

Addressing the Commercial Sexual Exploitation of Children and Youth: A Systematic Review of Program and Policy Evaluations

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Abstract There is growing interest in programs and policies developed to prevent or intervene in the commercial sexual exploitation of children and youth (CSECY). Subsequently, it is critical to use evaluation to inform understanding of both the extent to which efforts are achieving desired objectives and how they could be strengthened moving forward. To help address this need, we used the RE-AIM framework from the field of public health to conduct a systematic review of CSECY program and policy evaluations. The review revealed limited availability and quality of effectiveness and implementation data, as well as an even greater dearth of findings addressing issues of reach, adoption, and maintenance. In light of these findings, we call for more thorough and rigorous evaluations of CSECY programs and policies.

Keywords Domestic minor sex trafficking · Program evaluation · Policy evaluation · RE-AIM framework

The commercial sexual exploitation of children and youth (CSECY) is a well-established public health problem. This reality is underscored by research linking CSECY to a host of negative health concerns, including self-harm, suicide, substance use, severe mental health problems (posttraumatic stress disorder [PTSD], depression, anxiety, disassociation), Sexually Transmitted Infections and Human Immunodeficiency Virus (HIV), as well as experiences of violence (e.g., rape,

physical abuse, psychological abuse, murder, etc.; Clawson et al. 2009; Greene et al. 1999; Hughes 2014; Yates et al. 1991). Despite the data supporting its impact on health, there is a lack of consistent evidence on the incidence and prevalence of CSECY. This is most likely related to the phenomenon's hidden nature (Albanese 2007; Cusik 2002), as well as limitations of available research (Marcus et al. 2012). Scholars consider CSECY to be a significant problem in the United States (Albanese 2007; Barnitz 2001; Clayton et al. 2013; Estes and Weiner 2001), though available estimates vary widely depending on the data source and the focus of data collection. According to End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes International (ECPAT 2012), at least 100,000 children are exploited in the United States through prostitution every year. A study of CSECY in New York City alone estimated a population of 3946 affected youth (Curtis et al. 2008). Prospective cohort data have also been used to estimate incidence rates of trading sex among “street-involved” youth. For example, in the Montreal Street Youth Cohort study, of female youth ages 14 to 25 who had never engaged in commercial sex at baseline ($n = 148$ of total sample of 330) almost a quarter (22 %, $n = 33$) had engaged in commercial sex by follow-up (an average of 2.4 years post-baseline; Weber et al. 2004).

Systematic reviews pertaining to CSECY have synthesized literature on a variety of sub-topics, including governmental approaches for addressing child prostitution (Cusik 2002) and theory-informed victim vulnerabilities (Reid 2012). Others have focused on the broad topic of sex trafficking, without specific attention to children or youth (e.g., van der Laan et al. 2011). A recent review covered a breadth of topics, such as the service needs of victims, existing research efforts, placement types and interventions, and child welfare department responses to the commercial sexual exploitation of children (Hughes 2014). The author concluded that

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despite the existence of growing attention to the issue of CSECY and a variety of “promising practices” to address the issue, there is a great deal of additional work needed to build a robust evidence-base in this area. There are only a few existing victims’ service programs having benefitted from formal evaluation. This review did not focus specifically on synthesizing existing evaluation findings and thus, did not provide the depth or detail likely to be optimal for either characterizing the current evidence base of CSECY-focused programming or guiding future efforts in this area. The present paper aims to address this need through a systematic review of available evaluation research on programs and policies intended to prevent the commercial sexual exploitation of children and youth.

Terminology and Definitions

Many terms are used in the scientific literature, in advocacy discourse, and in popular media to describe the exchange of sex for money or in-kind items (e.g., housing, food, gifts, etc.). Sometimes these terms are used interchangeably, whereas other times one term is used as an umbrella term for a larger phenomenon (e.g., sexual exploitation) into which sub-phenomena (e.g., commercial sexual exploitation, domestic minor sex trafficking) fall. The following definition of “the sex trade” from The Young Women’s Empowerment Project is useful, as it serves as an umbrella term under which CSECY falls:

[The sex trade is] any form of being sexual (or the idea of being sexual) in exchange for money, gifts, safety, drugs, hormones, or survival needs like housing, food, clothes, or immigration and documentation – whether [the young person involved] gets to keep the money/goods/service or someone else profits from these acts. (Iman et al. 2009, p. 7)

In many instances, the various concepts and terms that fall under the broad category of “the sex trade” can be considered interchangeable or differing only slightly from one another (i.e., sexual exploitation of children [SEC], commercial sexual exploitation of children [CSEC], domestic minor sex trafficking [DMST], child/juvenile prostitution, and survival sex). Despite the slight conceptual differences that may be associated with such terminological differences (which will not be discussed in detail here), the current review will include research that is positioned under any of the major terms that have been utilized in the literature on CSECY.

The Need for Rigorous and Informative Program Evaluation

Program evaluation is one of 10 essential public health services considered to be important for all communities to undertake. Specifically, communities should “evaluate effectiveness, accessibility, and quality of personal and population-based health services” (Centers for Disease Control and Prevention (CDC) 2013, p.1). Evaluation can be defined as the “examination of the worth, merit, or significance of an object” and a program as “any set of organized activities supported by a set of resources to achieve a specific and intended result” (CDC 2012, p. 1). Despite the directive to evaluate programs thoroughly, evaluation is not practiced in a consistent manner across public health areas or is not well-integrated into everyday program operations (CDC 1999). It is particularly lacking in efforts to improve child welfare (Collins 2008). Although there are myriad efforts across the nation aiming to address CSECY (e.g., education for at-risk youth, training for victim and support service professionals, outreach and public awareness initiatives, prevention programs, and hotlines for victims and service providers), “the specific goals, target populations, sources of funding, ideology, and designs of these efforts vary significantly” (Hughes 2014, p. 9).

