

EXAMINATION OF RELATIONSHIPS AMONG SEXUAL EXPLOITATION,
SEX, AND ACES AMONG YOUTH IN THE LEGAL SYSTEM

by

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ABSTRACT

The purpose of the current study is to examine how many youths in the juvenile justice system in the sample experience sexual exploitation compared to the rest of the youth in the juvenile justice system and what difference can be seen in ACEs scores by sex. Literature shows that exposure to trauma at a young age can lead to mental health problems as well as further abuse, both substance and sexual. Without proper treatment, the victims will transition into adulthood without adequate support. Healthcare professionals as well as advocates need to use trauma-informed care to help treat the whole child. The sample was drawn from the Leveraging Safe Adults (LeSA) study, a study focused on preventing opioid use among justice-involved youth and included 95 youth from 11 secure residential facilities. At the start of the study, all participants completed the Adverse Childhood Experiences (ACEs) questionnaire as part of the baseline assessment. Results from both t-test and chi-square analyses indicated that females who had experienced sexual exploitation had higher ACEs compared to the rest of the sample. All four hypotheses were supported. This is important to note because it shows how many youths are affected by trauma and exploitation and can inform ways to intervene.

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INTRODUCTION

Child Sexual Exploitation

Child sexual exploitation (CSE) is defined as “a type of sexual abuse. When a child or young person is exploited, they're given things, like gifts, drugs, money, status, and affection, in exchange for performing sexual activities” (National Society for the Prevention of Cruelty to Children, 2023). Every year, in the United States, there are over 17,000 victims of sexual exploitation, and over 23% of those victims are under the age of 18. In Texas specifically, over 79,000 minors and youth are victims of sexual exploitation (Institute on Domestic Violence & Sexual Assault). There are more than 79,000 victims of child sex trafficking victims in Texas as well (Transforming Cultures of Care, 2023). Not only are the victims affected, but society is also affected, as an estimated \$6.5 billion is spent on the lifetime costs of providing care for the victims and survivors of those who have experienced sexual exploitation.

The literature suggests that the treatment of CSE victims is justice based rather than trauma-informed based (Kavenagh, 2023). The study stresses the importance of creating a safe network where victims feel supported and safe to reach out both during and after exploitation. Other studies emphasize the importance of healthcare providers' ability to be able to identify the characteristics of victims of child sex trafficking (Nyhus, et al., 2021). The biggest of characteristics that were found within studies was looking for children who have been branded and or groomed. Some of the challenges that victims face are the accessibility and visibility of providers and facilities that can provide victims with help and resources. Literature states that resources are not widely advertised and known about before exploitation, which can make prolong a victim finding proper treatment.

Child sexual exploitation can have a lasting effect on the victims, resulting in mental illness, and a need to seek treatment during and or after exploitation. Common mental health conditions that are seen among children who have experienced or currently experiencing CSE include substance use disorders, post-traumatic stress disorder, depression and suicide, and anxiety (Barnert et al., 2017). It has been shown that more time experiencing exploitation is associated with higher levels of depression and anxiety within the victim (Hossain et al., 2010). While the more time the victim spends removed from exploitation, no longer experiencing exploitation, the lower levels of depression and anxiety are seen, but not lower levels of post-traumatic stress disorder (Hossain et al., 2010).

Children who experience more traumatic events in their youth can experience a multitude of physical and mental health impacts. Trauma can be described as a pervasive problem. Trauma is specifically defined as, “exposure to an incident or series of events that are emotionally disturbing or life-threatening with lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, and/or spiritual well-being” (Trauma-Informed Care Implementation Resource Center, 2022). In a study done by Fredrick-Ellis, it was found that experiencing trauma as a child can have lasting effects on their mental health into adulthood (Frederick-Ellis, 2022). The research that has emerged from these findings suggests the importance of using trauma-informed care to help treat both those currently experiencing and survivors of sexual exploitation. Advocating is a way that can get resources for victims more publicly known, so victims can seek them out during exploitation not just after. Research has shown that children who experience trauma at an early age show signs, through predicting surveys, of future stress as well as lack of social support and mental health issues (Colburn, et al., 2021). The current study researched ACEs and the number seen in youth in the legal system

