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# Risk Factors for Sex Work Recidivism in Commercial Sexual Exploitation Victims

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## ABSTRACT

RISK FACTORS FOR SEX WORK RECIDIVISM IN COMMERCIAL SEXUAL EXPLOITATION VICTIMS.

By

OLUWATOMINSIN OYINLOLA FALEGAN

APRIL 21, 2016

**INTRODUCTION:** An estimated 4.9 million individuals worldwide are currently victims of some form of commercial sexual exploitation. Although there are differing opinions on what can be classified as commercial sexual exploitation, study findings demonstrate that the risk factors and health outcomes for individuals forced or who opt to enter sex work include mental illness, lack of social support, physical injuries and substance abuse. Although studies note that sex work recidivism may be an issue for victims who have exited the commercial sexual exploitation industry, literature addressing the cause and incidence of the phenomenon is very limited.

**AIM:** The purpose of this study was to identify and explore possible risk factors for sex work recidivism by using factors noted in criminal recidivism that align with outcomes for commercial sexual exploitation. The author hypothesizes that individual level factors, such as mental health, substance abuse, and history of abuse, and relationship level factors, such as social support or the lack thereof, will be discussed the most in the literature analyzed.

**METHODS:** The researcher did a systematic search of terms related to commercial sexual exploitation (namely: prostitution and sex trafficking) in Georgia State University's online library database and PubMed. Inclusion criteria for this project was the use of terms in an abstract or title and content addressing health outcomes of commercial sexual exploitation. Using an adaptation of the socio-ecological model, the researcher completed a content analysis on articles that met inclusion criteria and extracted and counted the most prevalent themes. Ultimately, the themes were categorized by the four levels of the socioecological model.

RESULTS: Out of the 47 articles initially retrieved, 21 articles met the inclusion criteria. Individual and Societal level factors were mentioned in 20 of the 21 articles. Relationship level factors were mentioned in 17 of the 21 articles, and Community level factors were mentioned in 16 of the 21 articles.

**DISCUSSION: The findings supported the researcher's hypothesis that individual level factors such as mental illness and substance abuse would be most prevalent in the studies analyzed. However, the findings demonstrating the equal prevalence of societal factors such as inequalities and economic instabilities was a deviation from the author's predictions.**

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IN COMMERCIAL SEXUAL EXPLOITATION VICTIMS.

by

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APPROVAL PAGE

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### Author's Statement Page

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\_\_\_\_Oluwatominsin O. Falegan\_\_\_\_\_  
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## **CHAPTER I: INTRODUCTION**

### **Background**

In the past decade, understanding the intricacies of the commercial sexual exploitation industry and its effects on individuals and communities has become a growing focus of studies in a variety of disciplines (Schauer & Wheaton, 2006). While earlier studies focused on addressing the existence and gauging the prevalence of the industry, more recent studies are exploring the complex effects that the exploitation has on victims. Commercial sexual exploitation has been defined as

“ a practice by which a person achieves sexual gratification, financial gain or advancement through the abuse or exploitation of a person’s sexuality by abrogating that person’s human right to dignity, equality, autonomy and physical & mental well-being” (Wilson, Critelli, & Rittner, 2015).

Although there are likely other circumstances that can be classified as commercial sexual exploitation, the most widely acknowledged and studied forms are prostitution, sex trafficking and pornography (Wilson, Critelli, & Rittner, 2015). In accordance with the study topic, the sex trafficking and prostitution of women and girls will be the primary focus of this study.

According to the U.S. National Institute of Justice (2012), the U.S. Government defines sex trafficking as “a commercial sex act [that] is induced by force, fraud, or coercion, or [that] in which the person induced to perform such act has not attained 18 years of age”. Prostitution is generally understood to be the exchange of sexual acts for a form of compensation (Auguston & George, 2015). Arguments advising splitting the conversation on sex trafficking and prostitution exist, based on the idea that entry into prostitution may have been the

participant's choice (Batsyukova, 2007; Schauer & Wheaton, 2006). However, studies report that a majority of the women and girls who are trafficked for sexual exploitation end up in the prostitution industry (Batsyukova, 2007). Furthermore, studies show that the health outcomes and consequences for victims of sex trafficking are comparable to those of individuals who have been prostituted (Ross, Farley, & Schwartz, 2003). These outcomes include, but are not limited to various mental health disorders, substance abuse, and physical injuries.

Considering the hidden nature of the sex industry, conflicting reporting procedures and the various definitions of exploitation, obtaining definite prevalence and incidence statistics of commercial sexual exploitation of either form continues to be an issue for researchers (Smith, 2011). In 2012, the International Labour Office (ILO) estimated that about 4.5 million individuals worldwide were currently in a forced labor setting for sexual exploitation. In a 2014 report, the United Nations Office on Drugs and Crime, reported figures from 2010-2012 on detected instances of labor, sex or organ trafficking globally that estimated 53% of individuals trafficked globally are trafficked for sexual exploitation. Of that 53%, the researchers reported that 97% of detected victims are female and that of female victims of human trafficking, 79% are trafficked for the purpose of sexual exploitation (United Nations Office on Drugs and Crime, 2014). In addition to the statistics that demonstrate the global impact of commercial sexual exploitation, health outcomes including, but not limited to mental health disorders, physical injuries, and substance abuse align with topics and objectives of Healthy People 2020 (Injury and Violence Prevention, Mental Health and Mental Disorders, and Maternal, Infant and Child Health) as well as several of the United Nations Millennium Development goals (Gender Equality, Extreme Poverty, Maternal Health) (Healthy People 2020, 2016; (United Nations, 2008). Furthermore,

considering the multilevel risk factors and outcomes, commercial sexual exploitation is in fact a public health issue worthy of multidisciplinary understanding, research efforts, and program development in order to prevent sex work recidivism.

Sex work recidivism, or the return to sex work after exiting or being rescued has been noted in the literature addressing the effects of commercial sexual exploitation as an issue (Fowler, Che, & Fowler, 2010). However, firm data on the prevalence and incidence of the phenomenon is lacking. Although the body of literature on sex work offers hypotheses as to why recidivism occurs, studies that explore the risk factors of sex work recidivism is limited (Fowler, Che, & Fowler, 2010). In contrast, there is an extensive body of criminal recidivism literature that addresses risk factors and possible preventative measures. Risk factors identified in these articles include mental illness, substance abuse and lack of social support. Multiple studies have also reported mental illness, substance abuse and lack of social and family support as possible outcomes of commercial sexual exploitation (Abas et al., 2013; Ostrovschi et al., 2011; Todres & Clayton, 2014; Twill, Green, & Traylor, 2010). The parallels seen in the suggested risk factors of criminal recidivism and the outcomes of commercial sexual exploitation lead the researcher to conclude that criminal recidivism literature can be used as a starting point for informing the causes of sex work recidivism.

