



Sex trafficking of minors in metropolitan, micropolitan, and rural communities[☆]



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ABSTRACT

The purpose of the study was to examine professionals' awareness, knowledge, and experiences working with youth victims of sex trafficking in metropolitan and non-metropolitan communities. Professionals who worked with at-risk youth and/or crime victims were recruited from all counties in a southern, rural state in the U.S. to complete a telephone survey. Surveys included closed and open-ended questions, which were theme coded. Professionals' ($n = 289$) were classified into one of four categories based on the counties in which they worked: metropolitan, micropolitan, rural, and all three community types. Although there were many similarities found in trafficking situations across the different types of communities, some expected differences were found. First, as expected, more professionals in metropolitan communities perceived CSEC as being a fairly or very serious problem in the state overall. Consistent with other studies, more professionals in metropolitan communities had received training on human trafficking and reported they were familiar with the state and federal laws on human trafficking (Newton et al., 2008). Significantly more professionals in metropolitan (54.7%) communities reported they had worked with a suspected or definite victim of STM compared to professionals in micropolitan communities (29.8%). There were few differences in victim characteristics, vulnerability factors, and trafficking situations (e.g., relationship to trafficker, traffickers' techniques for controlling victims, transportation, and Internet-facilitation of trafficking) across the community types. There is a continued need for awareness building of STM and training, particularly in non-metropolitan communities, as well as adoption of screening tools, integration of trauma-informed care, and identification of best practices.

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Introduction

Sex trafficking is defined by the Trafficking Victims Protection Act (TVPA) of 2000 as: "the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act. . . ." "...in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age" (18 U.S.C. § 1591). Sex trafficking of a minor (STM) refers to trafficking of a person under the age of 18 in commercial sex, which unlike sex trafficking of an adult (18 years and older), does not require the element of force, fraud, or coercion. The TVPA (2000) defines a commercial sex act broadly to include "any sexual act for which something of value

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is given or received.” In other words, commercial sex is sexual acts including sexual performances that are exchanged for money, drugs, food, clothing, or shelter. Common types of commercial sex include prostitution, production of pornography, strip dancing, and (sexual) massage parlors, as well as survival sex (Institute of Medicine [IOM], 2013). STM overlaps in definition with commercial sexual exploitation of children (CSEC), which was first defined in the 1996 Declaration and Agenda for Action for the First World Congress Against the Commercial Sexual Exploitation of Children as “sexual abuse by the adult and remuneration in cash or kind to the child or a third person or persons” (p. 1). There is considerable overlap between these terms and yet distinctions exist. For example, while the production of child pornography fits the definition of STM and CSEC, the possession and distribution of child pornography fits the definition of CSEC but not STM. Nonetheless, there is a lack of consensus about definitional overlap and distinctions between the terms and consequently the terms are often used interchangeably (IOM, 2013; Mitchell, Jones, Finkelhor, & Wolak, 2011; Small, Adams, Owens, & Roland, 2008).

Along with definitional ambiguity between CSEC and STM, estimates of the scope of CSEC/STM in the United States have considerable methodological problems because of the hidden nature of the crime. The estimates that are often cited are highly speculative and not based on sound research methods (for a discussion about the challenges related to estimates, see Stranksy & Finkelhor, 2012). Despite mandates in the TVPA, uniform data collection by federal, state, and local law enforcement agencies of trafficking crimes and/or number of victims is not occurring (United States Department of State, 2010). What we can say is that about a 2 in 5 human trafficking offenses reported to federally funded human trafficking task forces from 2008 to 2010 in the United States involved the sex trafficking of minors (Banks & Kyckelhahn, 2011).

In addition to the lack of reliable prevalence estimates, little is known about public agency workers' awareness and capacity to properly identify human trafficking victims, in general, and specifically, minors who are trafficked in commercial sex activities (Irazola, Williamson, Chen, Garrett, & Clawson, 2008). Misidentification is a critical barrier to providing appropriate and effective intervention to minors who are trafficked in the commercial sex industry (Clawson & Grace, 2007; Smith, Vardaman, & Snow, 2009). Many law enforcement and service providers lack knowledge about sex trafficking of minors (Smith et al., 2009) and many law enforcement officers identify youth exploited in prostitution as juvenile offenders (40.0%) rather than as crime victims (60.0%; Halter, 2010). An analysis of the National Incident-Based Reporting System (NIBRS) for 1997–2000 found that police officers were more likely to identify youth as juvenile delinquents or offenders of other crimes than as victims of STM (Finkelhor & Ormrod, 2004).

Another barrier to providing appropriate intervention to victims is lack of collaboration between agencies that respond to STM cases. Because victims of STM typically have multiple needs, lack of communication and collaboration between agencies may prevent victims from receiving all the services they need (Bortel, Ellingen, Ellison, Phillips, & Thomas, 2008; Newton, Mulcahy, & Martin, 2008; Office of Juvenile Justice & Delinquency Prevention, 2002). The more common forms of interagency collaboration for responding to STM include establishing task forces wherein multiple agencies can share information, develop protocols and policies; agencies developing memorandum of understanding; data sharing policies; and informal relationships between personnel from different agencies that facilitate coordination of efforts and referrals (IOM, 2013).