as they are a group that is known to experience a high number of ACEs compared to the rest of the population. Existing research has also shown that the most effective form of treatment is trauma-informed care. One way to implement trauma-informed care is to implement Trust-based Relational Intervention® (TBRI®). TBRI is a unique treatment that can be used to help a victim of sexual exploitation that looks at the child as someone who has been hurt mentally rather than someone who is sick. TBRI “is a therapeutic model that trains caregivers to provide effective support and treatment for at-risk children” (Purvis et al., 2021). It has been seen that many CSE victims have experienced trauma (Colburn, et al., 2021) and this likely places them at risk for CSE because those who experience trauma become more vulnerable to experiences such as physical and substance abuse. Victims have to be treated relationally to the trauma experienced from trafficking (TBRI Animate: Human trafficking, 2022).

Child Sexual Exploitation and ACEs in Young Females

Of all the childhood adversities, sexual abuse is the most damaging form of childhood maltreatment that leads to sexual exploitation (Naramore et al., 2017). Children who have experienced exploitation showed overall higher ACE scores than those who had lower scores (Naramore et al., 2017). While exposure to many different traumas can be more harmful than exposure to a singular trauma, sexual abuse is considered the “gateway” trauma to exploitation by both males and females.

While sexual abuse is the most damaging form of childhood maltreatment, those along with other ACE subcategories are what lead children to exploitation. For young females in particular, neglect and physical abuse are two other indicators that put females at risk for sexual exploitation. Another ACE indicator seen is physical abuse. Both of these are indicators because what the young females are missing at home they will look for in the form of a pimp/exploiter.

For many, affection is initially offered by their pimp/exploiter but diminishes once they are trafficked. The victim and the abuser create what is called a trauma bond (Capasa, 2023). A trauma bond is a bond that the victim creates with the exploiter. This bond is what ties the victims to their exploiter despite the victim knowing the situation is unsafe. This bond is what keeps the victim coming back to their exploiter and not defying their needs (Cassandra, K, t al., 2021). Severing the bond between abuser and victim, even after the victim leaves, takes treatment and an examination of attachment both during and before exploitation (Cassandra, K, t al., 2021).

Physical abuse isn't the only indicator seen in ACEs that is associated with trafficking. Studies have found that when a child experiences one ACE, other ACEs often coincide such as substance and physical abuse, which is supported by the literature (Yates, Fuller, & Oliver, 2016). Of the young females who have been exploited, 90% first experience sexual abuse in their homes, many of which are in foster care. Of the victims who have been exploited, 60-85% were also victims of child sexual abuse, rape, or incest. Of exploited victims, 40% had someone in their house kicked, beaten, raped, threatened, and/or attacked with a weapon. Of the exploited victims, 86% were drug or alcohol users and 83% also experienced drug or alcohol abuse within their homes. Of the exploited victims, 33% had someone within their home who was incarcerated.

ACEs, Sex, and Trauma-Informed Care in Child Sexual Exploitation Victims

Victims of sexual exploitation have unique needs when it comes to their recovery and care (Yung, 2018). These unique needs include housing and safety, medical services, therapy, and specifically trauma-informed care through the way of TBRI (Virginia Department of Criminal Justice, 2023). One way that the advocate can perform trauma-informed care is through

the use of Trust-Based Relational Interventions. TBRI is a “a therapeutic model that trains caregivers to provide effective support and treatment for at-risk children” (Purvis et al., 2013). Through the use of TBRI, the advocate will be able to gain a trusting relationship with the child that will help and allow the child to heal from pre-exploitation and post-exploitation trauma. To help in the recovery and treatment of the young females the individuals working with the survivors need to have a deep understanding of the interventions and strategies used when assisting the victims. When the victims are in treatment, they are not only healing from being exploited, but they are also healing from past traumas and lack of attachment as shown in many of their ACE’s scores.