### **Research Questions and Hypotheses**

In consideration of the complex nature of recidivism and commercial sexual exploitation, the researcher intends to use the socio ecological model (McLeroy, Bibeau,

Steckler, & Glanz, 1988) as a basis for exploration. The socio-ecological model has been used in public health research and practice to help individuals understand the interactions that multiple, multi-level factors have on health issues (CDC, 2015). The model is also used to help develop interventions to prevent the future incidence of such health issues or consequences (CDC, 2015). In this study, the researcher seeks to explore the possible relationships between the health outcomes and risk factors of victims of commercial sexual exploitation, such as mental health illness, history of trauma, lack of social support, neighborhood characteristics, amongst other factors and sex work recidivism, by reviewing available literature on outcomes and comparing with literature addressing recidivism risk factors in the hopes of informing preventative measures and rehabilitation program components. The researcher hopes to answer the following questions:

- What are the risk factors associated with recidivism in victims of commercial sexual exploitation?
- What health outcomes of commercial sexual exploitation are possible risk factors for future sex work recidivism?
- What level[s] of the socio ecological model require the most attention in order to prevent sex work recidivism?

Based on preliminary research and review of literature, the author hypothesizes that:

- When the literature is analyzed for outcomes of commercial sexual exploitation in relation to possible risk factors of sex work recidivism, individual level factors, such as mental health, substance abuse and previous trauma will be the most frequently

mentioned at the individual level as well as amongst the different levels of the socio-ecological model.

- When the literature is analyzed for outcomes of commercial sexual exploitation in relation to possible risk factors of sex work recidivism, the relationship level factor, social support, or lack thereof will also be the most frequently mentioned at the relationship level as well as amongst the different levels of the socio-ecological model.
- When the literature is analyzed for outcomes of commercial sexual exploitation in relation to possible risk factors of sex work recidivism, community level factors, such as settings and neighborhood characteristics, will be mentioned less frequently amongst the different levels of the socio-ecological model.
- When the literature is analyzed for outcomes of commercial sexual exploitation to sex work, societal level factors, such as ethnicity/culture or social class will be mentioned less frequently amongst the different levels of the socio-ecological model.

## **CHAPTER II: LITERATURE REVIEW**

While literature directly addressing commercial sexual exploitation and recidivism from the victim's perspective is lacking, there have been a wealth of studies completed on other types of recidivism, with criminal recidivism being the most prevalent. The researcher acknowledges that using criminal recidivism factors as a basis for an argument regarding victims of commercial sexual exploitation may be problematic in that the participants of studies on criminal recidivism to be discussed may be studied as offenders rather than victims of criminal offense. However, the researcher proposes that the basis for general recidivate behaviors and risk factors can be extracted and generalized as the themes found in the few articles addressing recidivism and commercial sexual exploitation as they apply to rehabilitation programs, were similar if not the same as the themes found in articles exploring criminal recidivism. The researcher identified five general themes present in both types of articles, which will be described below and then applied to components of this study. The themes include: relationships and social support, mental health, treatment, substance abuse and abuse history.

### **Relationships and Social Support**

The literature on criminal recidivism suggests that social support may be linked to lower incidence of recidivism in both males and female offenders (Conrad, Tolou-Shams, Rizzo, Placella, & Brown, 2014; Duwe & Johnson, 2016; Mancini et al., 2016). One study specifically examined the effects of visits from community volunteers on men in prison. In another study where incarcerated men and women were studied, results indicated that visits from siblings, in laws, father and clergy was linked to reducing the recidivism risk in the offenders (Duwe & Clark, 2013). In another study where reentry concerns in incarcerated women were assessed,

researchers found that worries about financial issues and stigma post release expressed by study participants were reduced in women who were visited by family members and friends while incarcerated (Mancini et al., 2016). In a number of studies, researchers presented results that noted that victims of commercial sexual exploitation may have fragmented relationships with friends and family members. These relations were often dysfunctional before exploitation, and family members/friends of the victims distanced themselves because of shame or stigma once the victim entered the life (Boxill & Richardson, 2007; Gerassi, 2015). Considering the concerns that incarcerated women expressed regarding reentry in relation to lack of social support, one may hypothesize that the same effect could be observed in the context of treatment options for sexually-exploited women posed to reenter society.

## **Mental Health**

The findings of the following studies suggest that links exist between mental illness and non-violent criminal offenders. In a study where researchers explored gender differences in recidivism rates, the results reported suggested that psychiatric problems were one of the factors linked to higher risk of future incarceration (Conrad, Tolou-Shams, Rizzo, Placella, & Brown, 2014). Anti-social behaviors are also linked to mental health issues, in that they function as a marker for low self-esteem and self-image (James, Stams, Asscher, De Roo, & der Laan, 2013). In a study looking at predictors of long and short term recidivism, anti-social character traits were identified as linked to recidivism (Olver & Wong, 2015). Comparably, studies



addressing commercial sexual exploitation consistently identify mental illness as a health outcome for women and children who have been sexually exploited (Abas et al., 2013; Ostrovschi et al., 2011; Todres & Clayton, 2014; Twill, Green, & Traylor, 2010).

### **Substance Abuse**

In multiple studies of criminal recidivism, researchers also sought to understand the relationship between substance abuse issues and re-offense in the study participants. In a study looking at aftercare programs for juvenile offenders, the authors reported that drug abusing juveniles were at higher risk for criminal re-offense (James, Stams, Asscher, De Roo, & der Laan, 2013). In another study, researchers found that substance abuse compounded with psychiatric problems was linked to a higher risk for future detention in juvenile offenders (Conrad, Tolou-Shams, Rizzo, Placella, & Brown, 2014). In an evaluation of a rehabilitation program for adolescent girls, the researchers found that the women that did return to work related to commercial sexual exploitation were women that struggled with substance abuse issues (Ogbonna-McGruder, Miller, & Martin, 2012). In addition, several studies on sexually exploited women in rehabilitation programs have also found a link between substance abuse issues and recidivism (Ogbonna-McGruder, Miller, & Martin, 2012; Cimino, Mendoza, Thieleman, Shively, & Kunz, 2015).

### **Abuse History**

Findings from various studies also demonstrate that there may also be a link between previous sexual abuse experiences and recidivism in both criminal behavior and sexual exploitation in adult women (Conrad, Tolou-Shams, Rizzo, Placella, & Brown, 2014; Roe-

Sepowitz, Hickle, Loubert, & Egan, 2011). The compounded effect of substance abuse and childhood abuse and its link to re-arrest is reported in an article where researchers looked at adult prostitution recidivism (Roe Sepowitz & Hickle). In another article, where researchers explored gender differences in juvenile offenders, the findings suggested that sexual abuse in childhood was linked to increased recidivism risk in women offenders (Conrad, Tolou-Shams, Rizzo, Placella, & Brown, 2014). A history of abuse, whether sexual, physical or in the form of deprivation, has long been understood to be a risk factor of sexual exploitation (Gerassi, 2015; Greenbaum, 2014). Overwhelmingly, the above research suggests that addressing the effect of past sexual abuse experiences in those to which they're relevant is an important component of preventing recidivism.

### **Treatment/Rehabilitation**

A number of pre and post release programs have been developed in an effort to reduce future re-offense or exploitation re-entry. These pre and post release programs may be half-way house programs, alternative treatment programs or group home programs specifically for juveniles. In one study, the researchers concluded that the most effective interventions were the ones that were focused on the individual offender and were more intense specifically for high-risk offenders (James, Stams, Asscher, De Roo, & der Laan, 2013). Other studies have demonstrated that individualized treatment plans are successful in helping to address the myriad of issues that an individual may face post exit from incarceration or from a sexually exploitative environment (James, Stams, Asscher, De Roo, & der Laan, 2013; Thomson, Hirshberg, Corbett, Valila, & Howley, 2011; Wilson, Critelli, & Rittner, 2015). Furthermore, studies suggest that programs that include components that help participants develop social

skills as well as provide job or trade training or opportunities are also successful in reducing recidivism (Stanley, Sata, Oparah, & McLemore, 2015; Kroner & Yessine, 2013).

