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Adversity and Intervention Needs Among Girls in Residential Care with Experiences of
Commercial Sexual Exploitation

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Key words: sex trafficking, sexual exploitation, CSE, CSEC, DMST, residential care, sexual abuse

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Abstract

While the body of research on effective interventions for children and young people who experience commercial sexual exploitation is growing, much remains unknown regarding intervention needs, particularly in relation to the role of residential care in meeting those needs. In an effort to fill the gap in this research, this paper will report on a study comparing case files for girls victimized (n=73) and not victimized (n=62) by commercial sexual exploitation who were living in a residential care setting in a large southwestern city in the United States. Findings indicate that sexually exploited girls were more likely to report experiences of child sexual abuse, substance misuse/addiction, dating violence, and gang affiliation; they were also significantly more likely to run away from the group home facility and be identified as having an 'unsuccessful discharge'. In the second part of the article we will consider the results of this study in the context of a wider discourse on how best to intervene in the lives of CSEC survivors in the United States and throughout the world.

The experiences of children and adults victimized by sexual exploitation and sex trafficking became a renewed policy and practice concern in the United States in 2000, when the Victims of Trafficking and Violence Protection Act (TVPA) was enacted. The TVPA defines sex trafficking as the “recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act” (22 U.S. C. § 7102). The language of this law aligns with the UN Protocol to Prevent, Suppress and Punish Trafficking in Persons definition of sex trafficking, which has been adopted internationally (Doherty, & Harris, 2015). The legislation also specifies that for those victimized under age 18, no proof of force, fraud, or coercion is required. In recent years, there has been a growing awareness of the myriad ways in which children and adults are exploited through their labor and for the purpose of sexual exploitation, yet the problem remains difficult to identify and effectively address (Macy & Graham, 2012; Smith, 2016). Among children and young people, this form of victimization often remains hidden as they may be forced or coerced to engage in sexual activity that is illegal and/or highly stigmatized; they may not recognize themselves as victims of sexual exploitation (Dodsworth, 2015; Hickle & Roe-Sepowitz, 2016), or they may believe the exploitative situation they are in is the best available option to getting their needs met (Hallet, 2016). For these reasons, they often do not fit within an ‘ideal victim’ profile (Hoyle, Bosworth, & Dempsey, 2011), perpetuated by media and evident in the rhetoric adopted by many anti-trafficking and awareness campaigns (Arocha, 2013). However, media and political interest in this form of child abuse could mean that there is now an appetite for positive change, and that the problem formerly designated as ‘child prostitution’ has now been rebranded internationally to account for the experiences of vulnerable children and young people.

Currently, much remains unknown regarding effective interventions for trafficked and exploited children and young people (Varma, Gillespie, McCracken, & Greenbaum, 2015),

especially in the context of current service provision for children and young people identified as particularly vulnerable and/or involved in child protection or juvenile justice systems. Children and young people victimized by commercial sexual exploitation present with complex but not entirely unique experiences of adversity and intervention needs (Klatt, Cavner, & Egan, 2014), making them difficult to distinguish within a larger population of system-involved children and young people (Nadon, Koverola, & Shudlermann, 1998). This form of victimization may also be one of many forms of victimization they have experienced throughout their lives. Hence in order to meet their needs, it is necessary to identify whether and how the experience of being sexually exploited may indicate different intervention needs when compared to other highly vulnerable, system-involved children and young people.

To date, very little research has compared the experiences of commercially sexually exploited children (CSEC) to non-exploited children and even fewer studies have explored the experiences of children victimized by CSEC residing in residential care, despite the common use of residential care as a means to help or 'treat' CSEC (Reichert & Sylwestrzak, 2013). This paper is among the first to consider the experiences of girls aged 11-18 who are residing in a residential care home and explore differences between those who have, and have not, been victimized by CSEC. It will also consider these findings in the context of a wider discourse on protecting and supporting CSEC survivors whose needs may not align with traditional child protection and service delivery systems.