Current Study

The purpose of the current study is to examine the relationship between sexual exploitation, sex, and adverse child experiences among youth in the legal system. This population is of interest because these youth are at higher risk for substance abuse, specifically opioids, which literature has shown can also lead to exploitation (Naramore et al., 2017). What is lacking in the literature is information about differentiation seen in the ACEs score among sexes of youth in the legal system. The current study explores if female youth in the juvenile justice system experience a higher number of ACEs compared to the rest of the youth juvenile justice sample and if there is a difference seen between males and females in ACEs scores.

Primary Hypotheses are as follows:

H1: Females who have experienced sexual exploitation will be more likely to experience a higher number of ACEs compared to the rest of the youths.

H2: A higher proportion of females will experience sexual exploitation when compared to the male youths.

H3: Youth who have experienced exploitation will have a higher number of ACEs compared to those who have not experienced exploitation.

H4: Females who have been sexually exploited will have a higher ACEs score compared to the females who have not been exploited.

METHOD

The LeSA Study

Data were drawn from the Leveraging Safe Adults (LeSA) study, which focuses on “preventing opioid use among justice-involved youth as they transition to adulthood” (Knight, et al., 2021). The aim of the parent study is to utilize Trust-Based Relational Interventions TBRI in the prevention of opioid and other substance use in justice-involved youths once they are released from their respective facilities.

The recruitment took place from 11 different sites in Texas and Illinois. The participants had to be between the ages of 15 and 18 and had to have one caregiver who is willing to also participate in the study. Data were drawn from a self-report done by the caregiver and the youth, substance use, psychosocial functioning, youth caregiver relationships, youth monthly post-release check-ins, caregiver report on youth, psychological/behavioral symptoms, as well as the use of juvenile justice facility records. The assessments given to measure the above-mentioned items by taking the Adverse Childhood Experiences, youth self-reported social exposure to substance use, Child and Adolescent Services Assessment, Parent Motivation Inventory, Caregiver Strain Questionnaire-Revised Short Form, Resiliency of Self-Efficacy, as well as the caregiver filled out the ECR-RS.

The portion of the LeSA study that was used for this study was the Adverse Childhood experiences scores that were taken at the baseline assessment of the youths at the start of the study. The study is made up of a sample of participants, pulled from the target sample, that was

recruited from 11 juvenile justice facilities in Texas and Illinois, seven of which came from Texas and four coming from Illinois. At the beginning of the recruitment three of the facilities incorporated TBRI into the care of the youths.

Participants

A total of 360 youths were recruited from various facilities over three years. To be eligible for recruitment the child had to be between 15 to 18 years of age and “(a) are disposed to community supervision (i.e., probation) and receiving care in a secure JJ facility, (b) have no indication of active suicide risk, and (c) have worked with JJ to identify one caregiver that is willing to participate in the study” (Knight, et al., 2021).

At the start of the study, the youth were asked to complete a baseline assessment. Recruitment for the LeSA study is still underway as phase one of three has been completed, but the data from the standard reentry phase was used (120 targets for the TBRI phase, 240 target for the TBRI phase, which equals 360 overall participants). For the current study, 95 of the 120 targets were available for analysis.

Sample characteristics are displayed in *Table 1*. Of the 95 youth in the sample, 76 (80%) identified as male and 19 (20%) identified as female. The primary race seen being 35 (36.8%) white youths, 23 (24.2%) black youths, 23 (24.2%) identified as other, 11 (11.6%) as more than one race, 2 (2.1%) as being American Indian, and 1 (1%) identifying as Hawaiian. Forty-six (48.4%) of the 95 participants also identified as being of Hispanic ethnicity and 49 (51.6%) identified as non-Hispanic.