In a study researching recidivism of incarcerated women, the researchers concluded, that discharge planning is very important to the prevention the women's return to prison (Vigilante KC et al., 1999). Furthermore, they suggested that facilitation of a relationship between the recently released woman and a primary care physician can be the crux of creating a network of relationships for her and therefore developing a personal support system (Vigilante KC et al., 1999). In another study on an intervention for individuals arrested for prostitution related offenses, the researchers found that a "supportive, non-constrictive, targeted" intervention was successful in getting more clients to enroll in the diversion program and reduce the incidence of prostitution related arrests (Roe-Sepowitz, Hickle, Loubert, & Egan, 2011). In addition, the results from a number of the studies mentioned in the previous sections suggest that having a program component that deals with the substance abuse issue that individual may be experiencing or have experienced is also imperative to the effort to reduce recidivism.

### **CHAPTER III : METHODOLOGY**

#### **Conceptual Framework**

The conceptual framework used in this study is an adaptation of the socio ecological model (Coreil, 2009) that is used in public and behavioral health research and practice. Various versions of the model are used to understand public health factors that go beyond personal behavior. In this study, the researcher used an adapted version of the model that includes elements from the Center for Disease Control and Prevention's socio ecological model for

violence prevention and Coreil’s general model for social and behavioral health (Coreil, 2009; CDC, 2015). The levels in the model used to frame the literature include the individual, relationship, community and societal levels of the socio ecological model. Table 3.1 offers an in depth description of each of the levels as well as examples.

<b>Table 3.1: Conceptual Framework Definitions</b>	
<b>Levels</b>	<b>Definitions Per CDC &amp; Coreil</b>
Individual	Biological, personal history, or psychological factors including age, education, income, substance abuse or history of abuse and behaviors
Relationship	Close relationships, including closest social circle, peers, partners and family members
Community	Settings, places, and environment including work, school, neighborhoods, health organizations, clubs and associates
Societal	Broad societal factors, such as ethnicity/culture, built environment, public facilities, social capital, social class, infrastructure, health facilities, economics, education, government, national ethos, policies

### **Search Strategy**

The researcher assigned inclusion criteria for the literature review and the information that could be used address the research question. The inclusion criteria included peer-reviewed academic journal articles that were written in English. These journal articles also had to pertain to a subject pertinent to the research question, by including one or more of the following in the title and abstract: commercial sexual exploitation (including prostitution, sex trafficking, and commercial sexual exploitation), sex/human trafficking, and/or recidivism. Initially, articles addressing intimate partner violence were also included due to the similarities in risk factors

and health outcomes post exit. Furthermore, articles that evaluated and/or described commercial sexual exploitation rehabilitative programs were also included. However, due to fundamental differences in the nature of intimate partner violence in comparison to commercial sexual exploitation, the author chose to exclude articles that addressed intimate partner violence exclusively. A majority of the searches were completed through academic journal databases accessible through Georgia State University's online library database and PubMed. The search terms the researcher utilized are consistent with the terms described above. Forty-seven articles were identified in the initial searches, and twenty-one articles met inclusion criteria and were coded.

### **Coding Strategy**

After identifying articles that matched the inclusion criteria, the researcher categorized them based on the subject matter and how each contributes to addressing the research question in the form of an annotated bibliography. The researcher's focal point of search in the journal articles was identification of risk factors for entry into commercial sexual exploitation and health outcomes after exit from the industry. The identification of risk factors and outcomes are in line with the proposal that understanding factors that predispose individuals' entry into commercial sexual exploitation as well as the associated outcomes will inform the field of factors that influence recidivism. Using the CDC's adaptation of the social ecological model for violence prevention as a starting point, the researcher physically made note of

different issues addressed in the articles and categorized them into the levels of the mode based on the adapted definitions as depicted in Table 3.2.

<b>Table 3.2: Raw Coding Notes</b>				
<b>Journal Article</b>	<b>Social Ecological Model Level</b>			
	<b>Individual</b>	<b>Relationship</b>	<b>Community</b>	<b>Societal</b>
(Gerassi, 2015)	Childhood trauma; maybe homelessness; housing instability; substance abuse; history of sexual abuse increases likelihood of transactional sex	Dysfunctional family structure/dynamics; witnessing IPV, addictions, neglect; family members may be exploiters; money from sex may support family; foster care; isolation; IPV (exploiter may be boyfriend/partner)	Lack of cohesion and resources; truck stop environment	Foster care system; categorizing exploitation as prostitution; child welfare system; help is expensive; prostitution listed as a crime; male privilege and dominance; sexism; no other economic options; institutionalized discrimination; glamorization of pimping and prostitution; gender-based violence; prostitute women viewed as “meat”
(Zimmerman, Hossain, & Watts, 2011)	History of abuse or deprivation; history of abuse increases risk of future abuse; age (younger more at risk); Being a member of a marginalized group; vulnerability; history of abuse or deprivation; personal financial crises; “lured by promise of better future”; exposure to traumatic events; history of interpersonal	Trafficked/recruited by someone they know; family dysfunction; exposure to trauma; limited contact with outside world/isolation; Common to be recruited by someone they know, like a friend of family or family members; familial dysfunction	Refugee camps, detention facilities, legitimate foreign labor settings; culturally/linguistically different; limited access to protective services for those involved in criminal investigation; may go back to same environment (financial instability/familial strife); Refugee camps; detention	Political/economic instability; unaware of legal rights; familial financial crisis; legal stressors; stigma; discrimination; asylum application process; barriers to care; similar stressors as refugees/asylum seekers; higher levels of social exclusion/discrimination; poor access to health

	<p>violence; recruitment stage poses health influences that appear to be linked to aspects of vulnerability and ways individuals will experience and absorb future risk; psychological sequelae; past experiences of abuse; young person more vulnerable to re-trafficking; cumulative nature of risk; substance abuse</p>		<p>facilities and legitimate, non-exploitative foreign labor settings; environmental degradation</p>	<p>services; legal insecurity; employment/financial issues; Political or economic instability; seeking job abroad sue to family financial or health crises; victim may go undetected and may be detained as illegal immigrant or prostitute; stigma and discrimination or stress associated with prosecution and asylum application process; victims have limited access to protection measures and support mechanisms; may face retaliation of traffickers; barriers to care similar to refugees and asylum seekers; employment and financial situations may remain unchanged; difficulty of being a member of a marginalized group (immigrant, minority)</p>
<p>(Abu-Ali &amp; Al-Bahar, 2011)</p>	<p>Complex mental disorders; developmental trauma; splitting of self; preserve sense of self; regression to familiar settings</p>	<p>Rapport with perpetrator of violence; may lead to future detachment in relationships; marginalization;</p>	<p>None Noted</p>	<p>Economic disparity between “global north and south”; government instability/dept; women &amp; children most</p>



