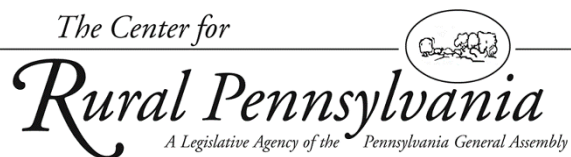

Child Sexual Abuse and Exploitation in Pennsylvania

By:

**Sarah A. Font Ph.D., MSW, Sheridan Miyamoto Ph.D., FNP, RN,
and Casey N. Pinto Ph.D.,
Pennsylvania State University**

January 2020



This project was sponsored by a grant from the Center for Rural Pennsylvania, a legislative agency of the Pennsylvania General Assembly. The Center for Rural Pennsylvania is a bipartisan, bicameral legislative agency that serves as a

resource for rural policy within the Pennsylvania General Assembly. It was created in 1987 under Act 16, the Rural Revitalization Act, to promote and sustain the vitality of Pennsylvania's rural and small communities. Information contained in this report does not necessarily reflect the views of individual board members or the Center for Rural Pennsylvania. For more information, contact the Center for Rural Pennsylvania, 625 Forster St., Room 902, Harrisburg, PA 17120, telephone (717) 787-9555, email: info@rural.palegislature.us, www.rural.palegislature.us.

Executive Summary

This research reviewed more than 2,000 Pennsylvania Children and Youth Services (CYS) reports of child sexual abuse or sexual exploitation from 2016 and 2017 across 10 Pennsylvania counties. The research was conducted initially to understand the characteristics of Commercial Sexual Exploitation of Children (CSEC), and how it is identified and investigated by CYC caseworkers.

The research identified challenges in multiple steps of the CYC process, from the initial screening of child abuse reports to the actions of the State Commonwealth Court. Ultimately, the research turned into a more thorough review of reporting and investigative practices in child sexual abuse and exploitation cases.

The researchers acknowledge the work of the Office of the Auditor General and the state's recent Child and Family Services Review that identify concerns with CYC resources and practices. However, those efforts focused largely on fatalities, near fatalities, and children in foster care, which represent a small proportion of children at risk of, or victims of, maltreatment. Child sexual abuse is almost never lethal and rarely results in foster care placement due to the presence of a non-offending parent. Therefore, sexual abuse cases are poorly represented in most oversight and evaluation efforts.

The authors commend the leadership of the Office of Children, Youth, and Families (OCYF) and the 10 Commonwealth counties for their participation in data-driven efforts to identify problems and arrive at solutions. Solving these issues requires a coordinated response by OCYF, county CYC leadership, the legislature, and the courts, as well as research and evaluation partners. The researchers offer six recommendations that, taken together, could position Pennsylvania as a national model for child protection. Each of the recommendations are intended

to improve the quality of the child welfare system in Pennsylvania. Although the research findings may not reflect the circumstances of all 67 counties, these recommendations focus on strategies that can support and enhance child protection work statewide.

Look Beyond Fatalities and Foster Care Placement

Focusing on rare cases can misrepresent the scope or nature of system problems. System-wide concerns involving screening, training, and case documentation were identified that would not be discovered in a fatality review. A statewide systematic review of county child maltreatment screening decisions and investigations, irrespective of whether an intervention occurred, will provide additional insight into the capacity of CYS agencies to detect child maltreatment, intervene where necessary, and keep children safe.

Stop Deleting Data

Pennsylvania's statutory requirement for expungement of CYS cases dispositioned as "unfounded," "invalid," or "screened-out" without an investigation, can create numerous barriers to CYS's ability to keep children safe. While counties are now permitted to retain these records for some uses, it is not required. CYS workers may be unable to retrieve records that may elicit patterns of abuse among different child victims, reports by different reporters, or an opportunity to review statements and findings from past investigations that may provide additional facts or context about new allegations. This may result in wrongly-accused persons being repeatedly subjected to investigation for allegations that were already investigated. This also may re-traumatize children, waste caseworkers' limited time, and be unfair to the alleged perpetrator in circumstances of false allegations. Moreover, expungement does not permit child welfare

workers to consider the accumulation of allegations, patterns, and evidence across multiple reports over time, which is often required to expose serial perpetrators. The authors recommend the state consider means of retaining records while protecting individuals' confidentiality and due process rights.

Improve, Standardize, and Streamline Statewide Practice Standards

The researchers identified high variability in the rate at which reports were screened out across counties, potentially resulting in disparate access to protective services depending on one's address. Centralized screening with highly trained and experienced staff would reduce the duplication of effort at the state and county level, and increase consistency.

Current practices also result in duplication of effort, wasted resources, and diffuse documentation. For example, one report per child is required for Child Protective Services (CPS), even if there are multiple alleged child victims in the home, and additional separate reports may be required for concerns that fall under General Protective Services. Thus, a single household reported by one source may result in multiple separate reports all of which overlap and may run concurrently. The consequences of this approach include duplicative data across records, higher caseloads for caseworkers, as well as individual records that appear incomplete without information from other records. One family-level report and centralized screening (using ChildLine) with highly trained and experienced staff would reduce the duplication of effort at the state and county level, and increase consistency.

The Electronic Record Stands Alone

Pennsylvania lags behind other states in comprehensive electronic recordkeeping. Critical aspects of CYs cases are inconsistently documented, or are scattered across paper forms and

other data systems. A comprehensive and high quality electronic case management system that eliminates external documentation or paper forms is a critical need: such systems are more secure, efficient, and reliable, and facilitate supervisory oversight. Employed effectively, they can also guide caseworkers' processing of complex information through the use of a logical and consistent organizational framework, mandatory fields, and decision tree branching logic.

Enhanced Service Response

Pennsylvania, like most of the country, faces a shortage of qualified interviewers and medical evaluators for child sexual abuse in every community, especially rural areas, which may delay timely, quality interviews, and medical examinations for suspected victims. Child advocacy centers (CACs) provide interviews and exams that meet the needs of CYIS and law enforcement investigations and court proceedings, and are non-traumatizing for children. The researchers confirmed the use of CACs interviews in just over 1/3 of investigated cases and medical examinations in only 11 percent of cases. Targeted state-level investment and cross-county coordination of CACs could increase capacity, and statewide guidance for procuring and documenting CAC services in CYIS investigations would address underutilization.

Post-investigation, many families need services to address underlying risks and support the healing of child victims. The research found that CYIS intervention was rare. Even when there was a finding by CYIS that sexual abuse occurred, intervention occurred in only about one in five cases. The authors recommend statewide tracking of evidence-based services that prevent sexual abuse, treat offenders, and support victims and non-offending parents to identify critical service gaps. In addition, Pennsylvania requires the highest standard available in civil proceedings – clear and convincing evidence –for dependency, which allows the court to

mandate families to comply with services to retain custody of their child, or to remove the child from the home. However, consistent with almost all other states, Pennsylvania's CYs uses the lower "preponderance standard" to determine whether maltreatment occurred, creating a mismatch between the threshold for concluding maltreatment occurred and the threshold for involuntary intervention. This may inhibit CYs's ability to provide treatment to victims, monitor and address perpetrators' propensity to harm children, and equip non-offending parents with the skills and information needed to support and protect the victim. A detailed study of the uptake or refusal of CYs service recommendations would clarify the factors leading to low rates of service provision.

Finally, the authors note that the rate at which cases indicated by CYs are overturned on appeal is high, which may both affect and reflect the concerns raised in this research pertaining to the quality, scope, and documentation of investigations. According to the 2018 Annual Child Protective Services Report, over 70 percent of child abuse cases ruled on by the Bureau of Hearing and Appeals (BHA) were overturned. A deeper review of this issue is warranted.

Invest in The Workforce

The authors found that documentation from ChildLine and county workers was not consistent with expected investigative procedures, including inaccurate interpretations of legal standards, poor writing quality, and unfocused interviews. Myriad factors may explain this, including low hiring standards, a lack of rigorous and skills-based training, inadequate supervisory support, the challenging nature of working in the child welfare system, low salaries, and high caseloads. Each person responsible for investigations should receive skills-based training on how to interview and document interviews with all relevant parties; when to request a medical exam and what to expect from one; and how to assess non-offending parents' protective

capacities. More broadly, the researchers recommend (1) an assessment of basic writing skills pre-hire, and (2) integration of the training course on documentation skills into the required pre-service training. Pennsylvania OCYF is currently implementing changes to hiring criteria, but higher salary standards are likely needed to improve recruitment, especially recruitment of bachelors- and masters-level social workers. The authors also acknowledge current state efforts to implement new caseload standards. However, enhanced hiring standards, enhanced salaries, skills-based training, competency assessment, and reduced caseloads must occur in tandem to be successful.

