, social stigma, loss of family, unfamiliar environments and assimilation to new cultures (Schauer and Wheaton, 2006).

The most advanced literature on addressing child sexual exploitation internationally is currently being researched out of London, England. An article entitled, *Child Sexual Exploitation: A Partnership Response and Model Intervention*, Evelyn Kerrigan Lebloch and Siobhan King (2006), discuss Camden’s use of a multi disciplinary team as a means to addressing child sexual exploitation. Lebloch emphasizes the need to utilize child sexual exploitation instead of juvenile prostitute to change the connotation that accompanies the latter. “Re-classifying child prostitution as child sexual exploitation has enabled the development of a model of identification, risk assessment and intervention as a working tool for practitioners (Lebloch and King, 2006).”

Lebloch and King (2006) state that while there is extensive research that addresses the challenges with recovery for victims of sexual abuse, additional concerns are prevalent in victims of child sexual exploitation. The authors state that practitioners must account for the impact of physical, emotional and sexual abuse, fear, denial, stigma, financial problems, drug dependency, lack of education and training and isolation from friends and family (2006). Lebloch and King (2006) analyze the creation of the Children Abused Through Sexual Exploitation (CATSE) project that allowed the use of a
multidisciplinary team to created level of risk for identification purposes. The CATSE project created level of risks and implemented appropriate levels of treatment for which to partner (2006). This level system allowed victims to receive individualized treatment instead of one level of treatment to address every victim of sexual exploitation. Lebloch and King (2006) warned that quantifying the scale of child sexual exploitation is problematic due to the hidden nature of the abuse as well as getting the involvement of local law enforcement agencies.

Also in 2006, Jenny Pearce wrote an article published in London, England identifying who should be involved in safeguarding sexually exploited youth. Pearce’s article, Who Needs to be Involved in Safeguarding Sexually Exploited Young People (2006) examines child sexual exploitation through the prevention lens. Pearce suggests that since child victims of sexual exploitation are considered victims they would benefit from interventions from multiple facets. Pearce states that since most victims have multiple issues, they would benefit from a multifaceted approach. Pearce utilized a case study approach in her article that spotlighted three victims of sexual exploitation (Pearce, 2006).

Through the case studies, Pearce (2006) was able to show that sexual exploitation affects different racial and cultural groups in England. Pearce acknowledges that her research, like most other research on sexual exploitation, shows that a majority of victims are from lower socio-economic areas and that many have several other risk factors that make them vulnerable to exploitation (i.e. financial need, lack of education, societal stigma). Pearce (2006) chooses to focus on the multi dimensional needs of her research.
participants. Pearce’s argument is that social services cannot handle all of the needs of the victims of sexual exploitation (Pearce, 2006). Through the case study of Nella, the author states, “the child protection procedures need to be informed by policies and practices guiding those working with victims of domestic violence” (Pearce, 2006).

Pearce (2006) states that some young people may not be able to be “rescued” from the abusive relationships that they are accustomed to being in, but they will also benefit from housing support, self help groups, an open door approach to service delivery and systems that assist the victim in becoming independent (Pearce, 2006).

Jacqui Montgomery-Devlin (2008) in his article, *The Sexual Exploitation of Children and Young People in Northern Ireland: Overview from the Barnardo’s Beyond the Shadows Service*, discusses the international marketplace for males in Ireland. Montgomery-Delvin argues that children who are exploited are “often the most vulnerable in society” (Montgomery-Delvin, 2008). Delvin (2008), goes on to explain how children rarely make the choice to become sexually exploited. He states that most of the children are trafficked to provide familial or personal support. This loyalty and indebtedness to family is often the trigger for trafficking children internationally (Montgomery-Delvin, 2008).

Montgomery-Delvin lists the myths that accompany the idea surrounding “trafficked children” such as 1) they choose to enter the life; 2) they are deserving of their plight; 3) if they wanted to leave, they could. Montgomery-Delvin (2008) answers each of the myths and describes the slave mentality that occurs when one is forced into a life of commercial sexual exploitation. He expels the notion of voluntary resignation once the
child is forced to work internationally. With no family support, no knowledge of the language, and a lack of social understanding, most of the international victims of commercial sexual exploitation find themselves reliant on their exploiter to supply all of their needs and are willing to do whatever it takes to survive; even if it’s the exploitation of their bodies (Montgomery-Delvin, 2008). These arguments are reiterated by a myriad of other research (Estes & Weiner, 2002; Scott & Harper, 2006; U.S. Department of Justice, 2007; Lowe & Pearce, 2006), each recounting stories of children who were forced into commercial sexual exploitation. Some were convinced it was their only means of survival, others thought it was a means to provide for their families. All were convinced there was no other choice (Estes & Weiner, 2002; Scott & Harper, 2006; U.S. Department of Justice, 2007; Lowe & Pearce, 2006).

A major research study conducted in 2003 examined human trafficking in women throughout Europe. This article, The health risks and consequences of trafficking in women and adolescents. Findings from a European study (2003) allowed women that did identify with being trafficked the opportunity to define human trafficking through their personal experience. This article's main agenda is to illuminate the health risk among human trafficking and sexual exploitation of women. The authors describe several health factors that female and adolescent trafficking victims must endure including several sexually transmitted diseases and provide strategies as to how victims of human trafficking can institute safety mechanisms to guard against disease. This study also compared the issues that victims of human trafficking face to those that engage members
of other immigrant populations (Zimmerman, Yun, Shvab, Watts, Trapolin, Treppete, Bimbi, Adams, Jiraporn, Beci, Albrecht Bindel, & Regan, 2003).

Researching the need for adequate services for victims of human trafficking is needed to ensure that the United States is reaching the goals set forth in the Trafficking in People report, to prosecute those that are involved in trafficking people, protecting vulnerable populations that are at risk to be trafficked, and prevention of future trafficking efforts. The United States also makes a commitment to the victims to rescue, rehabilitate, and reintegrate those that are victims of human trafficking (U.S. Department of State, 2007). Several researchers have looked at human trafficking as a global and international issue, but few have looked at human trafficking from a domestic standpoint within the United States (Busch, Fong, & Williamson, 2004; Schaeffer-Grabiel, 2004 Simkhada, 2004; Westebbe, 2004).

The current research examines the economic benefits within the system of human trafficking and estimates it to be a market worth $30 billion to $40 billion, often with links to organized crime (Rosenthal, 2007). The rapid rise in trafficking is largely a result of globalization; better communications makes it easier to lure poor people with unrealistic promises. This idea that better communication assist with the continuation of human trafficking adds to the need to do further research in domestic trafficking within the United States. If the United States is a major destination for victims of human trafficking, services must be in place to assist these victims once they are rescued (Rosenthal, 2007).
A common practice among literature that examines human trafficking in the United States combines human trafficking with other sexually exploited victims. In recent research, studies examined victims of human trafficking compared to sexually exploited children. In these articles human trafficking victims were studied to find associations in the recalling of victimization and their ability to respond to new abusive situations (Brown, 2006; Davies, 2004; DiNenno, 2004; Lebloch & King, 2006). Each of these studies compare both women and children victims of human trafficking to children that have been sexually exploited. While these studies examine the similarities between the two populations it provided findings that showed the differences between the populations in their response to trauma. Child of sexual abuse were more often able to recover from the trauma of the abuse and lead what the researchers operationalized as “normal” lives, but those that were trafficked has more difficult time recovering from the trauma of being removed from their native country and victimized in an unfamiliar environment. These studies provide insight into better ways of servicing human trafficking populations.

Commercial Sexual Exploitation of Children in the United States

Research on commercial sexual exploitation of children within the United States has not been conducted on the scale as international human trafficking of children. The major arguments in conducting research within the United States include the inability to identify and locate trafficking victims (Mitchell, Jones, Finkelhor, & Wolak, 2011; Fong, 2010; Gozdziak, MacDonnell, 2007; Kotrla, 2009; Tyler, Hoyt, Whitbeck & Cauce, 2001). One of the initial national study of commercial sexual exploitation of children in the United States was, The Commercial Sexual Exploitation of Children In the U.S.,
Canada and Mexico (Estes & Weiner, 2001). In this study Estes and Weiner (2001) attempted to identify and quantify the amount of sex trafficking that was occurring in the United States, Canada and Mexico. Estes and Weiner (2001) also attempted to identify the extent to which organized crime was involved in the trafficking of juveniles and the ability of these three countries to address the needs of the juvenile victims. The research determined that the number of juveniles at risk of being trafficked for sex within the United States is between 100,000 and 300,000 annually (Estes & Weiner, 2001).

Estes & Weiner (2001), discussed that juveniles that have run away from home, witnessed domestic violence or abuse, have a history with drug use or abuse are more vulnerable to sex trafficking. Estes and Weiner (2001), also noted that most cities were not capable of meeting the needs of these juveniles once they were identified and rescued. Estes and Weiner (2001), recommended that cities utilize a multidisciplinary approach, including social services, department of juvenile justice and community organizations, to provide the resources to meet the needs of the identified victims (Estes & Weiner, 2001).

Research that utilizes trafficking often incorporates other sexually exploited populations. “Finally, in the first ever available national- level data on human trafficking investigations, 83 percent of the 1,229 investigations were sex trafficking cases (Kyckelhahn, Beck & Cohen, 2009; Kotrla, 2009); of those, 63 percent involved U.S. citizens, and almost one-third (32 percent) involved minors (Kotrla, 2009). This issue is addressed in the article, Underidentification of Human Trafficking Victims in the United States (2004). Elizabeth Hopper addresses that due to the covert nature of human
trafficking and the use of intimidation techniques many victims of human trafficking are often afraid to identify themselves as such and will often receive services through agencies that service sexual trauma victims or immigrant population, but never identified as a trafficking victim (Hopper, 2004).

Dr. Sharon Cooper (2009) states in her article, *The Sexual Exploitation of Children and Youth: Redefining Victimization*, the normalization of exploitative jargon (i.e. pimping, tricking, bottom bitch,) seen in American society allows these victims to go unnoticed in most social environments (Cooper, 2009). Kimberly Kotrla (2010) argues that CSEC in the United States of America is not a new phenomenon; more commonly known as prostitution, but only in recent years has the age of the victim been called into question (Kotrla, 2010).

Due to the moral/ethical stigma attached to “prostitution”, those that advocate for commercially sexually exploited children must assist the general public as viewing the identified children as “victims” instead of “criminals”. With a society and a justice system that continues to hold the level of accountability on the juvenile instead of the adult, who is purchasing the child for sexual encounters, we, as a nation, will continue to identify children of commercial sexual exploitation effectively (Kotrla, 2010).

An article entitled, *Effectively responding to the commercial sexual exploitation of children: A Comprehensive Approach to Prevention, Protection and Reintegration Services* (2001) describes the appropriate responses for non-government organizations and community service partners. Laura Barnitz provided three categories that need to be addressed to effectively serve this population; Education and Advocacy, Prevention and
Youth Participation (2001). Barnitz states that it should be a mandate for every organization that works with this population to advocate in their stead. The advocacy should include educating law enforcement and policy representatives to assist them in better understanding the plight of these identified juveniles (Barnitz, 2001).

Barnitz (2001), also states that organizations must take a preventative role in CSEC, thus offering treatment to adult male offenders (John Schools) as well as creating programs that offer preventative information for high risk juveniles (Barnitz, 2001).

A study by Balderas (2006), entitled Human Trafficking: A comparative analysis of the perceptions of college students and police officers, examined the awareness of human trafficking among college students at the University of Arlington, in Arlington, Texas. This study also provided insight into the prevention programs in that area. Police officers were also surveyed as to how they serve the human trafficking populations between the borders of the United States and Mexico and the study found that the officers were not prepared to handle the population due to the nature of the victimization and the language barriers. This study specifically recommended that law enforcement be better equipped to handle this population since they are usually the first ones to encounter the population.

As the literature on commercial sexual exploitation of children continues to expand, researchers begin to analyze subgroups. In an article entitled, A Descriptive Study on Sexually Exploited Children in Residential Treatment, Sarah Twill, Denise Green and Amy Traylor (2010), discuss the vulnerability that sexually exploited youth experience in residential treatment facilities. This study specifically looked at a treatment
facility in the southeast that treated female adolescents that had been identified in the
courts as being prostituted. Twill, Green and Traylor (2010) state, that in this study, fifty
five percent (55) of the study participants committed new offenses upon leaving the
treatment facility. None of the new charges were for prostitution; however, twenty three
percent (23) did commit status offenses. Twill, Green and Traylor (2010), stated that they
were unable to determine if the status offenses were connected to prostitution (i.e.
running away, violation of probation and curfew violations). This study also showed that
forty five percent (45) did recidivate. This study also showed that thirteen of the twenty
two participants had IQ’s that would make them eligible for special education services in
traditional public schools (Twill, Green and Traylor, 2010).

While this study could not conclude any determining factors, it is important that
the study recognized that the juveniles commit status offenses. Most juveniles that are
identified through the courts system are not repeatedly charged with prostitution. Many
are charged with status offenses and sent to diversion programs such as the treatment
program in this study. Current research states that law enforcement should flag juveniles
that have excessive status offenses. Twill, Green & Traylor (2010) recommend, that
based on the findings of this study and the review of the literature, attention needs to be
paid to treatment modalities of youth who engage in prostitution. Cognitive and
behavioral training methods focusing on improving social skills, problem solving, and
relationship building, are crucial elements of any treatment plan for adolescents engaged
in delinquent behavior (Twill, Green & Traylor, 2010).
Joan Reid continued the discussion of service delivery to juvenile victims of commercial sexual exploitation in her 2010 article, *Doors Wide Shut: Barriers to the Successful Delivery of Victim Services for Domestically Trafficked Minors in a Southern U.S. Metropolitan Area*. Reid noted that throughout the target area of her study, services for juvenile victims of domestic sex trafficking (also known as commercial sexual exploitation) were not readily available. Reid stated, that because understanding domestic sex trafficking is lacking, the identification of the juvenile victims of domestic sex trafficking is underestimated. Reid states that there is a need to educate all educators, social service workers, court workers and law enforcement on domestic sex trafficking to better provide services to meet their needs. Reid concludes that those providing services to identified juvenile victims of domestic sex trafficking must comprehend the victimization that has occurred within the juvenile’s life. Reid (2010) states that understanding the victimization is essential to providing the appropriate treatment for the juveniles (Reid, 2010).