		punishment upon reunion with family; dissociation from cultural identity		vulnerable/disadvantaged social group; structural violence/discrimination; migrant status in globalized economy
(Banović & Bjelajac, 2012)	Psychological damage/stressors; physical health	Isolation; need social inclusion	Isolation; resource needs: education/employment; medical assistance; legal aid; security	Need for resocialization
(Cecchet & Thoburn, 2014)	Resiliency; gender; race; history of family dysfunction; history of work as stripper, escort or internet sex work; desire to be loved; low self-worth; low self-esteem; substance abuse; distrust; whether or not have children; personality; desire to live; positive thinking and motivation for chance; feelings of helplessness; forgiving oneself; volunteering/community engagement	Being in love with pimp; family members involved with exploitation; separation from family; systemic isolation (no help from therapy); lack of social support	Low socioeconomic status neighborhoods likely to have more prostitution; service providers misidentify victims; prostitution already present in neighborhood; neighborhood where prostitution is normalized	Socioeconomic status; lack of systemic care; criminalization and marginalization; stigmatized people group; low awareness
(Hardy, Compton, & McPhatter, 2013)	Empowerment [or lack of]; substance abuse disorders; perception of others; perception of safety; right to self-determination; strength; resilience; goal development; need for food, clothing and	None noted	Rehabilitation environment should not reflect the trafficking environment	Not adequately equipped for life outside of commercial sex industry; sexualization of females; terms used in legal system; distrust of legal services; child welfare system;

	shelter; development of basic living skill and career related skills; victim centered approach to rehabilitation			untrained professions in health care; lack of understanding for trafficked victims; lack of trauma-appropriate therapy; enhanced knowledge of anti-trafficking laws and policies; specialized care required
(Hom & Woods, 2013)	Physical abuse; chemical dependency; perception of world (brainwashed by pimps); mental disorders (PTSD, anxiety, dissociation); knowledge of how to “return”; feelings of shame; acknowledgement as expert of experience during rehabilitation; survivor focused/victim centered care in rehabilitation; understanding complex trauma; holistic in meeting needs; perception of control; autonomy; comfort in rehabilitation	Abusive families; exploitation by family members; abusive foster parents; significant bond with perpetrator; inability to return to family; establishing trust/rapport by meeting where at and not judging; contact with world outside their own; difficulty establishing healthy/appropriate relationships	Environmental triggers (types of music, being around addicts, other sex workers); large concentration of homeless youth/prostitution; need safe place to not feel judged or punished; need trained healthcare providers; not forced to stay at facility	Foster care system; residential housing sent to behavioral program; thinks going to get punished by police
(Hossain, Zimmerman, Abas, Light, & Watts, 2010)	Mental illness; increased anxiety and depression; comorbidity; length of	Family unwelcoming to return	None noted	Stigma

	trafficking experience; history of abuse			
(Macias Konstantopoulos et al., 2013)	Gender; childhood sexual abuse	Family members play role in trafficking process	Poorer urban towns	Victims don't seek treatment for fear of discrimination or being reported to immigration; financial insecurity; lack of formal education; lack of viable alternative economic opportunities; cultural norms that reinforce inequality; sexual objectification of women/girls; high demand for commercial sex; law enforcement complicit; weak/limited health system response
(McClarty et al., 2014)	New traditional sex workers are younger; younger sex workers have higher chance of coercion or force used; low education; minority groups; younger age of sexual debut; past experiences of interpersonal violence as reason for entering sex work; "pleasure pathway"; defying social norms	Husband/partner unwilling/unable to work; unfavorable familial/social situations; divorce/separation; domestic violence; family's unwillingness/inability to provide financial support; international industry – family sold girls into sex work because of financial issues	Forced for job security	Devadasi – "dancing girls", "temple dancing girls" (girls dedicated to gods or goddesses); acute poverty; lack of employment opportunities; chronic poverty; financial insecurity; stigma

(Muftić & Finn, 2013)	Physical/sexual abuse in childhood; repeated intrusive trauma; resulting PTSD, anxiety, mood, and substance related disorders; depression; memory problems; physical injuries; early exposure to trauma (ex. Homelessness, hunger, parental neglect, sexual/physical abuse, rape before 18 yrs); age; being trafficked; length of time in sex work	Intimate Partner Violence (IPV)	Limited access to healthcare/social services; poor living/working conditions; lack of access to healthcare	Social isolation; poverty
(Ostrowschi et al., 2011)	Anxiety/mood/substance abuse disorders present months after; PTSD, harmful alcohol use; childhood adversity; personality factors; comorbidity; pre-departure abuse; severity of trafficking; length of time in trafficking situation	Family difficulty, level of social support		Socioeconomic position; poverty; stigma; social isolation
(Smith, 2011)	None Noted	None Noted	None Noted	Criminal justice approach to addressing sex trafficking; profitability of sex slavery; desperation of people; victims are typically from poor countries; cultural factors that denigrate women and promote extramarital affairs; having

				legislation to combat sex trafficking, but do not enforce; no legislation to combat sex trafficking; poor countries have poor data collection practices and low resources; TVPA has reverse effect; policies against trafficking could have adverse effects on victim's rights; Palermo Protocol
(Boxill & Richardson, 2007)	History of sexual abuse or abuse at home; runaways; poor schooling achievement/performance; gender; age; emotional distress; self-image; repeated/early runaways; maturity; cognitive development; morality concepts hampered	Poor family function; family violence; negative/limited/failing peer relationships; repeated family abuse & neglect; poor female attachment (girls); disruptive relationship between mom & daughter; forms of parental discipline	Community violence; large city—lure of anonymity/perceived opportunity for freedom; not feeling same in community/home; major airports; hosting of convention and major sporting events	Categorization as juvenile delinquents; low socioeconomic status; economic deprivation; racism; conditional inequality between the sexes; law enforcement, juvenile justice system and child welfare system view issue through differing lenses; local level policies and protocols; placing the blame on victims; “survival sex”
(Fong & Berger Cardoso, 2010)	Runaway, homeless, kidnapped, and in or leaving foster care have increased risk of entering industry; gender; child abuse that results in	Typically lacking parental support	Living near international borders	Stigma and shame; advised intervention to mitigate long term consequences are not implemented or underutilized; those in

	mental disorder; prior victimization (96%); internationally or domestically trafficked			foster care system are more vulnerable; many juvenile victims are funneled into the juvenile justice system; insufficient cooperation between nonprofits and government organizations; children who were sexually abused were less likely to receive post investigative services; child must be classified as victim of trafficking to receive services; few rehabilitative areas available; few evidence-based programs available for children in foster care system or programs available not specific to child trafficked; barriers that block victim identification; need to adjust programs based on type of victimization
(Wilson, Critelli, & Rittner, 2015)	Mental health illnesses/conditions; substance abuse		Culturally appropriate intervention programs that target specific physical, psychological, financial, social and spiritual needs of victims; community based prevention	Cultures, traditions and behaviors that foster environments that are conducive to commercial sexual exploitation; male dominated cultures where human rights concerns of

