Evaluation of the CSEC Community Intervention Project (CCIP) in Five U.S. Cities

Kristin M. Ferguson,[1] Haluk Soydan,[1] Sei-Young Lee,[1] Alisa Yamanaka,[2] Adam S. Freer,[3] and Bin Xie[4]

Abstract

In response to the commercial sexual exploitation of children (CSEC) within five U.S. cities, the CSEC Community Intervention Project (CCIP) was created to enhance collaboration among nongovernmental organization (NGO) representatives, law enforcement officials and prosecutors in Chicago, Atlantic City, Denver, Washington, D.C., and San Diego. A total of 211 participants were surveyed during a 3-day CCIP training institute held in each city. Evaluation data suggest that participants were positively influenced in their knowledge, skills, and attitudes regarding CSEC. Our findings inform NGO representatives, law enforcement officials, and prosecutors of

[1]School of Social Work, University of Southern California, Los Angeles, California.
[2]Coalition to Abolish Slavery and Trafficking, Los Angeles, California.
[3]The Salvation Army, Western U.S. Territorial Headquarters, Long Beach, California.
[4]School of Community and Global Health, Claremont Graduate University, Claremont, California.

Corresponding Author:
Kristin M. Ferguson, School of Social Work, University of Southern California, 669 West 34th Street, Los Angeles, CA 90089. E-mail: kmfergus@usc.edu

the importance of professional training and the benefits of cross-disciplinary collaboration in addressing CSEC.

Keywords
commercial sexual exploitation of children (CSEC), evaluation, training, nongovernmental organization (NGO), law enforcement officials

Introduction

Child sexual exploitation has emerged as a significant social problem at the local, national, and international levels (Estes and Weiner 2001; Kara 2009). Among the most destructive ways in which children are sexually exploited is through the *commercial sexual exploitation of children* (CSEC). Other virulent forms include child pornography and molestation, juvenile prostitution, and child sexual trafficking (see Estes, 2001 for a review). Estimates of child exploitation suggest that as many as 100,000 unaccompanied children are apprehended at the U.S. borders each year (Goździak and MacDonnell 2007). Estes and Weiner (2001) report that there are at least 300,000 children at risk of sexual exploitation every year. Fluctuating numbers can affect the allocation and availability of resources at the local level to prevent CSEC, protect and serve victims, and prosecute exploiters of this crime (Clawson, Small, and Myles 2004).

CSEC is defined as "the sexual exploitation of children entirely, or at least primarily, for financial or other economic reasons. The economic exchanges involved may be either *monetary* or *nonmonetary* (i.e., for food, shelter, drugs) but, in every case, involve maximum benefits to the exploiter and an abrogation of the basic rights, dignity, autonomy, physical and mental well-being of the children involved" (Estes and Weiner 2001, 10). CSEC victims are often held in captivity and forced into prostitution, where incidents of rape, horrific living conditions, starvation, and bondage occur (Roby 2005). They may experience psychological torture, emotional abuse, and physical and sexual violence (Raymond and Hughes 2001). On escape, they experience myriad immediate needs that require sensitive and well-planned coordination among trained service and health care providers, law enforcement officials and attorneys (Roby 2005).

After rescue, CSEC victims often experience physical and psychological trauma symptoms resulting from their experiences. They may have critical health needs and suffer from anxiety disorders and depression due to the beatings, torture, and rape they endured in captivity (Raymond and Hughes

2001; Roby 2005). Additionally, victims often suffer from trauma symptoms, which can result in changing or shifting stories related to their sexual exploitation (Herman 1997). Local law enforcement officials and other service providers who have not been trained may perceive this behavior as noncooperative, untruthful, or manipulative on the part of the victims. Furthermore, service needs often shift with the passage of time. Victims may have health and safety concerns initially, which require immediate attention; yet over time, their needs frequently shift to include mental health concerns, such as depression (Sullivan and Wodarski 2006). In the absence of trained professionals who adopt victim-centered and culturally appropriate interventions that recognize and treat mental health symptoms, secondary victimization can occur within the social service and criminal justice systems. Such approaches recognize that victims have been physically and psychologically coerced and that service barriers persist after rescue (California Alliance to Combat Trafficking and Slavery Task Force [CA ACTS] 2007). Creating access to trained service providers is paramount in helping victims establish trust in professionals as they work through their rehabilitation and societal reintegration.

Assistance is also needed for CSEC victims in navigating the social service and justice systems, understanding their rights, and obtaining benefits for which they are eligible. Victims frequently have multiple immediate needs after rescue, including comprehensive social services, health and mental health care, job training, and in particular, safe and stable shelter. CSEC survivors have often been traumatized and the uncertainty of where they are going to live exacerbates anxiety and creates increased vulnerability to being revictimized. A 2006 report reviewing the progress of the U.S. governmental and nongovernmental organizations (NGOs) toward eliminating CSEC found that fewer than 20% of the organizations were able to provide shelter to exploited children (Shared Hope International, ECPAT-USA, & the Protection Project of the Johns Hopkins University School of Advanced International Studies 2006). There were very few facilities that provided secure shelter, in particular, for CSEC victims. In many states, child protective service agencies lack an existing policy on accepting sexually exploited children into shelters. Similarly, in a 2007 California report, only 20% of service providers for exploited children reported providing physical shelter to this vulnerable population (CA ACTS 2007).

Providers are best able to meet the complex and interrelated needs of CSEC victims through a network of social workers, physicians, mental health specialists, law enforcement officials, and attorneys. Assisting CSEC victims through a victim-centered approach has been shown to work most

efficiently through coordination among NGO representatives, law enforcement officials and prosecutors (CA ACTS 2007). However, differences among professions in their codes of ethics, roles, legal responsibilities, and proximity to victims and perpetrators can complicate collaborative efforts. A promising model that has been replicated in several U.S. cities entails creating public–private partnership task forces to respond to CSEC at the local level (CA ACTS 2007). One example of this is the CSEC Community Intervention Project (CCIP), a five-city initiative in Chicago, Atlantic City, Denver, Washington, D.C., and San Diego, which is designed to promote collaborative efforts among NGO representatives, law enforcement officials, and prosecutors in preventing CSEC, identifying and protecting victims, and prosecuting exploiters. The purpose of this article is to present quantitative and qualitative evaluation data from five CCIP training institutes held from September 2007 to February 2008, with 230 NGO representatives, law enforcement officials and prosecutors working in citywide anti-CSEC efforts across five U.S. cities.

Overview of CCIP

From 2006 to 2008, the CCIP sought to train NGO representatives, law enforcement officials and prosecutors in five U.S. cities on CSEC-related issues and to build the capacity of local officials working to eliminate CSEC. A total of 230 participants from Chicago ($n = 54$), Atlantic City ($n = 40$), Denver ($n = 42$), Washington, D.C. ($n = 40$), and San Diego ($n = 54$) attended a 3-day CCIP training institute in each city. Following attendance at the institutes, participants returned to their respective agencies to conduct community-based CSEC trainings for their colleagues and local community members as well as to develop and implement a CSEC community response plan in each city.