Note on the Original Focus of the Research

This study initially focused on the identification of commercial sexual exploitation, or sex trafficking, among children involved with, or reported to, a Children and Youth Services agency in Pennsylvania. Ultimately, concerns with investigation practices of Pennsylvania's child welfare system that could have an impact on the safety of maltreated children were discovered. Following consultation with the Center for Rural Pennsylvania and the Office of Children, Youth, and Families (OCYF), the goals of this study were realigned to better serve the commonwealth and its counties to focus on screening, investigation, and intervention procedures for child sexual abuse and exploitation allegations. Using the original sampling parameters and data, the researchers expanded the case documentation procedures to include detailed information regarding screening and investigation practices and procedures. Thus, this report consists of two main parts: Part I, which focuses on the procedures and findings related to commercial sexual exploitation of children; and Part II, which includes the broader findings about the child welfare response to sexual abuse and exploitation.

CONTENTS

INTRODUCTION: AN OVERVIEW OF PENNSYLVANIA’S CHILDREN AND YOUTH SERVICES SYSTEM.....	10
Legal and System Context for Child Maltreatment Cases	10
CYS and Law Enforcement Jurisdiction in Cases of Sexual Abuse and Exploitation	14
GLOSSARY OF TERMS AND ACRONYMS: LEGAL DEFINITIONS AND CONTEXT.....	16
PART I: DETECTING COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN REPORTED TO CHILDREN AND YOUTH SERVICES	20
Introduction	20
Incidence of CSEC	22
Contexts of CSEC.....	24
Why Focus on the Children and Youth Services Population?	26
Original Goals and Objectives	26
Methodology	28
Data and Sample	28
Data Coding.....	31
Supervision and Oversight.....	33
Analysis	34
Additional Data Collection and Review	34
Results	35
Conclusions from Part I.....	45
Understanding and Applying Existing Law on Human Trafficking.....	45
Screening of Initial Reports and Determining Jurisdiction.....	46
Identifying Commercial Elements of Sexual Abuse and Exploitation	47
The Bigger Picture.....	49
PART II: PROCEDURAL AND DOCUMENTATION BARRIERS TO IDENTIFYING CHILDREN AT RISK IN PENNSYLVANIA	50
Introduction	50
Access and Use of Multidisciplinary Best Practices in Investigations	51
Realignment of Research Aims	56
Methods.....	56
Data and Sample	56
Data Coding.....	57
Results	57
Generalizability of Samples.....	57
ChildLine Designation of Reports as Either GPS or CPS	58
County CYS’ Screening of GPS reports.....	59
Thoroughness of Investigation.....	60
Decision-Making	64

Services Provided to the Child and Family.....	65
Context for Decision-Making: Appeals and Legal Proceedings.....	66
Recordkeeping	68
PART III: SUMMARY AND POLICY CONSIDERATIONS	70
RECOMMENDATION 1. LOOK BEYOND FATALITIES AND FOSTER CARE PLACEMENTS	72
RECOMMENDATION 2. STOP DELETING DATA	74
RECOMMENDATION 3. STANDARDIZE, IMPROVE, AND STREAMLINE STATEWIDE PRACTICE STANDARDS.....	75
Duplication of Effort.....	75
Screening	77
Identification and Tracking of Perpetrators	78
Assessing and Addressing “Failure to Protect” by Caregivers	79
RECOMMENDATION 4. THE ELECTRONIC RECORD STANDS ALONE.....	81
RECOMMENDATION 5. ENHANCED SERVICE RESPONSE	83
Forensic Interviews.....	83
Medical Examinations	86
Post-Investigative Services	87
RECOMMENDATION 6. INVEST IN THE WORKFORCE	88
Recruitment and Hiring	88
Performance Evaluation and Quality Assurance through Supervision	89
Workforce Training	90
CONCLUSION	94
REFERENCES.....	95
ACKNOWLEDGMENTS.....	108
APPENDICES.....	109
Appendix A. Review of the Relevant Literature on Risk Factors for CSEC.....	109
Appendix B. Explanation of Samples for Parts I and II of Report	114
Appendix C. Data Abstraction Elements for Phase 1	115
Appendix D. Data Abstraction Elements Added During Phase 2.....	118
Appendix E. A comparison of Pennsylvania’s submissions to the National Child Abuse and Neglect Data System (NCANDS) for 2016 with the full sample and subsample included in this study.....	119

INTRODUCTION: AN OVERVIEW OF PENNSYLVANIA’S CHILDREN AND YOUTH SERVICES SYSTEM

Given the complexity of systems and procedures for handling child abuse and neglect cases, a detailed overview is provided here. In addition, readers with limited familiarity with Pennsylvania’s system for investigating and responding to suspected child maltreatment or related child welfare concerns are advised to refer to the Glossary, as well as the *Workflow Diagram for Pennsylvania Child and General Protective Services Reports* in Figure 1 on Page 13.

Legal and System Context for Child Maltreatment Cases

A diagram depicting the process through which Pennsylvania investigates and responds to concerns about abusive or inadequate care of children, including sexual abuse and exploitation, is shown in Figure 1. As in most states, Pennsylvania residents initiate the process by contacting a statewide hotline, ChildLine, about suspected child abuse or concerns that a child is without proper care and custody. ChildLine is a centralized, statewide child protective services program that accepts all reports of child abuse or general child well-being concerns and sends the information to the appropriate county’s Children and Youth Services agency. Pennsylvania has a two-track system, with both tracks falling under the responsibility of Children and Youth Services (CYS) agencies. Child Protective Services (CPS) investigates allegations of sexual abuse and a subset of other cases that are considered sufficiently severe to meet Pennsylvania’s narrow (relative to other states) definition of child abuse (Child Welfare Information Gateway, 2016). General Protective Services (GPS) investigates nearly all allegations of child neglect and less severe physical abuse, and addresses situations where children or families are in need of

services due to factors like children’s mental health concerns or family dysfunction. ChildLine is responsible for designating a report as CPS or GPS.

The distinction between GPS and CPS is notable for three reasons. First, counties are not permitted to screen out (dismiss without investigating) a report designated as CPS, but can screen out a case identified as GPS (although, if the county disagrees with the ChildLine designation of a case as CPS or GPS, it can appeal the decision). Second, GPS cases do not compel an immediate response because the situation is not classified as an emergency. Third, if evidence is uncovered in the course of a GPS assessment that determines the allegations are true, the persons responsible for harming a child do **not** appear on the state central registry (a list used to screen individuals applying to work or volunteer with children). Even GPS reports that are deemed “valid” or are accepted for services are subject to expungement (i.e., records are deleted after a period of time) (Pennsylvania Department of Human Services, 2018). Lastly, GPS cases are not included in the federal data collection system, the National Child Abuse and Neglect Data System (NCANDS).

After a CPS investigation or GPS assessment, the caseworker disposes the case. A CPS report may result in a disposition of *Founded*, *Indicated*, or *Unfounded*. Typically, *Founded* refers to allegations that were adjudicated in civil or criminal court; *Indicated* refers to reports for which substantial evidence was found to support the truth of the allegations, but for which no civil or criminal adjudication has occurred. All other CPS reports would be classified as *Unfounded*. Both *Founded* and *Indicated* reports are entered into the Central Registry and the identified perpetrator may be restricted from employment or volunteer opportunities that involve direct contact with children. Perpetrators have numerous options to appeal their placement on

Central Registry (see Figure 1), particularly if the perpetrator was the subject of an *Indicated* (rather than *Founded*) report.

For GPS assessments (reports that are not screened out), the disposition may be *Valid* or *Invalid*. There are no statutory definitions for *Valid* or *Invalid*. However, the primary purpose of GPS assessment is whether a child's health, development, or functioning would suffer if the allegations in the report are true and the circumstances are permitted to continue (55 Pa. Code § 3490.223 Definitions, 1999). Thus, *Valid* can be interpreted as a finding that a child is in need of services to protect their health, development, or functioning, and *Invalid* as a finding that no such need is evident.