There are even greater gaps in the literature about how traffickers operate in non-metropolitan communities. The majority of research conducted on STM has focused on large urban communities, such as New York City, New Orleans, Dallas-Fort Worth, Las Vegas, and Portland, OR (Curtis, Terry, Dank, Dombrowski, & Khan, 2008; Raphael & Ashley, 2010; Smith et al., 2009). It is true that larger metropolitan communities have more commercial sex venues than smaller communities and thus a greater likelihood for sex trafficking. Nonetheless, the exploitation of minors in commercial sex does occur in micropolitan communities and rural communities (Bletzer, 2005; Bortel et al., 2008; Brewster, 2003); therefore, it is important for research to examine STM in smaller communities.

Confronting social problems in smaller, rural communities poses particular challenges that are different from the obstacles facing larger, metropolitan communities. First, the idyllic view of rural, smaller community life that many people have may render many social problems invisible (Edwards, Torgerson, & Sattlem, 2009). For example, surveys of service providers and law enforcement personnel in counties across the United States revealed that professionals in rural communities perceived that commercial sex and sex trafficking did not occur in their communities, citing the difficulty of hiding these activities in smaller communities and the advantage of greater anonymity in larger communities (Newton et al., 2008). Also, collection of data on emerging social problems is more limited in rural communities because individuals perceive the problem to be a metropolitan issue (Edwards et al., 2009). For example, service providers and law enforcement personnel in rural communities were less likely to receive training on human trafficking, and to utilize recordkeeping procedures to distinguish human trafficking victims from other clients they served, compared to professionals in metropolitan communities (Newton et al., 2008). Second, geographic dispersion in rural communities can make detection and service provision more difficult because transportation is more limited and residents may be more isolated (Castaneda, 2000; Friedman, 2003).

The primary purpose of this study was to examine professionals' awareness, knowledge, protocols, and experiences working with individuals who were trafficked as minors in commercial sex to better understand how trafficking of minors occurs and community agencies' responses. The secondary purpose of the study was to compare professionals' awareness, knowledge, and experiences by type of community in which they worked (i.e., metropolitan, micropolitan, and rural) to examine similarities and differences in how sex trafficking operates and community agencies' responses to victims in different types of communities.

Method

Participants

Personnel ($N=323$) in agencies that provide services to at-risk youth or crime victims throughout the state completed telephone surveys between July 2012 and April 2013. A dual sampling frame was used. First, a purposive sample was created by obtaining the names of attendees of Human Trafficking Task Forces throughout the state and by contacting administrators in key agencies (e.g., juvenile justice, family and juvenile court, child welfare, and public defender) to secure permission to contact workers within these agencies and to obtain contact information for the workers. Also, online searches were used to obtain contact information for behavioral health providers, agencies that serve at-risk youth, rape crisis centers, SANE programs, domestic violence shelters, homeless shelters, and school personnel (including guidance counselors, psychologists, and social workers). Finally, snowball sampling was used. At the end of the survey, each respondent was then asked to provide the names of other professionals in the community they believed had information on the topic, which were added to the sampling frame.

A total of 587 potential respondents were identified using these recruitment strategies. Out of the respondent pool, 80 were ineligible for the survey because the person no longer worked at the agency, had no working phone number, or the contact person referred the interviewer to someone else within the same agency as being more appropriate for completing the survey. Twenty-six individuals (4.4%) declined to complete the survey when they were contacted, and about one fourth (26.7%, $n=158$) of the individuals did not complete the survey because they were never successfully contacted or scheduled for a survey. Of these 158 individuals, 63 had a coworker within their agency who completed the survey. Out of the eligible persons who also did not have a coworker who completed the survey ($n=449$), 323 individuals completed the survey, resulting in a response rate of 71.9%. Significantly fewer behavioral providers (40.4%) completed surveys than providers in other agencies (justice system, 74.4%; victim services, 63.6%; services for at-risk youth, 71.7%; juvenile court workers, 66.7%; and other agencies, 53.8%), but there were no other differences by agency type.

Of the 323 respondents, at least one respondent worked in each of the 120 counties in the state. Half of the respondents (49.2%, $n=159$) worked in metropolitan, 14.6% ($n=47$) worked in micropolitan, 16.7% ($n=54$) worked in rural communities only, and 19.5% ($n=63$) worked in a combination of community types. Of the 63 who worked in more than one type of community, 29 worked in all three types of communities, and the remaining 34 worked in various combinations of two community types. These 34 individuals were excluded from the remaining analysis because conceptually these various combinations could not be collapsed into one category (e.g., micropolitan and rural, rural and metropolitan, metropolitan and micropolitan). Thus, the sample for this analysis was 289 professionals who were classified into one of the four mutually exclusive categories of demographic community type. Of the sample of 289 respondents, 26.7% worked as juvenile court workers who worked on diversion agreements with offenders, 26.4% worked in juvenile justice, 12.8% worked in victim services, 11.1% worked in agencies that serve at-risk youth, 8.3% were behavioral health providers, and 14.6% worked in other agencies (e.g., school, public defenders, health care, law enforcement).

Procedures

All research procedures were approved by the university Institutional Review Board. Telephone surveys took on average 29 min, and the interviewer made an average of 3.6 phone calls to respondents to complete a survey. At the conclusion of the survey, the study interviewer sent respondents, national and state information and resources on human trafficking, if they were interested.

Measures

The survey was developed with input from two experts on human trafficking in the state. Survey items were a combination of close-ended and open-ended questions.