Through the CCIP institutes, participants were expected to increase their understanding of CSEC and its effects on victims as well as to acquire profession-specific skills for working with victims. Adopting a train-the-trainer model, the institutes also provided participants with the skills to replicate the training modules in their own agencies and communities. Pre- and posttests were used to assess the institutes' impact. Pretests were administered at the beginning of the 3-day training whereas the posttests were collected at the end of the training before participants returned to their respective cities. Evaluation data allowed us to (a) measure subject comprehension by training module and mastery of goals, (b) determine the achievement of measurable objectives for each module, and (c) provide ongoing

feedback to trainers regarding participant knowledge/skill levels and suggestions from earlier trainings to improve subsequent institutes.

Methods

Site Selection

Convenience sampling was used to select five U.S. cities for the CCIP: Atlantic City, NJ; Chicago, IL; Denver, CO; San Diego, CA; and Washington, D.C. Two selection criteria were adopted to identify the participating sites. First, the city had to have an identified CSEC problem according to local anecdotal evidence. Second, city residents had to have already begun a CSEC response (e.g., through a local task force) or indicated readiness to respond. Agencies from the five selected cities also had a previous working relationship with the principal investigator (PI). In each city, the PI selected one social service agency based on its previous track record working with CSEC to coordinate efforts. This agency was subcontracted to partner with the CCIP. Within each host agency, one or two site coordinators were either named or hired through the project to oversee the coordination of the local efforts.

Sampling Procedures

Convenience sampling was used to select 230 participants from Chicago ($n = 54$), Atlantic City ($n = 40$), Denver ($n = 42$), Washington, D.C. ($n = 40$), and San Diego ($n = 54$) to participate in the CCIP training institutes. In each city, the site coordinators selected prosecutors, law enforcement officials and NGO representatives who were involved in the city's anti-CSEC efforts. Project funding enabled a total of 40–50 participants in each city to attend the training.

Project Phases

The evaluation of the CCIP was conducted in two phases. In Phase I (*curriculum development*), a well-known CSEC survivor-led NGO was contracted to develop and implement the training curriculum of CCIP institute. The following nine training modules were developed by the contracted agency, with input from a multidisciplinary team of experts (technical working group): (1) what is CSEC?, (2) pathways and precursors to CSEC, (3) understanding the impact of CSEC, (4) victim identification and engagement, (5) effective service delivery to CSEC victims, (6) investigating

CSEC cases and interviewing victims, (7) working with CSEC cases, (8) medical and mental health care of CSEC victims, and (9) systemic and collaborative intervention. Modules 1 through 4, and 9 provided general CSEC knowledge, whereas Modules 5 through 8 were designed for specific professions. Each module was created for a 90-min session. To design the curriculum, Bloom's (1956) taxonomy of three domains of educational objectives (i.e., knowledge, skills, and attitudes) was used to increase the likelihood of comprehension and application of the information and skills taught. This taxonomy of how individuals learn is commonly used to guide the educational or learning outcomes of a particular educational session or training. That is, after the session, the learners should have increase in their knowledge, skills, and attitudes as a result of the educational content disseminated in the session (Bloom 1956; Simpson 1972; Krathwohl, Bloom, and Masia 1973). During this phase, the evaluators created all assessment instruments from the training module's learning objectives (described below in the Measures section).

During Phase II (CCIP training institutes), roughly 50 NGO representatives, law enforcement officials and prosecutors were selected in each city to attend a 3-day CCIP institute. Two employees from the contracted agency who developed the training curriculum (i.e., facilitators) delivered all modules at each of the five training institutes. Because the curriculum developers also delivered the trainings, there was consistency in the delivery of content across sites and minimal site-related bias introduced into the trainings. The institute facilitators used a variety of training techniques, such as handouts, guest speakers, videos, role-plays and mock interviewing, interprofessional collaboration on case studies, and personal action plans. Given that the institute participants were adults with varying levels of experience working in anti-CSEC efforts, the facilitators used an andragogical model of adult learning. An andragogical model of learning is a model tailored specifically for adults and is different from pedagogical models of children's learning (Knowles 1980). This model enabled the institute participants to direct their own learning process, to incorporate their own life experiences into the training sessions, and to apply their acquired skills to address a social need (Darkenwald and Merriam 1982). All participants attended the four general CSEC modules (Modules 1–4). In addition, NGO representatives attended Modules 5 and 8, whereas law enforcement officials and prosecutors attended Modules 6 and 7. Due to time constraints, Module 9 was discontinued after the first institute and is thus not included in this evaluation. The five CCIP training institutes were held between September 2007 and February 2008.

Measures

For each of the nine training modules, the evaluation team developed the pre- and posttest instruments using the identified learning objectives and curriculum content (learning objectives included in Tables 1–8 in the Results section). The evaluation team originally created pre- and posttest instruments that included 8–10 questions per module. These questions were circulated among the CCIP project director, training facilitators, and site coordinators for review. The team discussed the proposed questions during several conference calls prior to initiating the training institutes. In an effort to keep the evaluation instruments brief, the pre-/posttests were finalized with four questions for each module (except for Module 8, which had three questions). Values on all pre-/posttest questions ranged from 1 to 5, with 1 = *not at all*, 2 = *somewhat*, 3 = *average*, 4 = *above average*, and 5 = *very much*. Items in our 5-category Likert-type scale are ordinal in nature, yet are treated as continuous variables in our analyses. Responses to several items using the same Likert scale can be approximated to interval-level data because Likert scaling assumes that each ordinal item has an underlying (or latent or natural) continuous variable whose value reflects the participants' attitudes and opinions (Clason and Dormody 1994). Findings from a recent study also indicate that data obtained from 5-point, 7-point, and 10-point Likert scales are approximately comparable in terms of mean score (once rescaled) and various measures of variation and data shape (Dawes 2008). In addition to quantitative measures, various qualitative questions were included in the posttest instruments to enable participants to identify the key points learned in each module and to offer suggestions on how the modules could be improved.

Data Collection and Analysis

Study procedures were approved by the Institutional Review Board at the lead evaluator's university. To assess the impact of the CCIP institutes, participants' knowledge, skills, and attitudes regarding CSEC-related issues were measured before the institute (pretest) and after the completion of each module (posttest). Some of the modules were offered to all CCIP participants, whereas others were tailored for specific professions (e.g., health/mental health providers, law enforcement officials, prosecutors) and offered to those groups. At each institute, participants completed a pretest at the beginning of the overall training, followed by a posttest after each module they attended. An overall training effectiveness survey was administered at

the end of the 3-day institute. The data-collection process was overseen by the CCIP director, who attended all five institutes, and the respective site coordinator in each city.