The RE-AIM Framework

The present review synthesizes the limited evaluation findings available, regarding programs and policies, to address CSECY using the RE-AIM framework from the field of public health. RE-AIM emerged from a need for improved reporting on implementation and external validity of public health research and was developed to address issues of translation from “lab” to real-world settings (Kessler and Glasgow 2011). The framework is based on the idea that comprehensive evaluation of the impact of a program or policy requires assessment of its five combined dimensions: (1) reach, (2) effectiveness, (3) adoption, (4) implementation, and (5) maintenance (Glasgow and Linnan 2008; Glasgow et al. 1999). The RE-AIM framework is especially useful for reviewing program and policy evaluations as it calls attention to what is typically evaluated (i.e., one or two of the five categories) versus what could or should be evaluated. For example, evaluations that focus purely on the internal validity of the effectiveness of a program or policy in a specified environment miss the potential for evaluating external validity, or the ability to transfer the program or policy to other settings and potentially with other groups (Glasgow et al. 1999).

We are interested in both the internal and external validity of programs and policies addressing CSECY, therefore we use the RE-AIM framework to guide our review of existing evaluations. RE-AIM has been used as an evaluation framework

for a variety of public health interventions. A systematic review of the use of RE-AIM between 1999 and 2010 found 71 articles employing the framework for evaluation in a variety of content areas, including physical activity and obesity, disease management, substance abuse, and health promotion in diverse settings of community, policy, healthcare, and education (Gaglio et al. 2013). Notably, of the 71 articles, only 61 % ($n=44$), reported on all five dimensions of the framework (Gaglio et al. 2013).

The overarching research questions addressed in this review are nested under each of the five dimensions of RE-AIM. Table 1 outlines the RE-AIM framework and provides descriptions of the five dimensions as well as the corresponding questions for the current review.

Method

Search Strategies

Following best practice guidelines for systematic literature reviews (Cooper 2010), evaluations of CSECY programs and policies were identified through multiple channels. These included: 1) search of several reference databases, including Google Scholar, PsycINFO, PubMed, and PROQUEST theses and dissertations, and websites of relevant journals (e.g., *Youth Violence and Juvenile Justice*) using the following search terms: “commercial sexual exploitation of children”,

“commercial sexual exploitation of youth”, “domestic minor sex trafficking”, “youth prostitution”, “child prostitution”, and/or “child sexual exploitation” coupled with “intervention”, “prevention”, “policy”, and/or “program”; 2) examination of relevant prevention and training programs’ websites; 3) review of the reference lists of retrieved articles as well as those of prior reviews (e.g., Hughes 2014); and 4) contacting authors who had published an article in the past 5 years that was deemed appropriate for inclusion in the final review, as well as other known researchers in the area of CSECY.

Article Selection and Data Abstraction

The search processes identified more than 4000 documents. After reviewing document titles and abstracts for relevance, the number of documents for potential inclusion was reduced to 34. We applied inclusion and exclusion criteria (described below) based on a thorough review of available content, which resulted in 12 documents (containing 13 studies) that met our criteria for the review.

Inclusion and Exclusion Criteria The Identified documents had to meet the following criteria for inclusion in the review:

- The document described a program or policy that 1) aimed to prevent sexual exploitation or commercial sex among children or youth; or 2) aimed to intervene with children or

Table 1 RE-AIM categories and questions for systematic review

<p>Reach. Proportion of potentially eligible persons who participate in an intervention and representativeness of sample of the intended population to be served.</p> <ul style="list-style-type: none"> • How representative have participants been of the target population(s)? • To what extent have designated participants received or taken part in the intended activities of CSECY programs and policies? <p>Effectiveness. The program or policy’s effects on positive and negative outcomes and the measures used to determine said outcomes.</p> <ul style="list-style-type: none"> • What effects have CSECY programs and policies had on their intended outcomes? <p>Adoption. The proportion of settings and relevant staff within settings that are willing and able to implement an intervention as well as how representative they are of the types of settings and staff that are intended implementers of the program or policy.</p> <ul style="list-style-type: none"> • To what extent have settings and staff within settings been willing and able to adopt and implement programs or policies? • In what geographical, organizational, and community settings have CSECY programs and policies receiving evaluation been adopted? • How representative are these settings of settings in which youth experience commercial sexual exploitation? <p>Implementation. Degree to which an intervention is delivered or enacted as intended and the overall process of implementation, including challenges and modifications over time.</p> <ul style="list-style-type: none"> • To what degree have programs or policies addressing CSECY been implemented as intended? • Have programs and policies been adapted during implementation to meet participants’ needs? • What factors have facilitated or hindered the implementation of CSECY programs and policies? <p>Maintenance. Maintenance refers to, at the setting level, the extent to which an intervention is modified, continued, or institutionalized over time and, at the individual level, the long-term effects of the intervention on participants (i.e., those that are evident some period of time after participation in the intervention has ended).</p> <ul style="list-style-type: none"> • Have CSECY programs and policies been sustained over time and, if so, with what modifications and degrees of institutionalization? • Have effects of programs or policies on participants been maintained?
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youth who have engaged in commercial sex; or 3) identified children or youth who had been sexually exploited in some capacity. If different but synonymous terms to describe sexual exploitation were used, for example, domestic minor sex trafficking or youth prostitution, the article was included.

