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Research article

Predicting running away in girls who are victims of commercial sexual exploitation

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ABSTRACT

Youth that are victims of commercial sexual exploitation of children (CSEC) have a host of clinical problems and often run away from home, residential care, and treatment, which complicates and limits treatment effectiveness. No research to date has attempted to predict running away in CSEC victims. The present study aimed to 1) characterize a clinically referred sample of girls who were victims of CSEC and compare them to other high-risk girls (i.e., girls who also have a history of trauma and running away, but deny CSEC); and 2) examine the utility of using the Youth Level of Service/Case Management Inventory (YLS/CMI) to predict future running away. Data were collected from de-identified charts of 80 girls (mean age = 15.38, SD = 1.3, 37.9% White, 52.5% CSEC victims) who were referred for psychological assessment by the Department of Child Services. Girls in the CSEC group were more likely to have experienced sexual abuse ($\chi^2 = 6.85, p = .009$), an STI ($\chi^2 = 6.45, p = .01$), a post-traumatic stress disorder diagnosis ($\chi^2 = 11.84, p = .001$), and a substance use disorder diagnosis ($\chi^2 = 11.32, p = .001$) than high-risk girls. Moderated regression results indicated that YLS/CMI scores significantly predicted future running away among the CSEC group ($\beta = 0.23, SE = .06, p = .02$), but not the high-risk group ($\beta = -.008, SE = .11, p = .90$). The YLS/CMI shows initial promise for predicting future running away in girls who are CSEC victims. Predicting running away can help identify those at risk for and prevent running away and improve treatment outcomes. We hope current findings stimulate future work in this area.

1. Introduction

The commercial sexual exploitation of children (CSEC) in the United States has been increasingly recognized as a serious public health concern (National Research Council, 2013). CSEC is defined by the United Nations Convention on the Rights of the Child (UN CRC) as “the use of a child (every human being below the age of 18 years) in sexual activities for remuneration or any other form of consideration” (United Nations General Assembly, 2000, Article 2). It is difficult to measure and assess the extent and prevalence of CSEC likely due to under reporting and other methodological challenges. As highlighted by Finkelhor, Vaquerano, & Stranski, 2008, many estimates of CSEC prevalence are based on extrapolated data, with annual prevalence estimates ranging from 1450 (Mitchell, Finkelhor, & Wolak, 2010) to 200,000 (Estes, Alan, & Weiner, 2001).

What research does indicate is that victims of CSEC, as compared to other high-risk groups (e.g. victims of childhood sexual

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abuse), present with a greater likelihood of multiple clinical problems, and thus have vast treatment needs. For example, CSEC victims are more likely to present with post-traumatic stress disorder (PTSD; Hossain, Zimmerman, Abas, Light, & Watts, 2010; Cole, Sprang, Lee, & Cohen, 2016), substance use disorders (SUD; Hossain et al., 2010; Varma, Gillespie, McCracken, & Greenbaum, 2015; Cole et al., 2016; Greenbaum, Dodd, & McCracken, 2018), and a history of STI (Greenbaum et al., 2018; Varma et al., 2015), than other high-risk groups. Additionally, CSEC victims are more likely to engage in delinquent behaviors (Cole et al., 2016), including having a history of being violent with others and a history of being involved with the police (Greenbaum et al., 2018), than other high-risk groups. Most relevant to the present study, CSEC victims present with a chronic history of running away from home, residential care, and treatment (Choi, 2015; Cole et al., 2016; Greenbaum et al., 2018). After running away, victims are likely to re-experience CSEC (Choi, 2015; Cole et al., 2016; Greenbaum et al., 2018, Greenbaum et al., 2018). These high rates of running away make it extremely difficult to effectively treat CSEC victims and to mitigate future risk of CSEC.