Descriptive analyses, including frequency distributions, means, standard deviations, and ranges, were used to identify variable characteristics. Cronbach's α was computed for the survey items for each of the eight modules. Both pre- and posttest αs are reported because they reflect the internal consistency of the module questions measured at two different time points. Mean change scores between pre- and posttraining measurements were computed for each participant and question. We first computed the difference in score by individual between the pre- and posttest and then computed the average for each score. Data were initially compared across cities and professions and subsequently aggregated. Because the change score does not take into consideration the pretest values, we ran an additional level of analyses using linear regression models to control the pretest values. In each model, participants' pretest score for each item served as the predictor variable and the change score for the corresponding item was the outcome variable. For each of the eight modules and their respective items, we tested whether the model intercept was equal to 0. A p value of $<.05$ for the intercept term of the linear regression model was interpreted as a significant improvement in participants' learning from pre- to posttest on that item with adjustment of the pretest score.

Participants

Roughly 50 participants from NGOs, law enforcement agencies, and prosecution offices in each city were invited to attend the CCIP Training institutes. In Chicago, 54 participants attended; in Atlantic City, 40 attended; in Denver, 42 attended; in Washington, D.C., 40 attended; and in San Diego, 54 attended. Among the 230 attendees, 211 participants completed the pre- and posttest surveys for a response rate of 92%. Among those individuals surveyed, 74 reported their professional affiliation as social service providers (health and mental health), 27 identified as law enforcement officials, and 2 identified as attorneys. Additionally, four people identified as students, one as U.S. army officer, one as a fire marshal, and one as retired. The remaining 101 participants did not specify their professional affiliation. Because the aim of this study does not include analysis of outcomes by professional affiliation, we do not anticipate any deficit caused by missing data on professional affiliation among these 101 respondents. No additional

Table 1. Module 1: What is CSEC?

Learning Objectives	Pretest Mean (SD)	Pretest Range	Posttest Mean (SD)	Posttest Range	Mean Change (SD)	Mean Change Range	p*
• Dispel commonly held beliefs/stereotypes promoting CSEC • Define terms needed to discuss and understand CSEC • Frame CSEC issues in a regional context • Understand local scope and forms of CSEC • Increase CSEC awareness using victim-centered lens							
How familiar are you with the definition of commercial sexual exploitation of children?	3.12 (1.16) $n = 208$	1–5	4.29 (0.71) $n = 175$	1–5	1.26 (1.03) $n = 173$	−1 to 4	.00
How aware are you of the multiple forms of CSEC?	2.75 (1.28) $n = 208$	1–5	4.20 (0.74) $n = 175$	2–5	1.49 (1.18) $n = 173$	−2 to 4	.00
How aware are you of the scope of the CSEC problem—nationally and locally?	2.92 (1.21) $n = 208$	1–5	4.13 (0.76) $n = 175$	1–5	1.23 (1.15) $n = 173$	−1 to 4	.00
How aware are you of the reasons people exploit children?	3.27 (1.08) $n = 207$	1–5	4.25 (0.79) $n = 174$	2–5	1.03 (1.07) $n = 173$	−3 to 4	.00

Note: CSEC = commercial sexual exploitation of children.

* p values for items in Tables 1–8 are from linear regression models of change scores with adjustments of pretest scores.

Table 2. Module 2: Pathways and Precursors to CSEC

Learning Objectives	Pretest Mean (SD)	Pretest Range	Posttest Mean (SD)	Posttest Range	Mean Change (SD)	Mean Change Range	p
• Understand risk factors associated with CSEC • Unpack "choice" in relation to children's CSEC involvement • Understand CSEC recruitment methods used by exploiters							
How strongly do you agree with this statement: "persons in prostitution are there by choice?"	1.44 (0.71) n = 207	1–5	1.24 (0.67) n = 176	1–5	−0.21 (0.92) n = 173	−4 to 4	.00
How familiar are you with the factors that put children at risk of CSEC?	3.05 (1.10) n = 207	1–5	4.31 (0.70) n = 176	1–5	1.34 (1.09) n = 173	−3 to 4	.00
How familiar are you with the methods exploiters use to recruit children?	2.94 (1.12) n = 205	1–5	4.22 (0.75) n = 176	1–5	1.35 (1.04) n = 171	−2 to 4	.00
How familiar are you with the relationship between CSEC and child sexual abuse?	2.84 (1.23) n = 206	1–5	4.34 (0.80) n = 176	1–5	1.51 (1.16) n = 172	−2 to 4	.00

Note: CSEC = commercial sexual exploitation of children.

Table 3. Module 3: Understanding the Impact of CSEC

Learning Objectives	Pretest Mean (SD)	Pretest Range	Posttest Mean (SD)	Posttest Range	Mean Change (SD)	Mean Change Range	p
• Understand psychological/physical trauma impact in victims							
• Understand challenges of exiting CSEC lifestyle							
• Understand CSEC subcultures, terminology, rules, and norms							
• Understand trauma bonds between victims and perpetrators							
• Apply understanding of trauma bonding to CSEC behaviors							
How familiar are you with control and coercion methods used by exploiters?	2.99 (1.25) n = 204	1–5	4.23 (0.78) n = 173	1–5	1.30 (1.09) n = 167	−1 to 4	.00
How familiar are you of the challenges faced by children in exiting the CSEC lifestyle?	2.80 (1.34) n = 206	1–5	4.26 (0.76) n = 172	1–5	1.48 (1.14) n = 168	−1 to 4	.00
How familiar are you with the rules and norms of "The Game?"	2.20 (1.30) n = 205	1–5	3.77 (0.93) n = 171	1–5	1.66 (1.26) n = 167	−2 to 4	.00
How familiar are you of the impact of CSEC on an exploited child?	2.80 (1.24) n = 205	1–5	4.22 (0.77) n = 171	2–5	1.45 (1.07) n = 167	−1 to 4	.00

Note: CSEC = commercial sexual exploitation of children.

Table 4. Module 4: Victim Identification and Engagement

Learning Objectives	Pretest Mean (SD)	Pretest Range	Posttest Mean (SD)	Posttest Range	Mean Change (SD)	Mean Change Range	p
• Understand CSEC victims' needs and how to meet them							
• Understand CSEC warning signs and identification strategies							
• Identify intervention opportunities with CSEC victims							
• Review guidelines for appropriate/effective engagement							
How familiar are you with the warning signs that indicate a child is involved in CSEC?	2.50 (1.11) n = 205	1–5	4.05 (0.77) n = 176	2–5	1.57 (0.98) n = 171	−1 to 4	.00
How familiar are you with coping mechanisms used by CSEC victims?	2.49 (1.20) n=206	1–5	3.99 (0.82) n=175	1–5	1.53 (1.03) n=171	−1 to 4	.00
How knowledgeable are you of the various symptoms of trauma in CSEC victims?	2.73 (1.19) n = 206	1–5	4.03 (0.84) n = 175	2–5	1.32 (1.02) n = 171	−1 to 4	.00
How aware are you of appropriate methods to engage CSEC victims in a helping relationship?	2.31 (1.17) n = 206	1–5	3.95 (0.83) n = 174	1–5	1.66 (1.18) n = 170	−2 to 4	.00

Note: CSEC = commercial sexual exploitation of children.

