

**Youth Victims of Domestic Minor Sex Trafficking in Clark County Juvenile Court:  
Implementing an Identification and Diversion Process**

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## **Youth Victims of Domestic Minor Sex Trafficking in Clark County Juvenile Court: Implementing an Identification and Diversion Process**

Domestic minor sex trafficking (DMST), or the commercial sexual exploitation of children, has received significant attention across the Portland, OR and Vancouver, WA metropolitan area over the last several years. Increased enforcement from federal and local agencies, the creation of state and local human trafficking task forces, and campaigns to increase public awareness and education have served to bring this important issue the attention it deserves. In response, local stakeholders among the criminal justice community are beginning to address the multifaceted problem. This report summarizes an intervention by the Clark County Juvenile Court in Vancouver, WA to identify and divert youth victims of DMST from juvenile detention to advocacy and appropriate community resources.

Domestic Minor Sex Trafficking (DMST) is a "term coined by Shared Hope International to identify the commercial sexual exploitation of children under 18 years of age who are U.S. citizens or lawful permanent residents" (Smith, Vardaman, & Snow, 2009, p. 9). Prior to this label, the phenomenon was known, and often still is, as child prostitution, the commercial sexual exploitation of a child (CSEC), or the commercial sexual exploitation of a minor (CSEM). Regardless of the name, the exchange is considered exploitation because "it comes about in a relationship of unequal economic, cognitive and psycho-social power" (Spangenberg, 2001, p. 3) that is both emotionally and physically detrimental to the youth.

Under 22 U.S.C. § 7102, "the term 'sex trafficking' means the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act"

(TVPA, 2000, p. 8). A *commercial sex act* is defined as "any sex act on account of which anything of value is given to or received by any person" (TVPA, 2000, p. 7). Within 22 U.S.C. § 7102, sex trafficking is considered a "severe form of trafficking in persons" and is defined as, "sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age" (TVPA, 2000, p. 8). Since the crime of DMST involves a commercial sex act, it is considered an act of commerce thereby bringing the age of consent under the federal U.S. Code wherein a minor is defined as a child under the age of 18 (FBI, n.d.). Because a minor cannot legally consent to a commercial sex act, neither force, fraud, or coercion are necessary elements of DMST. Therefore, any minor who is induced to perform a commercial sex act is considered a victim.

### **Prevalence of Domestic Minor Sex Trafficking**

Among the research literature investigating DMST or CSEC, most involve qualitative studies providing detailed accounts of victimization. Thus far, qualitative research has shed light on how youth are procured for sexual exploitation (Ashley, 2008; Boxill & Richardson, 2007; OJJDP, 2002; Smith et al., 2009), the nature and types of sexual exploitation youth experience (Ashley, 2008; Smith et al., 2009), and risk factors that may increase the likelihood of sexual victimization (Ashley, 2008; Boxill & Richardson, 2007; Clawson, Dutch, Salomon, & Grace, 2009; OJJDP, 2002; Smith et al., 2009; Spangenberg, 2001; Tyler, Hoyt, & Whitbeck, 2000).

Despite the qualitative evidence, there is very little valid and reliable data demonstrating its prevalence across the United States. Many, if not most, existing prevalence estimates of DMST are "crude" and "scientifically indefensible" (Mitchell,

Finkelhor, & Wolak, 2010, p. 31). The few available estimates on the number of alleged DMST victims or sexually exploited children in the United States vary greatly from a low of 100,000 annually (Smith et al., 2009) to a high of 500,000 to 10 million annually (Boxill & Richardson, 2007). However, given the numerous methodological problems with current data, citing such figures runs the risk of contributing to the 'Woozle Effect'. First identified in family violence research and subsequently found in hard to measure or new phenomenon,

The Woozle Effect begins when one investigator reports a finding, often with qualifications (e.g., that the sample was small and not generalizable). A second investigator then cites the first study's data, but without the qualifications. Others then cite both reports, and 'the qualified data gain the status of an unqualified, generalizable truth'. (Weiner & Hala, 2008, p. 8; Gelles, 1980, p. 880)

Indeed, fact checking the above 500,000 to 10 million annual estimate cited by Boxill and Richardson (2007) reveals that the figure is actually an estimate by Willis and Levy (2002) of the number of prostituted children *worldwide*. Boxill and Richardson (2007) removed the context and cited the figure as an estimate of child prostitution "in America today" (p. 139).

Similarly, in an extensive literature review of human trafficking research publications from 1990 through 2006, Weiner and Hala (2008) found a total of 114 prevalence estimates cited in 45 different publications of which only one was an original study. Most notably, they found that even "the estimates featured in U.S. government reports...resemble [what is known as] a 'quantifact,' a figure whose 'value and veracity accumulates as it circulates,' despite its uncertain basis" (p. 9, 10; Comaroff & Comaroff, 2006, p. 210).

As the above quotation implies, official data do not provide much insight into the prevalence or scope of DMST in the United States. In their national study on juvenile prostitution, Mitchell, Finkelhor, and Wolak (2010) found that only 5% of law enforcement agencies in 2005 arrested or detained a juvenile for prostitution. FBI Uniform Crime Reporting (UCR) data indicate that 1.5 million juveniles were arrested in 2009, accounting for 14.9% of violent crime arrests and 24.4% of property crime arrests. Less than 1,100 juveniles were arrested for prostitution or commercialized vice, of whom 844 (78%) were female (USDJO, 2010). In terms of those deemed most at risk for sexual victimization in 2009, there were 73,794 recorded arrests for runaway, of whom 55% were female (USDJO, 2010).

On the surface, such low numbers may give the impression that juvenile prostitution is not a common phenomenon in the United States and relatively few are at risk of victimization. However, a study by Farrell, McDevitt, and Fahy (2010) concluded that the relatively low numbers of general human trafficking cases identified by law enforcement may be attributable to both a lack of training and ability to properly identify and investigate such cases. Tyldum and Brunovskis (2005) assert that the number of general human trafficking "cases registered by law enforcement might be an indicator of the functionality of the law enforcement apparatus" rather than a good estimate of the actual number of victims (p. 23). This same argument can be made for cases of juvenile prostitution or DMST.

Official UCR arrest data may also primarily reflect juveniles who work in street prostitution, the most visible and easiest form to detect. However, street prostitution only represents less than 20% of all prostitution (Scott & Dedel, 2006). An OJJDP report by

Finkelhor and Ormrod (2004) noted that upon arrest, law enforcement may charge youth engaged in prostitution with masking charges rather than with prostitution as a way to detain them and get them connected with social services. In addition, most youth engaged in prostitution were not properly identified as such during their arrest. One reason was that youth were often arrested and adjudicated on prostitution related charges (or masking charges) such as loitering, curfew, runaway, or minor in possession (Ashley, 2008; Smith et al., 2009).