Background Literature

When the TVPA (2000) was enacted, a primary focus was on foreign nationals who were brought into the United States for the purpose of labor and sexual exploitation. Despite concentrated efforts by dedicated professionals across a range of disciplines (including law

enforcement, immigration, health and social services), fewer than the expected number of victims materialized (Gozdiak, 2016). More recently an awareness that American citizens, particularly children, could be victimized by commercial sexual exploitation has grown; in the USA and some other parts of the world (e.g. Australia and New Zealand, Indonesia, Cambodia), current efforts are now targeted at addressing the problem defined as ‘commercial sexual exploitation of children’, which is specifically focused on those children under age 18 involved in commercial sex industry work, including those exploited online through child pornography (Cameron, Mendez Sayer, Thomson, and Wilson, 2015; McIntyre, 2014). Some other countries now similarly prioritize the sexual exploitation of children, but conceptualize it in other ways. For example, in the United Kingdom, policy responses to child trafficking (generally foreign-born individuals) and child sexual exploitation (CSE) are slightly different, with CSE defined more inclusively as ‘a form of child sexual abuse...where an individual or group takes advantage of an imbalance of power’ that may or may not include a financial transaction (HM Government, 2016). According to Cameron, et al., (2015), countries like Sweden and Canada also take a more inclusive approach to defining the sexual exploitation of children. Despite these differences, effort is being made worldwide to consider how best to support children and young people in ‘recovery and reintegration’ following sexual exploitation (Asquith, & Turner, 2008), including the role of residential children’s homes in delivering that support (Clawson, Dutch, Solomon, & Goldblatt Grace, 2009; La Valle and Graham, 2016; McIntyre, 2014). Hereafter, the term ‘commercial sexual exploitation of children (CSEC) will be used as it aligns with how the problem is conceptualized in the United States, where the study took place.

Antecedents and consequences associated with CSEC

CSEC survivors often experience significant adversity prior to being victimized by sexual exploitation, and many have a history of child protective services involvement (Varma, et al., 2015). Adversities include childhood sexual, physical, and emotional abuse (Dalla, 2000; Davis, 2000; Gibbs, Hardison Walters, Lutnick, Miller, & Kluckman, 2015), exposure to substance misuse (Nadon, et al., 1998), and domestic violence at home (Dalla, 2003). Poverty (Clawson, et al., 2009) and discrimination associated with race and gender (Monroe, 2005) have also been commonly identified among CSEC survivors. CSEC victimization is often preceded by running away from home (Clawson, et al., 2009; Klatt, et al., 2014) and/or feeling compelled to sell or trade sex in order to meet a basic subsistence need such as food or shelter (Greene, Ennett, & Ringwalt, 1999; Firmin, Warrington, & Pearce, 2016). Children and young people victimized by CSEC may experience isolation from positive social support and are at risk of being coerced and exploited by perpetrators who provide help, befriend, or act as romantic partners (Reid, 2014; Williamson & Cluse-Tolar, 2002).

Turning to consequences, CSEC victimization can impact survivors' physical, emotional, and relational health. They may have experienced physical violence inflicted by perpetrators (Raphael, Reichart, & Powers, 2010) or commercial sex customers (Church, Henderson, Barnard, & Hart, 2001; Dalla, 2003; Raphael & Shapiro, 2004) that requires medical attention. They may also have other physical health concerns related to the exploitative experience. In a study of 107 trafficked women and girls in the USA, Lederer & Wetzel (2014) found all but one participant reported at least one physical health problem (e.g. dental, gastrointestinal, and reproductive health problems). The mental health consequences of being exploited or trafficked are well documented, and can include posttraumatic stress disorder, depression and anxiety (Farley, & Kelly, 2000; Hossain, Zimmerman, Abas, Light, & Watts, 2010; Lederer & Wetzel, 2014), and dissociative disorders (Roe-Sepowitz, Hickie, & Cimino, 2012). Experiences of coercion, violence,

(Reid, 2014) deception, fear, and isolation in relationships make building trust, reconnecting with positive social support, and forming new healthy relationships difficult (Cecchet & Thoburn, 2015).

Meeting the needs of children and young people victimized by CSEC

A growing body of research has begun to identify emerging best practice in providing support and intervention services for adult and child survivors of commercial sexual exploitation (Orme & Ross-Sheriff, 2015). Hardy, Compton & McPhatter (2013) described specialized treatment facilities for victims of trafficking and CSEC as best practice, and using residential programs to deliver specialized treatment has been considered essential for many years (Clawson & Goldblatt Grade, 2007; Rafferty, 2017). However, very little information is available regarding the experiences and needs of CSEC survivors referred to live in residential programs. In 2016, La Valle and Graham were commissioned by the UK Department for Education to undertake a rapid review of evidence on providing support for sexually exploited children in residential settings, and were able to identify only 9 studies internationally that referenced support provided in residential care. Several of these studies were actually about other services; for example, Edinbergh and Saewyc's (2010) study on a home visiting program.