Procedures

The Institutional Review Board (IRB) reviewed and approved the research protocol for the study. When required by the site, local juvenile boards also reviewed and approved the study

protocol. The data was collected via Qualtrics, and protocols were delivered either in person or via a virtual platform. Parent and youth consent was obtained for youth under 18; youth consent was obtained at the time of recruitment. RAs administered protocols for collecting consent and assessments. This was done at the start of the study. Finally, the participants were compensated with a \$15 e-gift card for their time.

Measures

Adverse Child Experiences

The Adverse Childhood Experiences questionnaire is a 10-question assessment that is designed to measure the amount of trauma a youth has experienced in their lives from ages 0 to 17 (Centers for Disease Control and Prevention, 2021). The participant has the option of answering either yes or no to each question. The 10 ACEs are defined as experiencing the following: “psychical, sexual, or verbal abuse, physical or emotional neglect, separation or divorce, a family member with mental illness, a family member addicted to drugs or alcohol, a family member in prison, and witnessing a parent being arrested” (American National Society for Preventing Child Cruelty, 2023). The higher the ACE score the higher at risk the participant is for experiencing disease and social-emotional problems as they enter adulthood (American National Society for Preventing Child Cruelty, 2023). For the participants to be classified as having experienced sexual exploitation the participant must answer yes to ACE question number three, which is as follows, “Did an adult or person at least 5 years older than you ever... a) Touch or fondle you or have you touch their body in a sexual way? or b) Attempt or actually have oral, anal, or vaginal intercourse with you?” (American National Society for Preventing Child Cruelty, 2023). At the end of the questionnaire, the participant receives a total score that is made up of the number of times the participant answers yes.

Data Analysis

During the cleaning process, there were some nuances found in the data. During the baseline assessment the participants were asked to complete the ACEs questionnaire, where if they answered yes to question three, they were then asked to answer an additional 3a and 3b questions. The nuances were seen because some of the participants, while they did answer yes to question three did not answer questions a and/or b.

When analyzing the data, a two-sample unequal variance t-test was run, as well as a chi-square analysis. A t-test is a “ratio that quantifies how significant the difference is between the 'means' of two groups while taking their variance or distribution into account” (National Library Machine, 2023). A chi-square analysis is a statistical hypothesis test used in the analysis of contingency tables when the sample sizes are large.

RESULTS

Shown in *Table 2* are the results of the study. Hypothesis 1 compared the sample of youths who have been sexually exploited to those who have not. The second compared youths who have been sexually exploited and youths who have not been exploited and what the difference was in their mean ACEs score (H3) and the third t-test compared the difference in ACEs scores of females who have and have not been sexually exploited (H4). For H1, the analysis showed a significant difference between ACEs scores in females who have experienced sexual exploitation compared to youths who have not experienced sexual exploitation. The mean of the exploited female youths was 7.14 (SD = 3.81) compared to the mean of 3.69 (SD = 7.16) to the youth who have not been exploited ($t_{(8)} = 1.86; p = .0.001$) (Figure 1). Thus, females who experienced sexual exploitation show a higher ACEs score than the rest of the youths who have not been exploited. This matches up with Doychaks findings that 95 to 98 percent of sexual

exploitation victims are females which is supported by the findings of this study as females had a higher rate of both exploitation and ACEs scores (Doychak, 2022).

For H2, the analysis showed a significant difference between the number of females who experience exploitation versus men who have experienced sexual exploitation, $X^2 = 57.05$ $p < 0.05$ (see Table 3). Results showed that a higher proportion of females experienced sexual exploitation when compared to the male youths.

For H3, the analysis showed a significant difference between ACEs scores in the youths who have experienced sexual exploitation versus those who have not. The mean of the exploited youths was 6.89 (SD = 7.11) compared to the mean of 3.69 (SD = 7.16) for youth who have not been exploited ($t_{(10)} = 3.43$; $p = .0003$) (see Figure 2). The mean of ACEs among youth exploited is nearly twice as high compared to those who have not experienced exploitation.