**Commercial Sexual Exploitation of Children in Georgia**

Just as the United States government passed the Victims of Trafficking and Violence Protection Act in 2000, the state of Georgia passed its own human trafficking legislation, commonly known as HB 200, in 2011. Under the new legislation the government: 1) provides an expanded definition of “coercion” in the human trafficking statute, to include causing or threatening financial harm; 2) Prohibits defense by blood relation – such as parents exploiting their children – or by marriage – such as a husband “selling” his wife; 3) Significantly increases penalties for human traffickers who target
minors. If the victim is at least 16 but less than 18 years old, the crime is a felony and punishable by 5-20 years in prison and a fine of $2,500 to $10,000. If the victim is under 16 years old, the crime is a felony and punishable by 10-30 years in prison and a fine of up to $100,000; 4) Treats those in sexual servitude as victims, not criminals, by offering them recovery under the state crime victim’s fund; 5) Provides an affirmative defense for victims when coming forward to the sexual crimes of prostitution, sodomy, solicitation of sodomy and masturbation for hire, if the defendant was being trafficked for sexual servitude; 6) Allows the state to seize any real or personal property that a trafficker used for, or bought with the proceeds of the crime; and 7) Requires law enforcement agencies to receive training on how to relate to human trafficking (Sharing Hope, 2012). The addition of this law into the Georgia legislature exemplifies the necessity for Georgia to address the commercial sexual exploitation with the state (Sharing Hope, 2012).

There have been major research studies focusing on CSEC within the state of Georgia. These includes the Trafficking in Persons report conducted annually by the United States Department of State (2007), Hidden in Plain View: The Commercial Sexual Exploitation of Girls in Atlanta, (Priebe & Suhr, 2005), Commercial Sexual Exploitation of Children in Georgia: Service Delivery and Legislative Recommendations for State and Local Policy Makers (Barton Child Law and Policy Clinic, 2008) and Men Who Buy Sex with Adolescent Girls: A Scientific Research Study (The Schapiro Group, 2010). In these studies CSEC is examined from the perspective of victims trafficked on Georgia streets, internets, and in adult entertainment centers. All provide case studies of victims that have been bought and sold in the state of Georgia. These studies argue that due to the covert
nature of human trafficking providing accurate numbers of victims within the United States is almost impossible. These studies provide background information as to best serve this population although neither actually evaluated the service delivery systems that service this population (The Schapiro Group, 2010).

The 2007 article Hidden in Plain View: The Commercial Sexual Exploitation of Girls in Atlanta (Priebe & Suhr, 2005) is a critical to this study due to its targeted population. This article specifically addresses the issue of human trafficking in the city of Atlanta, Georgia. The article states that Atlanta, being a convention and sports event center, has a thriving “adult entertainment” industry: strip clubs, lingerie and sex shops, escort services, massage parlors. At the same time, Atlanta generates its own lost battalions of emotionally and physically abandoned children and is a magnet for such children from outlying areas. These children are vulnerable to the pimps and their recruiters, but the pimp would have no interest in the children if there were no demand (Priebe & Suhr, 2005).

In Atlanta, the most prevalent form of commercial sexual exploitation of girls appears to be prostitution. This is not to say that other forms of commercial sexual exploitation do not occur. However, due to the underground nature of this exploitation, many girls remain hidden behind closed doors in escort services, massage parlors, dance clubs and other "legal" establishments (Friedman, 2005).

Beginning in 2000, fourteen of the most egregious pimps in Atlanta were investigated by the FBI under the auspices of the United States Attorney for Georgia’s Northern District, Richard Deane. Investigation revealed a prostitution ring that targeted
young girls, some as young as 10 (Priebe & Suhr, 2005). Beginning in the fall of 2000, the FBI and the Atlanta Police Department launched a series of raids, arresting eleven of the fourteen pimps under the federal Racketeer Influenced and Corrupt Organizations Act (RICO). Traditionally reserved for organized crime involving drugs, no pimp had ever been charged under the RICO Act (Priebe & Suhr, 2005).

In 2002, all fourteen pimps were found guilty on charges related to a widespread child prostitution scheme after months of hard work by the Asst. U.S. Atty. Janis Gordon. Several of the pimps were convicted under the RICO Act. “Sir Charles” Floyd Pipkin was sentenced to thirty years. Andrew Moore, aka “Batman,” was sentenced to forty years. Pipkin and Moore both lost their appeals in 2004 (Priebe & Suhr, 2005). In the report, *Hidden in Plain View*, the Atlanta Women’s Agenda argue that sexual exploitation and human trafficking are growing concerns in Atlanta due to the lack of monitoring agencies (Priebe & Suhr, 2005). Atlanta has lacked the ability to monitor a population that is often over looked domestically and has lacked in its ability to provide resources for the victims upon their release from human trafficking. This lack of resources is of major concern as the number of trafficking victims and sexually exploited women continues to grow. That is why it is necessary to evaluate the resources that are available to victims, monitor their effectiveness in the reducing of reverse trafficking and the satisfaction of services from victims that utilize the services (Priebe & Suhr, 2005).

In the Atlanta, Georgia study, *Men Who Buy Sex with Adolescent Girls: A Scientific Research Study* (2010), the research looked that the demand side of trafficking in Georgia. The thesis of this study was to create a picture of who was purchasing
juvenile girls for sex (Schapiro Group, 2010). The study found that the average age for men purchasing sex from adolescent girls in Georgia was 33 years of age with the majority falling between 30-39 years of age. The study showed that the problem was not localized to urban metro Atlanta, but respondents in the research were from the entire metropolitan area. Out of 218 (N=218) respondents 65 percent of the men lived in surrounding suburbs of Atlanta, with 9 percent stating that they live near the airport. The research found that 12,400 men each month in Georgia pay for sex with young females, 7,200 utilize the females for exploitive purposes (Schapiro Group, 2010). This study’s most shocking revelation was that 48 percent of the men continued to pursue purchase of the female even after being informed that the female for purchase was underage (Schapiro Group, 2010).

The Schapiro Group also conducted a study of adolescent girls in the sex industry in their study, Adolescent Girls in Georgia’s Sex Trade Tracking Study Results August 2010. This study purports that as a result of a statewide study in Georgia, a significant number of girls under the age of 18 are involved in the domestic sex trade. This study also showed that using a method of probability, a range from 209 to the high assumption of 576, girls are involved in sex for pay activities within the state of Georgia. In this August 2010 study, Schapiro Group categorized the dissemination of sex for pay as the following activities: street level prostitution, internet classifieds, escort services, and hotel activity. This study reports that 111 girls were involved in sex for pay activities on a typical weekend night (Schapiro Group, 2010).
This study also attempted to gain a better understanding of the public’s ability to accurately guess the age range of females through photographs. The study surveyed a random sample of 100 adults in their late twenties. The participants were asked to guess the age of the female in a picture. The pictures came from Craigslist, an internet host site. Some of the pictures were of known females ages 16-25, while some the ages were no known. Half of the pictures were of Black females and the other half of White females. All of the pictures were from the shoulders and up, though subjects were posed provocatively such as a female licking her lips (Schapiro Group, 2010).

The study participants had to determine an age for each picture. The results from this study showed that across the rating of known- age females the participants assumed the females were 2.5 years older than their actual age. With the use of their probability method, the researchers were able to determine that out of every 100 “young” looking females, 38 had the probability to be under the age of 18 (Schapiro Group, 2010).

Due to the growing problem of CSEC in the country the U.S. Department of Justice commissioned an evaluation of the CSEC in Fulton County, Georgia. In an article entitled, Evaluation of the Demonstration Project to Address Commercial Sexual Exploitation of the Children in Atlanta- Fulton County (Finn, Blackwell, Jackson, Wolk & Oakley, 2009). This evaluation stated that in 2009, Georgia was in need of a lot of restructuring to champion the cause of CSEC. The goals of the evaluation were to 1) document the nature and extent of commercial sexual exploitation of children in Atlanta-Fulton County; 2) to conduct process evaluations of the Atlanta- Fulton County demonstration project; 3) to identify and coordinate the findings with New York in hopes
that the sharing of information would assist and create a collaborative effort to address CSEC (Finn, Blackwell, Jackson, Wolk & Oakley, 2009).

The evaluation purports that in 2009, the systems in place to assist victims of CSEC in Fulton County lacked coordination. The evaluation praised local law enforcement for transitioning from identifying those involved in CSEC as offenders to victims. The evaluation acknowledged the Juvenile Justice Fund, an agency that was created to specifically address the need of CSEC programming in Atlanta, but advised that the agencies lack of political strength hindered the agency’s ability to be effective in monitoring the compliance of other partnering CSEC agencies (Finn, Blackwell, Jackson, Wolk & Oakley, 2009).

The evaluation also emphasized Atlanta’s need to strengthen protocols, policies and its definition of CSEC. In 2009, Atlanta had a narrow definition of CSEC that focused mainly on prostitution. The evaluation also discussed the need to incorporate male victims into the CSEC discussion. As a result of this evaluation Georgia created a statewide system of care to address CSEC. The Georgia Care Connection became the central agency to provide services for victims of CSEC and in 2011, the Freedom from Human Trafficking Act passed in the Georgia legislature to increase penalties and fines for those sexually exploiting children in Georgia (Finn, Blackwell, Jackson, Wolk & Oakley, 2009).

**Stigma Among Sex Workers**

Stigma has been researched in thoroughly throughout social science literature, but few articles have addressed perceived stigmas impact in seeking treatment among sex

In this article, the authors discuss the stigma involved with men who sell sex to men in Mombasa, Kenya. The authors argue that the while there is increasing acknowledgement of male same sex HIV transmission, the stigma for utilizing condoms as a source of protection is greater than the risk among this population (Okal, Luchters, Geibel, Chersich, Lango & Temmerman, 2009). The research showed that while male same sex experiences occurred for diverse reasons including love and pleasure, sexual exploration and economic exchange and coercion. Even among those who were coerced into male same sex experiences condom use was erratic and subject to notions of sexual interaction and the motivations of the client. The authors state that traditional family values, stereotypes of abnormality, gender norms and cultural and religious influences increase the stigma that accompanies adhering to medical precautions and protective factors that can reduce the risk of HIV transmission (Okal, Luchters, Geibel, Chersich, Lango & Temmerman, 2009).

Researchers in Nepal address stigma among sex trafficking victims in the study *Sex Trafficking in Nepal: Survivor Characteristics and Long Term Outcomes* (Crawford & Kaufman, 2008). In this article, Mary Crawford and Michelle Kaufman (2008), discuss the long-term outcomes from sex trafficking survivors. Crawford and Kaufman (2008),
address that stigma is a major deterrent for the survivors to overcome in Nepal, but once they overcome the perceived stigma that occurs with being sex trafficked they are successful in treatment. Crawford and Kaufman state that there is a need for increased education for society and for the individuals that have been trafficked to reduce stigma and promote reintegration into society (Crawford & Kaufman, 2008).

Yan Hong, Xiaoyi Fang, Xiaoming Li, Yang Liu, Mingquiang Li and Tom Tai-Seale analyzed stigma in their 2010 article entitled, *Self Perceived Stigma, Depressive Symptoms and Suicidal Behavior among female sex workers in China*. This article provided insight into the role of stigma in seeking mental health treatment in China. Yan et al (2010) state that the research showed that most of the female sex workers’ (FWS) had medium to high levels of self-perceived stigma. Thirty percent of FSW had elevated depressive symptoms, eighteen percent had suicidal ideations and nine percent had suicidal attempts within the last six months. This research showed a strong positive correlation between heighten self perceived stigma and poor mental health. The study recommends an increase in culturally appropriate approaches to reduce stigma among this population (Yan et al, 2010).

Two articles address stigma among sex workers in Brazil. *Issues Concerning the Informality and Outdoor Sex Work Performed by Travesties in Sao Paulo, Brazil*, by Marcos Garcia and Yvette Piha Lehman (2011), explain the stigma among the travesties population in Sao Paulo. This population encounters stigma on multiple fronts. First, they must confront the stigma that accompanies being transgendered and secondly, they must address the stigma that occurs with being a sex worker. Garcia and Lehman (2011),
expound on the impact of stigma among this population by exploring how they integrate within the outdoor sex work population. According to the research, travesties are males that self identify as female. They differ from transsexuals in that they don’t feel like they were born as the wrong sex, just identify with the opposite sex, thus they have no place in Brazilian society. They are outcasts due to their effeminate personalities and their choice to dress as women. Garcia and Lehman (2011) articulate that travesties rarely exit the sex worker occupation due to societal stigma. This social stigma limits travesties advancement outside the sex industry. It is because of social stigma that many will not seek treatment or exit the sex industry. They are cast to the streets to fight street space; they face rejection from local residents and shopkeepers, subject to police persecution, intergroup exploitation and housing discrimination (Garcia & Lehman, 2011).

The plight of female sex workers in Brazil are examined in the 2010 article, She’s a Professional like Anyone Else’: Social Identity among Brazilian Sex Workers (Murray, Lippman, Donini & Kerrigan, 2010). This research emphasizes the impact of stigma and poverty on Brazilian female sex workers participation in HIV/STI prevention programs. This article is significant because it encompasses two variables that entrench most victims of sex trafficking; stigma and poverty. As the research explored these Brazilian sex workers it became evident that stigma posed a significant threat to prevention participation. This article dichotomizes the juncture between community mobilization and participation among those with heightened stigma levels. “Rather than mobilizing around ‘sex worker identity’ we conclude that projects with a community mobilization approach may be more effective if they facilitate space for critical self reflection and
opportunities for collective action with an emphasis on acceptance and solidarity (Murray, Lippman, Donini & Kerrigan, 2010).