- The target audience for the program or policy included children/youth, service professionals working with affected youth, buyers of sex from youth, or other exploiters. Youth was defined broadly to include persons up to age 24 (United Nations 2013).
- The document provided evaluation data about the program or policy that addressed at least one of the guiding questions for the review (see Table 1).
- The program or policy's setting was a developed country or region (e.g., The United States, Canada, The United Kingdom, Australia), since the conditions under which youth engage in commercial sex may be significantly different in non-western/developing countries and thus, associated programs and policies would not be amendable for synthesis.

Reports were excluded from the review if either of the following applied:

- The program or policy focused on international sex trafficking occurring in the United States (i.e., young people trafficked from one country to another by a third-party).
- The program or policy addressed commercial sex among adults in general, without a specific focus on children or youth.

Coding and Data Abstraction

A coding guide was created to review articles and abstract key findings for synthesis (sheet available by request from the first author). The main sections of the coding guide were as follows: Report Characteristics, Program Characteristics, Sample and Research Design, and Evaluation Data. Report Characteristics documented the publication year, outlet type, and discipline of the primary author. Program Characteristics documented the name of the program or policy, the target audience (e.g., at-risk youth, youth victims, service providers, buyers of sex) and the level of prevention (i.e., universal: targets the general population, selective: targets at-risk groups, or indicated: targets those already engaged in the behavior (Institute of Medicine 1994). Sample and Research Design documented information about sample size and demographics, method(s) of data collection (quantitative, qualitative, mixed, or process/“lessons learned”), and the type of data (e.g., self-report, record review, individual interview). Evaluation Data documented the key components and

findings of the evaluation from the perspective of the RE-AIM framework and our associated guiding questions.

Results

We will initially report the overall descriptive characteristics of the studies included in the final review in order to provide context for our findings in terms of the RE-AIM framework. Of the 12 documents included in the analysis, 13 studies were extracted and reviewed. Most of them were peer-reviewed journal articles ($n=8$). The remaining four consisted of two governmental reports, a non-governmental publication, and an unpublished manuscript. Of the 13 studies, 11 evaluated a program and the remaining two evaluated a policy (see Table 2 for a brief description of each program or policy). Only five explicitly identified a guiding theory or conceptual framework for the program or policy (e.g., community organizing/coalition building principles, the Transtheoretical Model, and developmental traumatology coupled with resilience theory). Many of the programs had simultaneous levels of prevention targets: 23.1 % ($n=3$) applied a universal approach, 53.8 % ($n=7$) a selective approach, and 84.6 % ($n=11$) an indicated approach. Sixty-two percent ($n=8$) of the programs or policies focused on at-risk youth and/or youth with a history of sexual exploitation; 8 % ($n=1$) focused on offenders; and the remaining 30 % ($n=4$) targeted various services providers, including medical, mental health, legal, and others. One policy evaluated the Trafficking Victims Protection Act (TVPA; Adams et al. 2010), which aims to protect children through the prosecution of offenders of commercial sexual exploitation of children (under 18 years old). One program, The Hmong Youth Task Force, included members from the general community in their program (Saewyc et al. 2007).

Sample and Research Design

Sample and research design characteristics of studies are summarized in Table 2. The median sample size of the evaluations (including comparison/control group participants, if any) was 25. Fewer than half of the articles included data describing the race/ethnicity of participants and none provided information about participating youths' sexual identity/orientation. Ten of the studies were quasi-experimental (i.e., lacking random assignment), though only three used a control or comparison group; the remainder used a one-group pretest/posttest design. The remaining three studies were non-experimental (i.e., descriptive/exploratory). No studies used a true experimental research design involving random assignment. One study evaluating a child protective services staff training attempted random assignment with the intention of delaying the control group's participation in the training until after the evaluation

Table 2 Inventory of studies selected for inclusion

Author (Year)	Program or Policy	Description	Sample (n)	Study Design	Methodology	Data Collection Methods
Adams et al. (2010)	Trafficking Victims Protection Act (TVPA), TVPA Reauthorization (TVPRA) and PROTECT Act	Acts provide tools to address trafficking in persons, including children, in the U.S. and abroad. It authorized the establishment of various task forces and other strategies.	12 (interviews and focus group)	Non-experimental	Qualitative and quantitative	Interview, focus group, and secondary federal arrest/prosecution data
Cohen et al. (2011)	LIFESKILLS	Community-based, intensive case management program for at-risk or victimized girls ages 13 to 17.	32	Quasi-experimental - one group; pre/post at 3 months	Qualitative and quantitative	Survey, interview, and focus group
Cohen et al. (2011)	Early Intervention Prostitution Program (EIPP)/GRACE Program	Program for young women (including transgender women) ages 18 to 24 who are involved in the commercial sex industry and have been referred by the court system.	22	Quasi-experimental -one group; pre/post at 3 months	Qualitative and quantitative	Survey, interview, and focus group
Edinburgh and Saewyc (2009)	Runaway Intervention Program (RIP)	Runaway intervention program aiming to prevent or decrease risk behaviors among young runaway girls experiencing sexual exploitation or abuse.	20	Quasi-experimental -one group; pre/post at 6 and 12 months	Qualitative and quantitative	Medical record review, survey, and interview
Ferguson et al. (2009)	CSEC Community Intervention Project (CCIP) Training Institute	Three-day training intended to enhance collaboration among nongovernmental organization (NGO) representatives, law enforcement officials, and prosecutors.	211	Quasi-experimental - one group; pre/post immediately following program	Quantitative	Survey
Hickle and Roe-Sepowitz (2014)	Putting the Pieces Back Together	Twelve-week group for adolescent girls in a high-risk treatment center addressing sexual exploitation, violence, self-harm, and other topics.	10	Non-experimental; case study	Process/ “Lessons learned”	Observation
McMahon-Howard and Reimers (2013)	CSEC Webinar for Child Protective Services Staff	Online training providing child protective service professionals working in Georgia the tools to identify and respond to victims of commercial sexual exploitation.	71 Treatment,-52 Control	Quasi-experimental -comparison group; pre/post at 3 months	Quantitative	Survey
Murphy et al. (2016)	YourWorth.org	Educational website with an embedded video aiming to positively impact adolescents’ knowledge and attitudes about commercial sexual exploitation.	48	Quasi-experimental with one group; pre/post immediately following program	Qualitative and quantitative	Survey (closed and open-ended response options), focus group
Pierce (2012)	Oshkiniigikwe Program	Harm-reduction program at the Minnesota Indian Women’s Resource Center serving at-risk adolescent American Indian/Alaskan Native girls ages 11 to 21.	17	Quasi-experimental with one group; pre/post at 6 months	Quantitative	Survey
Saewyc et al. (2007)	Hmong Youth Task Force	Coalition of professionals and community members focused on addressing the issue of Midwestern Hmong girls (ages 11 to 14) running away from home, school truancy and, sexual exploitation.	12	Non-experimental; case study	Qualitative	Interview, media and policy review, and observation
Saewyc and Edinburgh (2010)	Runaway Intervention Program (RIP)	Runaway intervention program to prevent or decrease risk behaviors among young runaway girls experiencing sexual exploitation or abuse.	68 Treatment/Control, 12,775 Comparison	Quasi-experimental - comparison group; pre/post at 6 and 12 months	Quantitative	Survey and medical records review