Community Type. At the beginning of the survey, respondents were asked to name the counties in which they worked. Then each county was assigned to one of three demographic classifications: metropolitan, micropolitan, and rural ([United States Census Bureau, 2013](#)). A metropolitan area consists of at least one urban area in which the population is at least 50,000, a micropolitan area consists of at least one urban cluster in which the population is at least 10,000 but less than 50,000, and a rural area has a population of less than 10,000. Other determinants include commuting to and from urban areas. Therefore, a metropolitan or micropolitan area could include a county containing a large urban city and several smaller surrounding counties ([Office of Management and Budget, 2013](#)). Because some survey respondents worked in multiple counties, they could work in more than one type of demographic community. Professionals who could be classified into one of four mutually exclusive categories were included in this analysis ($N=289$): *Metropolitan, Micropolitan, Rural, and All Three Community Types*. Individuals who worked in two types of communities (e.g., rural and micropolitan, rural and metropolitan) were excluded from this analysis.

Commercial Sexual Exploitation of Children (CSEC)/Sex Trafficking of Minors (STM). At the beginning of the survey, respondents were asked questions about their awareness of CSEC as a problem. The decision was made to ask about CSEC, which is the sexual exploitation of children for anything of commercial value, rather than sex trafficking of minors because we

wanted to ask about awareness of the problem before giving statutory definitions, which is how STM is defined. Respondents were asked how serious of a problem they believed commercial sexual exploitation of children was in the state overall, as well as in two specific types of communities (e.g., metropolitan areas and non-metropolitan communities). Response options ranged from 1 (*not a problem*) to 4 (*very serious*). Because the objective of these questions was to measure professionals' awareness of CSEC, the interviewer did not provide respondents with a definition of CSEC before asking these questions. Respondents were also asked how familiar they were with the state statute and the federal law on human trafficking, with response options 1 (*not at all familiar*) to 4 (*very familiar*).

Experience Working With Victims of STM. A series of close-ended and open-ended questions about respondents' experiences working with individuals who had been trafficked in commercial sex as minors began with the question, "To your knowledge how many victims who were trafficked as minors for commercial sex have you worked with in your current position?" Two entries permitted the interviewer to record the number of definite victims and suspected victims. A follow-up question provided the legal definition of a child sex trafficking victim and then the interviewer asked respondents if they would like to revise their estimate of the number of definite and suspected victims with whom they had personally worked, and if so what their revised estimates were. The number of definite and suspected victims was summed; the revised estimates were summed if the respondent gave revised numbers, otherwise the original estimates were summed.

Information about victims including demographics, vulnerability factors, and specifics about the trafficking situation was also obtained from respondents who had worked with at least one definite or suspected victim of STM. First, referring to the estimate of the total number of victims with whom they had worked, professionals were asked to give the number of victims who had different characteristics (e.g., male, female, U.S. citizen/permanent residents, recruited in the state, residing in the state when trafficked, trafficked in non-metropolitan communities) and the number of victims who were involved in three major types of commercial sex: prostitution, pornography, and strip dancing. For these variables, we could estimate the percentage of victims professionals had worked with that had the previously mentioned characteristics (e.g., male, exploited in prostitution) out of the total number of victims with whom they had worked.

A series of open-ended questions asked respondents to give information they had on (a) how victims were first recruited into commercial sex, (b) in what types of communities victims were living when recruited, (c) the relationship between the victim and trafficker (in the three most recent cases), (d) how traffickers maintained control over victims, (e) the nature of the bond the victim had with the trafficker(s), and (f) three factors that contributed to making victims more vulnerable to being trafficked. In addition, several close-ended questions were asked about professionals' knowledge of traffickers' use of the Internet to facilitate commercial sex activity, transportation of victims, and gang-affiliation of traffickers (in the cases of STM they had worked). Each of these close-ended questions was followed with open-ended questions asking respondents to explain their answers and to give details.

Data Analysis

Responses to open-ended questions in the surveys were coded in several phases, using NVivo to organize the data. First, during the data collection phase, the first author read all the transcripts. Second, the first author did line-by-line coding of a randomly selected sample of cases, creating memos to capture emerging ideas about the data (Creswell, 2003). Third, the first author identified the most frequent or significant codes that were created in the line-by-line coding, "themes" (Miles & Huberman, 1994). Fourth, a research assistant conducted line-by-line coding, using the previously identified themes. Fifth, a randomly selected 20% of cases were coded independently by the first author and the research assistant. For any question that yielded reliability less than .90, the process was repeated until intercoder reliability was .90 or higher.

Bivariate tests of association were conducted to examine if professionals working in the four community types differed in their awareness, knowledge, agency protocols, or the experiences of the victims with whom they worked. Chi square tests of independence were used to examine the association between community type and categorical variables and one-way ANOVAs were used to examine the association between community type and continuous variables.

Results

Awareness of CSEC, Familiarity With Human Trafficking Laws, and Training

Compared to respondents in rural and micropolitan communities, significantly more respondents in metropolitan communities perceived of CSEC as being a fairly or very serious problem in the state (see Table 1). The majority of respondents in each community group perceived of CSEC as a serious issue in metropolitan communities. However, respondents' perceptions of the seriousness of CSEC in rural and micropolitan communities in the state were significantly different by the type of community in which respondents worked. Significantly more respondents in the rural and micropolitan communities perceived CSEC to be a fairly or very serious problem in these communities compared to respondents in metropolitan areas.