In her study of prostituted juveniles in Illinois from 1994 to 2004, Ashley (2008) found that prostituted youth had an average of 10 arrests for such masking charges. On a similar note, juveniles engaged in prostitution were sometimes not properly identified as juveniles by law enforcement upon arrest. Juvenile victims often had identifications taken away by their pimps and were provided with false identification (Smith et al., 2009) and even fraudulent social security numbers (Spangenberg, 2001) to conceal their identity, resulting in their being processed as adults (Ashley, 2008). For instance, Mitchell et al. (2010) found that 13% of prostituted youth with third party exploiters had false identification versus 3% who were engaged in prostitution on their own. Such phenomena clearly blur the true prevalence of the problem and contribute to the difficulty in accurately identifying victims.

### **Profile of Victims**

Qualitative studies provide a rich foundation early on in the process of researching new or difficult to measure phenomenon. Thus far, such studies, albeit few in number, have consistently found that many, if not most, DMST victims prior to being trafficked experienced child physical abuse (Ashley, 2008; OJJDP, 2002; Spangenberg, 2001; Smith et

al., 2009), psychological abuse (OJJDP, 2002; Spangenberg, 2001), repeated abuse or neglect (Ashley, 2008; Boxill & Richardson, 2007; OJJDP, 2002), and had a history of sexual abuse (Ashley, 2008; Boxill & Richardson, 2007; Clawson et al., 2009; OJJDP, 2002). In a study of 361 female homeless and runaway youth, Tyler, Hoyt, and Whitbeck (2000) found that early sexual abuse in the home had both direct and indirect effects on later sexual victimization once on the streets.

Many youth also come from dysfunctional homes (Ashley, 2008), or one characterized by poor family functioning (Boxill & Richardson, 2007), family disruption (Clawson et al., 2009), or parental substance abuse and violence (OJJDP, 2002; Smith et al., 2009). Youth under these conditions often experience poor school performance or school-related problems (Ashley, 2008; Boxill & Richardson, 2007; Clawson et al., 2009) and are chronic runaways with periods of homelessness (Ashley, 2008; Clawson et al., 2009; OJJDP, 2002).

However, not all confirmed DMST victims are runaways or homeless youth. Contrary to the findings of other researchers, in their national study of juvenile prostitution, Mitchell et al. (2010) found that a majority of the juveniles engaged in prostitution were not homeless. Smith et al. (2009) in their collaborative research with ten USDOJ funded human trafficking taskforces across the U.S. found that many DMST victims were previously involved in the child welfare system with a history of Child Protective Services (CPS) involvement. They even identified out-of-home CPS placements to be a source for DMST recruitment.

Victims come from a variety of socio-economic backgrounds, races, and ethnicities (Smith et al., 2009; Spangenberg 2001) and often mirror the demographic characteristics of

the local community (Boxill & Richardson, 2007). In their investigation into the lives of victims at ages 9 to 11 prior to their victimization, Boxill and Richardson (2007) found that the girls "would have been difficult to distinguish from those in your family album" (p. 142). Despite the possibility that seemingly any youth, especially those in custody settings, could be a victim of DMST, Smith et al. (2009) identified the most common red flags to be homelessness, chronic running away (three or more times), having an older boyfriend, tattoos or brands, access to material goods that the youth would not be able to afford, physical signs of trauma or violence, delinquency charges (i.e., masking charges) such as loitering, curfew violations, or other status offenses, and being accompanied by an older male who is not a guardian.

Complicating matters of identification stem from the relationship between the youth and the pimp when one is involved. Work by Spangenberg (2001) found that while prostituted boys often worked on their own, most girls were under the control of a pimp, a finding supported by Finkelhor and Ormrod (2004). The tactics used by pimps mirror those of power and control used by batterers in domestic violence (Smith et al., 2009). Social isolation, economic dependency, intimidation, control, and other power coercive tactics make leaving the life of prostitution extremely difficult (Ashley, 2008).

In general, victims of commercial sexual exploitation either do not, or are unable to, self-identify (Leitch & Snow, 2010; Smith, et al., 2009). Reasons include denial, fear of law enforcement, and fear of retaliation by a trafficker/pimp (Stolz, 2010; Weiner & Hala, 2008). In addition, trauma bonds often form between the juvenile and the pimp, resulting in the juvenile perceiving the pimp to be a boyfriend (OJJDP, 2002; Smith et al., 2009). In this situation, trauma bonding manifests itself as the love that juveniles come to associate

with their pimp and has parallels to Stockholm Syndrome. "Psychologically these women develop strategies to justify, minimize, and create illusions of control, choice, and purpose" in order to rationalize their situation (OJJDP, 2002, p. 15). Ashley (2008) found that most youth do not see themselves as victims, or have convinced themselves that prostitution is their choice and their "pimp is the only one who will love and protect them" (p. 6).

Taken together, qualitative research has identified three principle ways that youth are procured for sexual exploitation: 1) runaway/throwaway youth solicited or recruited for prostitution (Clayton, 1996, as cited in Spangenberg, 2001; Cohen, 2006, as cited in Ashley, 2008; National Runaway Switchboard, as cited in Ashley, 2008; Smith et al., 2009); 2) youth tricked, lured, or kidnapped (Ashley, 2008; Boxill & Richardson, 2007; OJJDP, 2002; Smith et al., 2009); and 3) youth exploited by their own family (Ashley, 2008; Smith et al., 2009). It is therefore important to develop identification measures that are flexible and sensitive to the various ways that youth become sexually exploited. Unfortunately, the correlates of DMST victimization also mirror those of juvenile delinquency in general and do not, in and of themselves, indicate DMST victimization even though they may increase the likelihood or risk of victimization.

Despite the numerous limitations of available prevalence research, what has been sufficiently established is that DMST is a crime that does, in fact, occur in the United States, albeit in unknown numbers. Regardless of what the prevalence might be nationally, it is arguably more important to gain accurate insights into its prevalence at local levels because effective responses to crime and victimization occur locally. In order to learn more about the prevalence of DMST in the Portland-Vancouver metropolitan area, a pilot project

was initiated in collaboration with the Clark County Juvenile Court (CCJC) in Vancouver, WA and the Division of Criminology and Criminal Justice at Portland State University.

The study is the first that we are aware of to systematically identify and divert victims of domestic minor sex trafficking (DMST) in a juvenile custody setting. All youth taken into custody over a three and a half month period at the Clark County Juvenile Detention Center in Vancouver, WA received a short screen interview as part of their standardized intake process in order to strategically identify those most at risk of victimization and in need of additional interviewing for DMST. The entire identification process consisted of a three-tiered screening approach, with each tier progressing in level of question invasiveness. The goals of the pilot project were to (1) identify and divert victimized youth from juvenile detention and connect them to appropriate social services in the community; (2) gain a more accurate understanding of the prevalence of youth victims of sex trafficking at a local level; and (3) build an organizational awareness to CCJC staff surrounding the issue of DMST.