There is currently no information available regarding the number of children who have experienced CSEC in residential care, however there are a range of residential programmes that claim to specialize in CSEC. In 2013, Reichert & Sylwestrzak identified 33 residential programmes across 16 states in the USA for individuals victimized by commercial sexual exploitation/trafficking, with 75% of the available beds specifically reserved for young people under age 18. The Children's Bureau (2015) reported that there has been growing trend to avoid the use of congregate care (i.e. group home and institutional settings) among children and young people throughout the country, and this may be the case for children victimized by CSEC.

However, the same report indicated that about half of children who enter into care will reside in a congregate care setting at some point, and the numbers of children in care appear to be slowly but steadily increasing (Children's Bureau, 2017). Problems with identifying CSEC victimization, and the differential availability of resources for these children and young people across states makes it difficult to know how often residential care is used to meet the needs of CSEC survivors.

The few studies that do explore how CSEC survivors are supported in residential settings have looked primarily at programs developed especially for CSEC survivors, and focus on successful post-discharge outcomes. Successful outcomes are typically defined as 1) a reduction in the number of young people who run away and 2) a reduction in re-offending. For example, Twill, Green and Taylor (2010) were among the first to write specifically about supporting sexually exploited children and young people in residential settings; their research sought to identify post treatment outcomes of 22 girls living in a residential treatment program specifically 'treating' CSEC, and focused on delinquency outcomes. In 2011, Thompson, Hirshberg, Corbett, Valila, and Howley explored program retention rates and successful discharges in a group home program called 'ACT' (Acknowledge, Commit, Transform) for girls victimized by CSEC (n=13).

Are children and young people victimized by CSEC different from their peers?

To date, much of the research on CSEC survivors' experiences and intervention needs has been qualitative with very small samples and/or combined samples of women and children, and has been retrospective or does not include a comparison group (Varma, et al., 2015). The few studies that do include comparison groups are primarily focused on commercially sexually exploited adults (e.g. Valera, Sawyer, & Shiraldi, 2001), or combine experiences of women and children (e.g. Lederer & Wetzel, 2014). Just a few recent studies have compared CSEC survivors with their peers. Cole, Sprang, Lee and Cohen (2016) compared CSEC survivors to other young

people seeking sexual health services and Varma et al. (2015) compared CSEC victims to sexual abuse/assault victims. Both studies found that participants who experienced CSEC victimization were significantly more likely to have run away from home, use alcohol, experience substance misuse problems, and have a history of criminal offending when compared to age-matched peers. Cole, et al. (2016) also reported that CSEC survivors were more likely to present with trauma symptoms including avoidance, hyperarousal, and dissociation. A recent exploratory study of 814 child-welfare involved youth identified similar experiences (running away and substance misuse) within a small sub-sample (n=38; 4%) of young people who answered affirmatively to a question about being paid for sex (O'Brien, White, and Rizo, 2017). While this study did look specifically at child-welfare involved children and young people, it was limited by its inclusion of only 38 potential CSEC victims and the narrow way in which the question about CSEC experiences was framed.

While each of these studies helps us better understand the unique experiences and needs of CSEC survivors, they draw from wide and diverse comparison samples and thus (with the exception of O'Brien et al., 2017), they do not help us understand how these children who are often involved in child protection and juvenile justice systems before, during, and after CSEC experiences *differ* from other system-involved children. The purpose of this study is therefore to fill a significant gap in the literature on CSEC by 1) comparing girls aged 11-17 living in a residential care setting who experienced CSEC with girls who have not experienced CSEC, and 2) identifying any unique experiences and intervention needs among CSEC victims. Specifically, the research question for this study was:

Do girls aged 11-17 in a group home program who identify as having experienced CSEC differ from non-sexually exploited girls in the same program regarding their experiences

of child maltreatment and violence, substance misuse and mental health difficulties, school problems, and other childhood experiences?