Significantly more respondents in metropolitan communities stated they were fairly or very familiar with state and federal statutes on human trafficking than respondents in micropolitan communities, and fairly or very familiar with the federal statute compared to respondents in rural communities (see Table 1). Finally, significantly more professionals in

Table 1

Respondents' awareness of CSEC, familiarity with Human Trafficking Laws, and training by the type of community in which they worked.

	Rural (n = 54)	Micropolitan (n = 47)	Metropolitan (n = 159)	All three types of community (n = 29)
Perception of the seriousness of CSEC in. . .				
The state overall ¹				
Not serious, not a problem	50.0% _a	48.9%	25.2% _a	27.6%
Fairly or very serious	44.4%	48.9%	69.2%	65.5%
Metropolitan communities ¹				
Not serious, not a problem	13.0%	17.0%	13.8%	6.9%
Fairly or very serious	75.9%	80.9%	84.3%	89.7%
Micropolitan or rural communities in the west or east of the state ^{1, *}				
Not serious, not a problem	16.7%	28.6%	48.8%	31.2%
Fairly or very serious	83.3% _a	71.4% _a	51.2% _a	68.8%
Respondent was fairly or very familiar with. . .				
State statute on human trafficking ^{**}	20.4%	14.9% _a	40.3% _a	24.1%
Federal law on human trafficking ^{**}	14.8%	10.6% _a	32.1% _a	20.7%
Respondent had received training on human trafficking ^{***}				
Yes	22.6%	11.1% _a	47.5% _a	37.9%

Note: Statistical significance tested with chi square test of independence.

a—Values sharing the same subscript were significantly different based on the standardized residuals in the crosstabulation.

¹ The remaining percentage of cases responded "Do not know."* $p < .05$.** $p < .01$.*** $p < .001$.

metropolitan communities had received training on human trafficking (in general) compared to professionals in rural and micropolitan regions.

Experience Working With Victims of STM/CSEC

Significantly fewer professionals working in micropolitan communities (29.8%) had experience working with victims of STM compared to respondents who worked in the other settings: rural (46.3%), metropolitan (54.7%), and all three communities (58.6%; $\chi^2 (3, N = 289) = 10.224, p < .05$).

Among the individuals who had worked with definite or suspected victims of STM ($n = 143$), the mean number of victims professionals had contact with did not differ by community type (see Table 2). The mean percentages of victims with different characteristics that respondents worked with are presented in Table 2. Respondents working in micropolitan

Table 2Among respondents who had worked with victims of STM ($n = 142$), characteristics of the victims and vulnerability factors as reported by professionals.

	Rural (n = 25)	Micropolitan (n = 14)	Metropolitan (n = 86)	All three types of community (n = 17)
Mean number of victims worked with ¹	24.4 (51.2)	9.0 (19.3)	19.0 (30.0)	16.2 (18.2)
Mean percentage of victims who were ¹				
Female [*]	82.2 (26.5)	62.3 (45.2)	79.3 (26.0)	60.4 (39.0)
Male ^{**}	17.8 (26.5)	37.7 (45.2) _a	17.1 (23.0) _a	39.6 (39.0)
U.S. citizens/permanent residents	98.4 (4.4)	96.6 (9.5)	88.8 (23.0)	95.1 (11.5)
Foreign born	1.5 (4.4)	3.4 (3.4)	7.5 (17.2)	4.9 (11.5)
Recruited into commercial sex in the state	84.2 (33.8)	96.3 (9.9)	71.6 (37.3)	84.4 (29.5)
Residing in the state when trafficked	96.7 (12.7)	97.4 (9.2)	90.1 (23.5)	94.9 (18.5)
Trafficked in non-metropolitan communities ^{***}	87.2 (25.7) _a	84.2 (33.0) _b	42.0 (41.8) _{a, b}	63.7 (39.1)
Exploited in prostitution	77.9 (34.1)	84.7 (33.6)	73.7 (32.4)	71.8 (37.0)
Exploited in pornography	21.7 (26.5)	42.7 (46.7)	23.9 (31.9)	25.9 (39.6)
Exploited in strip dancing	9.0 (24.6)	4.7 (7.4)	11.1 (16.8)	9.2 (20.9)
Vulnerability factors ²				
Compromised parenting or unstable home/family	56.0%	64.3%	65.1%	58.8%
Material need	44.0%	42.9%	44.2%	35.3%
Substance use/misuse (including parents' or child's)	36.0%	28.6%	31.4%	29.4%
Developmental issues	28.0%	28.6%	29.1%	23.5%
Victim's mental health or feelings about self	28.0%	14.3%	24.4%	29.4%
Victim's history of abuse or neglect	16.0%	14.3%	20.9%	17.6%

a, b—Values sharing the same subscript were significantly different based on the standardized residuals in the crosstabulation.

¹ Statistical significance tested with one-way ANOVA.² Statistical significance tested with chi square test of independence.* $p < .05$.** $p < .01$.*** $p < .001$.

Table 3Among respondents who had worked with victims of STM ($n = 142$), characteristics of the trafficking situation as reported by professionals.