579

Table 5. Module 5: Effective Service Delivery to CSEC Victims

Learning Objectives:	Pretest Mean (SD)	Pretest Range	Posttest Mean (SD)	Posttest Range	Mean Change (SD)	Mean Change Range	p
• Learn how to integrate CSEC services into local agencies							
• Practice counseling techniques for serving CSEC victims							
• Discuss challenges to providing CSEC services at agencies							
How confident do you feel that you will be able to incorporate CSEC awareness, prevention, and intervention into your agency programming?	3.57 (1.12) n = 203	1–5	3.87 (1.00) n = 152	2–5	0.20 (1.04) n = 149	–2 to 3	.00
How familiar are you with motivational interviewing as a counseling strategy for CSEC victims?	2.30 (1.27) n = 205	1–5	3.85 (1.00) n = 152	1–5	1.48 (1.24) n = 149	–1 to 4	.00
How familiar are you with the "stages of change model" in CSEC counseling?	1.82 (1.11) n = 205	1–5	3.88 (1.05) n = 151	1–5	2.00 (1.23) n = 148	–1 to 4	.00
How confident are you in using motivational interviewing with CSEC victims?	2.21 (1.15) n = 202	1–5	3.73 (1.02) n = 152	1–5	1.42 (1.15) n = 146	–1 to 4	.00

Note: CSEC = commercial sexual exploitation of children.

Table 6. Module 6: Investigating CSEC Cases and Interviewing Victims

Learning Objectives	Pretest Mean (SD)	Pretest Range	Posttest Mean (SD)	Posttest Range	Mean Change (SD)	Mean Change Range	p
• Understand victim-centered investigation and prosecution • Learn strategies for building an effective CSEC case • Practice appropriate protocols for interviewing CSEC victims							
How familiar are you with the concept of "victim-centered" investigation?	2.45 (1.35) n = 203	1–5	3.90 (1.04) n = 99	1–5	1.50 (1.22) n = 96	–2 to 4	.00
How familiar are you with effective methods of interviewing alleged CSEC victims?	2.18 (1.21) n = 203	1–5	3.73 (0.98) n = 97	1–5	1.53 (1.14) n = 94	–1 to 4	.00
How familiar are you with effective strategies for investigating CSEC?	2.11 (1.18) n = 203	1–5	3.66 (0.98) n = 96	1–5	1.55 (1.07) n = 93	–1 to 4	.00
How familiar are you with specific ways in which local law enforcement and federal law enforcement can work together regarding CSEC investigations?	2.25 (1.21) n = 201	1–5	3.74 (1.03) n = 93	1–5	1.49 (1.15) n = 90	–1 to 4	.00

Note: CSEC = commercial sexual exploitation of children.

Table 7. Module 7: Working With CSEC Cases

Learning Objectives	Pretest Mean (SD)	Pretest Range	Posttest Mean (SD)	Posttest Range	Mean Change (SD)	Mean Change Range	p
• Understand challenges of prosecuting a CSEC case							
• Learn how to effectively prep a CSEC victim for court							
• Understand needs of children arrested for prostitution							
• Learn defense strategies for children arrested for prostitution							
How familiar are you with the challenges of prosecuting a CSEC case successfully?	2.18 (1.17) n = 203	1–5	3.51 (1.11) n = 94	1–5	1.37 (1.18) n = 91	−2 to 4	.00
How familiar are you with prosecution strategies using local, state, and federal laws in CSEC cases?	2.00 (1.08) n = 203	1–5	3.42 (1.11) n = 93	1–5	1.42 (1.04) n = 90	−1 to 3	.00
How familiar are you with effective strategies in prosecuting CSEC cases?	1.88 (1.08) n = 203	1–5	3.47 (1.12) n = 92	1–5	1.52 (0.97) n = 89	−1 to 3	.00
How confident are your in preparing CSEC victims for court trial?	1.66 (1.01) n = 201	1–5	3.23 (1.26) n = 92	1–5	1.54 (1.15) n = 89	−1 to 4	.00

Note: CSEC = commercial sexual exploitation of children.

Table 8. Module 8: Medical and Mental Health Care of CSEC Victims

Learning Objectives	Pretest Mean (SD)	Pretest Range	Posttest Mean (SD)	Posttest Range	Mean Change (SD)	Mean Change Range	p
• Understand holistic definition of health for CSEC victims							
• Understand symptoms of trauma/PTSD in CSEC victims							
• Learn protocol for physical/mental health examinations of CSEC victims							
How familiar are you with the behaviors associated with CSEC trauma?	2.41 (1.20) n = 204	1–5	3.91 (1.07) n = 128	1–5	1.42 (1.18) n = 125	−2 to 4	.00
How familiar are you with the protocol for physical examinations of CSEC victims?	1.79 (1.04) n = 204	1–5	2.95 (1.27) n = 124	1–5	1.25 (1.20) n = 122	−2 to 4	.00
How familiar are you with the TEAMSTAT approach for conducting intake interviews with CSEC victims?	1.45 (0.84) n = 204	1–5	2.93 (1.34) n = 123	1–5	1.55 (1.27) n = 121	−1 to 4	.00

Note: CSEC = commercial sexual exploitation of children.

583

sociodemographic information was requested from the participants in an effort to keep the training evaluation brief and confidential.

Results

This section reports the aggregate evaluation data from the five CCIP institutes. For the 211 individuals surveyed, findings are reported for only those cases in which both pre- and posttest values were available. Across all modules, values on pre-/posttest questions ranged from 1 to 5, with 1 = *not at all*, 2 = *somewhat*, 3 = *average*, 4 = *above average*, and 5 = *very much*. The results below present participants' unit increases (or decreases) in self-reported levels of awareness, familiarity, knowledge, and confidence between the training institute's pre- and posttests. The range of mean differences is also reported, which indicates the smallest and the largest mean change scores registered across individuals for each survey question. Cronbach's αs (ranging from 0 to 1) are reported to indicate the internal consistency for all questions in each module. Scores toward the high end of the range suggest greater internal consistency of module items.