### **Project Development**

During the months leading up to and throughout the course of the study, several meetings and training sessions took place involving the PSU research team and juvenile detention and probation staff. One such training was facilitated by Shared Hope International, a faith-based, non-profit organization based in Vancouver, WA whose primary mission is to prevent and eradicate sex trafficking. A mandatory in-service training was also held at the Clark County Juvenile Court. Staff representing all levels of both the juvenile probation department and juvenile court, including senior management, were in attendance. The training provided a brief overview of DMST and explained the

intake screening interview (Tier 1; see Methodology section below) that was to be used by juvenile detention staff at intake. The training also covered staff responsibilities in the event of a DMST disclosure or other forms of victimization.

A subsequent training was conducted for specific detention and probation staff who comprised a volunteer Response Team. Members of the Response Team were previously trained in DMST and were responsible for (1) reviewing the completed Tier 1s (intake screening interview) for risk factors, (2) making the determination of whether to refer the youth to Tier 2, and (3) conducting the Tier 2 interview with the youth if necessary within 24 hours.

In addition to identifying potential victims of DMST, administrative policies and procedures were developed by the Clark County Juvenile Court to establish protocol if and when a youth disclosed victimization. Such policies included, but were not limited to, mandatory reporting to Child Protective Services, DNA and sexual assault kit timelines, notification to local law enforcement, the FBI, and victim advocates. Great lengths were taken by the Clark County Juvenile Court to establish a multidisciplinary team in order to ensure that youth who disclosed victimization received any necessary treatment, services, and referrals.

## **Methodology**

### *Sample*

The study consisted of a cohort sample of all youth entering the Clark County Juvenile Detention Center in Vancouver, WA beginning October 11, 2010 through January 31, 2011. Youth typically arrived in detention one of three ways: (1) brought in by an

arresting agency, (2) taken into custody following court, or (3) turning themselves in. All three circumstances resulted in the same standardized intake procedure.

A total of 535 youth ages 9 to 19 were screened with a brief instrument developed to assess DMST risk factors. Youth identified as having certain risk factors were subsequently referred for additional screening.<sup>1</sup> Demographic characteristics of the 535 youth were obtained from the Clark County Juvenile Court System (JCS) database and are provided in Table 1. Of the 535 youth, a majority were White (72.9%) and male (71.0%), which is consistent with the total population of juvenile detention admissions in Clark County. In 2008, Clark County had 2,106 juvenile admissions to its detention facility. Of those youth, 78.5% were White and 74.4% were male (Washington State Department of Social and Human Services, 2009). The average age of the total sample was 15.65 years.

### *Procedure*

Upon arriving in detention, youth were processed out in the open at a counter designed to accommodate more than one youth intake at a time. The intake process began with the detention officer completing a Clark County Juvenile Court Detention Risk Assessment to determine whether the youth qualified to be held in detention. Regardless of the decision to hold the youth, the intake officer then completed an intake report which updated and/or confirmed the youth's demographic, home, school, and guardian information, basis for detention, and detention hold or release actions taken. Following these two steps, each and every youth received a "Tier One Detention Screening Interview"

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<sup>1</sup> Because the PSU Human Subjects Research Review Committee (i.e., Institutional Review Board) had concerns regarding the nature of DMST interview questions, youth aged 12 or younger were not further screened for DMST as part of this study even if initial risk factors were present. Nevertheless, CJC staff reviewed these cases and referred youth to advocates if necessary.

Table 1. *Demographics of Full Cohort Sample (N = 535).*

	<i>f</i>	%
Gender		
Male	380	71.0
Female	152	28.4
Missing/Unknown	3	.6
Race		
White	390	72.9
Black	59	11.0
Hispanic	50	9.3
Other	13	2.4
Missing/Unknown	23	4.3
Age (mean = 15.65 yrs)		
9-12	15	2.9
13	21	3.9
14	72	13.5
15	103	19.3
16	137	25.6
17	154	28.6
18	25	4.7
19	5	.9
Missing/Unknown	3	.6

which contained 14 interview questions and an additional 18 observation fields completed by the intake officer. Officers were provided with the option to complete Tier 1 either electronically or by hand. At this point, the intake process was complete for youth who qualified for release. Youth who were being held continued on with the intake process.

Once per day, a Response Team member from the Clark County Juvenile Court reviewed all Tier 1s completed during the preceding 24-hour period to determine whether any youth needed additional screening for DMST. The goal was to have Tier 2 interviews completed within 24 hours of Tier 1. To assist in this decision, at the bottom of each Tier 1 form, the Tier 1 interviewer was instructed to indicate whether the youth is a "self-disclosed victim", "non-disclosed; suspected victim", or "non-disclosed; not suspected".

Youth who were deemed to be at risk, either by the Tier 1 interviewer, Response Team member, or both, were subsequently referred to a Tier 2 interview (see Instruments section below). Prior to administering Tier 2, the Response Team member reviewed an assent form with the youth. As minors, juveniles are not able to give legal consent. Per Portland State University's Human Subjects Research Review Committee (HSRRC), data from Tiers 2 and 3 could only be collected for youth who had signed an assent form and who were at least 12 years of age. The assent form was not required until Tier 2 because Tier 1 was not designed to facilitate DMST disclosure.

Youth who remained "non-disclosed; suspected victim" following their Tier 2 interview were subsequently referred for a Tier 3 interview. Tier 3 interviews (see Instruments section below) were conducted in a private interview room in juvenile detention by trained third party advocates from the YWCA in Vancouver, WA. The decision to have trained victim advocates administer the interview was made in part due to practical and resource constraints, but primarily because these questions were most invasive and intrusive.

### *Instruments*

*Tier 1.* The "Tier One Detention Screening Interview" consisted of 14 interview questions and 18 line items. Four interview questions assessed where each youth lived, with whom, and if they currently slept there. Information obtained from these questions was used to create a dichotomous variable indicating "living situation risk". Youth deemed to have a living situation risk included those who were homeless, transient, currently on the run, or not sleeping at home consistently. Two questions assessed youth runaway

history and one question assessed if the youth had ever been in foster care. In addition, a line item completed by the Tier 1 interviewer indicated whether CPS/DSHS was currently involved with the youth. Four questions assessed the youth's prior contacts with law enforcement, one of which asked the cities their police contacts occurred. From this question, new variables were created to assess if the youth reported any contacts outside of Clark County, WA, any contacts in a state other than Washington, any contacts in Oregon, and any contacts in Portland, OR. Additional staff observation line items completed by the Tier 1 interviewer indicated whether the youth had any visible brands or tattoos, any evidence of abuse (ligature marks, burns, bruises, etc.), and any personal property items of concern (i.e. hotel keys, large amounts of cash, Viagra pills, condoms, etc.). At the end of the Tier 1 interview, the interviewer was asked to indicate whether the youth was a "self-disclosed victim", "non-disclosed; suspected victim", or "non-disclosed; not suspected".