	Rural ($n = 25$)	Micropolitan ($n = 14$)	Metropolitan ($n = 86$)	All three types of community ($n = 17$)
Relationship of trafficker-victim (in the three most recent cases) ¹				
Family member	60.0%	50.0%	61.6%	82.4%
Intimate partner	20.0%	14.3%	34.9%	17.6%
Stranger	16.0%	7.1%	18.6%	17.6%
Partner of parent	12.0%	21.4%	12.8%	5.9%
Other known person (e.g., friend, drug dealer)	44.0%	28.6%	24.4%	23.5%
How the trafficker maintained control over the victim ¹				
Force or coercion	48.0%	64.3%	66.3%	64.7%
Fraud (inc. trafficker made promises to victim)	16.0%	14.3%	34.9%	41.2%
Alcohol or drugs	40.0%	28.6%	22.1%	23.5%
Victim dependent on trafficker	16.0%	14.3%	22.1%	35.3%
Strong bond between victim and trafficker				
Yes ^{**}	68.0%	28.6% _a	77.9% _a	76.5%
Victim was transported from home/residence to site of commercial sex				
Yes	56.0%	58.3%	60.9%	58.8%
Victim was transported to different communities				
Yes	28.0%	8.3%	36.8%	41.2%
Internet-facilitated trafficking activities				
Yes	52.0%	41.7%	46.0%	29.4%
Trafficking was gang-affiliated				
Yes	12.0%	25.0%	24.1%	29.4%

a—Values sharing the same subscript were significantly different based on the standardized residuals in the crosstabulation.

¹ Statistical significance tested with chi square test of independence.^{**} $p < .01$.

communities reported working with a higher mean percentage of male victims. The vast majority of victims were U.S. citizens/permanent residents, recruited in the state, and living in the state when they were trafficked. Because professionals may work in communities other than those where the victims they encountered were trafficked, respondents were asked to estimate the number of victims with whom they worked who were trafficked in non-metropolitan areas (see Table 2). The mean percentage of victims trafficked in non-metropolitan communities was significantly higher for respondents working in rural regions (87.2%) versus metropolitan-based respondents (42.0%). The mean percentages of victims who were exploited in different types of commercial sex show that most were exploited in prostitution, with a smaller percentage exploited in pornography. Exploitation in strip dancing was reported for even smaller numbers of victims, with mean percentages ranging from 4.7% for respondents in micropolitan communities to 11.1% for those working in metropolitan areas.

Respondents' answers to an open-ended question about factors that may have contributed to victims' vulnerability to being trafficked were coded into themes (see Table 2). The most commonly mentioned vulnerability factor for all four groups mentioned compromised parenting or lack of stability in the home. The next most commonly mentioned factors were material need, developmental issues, substance use (including the victim's or the victim's caregivers), victim's mental health or feelings about himself/herself, and history of abuse or neglect. Included in the category of compromised parenting or unstable home were responses such as "lack of parental supervision," "chaos in family life," and "lack of support from family." To be included in the history of abuse or neglect category, responses had to specifically name abuse, neglect, or being in foster care; thus, this is likely a conservative estimate. There were no statistically significant differences in these responses by type of community in which respondents worked.

Respondents' answers to an open-ended question about the trafficker-victim relationship for the three most recent victims with whom the respondent worked were coded into categories. The largest category in all four groups of respondents was family member (e.g., parent, grandparent, aunt, uncle, sibling, cousin), followed by other known persons (e.g., pimp that did not act as a boyfriend, coach, family friend, drug dealer), and intimate partner (see Table 3). Trafficker-victim relationships of stranger and partner of parent (e.g., step-parent, boy/girlfriend of parent) were mentioned by smaller percentages of respondents. There were no statistically significant differences in trafficker-victim relationships by type of community in which respondents worked. Thus, in the three most recent cases of STM with which the respondents worked, most traffickers were known to the victim before the trafficking occurred. When asked to discuss the bond between victims and traffickers, the majority of respondents in three of the four community groups stated there was a strong bond (see Table 3). Descriptions of the bond between victims and traffickers included familial bonds, romantic relationships, and a mixture of attachment and fear. For example, respondents described the complexity of the bonds, "The victim trusted the trafficker. [They had] a multidimensional relationship, not just a trafficking relationship, but also a family relationship," "Typical bond you see with sexually abused kids: fear, shame, don't want to turn in [the trafficker], fear of losing everything. In their [the victim's] mind, the victim carries a lot of responsibility," and "Love/hate relationship. The victim was taught to trust the trafficker will take care of them. The child has to ask themselves, 'Is it worth it to have this happen to feel safe in other ways?'"

Table 3 presents the most commonly occurring themes that were found in response to an open-ended question about how the trafficker maintained control over the victim. There were no significant differences in these themes by community type. The most common method of control mentioned was the trafficker's use of force or coercion. Respondent quotes that fit into this theme included: "Physical abuse, physical force," "Threats like 'No one will believe you. You will get in trouble. I will kill your mom,'" "Threats, fear of being homeless and without food," and "Instilled fear in the victim." The next most predominate themes were the trafficker's use of fraud and the use of alcohol or drugs. The use of fraud included making promises to victims and/or misrepresenting their relationship or their feelings for the victim, such as "Promises that things will get better" and "Promises of love and promises to take care of and meet their needs," "Withdrawal of love and affection if child does not comply." Traffickers also introduced victims to drug use and provided victims with drugs to coerce them into commercial sex; for example, "Got her hooked on drugs," "Threatened to take away drugs," and "Kept her addicted. The drug dealer was also the trafficker." A smaller percentage of respondents in each community type mentioned that the trafficker (who was also the parent) achieved control over the youth by exploiting the familial bond and capitalizing on the child's dependency on them for food, shelter, and survival.