Figure 1. Workflow Diagram for Pennsylvania Child and General Protective Services Reports

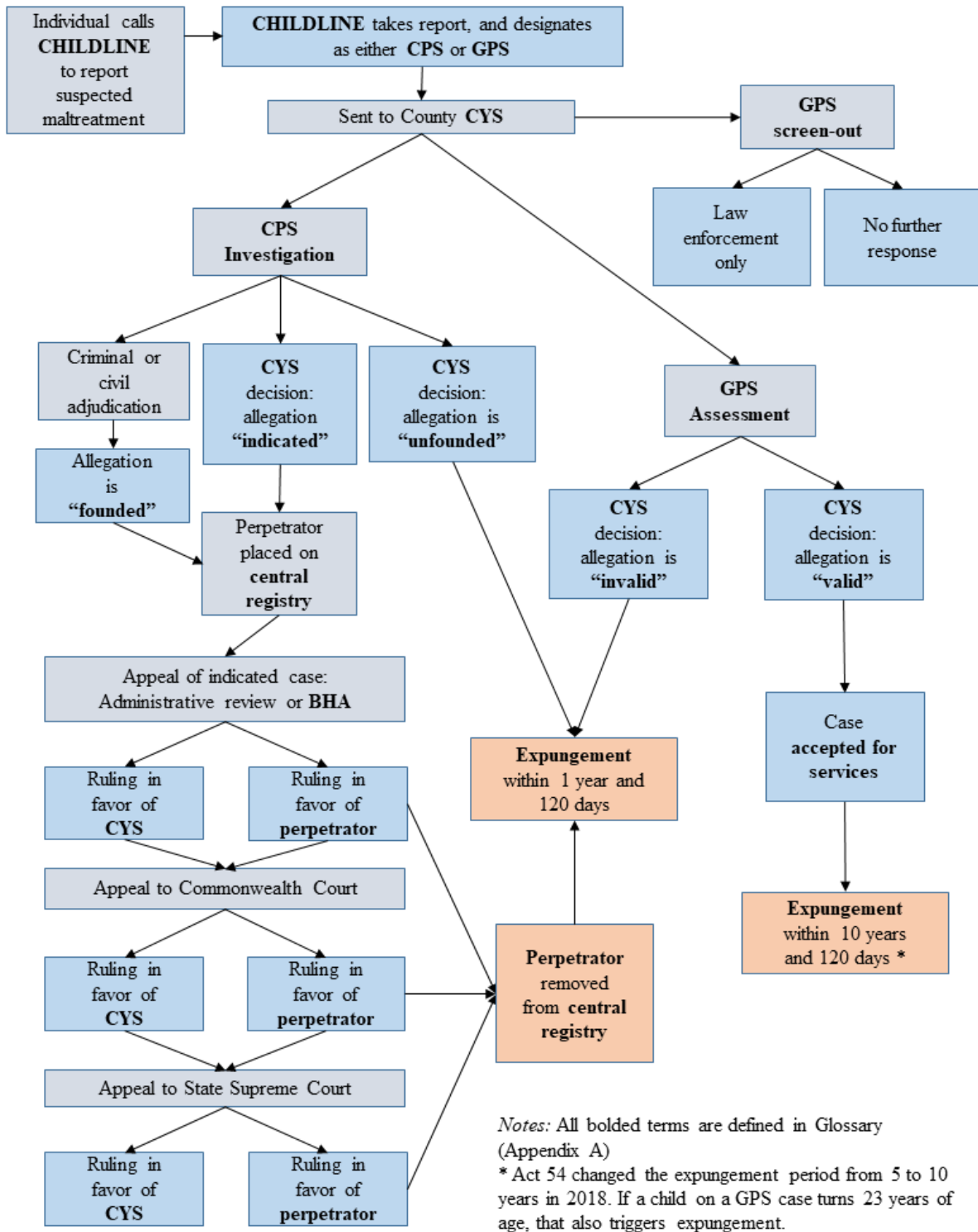


Figure 1 was created by the research team.

In addition to making a determination about the veracity of the CPS or GPS allegations, the agency also makes a decision as to whether the family is referred or accepted for services. This occurs in one of two ways: first, families may be referred to services in their community, but the services are not purchased, provided, or monitored by CYS and are voluntary. This often happens in unfounded CPS or invalid GPS cases where the family is interested in, or may benefit from, community supports. Alternatively, in higher-risk cases, the family may be *accepted for services*, meaning that the family becomes a client of the CYS agency. When a family is accepted for services, the agency provides, arranges, or monitors the services received by the family. These services may be voluntary, or may be ordered by the court if the child is found to be dependent (See Table 1).

CYS and Law Enforcement Jurisdiction in Cases of Sexual Abuse and Exploitation

Cases involving child abuse and neglect may fall under the jurisdiction of CYS, law enforcement, or both. Nearly all reports investigated under CPS are submitted to law enforcement to determine whether a concurrent criminal investigation is warranted. Typically, law enforcement has sole jurisdiction over cases involving sexual abuse perpetrated by persons who do not provide care for or reside with the victim, as is typical in child protective services systems nationwide (Child Welfare Information Gateway, 2016). Pennsylvania Child Protective Services Law (CPSL) details the possible roles a person can occupy in order to be subject to investigation as a perpetrator of child abuse by CYS, which generally includes parents, caregivers, former or current partners of the parent, close relatives, current or former household members, and some service providers for children (55 Pa. Code § 3490.4. Definitions, 1999)

However, in 2015, the federal Justice for Victims of Trafficking Act (Public Law 114-22, 129 Stat.227) amended the definition of child abuse and neglect to include alleged victimization involving “severe forms of human trafficking.” In October of 2016, Pennsylvania enacted Act 115 (23 PA. C.S., P.L 966, No 115, 2016), which amended the Domestic Relations Code to comply with the federal definition change: among other things, Act 115 amended Pennsylvania’s Child Protective Services Law (CPSL) (23 Pa.C.S. § § 6301—6385, 1986) definitions to ensure that victims of human trafficking were defined as victims under the CPSL and thereby eligible for CYS services. Under the new policy, any person who engages in a severe form of trafficking of minors is a child abuse perpetrator under state law – meaning, these cases fall under the jurisdiction of CPS and should not be assigned as GPS, where they may be screened out and deemed the sole responsibility of law enforcement. Consequently, all cases involving allegations of CSEC fall under the jurisdiction of both CYS—specifically, CPS—and law enforcement, irrespective of the victim-perpetrator relationship. In contrast, sexual abuse not involving commercial exploitation falls under both CYS and law enforcement jurisdiction only if the alleged abuser held one of the delineated roles defined as a “perpetrator” under the Pennsylvania CPSL (see the Glossary for the complete legal definition).

Although most child sexual abuse cases reported to ChildLine are assigned to CPS, child sexual abuse reports may be designated as GPS in select circumstances. For example, if the person accused of sexual abuse does not meet the CPSL definition of “perpetrator,” but the child’s caregivers may have failed to protect or adequately supervise the child (i.e., contributed to the child’s risk of sexual abuse) or concurrent issues in the family suggest a need for services, a GPS assessment may occur. Alternatively, if an investigation is needed to determine whether the perpetrator is a person responsible under CPSL, the case may be assigned as GPS and

reassigned to CPS depending on what information is uncovered during the assessment.

Assignment to CPS or GPS is significant for a number of reasons, including that GPS response times are not as stringent, investigations may be conducted by individuals with less training in sexual abuse, and perpetrators are not placed on the state central registry. In 2017, 397 allegations of sexual abuse in which it was unknown whether the alleged abuser met the definition of perpetrator under CPSL were deemed valid after a GPS investigation; accounting for approximately 10 percent of all confirmed sexual abuse allegations. Under current law, all cases of commercial sexual exploitation of children (CSEC) are to be investigated under CPS; however, cases of CSEC that are misclassified as non-CSEC sexual abuse or cases that are incorrectly screened out (not investigated) due to misapplication of the traditional CPSL perpetrator definition to CSEC cases may be erroneously assigned as GPS.