*Tiers 2 and 3.* Shared Hope International, in partnership with "a multidisciplinary committee of experts in the field of service provision to DMST victims", developed a public domain "practitioner's training guide and intake tool specific to the identification of potential or current child/adolescent victims of sex trafficking" for youth aged 12-20 (Leitch & Snow, p. 1 & 19). The SHI instrument is comprised of two interview tiers modeled after a strengths-based and trauma-informed approach. The approach "attempts to reorganize invasive questions into an empowerment memory framework...[while] inserting positive and less invasive questions within a disclosure" (Leitch & Snow, p. 19 & 20). The challenge posed by SHI's instrument for the current study is that it was not designed for, and had never been used in, a custody setting. Thus, the SHI instrument (SHI Tiers 1 and 2) was modified for this study.

Tier 2 represents SHI's Tier 1 instrument as found in their publication "Intervene: Identifying and Responding to America's Prostituted Youth." The interview consisted of 34 questions exploring runaway/homelessness, traveling/transportation, delinquency, relationships, and tattooing. Prior to administering the Tier 2, youth were given an assent form explaining that their answers may be confidentially used in a research study if they wished to participate. Tier 2 and the assent form were administered by specially DMST-trained detention and probation staff who comprised the Response Team. Tier 2 administration ranged from 5 to 45 minutes depending on the youth's level of cooperation and types of risk factors identified.

Tier 3 reflected SHI's Tier 2 instrument as found in their publication "Intervene: Identifying and Responding to America's Prostituted Youth." The interview consisted of 46 questions that more deeply explored the youth's living situation, relationship with parents, runaway history, traveling, sources of and control over money, and partner history including physical and sexual assault. Tier 3 was administered by victim advocates from the YWCA. SHI cautions that this tool "should only be used by trained and/or licensed professionals who must have an understanding of trauma and DMST" (Intervene, p. 21).

Juvenile Court System (JCS). JCS is one of several databases used in Washington to track juveniles and their court cases across the state. Demographic information, criminal histories, and non-offender referrals were recorded from JCS by the PSU Research team for each Tier 1 that was completed. Youth's race was recorded on all Tier 1s by detention intake officers based on their own perceptions of the youth's physical features. As a result, these data may not be an accurate reflection of the racial distribution of the sample. Thus, the decision was made to use race as it was recorded in the JCS database. For the purposes

of analysis, race was collapsed and coded as Hispanic if there was any indication that the youth was Hispanic. This included Hispanic-Whites, Hispanic-Non-Whites, and Hispanic-Unknown.

## Results

A total of 738 Tier 1 interviews were completed during the course of the study representing 535 total youth. Just over a quarter of the youth entered detention more than once (27.3%) in the three and a half month period. Tier 1 frequencies are presented in Table 2.

During the course of the study, 47 youth (8.8%) were referred to a Tier 2 interview. Demographic characteristics of the 47 youth referred to a Tier 2 are provided in Table 3. A majority were female (72.3%), White (83.0%), and arrested/detained for a probation violation and/or warrant (59.6%). The first column in Table 4 indicates that an overwhelming majority had previously run away from home (89.4%). A third of the youth

*Table 2. Number of Times Youth Received a Tier 1 Interview (n = 535).*

	<i>f</i>	%
Once	389	72.7
More than once	146	27.3
2 times	103	19.3
3 times	33	6.2
4 times	7	1.3
5 times	2	.4
6 times	1	.2

*Table 3. Demographics of Youth Referred to a Tier 2 Interview (n = 47).*

	<i>f</i>	%
<b>Gender</b>		
Male	13	27.7
Female	34	72.3
<b>Race</b>		
White	39	83.0
Black	3	6.4
Hispanic	3	6.4
Unknown	2	4.3
<b>Age (mean = 15.39 yrs)</b>		
13	4	8.5
14	5	10.6
15	11	23.4
16	15	31.9
17	11	23.4
18	1	2.1
<b>Reason for youth's arrest/detention</b>		
New Charge(s)	13	27.7
P.V. &/Or Warrant	28	59.6
Serving a Sentence	4	8.5
Other	2	4.2

were currently on the run or not sleeping at home consistently (33.3%), and nearly half had previously been in foster care (42.6%) or were currently involved with CPS/DSHS (47.7%). A significant proportion of youth reported police contacts outside of Clark County, WA (37.2%), and a quarter had visual evidence of brands/tattoos (25.0%).

Two-way contingency table analyses were conducted to evaluate whether certain Tier 1 risk factors were related to a youth being referred to a Tier 2. All variables were dichotomous so that "0" indicated the absence of a risk factor and "1" indicated the presence. Conventionally, Phi coefficients are used to report effect sizes in Chi-square analyses using nominal level variables. While the Chi-square statistic indicates whether

there is a statistically significant difference between groups, it does not indicate direction and is not easily interpretable on its own. The decision was made to report the Pearson Correlation Coefficient ( $r$ ) in place of Phi to indicate the strength of the bivariate relationships and ease the interpretation of the findings. It should be noted however, that Pearson  $r$  values were identical to the Phi coefficients for every variable analyzed.

Of the ten DMST risk factors examined from Tier 1, all were found to be significantly related to a youth being referred to Tier 2. As seen in Table 4, girls comprised 25.8% of the total cohort sample, yet they comprised 72.3% of those referred to Tier 2,  $\chi^2(1, N = 708) = 56.78, p < .001, r = .283$ . Youth who were currently on the run or not sleeping at home represented 9.3% of the cohort sample but comprised 33.3% of those referred to Tier 2,  $\chi^2(1, N = 474) = 24.36, p < .001, r = .227$ . Youth who reported having run away from home at least once represented 39.9% of the cohort sample, yet they comprised 89.4% of those referred to Tier 2,  $\chi^2(1, N = 710) = 51.45, p < .001, r = .269$ . Youth currently involved with either CPS or DSHS represented 12.7% of the cohort sample compared to 47.7% of those referred to Tier 2,  $\chi^2(1, N = 679) = 52.29, p < .001, r = .278$ . Statistically significant differences were also found for prior foster care placement, having prior law enforcement contacts both outside of Clark County and in a state other than Washington, visual evidence of brands/tattoos, and evidence of abuse. These results suggest that detention and probation staff identified the presence of DMST risk factors in Tier 1 screen interviews and were making referral decisions based on the presence of those risk factors.