Table 2 (continued)

Author (Year)	Program or Policy	Description	Sample (n)	Study Design	Methodology	Data Collection Methods
Swann and Balding (2002)	Safeguarding Children Involved in Prostitution Policy	Guidance for professionals who serve children at-risk for prostitution involvement with an aim to protect children and increase investigation of those who exploit children through prostitution.	146 (full sample), 50 (“targeted sub-sample”)	Quasi-experimental, post-only	Qualitative and quantitative	Survey and interview
Thomson et al. (2011)	Acknowledge, Commit, Transform (ACT)	Residential treatment center for sexually exploited girls ages 13 to 18.	13 Treatment, 12 Comparison	Quasi-experimental – comparison group; pre/post at 3 months	Qualitative and quantitative	Interview, record review, and observation

research was complete. Randomization was unsuccessful, however, as many control participants switched to the treatment group due to scheduling conflicts with the control group’s scheduled training date (McMahon-Howard and Reimers 2013).

Six of the 13 studies utilized a multiple methods approach, one a purely qualitative approach, another a “lessons learned” approach, and the remaining five, a quantitative approach. Data were collected for the 13 studies in a variety of ways, including surveys ($n=9$), medical and case record reviews ($n=4$), observations ($n=3$), interviews ($n=8$), focus groups ($n=4$), and other secondary sources ($n=2$).

Findings of the evaluations with respect to the components of the RE-AIM framework are summarized in Table 3.

Reach In general, minimal relevant data about the program or policy’s reach (or planned reach) were provided in the documents reviewed. Notably, none of the documents provided information on the whether or not the studies’ samples represented the larger population of potential participants. Several of the documents did not provide key data on the program/policy’s sample response rate and participant demographics. Some of the studies excluded participants for reasons that were not made clear and that seem counterintuitive, given the needs of those affected by commercial sexual exploitation. One example of this is the evaluation of the GRACE program, in which transgender females were excluded from the study sample, although it has been documented that transgender women are disproportionately affected by violence and, in particular, sexual exploitation (Dank et al. 2015).

Effectiveness Outcomes data was shared for nearly all of the studies. Evidence of favorable outcomes for participating youth was reported in seven of the eight studies reporting on outcomes of this type. These outcomes showed increases in employment and higher educational aspirations (Cohen et al. 2011; Saewyc and Edinburg 2010), decreases in arrest (for both LIFESKILLS and GRACE programs; Cohen et al. 2011), increased family connectedness and support (Pierce 2012; Saewyc and Edinburg 2010), and increased

knowledge about when to use condoms (Edinburgh and Saewyc 2009). While some of the studies that were reviewed demonstrated decreases in drug and alcohol use (e.g., Pierce 2012; Saewyc and Edinburg 2010), others did not demonstrate statistically significant changes (e.g., Cohen et al. 2011). Murphy et al. (2016) noted increased attitudes and knowledge about the problem of CSECY, whereas Cohen et al. did not.

Positive outcomes for service professionals were documented in all five studies that reported on outcomes of this type (Adams et al. 2010; Ferguson et al. 2009; McMahon-Howard and Reimers 2013; Saewyc et al. 2007; Swann and Balding 2002) and in the two evaluations that reported on offender prosecutions (Adams et al. 2010; Swann and Balding 2002). Evidence of the positive impact of a community task force (Saewyc et al. 2007) and the perceived benefits of a countrywide policy (Swann and Balding 2002) were also reported.

Adoption Most of the documents did not report data pertaining to issues of program or policy adoption other than a basic overview of the type of organization or area in which a program or policy was implemented. This may be a result of the programs being implemented in one, rather than multiple, settings; but without more detail, it is difficult to discern the breadth of the adoption of a program or policy. For example, additional sites may have been approached to implement a program or policy, but were unwilling or unable to do so. This information about what did *not* happen is useful and important to report. There also exists the potential for variability among staff within adopting sites with respect to implementation readiness and willingness - another important detail to report. One of the studies that did provide useful adoption data was Swann and Balding’s (2002) report on a countrywide policy in England.