Method

Participants and Setting

The participants in this study were 135 girls who lived at a large group home program in the Southwestern United States between 2012 and 2014. The program was designed to serve adolescent girls aged 11 - 17 who were at high risk for CSEC. Referrals for the group home came from the child welfare and juvenile justice systems, along with privately paying families. A majority of the girls were in the care of the child welfare system (n=121; 89.6%), and a small number were in the care of their parents (n=11), foster parents (n = 2) or grandparent (n = 1).

One hundred and thirty-five case files were reviewed for this study, as they met the following criteria for inclusion: 1) During their initial clinical intake, the young person provided an answer to a question about exchanging sex for something of value such as money, drugs, protection, a place to stay, or 2) They were identified by the program clinical supervisor as either being or not being victimized by CSEC, as part of the extended initial individual assessment. Initially, 155 girls were considered for inclusion in the study, but 20 were excluded as their case files did not contain the required information about CSEC victimization. The 20 excluded cases were compared to those included to determine any differences. According to their case files, girls who were excluded stayed at the residential program significantly fewer days ($M=8.25$, $SD = 23.11$) than those included ($M=36.52$, $SD= 58.28$) $F= 9.926$, $t= 2.324$, $df = 172$, $p = .02$. It is possible that the case files of those excluded were not complete with CSEC information because these girls did not stay at the facility long enough to complete their files. In total, the casefiles indicated 73 girls with identified CSEC victimization and 62 girls without.

Among included casefiles, some had missing data that was left out of the analysis as the size of the sample and limited precedence deterred the research team from imputing the missing data.

Participants ranged in age from age 11-17 years ($M = 15.5$, $SD = 1.48$) and were identified as Caucasian (41, 30.4%), Hispanic (30, 22.2%), African American (31, 23%), mixed race (21, 15.6%); Native American (6, 4.4%), and Asian (2, 1.4%); three files were missing this information. Participants' length of stay at the program ranged from one to 370 days ($M = 46.85$, $SD = 69.2$). Over half of participants (69, 51.1%) ran away from the group home (it is not known if they ever returned or were readmitted), while others (59, 43.7%) exited the group home by transitioning into a 'safe placement' (i.e. home with parents or foster family, a transitional housing program, or a treatment program) or were discharged to a hospital or jail facility (3; 2.2%).

Measures

Data collection for the study consisted of reviewing the case file for each girl admitted and released from the program from January 2012 to December 2014. The case files contained an intake survey, which included a series of questions about life history and family relationships, school involvement, gang affiliation, substance use, and experiences of violence and abuse. The program intake included one scale composed of seven questions about emotional abuse, adapted from Briere and Runtz (1990) Parental Psychological Maltreatment scale. The emotional abuse scale included questions with the stem "Prior to age 18, how often did the following occur during an average year. The actions included how often in the past year a parent, stepparent, foster parent or adult in charge of them had "yelled at you", "insulted you", "criticized you", "tried to make you feel guilty", "ridiculed or humiliated you", "embarrassed you in front of others", and "made you feel like you were a bad person" (Briere & Runtz, 1990). The original scale was modified from 0-20 times per year to a five-point scale (*never, rarely, sometimes,*

often and *always*). Previous studies have shown that the original format had reasonably good reliability (Briere & Runtz, 1988, 1990) and strong internal consistency was found using the modified scale (Roe-Sepowitz, 2012). For this study, a Cronbach's alpha (Cronbach, 1951) was derived from the data in this study to assess scale reliability (.92). The data was also checked for normal distribution and was found to have approximate normality without significant variation. The two groups, girls with and without CSEC experiences, demonstrated similar variance.

Descriptive statistics were used to identify overall prevalence of an array of life experiences within the sample, and chi square analyses were used to identify any differences between participants with and without CSEC experiences. It is important to note that all the girls were in the program due to difficulties with behaviors, mental health, or substance abuse issues and many had child maltreatment histories. This makes unsurprising the high rates of adverse life experiences reported by these girls at intake.