For H4, the analysis showed a difference between ACEs scores in females who have experienced sexual exploitation versus females who have not. The mean of the exploited female youths was 7.14 (SD = 3.81) compared to the mean of 5.83 (SD = 6.33) for females who have not been exploited ($t_{(15)} = 1.75$; $p = .0.11$) (see Figure 3).

DISCUSSION

The purpose of this study was to examine the relationship among sexual exploitation, sex, ACEs among youth in the legal system. Experiencing sexual exploitation can also lead to developing various physical health symptoms. All four of the hypotheses were supported. Females who have experienced sexual exploitation are more likely to experience a higher number of ACEs compared to the rest of the youths. A higher proportion of females experience sexual exploitation when compared to the male youths. Youth who have experienced exploitation have a higher number of ACEs compared to those who have not experienced

exploitation. This is consistent with the expectations prior to the study. In the study done by Martin et al., they concluded that females experience a higher number of ACEs when it comes to the male population (Martin et al., 2023) These results are consistent with the findings of the current study. Females who have been sexually exploited have a higher ACEs score compared to the females who have not been exploited.

There were a few limitations that should be noted. First, the sample size of individuals who experienced sexual exploitation was relatively small, which limits the ability to detect significant differences and explore other potential factors. Another limitation seen in the study is that the LeSA project only recruited youth from the juvenile justice system. This can skew the results slightly as participants may have experienced a number of ACEs compared to youth outside of the legal system (Folk et al., 2022). The youths also had to have a caregiver willing to participate in assessments, limiting the sample to only youth with a relationship with their caregiver and 4% of youth do not (Act For Youth, 2022). Therefore, findings may not generalize to youth not involved in the legal system or youth in the legal system who do not have a caregiver who is actively involved in their life. Another limitation is that the study measured the event of trauma rather than the intensity and the occurrence of the event, which can affect the amount of trauma experienced.

For future studies, these findings will influence research because it shows that an emphasis needs to be placed on females who experience sexual exploitation. Females in this study who experience sexual exploitation have an average ACEs score of 6, which shows that they need trauma-informed care, along with other treatments to address other trauma indicated in the ACEs questionnaire. Future findings can explore how the implementation of TBRI can help these female youths with the trauma they have experienced during exploitation. Future research

should also examine youth outside of the legal system to see if they are affected by trauma and exploitation to determine if the youth experience it at the same level as the youth inside the juvenile justice system. In the study done by Kendra Doychak, she reported that there are over 500,000 to 600,000 new victims of sexual exploitation every year and 4.5 million victims globally, so exploitation is not limited to the legal system (Doychak, 2022). An example of this would be completing a study that examined youth from the foster system, as they have also experienced ACEs. The emphasis on the importance of the findings is that youth who have been sexually exploited need interventions to help address trauma and risk for exploitation. TBRI is one option that can be used as an intervention when it comes to addressing trauma. In this case, specifically, three of the juvenile justice systems already use TBRI as a means of intervention with at-risk youth.

Despite the above-mentioned limitations, the findings are important in today's society when learning how to help children deal with trauma. Dealing with trauma is complex and the findings from this study show how many youths are affected by exploitation and the effect of trauma that one experiences in their life. Therapists and advocates need to utilize trauma-informed care. Trauma-informed care is defined as care "in which service delivery is influenced by an understanding of the impact of interpersonal violence on an individual's life and development" (Barnert et al., 2017). Continuing the research and the conversation surrounding the topic will help expand the literature on the best ways to help treat the trauma.

APPENDIX

Table 1. Table showing the demographics of the sample.