Implementation Most of the documents reviewed provided some findings related to implementation; however, program fidelity was rarely discussed (Cohen et al. 2011 is an exception). Data on implementation was most often related to 1) the number of sessions that participants completed

Table 3 Program and policy evaluation findings by RE-AIM categories

Author (Year)	Reach ^{a, b}	Effectiveness	Adoption	Implementation	Maintenance
Adams et al. (2010)	<ul style="list-style-type: none"> -Suspected and convicted offenders of commercial sexual exploitation of children (children are those persons under the age of 18). -No information on the number of offenders affected by the policy. 	<ul style="list-style-type: none"> -Prosecution data indicated increases in cases, convictions, and sentences to prison since the inception of Trafficking Victims Protection Act (TVPA) its reauthorization (TVPRA), and the PROTECT Act (Prosecutorial Remedies and Other Tools to end the Exploitation of Children Today). -Number of suspects referred to U.S. attorneys increased each year, though they declined to prosecute more than half of those, usually referring cases to the state-level. -Significant increase in the number of prosecutions brought to federal court following 2003 PROTECT Act & TVPRA; enactment of the TVPA in 2000 was not associated with significant change in number of prosecutions, but defendants were more likely to be convicted after enactment. 	-Nation-wide policy.	<ul style="list-style-type: none"> -Prosecutors indicated that the acts' utility hindered by differing definitions of CSEC in the application of current criminal law, there is a need for more state task forces, and that there are differing opinions about whether or not cases should be state or federally prosecuted. They also discussed the need for improved methods and prioritization of data collection. -Practitioners emphasized both the need to focus on assisting children in testifying so that they do not feel overwhelmed and the ways in which language affects how victims and offenders are treated. 	-Not reported.
Cohen et al. (2011) <i>LIFESKILLS</i>	<ul style="list-style-type: none"> -Female adolescents under the age of 18 who have experienced exploitation or are at-risk. -Those not proficient in English were excluded. -On average, girls received 91 h of all services combined and spent 190 days (6.3 months) in the program. -18.8 % completed the 6-month program with younger girls more likely to complete than older girls. 	<ul style="list-style-type: none"> -Significant changes from baseline to 3-month follow-up: <ul style="list-style-type: none"> • Decrease in experiences of sexual assault and positive beliefs about commercial sex. • Increase in educational aspirations, self-efficacy, and employment attitudes -No significant changes from baseline to follow-up in arrests, commercial sex involvement (very low at baseline), drug use, or commitment to school. -No relationship between program dosage and most outcomes. 	-Community-organization addressing global exploitation located in San Francisco, CA.	<ul style="list-style-type: none"> -Program fidelity indicated that 2 of 7 elements were fully achieved. Over time, components added to the curriculum to make the groups "more fun". -Participants had generally positive attitudes towards their case managers in the program and the program in general. -Most significant implementation issue related to mixing at-risk girls with girls who had already experienced exploitation. -Staff indicated some issues with the program functioning in "crisis mode" and high staff turnover. 	-Not reported.
Cohen et al. (2011) <i>EIPP/GRACE</i>	<ul style="list-style-type: none"> -Females aged 18–24 referred by criminal justice system following a prostitution arrest; 33 % response rate; 	<ul style="list-style-type: none"> -At 3-month follow-up: significant decreases in number of arrests (general), commercial sex-related arrests, 	-Community organization addressing global exploitation located in San Francisco, CA.	<ul style="list-style-type: none"> -Case managers met with clients an average of 7.2 h over a 4-month period; clients averaged 	-Not reported.

Table 3 (continued)

Author (Year)	Reach ^{a, b}	Effectiveness	Adoption	Implementation	Maintenance
	retention to follow-up = 41 %. Those not proficient in English or identifying as transgender women were excluded from the study.	commercial sex involvement (degree and frequency), and PTSD symptomatology, but not for substance use, victimization, educational aspirations, or commitment to school. -No relationship between program dosage (i.e., treatment hours received) and most outcomes.		22.6 h of group sessions. Group sessions were frequently cancelled due to low attendance. -Participants averaged 136.2 days in program; 27.6 % spent less than 90 days and 23.8 % more than 180 days (~6 months). -59.1 % completed the 25 h of required program participation. -Participants had generally positive attitudes towards their case managers in the program and the program in general. -1 out of 5 program fidelity measures were fully achieved. Staff identified a need for more therapeutic services for clients.	
Edinburgh and Saewyc (2009)	-Female adolescents, 10–14 years old, with a history of running away and extra-familial sexual assault or sexual exploitation; response rate = 95 %.	-At 6-month follow-up there was a significant decrease in chlamydia infection and running away episodes. -At 12 month follow-up, knowledge about health and safe health practices improved significantly, including how to access free or reduced-fee condoms and when to use a condom, and repeat Chlamydia infection decreased significantly.	-Home-visiting and case management provided in-home or at school.	-One-on-one counseling intervention to address substance use or mental health was refused by all participants; solution: offered weekly, after-school “therapeutic empowerment group” focusing on youth development and young people as leaders. -After initial implementation, additional focus on life skills for youngest participants. -On average, participants received 14.7 nursing visits, 11.75 case management contacts, and 2.15 parent visits.	-Not reported.
Ferguson et al. (2009)	-Non-governmental organization representatives, law enforcements officials, and prosecutors attending a 3-day training in five cities across the U.S.; response rate = 92 %.	-All questions for each of the 8 training modules showed significant increases in participants’ knowledge, attitudes, and skills.	-Three-day CSEC Community Intervention Project (CCIP) training hosted in Five cities: Chicago, Atlantic City, Denver, Washington D.C., and San Diego.	-Details about the content and logistics of the training were provided; no other information reported.	-Not reported.
Hickle and Roe-Sepowitz (2014)	-Girls identified as commercially sexually exploited at a residential treatment center; response rate = 100 %.	-Not reported.	-Residential treatment center for commercial sexually exploited girls in a large, southwestern U.S. city.	-As the group became more comfortable, members stepped into leadership roles. -Authors provide information about how to improve group, including appropriate setting and a co-	-Future plans for quasi-experimental research design to determine program effectiveness. - No specific information about program maintenance.