Table 4. *Statistical Comparisons Between Tier 2 Referrals and Non-Referrals Based on Tier 1 Risk Factors.*

	% of Tier 1 Referred to Tier 2 ( <i>n</i> = 47)	% of Tier 1 Not Referred to Tier 2 ( <i>n</i> = 664)	$\chi^2$	<i>r</i>
Gender ( <i>n</i> = 708)			56.78***	.283**
Male	27.7	77.5		
Female	72.3	22.5		
Living Situation Risk ( <i>n</i> = 474)			24.36***	.227**
No	66.7	92.5		
Yes	33.3	7.5		
Ever Run Away from Home ( <i>n</i> = 710)			51.45***	.269**
No	10.6	63.7		
Yes	89.4	36.3		
Ever Been in Foster Care ( <i>n</i> = 707)			34.08***	.220**
No	57.4	88.0		
Yes	42.6	12.0		
CPS/DSHS Currently Involved ( <i>n</i> = 679)			52.29***	.278**
No	52.3	89.8		
Yes	47.7	10.2		
Police Contacts Outside of Clark County ( <i>n</i> = 590)			17.29***	.171**
No	62.8	86.5		
Yes	37.2	13.5		
In a State Other than Washington ( <i>n</i> = 586)			11.24**	.138**
No	72.1	89.3		
Yes	27.9	10.7		
In Oregon ( <i>n</i> = 586)			11.89**	.142**
No	74.4	91.0		
Yes	25.6	9.0		
Visual Evidence of Brands/Tattoos ( <i>n</i> = 688)			6.50**	.097*
No	75.0	88.2		
Yes	25.0	11.8		
Evidence of Abuse ( <i>n</i> = 685)			4.33*	.080*
No	93.0	98.0		
Yes	7.0	2.0		
DMST Status as Perceived by Tier 1 Interviewer ( <i>n</i> = 445)			82.76***	.431**
Non-Disclosed; Not Suspected	65.4	98.6		
Non-Disclosed; Suspected Victim	34.6	1.4		

Note: Coding Scheme (0 = Male, 1 = Female); (0 = No, 1 = Yes); (0 = Non-Disclosed; Not Suspected, 1 = Non-Disclosed; Suspected Victim). \**p* < .05; \*\**p* < .01; \*\*\**p* < .001

Tier 1 interviewers only indicated a DMST disclosure status for 447 Tier 1 interviews (60.6%) of which 96.2% were marked as “non-disclosed; not suspected”. In order to determine whether the referral process to Tier 2 was successful, the relationship between the youth's DMST status as perceived by the Tier 1 interviewer and the referral decision by the Response Team member was examined. A positive relationship was found indicating that youth deemed “non-disclosed; suspected victim” by the Tier 1 interviewer were significantly more likely to be referred to a Tier 2 by a Response Team member ( $r = .431, p < .01$ ).

Over the three and a half month period of research, a total of 47 youth were referred to a Tier 2 interview. However, 35 youth assented and participated in the Tier 2 interview. Five youth referred to Tier 2 were released from custody prior to being interviewed. Two youth referred to Tier 2 refused participation. Two youth participated in the Tier 2 interview but refused to sign the assent form. Three additional youth participated in Tier 2 but no assent was documented by CCJC staff. If the five youth who were released from detention before being interviewed are removed from the analysis, the response rate equals 83.3%.

During the Tier 2 interview, interviewers indicated that two youth self-disclosed DMST victimization. These two youth were referred to and received the Tier 3 interview. Five cases remained “non-disclosed; suspected victim.” Of these five youth, three were referred to and received the Tier 3 interview. The other two youth were not referred to Tier 3 by staff for unknown reasons. However, one became a confirmed DMST victim three days after her Tier 2 interview when her victimization was revealed by another detained youth.

Twelve Tier 2 interviews were considered "non-disclosed; not-suspected" and were not referred to Tier 3. Sixteen Tier 2 interviews did not indicate a disclosure status by the interviewer. However, six were referred to and received a Tier 3 interview while 10 were not. Of the 35 youth who received a Tier 2, 11 (31.4%) went on to receive a Tier 3 interview by a community advocate.

### *Confirmed Victims*

Six youth were identified and confirmed as DMST victims during the course of the study. A comparison of their Tier 1 characteristics can be found in Table 5. A comparison of their official criminal history data can be found in Table 6. All six victims were female, between the ages of 14 to 17, and had histories of running away. A majority were White (83.3%), were in detention for a probation violation and/or warrant (83.3%), had between 4 and 6 court cases on file (83.3%), and were currently involved with CPS/DSHS (66.7%). Half of the youth had one or more truancy petition on file, were not originally from Washington, had previously been in foster care, had visual evidence of tattoos, and did not report any law enforcement contacts outside of Clark County.

Discussed below are Tier 1 characteristics and official JCS data of youth confirmed as DMST victims during the course of the study ( $n = 6$ ). The information reported corresponds to the Tier 1 that was associated with the youth's confirmation and risk factors assessed.

Table 5. *Demographics and Risk Factors of Confirmed DMST Victims.*

	Case #1	Case #2	Case #3	Case #4	Case #5	Case #6
<b>Demographic Characteristics</b>						
Age	14	17	15	14	14	15
Race	White	Unknown	White	White	White	White
Gender	Female	Female	Female	Female	Female	Female
<b>Tier 1 Risk Factors</b>						
Prior foster care placement	Yes	Yes	No	Yes	No	No
Currently on the run or not sleeping at home consistently	Yes	Missing/Unknown	No	Missing/Unknown	Yes	Missing/Unknown
Number of times ran away	6+	10	3	4	10+	6
CPS/DSHS currently involved	Yes	Yes	Missing/Unknown	Yes	Yes	No
Locations youth reported police contacts in	Vancouver, WA Idaho	Vancouver, WA	Vancouver, WA	Missing/Unknown	Vancouver, WA Battleground, WA Portland, OR	Vancouver, WA
Brands/Tattoos	Tattoo of 3 Dots on hand	None	Tattoo of "C" "B" on wrist	None	Tattoo of ██████ on Upper Thigh	Tattoo of ██████ on Wrists
<b>Tier 2</b>						
Travel uncovered during Tier 2 screening	Portland, OR Colorado Idaho	California Tennessee	Salem, OR	Idaho	Portland, OR Vancouver, WA	None