Over half of respondents (59.6%, $n = 84$) described how victims were transported from their residence (including temporary housing like hotel rooms) to locations where commercial sex occurred (see **Table 3**). Three-fifths of these respondents (62.7%) mentioned the traffickers transported victims at least some of the time (not depicted in a table). Smaller percentages of respondents mentioned that other persons transported victims (23.8%, $n = 20$), or victims used public transportation (8.3%, $n = 7$). A minority of respondents reported that victims were transported between different regions (33.3% overall, $n = 47$), with no statistically significant difference by community type. Respondents described traffickers moving victims frequently from city to city and from state to state and not staying long in one place. A small number ($n = 6$) mentioned traffickers transporting victims between truck or rest stops where commercial sex occurred.

Overall, 44.7% of respondents stated that at least one of the traffickers of the victims with whom they had worked had used the Internet to facilitate commercial sex activities, with no difference by community type (see **Table 3**). Specifically, respondents stated that traffickers used the Internet to recruit victims, advertise commercial sex, make arrangements with customers for commercial sex, and distribute pornography.

Overall, 22.7% of respondents stated that at least one of the victims with whom they worked had been trafficked by a gang. Even though the percentage of rural respondents who stated a victim was trafficked by a gang was lower than the percentage of respondents in micropolitan or rural communities, this difference was not statistically significant.

Discussion

Sex trafficking of minors occurs across all geographic regions of a largely rural state in a variety of communities, including metropolitan, micropolitan, and rural communities. Because most of the literature on STM has focused on metropolitan communities, it is unknown how much of existing knowledge of trafficking situations, victims, and traffickers applies in smaller communities. This study's findings contribute to this gap in the research literature. This study cannot provide epidemiological data on the prevalence of STM; nonetheless, survey data from professionals who work with at-risk youth and crime victims or offenders shows that about half of the professionals had direct experience working with definite or suspected victims of STM. For the most part, professionals in metropolitan, micropolitan, and rural communities described similar trafficking situations for the youth with whom they had worked. The finding of similarity in vulnerability factors, tactics used by traffickers, victim-trafficker relationships, and traffickers' use of the Internet to facilitate commercial sex by community type indicates that many aspects of STM may not be community-dependent and are easily transferred to a variety of communities. Even though fewer cases of STM may occur in non-metropolitan communities, study findings indicate that STM does occur in these communities and professionals in these communities have lower awareness, training, and likely have less experience working on STM cases. Further, most of the infrastructure in place for responding to STM exists in metropolitan communities (IOM, 2013). Greater investment in training and resource building is needed in non-metropolitan communities to increase awareness and identification of STM and to improve system responses.

Contrary to a common perception by lay persons and service providers that the typical human trafficking victim is foreign born (Clawson & Dutch, 2008; Small et al., 2008), the majority of STM victims that professionals in this study had worked with were U.S. citizens/permanent residents and were recruited from and living in the state where the respondent worked. Continued education and training is needed to counter common misperceptions about STM (IOM, 2013).

Also, contrary to what may be expected, the type of victim-trafficker relationship reported by the greatest number of professionals for at least one of the three most recent victims with whom professionals had worked was familial (62.7%), with 45.8% reporting a trafficker was a parent or guardian. In a national study of 10 field assessments in the United States, Smith et al. (2009) found that although at least some service providers from all 10 sites mentioned cases in which parents or guardians trafficked children, many other service providers do not perceive of parents facilitating sex exchanges with their children as sex trafficking, even though it fits the legal definition of sex trafficking. Awareness and early identification of familial participation in STM is necessary to activate the appropriate child welfare remedies that may be in place to address this type of child maltreatment. Some states have recently enacted laws to give child welfare agencies statutory authority over all cases of suspected STM, mandating child welfare agencies to investigate STM cases and provide appropriate services to victims, regardless of the victim-trafficker relationship (IOM, 2013), including in the state where this study was conducted (at the end of data collection) (Human Trafficking Victim Rights Act, Kentucky Revised Statutes, 529.120). Because this is a

considerable shift in how child welfare agencies operate (i.e., having responsibility for STM cases when the trafficker is not a parent/caregiver), extensive planning, education, and training are needed pre-implementation to prepare child welfare workers for this shift in responsibility, and to evaluate the effectiveness of this approach post-implementation.

It is also important to note that only 16.9% of professionals reported that at least one of the three most recent victims with whom they had recently worked were trafficked by a stranger. All the other victim-trafficker relationships were known persons including relatives, intimate partners, acquaintances/friends, and partners of parents. The fact that the majority of traffickers are known to the youth prior to STM means that opportunities for detection and intervention exist if professionals can identify signs of grooming behavior in potential traffickers, and determine youth most vulnerable to sexual exploitation to target for prevention education and interventions.

Professionals were able to provide valuable information on how traffickers recruited victims into commercial sex and carry out the trafficking activities. Many of the same push factors that have been found in global studies of human trafficking and in studies of STM in the United States were mentioned by professionals who had worked with youth victims of sex trafficking in this study: poverty, prior victimization, and disintegration of families due to poverty, substance abuse, homelessness, and parental illness, death, or abandonment (Nixon, Tutty, Downe, Gorkoff, & Ursel, 2002; Raphael & Shapiro, 2002; Smith et al., 2009; Stanojoska & Blagojce, 2012).