Table 3 (continued)

Author (Year)	Reach ^{a, b}	Effectiveness	Adoption	Implementation	Maintenance
McMahon-Howard and Reimers (2013)	-State-employed child protective services professionals in the state of Georgia; response rate unknown, as there was no discussion of total participation in the training (mandatory), compared to the study sample (voluntary).	-At 3-month follow-up, relative to the comparison group, the treatment group improved significantly in the knowledge categories, including the scope and demand for commercial sexual exploitation of children, risk factors, laws, and services. -There was no significant difference between the treatment and comparison group at 3-months in: • Mean number of children referred to the state referral and intake agency at follow-up. • Ability to define CSEC or identify a CSEC victim.	-Online mandatory training for Georgia-based child protective services professionals.	facilitator who has been in the sex trade. -Authors provide goals of the training as well as training format, but do not provide other implementation data.	-Not reported.
Murphy et al. (2016)	-Male and female youth ages 14–18, seeking reproductive health services, including those “at-risk” and the general population; response rate not reported.	-Some positive impact on knowledge, attitudes and awareness related to CSECY. Remaining constructs showed no significant change from pre to post. Overall positive feedback from qualitative responses at post.	-Adolescent reproductive health clinic in an urban city	-Formative research was the basis for the intervention and led to smoother implementation. -No detailed information about changes in implementation overtime.	-Not reported.
Pierce (2012)	-“At-risk” American Indian or Alaskan Native female youth ages 11–21; response rate = 49 %.	-Some positive impacts from baseline to follow-up, including youth being “clean and sober” and having been drug and alcohol free for at least 6 months. -2/3 of those reporting homelessness at in-take were no longer homeless at follow-up and all reported positive relationships with parents/caregivers, as well as increased support with sobriety from family and friends. -1/3 reported the same or increased threat of violence.	-Community-based organization serving girls and young women; partnered with alternative high schools to provide support services.	-Adapted in-take process so that case managers could build trust with participants. -Overall, participant feedback was positive. -Adaptation: Added an awareness-building activity after girls ask for more info on CSECY. -“Lessons learned”: routinely ask girls if they have been exploited, as they might not want to disclose at intake.	-Not reported.
Saewyc et al. (2007)	-Service providers, concerned community members on a task force addressing “systems level processes in order to find runaways and sexually exploited Hmong girls; to find, create, or link	-Key accomplishments driven by the coalition: • Two police officers were added to look for runaway teens • A shared protocol with law enforcement was developed to address runaway and truant girls	-Midwestern U.S. community with a large Hmong population	-Mission statement created 2 years after task force initiated. -The coalition had no leader initially, but later elected a leader with strong connections to community organizations.	-Majority of members believe the task force will continue indefinitely in some way. -Priorities for future work included prevention and educational initiatives, focusing on community, youth,

Table 3 (continued)

Author (Year)	Reach ^{a, b}	Effectiveness	Adoption	Implementation	Maintenance
	appropriate services for these girls; and ultimately, to prevent running away and subsequent sexual assault” (p.71); no response rate reported.	<ul style="list-style-type: none"> • Increased state funding for training for service providers • Increased arrests of buyers/exploiters. • New home visiting and case management services as well as professional resources. • Increased referrals at the community child abuse clinic. • Increased local media attention and local networking for issue. 		<p>-Group members believed that group was diverse, but that there was always room for improvement in this area.</p> <p>-Key barriers to success:</p> <ul style="list-style-type: none"> • No end date • Fluid membership • Lack of funding • Overly ambitious goals • Insufficient time • Lack of community resources • Difficulty involving Hmong male leaders 	parents, service providers, and local government.
Saewyc and Edinburgh (2010)	-Female adolescents ages 12–15 with a history of running away; response rate = 88 %; comparison group of 9th grade girls participating in the 2004 Minnesota Student Survey; no response rate reported.	<p>-Compared to baseline, girls in the treatment group showed significant changes at 6 and 12-month follow-up:</p> <ul style="list-style-type: none"> • Increase in protective factors, including improved grades (55 % and 58 %, respectively) • Decrease in risk behaviors and negative health outcomes, including drug use in past month (44 % and 55 %, respectively) and suicidal ideation (44 % and 57 %, respectively) <p>-Participants reporting the greatest emotional distress and the lowest levels of connectedness and self-esteem at baseline experienced the most significant improvements at follow-up.</p>	-Program is part of a hospital-based child advocacy center.	<p>-Some discussion about the cost of providing services and number of girls served. Minimal discussion about implementation and challenges but referenced the 2009 article included in this review for details on implementation.</p>	-Majority of the positive outcomes at 6 months were sustained at 12-month follow-up. No additional details reported.
Swann and Balding (2002)	-Area Child Protection Committees (ACPC) in England focused on preventing and responding CSECY; no response rate provided.	<p>-Of the targeted survey sub-sample ($n = 50$):</p> <ul style="list-style-type: none"> • 14 % were successful in achieving the aim of prosecuting abusers/coercers • 50 % were successful in helping in achieving aim of protecting children • 37 % indicated that the policy was helpful in developing a protocol to address CSECY 	-All of England.	<p>-Of the full sample ($n = 147$):</p> <ul style="list-style-type: none"> • All ACPCs were aware of the guidance; most had a protocol or in process of establishing one (89.7 %, 131) • 51.4 % (75) developed a sub-committee or steering group <p>-Of the targeted survey sub-sample:</p> <ul style="list-style-type: none"> • 6 % had youth on their steering groups • 18 % provided data regarding protocol usage • 48 % received training on the policy • 52 % had recovery strategy to help young people 	-Not reported.