Some criticisms that accompany literature about stigma among sex workers are that it does not often include the sex workers within the construct of the research. This argument is addressed in the article, *Vision & Voices: An Arts Based Qualitative Study using Photovoice to Understand the Needs and Aspirations of Diverse Women in the Sex Industry*. In this article, Moshoula Capous-Desyllas takes critical analysis of research that does not afford the words of sex workers to be represented. “Understanding that sex workers’ need from their own point of view provides the opportunity for collaborative knowledge creation of important issues in order to enhance social services design, delivery, and advocate for social change (Capous-Desyllas, 2011).”

Capous-Desyllas (2011), utilizes her research to allow women in the sex industry to explain their hopes, dreams and aspirations through art. Capous-Desyllas (2011) explains how some of the participants could not verbalize the trauma they experienced, nor had they the vocabulary to express their dreams; truth was revealed through their works of art. The use of art to provide a voice for disenfranchised populations is valuable when dealing with issues that are contrary to societal norms. Capous-Desyllas’s research allowed for a critical alternative to addressing her research topic and yet the themes of social justice, activism, self-empowerment and self identity correlates with the other literature addressing stigma among sex workers (Capous-Desyllas, 2011).

Social Support Among Sex Workers
The literature that addresses social supports in the commercial sex industry is very limited. There is a significant gap in literature that addresses this issue among child victims of sexual exploitation. In fact, the researcher could not identify one article that addressed the impact of social supports within the CSEC population. The literature did explain the need for social support once the victim is receiving treatment, but did not analyze the significance social supports had on the victim once in treatment or on treatment seeking behaviors (Gorry, Roen, & Reily, 2010).

Some literature was identified that discussed the role of social supports on commercial sex workers. In an article entitled, Selling Your Self? The Psychological Impact of Street Sex Workers and Factors Affecting Support Seeking, the authors addressed treatment-seeking behaviors in adult female sex workers. This article stated that family, religion and close friendships aided in the sex workers reasons to seek treatment and leave the commercial sex industry. This article articulated that social supports played a significant role in supporting the sex workers compliance in treatment, as long as the sex worker “bought into the program”. The article suggested that once a sex worker is ready to address the psychological effects of the commercial sex industry, it is essential to have a team of supportive people in place, including but not limited to mental health workers, advocates, family and mentors (Gorry, Roen, & Reily, 2010).

Another significant article addressing the impact of social supports within the commercial sex industry is an article titled, Do Commercial Sex Workers Who Discuss Treatment with Family and Friends Adhere to it Better? In this discussion, the author examined the “Yerelon” project in Bobo-Dioulasso, Africa to identify if open
communication about HIV/AIDS and sex work aided in long-term treatment compliance with women in the “Yerelon” project. The results of the study showed that there was no significant difference to compliance among women who openly discussed HIV/AIDS and sex work with friends and family and those that did not. The research discussed that the stigma of HIV/AIDS and sex work in Africa is still very high thusly; those that can afford and have access to treatment adhere to it at a greater rate than those in the United States. The study also showed that single women did not openly discuss HIV/AIDS or sex work as openly as their married counterparts, but complied with treatment equally as well. The author suggests that this is due to the stigma that comes with being a single woman with HIV/AIDS in Africa (Sanon, Traore, Diallo, Ouedrago, Andonaba, et al, 2009).

In a study that addresses sex workers in at the United States – Mexico border, the authors state that once a sex worker found a strong support system within the United States they were more likely to seek treatment for issues that accompany being a sex worker. The article states that the sex worker is not likely to address her history of abuse with close family relatives, but will discuss them with mental health professionals, health care workers and agency advocates. The article entitled, History of Abuse and Psychological Distress Symptoms among Female Sex Workers in two Mexico- U.S. Border Cities, also addressed the greater social support for these sex workers was significantly associated with the presentation of fewer symptoms of distress. The authors argue that sex workers having a greater social support network surrounding them, were able to access treatment more efficiently, thus allowing fewer distressed symptoms to set in. This study, though in direct contrast to the previous study, showed there was
significance in the association between social supports and compliance. For this population, those that had a greater social support system adhered to treatment longer and expressed fewer distressed symptoms (Ulibarri, Semple, Rao, Srathdee, Fraga-Vallejo, Bucardo, et al, 2009).

Two articles addressing social supports among commercial sex workers identified the use of social supports as a coping skill for the workers. The articles did not suggest that social supports added or subtracted to seeking treatment within this population, but that the use of their social support system as a coping strategy once they have been exposed to violence was beneficial to the population (Dalla & Xia, 2003). Rochelle Dalla and Yan Xia’s article, You Just Give Them What They Want and Pray They Don’t Kill You: Street-Level Sex Workers’ Reports of Victimization, Personal Resources and Coping Strategies, took a qualitative perspective in analyzing the use of social supports and a coping mechanism for female sex workers. This article suggests that social supports are essential in the sex workers ability to be resilient once she has been exposed to violence. Many of the women in this article suggested that they knew violence was an occupational hazard, but stated that it was their social support networks that assisted in them moving past the trauma (Dalla & Xia, 2003).

Ine Vanwesenbeeck’s article, Burnout Among Female Indoor Sex Workers, also addressed the use of social supports as coping strategy, stating that those with greater social supports were able to adjust to different environments at a higher rate. The author also states that the ability for the sex workers to connect with their support system frequently assisted in less depressive symptoms and less burnout in the commercial sex
industry. While the author did not suggest that the social support systems advocated for the workers to exit the commercial sex industry, it was articulated that the increased support from the network was significantly associated with shortened lengths in the commercial sex industry among this population (Vanwesenbeeck, 2005).

The literature reviewed has several limitations. First, the literature often included very small sample size of trafficking victims and the organizations that assisted with their reintegration. Many of the researchers (Brown, 2006; Davies, 2004; DiNenno, 2004; Lebloch & King, 2006) were unable to identify victims of trafficking, which seem to be a constant limitation throughout the research. The limited sample size allows of the research to be specific to the researched areas, thus making it difficult to generalize the findings in the research. This issue also examines the limitation regarding appropriate means to identify victims of human trafficking. Several of the articles addressed that countries still have a need to create better mechanisms and programs to clearly identify victims of human trafficking (Lebloch & King, 2006).

Another limitation in the literature surrounds the issue of dealing with the issue surrounding retraumatization of victims and safety. Researchers found that in conducting the research that confidentiality became an issue and in some cases, a possibility for governmental retaliation could have occurred if any identifying information about the agency was provided. When research is conducted on very vulnerable populations, extreme standards of safety is required as to not cause any significant harm to the participants, but it also adds to the limitation of the study because it too inhibits the generalizability of the research (National Institute of Health, 2007).
Examining the issue internationally and globally allows researchers to gain a
glimpse into the magnitude and depth of human trafficking. Research focusing on
international human trafficking continues to strengthen the knowledge base and will
allow researchers to gain better estimates to the number of trafficking victim’s
worldwide. However, there continues to be a need for research in international human
trafficking, a greater need is in the area of domestic trafficking. Research in the area of
domestic trafficking encompasses the stories of victims that have been brought to the
United States, but does not often reflect the stories of victims that are trafficking that are
born United States citizens and sold within the United States. This population often goes
without a voice due to the secrecy that is demanded of this population. As research has
shown; U.S. Department of State, 2007), the very nature of this industry demands secrecy
to continue to thrive. Remaining covert is the only way to continue the success of human
trafficking (Atlanta Women’s Agenda, 2005& Rosenthal, 2007).

The final limitation is that the research is clear that CSEC victims experience
lasting mental, emotional and physical trauma, but none discuss the impact of the trauma
in relation to the victim’s ability to reintegrate into mainstream society. The research also
doesn’t address the impact of the new label on the identified juvenile. No literature
addresses the loss of identity, family and culture that recovered juveniles face and how
that impacts their compliance to treatment and eventual exodus from the commercial sex
industry (Cooper, 2009).

The lack of research surrounding commercial sexual exploitation of children is
the major reason that this proposal needs to be completed. Children have been sexually
exploited for hundreds of years, but it has not been researched in the context of sex trafficking. Providing new literature to infuse this gap in the literature will enable those that will conduct future research, a starting point (Cooper, 2009).

Theoretical Framework

The theoretical framework used to address commercial sexual exploitation of children for the purposes of this research study is the Empowerment Theory, which derives from feminist theory and multicultural theories. The roots of empowerment theory, however, come from the educational theory of Paulo Freire. Freire was a Brazilian educator who dedicated his life and his teaching to the struggle of aiding oppressed and marginalized communities to achieve liberation (Demmitt & Oldenski, 1999). He emphasized the humanity of the oppressed and their needs as learners (Freire, 1970). Demmitt and Oldenski have described Freire's pedagogy as empowering "the oppressed by entering into the experience of oppression and assisting the oppressed in transforming oppressors through reflection and action. Freire's theory has transformed the way researchers viewed the poor and marginalized (Freire, 1970).

In building on the work of Freire, it is evident that empowerment can take place at three levels: the personal (Zimmerman, 1995), the community or organizational (Peterson et al., 2002), and the sociopolitical (Moreau, 1990). This study discusses how this framework can be used in addressing the issue of commercial sexual exploitation. At the personal level, the individual is empowered in order to be most effective in his or her community action; a disempowered person may not fully understand societal injustice and may unknowingly cause harm through his or her activities on behalf of a
marginalized community (Sue & Sue, 2003). The empowered person's activities within the community, in turn, will lead to a collective empowerment, where the community advocates for social and political change (Carr, 2003). In the area of commercial sexual exploitation, a person at that is disempowered does not see that there is a need to be rescued from their exploiter. This person allows the intimidation and coercion from their exploiter to keep them enslaved, using their bodies as a means to make money for someone else. An empowered female that is being exploited will takes the appropriate steps needed to escape or receive assistance from her exploiter be it through going through the police and having her exploiter arrested or through social services to allow services to know that she is being exploited. For the purposes of this study, the researcher focuses on personal empowerment of commercial sexual exploitation child victims (Carr, 2003).

The process of personal empowerment functions similarly to the process of ethnic identity development, with the goals being comparable to those proposed by Helms (1995): to rid oneself of internalized racism and achieve a healthy identity. A major distinction in personal empowerment is the concept of praxis—action-guided theory (Freire, 1970). Personal empowerment is approached as praxis: not a theoretical construct, but action toward the liberation of oppressed communities. Personal empowerment entails developing several important constructs. These include critical consciousness, positive identity, and taking social action (Carr, 2003, Gutierrez, 1995). Critical consciousness for a member of a marginalized community is defined as awareness of oppression in society and the sociopolitical implications that follow from
being oppressed (Gutierrez, 1995). The oppressed individual rejects the negative propaganda disseminated by the dominant society to diminish the perception of inequality in society (Hanna et al., 2000). Thus in the social problem of commercial sexual exploitation of children, a "rescued" victim will begin to understand the social oppression that CSEC has on vulnerable children and will begin to understand the need to address this issue outside of herself, in order to take responsibility for others that are continuing to be exploited. Thus, perception is important to the development of critical consciousness. It is hypothesized that oppressed people who have not developed critical consciousness have limited perception, enough to survive in an oppressive system, but insufficient to realize the systemic barriers that entrap them (Gutierrez, 1995; Hanna et al., 2000). Ultimately it is the ability to accurately perceive the world that leads to critical consciousness. Hanna et al. (2000) referred to this advanced form of perception as perspicacity, "which can be described as the ability to see beyond appearances, to 'see through' situations, or 'read between the lines' (Hanna et al., 2000) The development of perspicacity aids one in developing critical consciousness and in rejecting negative messages (Hanna et al., 2000).

Carr (2003) stated that oppressed groups must "discover" their identity. As is the case with Lesbian, Gay, Bisexual, Transgendered (LGBT) community, the existence of some oppressed communities is closed--their very existence is denied (Hansen, 1999). The oppressed person engages in the process of "humanization" (Freire, 1970). Oppressed communities come to appreciate their existence, not in reference to the dominant culture, but for its own merit (Duran & Duran, 1995). Oppressed people seek to
develop an empowering identity that gives validity to their existence and inspires work to improve their sociopolitical circumstances. Rescued victims of commercial sexual exploitation must develop their own identities outside of being exploitation victims in order to move beyond their oppression. This stage of the empowerment theory will be utilized in the interviews while discussing why they chose to engage in sex industry. This theory will be operationalized through the following questions: 1) Do you see yourself as a victim of commercial sexual exploitation? (Critical consciousness); 2) Why did you/ have you stayed in the sex industry? (Critical consciousness); 3) what do you say to others that look down on you for getting involved in commercial sexual exploitation? (positive identity); 4) What is your responsibility to others girls that have been/ are continuing in commercial sexual industry? (taking social action) (Davies, 2006).

The most important component of personal empowerment is social action (Carr, 2003). Social action entails that oppressed individuals will work to liberate themselves and their community (Carr, 2003; Gutierrez, 1995; Hanna et al., 2000; Potts, 2003; Zimmerman & Warschausky, 1998). If the individual is to ever be full, liberated from the psychological and sociopolitical effects of oppression, he or she needs to gain greater social and political power to effect change (Gutierrez). It is crucial that the oppressed individual be encouraged to participate in community groups, social advocacy groups, and political rallies. It will only be through the assistance of rescued CSEC victims that an end to human trafficking of children is possible (Carr, 2003).

African-centered research is grounded in the African-centered perspective theory, a theoretical framework ground in the principles of the African tradition (Schiele, 1997).
Researchers that hold to this framework hold to the belief that research should not focus on the Eurocentric perspective alone, but also be applicable to African Americans and other minorities. Research should be conducted in a way that can add to research's body of literature as a collective as well as add to the body of research that can assist those born in heritage of the African Diaspora (Schiele, 1997). This study adds to the body of literature by the population that it addresses. Many of the victims of commercial sexual exploitation in children are children of color. They represent children from every part of the United States, socioeconomic status, and educational level. To generalize this populations to just the Eurocentric perspective would be unjust and unethical in social work research, because it would negate some fundamental cultural structures for the victims. In this respect, one must examine the population in a context that not only assesses the culture, but in a form that will assist in understanding why this population is susceptible to trafficking, thus the need for African centered research (Schiele, 1997).