Results

The case files for all 135 girls revealed complex life experiences including abuse and trauma histories (see Table 1). Half of participants had experienced child sexual abuse, 22.2% had experienced emotional abuse, approximately 40% experienced some form of physical abuse, and 57 (42%) had witnessed domestic violence in their homes. A majority (62%) had an identified mental health diagnosis and reported drug (65.2%) and alcohol (81.5%) use, including depression (n =24, 17.8%), anxiety (n = 3, 2.2%), post-traumatic stress disorder (n = 10, 7.4%), and bipolar disorder (n = 31, 23%). Eighty-one case files contained information on prior placements, approximately three-quarters of the participants had previously experienced out-of-home placements, and nearly 40% had experienced involvement in the juvenile justice system. Whilst low numbers did not enable statistical analysis, it is important to note that a

greater percentage of girls without CSEC experiences had previous experience living in a group home (15; 38.5%) compared to girls with CSEC experiences (9; 20.9%). Approximately one quarter (11, 25.6%) of girls with CSEC experiences had previously spent time in juvenile detention compared to only one girl without CSEC experiences.

Table 1: Life experiences of the girls in residential care with and without CSEC experiences

Variable	Girls with CSEC experiences (N=73): Number/percentage	Girls without CSEC experiences (N=62): Number/percentage
Placement outcome*		
Ran away from group home	42 (57.5%)	28 (45.2%)
Discharge to safe placement	24 (32.8%)	34 (54.8%)
Juvenile justice system involvement**		
Juvenile probation	13; 17.8%	6 (9.7%)
Pending charges	5; 6.8%	1 (1.6%)
Juvenile parole	2; 2.7%	0
Gang involvement*	18 (24.6%)	6 (9.7%)
School experiences		
Enrolled in special education classes	22 (30.1%)	9 (14.5%)
History of school suspension	19 (26%)	16 (25.8%)
Failing a current grade**	12 (16.4%)	13 (20.9%)
Used drugs**	56 (76.7%)	32 (51.6%)
Forced to take drugs	12 (16.4%)	6 (9.7%)
Drinking beer/wine**	36 (49.3%)	9 (14.5%)
Drinking hard liquor**	32 (43.8%)	12 (19.4%)
Use of marijuana**	53 (72.6%)	29 (46.8%)
Use of methamphetamines**	21 (28.8%)	6 (9.7%)
Use of crack cocaine	19 (26%)	3 (4.8%)
Use of inhalants	9 (12.3%)	2 (3.2%)
Use of phencyclidine (pcp)	5 (6.8%)	0
Use of barbiturates	7 (9.6%)	0
Use of tranquilizers	6 (8.2%)	0
Been in drug detox in the past	11 (15%)	3 (4.8%)
Sexual abuse	41 (56.2%)	27 (43.5%)
Sexual abuse by a stranger	21 (28.8%)	6 (9.7%)
Sexually transmitted infection	12 (16.4%)	1 (1.6%)
Dating violence*	20 (27.4%)	9 (14.5%)

Attempted suicide	18 (24.7%)	13 (21.0%)
Self harm	33 (45.2%)	30 (48.4%)
Risk taking behaviours**	31 (42.4%)	6 (9.7%)

* $p < .05$, ** $p < .01$

CSEC Experiences

Of the 73 case files for girls with identified CSEC victimization, 31 reported their age when first engaged in commercial sex work, ranging from 12-17 ($M = 14.58$, $SD = 1.63$).

Participants reported trading sex for money, drugs, and to meet basic needs, and engaged in a range of different types of sex work (see Table 2). These sex work situations often overlapped, as 84% of girls who experienced CSEC victimization identified more than one method of being exploited (ranging from 2 types to all six types). This data indicates a range of basic and material needs that sexually exploited girls in this study were seeking to meet, and sheds light on the diverse experiences they had in commercial sex work prior to their stay in residential care.

Table 2. Experiences of girls with identified CSEC victimization

Variable	Number/percentage
Sex trading	
Money	25; 34.2%
Place to stay	17; 23.3%
Drugs	8; 11%
Protection	8; 11%
Types of sex work	
Street-based prostitution	18; 24.7%
Internet call girl/escort work	16; 21.9%
Telephone call girl/escort work	12; 16.4%
Sex work out of a strip club	7; 9.6%
Pornographic films or photographs	6; 7.8%
Brothel	5; 8.2%
Family member involved in the sex industry	
Mother	9; 6.7%
Sibling	5; 3.7%
Both parents	2; 1.5%
Aunt	2; 1.5%
Grandparent	1; 0.7%

Comparing Experiences of Girls With and Without CSEC Victimization

Case files for the 73 girls with identified CSEC victimization were compared to those for the 62 girls without identified CSEC victimization using chi square analyses. It is important to note that the way in which questions were asked on intake forms made it impossible to disaggregate experiences that occurred before, during, or after CSEC victimization among the 73 girls with these experiences. The two groups did not significantly differ regarding age at the time of intake into the group home program, age of first sexual abuse, age of first drug use, number of years behind in school, experiences of emotional or physical abuse, observing domestic violence in their homes, history of suicide, or being diagnosed with a mental illness. Their length of stay also did not statistically differ, but among those who discharged 'successfully', the girls victimized by CSEC stayed, on average, slightly longer ($M = 49.2$ days, $SD = 75.7$) compared to the other group ($M = 44.1$ days, $SD = 61.2$).