			<p>programs; various intervention strategies should be employed; must be trauma informed; residential services/programs designed for women; women centered/victim centered approach</p>	<p>women are ignored and violence &amp; discrimination against women is acceptable &amp; ingrained in society's customs and traditions; demand oriented approaches (researching characteristics of men who buy sex); harm reduction approaches mostly focusing on HIV/AIDS prevention and not necessarily violence prevention or exit strategies; need for more holistic economic empowerment efforts; economic, gender, and political inequalities need to be addressed for effective reintegration of victims; "culture of tolerance"----"pimping and prostitution considered fashionable in the US"</p>
<p>(Ogbonna-McGruder, Miller, &amp; Martin, 2012)</p>	<p>Prior substance abuse; previous criminal activity—higher than usual predisposition to criminal activity positively correlated to higher incidence of recidivism;</p>	<p>None noted</p>	<p>Rehab environment; participation in a drug rehab/ any rehab program may help reduce recidivism</p>	<p>Permanent employment options offered in program; vocational training; individualized programs</p>

	; abuse history; mental illness; previous domestic violence; addiction to substance (crack or cocaine) prior to rehabilitation program; mental illness; participation in a drug rehab/any rehab program may reduce recidivism			
(Rafferty, 2013)	Age; “lover-boy” susceptibility; gender; ethnic minority status; lack of education; having a disability; runaways; other forms of exploitation/forced labor	Family sells individual into industry for financial reasons; inadequate family protection; parental neglect; parental involvement in trafficking; complex relationship between abuser and victim	Rural areas; out of home placements; youth shelters; group homes; foster care facilities	Poverty; corrupt officials who benefit from industry; cultural traditions; gender-based social inequalities; stereotypic attitudes; economic inequality; child and family risk factors; market demand factors; culturally competent rehab services; ineffective communication
(Thomson, Hirshberg, Corbett, Valila, & Howley, 2011)	Lack of engagement in treatment; running away; aggressive behaviors; substance abuse; “knowing the meaning of exploitation”; ideas of responsibility for self; acknowledgement of sexual exploitation; commitment	Impulsive relationships with men; relationship with family members; building relationships; how to utilize support systems	Structure of treatment/rehab program; lack of bilingual staff; case/trauma focused care; structured but freedom	None noted
(Greenbaum, 2014)	History of physical or sexual abuse and/or neglect; involved in child protective services, juvenile justice or law	Family dysfunction; history of family violence; perception of child as object or of low value; per	High crime; prostitution in area; transient male population; low social capital in area	Poverty; sexualization of girls; political/social unrest or instability; gender discrimination & violence;



	enforcement; LGBT; runaway/throwaway/homeless/orphaned; limited education; substance abuse; physical injuries; mental illness	pressure; recruited by peers; tricked by partner (boyfriend)		political corruption; sex tourism; lack of resources
(Twill, Green, & Traylor, 2010)	PTSD; depression; at least two primary mental illnesses; limited education; history of sexual abuse; runaways; inappropriate social skills; low self-esteem; social maladjustment; poor school performance; substance abuse	Dysfunctional families; more likely to have had negative family experiences; parental drug & alcohol abuse; parental neglect/parental absence; peer rejection	“the streets”; compounded community trauma; high violence community; rehabilitation environment	Low socioeconomic status; gender & racial discrimination & inequalities

## **Analysis**

### Literature Descriptions:

A total of 21 articles were collected that best reflected the inclusion criteria and addressed the subject matter appropriately. Of the 21 articles, 11 focused on the domestic (within the United States) context, two were in an international context (outside of the United States), and eight focused on the global context of commercial sexual exploitation. In 11 of the articles, researchers studied the effects and causes of the sexual exploitation of minors, four studied the effects and causes of the exploitation of exclusively adult women, five studied the exploitation of female adults and minors and three made no distinction in study participants or subjects. Three of the studies were qualitative in nature and sought the perspectives of stakeholders in the industry, women survivors of sexual exploitation, and front end providers who have had experience with survivors of sexual exploitation. While most of the research in the articles pointed towards the effects of commercial sexual exploitation, many also identified risk factors the researchers noted in victims or participants studied. In eight of the studies, the authors also made intervention and policy recommendations, with three focusing on policy and law implications/recommendations, three that were evaluations of actual residential rehabilitation programs and one that focused on preventative measures.

### Theme Formation:

After initial coding of the articles, the researcher sought to identify themes in each level that were heavily noted in the articles studied. Based on the definition of each level, the

researcher selected and defined recurrent themes present based on examples given in the literature and performed a content analysis on the raw coding notes and chart. Tables 3.3-3.6 present the themes selected as well as their definitions and examples present in the literature.

<b>Table 3.3: Individual Level Themes</b>	
<b>Theme</b>	<b>Theme Definition And Examples</b>
History of Trauma	History of sexual or physical abuse, trauma experiences in childhood, history of experiencing deprivation, homelessness, and neglect
Substance Abuse	Chemical dependence, history of substance abuse, current substance abuse, addiction to alcohol, cocaine, etc.
Mental Illness	PTSD (post traumatic stress disorder), anxiety disorders, mood disorders, emotional instability, psychological damage, depression, other types of mental illnesses
Personal Financial Issue	Financial crisis or insecurity specific to individual, not to family
Education	Education level attained, performance in education settings
Age	Number of years, being younger or older, maturity level
Race/Ethnicity	Race or ethnicity of individual, being a member of a minority group or marginalized ethnic or racial group
Gender	Male or female
Individual Traits	Predisposition to involvement in criminal activities, resiliency, vulnerability, susceptibility to "lover boy" scheme, low self-esteem or self-worth, response to stressors, perceptions, knowledge of exploitation and results
Sex trafficking experience	Length of trafficking, whether or not trafficked, domestically or internationally trafficked, severity or brutality of trafficking experience

<b>Table 3.4: Relationship Level Themes</b>	
<b>Theme</b>	<b>Theme Definition And Examples</b>
Social support	Support outside of family, isolation, social exclusion, lack of social support outside of family during exploitation and post exit
Dysfunctional family	Broken family structure, divorced family, family violence exposure to intimate partner violence, family/parental neglect, family insecurity, lack of family protection, broken relationships with family members
Family involvement in exploitation	Family member mediated entrance into sex industry, being forced or sold into industry by family members, family members as pimps, being exploited by family member

<b>Table 3.4: Relationship Level Themes</b>	
<b>Theme</b>	<b>Theme Definition And Examples</b>
Partner related issues	Personal experience of intimate partner violence, partner involved with exploitation, issues with partner support
Peer/Friend issues	Issues in peer relationships, peers/friends involved in exploitation or encourages involvement in exploitation

<b>Table 3.5: Community Level Themes</b>	
<b>Theme</b>	<b>Theme Definitions And Examples</b>
Neighborhood/Community characteristics	Tangible/measurable traits of neighborhood or community, large concentration of homeless youth, low socioeconomic status neighborhood or community, high violence in community, high exposure to criminal activity or prostitution, security and safety issues, environmental/infrastructure degradation, instable living conditions
Community intangible and resource availability	Intangible/less measurable traits of neighborhood or community and access to resources, social cohesion, no/limited access to healthcare, education, employment and/or social services, isolated community
Specific places	Specific places conducive to exploitation activities, truck stops, refugee camps, foreign labor setting, detention facilities, airports, convention centers
Types of locations	Rural, urban, international, culturally & linguistically different areas, domestic locations, large cities, urban areas
Rehabilitation Environment	Residential Rehabilitation/post exploitation environment, program components, program structure, residential facilities characteristics