This study utilizes the African- centered research perspective in its interview of the victims. This perspective allows the researcher to gain a more in depth understanding of the population, their susceptibility to exploiters, and how to engage the community in attempts to safeguard against future exploitation. This study will also discuss implications to the profession of social work from an African- centered perspective to provide a more communal discussion around the area of commercial sexual exploitation in children. Researchers examine trafficking from an economic perspective. They argue that limiting the economic success of trafficker would eliminate trafficking as a global market, yet none have managed to provide solutions using the Eurocentric ideologies of
individualism and self economic growth (Schiele, 1997), but if one were to utilize the African centered perspective and its ideology of community and shared wealth, not only would the traffickers be held accountable, but the communities in which the victims live are held accountable (Schaeffer-Grabiel, 2004).

The African Centered theory that is utilized in this study is the Africana Womanist Theory. This theory was created out of the Feminist movement that was started in the 1920’s. Women scholars began writing and analysis through a new perspective that was often in opposition to the patriarchal view of the current day. Out of the feminist movement came the “womanist” movement that focused on the needs of African American women prior to the needs of women in general. Spear headed by leading African American scholars, there is no exact founder of this theory, yet it contribute the works of author bell hooks, Beverly Guy-Sheftall, Toni Cade Bombara, Patricia Hill-Collins as leaders in the genre (Brown, 2006).

This theory looks to keep Africa as its center it holds to the belief that women should be self-namers and self-definers. It examines race, class, and gender respectively. Unlike many other feminist theories, Africana Womanism looks to understand the plight of being of African descent and being female over just being female (Brown, 2006)

The use of this theory as it pertains to commercial sexual exploitation of children is that it is able to discuss both race and gender in context with the oppression of human trafficking and sexual exploitation of females of African descent. Through this theory, one is able to analyze how men have objectified African woman throughout history and
how woman have renamed and re defined themselves throughout history. This will assist in the analysis to help reduce recidivism through the empowerment that victims can rename and redefine their lives especially after leaving a trafficking life style. This theory is included throughout the research measures through questions in the interviews that aim at how the victim has reclaimed their lives after being rescued from commercial sexual exploitation or leaving the sex industry. This is also seen through interview question pertaining how the victims would reduce future exploitation (Brown, 2006).

Research in the area of human trafficking usually stems from the economic perspective or the criminal context. The major areas of research discuss human trafficking on an international level, but there is a need to address human trafficking on a domestic level. Other research that addresses human trafficking neglect to incorporate children domestic victims as a major construct, thus leaving a large gap in literature in the area of commercial sexual exploitation of children; they examine class, yet negate the idea that among children class is often not an issue as to how they are trafficked (Brown, 2006; Davies, 2004; DiNenno, 2004; Lebloch & King, 2006).

Research on this topic is often either qualitative or quantitative in nature but few article examine commercial sexual exploitation of children through a mixed methods approach (Atlanta Women’s Agenda, 2005; Rosenthal, 2007; U.S. Department of State, 2007). This research proposal will examine CSEC from a social problem paradigm, on a domestic level, using a mixed methods approach. This proposal aims to fill in the large
gaps in the literature regarding the commercial sexual exploitation of children (Rosenthal, 2007).
CHAPTER III

METHODOLOGY

The purpose of this chapter is to discuss in depth the research methods that were used to examine the impact among perceived individual stigma, social stigma and social supports on treatment seeking behaviors among victims of commercial sexual exploitation of children. The following will be described: research design; description of the site; sample and population; instrumentation and the limitations of the study.

Research Design

A descriptive and exploratory mixed methods research design was employed in this study. Many studies that research commercial sexual exploitation of child examine the topic through one main perspective; either quantitative or qualitative. Research has quantitatively examined the profitability of trafficking of children on the economy, and the impact of eliminating human trafficking on the market economy systems of many third world countries (Coonan, 2004; Davies, 2004; Engstrom, Minas & Espinoza, 2004; Friedman, 2005). Human trafficking has also been qualitatively researched many times to gain a personal perspective from those that are victimized by traffickers (Brown, 2006; Davies, 2004; DiNenno, 2004; Lebloch & King, 2006). While this form of research provides a face and a voice to the issue of human trafficking, many, lack quantified data to assist in discovering the next steps to ending human trafficking (Minas & Espinoza, 2004; Friedman, 2005). In the specific research area of commercial sexual exploitation of
children research is often broken down into either quantitative or qualitative research. There is a lack of research that examines both the quantitative and qualitative aspect of commercial sexual exploitation. The research method and design for this dissertation includes a mixed methods approach to research. A mixed methods approach allows for the utilization of both qualitative data and quantitative data. According to Creswell and Plano Clark (2007) in their book Designing and Conducting Mixed Methods Research, a researcher must strive to collect the appropriate data to answer their research question. This can more comprehensively be completed through the use of a mixed methods approach (Creswell & Plano Clark, 2007). In this study, it was imperative that the research provided a means for the victims of commercial sexual exploitation voices to be heard; yet it is equally important that the study be capable for analysis through quantitative data. To provide the best solution to this issue the researcher chose a mixed methods approach.

This study used a triangulation design, meaning that both the qualitative and quantitative data will be weighted equally to merge and provide an analysis of the data (Creswell & Plano Clark, 2007). The triangulation design allows the researcher to merge the two forms of data collected to obtain a more comprehensive analysis.

The following figure, (Figure 1.0) illustrates the process of the triangulation method. Using the illustration as a guide, the top triangle accounts for the theoretical framework in which the study is based. For this study, the theoretical framework includes the Empowerment Theory. The triangle to the left accounts for the qualitative data. Interviews were conducted as the qualitative data for this research study. The
triangle to the right is allocated for the use of quantitative data. This piece of the research method was satisfied through the use of The Self-Stigma of Seeking Help Scale (SSOSH) (Vogel, Wade, & Haake, 2006); The Multidimensional Scale of Perceived Social Support (MSPC) (Zimet, Dahlem, Zimet & Farley, 1988) and the Perceptions of Stigmatization by Others for Seeking Psychological Help Scale (PSOSH) (Vogel, Wade, & Ascheman, 2009). Secondary data will be gathered through the Georgia Multidisciplinary Team Information System (MDTIS). The arrows within the figure show how each piece of the research added to the others, given all equal weight to perform an analysis to better understand commercial sexual exploitation in Atlanta, Georgia.

![Diagram](image)

**Figure 1.0**

Using this mixed methods approach in combination with the Triangulation design allowed for the most comprehensive data analysis. The use of qualitative data allowed each victim to have a voice in the research. They were able to convey their ideas on the commercial sexual exploitation of children and their experience as a victim of CSEC
through the use of their interviews and well as through the quantitative data. The use of quantitative data added strength to the research. It provided the structure or the framework to effectively answer the research questions. Together, the use of mixed methods research provided a more complete view of the issue of CSEC and the variable that play a role in this social problem (Yegidis & Weinbach, 2006; Creswell & Plano Clark, 2007). Qualitative data was collected through the use interviews while quantitative data was collected through the use of a survey.

Description of the Site

This dissertation took place in the southeastern city of Atlanta, Georgia. Atlanta has a population of more than 400,000 people and is the home of the Hartsfield- Jackson Airport, the busiest airport in the United States with more than 90 million passengers flying through the airport annually (Hartsfield- Jackson, 2011). The population of Atlanta is over 61.4% African American and 33.2% Caucasian, 50.4% of the population is female. According to the National Tourism Board of Atlanta (2011), Atlanta hosts more than 300 conventions a year, grossing more than 1.4 million dollars in revenue for the city of Atlanta. Of the major tourist venues in Atlanta, the adult entertainment industry is prominent in this southeastern city, with over 70 registered strip clubs allowing for more than 15,000 stripping permits in the city. This information is imperative to traffickers looking for a city that maintain inconspicuously as a holding port for trafficking victims. Several trafficking situations occur through licensed adult entertainment venues. Victims may be bartered through a “VIP” room or “gentleman’s room”.

Sample and Population
The sample for the quantitative aspect of the study included adults that self-reported they were commercially sexually exploited before the age of sixteen. The sample will be selected through agencies that serve the CSEC population and the snowball method of sampling. Upon the completion of the quantitative portion of the study, participants had the option to continue with the qualitative interview.

The research study employed a survey questionnaire entitled “Exploratory Study on the Victims of Commercial Sexual Exploitation”. This survey questionnaire consisted of two sections with a total of thirty-eight (38) questions. Section I gathered demographic information about the characteristics of the participants. Section II utilized the Self-Stigma of Seeking Help Scale (SSOSH) (Vogel, Wade, & Haake, 2006); The Multidimensional Scale of Perceived Social Support (MSPC) (Zimet, Dahlem, Zimet & Farley, 1988) and the Perceptions of Stigmatization by Others for Seeking Psychological Help Scale (PSOSH) (Vogel, Wade, & Ascheman, 2009).

Section I of the survey questionnaire consisted of fourteen questions (1-14). The questions in Section I focused on gender, age group, racial category, marital status, DFCS involvement, DJJ involvement, income, employment status and type of employment, education and members in household. These questions provided information for the presentation of demographic characteristics of the participants in the research study.

Section II consisted of three scales that captured the impact of stigma, social support, and treatment seeking among individual identified as victims of CSEC. Section II consists of twenty-three (23) questions that attempt to address factors that will impact the compliance of treatment among CSEC victims.
After the completion of the survey questionnaire, participants had the ability to participate in a follow-up qualitative interview through an in-depth interview or a part of a focus group. Participants were informed that participation is voluntary and had no bearings on the services that they would receive at any social service agency. Upon the completion of the signed informed consent, each participant received a confidential survey folder that encompassed the survey and a pencil. Upon the completion of the survey, each participant was given a card with the researchers name and number for contact information to schedule an interview.

Instrumentation

The Self–Stigma of Seeking Help Scale (SSOSH)

The SSOSH was used to measure the participants self-stigma related to seeking professional help. The SSOSH is a 10- item scale consisting of statements such as “It would make me feel inferior to ask a therapist for help,” “I would feel worse about myself if I could not solve my own problems,” and “My self-esteem would increase if I talked to a therapist” (reversed scored; Vogel, Wade, & Haake, 2006). Items are rated on a 5 point scale (1= strongly disagree, 5= strongly agree). Scale scores range from 10 to 50, with higher scores indicating greater self-stigma. Internal consistency estimates have ranged from .86 to .90 and the reported 2- week test retest reliability is .72 in college student samples (Vogel, Wade, & Haake 2006). Support for the validity of the SSOSH has been reported via with attitudes towards seeking professional help (rs= -.53 to -.63) (Vogel, Wade, & Haake, 2006). The SSOSH has also been shown to predict those who
sought counseling from those who did not seek counseling across a 2-month period (Vogel, Wade, & Haake, 2006).

The Multi-dimensional Scale of Perceived Social Support Scale (MSPSS)

The Multi-dimensional Scale of Perceived Social Support Scale (MSPSS) was used to measure participants’ sense of social support. Zimet, Dahlem, Zimet & Farley created a questionnaire with 12 questions to address one’s perceived level of social support. Respondents are asked to answer questions from their own perspective about the supports that are constants in their lives. The measure is rated on a 7-point scale. 1 = very strongly disagree to 7 = very strongly agree. The scale measures three areas of support: family, friends and significant others. The overall alpha .89 (Zimet, Dahlem, Zimet & Farley, 1988).

Perceptions of Stigmatization by Others for Seeking Psychological Help Scale (PSOSH)

Research suggests that the fear of being stigmatized is the most cited reason why individuals avoid psychotherapy. This is more evident among victims of sexual trauma. Vogel, Wade, & Ascheman (2009), developed the Perceptions of Stigmatization by Others for Seeking Help (PSOSH) scale. In Sample 1 (N = 985), the 5 items of the PSOSH were selected (α = .91). In Sample 2 (N = 842), the unidimensional factor structure of the scale was examined across a diverse sample. In Sample 3 (N = 506), concurrent validity was supported through moderate associations with 3 different stigma measures (i.e., public stigma toward counseling, r = .31; public stigma toward mental illness, r = .20; and self-stigma, r = .37). In Sample 4 (N = 144), test–retest reliability across a 3-week period was calculated (.82). Finally, in Sample 5 (N = 130), reliability (α
and validity were explored with a sample experiencing symptoms of psychological distress. Relationships between variables (i.e., public stigma toward counseling, \( r = .31 \) and self-stigma, \( r = .40 \)) were similar to those in previous samples (Vogel, Wade, & Ascheman, 2009).

The measures were chosen to best measure the variables measured in this dissertation. These measures all have strong reliability and have been used in several major studies increasing the validity of the measure. Each measure was chosen based on level of ease for participant. The researcher will not know the educational level of each participant prior to the time that the instrument is given, thus attention was given to the reading level of each measure and all are on a third to fourth grade reading level.

Treatment of Data

This research analyzed the data through two different means of analysis. The qualitative data was analyzed through the use qualitative analysis method. This process includes transcribing the data and extracting the common themes throughout the text. Upon gathering the themes, the researcher extracted the major concepts with the themes. The use of this qualitative analysis method was rigorous, yet effective in determining the true ideas of human trafficking and the sex industry from the victim’s own words (Abu-Bader, 2006; Crenwell & Plano Clark, 2007; Yegidis & Weinbach, 2006).

Descriptive data in the quantitative measures was analyzed through measures of central tendencies (i.e. mean, standard deviation) and other descriptive statistics. Non parametric statics was used to analyze the quantitative data due to sample size. Pearson
correlation coefficients, chi-square tests and t tests were used to assess univariate relationships between variables.

The qualitative analysis was conducted drew upon the concepts of the Interpretative Phenomenological Analysis (IPA) approach. IPA was utilized due to its ability to address complex or processed research populations. According to Shaw (2001), IPA is ideal for research aiming to explore how participants make sense of their personal and social worlds. The goal of IPA is to attempt to explore an individual’s world and experiences and tell the meaning that each experience holds through the lens of those that had the experience. IPA has a strict focus on presenting specifically from the experiences of the participating population (Smith, 2004).