Despite these similarities, girls with CSEC victimization differed from their peers in a number of ways (Table 1). They were more likely to be involved in the juvenile justice system, $\chi^2(1, N = 135) = 6.74, p < .009$, report gang involvement, $t\chi^2(1, N = 132) = 5.684, p < .017$, and report risk taking behavior such as driving recklessly or getting into cars with strangers $\chi^2(1, N = 85) = 30.968, p < .001$. They were also significantly more likely to report experiences of violent victimization including intimate partner violence $\chi^2(1, N = 104) = 4.679, p < .031$ and child sexual abuse $\chi^2(1, N = 103) = 4.966, p < .026$.

When compared to girls without CSEC experiences, girls victimized by CSEC reported significantly more drug and alcohol use. Eleven (15%) of the girls with CSEC experiences had previously been admitted to a drug detox program compared to 3 (4.8%) of the non-CSEC group.

Although not significantly different, 12 (16.4%) girls with CSEC experiences reported being forced to use drugs, compared to 6 (9.6%) girls without CSEC experiences. Girls victimized by CSEC were significantly more likely to report failing their current grade in school $\chi^2(1, N = 66) = 3.838, p < .05$ and were significantly more likely to run away from the group home placement $\chi^2(1, N = 128) = 4.403, p < .036$, compared to their peers who were more likely to be discharged to location consider safe, such as a foster home.

To summarize, the experiences of girls living in a residential group home in a large city in the southwestern United States are complex and diverse; however, in this sample, those with CSEC experiences presented with additionally complex and challenging needs. They were more likely to report certain forms of abuse including sexual abuse, particularly when perpetrated by a stranger, and intimate partner violence. They were also more likely to report difficulties in school (i.e. failing a current grade), risk behaviors, and gang affiliation. They were involved in multiple systems including child welfare and juvenile justice and were more likely to disclose drug and alcohol use. Finally, they appear less likely to fare well in a group home environment, as significantly more ran away from the placement and were identified as having an 'unsuccessful discharge'.

Revisiting CSEC Survivors' Intervention Needs

We will now consider how the findings from this study fit within a wider discourse on intervening in CSEC survivors' lives. First, the above findings largely mirror prior research comparing CSEC survivors to other groups of young people discussed earlier in the paper (e.g. Cole et al., 2016; Varma, et al., 2015), further confirming the unique and complex needs of CSEC survivors. Second, findings from this study suggest that it is necessary to consider how the experiences of girls victimized by CSEC are distinctively characterized by the way in which abuse

occurs in the context of commercial sexual exploitation, as it often happens within peer groups and gangs (Firmin, Warrington, & Pearce, 2016; Dorais & Corriveau, 2009) and typically involves sexual abuse by both intimate partners and strangers. As part of selling or trading sex, victims may be forced to get into cars with people they do not know, engage in unprotected sex, and may be given drugs or alcohol by their abusers; they may also be exploited via other forms of forced criminal activity (Reid, 2014) that could result in juvenile justice system involvement. It is important to recognize that these experiences may represent barriers to being successful in a group home environment; they are also defining characteristics of CSEC victimization (Hallett, 2016).