Glossary of Terms and Acronyms: Legal Definitions And Context

<p><i>Accept for Services</i> <u>Legal Definition</u>¹: Decide on the basis of the needs and problems of an individual to admit or receive the individual as a client of the agency or as required by a court order entered under 42 Pa.C.S. Ch. 63 (relating to juvenile matters).</p>
<p><i>Assessment</i> <u>Legal Definition</u>²: An evaluation by the county agency to determine whether or not a child is in need of general protective services <u>Context</u>: GPS assessments may include interviews with children, parents, and others, as well as observation of the home environment and review of medical, school, or law enforcement records. Risk and safety assessments are also part of the GPS assessment.</p>
<p><i>Bureau of Hearings and Appeals (BHA)</i> <u>Legal Definition</u>: An entity of the Department of Human Services that is authorized to adjudicate appeals pertaining to the maintenance of records in the central registry.</p>
<p><i>Central Registry (also referred to as Statewide Central Register)</i> <u>Legal Definition</u>³: A register of child abuse and student abuse, established in the Department, which consists of founded and indicated reports of child abuse and student abuse. <u>Context</u>: The registry is a searchable list of child abuse perpetrators that is not publicly accessible but is used to screen individuals for some forms of employment and volunteer work, and foster or adoptive parenting. (See also: <i>PA Cons. Stat. Tit. 23, § 6331. Establishment of Statewide database.</i>)</p>

Child Advocacy Center (CAC)

Legal Definition¹: A local public agency in this Commonwealth or a not-for-profit entity incorporated in this Commonwealth which: (1) is tax exempt under section 501(c)(3) of the Internal Revenue Code of 1986 (Public Law 99-514, 26 U.S.C. § 501(c)(3)); and (2) operates within this Commonwealth for the primary purpose of providing a child-focused, facility-based program dedicated to coordinating a formalized multidisciplinary response to suspected child abuse that, at a minimum, either onsite or through a partnership with another entity or entities, assists county agencies, investigative teams and law enforcement by providing services, including forensic interviews, medical evaluations, therapeutic interventions, victim support and advocacy, team case reviews and a system for case tracking.

Child Protective Services (CPS)

Legal Definition¹: Those services and activities provided by the department and each county agency for child abuse cases.

Context: Allegations of child abuse, as defined in the Child Protective Services Law, are investigated by CPS.

Child Protective Services Law (CPSL)

The set of statutes that govern the responsibilities and scope of child and general protective services, specifically Title 23 Pa.C.S. §§ 6301—6385.

ChildLine

Legal Definition³: An organizational unit of the Department [of Human Services] which operates a statewide toll-free system for receiving reports of suspected child abuse established under section 6332 of the CPSL (relating to establishment of statewide toll-free telephone number), refers the reports for investigation and maintains the reports in the appropriate file. In addition, it also receives reports of student abuse under Subchapter C.1 of the CPSL (relating to students in public and private schools).

Context: ChildLine is responsible for designating reports as either CPS or GPS and sending reports to the county responsible for assessment or investigation of the report. ChildLine does not screen or investigate referrals.

Children and Youth Services (CYS)

The agency or department within each county that is responsible for administering Child Protective Services and General Protective Services.

Clear and Convincing Evidence

Legal Definition: Evidence that is so clear, direct, weighty, and convincing as to enable the trier of fact to come to a clear conviction, without hesitancy, of the truth of the precise facts in issue. (As cited in *GV v. Department of Public Welfare*, 2014, Pennsylvania Supreme Court).

Context: This is the highest evidentiary standard applied in civil proceedings. It is the standard required in Pennsylvania for the court to declare a child dependent and for termination of parental rights. Prior to *GV v. Department of Public Welfare*, the Commonwealth Court sought to apply this standard when hearing appeals of placement of individuals on a central registry.

Commercial Sexual Exploitation of Children (CSEC)

This term refers to the *commercial* involvement of a person under the age of 18 in sexual activity or for the purpose of sexual gratification. The *commercial* aspect refers to the exchange of money or anything of value to the exploited child or a person profiting from the child's exploitation (e.g., a trafficker). Examples of CSEC include the use of children in prostitution, or the exchange of sexualized images or videos of a child for anything of value. To be classified as CSEC, force, fraud and coercion are not required. See also: *Sex Trafficking*.

Dependent child⁴

Legal Definition: A child who (1) is without proper parental care or control, subsistence, education as required by law, or other care or control necessary for his physical, mental, or emotional health, or morals. A determination that there is a lack of proper parental care or control may be based upon evidence of conduct by the parent, guardian or other custodian that places the health, safety or welfare of the child at risk, including evidence of the parent's, guardian's or other custodian's use of alcohol or a controlled substance that places the health, safety or welfare of the child at risk; (2) has been placed for care or adoption in violation of law; (3) has been abandoned by his parents, guardian, or other custodian; (4) is without a parent, guardian, or legal custodian; (5) while subject to compulsory school attendance is habitually and without justification truant from school; (6) has committed a specific act or acts of habitual disobedience of the reasonable and lawful commands of his parent, guardian or other custodian and who is ungovernable and found to be in need of care, treatment or supervision; (7) has committed a delinquent act or crime, other than a summary offense, while under the age of 10 years; (8) has been formerly adjudicated dependent, and is under the jurisdiction of the court, subject to its conditions or placements and who commits an act which is defined as ungovernable in paragraph (6); (9) has been referred pursuant to section 6323 (relating to informal adjustment), and who commits an act which is defined as ungovernable in paragraph (6); or (10) is born to a parent whose parental rights with regard to another child have been involuntarily terminated under 23 Pa.C.S. § 2511 (relating to grounds for involuntary termination) within three years immediately preceding the date of birth of the child and conduct of the parent poses a risk to the health, safety or welfare of the child.

Context: A finding of dependency allows the court to order caregivers to comply with services and to involuntarily remove a child from the home. The standard of evidence for dependency is “clear and convincing.”

Expungement / Expunge

Legal Definition¹: To strike out or obliterate entirely so that the expunged information may not be stored, identified or later recovered by any mechanical or electronic means or otherwise. (See also, *Stat. Tit. 23, §6337*).

Context: In PA, unfounded CPS investigations, invalid GPS assessments, and screened out GPS reports are all subject to expungement within 1 year and 120 days of case closure. Valid GPS cases are expunged after a period of 10 years and 120 days of case closure (prior to policy change in 2018, it was 5 years). Victim information in indicated or founded CPS investigations is expunged after the victim is 23 years of age. As of 2018, “A county agency may maintain information regarding protective services reports that have been expunged in the Statewide database for access by the county agency to assist in future risk and safety assessments and research.”(*Stat. Tit. 23, §6337(f)(2)*)

Founded

Legal Definition³: A child abuse report made under the CPSL [...] if there has been any judicial adjudication based on a finding that a child who is a subject of the report has been abused, including the entry of a plea of guilty or nolo contendere or a finding of guilt to a criminal charge involving the same factual circumstances involved in the allegation of child abuse.

General Protective Services (GPS)

Activities and services of CYC that pertain to the assessment and redress of child or family concerns that do not meet the state Legal Definition of child abuse (see also *Tit. 55 § 3490.223. Legal Definitions. "General Protective Services"*)

Indicated

Legal Definition¹: [The designation given to] a report of child abuse [in which] an investigation by the department or county agency determines that substantial evidence of the alleged abuse by a perpetrator exists based on any of the following: (i) Available medical evidence. (ii) The child protective service investigation. (iii) An admission of the acts of abuse by the perpetrator.

Context: Indicated reports result in the placement of the identified perpetrator on the central registry, but this determination can be appealed.

Invalid

The disposition given to GPS assessments if the allegations are not supported, meaning that the child or children are not deemed in need of protective services.

Investigation

The response to a CPS report, which involves interviewing persons with information about the allegations, documenting evidence, risk and safety assessment, and other activities. (See also: *Title 55 § 3490.55. Investigation of reports of suspected child abuse.*)

National Child Abuse and Neglect Data System (NCANDS)

NCANDS is a federally-supported data repository. States submit select data elements on all child protective services cases annually. These data are de-identified and made available for research.

Office of Children, Youth and Families (OCYF)

An agency of the state Department of Human Services that oversees and regulates aspects of child and general protective services.