Two semi-structured interview schedules, similar in topics, were devised for the focus group and those that wanted the in depth interview. The interviews covered topics such as identifying with CSEC, risk behaviors, seeking treatment, behavior change, societal impacts of commercial sex. The interview topics were informed by research on CSEC (Priebe & Suhr, 2005). A semi-structured approach was taken to guide rather than dictate the structure of the interviews. Open questions allowed for more flexibility in the conversation instead of a ridged interview schedule (Barker et al., 2002).

The focus group lasted approximately 90 minutes, while each individual lasted between 45 to 60 minutes. The focus group took place in a treatment facility catered to treating CSEC concerns, during a regular scheduled open group session. The individual interviews took place at a community location so that each participant could feel comfortable and without additional stigma. To protect the anonymity of the participants,
audio tapes were destroyed following the transcription of the interview and focus group. Pseudonyms were used to add an additional level of confidentiality to the study.

Data was subsequently organized through systematic coding process constant with IPA (Smith et al., 1999). First, transcripts were read thoroughly, analytic memos were based on the focus group. The composition of comprehensive memos, identifying themes allowed the researcher to create codes across the focus group. These memos were compared and discussed. Codes were developed using both deductive and inductive processes. An initial list of codes was developed based on interview questions, Empowerment theory and the literature on the commercial sexual exploitation of children. The coding scheme was then revised, adding codes based on the analytic memos and themes emerging from the data. Transcripts were then re-read, coded, and organized based on emerging themes. Themes with similar underlying principles were clustered together, reflecting the ways in which various factors and experiences shape victims of commercial sexual exploitations decisions to seek treatment. The researcher processed the themes and codes with the therapeutic staff that attended the focus group to ensure a trustworthy analytical process was completed (Sliverman, 2000).

Limitations of the Study

There are a several limitations to this study. The first limitation to be considered is the location of the sample. Because the study was conducted in Atlanta it may skew the overall generalizability of study. The population is very specific, thus the second limitation of this study is that the CSEC population is majority female, thus results may not be generalizable to males.
Utilizing the proper methodology in researching CSEC in Atlanta is essential to understanding the problem. The limitation of research in this subject area allows for several questions to be unanswered in service delivery to this population. Current research only examines the under identification and service needs of this population, yet few have researched what will assist those, once identified, in transitioning from “victim” of CSEC to “survivor” CSEC. This chapter had explained the procedure and methodology that will be used in this study. The use of a mixed method research design allows for both quantitative and qualitative research to be completed, thusly, the voice of the population was expressed within the research. This dissertation sought to provide an efficient and ethical means of research that accurately explains the problem of CSEC in Georgia while allowing for the voices of CSEC to be heard.

The final limitation is the location of the research. The demographics of Atlanta, Georgia are slightly different than the United States in the areas of economic growth, education level and ethnic diversity. This may skew the research, thus limiting its generalizability to the entire United States.
CHAPTER IV

PRESENTATION OF FINDINGS

The purpose of this chapter is to present the findings of the study in order to describe and explain the impact of perceived individual stigma, perceived social stigma, and social support on the treatment seeking behaviors of victims of commercial sexual exploitation (CSEC). This chapter presents the findings of the study. The findings are organized into two sections: demographic data and research questions and hypotheses.

Demographic Data

This section provides a profile of the study respondents. Descriptive statistics were used to analyze the following: gender, age group, ethnicity, marital status, education, income levels, participants levels of employment, whether participants were involved within the commercial sex industry before the age of consent, whether participants entered into the commercial sex industry voluntarily or involuntarily, whether participant are currently involved in the commercial sex industry and whether participants have sought treatment for CSEC related issues.

The target population was composed of adults that has been a part of the commercial sex industry prior to the age of consent; sixteen years of age in the state of Georgia. Fifty participants were selected using snowball sampling. Six adult victims participated in a focus group and 4 adult victims participated in in-depth interviews to provide a qualitative component to this research study.
<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>2</td>
<td>4.0</td>
</tr>
<tr>
<td>Female</td>
<td>48</td>
<td>96.0</td>
</tr>
<tr>
<td><strong>Age Group</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 15</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>15-19</td>
<td>11</td>
<td>22.0</td>
</tr>
<tr>
<td>20-24</td>
<td>18</td>
<td>36.0</td>
</tr>
<tr>
<td>25-29</td>
<td>20</td>
<td>40.0</td>
</tr>
<tr>
<td>30-34</td>
<td>1</td>
<td>2.0</td>
</tr>
<tr>
<td>35-39</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Over 40</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>23</td>
<td>46.0</td>
</tr>
<tr>
<td>White</td>
<td>14</td>
<td>28.0</td>
</tr>
<tr>
<td>Hispanic</td>
<td>12</td>
<td>24.0</td>
</tr>
<tr>
<td>Asian</td>
<td>1</td>
<td>2.0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>10</td>
<td>20.0</td>
</tr>
<tr>
<td>Never Married</td>
<td>37</td>
<td>74.0</td>
</tr>
<tr>
<td>Divorced</td>
<td>1</td>
<td>2.0</td>
</tr>
<tr>
<td>Separated</td>
<td>2</td>
<td>4.0</td>
</tr>
<tr>
<td>Widowed</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elementary</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Some High School</td>
<td>37</td>
<td>74.0</td>
</tr>
<tr>
<td>High School</td>
<td>7</td>
<td>14.0</td>
</tr>
<tr>
<td>Vocational School</td>
<td>4</td>
<td>8.0</td>
</tr>
<tr>
<td>Some College</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>College Graduate</td>
<td>1</td>
<td>2.0</td>
</tr>
<tr>
<td>Masters Degree</td>
<td>1</td>
<td>2.0</td>
</tr>
<tr>
<td>Doctorate Degree</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Employment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-time</td>
<td>10</td>
<td>20.0</td>
</tr>
<tr>
<td>Part-time</td>
<td>18</td>
<td>36.0</td>
</tr>
<tr>
<td>Not Employed</td>
<td>18</td>
<td>36.0</td>
</tr>
<tr>
<td>Self Employed</td>
<td>4</td>
<td>8.0</td>
</tr>
</tbody>
</table>
### Table 1 continued...

Demographic Profile of Study Participants

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under $10,000</td>
<td>26</td>
<td>52.0</td>
</tr>
<tr>
<td>$10,000-$19,999</td>
<td>11</td>
<td>22.0</td>
</tr>
<tr>
<td>$20,000-$29,999</td>
<td>7</td>
<td>14.0</td>
</tr>
<tr>
<td>$30,000-$39,999</td>
<td>5</td>
<td>10.0</td>
</tr>
<tr>
<td>$40,000-$49,999</td>
<td>1</td>
<td>2.0</td>
</tr>
<tr>
<td>Over $50,000</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Involved in CSI Before 16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>47</td>
<td>94.0</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>6.0</td>
</tr>
<tr>
<td>Age Entered in CSI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 15</td>
<td>46</td>
<td>92.0</td>
</tr>
<tr>
<td>16-18 years</td>
<td>4</td>
<td>8.0</td>
</tr>
<tr>
<td>19-21 years</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Over 21</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Entered CSI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voluntarily</td>
<td>5</td>
<td>10.0</td>
</tr>
<tr>
<td>Involuntarily</td>
<td>45</td>
<td>90.0</td>
</tr>
<tr>
<td>Number of Cities Trafficked</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-2 cities</td>
<td>13</td>
<td>26.0</td>
</tr>
<tr>
<td>3-4 cities</td>
<td>29</td>
<td>58.0</td>
</tr>
<tr>
<td>5 or more cities</td>
<td>8</td>
<td>16.0</td>
</tr>
<tr>
<td>Exited the CSI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>42</td>
<td>84.0</td>
</tr>
<tr>
<td>No</td>
<td>8</td>
<td>16.0</td>
</tr>
<tr>
<td>Time Out of CSI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Still in CSI</td>
<td>8</td>
<td>16.0</td>
</tr>
<tr>
<td>Less than 3 months</td>
<td>11</td>
<td>22.0</td>
</tr>
<tr>
<td>3-6 months</td>
<td>9</td>
<td>18.0</td>
</tr>
<tr>
<td>At least 1 year</td>
<td>22</td>
<td>44.0</td>
</tr>
<tr>
<td>Attempted to Leave CSI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>One time</td>
<td>12</td>
<td>24.0</td>
</tr>
<tr>
<td>2-3 times</td>
<td>26</td>
<td>52.0</td>
</tr>
<tr>
<td>More than 3 times</td>
<td>12</td>
<td>24.0</td>
</tr>
<tr>
<td>Sought Treatment for CSEC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>24</td>
<td>48.0</td>
</tr>
<tr>
<td>No</td>
<td>26</td>
<td>52.0</td>
</tr>
<tr>
<td>Strong Support Network</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>38</td>
<td>76.0</td>
</tr>
<tr>
<td>No</td>
<td>12</td>
<td>24.0</td>
</tr>
</tbody>
</table>
Table 2
Level of Individual Stigma

<table>
<thead>
<tr>
<th>Level of Individual Stigma</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Stigma</td>
<td>1</td>
<td>2.0</td>
</tr>
<tr>
<td>Moderate Stigma</td>
<td>32</td>
<td>64.0</td>
</tr>
<tr>
<td>High Stigma</td>
<td>17</td>
<td>34.0</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 3
Level of Social Support

<table>
<thead>
<tr>
<th>Level Of Social Support</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Support</td>
<td>13</td>
<td>26.0</td>
</tr>
<tr>
<td>Moderate Support</td>
<td>17</td>
<td>34.0</td>
</tr>
<tr>
<td>High Support</td>
<td>20</td>
<td>40.0</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 4
Level of Social Stigma

<table>
<thead>
<tr>
<th>Level of Social Stigma</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Stigma</td>
<td>23</td>
<td>46.0</td>
</tr>
<tr>
<td>Moderate Stigma</td>
<td>22</td>
<td>44.0</td>
</tr>
<tr>
<td>High Stigma</td>
<td>5</td>
<td>10.0</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100.0</td>
</tr>
</tbody>
</table>

As indicated in Table 1 thru 4, the typical participant of the study was a Black female who was never married, between the twenty-five and twenty-nine years old, has some high school education, unemployed with an annual income of less than ten thousand dollars. The typical participant entered into the commercial sex industry before the age of fifteen, involuntarily and had been trafficked in three to four cities. The typical participant was currently out of the commercial sex industry, had been out of the commercial sex industry at least a year, had attempted to leave the commercial sex industry two to three times before successfully exiting the commercial sex industry,
reported a strong social support network and a slight majority had not sought treatment for commercial sexual exploitation at the time of the study. A majority of the participants reported a moderate level of individual stigma, a slightly higher level of social support and low social stigma levels.

Research Questions and Hypothesis

There were six research questions and six hypotheses in the study. This section provides an analysis of the research questions and a testing of the null hypotheses.

Research Question 1: Will victims of CSEC with greater social support have a greater tendency to seek CSEC treatment?

Hypothesis 1: There is no significant difference in seeking treatment among those with greater social support.

Social Support Among Victims of Commercial Sexual Exploitation

Throughout the research on victims of commercial sexual exploitation the use of social supports as a source of strength is a constant paradigm. Since the 2001, when the initial literature discussed ways to address the phenomena of domestic sex trafficking/commercial sexual exploitation of children recommendations have been to increase the social support around victims as a preventative measure against CSEC as well as increasing social supports to assist victims receive the appropriate treatment for CSEC (Estes and Weiner, 2001).

In this study social support was defined as the community, familial and societal relationships that victims rely on as a system of encouragement, confidence and strength. According to Zimet, Dahlem, Zimet & Farley, social support can be broken into three categories: a special person, family and friends (Zimet, Dahlem, Zimet & Farley, 1988).
Special Person

A special person was defined as a solitary individual that the victim of commercial sexual exploitation confides in to for emotional support. According to the MSPSS, the special person can best be explained utilizing the following four sub-facets:

Person 1: Around when I am in need; Person 2: I can share my joys and sorrows; Person 3: Source of comfort; Person 4: Care about my feelings (Zimet, Dahlem, Zimet & Farley, 1988).

Table 5 is a frequency distribution of the sub-facets of special person among 50 victims of commercial sexual exploitation. Table 5 indicates whether or not the participants agreed or disagreed that they had a special person as a source of social support.

Table 5

Special Person sub-facets among victims of commercial sexual exploitation

<table>
<thead>
<tr>
<th>Sub-facets</th>
<th>Agree</th>
<th></th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person 1: Around when I am in need</td>
<td>38</td>
<td>76.0</td>
<td>12</td>
</tr>
<tr>
<td>Person 2: I can share my joys and sorrows</td>
<td>38</td>
<td>76.0</td>
<td>12</td>
</tr>
<tr>
<td>Person 3: Source of comfort</td>
<td>39</td>
<td>78.0</td>
<td>11</td>
</tr>
<tr>
<td>Person 4: Care about my feelings</td>
<td>38</td>
<td>76.0</td>
<td>12</td>
</tr>
</tbody>
</table>

As shown in Table 5, victims of commercial sexual exploitation agreed (CSE) (76%) that they had a special person in their life that is around when they are in need. Also, victims of CSE agreed (76%) that they had a special person with whom they could share their joys and sorrows, (78%) agreed they had a special person who was a source of comfort and (76%) agreed they had a special person who cared about their feelings.
Table 6 is a frequency distribution for the computed variable of special person. In order to determine the true value or arithmetic mean of the computed variable, the values (1-7) from the measurement scale of the four sub-facets were calculated by dividing the sum total of the set of figures by the number of figures.