There is limited research to date examining *why* CSEC victims may be more prone to running away than other high-risk youth (e.g. victims of childhood sexual abuse; Cole et al., 2016). Cole et al., 2016 theorize that CSEC victims develop a distrust of adults, driven by symptoms of PTSD, and this distrust is capitalized upon by exploiters, leading CSEC victims to become further isolated and alienated from others, and ultimately, leaving victims at risk for running away. Longitudinal research indicates that running away in adolescence predicts many negative outcomes later in life (Tucker, Edelen, Ellickson, & Klein, 2011), such as future drug dependence and depressive symptoms at age 21 (Tucker et al., 2011), homelessness at age 25 (Brakenhoff, Jang, Slesnick, & Snyder, 2015), and suicidal behavior in adulthood (Meltzer, Ford, Bebbington, & Vostanis, 2012). CSEC victims face unique risks, as they often have an elaborate street network of others that have been sexually exploited or may still be in contact with their exploiter (Fedina, Williamson, & Perdue, 2016), which likely places them at risk for further exploitation following running away (Choi, 2015; Cole et al., 2016; Greenbaum et al., 2018). Thus, it is important to minimize runaway risk for CSEC victims in order to improve outcomes for this group.

In order to reduce runaway risk, there is first a need to develop a valid and reliable measure for predicting future running away. Research in high-risk adolescent samples, including adolescents in residential treatment (McIntosh, Lyons, Weiner, & Jordan, 2010) and adolescents enrolled in a randomized clinical trial for a parent-child mediation program (Brooks Holliday, Edelen, & Tucker, 2017), indicate that risk factors for running away include poor school attendance, history of running away, older age, substance use, delinquency (McIntosh et al., 2010; Brooks Holliday et al., 2017), and poor family functioning (Brooks Holliday et al., 2017). However, there is no research that establishes predictors of running away in CSEC victims. Measures of risks and needs related to delinquent behaviors (e.g. substance use, school attendance, family functioning, peer influences) could, as in other populations of high-risk youth (McIntosh et al., 2010; Brooks Holliday et al., 2017), be an indicator of likelihood of running away in CSEC victims. One commonly used measure of delinquency is the Youth Level of Service/Case Management Inventory (YLS/CMI; Hoge & Andrews, 2002, Hoge & Andrews, 2011). The YLS/CMI is a clinician-rated instrument often used in the juvenile justice system to evaluate risk and needs of adolescents aged 12–18 based on multiple delinquency-related factors. Research indicates that the YLS/CMI total score is a valid means of predicting recidivism (e.g. Olver, Stockdale, & Wormith, 2011; Anderson et al., 2016). There is no research to date examining the ability of the YLS/CMI to specifically predict running away, but given its content, ease of administration, frequent usage in clinical settings, and usefulness in predicting recidivism, the YLS/CMI is a prime candidate for predicting running away.

The present study aimed to replicate and extend findings in the current CSEC literature through two aims, using data collected from charts of girls who were referred for a psychological assessment by the Department of Child Services due to a history of running away and trauma. Girls were assessed and then followed clinically by an agency that specializes in treating girls who are victims of CSEC and trauma. First, we aimed to replicate prior research by comparing girls in this sample who were victims of CSEC (which we call the “CSEC” group) to girls in the sample who did not have a history of CSEC (which we call the “high-risk” group) across a number of clinical indicators. Second, we aimed to extend the CSEC literature by examining the utility of using the YLS/CMI to predict future running away in these girls. It is important to note that, although boys are undoubtedly victimized in the form of CSEC and likely have unique health care and social support needs (Mitchell et al., 2017), the focus of the present manuscript is on girls who are victims of CSEC.

2. Methods

2.1. Participants

Following Institutional Review Board approval, data were collected from de-identified psychological assessment records of girls who were referred for psychological assessment by the Department of Child Services in a large Midwestern city. The psychological assessments were conducted by an agency that specializes in treating girls who are victims of CSEC and trauma. Referrals were made to the agency with the goal of determining the extent of trauma experienced by the victim, including CSEC, and referrals requested recommendations for placement (e.g. residential treatment, group home, parent or relative care) and course of treatment, based on the trauma assessment findings. Referral criteria for psychological assessment with this agency were 1) history of running away (i.e. at least one instance of running away from home or residential placement) and 2) history of multiple traumas. Prior to psychological assessment, girls were informed that the assessment would be used to aid in making treatment recommendations to the Department of Child Services and they and their guardian provided assent/consent. No girls or guardians refused consent.

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