Gender		
Male	76	80%
Female	19	20%
Race		
White	35	36.80%
Black	23	24.20%
Other	23	24.20%
More than one	11	11.60%
American Indian	2	2.10%
Native Hawaiian	1	1%
Asian	0	0%
Ethnicity		
Non-Hispanic	49	56.30%
Hispanic	46	43.70%

Table 2. Table showing the mean and standard deviations of the sample variables.

	Male		Female		Total	
	M	SD	M	SD	M	SD
Total ACEs	3.41	2.63	7.14	2.36	3.69	2.82
CSE	1.97	0.16	1.63	0.5	1.91	0.29

Table 3. Table shows the results of the chi-square analysis test.

	Exploited	Not Exploited	
Male	2 (2.67%)	73 (97.3%)	75 (80.6%)
Female	7 (38.89%)	11 (61.11%)	18 (19.4%)
	9 (9.68%)	84 (90.32%)	93

Figure 1. Figure shows the results of the t-test for hypothesis 1.

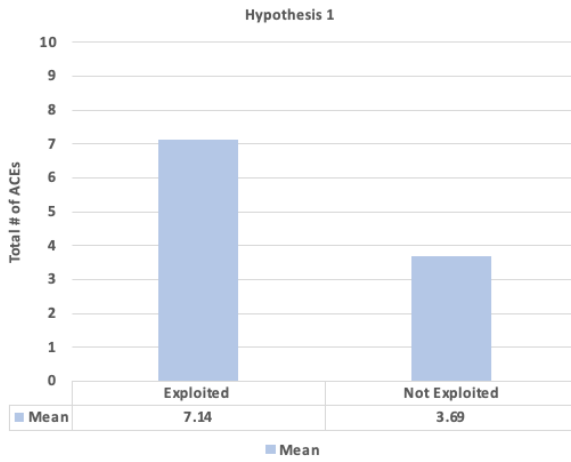


Figure 2. Figure shows the results of the t-test for hypothesis 3.

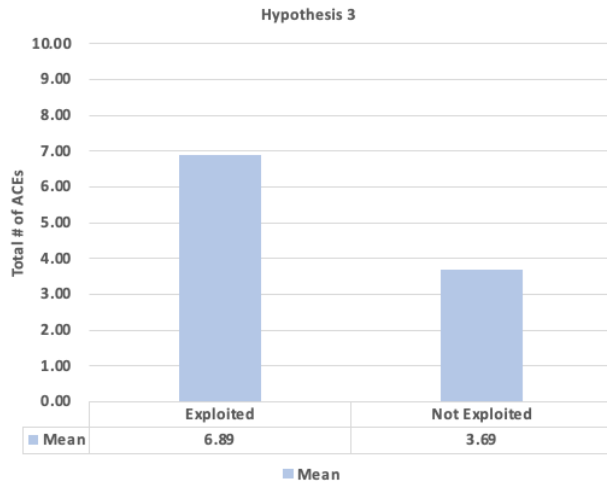
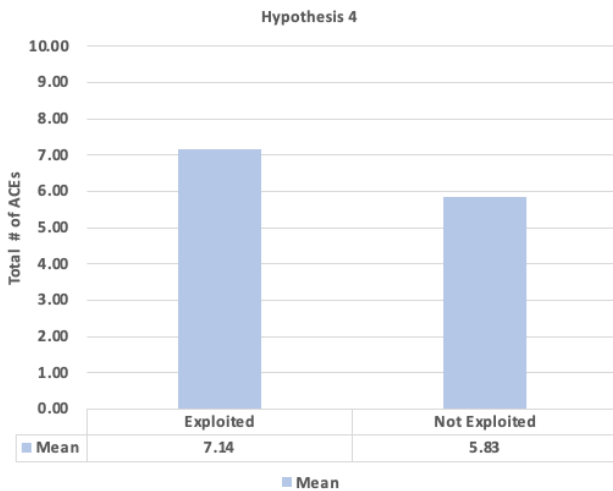


Figure 3. Figure shows the results of the t-test for hypothesis 4.



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