Descriptive Analysis of Pre- and Posttest Data

Descriptive statistics for the pre- and posttest data are included in Tables 1–8. In any evaluation of training programs, the likelihood of ceiling effects is present. Ceiling effects occur when study participants fail to demonstrate improvement scores in performance because they are already performing at the maximum capability level as reflected by their scores at the time of the pretest (Reber 1985). In the case of our data, ceiling effects would be evidenced by participants who scored a 5 at both pre- and posttest evaluation points. These participants would demonstrate no increase in knowledge, skills, or attitudes given their prior high-performance score at the baseline assessment. To assess the possible ceiling effects, pre- and posttest data frequency distributions were reviewed and cases were selected if participants scored a 5 on both pre- and posttests. For Module 1 (Items 1–4), the percentage of participants who reported a 5 on pre- and posttests ranged from 6.2% to 8.5%; for Module 2 (Items 1–4), the range was 0–7.1%; for Module 3 (Items 1–4): 3.3–8.5%; for Module 4 (Items 1–4): 2.4–5.2%; for Module 5 (Items 1–4): 1.9–11.8%; for Module 6 (Items 1–4): 0.9–3.8%; for Module 7 (Items 1–4): 1.4–1.9%; and for Module 8 (Items 1–3): 0–4.7%. Overall, we found no more than 11.8% of the training participants on one item may have encountered ceiling effects. For the remaining

items, the proportion of possible ceiling effects was below 8.5%. Although we cannot exclude the possibility of ceiling effects in our study, our assessment suggests that these effects are not detrimental to our analysis.

Module 1: What is CSEC?

To assess the impact of this module, four questions measured participants' awareness or familiarity of the definition, forms, scope, and factors contributing to CSEC. Collectively, data were available for 173 participants on the first three questions and for 172 on the final question. The range of mean differences between pre- and posttests for the four questions was 1.03–1.49 (pretest Cronbach's $\alpha = .926$; posttest Cronbach's $\alpha = .894$). On average, participants increased their familiarity with the definition of CSEC between pre- and posttest by 1.26 units. Additionally, they increased their awareness of the forms of CSEC by 1.49 units, of the scope of CSEC by 1.23 units, and of the reasons people exploit children by 1.03 units. Results from our linear regression models controlling the pretest values suggest that there was a significant improvement in participants' familiarity and awareness from pre- to posttest on each of these four items with adjustment of pretest values. Collectively, the participants indicated that the top three key points they learned from Module 1 were (a) the correct CSEC definitions and terminology, (b) the extensive scope of CSEC, and (c) the reframing of children in situations of CSEC as "victims" (vs. offenders, criminals, etc.).

Module 2: Pathways and Precursors to CSEC

Four questions measured the participants' perceptions of victims' reasons for entering prostitution, the factors that put children at risk for CSEC, the methods used by exploiters to recruit children, and the relationship between CSEC and child sexual abuse. The first question, "How strongly do you agree with this statement: 'persons in prostitution are there by choice'?" generated a slight pre-/posttest change (mean = −0.21). The negative mean change score reflects participants' increased disagreement between pre- and posttest with the statement that "persons in prostitution are there by choice." This result was consistent across all cities. Because the training material was tailored to describe the precipitating factors associated with children's involvement in CSEC, the posttraining expectation was that participants would be less likely to relate prostitution to an individual's own choice.

For the remaining three questions, there was a substantial increase among participants in their familiarity with the pathways and precursors to CSEC for victims ($n = 171$–173). The range of mean differences between pre- and posttests was 1.34–1.51 (pretest $\alpha = .896$ for last three items; pretest $\alpha = .737$ for all four items; posttest $\alpha = .903$ for last three items; posttest $\alpha = .678$ for all four items). On average, participants increased their familiarity with the risk factors of CSEC by 1.34 units, with the methods used by exploiters by 1.35 units, and with the relationship between CSEC and sexual abuse by 1.51 units. Findings from our regression models for these three items indicate that there were significant increases in participants' familiarity levels between pre- and posttests. Regarding the qualitative responses, the top three key points participants learned from Module 2 were (a) victims do not choose a life in the sex industry, (b) victims possess multiple interrelated and complex risk factors, and (c) victims are frequently deceived by the highly organized recruitment strategies of exploiters.

Module 3: Understanding the Impact of CSEC

This battery of four questions related to the participants' understanding of the impact of CSEC. This included familiarity with control and coercion methods, lifestyle challenges for the children, coping mechanisms, and the impact of CSEC on exploited children. In all cases, the impact of the training institute was substantially positive ($n = 167$–168). The range of mean differences between pre- and posttests was 1.30–1.66 (pretest $\alpha = .923$; posttest $\alpha = .913$). Participants on average increased their familiarity with exploiters' control and coercion methods by 1.30 units, with the challenges faced by children exiting CSEC by 1.48 units, with the rules and norms within the CSEC lifestyle by 1.66 units, and with the impact of CSEC on children by 1.45 units. Regression results for each of these four items reveal that there were significant improvements in participants' familiarity levels between the pre- and posttests. Participants identified the three top learning points from Module 3 as (a) CSEC involves highly manipulative methods of coercion and control, (b) CSEC is strongly associated with trauma symptoms among victims, and (c) CSEC (also referred to as "the game" by victims and exploiters) has deeply entrenched rules and norms.

Module 4: Victim Identification and Engagement

This module's impact was tested with four questions referring to warning signs indicating child involvement with CSEC, symptoms of trauma in

victims, coping mechanisms used by victims, and methods of engaging victims in a helping relationship with staff. Each question yielded a considerable increase in knowledge ($n = 170$–171). The range of mean differences between pre- and posttests was 1.32–1.66 (pretest $\alpha = .944$; posttest $\alpha = .920$). On average, participants increased their familiarity with the CSEC warning signs by 1.57 units and with the coping mechanisms used by victims by 1.53 units. They also increased their knowledge of trauma symptoms exhibited by victims by 1.32 units and their awareness of how to effectively engage victims in treatment by 1.66 units. Results from our regression models suggest that participants significantly increased their levels of familiarity, knowledge, and awareness from pre- and posttests. In Module 4, the key learning points identified among participants were (a) how to be a nonjudgmental listener with victims, (b) how to better understand and identify the CSEC warning signs, and (c) how to effectively engage and interact with victims.

Module 5: Effective Service Delivery to CSEC Victims

This module was designed for social service providers and health/mental health practitioners. Four questions measured the provision of evidence-based service delivery to CSEC victims. For the first question, "how confident do you feel that you will be able to incorporate CSEC awareness, prevention and intervention into your agency programming," data indicated a small positive change (mean $= 0.20$; $n = 149$). On average, from pre- to posttest, participants increased their confidence that they would be able to incorporate CSEC information into their agency's programming by 0.20 of a unit. Given the consistent results across the institutes, a follow-up qualitative telephone interview is warranted to clarify the respondents' hesitance regarding their ability to impact their agency culture with knowledge acquired from the CCIP institutes.

The mean differences between pre- and posttests for the remaining three items related to CSEC counseling interventions were strong, ranging from 1.42 to 2.00 (pretest $\alpha = .884$ for last three items; pretest $\alpha = .812$ for all four items; posttest $\alpha = .936$ for last three items; posttest $\alpha = .912$ for all four items). Participants on an average increased their familiarity with motivational interviewing as a counseling strategy by 1.48 units and with the "stages of change" counseling model by 2.00 units. They also increased their confidence in using motivational interviewing by 1.42 units. Review of the regression models suggests that there were significant improvements in participants' confidence and familiarity levels between pre- and

posttests. Following exposure to Module 5, participants noted that the top three areas of which they gained a deeper understanding were (a) motivational interviewing, (b) the stages of change model, and (c) open-ended questioning to enable victims to share their stories.