Table 6

SPECIALPERSON: Special Person Support among victims on CSE

<table>
<thead>
<tr>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Support</td>
<td>12</td>
<td>24.0</td>
</tr>
<tr>
<td>Moderate Support</td>
<td>3</td>
<td>6.0</td>
</tr>
<tr>
<td>High Support</td>
<td>35</td>
<td>70.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Mean 2.46 Std. Dev .862

As shown in Table 6, victims of CSE indicated they had high levels of support from a special person in their lives. Of the 50 participants, 70% indicate high levels of support from a special person, 6% indicated moderate levels of support from a special person and 24% indicate a low level of support from a special person.

Family Support

The significance of a supportive, active and encouraging family is stated through the literature as a major indicator of CSEC prevention. Those that have family actively supporting them are less likely to become involved in the commercial sex industry (Schapiro Group, 2010).

Family support was defined as support, encouragement and a place of comfort from those in which the victim of CSEC is biologically connected or who have guardianship. This may also include adopted families and foster families (Zimet, Dahlem, Zimet & Farley, 1988). According to the MSPSS, Family Support can best be explained
utilizing the following four sub-facets: Family 1: Tries to help; Family 2: Provide emotional help and support; Family 3: I can talk about my problems; Family 4: Help me make decisions (Zimet, Dahlem, Zimet & Farley, 1988).

Table 7 is a frequency distribution of the sub-facets of family support among 50 victims of commercial sexual exploitation. Table 4 indicates whether or not the participants agreed or disagreed that they had family as a source of social support.

Table 7
Family Support sub-facets among victims of CSE

<table>
<thead>
<tr>
<th></th>
<th>Disagree #</th>
<th>%</th>
<th>Agree #</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family 1: Tries to help</td>
<td>15</td>
<td>30</td>
<td>35</td>
<td>70</td>
</tr>
<tr>
<td>Family 2: Provide emotional help and support</td>
<td>12</td>
<td>24</td>
<td>38</td>
<td>76</td>
</tr>
<tr>
<td>Family 3: I can talk about my problems</td>
<td>18</td>
<td>36</td>
<td>32</td>
<td>64</td>
</tr>
<tr>
<td>Family 4: Help me make decisions</td>
<td>17</td>
<td>34</td>
<td>33</td>
<td>66</td>
</tr>
</tbody>
</table>

As shown in Table 7, victims of CSE indicated they agreed (70%) that they had family support that tries to help them, (76%) that their family support provides emotional help and support, (64%) that they can talk about their problems to their families and (66%) agreed that they had family support that help them make decisions.

Table 8 is a frequency distribution for the compound variable of family support. In order to determine the true value or arithmetic mean variable, the values (1-7) from the measurement scale of the four sub-facets were calculated by dividing the sum total of the set figures by the number of figures.
Table 8

FAMSUPPORT: Family Support among victims of CSE

<table>
<thead>
<tr>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td>16</td>
<td>32.0</td>
</tr>
<tr>
<td>Agree</td>
<td>34</td>
<td>68.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Mean 1.68  Std. Dev .471

As shown in Table 8, the victims of CSE indicated they agreed that they had family support. Of the 50 participants, 68% agreed that they had family support. However, 32% disagreed that their family acted as a support system for them.

Table 9 is a frequency distribution of the computed variable level of family support. This frequency distribution identifies the level of family supported reported among victims of CSE.

Table 9

Level of Family Support among victims of CSE

<table>
<thead>
<tr>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Support</td>
<td>12</td>
<td>24.0</td>
</tr>
<tr>
<td>Moderate Support</td>
<td>8</td>
<td>16.0</td>
</tr>
<tr>
<td>High Support</td>
<td>30</td>
<td>60.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

As shown in Table 9, (60%) of victims of CSE indicated that they have high family support, 16% had moderate family support and 24% report low family support as a means of social support.

**Friend Support**

Friend support was defined as those people in which you choose to engage with that add encouragement, strength and support which the victim of CSEC has no
biological connection. This may include people from the community, school, religious institutions, mentors, teacher and coaches (Zimet, Dahlem, Zimet & Farley, 1988).

According to the MSPSS, Friend Support can best be explained utilizing the following four sub-facets: Friend 1: Tries to help; Friend 2: Count on when things go wrong; Friend 3: I can share my joys and sorrows; Friend 4: Talk about my problems (Zimet, Dahlem, Zimet & Farley, 1988).

Table 10 is a frequency distribution of the sub-facets of friend support among 50 victims of commercial sexual exploitation. Table 10 indicates whether or not the participants agreed or disagreed that they had family as a source of social support.

Table 10

Friend Support sub-facets among victims of CSE

<table>
<thead>
<tr>
<th></th>
<th>Disagree</th>
<th></th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friend 1: Tries to help</td>
<td>14 28.0</td>
<td>36 72.0</td>
<td></td>
</tr>
<tr>
<td>Friend 2: Provide emotional help and support</td>
<td>14 28.0</td>
<td>36 72.0</td>
<td></td>
</tr>
<tr>
<td>Friend 3: I can talk about my problems</td>
<td>13 26.0</td>
<td>37 74.0</td>
<td></td>
</tr>
<tr>
<td>Friend 4: Help me make decisions</td>
<td>13 26.0</td>
<td>37 74.0</td>
<td></td>
</tr>
</tbody>
</table>

As shown in Table 10, victims of CSE indicated they agreed (72%) that they had friend support that tries to help them, (72%) that their friend support provides emotional help and support, (74%) that they can talk about their problems to their friends and (74%) agreed that they had friend support that help them make decisions.

Table 11 is a frequency distribution for the compound variable of friend support. In order to determine the true value or arithmetic mean variable, the values (1-7) from the
measurement scale of the four sub-facets were calculated by dividing the sum total of the
set figures by the number of figures.

Table 11
FRIENDSUPPORT: Friend Support among victims of CSE

<table>
<thead>
<tr>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td>13</td>
<td>36.0</td>
</tr>
<tr>
<td>Agree</td>
<td>37</td>
<td>74.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Mean 1.74 Std. Dev .443

As shown in Table 11, the victims of CSE indicated they agreed that they had
friend support. Of the 50 participants, 74% agreed that they had friend support. However,
36% disagreed that their friends acted as a support system for them.

When analyzing the association of social support indicators against treatment
seeking behaviors family support proved a level of significance. Table 12 is a
crosstabulation of the family support and seeking treatment among victims of commercial
sexual exploitation and indicates whether or not there was a statistically significant
relationship between the two variables.

Table 12
Family Support and Seeking Treatment

<table>
<thead>
<tr>
<th>Sought Treatment</th>
<th>Yes</th>
<th>%</th>
<th>#</th>
<th>No</th>
<th>%</th>
<th>#</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Support</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td>13</td>
<td>26.0</td>
<td>21</td>
<td>42.0</td>
<td>34</td>
<td>68.0</td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td>11</td>
<td>22.0</td>
<td>5</td>
<td>10.0</td>
<td>16</td>
<td>32.0</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>24</td>
<td>48.0</td>
<td>26</td>
<td>52.0</td>
<td>50</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

\( \phi = .285 \) \( df = 1 \) \( p = .044 \)
As shown in Table 12, the statistical measure phi (\(\Phi\)) was employed to test for the strength of association between family support and seeking treatment. As indicated, there was a weak relationship (\(\Phi = .285\)) between the two variables. When the chi-square statistical test for significance was applied, the null hypothesis was not rejected (\(p = .044\)) indicating that there was a statistically significant relationship between the two variables at the .05 level of probability.

Research Question 2: What is the association between treatment seeking behavior and talking about problems with social support among victims of CSE?

Hypothesis 2: There is no significant difference between treatment seeking behavior and talking about problems with social support among victims of CSE.

Table 13 is a crosstabulation of treatment seeking behavior by family support. It shows the association of treatment seeking behavior with family support among victims of commercial sexual exploitation and indicates whether or not there was a statistically significant relationship between the two.

Table 13

I can talk to my family about my problems among victims of CSE

| I can talk about my problems with my family | Yes | | No | | Total | |
|--------------------------------------------|-----|----|----|----|------|
|                                            | #   | %  | #  | %  |      |
| Agree                                     | 12  | 24.0 | 12 | 24.0 | 24  | 48.0  |
| Disagree                                  | 20  | 40.0 | 6  | 12.0 | 26  | 52.0  |
| Total                                     | 32  | 64.0 | 18 | 36.0 | 50  | 100.0 |

\(\Phi = .280\) \(\text{df} = 1\) \(p = .04\)
As indicated in Table 13, twenty four percent (24%) of victims of commercial sexual exploitation that sought treatment indicated that they agreed that they could talk about their CSEC related problems with their family. A majority (64%) indicated that they did seek treatment. However, a majority (52%) disagreed that they could talk to family about their problems with their family.

As shown in Table 13, the statistical measurement phi (\(\Phi\)) was employed to test for the strength of association between the ability to talk to family about problems and treatment seeking behaviors among victims of CSE. As indicated there was a weak relationship (\(\Phi = .280\)) between the two variables. When the chi square statistical test for significance was applied, the null hypothesis was not rejected (\(p = .04\)) indicating that there was a statistically significant relationship between the two variables at the .05 level of probability.

Research Question 3: What is the association between perceived social support and perceived individual stigma among victims of CSE?

Hypothesis 3: There is no significant difference between perceived social support and perceived individual stigma among victims of CSE.

Table 14 is a Pearson’s correlation coefficient was conducted to determine the relationship of perceived social support by perceived individual stigma. It shows the association of perceived individual stigma with social support among victims of commercial sexual exploitation and indicates whether or not there was a statistically significant relationship between the two.
Table 14

Correlation of Social Support and Individual Stigma

<table>
<thead>
<tr>
<th></th>
<th>TotalSelfStigma</th>
<th>TotalSocialSupport</th>
</tr>
</thead>
<tbody>
<tr>
<td>TotalSelfStigma</td>
<td>Pearson Correlation</td>
<td>1.000</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.921</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>50</td>
</tr>
<tr>
<td>TotalSocialSupport</td>
<td>Pearson Correlation</td>
<td>-.014</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.921</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>50</td>
</tr>
</tbody>
</table>

As indicated in Table 14, a Pearson product–moment correlation coefficient was utilized. The results show no significant relationship (r = -.01, p > .05), thus not rejecting the null hypothesis. This indicates that while there is an inverse relationship between individual stigma and social support, it was not statistically significant at the 95 percentile.

Research Question 4: What is the relationship between perceived social support and perceived social stigma among victims of CSE?

Hypothesis 4: There is no significant difference in the relationship of perceived social support and perceived social stigma among victims of CSE.

Table 15 is a Pearson’s correlation coefficient was conducted to determine the relationship of perceived social support by perceived social stigma. It shows the association of perceived social stigma with social support among victims of commercial sexual exploitation and indicates whether or not there was a statistically significant relationship between the two.
Table 15

Correlation of Social Support and Social Stigma

<table>
<thead>
<tr>
<th></th>
<th>TotalSocialStigma</th>
<th>TotalSocialSupport</th>
</tr>
</thead>
<tbody>
<tr>
<td>TotalSocialStigma</td>
<td>Pearson Correlation 1.000</td>
<td>-.588**</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td></td>
<td>.000</td>
</tr>
<tr>
<td>N</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>TotalSocialSupport</td>
<td>Pearson Correlation  -.588**</td>
<td>1.000</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td></td>
<td>.000</td>
</tr>
<tr>
<td>N</td>
<td>50</td>
<td>50</td>
</tr>
</tbody>
</table>

**. Correlation is significant at the 0.01 level (2-tailed).

As indicated by Table 15, a Pearson product–moment correlation coefficient was utilized. The results show a significant negative relationship ($r = -0.59$, $p < .01$), indicating that the null hypothesis was not rejected and that there is a significant difference in the relationship of perceived social support and perceived social stigma. The inverse relationship shows that among victims of commercial sexual exploitation, with higher social stigma there is lower social support.

Research Question 5: What is the association between perceived individual stigma and perceived social stigma among victims of CSE?

Hypothesis 5: There is no significant difference between perceived individual stigma and perceived social stigma among victims of CSE.

Table 16 is a Pearson’s correlation coefficient was conducted to determine the relationship of perceived individual stigma by perceived social stigma. It shows the association of perceived social stigma with perceived individual stigma among victims of
commercial sexual exploitation and indicates whether or not there was a statistically significant relationship between the two.

Table 16

Correlation between Social Stigma and Individual Stigma

<table>
<thead>
<tr>
<th></th>
<th>TotalSocialStigma</th>
<th>TotalSelfStigma</th>
</tr>
</thead>
<tbody>
<tr>
<td>TotalSocialStigma</td>
<td>Pearson</td>
<td>.076</td>
</tr>
<tr>
<td></td>
<td>Correlation</td>
<td>1.000</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.501</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>50</td>
</tr>
<tr>
<td>TotalSelfStigma</td>
<td>Pearson</td>
<td>.076</td>
</tr>
<tr>
<td></td>
<td>Correlation</td>
<td>1.000</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.501</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>50</td>
</tr>
</tbody>
</table>

As indicated in Table 16, a Pearson product–moment correlation coefficient was utilized. The results show no significant relationship ($r = .07, p > .05$), thus rejecting the null hypothesis. This indicates that the relationship between individual stigma and social support, it was not statistically significant at the 95 percentile.

Qualitative Analysis

The qualitative component of the research study consisted of one six member focus group ($N=6$) of adult victims of commercial sexual exploitation who are in a residential treatment facility for sex trafficking. Each participant self reported being in the commercial sex industry before the age of sixteen. The second interview schedule included four ($N=4$) adult victims of commercial sex exploitation who were not in a current treatment for anything related to commercial sexual exploitation. The researcher utilized the IPA method for gathering qualitative data. The interviews were recorded and
transcribed by the researcher. Upon the complete transcription of the interviews, the audio recording was destroyed for the anonymity of the participants. The transcriptions were coded into connecting thoughts and experiences and then recoded for themes. The researcher also coded the data to collaborate with the steps of the Empowerment Theory theoretical framework. Table 17 shows an example of some of the questions, themes that proved evident through the interviews and how they are operationalized through the Empowerment Theory.