Professionals' explanations of factors that make youth vulnerable to trafficking and descriptions of how traffickers exploit youth highlight the importance of traffickers' exerting control over youth through intimidation, threats, violence, as well as exploiting children's emotional and physical dependence on adults. Children are vulnerable to exploitation simply by being children; they are still developing cognitively, emotionally, socially, and physically. Even in the absence of explicit threats and violence, children are less likely than adults, who are more mature and have more experience to understand that the positive social interactions, promises, and material security traffickers provide them are, in actuality, part and parcel of the coercion and manipulation tactics traffickers use to control them. In a study of 113 commercially sexually exploited youth, fewer than half of the victims recognized the trafficker was not operating in their best interest (Basson, Rosenblatt, & Haley, 2012). The finding that the majority of professionals stated victims had a strong bond to their traffickers further underscores the role of emotional manipulation and psychological coercion that traffickers use to exploit children. As other researchers and practitioners have noted, the bond and attachment many victims have with their traffickers substantially complicates victims' efforts to extricate themselves from the situation, even when assistance is provided by support persons or community agencies (Lloyd, 2011; Smith et al., 2009). The developmental injuries imposed by exploitation in commercial sex in childhood or adolescence can create a barrier to effective therapeutic engagement. Effective treatment of trauma occurs in the context of a trusting interpersonal relationship with a qualified professional (Herman, 1997). Treatment goals must target these issues of trust, intimacy, and safety, while service environments must offer refuge from exploitive, unsafe conditions if recovery is to occur. Infusing a trauma-informed perspective into service systems most likely to come into contact with youth who have been sexually exploited would be an important step toward creating a safe harbor for recovery.

Because of the anonymity and reach afforded by the Internet and the speed with which information can be updated for example, as traffickers move victims through different communities, the Internet has become an important component of the STM operation (Latonero, 2011). Between 41.7% and 52.0% of professionals in the different community types reported that at least one of the traffickers used the Internet to facilitate their commercial sexual exploitation of children. Law enforcement, prosecutors, and service providers need to increase their capabilities to detect and uncover the use of the Internet in their investigations of sex trafficking of minors. The amount of information posted daily online about commercial sex services is too great for investigators to manually click through classified ads. Some promising data mining techniques have been used to narrow the pool of online ads, which when combined with investigator expertise can detect Internet-facilitated human trafficking (Latonero, 2011).

Although there were many similarities found in trafficking situations across the different types of communities, some expected differences were found. First, as expected, more professionals in metropolitan communities perceived CSEC as being a fairly or very serious problem in the state overall. Consistent with other studies, more professionals in metropolitan communities had received training on human trafficking and reported they were familiar with the state and federal laws on human trafficking (Newton et al., 2008). Significantly more professionals in metropolitan communities reported they had worked with a suspected or definite victim of STM compared to professionals in micropolitan communities. Awareness, identification, and interventions for many social problems often begins in metropolitan communities because these communities may have larger absolute numbers of affected persons to draw attention to the problem, and greater resources including philanthropy, which can be mobilized to address the problem (Fisher & Weber, 2002). It is also possible that commercial sexual exploitation of children or STM may be a problem that had its beginnings in metropolitan areas and has begun to spread to smaller communities as traffickers adapt to heightened community efforts to identify and hold offenders accountable in metropolitan communities.

Implications

There is a great need for continued education and training to raise public and professionals' awareness and to improve professionals' knowledge and capabilities to respond effectively to minors trafficked in commercial sex, in all communities, but in particular in non-metropolitan communities where professionals have lower awareness and knowledge of STM, but where STM was occurring. This training should include points of entry into commercial sex for children and youth, and

indicators of involvement that might be detectable by different service systems. Continual staff turnover in agencies means that training must be repeated and ideally integrated into program training curricula (Piening & Cross, 2012). Even in agencies where workers are trained to recognize, identify, and respond to STM, there were still serious deficiencies in identifying and appropriately intervening with victims (Hines & Hochman, 2012). For example, because the majority of STM victims are females, service providers may overlook the need to screen for STM among males. In the current study, about 1 in 5 victims professionals had worked with was male. Less is known about male victims of STM. Male victims may be even less likely than female victims to disclose their exploitation in commercial sex, and individuals may be less likely to perceive of males as victims of sex trafficking than females in the same situation (Friedman, 2013). A greater understanding of the needs of boys is needed to modify and develop services for male youth exploited in commercial sex.