<b>Table 3.6: Society Level Themes</b>	
<b>Themes</b>	<b>Theme Definitions And Examples</b>
System/Infrastructure	Systemic/infrastructure inadequacies, foster care system issues, welfare system issues, legal/justice system issues, policy issues
Inequalities	Gender based inequalities, racial/ethnic inequalities, marginalization, systemic oppression (racism, classism, sexism)disadvantaged/vulnerable groups, discrimination
Economic Instability	Economies unable to support governed population, Poorer economies, country financial crises, high poverty rates, economic inequality, lack of economic opportunities

<b>Table 3.6: Society Level Themes</b>	
<b>Themes</b>	<b>Theme Definitions And Examples</b>
Political Instability	War-torn countries, countries/locales with instable government systems, corrupt government or officials
Stigma	Stigma (a set of negative and often unfair beliefs that a society or group of people have about something (“Stigma” .,n.d.)) for those who currently or formally involved in sex industry
Culture & Religion	Cultural and religious aspects of a society that normalize environments conducive to exploitation, devadasi, dancing girls in temples

### Content Analysis:

The researcher performed a content analysis of the raw coding notes. The researcher used words reflective of the theme definitions and examples to assess how many articles presented the themes extracted from coding notes. For example, if an article mentioned that during a victims exploitation experience, he or she was blocked from seeing their family and or friends, the researcher would code the experience as “isolation” and log under the relationship level theme of “social support”. The researcher systematically recoded the notes based on extracted themes and counted & recorded the number of articles that made mention of each theme. Furthermore, the researcher counted the number of articles that mentioned one or more factors classifiable under each socioeconomic model level. For examples, 18 out of 19 articles mentioned an individual level factor in discussion of the sexual exploitation victims.

## **CHAPTER IV: RESULTS**

### **Content Analysis Findings:**

Based on the information presented in the raw coding process, points related to Individual and Societal levels of the socioecological model were noted in most of the articles. Individual factors were reported from 20 out of 21 (95.2%) articles. Relationship factors were reported for 17 out of 21 (80.9%) articles. Community level factors were reported for 16 out of 21 (76.2%) articles. Societal level factors were reported for 20 out of 21 (95.2%) articles studied. At the individual level, the theme with the most article mentions was history of trauma, with 15 of the 20 articles reporting on it. Personal financial crisis had the lowest number of mentions at one article out of 20. At the relationship level of the model, dysfunctional family issues were the most noted with mentions in 13 articles out of the 17 articles. Peer and friend relationship issues was the least mentioned theme in the literature analyzed. Of the articles that mention community level issues, 9 of the 16 articles mention neighborhood characteristics as factors. Community intangibles and rehabilitation environment were tied with the least amount of mentions at five out of the 16 in the literature analyzed. At the society level, inequality and economic instability tied for most amount of article mentions at 14 out of 20 articles citing factors related to these themes. Culture was the least mentioned theme with notes in three of the 20 articles.

<b>Table 4.1: Content Analysis Results</b>	
<b>Individual Level (Mentioned in 20 of 21 articles)</b>	
<b>Theme</b>	<b>Number of article mentions</b>
History of Trauma	15
Substance Abuse	12
Mental Illness	13
Personal Financial Issue	1
Education	5
Age	6
Race/Ethnicity	4
Gender	6
Individual Traits	11
**Trafficking experience?	3
<b>Relationship Level (Mentioned in 17 of 21 articles)</b>	
<b>Theme</b>	<b>Number of article mentions</b>
Social support	7
Dysfunctional family	13
Family involvement in exploitation	7
Partner related issues	4
Peer/Friend issues	2
<b>Community Level (Mentioned in 16 of 21 articles)</b>	
<b>Theme</b>	<b>Number of article mentions</b>
Neighborhood/Community characteristics	9
Community intangible and resource availability	5
Specific places	5
Types of locations	7
Rehabilitation Environment	5

<b>Table 4.1: Content Analysis Results</b>	
<b>Society Level (Mentioned in 20 of 21 articles)</b>	
<b>Theme</b>	<b>Number of article mentions</b>
System/Infrastructure	10
Inequalities	14
Economic Instability	14
Political Instability	5
Stigma	6
Culture & Religion	3



## **CHAPTER IV: CONCLUSION AND DISCUSSION**

### **Discussion of Research Questions:**

In this study, the researcher hoped to explore possible risk factors of sex work recidivism using the factors discussed in criminal recidivism literature and applying them to the health outcomes discussed in commercial sexual exploitation literature, under the framework of the socio ecological model. Based on preliminary research and review of the literature, the researcher assumed that the individual level of the socio-ecological model would be the most frequently mentioned factor in the literature analyzed. The results demonstrated that individual level factors, such as mental illness, history of abuse or trauma, substance abuse and individual traits may play an important role in whether or not an individual returns to sex work, which supports the researcher's prediction. However, the results did not support the researcher's prediction that relationship level would also be the most mentioned factor in the analyzed literature. While a majority of the articles did mention some form of relationship being a factor in sex work entry or reentry, the individual and societal level were noted more often. Furthermore, of the relationship factors mentioned, dysfunctional family life was the most frequently noted. This result contrasts with the author's hypothesis that social support would be the most important relationship level factor.

Also in accordance with the author's predictions, the results suggest that community level factors were not as significant to sex work recidivism discussed as these factors were the least discussed in the literature analyzed. The result most surprising to researcher was finding how frequently societal factors, such as inequalities and economic instabilities were mentioned as a factor in entry into commercial sexual exploitation. In addition to the findings that

different level factors may play more or less of a role in sex work recidivism, the results demonstrate that there are factors in each level that require attention in practice. The finding supports the hypothesis that a sex work recidivism is a multilevel approach to intervention to recidivism is necessary to prevent future recidivism.

### **Implications of Findings**

Implications for practice include developing individualized rehabilitation plans for formerly sexually exploited individuals with a special emphasis on addressing substance abuse issues, past trauma experiences and assessing and treating mental illness. The results also support implications for prevention efforts and population groups that may be particularly vulnerable to entrance into commercial sexual exploitation, specifically young, minority women of low socio-economic status. Furthermore, the results support the conclusion that dysfunctional family relationships or home life and societal inequalities such as gender and ethnic/racial discrimination are likely associated with entrance into commercial sexual exploitation and sex work recidivism.

### **Recommendations**

Based on the results and conclusions, the author proposes a number of recommendations for practice improvements and future research.

#### Practice

- Develop rehabilitation/treatment programs that are easily adjustable to fit individual needs of participants.

- Assessing and addressing mental illness and substance abuse issues should be a priority post exploitation experience.
- Addressing previous trauma experiences and treating outcomes associated should also be a priority and integral component of a victim's rehabilitation.

### Research

- Further research specifically exploring recidivate behaviors in relation to commercial sexual exploitation of all types would prove valuable to the body of literature to inform rehabilitative efforts.
- Further studies that explore the relationship between inequalities and entrance into commercial sexual exploitation.
- Further research that explores the impact of past experiences of abuse, substance abuse and mental illness compounded with the burden of gender/minority discrimination and the relationship with commercial sexual exploitation and sex work recidivism.
- Further research that explores the relationship between toxic stress and entrance into commercial sexual exploitation.
- Further research that explores the long-term effects of toxic stress as it relates to the sexual exploitation of children.
- Further research that explores the interconnectedness of multiple levels of factors, for example mental illness and financial instability or familial dysfunction and substance abuse.