Table 3 (continued)

Author (Year)	Reach ^{a, b}	Effectiveness	Adoption	Implementation	Maintenance
Thomson et al. (2011)	-Female adolescents, ages 13 to 18 who had experienced sexual exploitation; half of sample born outside the U.S. and all experienced trauma at home growing up; response rate not reported.	-At 3 months post-discharge: <ul style="list-style-type: none"> • 62 % successful discharge rate, which was significantly better than outcomes of other programs previously run through the same organization. • Majority of participants living in safe environments, though some still dealing with “risk” behaviors. • Five former residents still in contact with program mentor. 	-Not reported.	-Varying definitions within protocols were identified as were varying ages of target population: some referenced children up to 18, and others up to 21. -Overall, positive feedback from interviewees about the program. Some caseworkers felt some programmatic aspects were not helpful for their youth. Two of the youth would have preferred therapy in Spanish. -No details on divergence from planned program and actual implementation. -Some discussion of implications of the evaluation for future iterations or implementations.	-Not reported.

See description of each category and guiding questions in Table 1

^a While a program or policy participants’ representativeness of the target population is a key component of Reach within the RE-AIM framework, we will not be attempting to answer it in this review, as the data are not available in the reviewed studies. This is likely related to inconsistent data about the scope of CSECY and that the definitions and ages included in available numbers are often study-dependent.

^b Includes descriptive information about the participants in a program or policy when available (e.g., target population and age range of participants).

(e.g., Cohen et al. 2011), 2) the ways in which the program or policy was adapted over time to meet the needs of participants (e.g., adding “fun” group sessions; Cohen et al. 2011 – LIFESKILLS), or 3) allowing participants to take on leadership roles as they became comfortable (Hickle and Roe-Sepowitz 2014). Factors hindering implementation and program/policy “success” were addressed by some of the studies, including the need for a consistent definition of CSEC with respect to the Trafficking Victims Protection Act (TVPA; Adams et al. 2010) and the need to have consistent member engagement for the Hmong youth task force (Saewyc et al. 2007). The authors frequently shared data indicating that participants enjoyed, and/or believed they benefited from, the program or policy (e.g., Murphy et al. 2016; Thomson et al. 2011; Cohen et al. 2011).

Maintenance The reviewed documents provided minimal information related to the domain of maintenance. In general, authors (who were typically also the evaluators) frequently provided suggestions for improving the program, but did not discuss how and if the program would be maintained. Although some authors described challenges to sustaining the program or

policy under evaluation, there was little discussion of plans for obtaining funding or other resources required for continuing the work. Saewyc and Edinburgh (2010) did find a number of sustained positive outcomes (increases in protective factors and decreases in risk-factors) for the youth participants at 6-months and 12-months post-intervention. Hickle and Roe-Sepowitz (2014) discussed plans for a quasi-experimental follow-up evaluation to their non-experimental “lessons learned” study, and Saewyc et al. (2007) described future priorities for their task force as well as a belief that the work would continue indefinitely in some capacity.

Discussion

There were a limited number of documents to include in our review and a number of them lacked detailed information for each of the RE-AIM categories. The work reviewed here, however, collectively, is a seminal step in understanding potentially effective approaches to addressing CSECY. There is limited and competitive available funding, as well as a dearth

of information on what programs and policies might work in specific contexts. Despite this, we applaud the efforts of the researchers and practitioners reviewed in this paper who aimed to make a difference, often with little financial and administrative support.

Key Areas for Improvement

In comparison to the fairly large number of programs and policies that appear to have been put in place to target the issue of CSECY, this review points to a relative paucity of evaluation data available on these efforts.

Need for More Comprehensive Evaluations The RE-AIM framework used in our review served to identify a number of areas that merit attention in future evaluations of efforts to address CSECY. First, we must consistently conduct evaluations of programs and policies, as evaluations provide data to determine the overall utility of an intervention (CDC 1999). Second, there is a need for more comprehensive evaluations of existing programs and policies, as many of the reviewed documents lacked complete evaluation data for each of the RE-AIM domains. Saewyc and Edinburg (2010)'s evaluation of the Runaway Intervention Program is the exception to this point and provided data for all five RE-AIM domains, allowing the reader to gain a more complete sense of the study. As with all of the studies reviewed, however, there is omitted or incompletely described data that would be useful in fully understanding the program's utility.

Reach Few of the documents reviewed provided detailed information on the sample and its representativeness of the specified population, though this information may have been largely unknown to the researchers given the dearth of incidence and prevalence data on the phenomenon. We recommend that the best estimate of a program or policy's reach be included in evaluation reports. Additionally, there is a need to gather and report individual-level descriptive data on study participants in order to inform current and future programs and policies that target more diverse groups (e.g., buyers of sex, parents of CSECY, and lesbian, gay, bisexual, transgender, and queer youth). This information is particularly useful given current attention to the relevance of these groups in terms of addressing CSECY (e.g., Clayton et al. 2013).