Table 6. *Criminal Histories of Confirmed DMST Victims.*

	Case #1	Case #2	Case #3	Case #4	Case #5	Case #6
Reason for current arrest/detention	p.v. &/or warrant	p.v. &/or warrant	p.v. &/or warrant	p.v. &/or warrant	p.v. &/or warrant	New Charge: Theft 3
# of prior warrants	3	2	1	4	4	3
# of prior p.v.s	5	2	2	4	6	3
# of court cases on file	5	7	4	5	5	5
Prior non-offender referrals	1 Truancy	1 Truancy 2 Dependency 1 CHINS	1 Truancy	None	None	None
Number of times in detention	8	8	7	8	8	5
Number of days served in detention	46	62	51	53	74	39
Detention Cost (\$200/day)	\$9,200	\$12,400	\$10,200	\$10,600	\$14,800	\$7,800
Cost to Parent(s) (\$40/day)	\$1,840	\$2,480	\$2,040	\$2,120	\$2,960	\$1,560
Prior criminal charges	Theft 3 MIP	Criminal Impersonation 1	Theft 3 Assault 4 (x2) Obstructing an Officer Malicious Mischief	Theft 3 (x2) Assault 4 Obstructing a Law Enforcement Officer Malicious Mischief MIP	Theft 3 Assault 4 Resisting Arrest MIP	Theft 3 (x3) Assault 4 Taking a Vehicle w/o Permission

Case #1 was a 14-year old, White female. During the course of the study, she came through detention twice, once in October and once in November. Her Tier 1 in October indicated that she was kicked out of her home, was not living anywhere, had run away more than six times, had previously been in foster care, did not have anyone who took care of her when she needed help, had police contacts in both Vancouver, WA and Idaho, visual evidence of tattoos ("three dots on her left hand"), and CPS/DSHS was currently involved with her. Her Tier 1 did not indicate the possession of any personal property items of concern, evidence of abuse, or gang affiliation. Her Tier 1 interviewer marked her disclosure status as "non-disclosed; not suspected". Despite this conclusion by the Tier 1 interviewer, a Tier 2 Response Team member referred her to Tier 2 during which she disclosed both familial trafficking and being pimped. Case #1 was in custody for a probation violation and/or warrant, had 3 prior warrants, 5 prior probation violations, 5 court cases on file, 1 truancy petition, and was currently living with foster parents. Prior to her disclosure, she had been in detention 8 times and had served 46 days in custody.

Case #2 was a 17-year old female of an unknown race/ethnicity. During the course of the study, she came through detention three times, once in October, once in November, and once in January. Her Tier 1 in October indicated that she was currently living in foster care, had run away from home approximately 10 times, CPS/DSHS was currently involved with her, and she was high on methamphetamine during intake. Her Tier 1 did not indicate police contacts outside of Vancouver, WA, the possession of any personal property items of concern, or any evidence of brands, tattoos, abuse, or gang affiliation. Her Tier 1 interviewer did not indicate a disclosure status, but she was referred to Tier 2 by a Response Team member during which she disclosed being pimped and engaging in survival

sex. Case #2 was in custody for a probation violation and/or warrant, had 2 prior warrants, 2 prior probation violations, 7 court cases on file, 1 truancy petition, 1 dependency petition, and 1 child in need of services (CHINS) petition. Prior to her disclosure, she had been in detention 8 times and had served 62 days in custody.

Case #3 was a 15-year old, White female. During the course of the study, she came through detention twice, once in October and once in November. The only risk factor identified in her Tier 1 in October was that she had run away from home approximately 3 times. She was currently living at home and had never been in foster care. Although she had three prior contacts with police, they were all within Vancouver, WA. There were no possession of any personal property items of concern, any evidence of brands, tattoos, abuse, gang affiliation, or whether CPS/DSHS was currently involved. Her Tier 1 interviewer in October did not indicate a disclosure status, but she was referred to Tier 2 by a Response Team member, likely because of her known prior history in detention by the Response Team. During her Tier 2 interview, she disclosed engaging in prostitution. Case #3 was in custody for a probation violation and/or warrant, had 1 prior warrant, 2 prior probation violations, 4 court cases on file, and 1 truancy petition. She was also listed in the JCS database as having a tattoo/scar of "C" "B" on her right wrist. Prior to her disclosure, she had been in detention 7 times and had served 51 days in custody.

Case #4 was a 14-year old, White female. During the course of the study, she came through detention four times, once in November, once in December, and twice in January. Her Tier 1 in November indicated that she was now living back at home, had run away approximately 4 times, had previously been in foster care, and CPS/DSHS was currently involved with her. Her Tier 1 did not indicate police contacts outside of Vancouver, WA,

the possession of any personal property items of concern, any evidence of brands, tattoos, abuse, or gang affiliation. Her Tier 1 interviewer indicated that she was a “self-disclosed victim”. A Response Team member did not refer this youth to a Tier 2 until her second Tier 1 in December for unknown reasons. The story uncovered behind Case #4 is that she voluntarily entered a stranger's car while waiting at a bus stop during which time she was kidnapped and pimped across multiple states over a period of several months. Case #4 was in custody for a probation violation and/or warrant, had 4 prior warrants, 4 prior probation violations, 5 court cases on file, and no prior non-offender referrals/petitions. Prior to her disclosure, she had been in detention 8 times and had served 53 days in custody.

Case #5 was a 14-year old, White female. During the course of the study, she came through detention once in November. Her Tier 1 indicated that she was not living anywhere in particular, had run away from home more than 10 times, had prior police contacts in Vancouver, WA, Battleground, WA, and Portland, OR, had visual evidence of tattoos, visual evidence of abuse (bruises on her arms), and CPS/DSHS was currently involved with her. Her Tier 1 did not indicate any prior foster care placement, the possession of any personal property items of concern, or gang affiliation. Her Tier 1 interviewer marked her disclosure status as “non-disclosed; suspected victim”. She was referred by a Response Team member for a Tier 2 during which she disclosed having a pimp. Case #5 was in custody for a probation violation and/or warrant, had 4 prior warrants, 6 prior probation violations, 5 court cases on file, and no prior non-offender referrals/petitions. Prior to her disclosure, she had been in detention 8 times and had served 74 days in custody.

Case #6 was a 15-year old, White female. During the course of the study, she came through detention twice, once in October and once in January. Her Tier 1 in January indicated that she had run away approximately 6 times and had tattoos on both wrists indicating “Smile Now” “Cry Later”. Her Tier 1 did not indicate police contacts outside of Vancouver, WA, any prior foster care placement, the possession of any personal property items of concern, any evidence of brands or abuse, gang affiliation, or CPS/DSHS involvement. Her Tier 1 interviewer marked her disclosure status as “non-disclosed; not suspected”. Despite this conclusion, she was referred to a Tier 2 by a Response Team member during which she was very evasive and did not disclose. Shortly after her Tier 2 interview, she was implicated by another youth in custody, which resulted in a referral to the FBI and her disclosing having a pimp. Case #6 was in custody for a new charge of Theft 3, had 3 prior warrants, 3 prior probation violations, 5 court cases on file, and no prior non-offender referrals/petitions. Prior to her disclosure, she had been in detention 5 times and had served 39 days in custody.