Table 17

Qualitative Analysis Questions from the interview schedules

<table>
<thead>
<tr>
<th>Examples of Questions</th>
<th>Empowerment theory</th>
<th>Themes/ Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you recognize why you are in treatment?</td>
<td>Critical consciousness</td>
<td><strong>Emotional Impact of CSEC</strong></td>
</tr>
<tr>
<td>How important is it for you to change your CSEC behavior on your own terms?</td>
<td>Positive Identity</td>
<td><strong>Empowerment vs. Disempowerment</strong></td>
</tr>
<tr>
<td>If you could stop someone else from entering “the Life”, would you?</td>
<td>Taking Social Action</td>
<td><strong>Movement towards change</strong></td>
</tr>
</tbody>
</table>

As shown in Table 17, the researcher utilized semi-structured questions to guide the focus group and interviews. Transcripts were read completely and thoroughly to gather and create themes and codes for the qualitative research. The researcher also correlated the themes and codes with the Empowerment Theory theoretical framework to
incorporate how the interviews connect with the theoretical paradigm of this research study.

Table 18 shows the narratives from the focus group and individual interviews and the coding that was used to categorize the qualitative into themes. Using the IPA approach to qualitative analysis, it is imperative to utilize the participants own language and experiences as a guide to the analysis.

Table 18

Qualitative Themes with Narrative

<table>
<thead>
<tr>
<th>Themes</th>
<th>Interview Narrative</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emotional Impact of CSEC</strong></td>
<td>Deanna: &quot;I didn’t do anything to be here&quot;</td>
</tr>
<tr>
<td>- Victimization Identification</td>
<td>Lena: &quot;I’m in a gang and I have sex so I don’t have to buy weed, but I’m not a prostitute.&quot;</td>
</tr>
<tr>
<td></td>
<td>Stephanie: &quot;I use my body to make money. I have sex for money.&quot;</td>
</tr>
<tr>
<td></td>
<td>Caroline: &quot;My boyfriend made me have sex to make money&quot;</td>
</tr>
<tr>
<td>- Self worth</td>
<td>Janna: &quot;I was forced to have sex to pay off my drug debt and they wouldn’t let me go&quot;</td>
</tr>
<tr>
<td></td>
<td>Alise: &quot;Sometimes I don’t think I deserve to get treatment services, I don’t deserve a second chance&quot;</td>
</tr>
<tr>
<td></td>
<td>Layna: &quot;It took me 6 months to believe I deserved better than “the Life”&quot;</td>
</tr>
<tr>
<td>- Choice vs. Consequences</td>
<td>Heather: &quot;I wasn’t worth much before...I don’t think anyone will want me.&quot;</td>
</tr>
<tr>
<td></td>
<td>Danielle: &quot;We all make choices in life...I made the choice to stay in ‘the Life’ when people tried to help me get out.&quot;</td>
</tr>
<tr>
<td>- Stigma</td>
<td>Lena: &quot;I chose to going the gang...I didn’t choose to be pimped out&quot;</td>
</tr>
<tr>
<td></td>
<td>Stephanie: &quot;I choice to get help cause I thought I’d end up dead&quot;</td>
</tr>
<tr>
<td></td>
<td>Heather: &quot;I knew I needed help when I couldn’t look at myself in the mirror anymore.&quot;</td>
</tr>
<tr>
<td></td>
<td>Janna: &quot;My mom thought treatment would help cause I felt like everyone was judging me because of what happened&quot;</td>
</tr>
<tr>
<td></td>
<td>Layna: &quot;I had to deal with how my friends judged me...then I had to deal with how I was judging me.&quot;</td>
</tr>
</tbody>
</table>
Table 18 continued...

Qualitative Themes with Narrative

<table>
<thead>
<tr>
<th>Themes</th>
<th>Interview Narrative</th>
</tr>
</thead>
</table>
| **Empowerment vs. Disempowerment** | Lena: “Sometimes the program stops you from getting treatment. You have to get all of these tests and stuff before you get in... you can’t go anywhere... 10pm curfew. To a person used to being up all night, that’s just stupid.”  
   Janna: “Getting found out. If you could disappear without people finding out you went in that would help.”  
   Stephanie: “Knowing that I have to be broke again makes me not want to change... I’m over being broke.”  
   Lena: “My family has been a great support system since I’ve been in treatment. They help keep me in treatment.”  
   Caroline: “Having people cheering me on has kept me in treatment. Without them I would have left a long time ago.”  
   Alise: “I used to think I didn’t need anybody, but now I know I need the strength of everybody to beat this.”  
   Catlin: “The hardest part of getting in treatment was deciding that my past didn’t define me... and I was worth it.”  
   Shelby: “One day I pray that I can look in the mirror and not see every man that I’ve been with. That day I know I’ll be ready for treatment.”  
   Stephanie: “Some days the hardest part of treatment is getting over my past. It has a way of creeping up on me.”  
   Heather: “You feel powerless when you are blindfolded, told to get in the car and told you’ll have sex for money, but then you think about the choice you made to get in his car and think it’s all your fault.”  
   Janna: “They can never take your power; you choose to give it up. Even through each john I keep my inner power.”  
   Caroline: “We can’t just blame society for what’s happened in our lives... but I think society needs to pay attention to what they put out to the masses... They led me to believe that he only truly loved me if he wanted me for sex”  
   Deanna: “I accept blame for what I did with my life, but society has to stop telling young girls they are only worth sex. When I get out of here that will be my goal. You’re worth more than sex.”  
   Shelby: “I want to stop other girls from falling in this trap; there’s no life in this and once you get in it you can’t always get out.”  |
| • Barriers to change |  |
| • Support systems |  |
| • Individual stigma |  |
| • Choice |  |
| Movement towards change |  |
| • Societal vs. Individual responsibility |  |
As shown in Table 18, each theme has corresponding codes and narrative that the researcher identified as essential components in understanding the interaction of individual stigma, perceived social stigma and social supports on treatment seeking behaviors among victims of commercial sexual exploitation.

In sum, among victims of commercial sexual exploitation, there was a significant association among those that had family they could talk about their problems with and those that seek treatment. There was a significant inverse correlation among social support and social stigma; meaning that those that reported increased social stigma had decreased social support. The qualitative analysis showed that among victims of commercial sexual exploitation there were unique issues surrounding the emotional impact of CSEC, self preservation, empowerment vs. disempowerment and movements towards change that affected their desire to seek treatment and remain successful in treatment for commercial sexual exploitative concerns. It is concluded that individual stigma, social stigma and social support do impact treatment-seeking behaviors among victims of commercial sexual exploitation.
CHAPTER V

CONCLUSION AND RECOMMENDATIONS

This research study was designed to answer six research questions concerning perceived individual stigma, perceived social stigma and social support impact on treatment seeking behaviors among victims of commercial sexual exploitation. The conclusion and recommendations of the research findings are presented in this chapter. Recommendations are proposed for future discussion for policy makers, social workers, practitioners and administrators. Each research question is presented in order to summarize the significant findings of interest.

Research Question 1: Will victims of commercial sexual exploitation with greater support have a great tendency to seek treatment for commercial sexual exploitation?

In order to discuss social support among victims of commercial sexual exploitation, the researcher analyzed the three sub facets of social support: a special person, family and friends. Social support was computed based on calculation of these three facets.

Of the fifty participants of this research study, a minority (48%) of participants indicated that they sought treatment for sexual exploitation. Seventy-six percent (76%) of the participants indicated they had strong social support. While there was no statistical significance with the cumulative social support and treatment seeking behaviors once the
sub facets were analyzed there was a significant relationship among the family subset and seeking treatment.

The statistical measurement phi (Φ) was employed to test the strength of association between family support and treatment seeking behavior. As indicated, there was a weak relationship (Φ = .285) between the two variables. When the chi-square test for significance was applied, the null hypothesis was not rejected (p = .044) indicating that there was a statistically significant relationship between the two variables at the .05 level of probability (see Table 12).

Research Question 2: What is the association between treatment seeking behavior and talking about problems with social support among victims of CSE?

Twenty-four percent (24%) of victims of commercial sexual exploitation that sought treatment indicated that they agreed that they had family that they could talk to about their problems. A majority (64%) of participants indicated that they did seek treatment.

The statistical measurement phi (Φ) was employed to test for the strength of association between talking with family and treatment seeking behaviors. As indicated, there was a weak relationship (Φ = .280) between the two variables. When the chi-square statistical test for significance was applied, the null hypothesis was not rejected (p = .04) indicating that there is a statistically significant relationship between the two variables at the .05 level of probability (see Table 13).
Research Question 3: What is the association between perceived social support and perceived individual stigma among victims of commercial sexual exploitation?

A Pearson’s correlation coefficient was conducted to determine the relationship of perceived social support by perceived individual stigma. This test was conducted to determine the association between the two variables. The results showed no significant relationship between the two variables ($r = -.01, p > .05$), thus rejecting the null hypothesis (see Table 14).

Research Question 4: What relationship between perceived social support and perceived social stigma among victims of CSE?

A Pearson’s correlation coefficient was conducted to determine the relationship of perceived social support by perceived social stigma. This test was conducted to determine the association between the two variables. The results show a statistically significant relationship between the two variables ($r = -.59, p < .01$). As indicated by the results, there is a statistically significant relationship, thus the null hypothesis was not rejected. The inverse relationship indicates that the more increased ones perceptions of social stigma the less they feel that they have social support among victims of commercial sexual exploitation (see Table 15).

Research Question 5: What is the association between perceived individual stigma and perceived social stigma among victims of CSE?

A Pearson’s correlation coefficient was conducted to determine the relationship of perceived social stigma by perceived individual stigma. This test was conducted to
determine the association between the two variables. The results showed no significant
relationship between the two variables \( r = .07, p > .05 \), thus rejecting the null hypothesis
(see Table 16).

In sum, according to the fifty participants in the quantitative section of this
research study there are significant relationship among the family facet of social support
and treatment seeking behaviors. There was a significant relationship among those that
could talk with their families about their problems and seeking treatment as well as a
significant relationship between perceived social support and perceived social stigma
among victims of commercial sexual exploitation.

Qualitative Analysis

To gather qualitative data and give voice to victims of commercial sexual
exploitation the researcher conducted a six member focus group of victims of CSE as
well as conducted 4 individual interviews with victims of CSE who had sought treatment
for CSE but are no longer in treatment. The researcher utilized the IPA method for
gathering qualitative data. The interviews were recorded and transcribed by the
researcher. Upon the complete transcription of the interviews, the audio recording was
destroyed for the anonymity of the participants. The transcriptions were coded into
connecting thoughts and experiences and then recoded for themes. The researcher also
coded the data to collaborate with the steps of the Empowerment Theory theoretical
framework (see Table 17).

When addressing why the victims would seek treatment for commercial sexual
exploitation three major themes reoccurred throughout the interviews: the emotional
impact of commercial sexual exploitation, empowerment vs. disempowerment and movement towards social change. While each of these themes were evident through each interview several underlying codes were also prevalent and worthy of discussion. In this section, the researcher will present some of the narratives that articulate the experiences of victims of commercial sexual exploitation who have sought or are seeking treatment.

Emotional Impact of Commercial Sexual Exploitation

When asked why the participants sought treatment for sexual exploitation several participants began with statement of victim identification. Deanna is an 18 year old victim of commercial sexual exploitation. She entered the commercial sex industry at 14 years old, per police documentation, but she does not admit to being sexually exploited. Deanna denied any connection with CSEC, although she recognizes that she hangs out with people who sell their body for sex and that her “boyfriend” arranged for men to meet up with girls to have sex. “I didn’t do anything to be here. My mom wanted me to get help ‘cause she didn’t like the people I was hanging around. I don’t think I need to be here. I’m not like these other girls, I know what I was doing. No one forced me to do anything I didn’t want to do.” Deanna was representative of the girls who had not yet connected with why they were in treatment and were brought to treatment by social supports.

Janna is a 19 year old female that was located by police tied to a bed in the home of her pimp/perpetrator. He refused to let her leave the house until she paid for her drug debt, which he collected via her having sex with men for money. Janna was involved in CSEC for 6 month before law enforcement officials found her. Janna sought treatment
because she could no longer deal with how she perceived others to be judging when they found out what happened to her. “I had to get treatment. Every time I met a new person I felt like they knew the trauma that I went through. I didn’t trust anyone. I thought everyone pitied me. I didn’t feel like I deserved help from anyone. If I hadn’t been on drugs I would have never been in that position. I brought that on myself. It felt like everyone could see it on me. No matter how many times I took a shower I could wash off what happened.”

Alise is a 20 year old that had been commercially sexually exploited since she was fourteen years old. Alise met her pimp when she was in middle school and they started “dating” when she turned 14. Alise at the beginning she was forced to have oral sex with strangers when her “boyfriend” was upset at her until he finally groomed her to have sexual intercourse with men for money. “I felt like I didn’t have a choice in the situation. I couldn’t go back to my momma after running away and having sex was easier than getting beat. And some point you see all the other women and realize that this is just what life will be for you until you die.” Alise, like many of the other women addressed that they didn’t have the ability to make choices about anything while they were working for their pimps. The choices were made by him and that the consequences such as starving, beatings or working longer hours on the street were not worth disobeying his wishes.

Layna is an 18 year old female that was groomed into the commercial sexual exploitation life style by her mother and aunts. Layna stated that she didn’t know any women that had not been a part of “the Life” outside of when she would go to school.
Layna addressed the stigma that followed her when she would attend school. “Everyone knew what my mother did. I was teased everyday about my mom and aunties. What else was I supposed to do? I was already known as the girl whose momma was a whore. She told me every day that I would be a whore ‘cause it was the only thing I was smart enough to do. After years of hearing that every day, you begin to believe it.”

Lena entered the commercial sexual exploitation lifestyle through her involvement with her gang affiliation. Lena entered the gang at 13 years old and began getting exploited at 14 years old. Lena reported that her main job in the gang was to keep the gang leaders happy with her. “At first, I thought all girls had to do it, but soon I realized that they were passing me around to make sure all of the heads stayed happy. If they wanted drugs and didn’t want to pay for them they sent me to have sex with the dealer. If they needed guns and couldn’t afford them, they sent me to ‘take care of it’ and I did because that’s what you do for ya fam, right? You hold them down. They loved me when I held them down; I just didn’t… anymore.”