Module 6: Investigating CSEC Cases and Interviewing Victims

This module was designed for law enforcement officials. In large part, these modules were administered by guest speakers instead of the trainers. Four questions assessed officers' investigation and interviewing techniques with CSEC cases. The questions referred to familiarity with the concept of victim-centered investigations, effective methods of interviewing, strategies for investigating, and implementation of federal and local laws in CSEC investigations.

Participants' familiarity was substantially increased across all four items in this module ($n = 90$–96). The range of mean differences between pre- and posttests was 1.49–1.55 (pretest $\alpha = .920$; posttest $\alpha = .951$). On average, participants increased their familiarity with "victim-centered" investigation by 1.50 units, with effective victim interviewing methods by 1.53 units, with effective CSEC investigation strategies by 1.55 units, and with local–federal collaboration techniques by 1.49 units. Results from our regression models indicate that participants significantly improved their levels of familiarity between pre- and posttests. Law enforcement officials highlighted the top three key points from Module 6 as (a) how to engage victims in a "victim-centered" manner, (b) how to effectively carry out CSEC investigation procedures (e.g., obtaining corroboration), and (c) how to collaborate between local and federal law enforcement agencies on CSEC cases.

Module 7: Working With CSEC Cases

This module was designed for prosecutors. Four questions measured respondents' familiarity with and confidence in prosecuting CSEC cases. The first three questions addressed the challenges in successfully prosecuting CSEC cases; prosecutors' strategies using local, state, and federal laws; and techniques for effectively prosecuting cases. The remaining question addressed prosecutors' confidence levels in successfully preparing CSEC victims for trial. The results indicate increased familiarity across participants. After the training, participants also reported greater confidence levels in preparing CSEC victims for trial ($n = 89$–91). The range of mean differences between pre- and posttests for all questions was 1.37–1.54 (pretest

$\alpha = .932$; posttest $\alpha = .965$). Participants on average increased their familiarity with CSEC prosecution challenges by 1.37 units, with using local, state, and federal laws in their prosecution strategies by 1.42 units, and with effective prosecution strategies by 1.52 units. Additionally, participants increased their overall confidence between pre- and posttest in preparing CSEC victims for trial by 1.54 units. Regression results for each of these four items reveal that there were significant increases in prosecutors' levels of familiarity and confidence between the pre- and posttests. Attorneys reported that through Module 7, the top three areas of which they gained a deeper understanding were (a) the complexity of prosecuting CSEC cases, (b) the CSEC laws and associated charges, and (c) the procedures for preparing CSEC cases for trial.

Module 8: Medical and Mental Health Care of CSEC Victims

This module was designed for health and mental health professionals. Three questions measured participants' familiarity with appropriate medical and mental health care for CSEC victims. The questions addressed behaviors associated with CSEC trauma, the protocol for victims' physical examinations, and a specific intake interview for identifying abuse, known as TEAMSTAT, or *tell them your agenda*, *express concern*, *assure normalcy of feelings*, *medical issues*, *safety issues*, *test and treat presumptively*, *access appropriate psychological and legal assistance*, and *timely follow-up* (Cooper et al. 2005). Results indicated increased knowledge after the institute of these questions (pretest $\alpha = .798$ for all three items; posttest $\alpha = .858$ for all three items). The mean difference between pre- and posttests for participants' familiarity with the behaviors associated with CSEC trauma was 1.42 ($n = 125$). The mean difference between pre- and posttests for participants' familiarity with the protocol for physical examinations of CSEC victims was 1.25 ($n = 122$).

The TEAMSTAT question indicated a relatively substantial increase in Atlantic City (mean = 2.0) and Chicago (mean = 1.78) and a moderate increase in San Diego (mean = 1.52) and Washington (mean = 1.38). Denver participants experienced the lowest increase in familiarity with the TEAMSTAT approach (mean = 0.73). However, as Denver trainees began with the highest level of self-reported knowledge of the intake approach (mean = 1.63) across all sites, a follow-up telephone interview is warranted to explore whether Denver participants, in particular, were more familiar with the TEAMSTAT approach prior to the training. A telephone interview would also be useful to uncover patterns in participants' prior familiarity

with the approach (e.g., are particular agencies already using the TEAM-STAT approach to conduct intakes with CSEC victims?). Collectively across all five sites, the mean difference for the TEAMSTAT question was 1.55 ($n = 121$). Findings from our three regression models for the items in Module 8 suggest that participants significantly improved in their familiarity levels between pre- and posttests. In Module 8, the top three areas for which participants noted an increased understanding were (a) posttraumatic stress disorder, (b) the TEAMSTAT approach for interviewing CSEC victims for abuse, and (c) trauma reenactment among victims after rescue within the social service system.

Discussion and Implications for Future Practice and Evaluation

Quantitative findings from our evaluation of the CCIP institute reveal substantial increases in participants' knowledge, skills, and attitudes following exposure to the structured CSEC training curriculum. It is likely that the positive outcomes observed after the institutes are associated with several key factors. First, the curriculum contents were pertinent to the participants' learning needs. As noted earlier, the CCIP institute's curriculum was developed by experienced instructors to meet the needs of the NGO representatives, law enforcement officials, and prosecutors who work with CSEC victims. In addition, the initial curriculum contents were further strengthened through the active input of an expert team of multidisciplinary professionals before the curriculum was implemented in the training institutes. Thus, a better understanding of the curriculum was developed among key people who played an important role in training professionals who work with CSEC perpetrators and victims. Additionally, as representatives from organizations working to prevent CSEC in their respective communities, many participants were likely motivated to learn more about CSEC mechanisms and methods of identifying and working with CSEC victims. Finally, the CCIP instructors were skillful, responsive, and experienced trainers who have implemented multiple CSEC trainings for law enforcement officials and services providers.

Among the qualitative findings, CCIP training participants across professions were also like-minded in their responses regarding the modules' key learning points. This finding has implications for future trainings that combine professionals with different theoretical and disciplinary perspectives as well as disparate professional responsibilities. Despite the participants' differing roles in working with CSEC cases, their assessments of

the key points were remarkably similar. Evaluation data from future studies on interdisciplinary response teams and the procedures they use will be useful in designing and refining empirically based trainings for law enforcement officials, service providers, and attorneys. Such interdisciplinary data will enable each discipline to better learn from the other's perspectives in working to prevent CSEC, to prosecute exploiters, and to assist victims in rebuilding their lives. Future evaluation studies of CSEC training initiatives would also benefit from including discipline-specific questions for training participants, such as degrees earned, years of experience on the job, years of experience working in anti-CSEC efforts, and type of employment (e.g., public vs. private sector).