Perpetrator

Legal Definition¹: A person who has committed child abuse as defined in this section. The following shall apply: (1) The term includes only the following: (i) A parent of the child. (ii) A spouse or former spouse of the child's parent. (iii) A paramour or former paramour of the child's parent. (iv) A person 14 years of age or older and responsible for the child's welfare or having direct contact with children as an employee of child-care services, a school or through a program, activity or service. (v) An individual 14 years of age or older who resides in the same home as the child. (vi) An individual 18 years of age or older who does not reside in the same home as the child but is related within the third degree of consanguinity or affinity by birth or adoption to the child. (vii) An individual 18 years of age or older who engages a child in severe forms of trafficking in persons or sex trafficking, as those terms are defined under section 103 of the Trafficking Victims Protection Act of 2000 (114 Stat. 1466, 22 U.S.C. § 7102).

(2) Only the following may be considered a perpetrator for failing to act, as provided in this section: (i) A parent of the child. (ii) A spouse or former spouse of the child's parent. (iii) A paramour or former paramour of the child's parent. (iv) A person 18 years of age or older and responsible for the child's welfare. (v) A person 18 years of age or older who resides in the same home as the child.

Screened in/out

A decision made by the county CYC to assign a GPS report for assessment (screened in) or not (screened out). Screened out reports may be sent to law enforcement or may involve no system response.

Severe Forms of Trafficking in Persons

Legal Definition⁵: (A) sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or (B) the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Sex Trafficking

Legal Definition⁵: The term “sex trafficking” means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act.

Substantial Evidence

Legal Definition¹: Evidence which outweighs inconsistent evidence and which a reasonable person would accept as adequate to support a conclusion.

Unfounded

The designation given to a child protective services report that is not a “founded report” or an “indicated report.”

Valid

The designation given to GPS assessments if the allegations are supported, meaning that the child or children are deemed in need of protective services.

1. 23 Pa. C.S. §6303(a) Definitions (1999)

2. 55 Pa. Code § 3490.223 Definitions (1999).

3 55 Pa Code § 3940.4: Definition of a perpetrator (1999).

4. 42 Pa Code § 6302 Definitions (1978, Final Amendment 2018).

5. 22 U.S. Code, Chapter 78. Trafficking Victims Protection, § 7102.Definitions.

PART I: DETECTING COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN REPORTED TO CHILDREN AND YOUTH SERVICES

Introduction

Commercial sexual exploitation of children (hereafter, CSEC) is a form of human trafficking. Human trafficking refers to the “recruitment, transportation, transfer, harboring, or receipt of persons by improper means (such as force, abduction, fraud, or coercion) for an improper purpose including forced labor or sexual exploitation,” (National Institute of Justice, 2019). It is the world’s third most prevalent and profitable criminal enterprise with annual profits estimated at over \$150 billion (United Nations Office on Drugs and Crime, 2012). Under the federal Victims of Trafficking and Violence Protection Act of 2000 (P.L. 106-386, 2000), the definition of severe forms of trafficking in persons includes, “sex trafficking in which a

commercial sex act is induced by force, fraud, or coercion, *or in which the person induced to perform such act has not attained 18 years of age*” [emphasis added]. Thus, elements of force, fraud or coercion need not be established in order to identify a child as a victim of sex trafficking; rather, any minor involved in commercial sex is a victim (Reyes, 2014).

The U.S. Department of Justice defines CSEC as a “range of crimes and activities involving the sexual abuse or exploitation of a child for the financial benefit of any person or in exchange for anything of value (including monetary and non-monetary benefits) given or received by any person,” (Office of Juvenile Justice and Delinquency Prevention, n.d.). Examples of CSEC include sex trafficking, sex tourism, and the use of children in pornography, as well as “situations where a child, whether or not at the direction of any person, engages in sexual activity in exchange for anything of value, which includes non-monetary things such as food, shelter, drugs, or protection from any person,” (Office of Juvenile Justice and Delinquency Prevention, n.d.). These latter situations, though legally defined as CSEC, may be less likely to be identified or investigated as CSEC as subtle elements of these conditions may be found in sexual abuse investigations and not viewed as trafficking.

In addition to the legal definitions of CSEC, an independent non-profit organization, Polaris (described in the following section), which runs the National Human Trafficking Hotline, has gathered data from 32,000 reports between 2007 and 2016. Based on this information, a recent report was published detailing 25 trafficking typologies (business models and entrapment scenarios) in which persons are likely to fall victim to labor trafficking, sex trafficking, or both (National Human Trafficking Hotline, 2017). This work represents the largest data set ever analyzed related to human trafficking in the U.S. Each typology characterizes a unique business model, provides trafficker and victim profiles, recruitment methods, as well as methods of

coercion and control. Identification of typologies allows for a more nuanced understanding of differential types of trafficking by geographic location, and different ways in which victims are identified and exploited (National Human Trafficking Hotline, 2017).

Incidence of CSEC

Despite increasing national attention to human trafficking and CSEC, data on national, state, and local incidence rates remain elusive. Polaris, an international nonprofit agency with a mission to end human trafficking, obtained a U.S. federal grant to create and manage the National Human Trafficking Hotline. The human trafficking hotline provides victims or survivors of human trafficking with crisis support and services, and, in addition to this critical need, provides national surveillance data. In 2017 alone, Polaris identified 7,255 individual victims of sex trafficking in the U.S from 6,244 reported cases to the hotline,^a with a peak age of victimization between 15-17 years old; 2,762 victims were minors, and an additional 1,575 were of unknown age at the time of identification (Polaris, 2017). The National Human Trafficking Hotline has statistics available for Pennsylvania between January 1, 2012 and June 30, 2018. During this time period, the hotline identified 697 individual victims of sex trafficking, including 245 minors in Pennsylvania. The number of reported victims has increased annually since the start of data collection (National Human Trafficking Hotline, 2018). It should be cautioned that an increase in reports to the hotline may not indicate an increase in the prevalence of trafficking – rather, increased awareness may have improved identification of potential victims. The national hotline surveillance data constitute the only existing research on human trafficking and

^a All cases and/or victims are identified using the definition of human trafficking from the Victims of Trafficking and Violence Prevention act. Additionally, cases identified by the hotline may contain one or more victim, and victims may be involved in more than one case (Polaris, 2017).

CSEC incidence nationally and in Pennsylvania. However, these data only reflect voluntary reports made to the hotline. Although child maltreatment, including CSEC, has been subject to mandatory reporting laws since the late 1970's, CSEC has not traditionally been tracked as a separate offense from sexual abuse in child protection records, and it was not until 2016 that Pennsylvania law was amended to ensure CSEC would fall under child protection agencies' jurisdiction irrespective of the victim-perpetrator relationship.

In response to the lack of data and the Victims of Trafficking and Violence Prevention Act, states are required (beginning in fiscal year 2018) to report instances of child sex trafficking in the National Child Abuse and Neglect Data System (NCANDS), which gathers information on child abuse and neglect from all 50 states and districts (Jones, 2010). Although this requirement will provide a new source of information on CSEC, it will be limited to cases brought to the attention of authorities and in which the responsible child protection agency conducts a thorough investigation. Existing statistics are likely to underrepresent the true burden of CSEC in the U.S. and in Pennsylvania, since many cases of child maltreatment are never reported, and it is possible that CSEC may not be correctly identified (Talbot, Suzuki, Laplante, & Omanson, 2014). In particular, rural areas may lack awareness of and training on CSEC, thereby reducing the likelihood of detection and intervention (Talbot et al., 2014). In Pennsylvania, approximately 27 percent of the state's residents live in 48 rural counties, making this a particularly salient issue (The Center for Rural Pennsylvania, n.d.).

Efforts to detect CSEC face a myriad of challenges, including reluctance of CSEC victims to report or self-identify as a victim, due to coercion, emotional bonds with the trafficker, and/or fear of the trafficker (Greenbaum, Dodd, & McCracken, 2018). Notably, CSEC victims have, in some cases, been subjected to prosecution for prostitution without regard to the

involuntary and coerced nature of their experiences (Clayton, Krugman, & Simon, 2013), and perpetrators may use coercive threats and manipulation to discourage victims from contacting law enforcement or children's services (Human Rights Council, 2015). Children targeted for CSEC often come from troubled family environments, making them vulnerable to manipulation by traffickers, who may express love and affection for their victims (Estes & Weiner, 2001). Moreover, traffickers may be individuals within the family environment, including parents or caregivers.