Next we must consider the myriad meanings this overall finding might have for service provision. For example, we might recommend an increase in service provision of some kind, such as a more intensive level of treatment, including locked/secure facilities; this has been recommended elsewhere (O'Brien, White, & Rizo, 2017). Conversely, if we reflect further upon the nature of CSEC victimization and the complex reasons why girls who experienced CSEC are more likely to run away and less likely to be 'successfully discharged' from the group home, we might conclude that the challenges faced and presented by these girls perhaps do not fit well within typical structures for service provision. These opposing perspectives are evident among the practitioners studied by Shapiro, Johnson, Postmus, and Simmel (2016), particularly in relation to how we might understand and react to CSEC survivors who run away. Their study reveals that some practitioners felt this issue was deeply problematic, and something that could only be managed with secure/locked placements. Others said it was indicative of programmatic failure, and held programs and service providers responsible for managing or preventing runaway behavior, even when running away was seen as typical for a young person victimized by CSEC. Yet another group within the sample viewed running away as a symptom of the

extreme trauma CSEC victims endure, and advocated instead for a flexible approach that accepted running away as a reality of experiencing, and recovering from, CSEC. This flexible approach removed some responsibility from programs, which may spend much of their time focusing specifically on preventing running away behavior; it may also be contrary to the measures of success currently underpinning service provision for many CSEC survivors. This flexible approach aligns with Schwartz and Britton's (2015) work, in which they advocate for a new way of thinking about services for CSEC survivors that promotes 'more fluid understandings of identity, survival, and resilience' (p.66). They call on agencies and policy-makers to subvert typical approaches to service delivery that assume young people who have experienced CSEC can and should progress linearly- from vulnerability to stability- and use Queer Theory as a framework for rethinking services in this way.

As a body of ideas Queer Theory questions our reliance of developmental and normative models of progress (and underpinning temporalities) – such as 'growing up' or 'growing out' of something (Freeman, 2010). Offering more than post-structuralist critique, Queer Theory playfully messes with metaphors, inventing new ways of imagining and framing. For example, Queer theorist Kathryn Bond-Stockton (2009) encourages us to imagine growing sideways as an alternative to the imperative to 'grow-up'. In summary, Queer Theory provides a lens through which we can 'examine the fluidity of identity and non-normativity in the social world' (Robertson & Sgoutas, 2012: 422), and consider other ways of conceptualizing time, space, and progression through life stages (Halberstam, 2005). Queer theory has been previously applied to human trafficking policy in the United States, primarily as a means of critiquing heteronormative assumptions about the gender and sexual orientation of victims and perpetrators (Robertson & Sgoutas, 2012). In Schwartz and Britton's (2015: 66) application of the theory, they take it a step further, considering how policy and practice with young people

identified as CSEC victims often 1) reduce their complex individual experiences to narrowly defined identity categories, and 2) reproduce marginalization they are already experiencing when they are required to fit within prescribed linear paths from 'failure to success, from risk to resilience'. Applying Queer Theory to services for CSEC survivors enables us to explore non-normative approaches to services provision that 'introduce gaps and loops as well as new definitions of progress' (p.66) that the prevailing discourses around CSEC survivor interventions do not leave space for.

The linear paths that Schwartz and Britton critique are common within group home environments, where high costs and other imposed time limits (such as age) may put pressure on staff and young people to see progress as linear. Thus, by rethinking flexibility within services and reconsidering other survivor-centered measures of progress and safety instead of (or alongside) traditional measures, we may find more useful ways of understanding time, progress, survival, risk and resilience. Schwartz and Britton's (2015) work aligns with other recent research on ways of rethinking CSEC victimization through the lens of youth agency and normative adolescent development. For example, in applying a developmental model to understanding CSEC victimization, Schwartz (2015) reminds that young people engage in developmentally normative changes in identity; they construct and try on multiple selves. Thus, even if a young person comes across as having a strong, embedded sense of identity connected to 'the life', she/he may be just as likely to change and reinvent her/himself. In this sense, young people themselves are flexible, and may respond well when programme structures and relationships with professionals remain flexible as well (Lefevre, Hickie, Luckock, & Ruch, 2017).

Professionals who take a flexible approach in working with CSEC survivors can only do so when they take into account young people's agency within CSEC situations and are supported to

hold or manage risks presented by young people (Hickle & Hallett, 2016). While this stands in contrast with policy and practice which have historically minimized or ignored the reasons why CSEC survivors engage in exploitative relationships, it is necessary for keeping young people safe (Smith, 2016). Children and young people who do not self-identify as CSEC victims may not wish to escape exploitative relationships or be 'rescued' by professionals who have placed them in a group home environment. This is evident in Thomson et al.'s (2011) evaluation of the ACT group home program when they recognized that they would have very little success supporting CSEC survivors who did not initially identify with the labels or problems the professionals placed them there to address. These young people may perceive that adults are infantilizing them or delegitimizing the very real and sometimes logical choices they made to creatively meet their own needs for care, support, protection, and attention (Hallett, 2016; Smith, 2016).