By increasing CSEC awareness among NGO staff, law enforcement officials and prosecutors in a collaborative training environment, participants acquire the knowledge and skills necessary to identify instances of CSEC, effectively intervene on behalf of victims, and actively involve other relevant professionals in an informed manner. Efforts to prosecute CSEC exploiters can be enhanced when law enforcement agencies collaborate with NGOs to build rapport with victims and encourage them to engage in services, report abuse, and cooperate with investigations. One suggestion for future cross-discipline CSEC trainings would be to form and evaluate the success of posttraining meetings among interdisciplinary "working groups." The importance of the formation and continuation of these local working groups has been demonstrated in related human-trafficking projects around the globe (Small et al. 2008). On a monthly, bimonthly, or quarterly basis, former CSEC training participants from NGOs, law enforcement agencies, and attorney offices who reside in similar geographic areas meet to discuss common work issues. Through such meetings, participants have the opportunity to learn from their counterparts' experiences and to develop cross-disciplinary collaborative strategies on existing and future CSEC cases as well as to continue the important work of training other local professionals. Formative and summative evaluation of these working groups would benefit from assessing the overall goals, objectives, and strategies of the working groups as well as the outcomes achieved as a result of collaborative, interdisciplinary efforts.

In addition to the aforementioned benefits of cross-disciplinary collaboration on CSEC cases, it is also cost effective to adopt more interdisciplinary, collaborative intervention models that prosecute perpetrators, support rescued victims in their rehabilitation and societal reintegration, and deter them from returning to exploitative situations in the sex industry. Training local attorneys, law enforcement officials, and NGO representatives can assist them in replicating evidence-based and culturally relevant

models that coordinate government services and efforts at the local level to address CSEC. Finite human, material, and financial resources within the social service and criminal justice systems can also be used more efficiently in implementing more collaborative and effective interventions with this population. A cost-benefit analysis could be used to evaluate the efficiency and effectiveness of future efforts to pool human, material, and financial resources across disciplines in addressing local CSEC cases.

The conclusions drawn from our findings should be taken with caution due to the study's limitations. First, our study is limited by its design. As such, any associational inferences must be based on assumption rather than on the estimates that randomized, controlled studies generate. Ideally, a randomized, controlled design should have been used to measure the effectiveness of the CCIP institutes. However, this was not possible due to practical issues and limited funding. We thus selected a pre- and posttest design to measure the impact of the institutes on participants. Nonetheless, we recognize that the pre- and posttest design has obvious limitations and generates more biased and less dependable estimates of the effectiveness of the training institutes than a randomized design (Shadish, Cook, and Campbell 2002).

Similarly, given our lack of a comparison group and a randomized design, we are unable to determine whether citywide, external factors may have occurred during the time of the CCIP training institutes and influenced participants' levels of knowledge, skills, and attitudes regarding CSEC. Future evaluation studies of anti-CSEC training efforts that use a randomized design will be better able to identify the impact of external factors on study findings.

In addition, due to limitations imposed by the design available for this evaluation, we could not determine the overall impact and effectiveness of our training, because we were unable to link improvements in participants' abilities from the training to agency and community changes that result from the practical application of their knowledge and skills. Future studies of anti-CSEC training efforts should consider collecting participant data from both the training and agency settings using a longitudinal design. Collecting data across multiple time points and from multiple settings would allow researchers to consider whether significant participant improvements from the training translate into meaningful agency or community impact in reducing CSEC and assisting victims in their personal rehabilitation and societal reintegration. However, improved levels of knowledge, skills, attitudes, and understanding of the value and merit of interprofessional collaboration are known to improve professionals' ability

to more effectively respond to the needs of clients of human services organizations (Paul and Peterson 2001; Simpson et al. 2001). It is thus more likely than not that the results measured by this evaluation may be of practical value in assisting institute participants to better serve CSEC victims within NGOs, law enforcement agencies, and legal settings.

Second, this study is also limited by possible instrumentation effects that may have influenced both our findings and the interpretations we make from them. Similar to the Hawthorne effect, which reflects the tendency of research participants to change their behavior because they are being studied, an instrumentation effect may have occurred in this study involving participants' tendency to respond favorably to trainer and researcher expectations as implied by the survey questions. In addition, the interval of time between the pre- and posttest was 3 days. We chose to issue the pretests on the first day and the posttests on the final day of the training institutes (vs. mailing the pretests out beforehand or the posttests several weeks after the institutes) due to limited funding and concerns about low response rates. As a result of our decision, we could not tease out whether participants' improvements in knowledge, skills, and attitudes resulted from the actual training itself or whether there was participant recall bias, given the 3-day interval between pre- and posttests. Future evaluations of anti-CSEC training efforts should incorporate methods to extend the interval between pre- and posttests so as to reduce possible instrumentation effects.

Third, this evaluation was designed to track whether the training institute's curriculum goals were fulfilled. It is the nature of this curriculum that it was designed by—and based on lessons learned from prior training experiences of—survivors of human sexual trafficking. As a result, one may argue that there was some degree of "teaching to the test" in the training institute. Nevertheless, it is worth noting in this context that the andragogical approach adopted for the training institute aims to take advantage of the participants' engagement in and previous experiences with anti-CSEC efforts. Use of participants' own life experiences to complement the facilitators' knowledge of and experiences with CSEC likely compensates for any disadvantages that might be embedded in the notion of teaching to test.

Fourth, the sample selection of sites was not scientifically bound. Given our use of a convenience sample and the selection criteria to recruit cities, host agencies, and institute participants, this sample likely is not representative of the greater population of anti-CSEC organizations or advocates. Because the study participants were largely selected from established agencies in each city, it is highly likely that community members, who are active in local anti-CSEC efforts, were not appropriately represented in this

sample. Nonetheless, we chose to recruit participants through existing organizational networks because the training curriculum was originally developed for professionals working in social services and law enforcement agencies.

Lastly, even though a structured curriculum was used across sites by the same facilitators, certain components were modified in each site according to the local nature of CSEC, the availability of local systems and resources, and state-specific laws. In addition, in several cities, distinguished guest speakers assisted in facilitating the modules for law enforcement officials and prosecutors. As such, we are unable to conclude that the findings can be attributed exclusively to the overall effectiveness of the training module itself. Again, future evaluation studies that adopt a randomized design with a control group will be better positioned to draw conclusions regarding the impact of the training curriculum on participants' knowledge, skills, and attitudes of CSEC.

As is often the case, wherever there are weaknesses, there are also strengths. We are convinced that this study provides a glimpse into the five cities' efforts to recruit and train professionals working in anti-CSEC initiatives and to subsequently evaluate participants' changes in knowledge, skills, and attitudes regarding CSEC. NGO staff, law enforcement officials, and prosecutors in other cities can use our evaluation findings to inform the development and implementation of cross-disciplinary CSEC trainings. Indeed, we hope that our synthesis of the CCIP evaluation data will help organizations that seek to enhance cross-disciplinary, collaborative efforts in addressing CSEC at the local level.