Additionally, the professionals who come into contact with vulnerable youth, such as healthcare providers, social workers, Children and Youth Services (CYS), and police, may not be equipped with the knowledge or skills to identify those victimized by or at risk for CSEC (Ijadi-Maghsoodi, Bath, Cook, Textor, & Barnert, 2018). These professionals may also lack the expertise to differentiate between sexual abuse and CSEC, thus failing to explore or investigate whether the sexual abuse involves third parties or the exchange of money or goods (United Nations High Commissioner for Refugees, 2001). This combination of factors increases the risk that CSEC victims will be misidentified and creates challenges in implementation of prevention and recovery strategies.

Contexts of CSEC

Research exploring CSEC in rural areas is inadequate; however, the limited research that has been completed on rural CSEC highlights recruitment of rural youth into sex trafficking in shopping malls, at peer's houses, in the victim's own home (Williamson & Prior, 2009), or on the internet (Cole & Sprang, 2015), and is often perpetrated by a family member or acquaintance (Cole & Sprang, 2015; Perkins & Ruiz, 2017; Williamson & Prior, 2009). Outdoor solicitation (prostitution) is one form of CSEC experienced by rural and urban youth. Whereas urban victims

may be solicited on street corners within the city, rural victims may be solicited at rest areas or truck stops on major highways. Major highways run through rural communities providing a constant stream of traffic in a low-surveillance setting, which creates an environment conducive to illicit activity such as trafficking (Ochiboi, 2015; Talbot et al., 2014). Rural areas of Pennsylvania have three main highways known to serve as conduits for trafficking victims: I-80, I-81, and I-78 (Human Smuggling and Trafficking Center Intelligence Note, 2014) and there is concern that the PA Route 15 corridor is a potential route of trafficking (Miller, 2015). Despite this information, trafficking in rural areas may be under-detected due to lack of community resources and knowledge. Healthcare professionals and first-responders in rural areas are less likely to have training about sex trafficking or to believe it is a problem (Cole & Sprang, 2015). Thus, rural Pennsylvania youth may be at high risk of sexual exploitation and human trafficking, and if victimized, their exploitation may continue undetected due to a lack of research documenting the scope and nature of the problem and inadequate training, tools, and protocols for identification by first responders (law enforcement, child welfare workers, and healthcare providers).

CSEC is a profitable criminal enterprise that has only recently gained more widespread awareness. Early research focused on urban settings with little to no research in rural areas. The original research proposal aimed to provide a better understanding of CSEC in Pennsylvania through the following activities: (1) identification of cases of CSEC among youth in rural and urban populations; (2) comparison of rural and urban rates; and (3) identification of youth and family risk factors associated with CSEC, specifically addressing differences in these factors based on rural or urban residence.

Why Focus on the Children and Youth Services Population?

Research on how to improve identification of victims of CSEC is in the nascent stages, with only a handful of studies, many with limited populations, and most focused on females living in urban areas (refer to Appendix A). However, these studies consistently identify prior involvement with child protective services agencies and/or a history of child abuse and neglect as a risk factor for CSEC (Office of Juvenile Justice and Delinquency Prevention, n.d.). In Pennsylvania, this system is referred to as Children and Youth Services (CYS). Despite the clandestine nature of CSEC, many youth victims encounter CYC or health systems, presenting an opportunity for identification and intervention. CYC-involved youth are disproportionately at risk of CSEC due to prior maltreatment and unstable or uninvolved caregivers. CYC-involved youth also run away from home at higher rates, which may make them vulnerable to predators offering shelter, food, drugs, or other amenities. Studies of identified CSEC cases in other states found that between 41 percent and 98 percent of CSEC victims had previous CYC involvement (House of Representatives, Committee on Ways and Means, 2013; U.S. Senate Finance Committee, 2013), and over 85 percent of sex trafficking victims sought treatment from a health care provider while under the control of a trafficker (Lederer & Wetzel, 2014). The variability in estimates likely reflects state-level differences in detection and reporting of victims and tracking of CYC involvement over time (Child Welfare Information Gateway, 2018a, 2018b).

Original Goals and Objectives

Aim 1. To estimate the incidence of CSEC in rural and urban areas among CYC-involved youth.

1a. Reports with allegations of sexual exploitation or sexual abuse from Pennsylvania county Children and Youth Services (CYS) agencies' case narratives were screened to identify cases of CSEC.

1b. CSEC incidence estimates were determined by: (1) rate per county child involved with CYS; and (2) rate per child in the county population. Race, gender, and age-specific data were recorded with incidence estimates for each county.

1c. Incidence estimates were compared between rural and urban counties.

1d. A report was created of study findings for the Center for Rural Pennsylvania, CYS state leadership, and key stakeholders to provide information to help guide legislation, inform optimal prevention efforts, and guide identification and service provision.

Aim 2. To classify all cases identified as “likely CSEC” into one of 10 established typologies and compare common typologies found in both rural and urban counties

2a. Identified cases of CSEC were classified into one of 10 established typologies.

2b. Common typologies found in both rural and urban counties were compared.

2c. A report of typologies of sex trafficking that exist within Pennsylvania and within different residential settings (urban vs. rural) was created for the Center for Rural Pennsylvania, CYS state leadership, and key stakeholders to help guide policy and legislation to disrupt CSEC networks, improve current prevention efforts, and guide identification and service provision.

Aim 3. To identify risk factors associated with specific types of CSEC in rural and urban Pennsylvania counties.

3a. Individual, family, and environmental variables that may contribute to risk of CSEC for all cases identified as CSEC and a control group from electronic case investigation narratives were extracted.

3b. Characteristics of children with CSEC cases to children with other forms of CYs involvement were compared.

3c. A report of study findings was created for the Center for Rural Pennsylvania, CYs state leadership, and key stakeholders that provides information to help improve CYs policies for identifying victims of CSEC, and create tailored prevention efforts for children at greatest risk of CSEC.

Methodology

Data and Sample

The Penn State Child Maltreatment Solutions Network (with which Dr. Font and Dr. Miyamoto are affiliated) has Data Use Agreements with multiple Pennsylvania counties, allowing access to case management data for all non-expunged CYs cases^b. This case management data was the primary source of information for this study. The authors note that Pennsylvania's counties rely on varying degrees of paper records or electronic records that are not integrated into the case management system. Notwithstanding, case management records typically contain some important sources of narrative detail, including the allegations, a log of contacts made throughout the investigation (e.g., interviews with relevant parties), and an

^b Pennsylvania requires that unfounded Child Protective Services reports and all General Protective Services reports that were not accepted for services be expunged from state records no later than 1 year and 120 days after case closure, and that General Protective Services cases that were accepted for services be expunged from state records after 10 years and 120 days. Indicated and Founded CPS reports are not subject to expungement (Child Welfare Information Gateway, 2018b)

explanation of the disposition, but are likely missing other casework documentation. See Table 1 for the types of information commonly contained within the case management record. The information categories highlighted in gray are those which served as the primary data source for this study.

Table 1. Information Generally Available in Electronic Case Management Records
<p><i>Report Details</i></p> <ul style="list-style-type: none"> • Narrative of initial allegations • Report designation as CPS or GPS • Category and subtype of alleged maltreatment. <p><i>Outcome of Investigation/Assessment</i></p> <ul style="list-style-type: none"> • Decision as to the veracity of allegations and whether the family will be accepted for services • Caseworker rationale for disposition
<p><i>Safety and Risk Assessments</i></p> <ul style="list-style-type: none"> • Caseworker rating of specific safety threats and risks • Narrative explanation of threat/risk if present • Caseworker rating and explanation of parent's capacity to protect child
<p><i>Contacts During Investigation/Assessment</i></p> <ul style="list-style-type: none"> • Caseworker narrative record of interactions with case members (victims, perpetrators, non-offending caregivers, other household members) and other relevant parties (witnesses, service providers, law enforcement)
<p><i>Case Member Information</i></p> <ul style="list-style-type: none"> • Date of birth, sex, race, location • Explanation of how case members are related to one another
<p><i>Service Plans</i></p> <ul style="list-style-type: none"> • For cases accepted for services: Case goals and objectives, services provided, explanation of progress and continued concerns
<p><i>Information contained in this table was produced by the research team.</i></p>