### **Implementation Issues**

The project results suggest that detention and probation staff generally identified the presence of DMST risk factors as assessed by youth screen interviews and made referral decisions based on the presence of those risk factors. Prior to the study, 17 victims of DMST were identified and confirmed by the Clark County Juvenile Court. As a result of this study, six additional victims were identified. Including four previously known victims who came through detention during the project (i.e., they were already known to be victims by staff and not technically identified by the tiered intervention process), DMST victims

represented 6.6% of girls and 1.9% of all youth taken into custody over the three and a half month period.

The study specifically examined risk factors associated with DMST both among youth who were identified as “at risk” and victims confirmed during the research process. Overall, the results support the need for a tiered screening process that includes a systematic approach to identify victims of DMST in a juvenile custody setting. A thorough, in-depth assessment of all youth taken into custody for DMST victimization would be too time intensive, unnecessary, and likely unreliable given the lack of privacy, youth's state of mind, and risk of re-traumatization.

The present study used a brief Tier 1 screen interview to assess youth for risk factors in order to identify only those youth at greater risk of victimization. Tier 1 was intentionally designed to be short, relatively non-invasive, and not facilitate any type of victimization disclosure because the detention officers administering the interview were not sufficiently trained in either DMST or trauma-informed approaches.

Youth identified as at greater risk through their Tier 1 screen interview were referred to a Tier 2 interview, developed by Shared Hope International, which was designed to facilitate disclosure of victimization if occurring. As a result, five of the six DMST victims confirmed during the study disclosed their victimization during the Tier 2 interview.<sup>2</sup> This supports the decision to use Shared Hope International’s Intervene Tool as a secondary assessment, administered by staff specifically trained in DMST, rather than as a primary assessment incorporated into the intake process.

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<sup>2</sup> Although, only two were marked “self-disclosed” by the Tier 2 interviewer, which underscores the importance of having multiple trained staff review each of the interview results.

To aid in the referral decision, Tier 1 interviewers were instructed to indicate whether they perceived the youth to be "non-disclosed; not suspected" or a "non-disclosed; suspected victim" at the end of each assessment. An examination of this decision revealed not only that Tier 1 interviewers left this line item blank on 37.1% of interviews, but when completed, at least twice their decision was flawed. For example, of the six youth who were referred to a Tier 2 and subsequently confirmed as DMST victims during the study, two did not have a DMST status indicated on their Tier 1 and two were deemed "non-disclosed; not-suspected" by their Tier 1 interviewer. Overall, 65.4% of youth referred to Tier 2 by a Response Team member were rated as "non-disclosed; not suspected" by their Tier 1 interviewer. Clearly, Response Team members, with the additional DMST training they received, were able to make better referral decisions based on known risk factors associated with DMST. Had this systematic approach not been in place, several victims would likely not have received the additional in-depth assessments that identified them.

Taken together as a group, the DMST victims confirmed during the study had risk factors consistent with prior research. All had runaway histories and multiple court cases on file, a majority were currently involved with CPS/DSHS, and half had prior non-offender referrals, previous foster care placement, and brands/tattoos. Most original DMST and CSEC studies are case studies, qualitative, and focus on the nature and types of victimization that youth experience. Consequently, very little is quantified with regards to the prevalence of risk factors and commonalities among identified victims as assessed by this particular study. As a result, the extent to which the findings of this study are consistent with prior research cannot be determined with absolute certainty.

In examining the characteristics of confirmed victims, a considerable amount of variation was found among specific risk factors. Aside from all youth being female with prior runaway and criminal histories, no definitive pattern emerged. Further complicating matters is how the same risk factors were found within the cohort sample in general. Certainly, there is a strong possibility that some DMST victims were missed in the process. However, the proportion of false negatives cannot be determined.

Several limitations must be noted with regard to the findings. Although an examination of the referral process to Tier 2 revealed a moderate positive relationship ( $r = .431, p < .01$ ) between the Tier 1 interviewers' assessment and the Response Team members' decision to refer the youth to Tier 2, a stronger correlation is desirable. Of the 47 youth referred to Tier 2 by a Response Team member, 65.4% were rated as "non-disclosed; not suspected" by their Tier 1 interviewer. This may in part be a reflection of the additional DMST training that Response Team members received compared to regular detention officers. It is also possible that Response Team members used additional criteria, such as prior knowledge of the youth or conversations overheard in the housing pods, in their referral decisions above and beyond the risk factors identified within the Tier 1 interview. Nevertheless, given that this project represented a brand new procedure in detention, the statistically significant agreement between Tier 1 and 2 interviewers suggests some level of success in the identification process.

As with any new intervention, the study encountered some problems with organizational and staff implementation. First, throughout the study, significant intra-agency conflicts contributed to some staff refusing to accept the goals of the research and to thus contribute to its success. An examination of the data revealed that certain staff

were more committed to the process than others. Second, some lack of accountability of staff from administrative personnel impeded a more successful implementation. For example, prior to the study, a mandatory in-service training was held for all juvenile detention and probation staff. Unfortunately, not all detention officers who ended up conducting Tier 1 interviews were in attendance. Several requests were made to hold an additional training for these staff but were subsequently ignored or denied by mid-level management. One month into the study, requests were made to hold a meeting with the staff conducting Tier 1 interviews to solicit feedback regarding any issues concerning either the process or screening instrument in order to identify and make any necessary adjustments. Issues with implementation ultimately were assessed through a mass email distributed to staff and very little feedback was received.

Yet, despite the organizational obstacles, Clark County Juvenile Court is strongly commended for recognizing there is a problem and doing something about it. The agency was open to piloting an innovative strategy to identify suspected victims within their custody. Many criminal justice agencies would rather deny such a problem, allowing it to persist, in order to protect themselves and the status quo. Moreover, implementing a new process that requires a normative reorientation of traditional values is challenging for any organization to achieve.

Relatively few victims were identified and confirmed during the course of the study ( $n = 6$ ). It may be tempting to conclude that DMST is not as prevalent as certain sources claim it to be. However, a portion of youth deemed at risk and subsequently referred to Tier 2 did not receive one because they were released from custody and did not later return during the study. As a result, it is possible that a small number of victims were not

identified (up to 11 youth). On the other hand, the low number of victims identified by this study may be a reflection of the difficulty in identifying such youth. To this end, only three youth in the entire sample had prior prostitution charges. Prior research has found that victims of DMST either do not, or are unable to, self-identify (Ashley, 2008; Smith et al., 2009) and are arrested on masking charges (Ashley, 2008; Finkelhor & Ormrod, 2004; Smith et al., 2009). The victims identified in this study represent 'sheep in wolves' clothing' wherein their delinquent behavior simultaneously represents a symptom and a mask of their underlying victimization. As a result, identification is extremely difficult.