Declaration of Conflicting Interests

Funding

Authors' Note

Points of view or opinions in this article are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

References

Bloom, B. S. 1956. *Taxonomy of educational objectives. Handbook I: The cognitive domain*. New York: David McKay.

California Alliance to Combat Trafficking and Slavery Task Force (CA ACTS). 2007. Human trafficking in California. Final Report of the California Alliance to Combat Trafficking and Slavery Task Force. Sacramento, CA: CA ACTS.

Clason, D. L., and T. J. Dormody. 1994. Analyzing data measured by individual Likert-type items. *Journal of Agricultural Education* 35:31-5.

Clawson, H. J., K. Small, E. S. Go, and B. W. Myles. 2004. Human trafficking in the United States: Uncovering the needs of victims and the service providers who work with them. *International Journal of Comparative Criminology* 4:68-95.

Cooper, S., R. Estes, A. P. Giardino, N. D. Kellogg, and V. I. Vieth. 2005. *Medical, legal and social service aspects of child sexual exploitation: A comprehensive review of pornography, prostitution, and Internet crimes*. St. Louis, MO: G. W. Medical Publishing.

Darkenwald, G., and S. Merriam. 1982. *Adult education: Foundations of practice*. New York: Harper and Row Publishers Inc.

Dawes, J. 2008. Do data characteristics change according to the number of scale points used? An experiment using 5-point, 7-point and 10-point scales. *International Journal of Market Research* 50:61-77.

Estes, R. J. 2001. *Sexual exploitation of children: A working guide to the empirical literature*. Washington, DC: U.S. Dept. of Justice, National Institute of Justice. http://www.ncjrs.gov/App/Publications/abstract.aspx?ID=195561 (accessed April 20, 2009).

Estes, R. J., and N. A. Weiner. 2001. *The commercial sexual exploitation of children in the U.S., Canada and Mexico*. Philadelphia, PA: University of Pennsylvania. http://meridian.pmhclients.com/images/Univ.%20PA%20Complete_CSEC_020220.pdf (accessed April 24, 2009).

Goździak, E., and M. MacDonnell. 2007. Closing the gaps: The need to improve identification and services to child victims of trafficking. *Human Organization* 66:171-84.

Herman, J. L. 1997. *Trauma and recovery*. New York: Basic Books.

Kara, S. 2009. *Sex trafficking inside the business of modern slavery*. New York: Columbia University Press.

Knowles, M. S. 1980. *The modern practice of adult education: From pedagogy to andragogy*. New York: Cambridge Books.

Krathwohl, D. R., B. S. Bloom, and B. B. Masia. 1973. *Taxonomy of educational objectives: The classification of educational goals. Handbook II: Affective domain*. New York: David McKay.

Paul, S., and C. Q. Peterson. 2001. Interpersonal collaboration: Issues for practice and research. *Occupational Therapy in Health Care* 15:1-12.

Raymond, J. G., and D. M. Hughes. 2001. *Sex trafficking of women in the United States: International and domestic trends*. Washington, DC: National Institute of Justice. http://www.uri.edu/artsci/wms/hughes/sex_traff_us.pdf (accessed April 21, 2009).

Reber, A. S. 1985. *The Penguin dictionary of psychology*. New York: Viking.

Roby, J. L. 2005. Women and children in the global sex trade: Toward more effective policy. *International Social Work* 48:136-47.

Shadish, W. R., T. D. Cook, and D. T. Campbell. 2002. *Experimental and quasi-experimental designs for generalized causal inference*. Boston, MA: Houghton Mifflin.

Shared Hope International, ECPAT-USA, and the Protection Project of the Johns Hopkins University School of Advanced International Studies. 2006. Report from the U.S. Mid-Term Review on the Commercial Sexual Exploitation of Children in America. Vancouver, WA: Shared Hope International. http://www.sharedhope.org/images/US_MTR_of_CSEC.PDF (accessed April 22, 2009).

Simpson, E. J. 1972. *The classification of educational objectives in the psychomotor domain*. Washington, DC: Gryphon House.

Simpson, G., D. Rabin, M. Schmitt, P. Taylor, S. Urban, and J. W. Ball. 2001. Interpersonal health care practice: Recommendations of the National Academies of Practice Expert Panel on Health Care in the 21st Century. *Issues in Interdisciplinary Care* 3:5-20.

Small, K., W. Adams, C. Owens, and K. Roland. 2008. *An analysis of federally prosecuted CSEC cases since the passage of the Victims of Trafficking and Violence Prevention Act of 2000*. Washington, DC: Urban Institute, Justice Policy Center.

Sullivan, K. A., and J. S. Wodarski. 2006. Life and social skills aiding abuse survivors from closed systems. *Journal of Evidence-Based Social Work* 3:67-89.

Bios

Kristin M. Ferguson, MSW, PhD, is an associate professor at the School of Social Work at the University of Southern California, where she has been a faculty member since 2003. Her research interests include homeless and street-living youth, social capital, outcomes evaluation, and social development interventions with street-living youth.

Haluk Soydan, PhD, is a research professor and director of the Hamovitch Center for Science in the Human Services at the School of Social Work, University of Southern California. His research interests include science of systematic research

reviews, implementation research, outcomes evaluation, and ethnicity in social work.

Sei-Young Lee, PhD, received her doctoral degree from the University of Southern California School of Social Work in May 2009. She currently holds a postdoctoral position at the USC School of Social Work. Her research interests include gender differences in pathways to chronic homelessness and substance use among homeless individuals.

Alisa Yamanaka, MSW, is the clinical services coordinator at the Coalition to Abolish Slavery and Trafficking (CAST), where she provides mental health counseling, crisis intervention, and emergency response to survivors of human trafficking. She is a member of both the Emergency Response and ICAN Commercial & Sexual Exploitation Direct Services Working Groups for Trafficking Survivors and chairs the Case Management Working Group.

Adam S. Freer, MDiv, MSW, is the former director of the CCIP at the Salvation Army Western Territorial Headquarters in Long Beach, CA. He has also developed and directed the federally funded Network of Emergency Services (NETS) program, which adopted a regional response to provide services to victims of human trafficking and mobilize communities to respond to the problem in the United States. He also cofounded PROMISE (Partnership to Rescue Minors from Sexual Exploitation), a comprehensive program to combat CSEC in Chicago. He is currently a program officer at First 5 LA in Los Angeles, CA.

Bin Xie, PhD, is an associate professor at the School of Community and Global Health in Claremont Graduate University. His research focuses on cultural, behavioral, and psychological aspects of smoking and obesity prevention in American and Chinese adolescents and application of advanced statistical techniques to prevention research.