## **Limitations**

The research design applied to this study required personal interpretation and development of the themes addressed in the literature, which gives room for personal biases in the analysis and reduces generalizability. The conceptual framework used was also adapted for this study, which also reduces generalizability. The researcher also acknowledges that research specifically addressing sexual exploitation recidivism was lacking and conclusions extracted from related literature may not reflect all of the factors that influence recidivate behaviors specific to the commercial sexual exploitation industry.

## **Conclusion**

All of the themes identified in the review of recidivism literature, were in some degree also extracted from the articles discussed in the analysis portion of this paper. History of abuse or trauma, substance abuse and mental illness were the most discussed in the recidivism papers and the papers addressing the outcomes of commercial sexual exploitation. The researcher concludes that these may be the most pressing and prevalent needs in women who have exited commercial sexual exploitation, either by rescue, via incarceration or by choice. Other themes that were heavily discussed in the exploitation literature included societal forms of inequality and dysfunctional home or family life.

While program components can be developed to help address substance abuse, mental illness, past trauma and maybe even familial instability, the issue of societal inequalities points to a need that requires more intervention than a rehabilitation program can offer. The research and analysis presented in this paper further demonstrates that inequalities compounded with a

number of other factors creates a group of individuals uniquely vulnerable to commercial sexual exploitation, namely young, minority women from lower socio-economic status. In addition, applying the concept of toxic stress, the “prolonged activation of stress response [in children] in the absence of supportive relationships” (“Toxic Stress,” n.d.) in consideration of existing health disparities provides a sobering backdrop to understanding the health outcomes of child victims of sexual exploitation.

Furthermore, one can conclude that a number of the factors identified in the literature, such as dysfunctional family life, mental illness and substance abuse may be linked and have a cyclical relationship. Moreover, some of these factors may correlate with the occurrence of other issues such as personal economic instability (inability to get or hold a job) and lack of social support (inability to develop healthy friendships or support systems). Use of the socio-ecological model to assess the themes in the literature demonstrates the likelihood of the interconnectedness of all of the issues and further supports the presented hypothesis.

## **REFERENCES**

- 2020 Topics and Objectives – Objectives A–Z | Healthy People 2020. (n.d.). Retrieved April 22, 2016, from <https://www.healthypeople.gov/2020/topics-objectives>
- Abas, M., Ostrovschi, N. V., Prince, M., Gorceag, V. I., Trigub, C., & Oram, S. (2013). Risk factors for mental disorders in women survivors of human trafficking: a historical cohort study. *BMC Psychiatry, 13*, 204–204. <http://doi.org/10.1186/1471-244X-13-204>
- Abu-Ali, A., & Al-Bahar, M. (2011). Understanding Child Survivors of Human Trafficking: A Micro and Macro Level Analysis. *Procedia - Social and Behavioral Sciences, 30*, 791–796. <http://doi.org/10.1016/j.sbspro.2011.10.154>
- Auguston, D., & George, A. (2015). Prostitution and Sex Work. *Georgetown Journal of Gender and the Law, 16*, 229.
- Banović, B., & Bjelajac, Z. (2012). Traumatic experiences, psychophysical consequences and needs of human trafficking victims. *Vojnosanitetski Pregled. Military-Medical And Pharmaceutical Review, 69*(1), 94–97.
- Batsyukova, S. (2007). Prostitution and Human Trafficking for Sexual Exploitation. *Gender Issues, 24*(2), 46. <http://doi.org/10.1007/s12147-007-9001-0>
- Boxill, N. A., & Richardson, D. J. (2007). Ending Sex Trafficking of Children in Atlanta. *Affilia, 22*(2), 138–149. <http://doi.org/10.1177/0886109907299054>
- Cecchet, S. J., & Thoburn, J. (2014). The psychological experience of child and adolescent sex trafficking in the United States: Trauma and resilience in survivors. *Psychological Trauma: Theory, Research, Practice, and Policy, 6*(5), 482–493. <http://doi.org/10.1037/a0035763>

- Cimino, A. N., Mendoza, N., Thieleman, K., Shively, R., & Kunz, K. (2015). Women Reentering the Community: Understanding Addiction and Trauma-Related Characteristics of Recidivism. *Journal of Human Behavior in the Social Environment, 25*(5), 468–476.  
<http://doi.org/10.1080/10911359.2014.983257>
- Conrad, S. M., Tolou-Shams, M., Rizzo, C. J., Placella, N., & Brown, L. K. (2014). Gender differences in recidivism rates for juvenile justice youth: The impact of sexual abuse. *Law and Human Behavior, 38*(4), 305–314. <http://doi.org/10.1037/lhb0000062>
- Coreil, Jeannine. (2009). *Social and Behavioral Foundations of Public Health* (Second). University of South Florida, USA: SAGE Publications.
- Definition of STIGMA. (n.d.). Retrieved April 15, 2016, from <http://www.merriam-webster.com/dictionary/stigma>
- Duwe, G., & Clark, V. (2013). Blessed Be the Social Tie That Binds The Effects of Prison Visitation on Offender Recidivism. *Criminal Justice Policy Review, 24*(3), 271–296.  
<http://doi.org/10.1177/0887403411429724>
- Duwe, G., & Johnson, B. R. (2016). The Effects of Prison Visits From Community Volunteers on Offender Recidivism. *Prison Journal, 96*(2), 279–303.  
<http://doi.org/10.1177/0032885515618468>
- Fong, R., & Berger Cardoso, J. (2010). Child human trafficking victims: Challenges for the child welfare system. *Evaluation and Program Planning, 33*(3), 311–316.  
<http://doi.org/10.1016/j.evalprogplan.2009.06.018>

- Gerassi, L. (2015). From Exploitation to Industry: Definitions, Risks, and Consequences of Domestic Sexual Exploitation and Sex Work Among Women and Girls. *Journal of Human Behavior in the Social Environment, 25*(6), 591–605. <http://doi.org/10.1080/10911359.2014.991055>
- Greenbaum, V. J. (2014). Commercial Sexual Exploitation and Sex Trafficking of Children in the United States. *Current Problems in Pediatric and Adolescent Health Care, 44*(9), 245–269. <http://doi.org/10.1016/j.cppeds.2014.07.001>
- Hardy, V. L., Compton, K. D., & McPhatter, V. S. (2013). Domestic Minor Sex Trafficking Practice Implications for Mental Health Professionals. *Affilia, 28*(1), 8–18. <http://doi.org/10.1177/0886109912475172>
- Hom, K. A., & Woods, S. J. (2013). Trauma and its aftermath for commercially sexually exploited women as told by front-line service providers. *Issues in Mental Health Nursing, 34*(2), 75–81. <http://doi.org/10.3109/01612840.2012.723300>
- Hossain, M., Zimmerman, C., Abas, M., Light, M., & Watts, C. (2010). The relationship of trauma to mental disorders among trafficked and sexually exploited girls and women. *American Journal of Public Health, 100*(12), 2442–2449.
- James, C., Stams, G. J. J. M., Asscher, J. J., De Roo, A. K., & der Laan, P. H. van. (2013). Aftercare programs for reducing recidivism among juvenile and young adult offenders: A meta-analytic review. *Clinical Psychology Review, 33*(2), 263–274. <http://doi.org/10.1016/j.cpr.2012.10.013>
- Macias Konstantopoulos, W., Ahn, R., Alpert, E. J., Cafferty, E., McGahan, A., Williams, T. P., ... Burke, T. F. (2013). An international comparative public health analysis of sex trafficking of women and girls in eight cities: achieving a more effective health sector response. *Journal of Urban Health:*



*Bulletin of the New York Academy of Medicine*, 90(6), 1194–1204.