Table 2. Sexual Abuse and Exploitation Allegations Subtypes
<ul style="list-style-type: none"> ● Actual/simulated sexual activity for the purpose of producing visual depiction ● Child pornography ● Photographing, videotaping, depicting on computer or filming sexual acts ● Dissemination of photos, videos, computer depictions & films ● Employ, using persuading, inducing, or enticing a child to engage in or assist another individual ● Prostitution ● Sexual exploitation
<ul style="list-style-type: none"> ● LEO [law enforcement only] victim < 18 years old [perpetrator not person responsible per CYS guidelines] ● Looking at the sexual/intimate parts of a child ● Involuntary deviate sexual intercourse ● Incest ● Participating in a sexually explicit conversation ● Actual/simulated sexual activity for purpose of sexual stimulation ● Aggravated indecent assault ● Indecent assault ● Institutional sexual assault ● Indecent exposure ● Sexual abuse (unknown if caregiver) ● Sexual assault ● Statutory sexual assault ● Unlawful contact with a minor
<p><i>Information contained in this table was adapted by the research team and represents allegations from the PA CYS reporting system.</i></p>

The amounts and type of missing documentation will vary across county and over time, given the lack of state-level standards. (The state has required data elements that all counties must provide in order to comply with federal regulation for CPS and foster care cases, but there are not statewide standards for where and how the majority of relevant case information is documented). Counties were invited to participate in the study based on a variety of considerations, including their data system, geographic location, and size. Of the 18 counties invited to participate, 10 counties agreed (four urban counties and six rural counties). The counties will not be identified by name at any point in this report.

Each of the 10 counties used an electronic case management system that contains information entered by caseworkers on what occurred or was learned over the course of an investigation through General Protective Services (GPS) assessment or Child Protective Services (CPS) investigation. For clarification, both GPS and CPS are administered by CYS; GPS

primarily handles allegations of neglect and children in need of services, whereas CPS handles allegations of severe neglect, physical abuse, sexual abuse and sexual exploitation. However, as noted earlier, GPS also handles cases of sexual abuse in which the alleged abuser may or may not be a “perpetrator” under CPSL; thus, the sample inclusion criteria were applied to both GPS and CPS reports.

For each county in the study, reports were extracted between 2016 and 2017 that included any of the allegations listed in Table 2 (See Appendix B for explanation of samples). The allegations listed represent the CYS codes associated with sexual abuse or sexual exploitation that appear in the case management system. Both sexual abuse and exploitation cases were screened for thoroughness. Because sexual exploitation is a subtype of sexual abuse, it is possible that some instances of CSEC were documented as sexual abuse only. The categories highlighted in gray in Table 2 are those that may be indicative of CSEC. Importantly, not all cases of sexual exploitation are CSEC because sexual exploitation can occur without a “commercial” element. In Pennsylvania, efforts to indicate allegations of human trafficking within local case management systems was underway in mid-2015. Thus, all reports marked as “sex trafficking” (irrespective of the allegation codes) by the county during the relevant time frames were extracted. Contrary to expectations, there were several reports ($n=14$) where the human trafficking indicator was marked for sex trafficking, but the allegation codes were not related to sexual abuse or exploitation.

Data Coding

County databases were first generated in Microsoft Access that extracted raw case management records and displayed them in an easy-to-read chronological format. This allowed the six hired student case readers, as well as the principal investigators (PIs), to understand the

steps taken in an investigation and the types of information that were gathered. Information on each sexual abuse and exploitation investigation were exported into Microsoft Access, with one record created for each investigation. The record included the report narrative (a description of the alleged maltreatment incident), case contacts (where interviews with children, perpetrators, parents, and others are documented), and the disposition narrative (a summation of the case findings). The narratives were typically entered by the investigative caseworker and varied substantially in length, detail, and clarity. In addition to the text-based narratives, the Access databases included a face sheet with the categories of allegations, victim age, and victim-perpetrator relationships to aid the reader in understanding the narratives.

Then, to generate quantitative variables from the text narratives, a database was generated in REDCap, a secure password-protected application to capture research data (Harris et al., 2009), in which case readers could systematically enter information about each investigation. The items included in REDCap were updated as needed in the initial months of the project as cases were reviewed and gaps in data collection fields were identified. As these gaps were identified, new fields to capture those data were created and previously completed cases were revisited for that information. The initial codebook included detailed explanations of the 10 trafficking typologies, or business models, of CSEC. These 10 categories are shown in Table 3 and represent a subset of 25 typologies recently outlined by the Polaris Project (National Human Trafficking Hotline, 2017) to identify all of the known pathways that make individuals susceptible to sex or labor trafficking. The other data elements included in the REDCap database are shown in Appendix C. Additional elements of interest that would not systematically appear in text narratives, such as child demographics and prior case history, were merged into the final REDCap data from the county case management systems after the screening.

Typology		Description
1	Escort services	occurring in temporary indoor locations such as hotels or residences
2	Illicit massage, health, and beauty	façade of legitimate business that conceals sex and labor trafficking
3	Outdoor solicitation	street or truck/rest stop solicitation
4	Residential	private household or residential brothel
5	Bars/strip clubs	victims forced to provide flirtatious or sexual companionship with patrons
6	Pornography	production and distribution of video or photographic sexual images of victim
7	Personal sexual servitude	victim sold into sex servitude to settle debts typically over extended period of time
8	Illicit activities	often occurs once involved in drug distribution and cross-border drug smuggling
9	Arts and entertainment	forced/coerced sex acts within modeling agencies or athletic teams
10	Remote interactive sexual acts	live commercial sex acts simulated through technologies such as webcams, text or phone sex lines
<i>This table was adapted from Polaris Project typologies (National Human Trafficking Hotline, 2017)</i>		

Supervision and Oversight

Six student reviewers were hired for this project and screened cases under the supervision of the researchers. All the students hired for this project were enrolled in the Child Maltreatment and Advocacy Studies minor at Penn State and had minimally completed a 3-credit 200-level course on child maltreatment. Each student received a minimum of two hours of initial training specific to the screening and documentation processes followed by review and feedback of initial independent case coding by the investigators. Students' questions or concerns about the coding process were discussed at regular meetings with Miyamoto and Font. These meetings also offered students an opportunity to debrief about the emotional difficulty of reading detailed case investigations. Drs. Miyamoto and Font conducted periodic random checks of the case readers'

work, and discrepancies or concerns about the coding process were discussed and resolved at regular meetings. In addition, all cases identified as “likely CSEC” or “possible CSEC” by the research team, as well as all reports marked by the county or ChildLine as sex trafficking, were reviewed by Miyamoto and Font.

Analysis

The initial plans for analysis included the calculation of incident rates for rural and urban counties, a comparison of risk factors for different CSEC typologies, and the identification of CSEC risk factors based on a comparison of CSEC youth and youth exposed to maltreatment other than CSEC or sexual abuse. However, the number of identified CSEC cases was very small ($n=26$) and therefore many of the planned analyses were not possible to complete. In the sections below, the findings are described.

Additional Data Collection and Review

To provide context for the findings of the study and to better understand state and county procedures, additional information was requested from several sources: (1) Pennsylvania’s 2016 submission to the National Child Abuse and Neglect Data System (NCANDS); (2) OCYF-issued reports and memoranda related to child welfare policies/procedures, (3) training materials from the Pennsylvania Child Welfare Resource Center, the contracted agency for child welfare workforce training, and (4) information on sexual abuse evaluation services provided by Pennsylvania’s Child Advocacy Centers (CACs).

Results

Aim 1. To estimate the incidence of CSEC in rural and urban areas among CYIS-involved youth.

The first objective under Aim 1 was to screen all reports listed as sexual exploitation or sexual abuse from participating counties' CYIS agencies case narratives to identify incidents of CSEC. In total, 2,143 reports from 10 counties were screened, of the 4,742 that were slated for review. The plan to screen all 4,742 cases was ended for two reasons: first, it was evident that a large enough sample of CSEC cases to complete the proposed case comparison study would not be found. Second, screening the cases was labor intensive and there was not enough funding to complete all of them. The 2,143 reports involved 2,227 alleged victims. Throughout this report, an alleged victim per report is the unit of analysis, and will be referred to as a "case." The child-report unit is used to create a similar unit of analysis between GPS reports, which may contain multiple children, and CPS reports, which can only contain one child.

From the sample of 2,227 cases, the researchers excluded cases that were identified as courtesy interviews for other counties, irrespective of whether they appeared to involve CSEC allegations. Also excluded were cases in which the primary focus of the investigation was not sexual abuse. This left 1,978 cases for the analytic sample. Of these, there were 1,321 CPS investigations, 228 GPS assessments, and 429 screened out cases (See Appendix B).