As evident by the profiles of some of the participants it was clear that they were in different levels of their victim identification stage, self worth, choices verses consequences stage and identified with the stigma of commercial sexual exploitation through varied forms, but each presented these themes as well as their level of critical consciousness throughout the qualitative conversation. Each of these codes created the over arching theme of the emotional impact of commercial sexual exploitation through their perspectives.
**Empowerment vs. Disempowerment**

Several of the participants discussed how family and friends assisted them in seeking treatment for sexual exploitation. The participants acknowledged that treatment is not an easy process because it caused them to acknowledge the trauma that they faced while enduring exploitation. A majority (60%) of the participants stated that seeking treatment allowed them to reclaim the power that was "stolen" when forced into a life of exploitation.

Question: How did your self-view affect your decision to seek treatment?

"There was a time when I didn’t believe I deserved to live. I was so beat down that I thought it was a waste of time to seek help, but I came to this ministry and they taught me that God loved me enough to cover what I didn’t love about myself. From that moment I figured I could hold on to his love and try to find my own."

"After everything I’d been through I didn’t think anyone could help me. There are bad days when I still believe they can’t."

"I never wanted to seek treatment. I saw the girls that came out of treatment. They were weak; they couldn’t make it on the street. I never wanted to be that girl."

"I thought I was the shit. I thought treatment was for lames, but when a judge says treatment or jail…you go with treatment."

The support from family and close friends were expressed throughout the narrative of why each participant sought treatment.

Question: What was the role of social supports in your decision to seek treatment for sexual exploitation?
"Without the support of my family I would not be here. I didn’t really want to do all the stuff that the program makes you do, but my parents come every week. Through the program we’ve learned to talk to each other instead of scream at each other."

"My parents have supported me going to treatment each time. It’s taken about three times for me, but I realized now that I deserve better than what “the Life” can provide. I had to understand that the other women on the street and my “boyfriend” didn’t want the best for me; so they weren’t really my family. And even though I think my family is lame they have been here to support me doing good stuff."

"My family groomed me for sex so the program gave me an adopted family that has been supportive. I call them every time I run away to let them know I’m still ok. I don’t want them to worry. They are the first family that doesn’t judge me and actually wants me to be good."

Question: How important are social supports when you return home?

"I’ve returned home a few times and they can tell when I need more ongoing treatment. They tell me I’m strong enough to make it when I feel like giving up. My family is the only reason I keep trying to fight all the memories that come with this shit."

"My gang is my family. If I go back home I have no choice but to return to the life. That’s my role...have sex to score free drugs. My mentor in here is trying to find another place for me to go, but I have to stay in school or get a job to get in the other programs. I can’t do school and the only job I know is prostitution. Sometimes I feel like I was better off not getting treatment, then I wouldn’t know I was worth anything and wouldn’t care."
“My friends and family have helped me a lot since I’ve been back home. They tell me every day that I’m strong enough to do whatever I want to do, which is the complete opposite of my pimp telling me I wasn’t smart enough to do anything but be a prostitute. It took me a while to believe my family, but I think I can do more than I thought I could.”

The participants spoke to their level of positive identity through the empowerment verses disempowerment theme in this qualitative study. The unique perspective of each participant allowed the researcher to understand that not all victims will seek treatment at the same treatment level. Some will need extra support systems surrounding them while others will be at a place where they are able to achieve their goals more independently.

Movement towards Change

Several of the participants stated that treatment is an ongoing process. They understand that reintegrating into mainstream society will take gradual change, this is imperative in the meeting the taking action stage of the Empowerment Theory. A majority of the participants agreed that this change must occur on an individual and systemic level.

“I can’t get out of this life unless I change my surroundings. No matter what I learn in treatment, I can’t that back to the old neighborhood. Life doesn’t work like this out there. Out there you have to fight for survival and the only weapon I have out there is my body. In here people let you trying things out and you don’t die if you fail...out there it’s life or death.”
"We can't just blame society for what's happened in our lives. Some of us made choice to enter this life; for some the choice was made for us. Either way we have to make the decision to move forward, but I think society needs to pay attention to what they put out to the masses. You can't in one voice tell me that I'm breaking the law by selling my body for money and in the next pump out messages that girls are only needed for sex. Society pushes the "sex sells" message and then wants to lock up and condemn the sellers."

"I accept blame for what I did with my life, but society has to stop telling young girls they are only worth sex. When I get out of treatment that will be my goal. To let young girls know that you're worth more than your body. You're worth more than your boyfriend. You're worth more than sex."

"Society needs as many people telling boys that buying sex is wrong as they have telling girls to wait 'til marriage. You can't expect the problem to go away without address the guys that bought sex with me. I can't sell what no one wants to buy, right?"

"When it comes down to eating or sex; I'll choose eating every time. Poverty has to be addressed for this problem to go away. As long as people are starving for food people will sell sex for money. For families that are in poor neighborhoods, sometimes it's the only way to make money. I'm not saying it right, but it's reality."

In sum, the participants of the qualitative study addressed the impact of individual stigma and social support in their decision to seek treatment for commercial sexual exploitation. The participants emphasized the need of some social supports in the decision making process as well as the treatment process. This qualitative study
compliments the results of the quantitative study by showing that stigmas and social support do have an impact on treatment seeking behavior among victims of commercial sexual exploitation.
Recommendations

The commercial sexual exploitation of children is a growing phenomenon within the United States. Studies that attempt to address this topic are frequently limited to addressing the identification and treatment of these victims. This study sought to better understand treatment-seeking behaviors among this population.

As a result of the findings of this study, the researcher is recommending the following:

1. Research should continue to address the commercial sexual exploitation of children in order to gather more information on recruitment techniques, best practices for treatment and reducing recidivism among this population.

2. Policy makers must adopt policies that protect CSEC treatment facilities the same as domestic violence shelters. No victim should have concerns that their exploler can locate them while they are in treatment.

3. Programs must understand the importance of social supports in the treatment process of the victim. While it is understandable that all victims will not be in treatment near their immediate family, communities that support this population should attempt to provide a support system for the victim while in treatment.

4. Social workers must begin to advocate for this population group to insure that they receive adequate treatment that prepares them to reintegrate into the environment that exploited them.

5. Social workers should engage in research that will provide data on this population group that will assist in service delivery and program implementation.
APPENDICES
Appendix A: Consent Form

CONSENT FORM

A Study of the Impact of Perceived Individual Stigma, Social Stigma and Social Supports on Treatment Seeking Behaviors of Victims of Commercial Sexual Exploitation

You are invited to participate in a study that explores the analysis of the perception of stigma and social support as it relates to treatment seeking behaviors among victims of commercial sexual exploitation. This study consists of a consent form and questionnaire concerning Commercial Sexual Exploitation and treatment seeking behaviors.

There are no known risks to participants who agree to take part in this research. There are no known personal benefits to participants who agree to take part in this research. However, it is hoped that those who participate in this study will help research in the field of social work education, social work curriculum development and the professional development of social service workers in the United States.

All responses to the questionnaire and the interviews will remain confidential. The qualitative interview, should you choose to participate in it, will be audio taped for transcription purposes. No identifiers will appear on the tape. The tape will remain locked in a secure and confidential cabinet at the Whitney M. Young, Jr. School of Social work for 5 years. At the expiration of the 5 years the tapes will be destroyed. Participation in this study is voluntary. If participants have questions about the study, they may contact the principal investigator—Elizabeth Goatley by email at: egoatley@gmail.com or the School of Social Work at Clark Atlanta University at 404-880-8561.

If you have any questions now, or later, related to the integrity of the research, (the rights of research subjects or research-related injuries, where applicable), you are encouraged to contact Dr. Georgianna Bolden at the Office of Sponsored Programs (404 880-6979) or Dr. Paul I. Musey, (404) 880-6829 at Clark Atlanta University.

My signature below verifies that I have read the statement above and agree to participate in this research project.

Print Name of Participant  Signature of Participant  Date
Appendix B: Survey Questionnaire

A STUDY OF THE VICTIMS OF COMMERCIAL SEXUAL EXPLOITATION

Section I: Demographic Information

Place a mark (x) next to the appropriate item. Choose on the one answer for each statement.

1. Gender: 1) Male 2) Female

2. Age group: 1) Under 15 2) 15-19 3) 20-24 4) 25-29 5) 30-34
   6) 35-39 7) 40 +

3. The one racial category that best describes me: 1) Black 2) White 3) Hispanic
   4) Asian 5) Other

4. My marital status is: 1) Married 2) Never married 3) Divorced
   4) Separated 5) Widowed

5. Highest grade completed: 1) Elementary 2) Some High School 3) High School
   4) Vocational School 5) Some College 6) College Grad
   7) Masters 8) Doctorate

6. I am employed: 1) Full-time 2) Part-time 3) Not Employed 4) Self Employed

7. My annual income is: 1) Under $10,000 2) $10,000-19,999 3) $20,000-29,999
   4) $30,000-39,999 5) $40,000-$49,999 6) $50,000+

8. I was involved in the commercial sex industry before the age of 16: 1) Yes 2) No

9. The age I entered the commercial sex industry was: 1) Under 15yrs 2) 16-18 yrs
   3) 19-21yrs 4) Over 21yrs

10. I entered the commercial sex industry: 1) Voluntarily 2) Involuntarily

11. The number of different cities I have worked in the commercial sex industry:
    1) 1-2 2) 3-4 3) 5 or more

12. I have exited the commercial sex industry lifestyle: 1) Yes 2) No
13. I have been out of the commercial sex industry for:

1) _____ Less than 3 months  2) _____ 3-6 months  3) _____ At least 1 year

14. I have attempted to exit the commercial sex industry

1) _____ One time  2) _____ 2-3 times  3) _____ More than 3 times

15. I sought treatment for commercial sexual exploitation related issues

1) _____ Voluntarily  2) _____ Involuntarily  3) _____ Court Appointed  4) _____ Never sought treatment

16. I have a strong social support network  1) _____ Yes  2) _____ No

17. I have utilized these resources for treatment for commercial sexual exploitation related issues
   (Check all that apply)
   ______ Mental Health Services
   ______ Safe Houses/Shelters
   ______ Substance Abuse Services
   ______ Employment Services

Section II: Perceived Stigmas and Social Support

INSTRUCTION: People at times find that they face problems that they consider seeking help for. This can bring up reactions about what seeking help would mean. Please use the 5-point scale to rate the degree to which each item describes how you might react in this situation.

Write the appropriate number (1 thru 5) in the blank space beside each statement on the questionnaire. Please respond to all questions.

1 = Strongly Disagree  2 = Disagree  3 = Agree and Disagree Equally  4 = Agree  5 = Strongly Agree

_____ 15. I would feel inadequate if I went to a therapist for psychological help.

_____ 16. My self-confidence would NOT be threatened if I sought professional help.

_____ 17. Seeking psychological help would make me feel less intelligent.

_____ 18. My self-esteem would increase if I talked to a therapist.

_____ 19. My view of myself would not change just because I made the choice to see a therapist.

_____ 20. It would make me feel inferior to ask a therapist for help.

_____ 21. I would feel okay about myself if I made the choice to seek professional help.
22. If I went to a therapist, I would be less satisfied with myself.

23. My self-confidence would remain the same if I sought professional help for a problem I could not solve.

24. I would feel worse about myself if I could not solve my own problems.

INSTRUCTION: Imagine you had an emotional or personal issue that you could not solve on your own. Write the appropriate number (1 thru 5) in the blank space beside each statement on the questionnaire. If you sought counseling services for this issue, to what degree do you believe that the people you interact with would __________.

1 = Not at all   2 = A little   3 = Some   4 = A lot   5 = A great deal

25. React negatively to you

26. Think bad things of you

27. See you as seriously disturbed

28. Think of you in a less favorable way

29. Think you posed a risk to others

INSTRUCTION: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement. Write the appropriate number (1 thru 7) in the blank space beside each statement on the questionnaire.

1 = Very Strongly Disagree   2 = Strongly Disagree   3 = Mildly Disagree   4 = Neutral

5 = Mildly Agree   6 = Strongly Agree   7 = Very Strongly Agree

30. There is a special person who is around when I am in need.

31. There is a special person with whom I can share my joys and sorrows.

32. My family really tries to help me.

33. I get the emotional help and support I need from my family.

34. I have a special person who is a real source of comfort to me.

35. My friends really try to help me.

36. I can count on my friends when things go wrong.

37. I can talk about my problems with my family.

38. I have friends with whom I can share my joys and sorrows.
39. There is a special person in my life who cares about my feelings.

40. My family is willing to help me make decisions.

41. I can talk about my problems with my friends.

Section III: Qualitative Information

INSTRUCTION: Please share your responses to the following statements. Feel free to share as much or as little as you would like to complete your answer.

42. Do you share with people that you have worked in the commercial sex industry? Why or Why not?

43. When you were involved in the commercial sex industry, under what conditions would have sought help?

44. How do people respond once they know that you have worked in the commercial sex industry?
45. What do you feel is society’s perception of people who work in the commercial sex industry?

46. What caused you to exit the commercial sex industry or choose another path in life?

47. If there was a message you could send to society about people who work in the commercial sex industry, what would it be?
REFERENCES

Abel, G. M. (2011). Different stage, different performance: The protective strategy of role play on emotional health in sex work. Social Science & Medicine, 72(7) 1177-1184.


characteristics and long-term outcomes. *Violence Against Women, 14*(8) 905-916.


Lazarus, L., Deering, K. N., Nabess, R., Gibson, K., Tyndall, M. W., & Shannon, K. (2012). Occupational stigma as a primary barrier to health care for street-
based sex workers in Canada. *Culture, Health & Sexuality, 14*(2) 139-150.


Okal, J., Luchters, S., Geibel, S., Chersich, M. F., Lango, D., & Temmerman, M.


Predictors of the change in self-stigma following a single session of group counseling. *Journal of Counseling Psychology*, Advance online publication.