With that said, an FBI Operation Cross Country sting operation in Portland, OR in November, 2010 only led to the recovery of three DMST victims over a three day period (FBI, 2010). Portland, a part of Multnomah County, has gained a national reputation as being "a hub for the sexual exploitation of children" (Rather, 2010) even though there are no reliable data to suggest this. According to the Oregon Department of Human Services, Multnomah County has identified 165 youth who have either been pimped, trafficked, or otherwise been involved in the sex trade since 2007 (Hannah-Jones, 2011). The Clark County Juvenile Department is located roughly 9 miles north from downtown Portland, just off of what has been termed the "I-5 corridor" on "the northwest circuit". The failure of this study to identify large numbers of victims is consistent with both the low number of victims identified by expansive, multi-agency sting operations and the low number of victims known to social service agencies.

An examination of the risk factors identified within the Tier 1 interviews of confirmed victims reveals wide variation. While some confirmed victims had multiple risk factors, others had relatively few. For example, the only risk factor identified in the Tier 1

interview of confirmed Case #3 was that she had previously run away three times. It is unclear why this youth was identified as at risk and subsequently referred to a Tier 2 when other youth were not. This suggests that other factors not captured in the screening interview may have influenced staff member perceptions of the youth and corresponding referral decisions. Perhaps staff were familiar with certain youth and aware of other factors not captured in the Tier 1 interview that explained the presence of certain risk factors. A complication in identifying DMST youth is the large proportion of youth in the juvenile justice system who have risk factors that mirror those of DMST youth.

Lastly, no male victims were identified or confirmed during the study. Official data (USDOJ, 2010), juvenile prostitution studies (Finkelhor & Ormrod, 2004; Mitchell et al., 2010; OJJDP, 2002; Spangenberg, 2001), commercial sexual exploitation of children studies (Ashley, 2008; Curtis et al., 2008), and studies of runaway and homeless youth (Greene et al., 1999) consistently indicate that male youth are involved in, and victims of, commercial sexual exploitation. In light of prior research, it is plausible to assume that male victims came through detention and were subsequently not identified. In fact, two male youth with prior prostitution charges entered detention during the course of the study. According to probation staff, the two males were arrested by Washington State Patrol at a truck stop in the same incident where they were said to be holding a sign indicating they would have sex for money. Why these boys were not referred for additional screening cannot be determined.

One explanation may be a possible gender bias on the part of either staff and/or Shared Hope's training materials and screening instruments. Although Shared Hope acknowledges that both male and transgender youth have been identified as DMST victims,

for the purpose of their practitioners guide, intake tool, and trainings they conduct, "the DMST victim population [is] referred to as female...[and] the use of the male pronoun [is used] in reference to the trafficker/pimp" (Leitch & Snow, 2010, p. 2). Training facilitated by Shared Hope, in conjunction with deep rooted notions of who constitutes a "victim" rather than an "offender" in the eyes of detention and probation staff, may have played a role in the failure to identify male victims.

### **Recommendations and Conclusion**

In light of the limitations, the present study was the first of its kind to attempt to systematically identify DMST victims in a juvenile detention setting and facilitated the identification of six new victims. In addition to youth disclosing sexual exploitation, the screening process also resulted in a portion of youth disclosing a variety of maltreatment including physical abuse, sexual abuse, sexual assault, and domestic violence allowing staff to make proper referrals to services and resources. This is important to consider in future attempts to identify DMST victims.

Screening youth in juvenile detention for sexual exploitation has important implications for both juvenile departments and the youth they serve. Many at risk youth are arrested each year and never go on to receive either formal probation or a sentence. For some youth, juvenile detention is a onetime occurrence. According to the 2009 Washington State Juvenile Justice Annual Report, of the 46,962 cases referred to the prosecutor in 2008, 38% were handled through diversion and an additional 9% had no action taken. Detention officers have unique access to youth brought in by arresting agencies who: (1) do not qualify to be held (i.e. screen and release), (2) are later handled informally through diversion, or (3) have their charges dropped. Screening all youth

during intake, as opposed to only those more deeply involved the juvenile justice system, provides the opportunity to screen a larger number of at risk youth who would not otherwise be screened. In addition, screening youth at this stage facilitates early identification. Only through identification can victims be diverted from the formal juvenile justice system and linked to the appropriate social, mental, and health services in the community.

Early identification is also fiscally responsible. Each youth currently costs Clark County an average of \$200 per day to detain and parents \$40 for each day their child is in custody. The six victims, prior to being identified in this study, had collectively spent 325 days in custody at a cost of \$65,000 to the county (not including court costs) and \$13,000 to the parents. How much of this is a direct result of their victimization cannot be determined as it was not the focus of the present study. However, what is clear is that the financial expenses associated with unidentified youth are high. Moreover, the trajectory of delinquency would have likely continued had it not been for the identification of their victimization.

When youth are delinquent as a result and manifestation of their victimization, traditional approaches are not effective since they target the youth's delinquency and not the underlying causes. While this claim can be made for juvenile delinquents in general, unidentified DMST youth are viewed, classified, and treated as delinquents when in reality, they are victims who require and deserve a multitude of services. Furthermore, releasing these youth back to settings where they were exploited ensures continued victimization, especially for those being sexually exploited by their own family.

Juvenile justice agencies interested in implementing a similar DMST screening and diversion protocol are encouraged to follow several recommendations based on this project.

- Develop positive working relationships with local community advocates trained in sexual assault and trauma-informed services. If strong community resources are unavailable, agencies should not attempt to identify DMST victims at all. Doing so is not in the best interest of victims and will likely increase youth's distrust and resentment of law enforcement.
- Strengthen the commitment of staff to follow through with the entire referral process once a victim's status is identified. Referrals for this population require more than simply picking up a phone. Persistence and patience with youth are necessary.
- Educate and train all staff who work directly with youth on DMST, even if they won't be conducting screenings or interviews. This is critical to dispelling the widely held belief that sexual exploitation is somehow warranted if youth are involved in delinquent behavior.
- Educate and train staff conducting Tier 2 interviews more intensively on trauma-informed interviewing skills and DMST.
- Consider the potential benefits and drawbacks of having a third party advocate interview based on your local laws and regulations. Advocates involved in the study were highly concerned that youth would disclose to them first, increasing the likelihood that they would be subpoenaed and lose their advocate status as a result.

DMST has certainly been established as a reality for an unknown number of youth. The study's identification process determined that 1.9% of youth who entered detention were victims of DMST. The above mentioned prevalence rate needs to be couched in the context from which it was derived. The number of victims identified in this study does not reflect the actual number of sexually exploited youth in general—only those who came through detention during the course of the study were screened. Furthermore, although all youth were screened, it is likely that a proportion of DMST victims presented as false

negatives and were subsequently not identified during the process. The findings of this study are also site specific and may not generalize to other locations. Nevertheless, we are left with more information than we had before.

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