The data in our study did not provide insight into how participants viewed help from professionals, if they self-identified as CSEC survivors, or why (for those who ran away) they felt better able to get their needs met outside the group home program. What we know from the data is that their needs upon entering the program were more complex and they were more likely to run from the program. These findings surface the complex interplay of agency, choice and vulnerability and require us to think beyond what Firmin, Warrington, and Pearce (2017) refer to as simplistic 'individual conceptualizations of risk, choice, and safety' (Firmin, Warrington, & Pearce, 2017, p. 2333). Their research in the UK has helped practitioners move away from simple solutions and like Britton and Schwartz (2015), they challenge us to work towards systemic change that require revisiting traditional approaches to protection and intervention. We would argue that this includes revisiting traditional measures of success (e.g. reducing the number of girls who run away), thinking flexibly about outcomes, and the important messages that CSEC survivors are sending to service providers when they run away

from the programs designed to help keep them safe. It may also require us to rethink the way in which some young people identified as CSEC victims are then perceived as ‘troubled’ (and in need of protection) when other young people with similar histories of victimization remain characterized as ‘troublesome’, and thus penalized (Ellis, 2017). This is a salient point to reflect on for this study, as girls with and without CSEC experiences reported many similar traumatic experiences including child physical and emotional abuse and witnessing domestic violence in the home. In our efforts to ensure young people with CSEC experiences are given support that is flexible and best suited to meet their needs, we must not assume that vulnerable young people without identified CSEC experiences do not deserve the same.

Conclusion

The findings from our study identify specific similarities and differences between girls with, and without, known CSEC experiences in one large group home program. To date, this is the first study to explore the experiences of CSEC survivors within a residential care setting, comparing both experiences of adversity and intervention needs with other vulnerable, system-involved girls. The findings from the study become meaningful when they are considered in the wider context of CSEC service provision and are not seen singularly as an issue of working with CSEC survivors in a group home environment. They are made rich in reflecting on the research that challenges us to rethink services for CSEC survivors, and to consider how programs may too often try and fit survivors into traditional structures that have never been, and may never be a good fit. Rethinking services for CSEC survivors must happen alongside rethinking policy as well, which often does not sufficiently include funding and resources for victims even when they are acknowledged, and has historically been less focused on perpetrators, resulting in low prosecution rates and insufficient, laissez faire punishment (Roby & Vincent, 2017). When CSEC

is identified, the treatment of young survivors is largely determined by what state they are in as only 34 states have passed some version of 'Safe Harbour' legislation, which aims to address inconsistencies in the treatment of CSEC victims to ensure they are given protection and help (Polaris Project, 2015). In many states, this legislation mandates child protection system involvement rather than criminal justice system involvement; however, this uniform response might also mean that identified CSEC victims are placed within a child protection system that 1) is not particularly well-designed to address the risk of abuse outside the family home and 2) does not ensure that the individual circumstances, and young people's own perspectives and opinions, are taken sufficiently into consideration. As policies continue to change and evolve in relation to CSEC victimization, they must better account for the complexity and diversity of survivors' experiences and ensure programs are sufficiently equipped to meet their needs.

The present study sheds light on some of this complexity, through the inclusion of a unique sample and a range of variables that permit insight into the experiences of girls with and without CSEC victimization. The limitations of the study are the inclusion of only girls and the quantitative nature of the data, which did not permit a richer and more holistic understanding of their experiences. We are mindful that there could have been young people who experienced CSEC but the initial assessment process did not identify them; thus, they were put in the 'non-CSEC group' in the analyses. An additional limitation is the risk of a ceiling effect (Hessling, Traxel, & Schmidt, 2004), as the sample overall had high prevalence of traumatic experiences (e.g. sexual abuse). This study focused specifically on the experiences of girls and future research should seek to understand the experiences of boys, young men, and transgender young people for whom services are less available. It should also seek to engage in new ways with young people affected by CSEC, via creative methodologies, participatory and action research. Future research should also look longitudinally, at changes over time, with young

people to better understand the ‘loops and gaps and new definitions of progress’ (Schwartz and Britton, 2015: 66) that they discover on their own journeys away from CSEC.

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