Efficacy Given the limitations of the study designs and sample sizes in the reviewed documents, it is premature to reach any conclusions about the effectiveness of the programs or policies involved. Additionally, many of the evaluations reviewed lacked methodological rigor, making it difficult to determine effectiveness. Overall, the studies employing solely or heavily quantitative designs utilized the most rigorous research methods. The one qualitative method and the mixed

and multiple methods studies, fell short by qualitative research standards in very specific ways. First, none of the authors thoroughly described the key components of a sound qualitative, multiple method, or mixed methods research study, including (a) the researchers' critical reflection on their role as a data collection instrument, (b) explicating their study design (e.g., narrative, ethnography, case study) and its fit with the research question, and (c) thoroughly reviewing their steps to analysis (Creswell 2014; Creswell and Miller 2000). Second, the authors neglected to validate the data through accepted procedures, including triangulation and member checking (Charmaz 2014; Creswell 2014; Creswell and Miller 2000). These findings point to a clear need for future CSECY program or policy evaluation studies employing qualitative methods (which we recommend be used when possible) to incorporate more rigorous data collection and analysis procedures.

Another important methodological consideration that is relevant for both overall evaluation and the specific domain of efficacy is the use of experimental research designs when evaluating programs or policies targeting CSECY. The challenge is evident in McMahon-Howard and Reimers' (2013) unsuccessful attempt at random assignment that was discussed above. The inability to keep the study's treatment and control groups separated highlights the complexities of conducting experimental research on the issue of CSECY. It also points to the ethical imperative that those in need of an intervention should not be required to wait to participate. In the case of the evaluated child protective services staff training (McMahon-Howard and Reimers 2013), it was more important for all of the participants to complete training at a time that was convenient for them, rather than keeping the random assignment intact.

Adoption Few of the reviewed documents provided information on the setting(s) in which the program or policy was implemented and the staff's willingness to support implementation. We recommend this data be included in future evaluation reports, since it is useful to both understand the context of the program/policy and to determine if the program/policy could be adopted in another setting. There is also a need to focus evaluation efforts on policies that have been implemented in a variety of settings, as only two of the 13 studies were policy evaluations.

Implementation The documents reviewed provided detailed implementation data. The data was mostly related to participant satisfaction and length of time in the program or number of sessions completed. While this information is useful for evaluation, we recommend that measures of fidelity also be included in evaluation reporting in order to gain a complete understanding of the implementation process, including when and how adaptations were made.

Maintenance Most of the documents reviewed did not report on the ways in which the program/policy's outcomes will be maintained over time or what changes will be made in future iterations. While it may not be feasible to gather data after a program/policy has ended, it is still useful for evaluators to consider what data would be ideal to collect and to delineate plans for continuation of the program/policy over time.

External Validity Scholars have drawn attention to the under-emphasis on external validity in evaluation, in favor of attention to internal validity (Green and Glasgow 2006; Glasgow et al. 1999, 2006). The findings of this review highlight the need to conduct thorough evaluations that not only focus on effectiveness in ideal situations (internal validity), but gather and report data and contextual information that speaks to the potential for transferring programs and policies to other settings (external validity). We believe the RE-AIM framework can be instructive for all evaluators who wish to conduct thorough evaluations with the potential for translation to other settings and populations.

Limitations of the Current Review

There are several limitations with our review that should be discussed. First, we were limited to the findings and other information that were included in the evaluation reports. It is possible that additional data, such as fidelity of program implementation, were collected and analyzed, but not included in the published documents. It is also worth noting that the majority of the evaluations were published in scholarly journals, many of which have page or word limits. This may explain why the journal articles, in particular, did not thoroughly address all of the RE-AIM dimensions. We believe, however, that data for each of these categories should be reported in journal articles, even if only briefly, as well as through other means (e.g., supplemental on-line materials, scholarly or practice-based research reports) so that external validity may be assessed and the work translated for practical applications. Second, although a multi-channel literature search process was used, it is possible that some relevant evaluations might have been overlooked. If this is the case, the findings of our review may not be truly representative of the full breadth of available evaluation literature on CSECY programs and policies. Finally, there may be work that is being conducted, but without funding to support formal evaluations and/or sharing of evaluation data in a systematic way (e.g., journal articles, reports, etc.), as this is a newer area in program and policy development and

implementation. It would be extremely useful to have a central location where practitioners and researchers could access data from ongoing or completed evaluations of programs and policies targeting CSECY. This resource would be useful in order to accomplish the following: (1) encouraging and providing space for the reporting of evaluation data, even in an informal sense, (2) sharing evaluation information which may strengthen developing and existing programs and policies, (3) connecting those working on similar initiatives, and (4) preventing unnecessary duplication of efforts.

Concluding Observations

We have proposed that there is much to be gained from more comprehensive and rigorous evaluations of programs and policies to address CSECY and have provided a number of specific recommendations that may be helpful. We also believe that the limitations noted, when considered collectively, are potentially indicative of larger, more systemic issues. One of these issues may be a tendency for funders, program developers, researchers, and others to champion efforts to “save” children from commercial sexual exploitation by any means that seem appropriate. Such a response is understandable given the raw emotions and sense of urgency to “do something” that are evoked by the realities of the commercial sex exploitation of children and youth. However, this also means that programs and policies to combat CSECY may be rolled out without the necessary attention to, and provisions for, evaluation planning and support. A second, and broader concern, is the reality that in contrast to many of the other significant issues confronted by young persons (e.g., mental health problems, academic difficulties), commercial sexual exploitation is not likely to be within the realm of the direct experience or knowledge of most policy-makers and funders. As such, we suspect that CSECY is less well-positioned than many other “causes” to attract the types of sustained investment that are required for supporting the types of top-flight evaluation work that we are recommending. Thus, we are excited to see the growing number of interventions for both the general population and at-risk and affected youth, as well as governmental and other sources of support for them. We hope that funders, program developers, and researchers will understand the need for such efforts to be informed by strong evaluation data and reporting, as well as broader systematic factors that may present formidable barriers to advancing the availability of well-evaluated programs and policies.

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