Before trafficked youth can receive appropriate services they must be identified as victims of commercial sexual exploitation or sex trafficking. Screening for exploitation in commercial sex among clients in behavioral health care, juvenile court and detention facilities, and agencies that work with at-risk youth in metropolitan and non-metropolitan communities is needed. Increasingly, there is a call for providers who work with at-risk youth to screen for trauma histories (Buffington, Dierkhising, & Marsh, 2010). Providers may believe that using a trauma inventory such as the Traumatic Events Screening Inventory (Ippen et al., 2002) will detect a child's exploitation in commercial sex. However, youth may not disclose involvement in commercial sex because they may not perceive their involvement in commercial sex as fitting within the items that assess sexually exploitive experiences. Questions that specifically tap into trafficking or exploitation in commercial sex need to be incorporated into current screening protocols (e.g. Child Welfare Trauma Referral Tool). Loyola's Center for the Human Rights of Children and the International Organization for Adolescents (IOFA) have published a more comprehensive as well as a rapid screening tool for child trafficking (Loyola's Center for the Human Rights for Children, 2011). Along with screening for STM, community agencies need to keep accurate recordkeeping systems to document cases of human trafficking in general and STM in particular to gain a better understanding of the extent of human trafficking in a variety of communities (Newton et al., 2008). Relying on national data to estimate the prevalence of STM may not give an accurate picture of STM in various regions and communities.

Because of the trauma exposure youth experience while being trafficked and because so many trafficked youth have extensive trauma histories before they are trafficked, training in trauma-informed care is needed for professionals who are most likely to encounter at-risk youth and crime victims, including court personnel, child-welfare professionals and juvenile justice personnel. Existing practices in systems of care may exacerbate trauma symptomatology. For example, in juvenile justice facilities, the loss of privacy, the use of seclusion and restraints, and verbal and physical aggression may be perceived as triggers or re-enactments of previous sexual trauma (Harris & Fallot, 2001). Youth who are having these experiences, even while in treatment, may remain symptomatic and struggle with emotional and behavioral stability (Cicchetti, Rogosch, Sturge-Apple, & Toth, 2010). Thus, personnel with training in trauma-informed care will be better equipped to assess for trauma histories and to make accommodations to trauma-exposed youth to minimize triggers to traumatic stress (Buffington et al., 2010).

The commercial sexual exploitation of children is a complex problem that cannot be solved solely by any one discipline, service sector, or area of practice (IOM, 2013). Future research is needed to determine how children and youth exploited in commercial sex activities interact with and respond to professional groups, and the degree to which professionals can collaborate to develop information sharing platforms, and best practice guidelines to inform identification and intervention efforts. Moreover, not all of the solutions that metropolitan communities develop for identifying and intervening with STM victims will translate well to non-metropolitan communities. For example, it is unlikely that non-metropolitan communities with fewer identified victims of sex trafficking than metropolitan communities will have the funding or resources to establish residential facilities specific for STM victims, which is currently viewed as the best practice (Clawson & Grace, 2007; Smith et al., 2009). Systems of care should explore alternatives such as partitioning off of areas of juvenile detention centers or group homes, or developing specialized foster homes with caregivers with training specific to caring for youth who have been commercially sexually exploited (Basson et al., 2012). Furthermore, community-based service provision that allows clinicians and staff flexibility in where they provide services may facilitate the intense and lengthy treatment that many youth require (Basson et al., 2012). More research is needed to assess communities' capacities to develop appropriate services and to evaluate these interventions.

Study Limitations

Study findings must be considered within the context of its limitations. First, the method does not allow us to make an estimate of the number of victims of STM. An epidemiological understanding of the scope of the problem is needed, but for many reasons is very difficult to obtain. Sex trafficking of minors is hidden and highly mobile. Yet, the study findings show that STM may be a larger problem in non-metropolitan communities than the public and many service providers assume.

Second, data on the age and race of victims was not systematically collected. Asking professionals who had worked with STM victims to give the ages and race of each victim would have been onerous and time-consuming. To reduce participant burden we did not ask for this level of detail. However, more information on the age ranges and races of victims would be helpful in informing screening and intervention protocols.

Third, child welfare services and law enforcement agencies are key agencies to include in understanding systematic responses to commercially sexually exploited youth. However, the recruiting method for child welfare workers permitted

by the agency—advertisement of the study along with contact information on an agency email broadcast—resulted in only a few surveys completed with child welfare workers. Implementation of safe harbor laws in some states have resulted in greater responsibility by child welfare for the assessment, treatment, housing and services to youth who are trafficked in commercial sex, even when the trafficker is not a caregiver to the child. Some states have noted serious deficiencies in child welfare's capacity to effectively respond to sex trafficking of minors (Hines & Hochman, 2012; Smith et al., 2009). Thus, careful consideration of how to increase child welfare's ability to assess, treat, and refer trafficked youth for needed services is needed. Recruiting a purposive sample of law enforcement officers would have required securing permission from the administrators in numerous law enforcement agencies to contact officers, which was prohibitively time consuming. Nonetheless, law enforcement officers with more experience working HT cases were included in the sampling frame when they were contacts in the local human trafficking task forces and when they were included in the snowball sampling frame by other respondents.

Fourth, as one would expect, there were gaps in professionals' knowledge of how victims were trafficked. Future research that includes victims' perspectives on sex trafficking is critical to understanding how traffickers recruit and traffic victims in commercial sex as well as to evaluate systems' responses to victims.

Conclusion

In their report on commercial sexual exploitation and sex trafficking of minors in the United States, the IOM (2013) states “a nation that is unaware of these problems or disengaged from solutions unwittingly contributes to the ongoing abuse of minors” (p. 4). This research is an important first step in identifying the ways that children and youth are trafficked in metropolitan, micropolitan and rural communities, along with professionals' awareness of the problem, and existing programs and policies for identifying and responding to STM. Ongoing research in this area is needed to bring awareness of this victimization that often occurs at the margins of society into mainstream discussions about violence against children in the United States.

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