<http://doi.org/10.1007/s11524-013-9837-4>

Mancini, C., Baker, T., Sainju, K. D., Golden, K., Bedard, L. E., & Gertz, M. (2016). Examining External Support Received in Prison and Concerns About Reentry Among Incarcerated Women. *Feminist Criminology*, 11(2), 163–190. <http://doi.org/10.1177/1557085115579483>

McClarty, L. M., Bhattacharjee, P., Blanchard, J. F., Lorway, R. R., Ramanaik, S., Mishra, S., ... Becker, M. L. (2014). Circumstances, experiences and processes surrounding women's entry into sex work in India. *Culture, Health & Sexuality*, 16(2), 149–163.

<http://doi.org/10.1080/13691058.2013.845692>

McLeroy, K. R., Bibeau, D., Steckler, A., & Glanz, K. (1988). An ecological perspective on health promotion programs. *Health Education Quarterly*, 15(4), 351–377.

Muftić, L. R., & Finn, M. A. (2013). Health Outcomes Among Women Trafficked for Sex in the United States A Closer Look. *Journal of Interpersonal Violence*, 28(9), 1859–1885.

<http://doi.org/10.1177/0886260512469102>

New ILO Global Estimate of Forced Labour: 20.9 million victims. (2012, June 1). [News]. Retrieved December 15, 2014, from [http://www.ilo.org/global/topics/forced-labour/news/WCMS\\_182109/lang--en/index.htm](http://www.ilo.org/global/topics/forced-labour/news/WCMS_182109/lang--en/index.htm)

Ogbonna-McGruder, C., Miller, M. R., & Martin, E. (2012). Analysis of Recidivism Rate of Magdalene Rehabilitation Program for Prostitution. *Journal of Global Intelligence & Policy*, 5(9), 11–29.

Olver, M. E., & Wong, S. C. P. (2015). Short- and long-term recidivism prediction of the PCL-R and the effects of age: A 24-year follow-up. *Personality Disorders: Theory, Research, and Treatment*, 6(1), 97–105. <http://doi.org/10.1037/per0000095>

- Ostrovski, N. V., Prince, M. J., Zimmerman, C., Hotineanu, M. A., Gorceag, L. T., Gorceag, V. I., ...  
Abas, M. A. (2011). Women in post-trafficking services in Moldova: diagnostic interviews over two time periods to assess returning women's mental health. *BMC Public Health, 11*, 232. <http://doi.org/10.1186/1471-2458-11-232>
- Rafferty, Y. (2013). Child trafficking and commercial sexual exploitation: A review of promising prevention policies and programs. *American Journal of Orthopsychiatry, 83*(4), 559–575. <http://doi.org/10.1111/ajop.12056>
- Roe-Sepowitz, D. E., Hickie, K. E., Loubert, M. P., & Egan, T. (2011). Adult Prostitution Recidivism: Risk Factors and Impact of a Diversion Program. *Journal of Offender Rehabilitation, 50*(5), 272–285. <http://doi.org/10.1080/10509674.2011.574205>
- Roe-Sepowitz, D. E. . Dominique.roe@asu.edu, Gallagher, J., Hickie, K. E. ., Pérez Loubert, M., & Tutelman, J. (2014). Project ROSE: An Arrest Alternative for Victims of Sex Trafficking and Prostitution. *Journal of Offender Rehabilitation, 53*(1), 57–74. <http://doi.org/10.1080/10509674.2013.861323>
- Ross, C. A., Farley, M., & Schwartz, H. L. (2003). Dissociation Among Women in Prostitution. *Journal of Trauma Practice, 2*(3/4), 199–212.
- Schauer, E. J., & Wheaton, E. M. (2006). Sex Trafficking Into The United States: A Literature Review. *Criminal Justice Review, 31*(2), 146–169. <http://doi.org/10.1177/0734016806290136>
- Smith, H. (2011). Sex Trafficking: Trends, Challenges, and the Limitations of International Law. *Human Rights Review, 12*(3), 271. <http://doi.org/10.1007/s12142-010-0185-4>

The Social-Ecological Model: A Framework for Prevention | Violence Prevention | Injury Center | CDC.

(2015, March 15). Retrieved April 15, 2016, from

<http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html>

Thomson, S., Hirshberg, D., Corbett, A., Valila, N., & Howley, D. (2011). Residential treatment for sexually exploited adolescent girls: Acknowledge, Commit, Transform (ACT). *Children and Youth Services Review*, 33(11), 2290–2296. <http://doi.org/10.1016/j.chilyouth.2011.07.017>

Todres, J., & Clayton, E. W. (2014). Responding to the Sexual Exploitation of Minors. *New England Journal of Medicine*, 370(14), 1282–1283. <http://doi.org/10.1056/NEJMp1314927>

Toxic Stress. (n.d.). Retrieved April 21, 2016, from <http://developingchild.harvard.edu/science/key-concepts/toxic-stress/>

Twill, S. E., Green, D. M., & Traylor, A. (2010). A Descriptive Study on Sexually Exploited Children in Residential Treatment. *Child & Youth Care Forum*, 39(3), 187–199. <http://doi.org/10.1007/s10566-010-9098-2>

United Nations Millennium Development Goals. (n.d.). Retrieved April 22, 2016, from <http://www.un.org/millenniumgoals/bkgd.shtml>

United Nations Office on Drugs and Crime. (2014). *Global Report on Trafficking in Persons 2014*. Retrieved from [https://www.unodc.org/documents/human-trafficking/2014/GLOTIP\\_2014\\_full\\_report.pdf](https://www.unodc.org/documents/human-trafficking/2014/GLOTIP_2014_full_report.pdf)

Vigilante KC, Flynn MM, Affleck PC, Stunkle JC, Merriman NA, Flanigan TP, ... Rich JD. (1999). Reduction in recidivism of incarcerated women through primary care, peer counseling, and discharge planning. *Journal of Women's Health*, 8(3), 409–415 7p.

WHO | Public Health. (n.d.). Retrieved April 20, 2016, from

<http://www.who.int/trade/glossary/story076/en/>

Wilson, B., Critelli, F. M., & Rittner, B. A. (2015). Transnational responses to commercial sexual

exploitation: A comprehensive review of interventions. *Women's Studies International Forum*,

48, 71–80. <http://doi.org/10.1016/j.wsif.2014.10.005>

Zimmerman, C., Hossain, M., & Watts, C. (2011). Human trafficking and health: A conceptual model

to inform policy, intervention and research. *Social Science & Medicine*, 73(2), 327–335.

<http://doi.org/10.1016/j.socscimed.2011.05.028>