The researchers determined that there would not be a sufficient number of CSEC cases to pursue some aims of the study. In total, 26 reports were identified as "likely CSEC" (having characteristics, circumstances that appear to meet the legal definition of CSEC), involving 22 unique children and 27 unique alleged perpetrators.^c This amounts to less than 2 percent of

^c Children may be reported multiple times due to repeated concerns about abuse by a single perpetrator, or concerns regarding new incidents and perpetrators. A report may include multiple perpetrators if they acted together.

reviewed cases. An additional 53 reports involving 48 unique children and 57 unique alleged perpetrators were identified as “possible CSEC” (having some characteristics or concerning circumstances that would warrant further inquiry/investigation to determine if it met the legal definition of CSEC) but lacked adequate information to clearly distinguish between sexual abuse and CSEC. A common example of reports deemed “possible CSEC” were cases in which there is clear disclosure/report that sexual images were taken of a child and yet no details exist about further inquiry into whether images were shared or exchanged for something of value. The researchers caution that the number of perpetrators in these cases is likely far higher than identified in this study— in several cases in which a child was exploited by a caregiver, the caregiver was listed as a perpetrator but those engaging in the direct sexual abuse of the child were not. In some cases, particularly cases involving ongoing prostitution of a minor, the numbers or identities of perpetrators were not known.

The next two objectives of Aim 1 were to calculate CSEC incidence rates by county, by demographic traits, and by rural/urban area. As stated above, reliable incident rate estimates were unable to be calculated. The characteristics of “likely CSEC” and “possible CSEC” cases are described in Table 4. The majority of “likely CSEC” and “possible CSEC” cases were from urban counties (22 of 26, or 85 percent, and 33 of 53, or 63 percent, respectively).

The most common perpetrators in the “likely CSEC” cases were the mother of the victim (10 of 26, or 38 percent), an unrelated adult (10 of 26, or 38 percent), and mothers’ paramours (5 of 26, or 19 percent). For “possible CSEC” cases, however, mothers were not as commonly found to be perpetrators (11 of 53, or 22 percent) and other persons, such as fathers, minors, and other relatives were commonly involved (23 of 53, or 43 percent). Importantly, there were often perpetrators that were not identified in the investigation, including possible “clients” of the

exploited child or persons receiving images or videos of the exploited child. The perpetrators listed include those who were investigated as perpetrators of sexual abuse or exploitation of the child. Not all persons who abused or exploited a child were necessarily investigated, meaning that more than one perpetrator was identified in the narrative and yet not all were listed and investigated as perpetrators. Reasons for failure to investigate all identified perpetrators was not noted within the caseworker documentation.

<u>Number of reports, victims, and perpetrators</u>	Likely CSEC		Possible CSEC	
Reports	26		53	
Unique Victims	22		48	
Unique Perpetrators	27		57	
<u>Case characteristics (report-level)</u>	<u>N</u>	<u>Pct.</u>	<u>N</u>	<u>Pct.</u>
<i>County type</i>				
Rural	4	15%	20	37%
Urban	22	85%	33	63%
<i>Perpetrator types (not mutually exclusive)</i>				
Mother	10	38%	11	22%
Partner of mother	5	19%	6	11%
Unrelated adult	10	38%	14	26%
Other	3	12%	23	43%
<i>Involved force, fraud or coercion of the victim</i>				
Yes	8	31%	14	26%
Unknown	18	69%	39	74%
<i>Referral Type</i>				
CPS	17	35%	40	25%
GPS	9	65%	13	75%
<i>CYS Disposition</i>				
Confirmed – sexual exploitation/similar	7	27%	6	11%
Confirmed – sexual abuse/assault	5	19%	13	25%
Unconfirmed	7	27%	19	36%
Screened out	5	19%	11	21%
Other	2	8%	4	7%
<i>All data from this table was reported from 2016 and 2017 findings of this research study.</i>				

Additionally, for both “likely CSEC” and “possible CSEC” cases, less than one-third were described as involving fraud, force, or coercion. Although these are not required elements

of CSEC, they are part of the definition of human trafficking of adults. The fact that these elements do not commonly appear in cases involving children may be a possible reason that caseworkers fail to identify CSEC.

In Table 4, the dispositions, or outcomes, of the cases identified as “likely CSEC” or “possible CSEC” were also shown. In Pennsylvania, CPS cases are either “founded,” meaning a judicial determination concluded that an allegation was proven, or “indicated,” meaning that CYS determined (based on a preponderance of the evidence) that the allegation was true. Under GPS, reports are referred to as “valid” if found to be true. The term “confirmed” was used to refer to cases where at least one allegation was indicated, founded, or validated, whereas “unconfirmed” refers to cases that were investigated or assessed but not indicated, founded, or validated. Screened out cases are those that were designated as GPS reports by ChildLine but the county determined that the report did not meet criteria for investigation. “Other” includes cases that were pending court determination or were founded, indicated, or validated for reasons other than sexual abuse or exploitation. Notably, although CSEC cases should be assigned to CPS for investigation, nine of 26 “likely CSEC” and 13 of 53 “possible CSEC” cases were assigned to GPS by ChildLine.

The likelihood of CSEC was evaluated based on federal definitions and independent of CYS determination of findings in each case. Twelve of the 26 incidents identified as “likely CSEC” in this study were confirmed as sexual abuse or exploitation by CYS (46 percent). Of those 12 cases, seven were documented with confirmed allegations indicative of CSEC – including for child prostitution, dissemination of child pornography (defined in federal law as any visual depiction of sexually explicit conduct involving a minor [18 U.S.C. § 2256, 2011]), or

employing or otherwise inducing a child to engage in sexual activity with another person. The other five cases had confirmed allegations consistent with non-CSEC sexual abuse (e.g., sexual assault). Of the cases determined to be “possible CSEC” (elements concerning for trafficking but lacking sufficient details to make a clear determination), 36 percent (19 of 53) were confirmed as sexual abuse or exploitation, with the majority of those cases (13 of 19) having confirmed allegations consistent with non-CSEC sexual abuse. It is important to remind readers that although “sexual exploitation” does not have a consistent legal definition, it does not require a commercial element (i.e., exchange of money or goods) and it is not interchangeable with CSEC or sex trafficking – in other words, all CSEC is sexual exploitation, but not all sexual exploitation is CSEC.

The county’s disposition of the investigation was not taken into account in the determination of whether a case involved CSEC. However, when finding that many of the cases identified as “likely” or “possible” CSEC were unconfirmed for sexual abuse or exploitation, or were screened out without investigation, those cases were re-reviewed to ascertain where the researchers’ assessment diverged with CYS. Of the cases that identified as either “likely” or “possible” CSEC that were screened out by CYS (16 of 79, or 20 percent), it appeared that concerns about whether CYS had jurisdiction was the primary factor. Specifically, in some cases, the criteria for CPSL perpetrator that pertains to non-CSEC sexual abuse cases (that the abuser be a person responsible for the welfare of the child) was inappropriately applied to CSEC cases. That is, the available documentation suggested that CYS did not believe it had jurisdiction to investigate because the alleged perpetrator was not a caregiver or otherwise responsible for the child. As previously stated, both state and federal law characterize alleged victims of human trafficking – including CSEC – to fall under CYS jurisdiction, in addition to law enforcement

jurisdiction. Because CPS cases cannot be screened out by the counties under state policy, it was ChildLine's categorization of the report as GPS that allowed the reports to go uninvestigated.

A second factor that contributed to CSEC allegations being screened out or unconfirmed was that reports of teens engaged in commercial sex were not always characterized as child sexual exploitation. Of the 13 "likely CSEC" cases that involved youth ages 15 or older, only three were confirmed sexual abuse or exploitation. In addition, some reports that clearly involved commercial sexual exploitation were listed with allegations of sexual abuse or exploitation, but rather with "child sexually acting out" or "child behavior problems," or simply "other." A lack of consistent electronic documentation indicating that the child went to a Child Advocacy Center (CAC) for a forensic interview or medical exam, or that all relevant parties to a case were interviewed was also observed. Additionally, observations that a child's disclosure was not believed, without clear documentation of why. These issues are discussed in greater detail in Part II of the study.

In 12 of the 26 cases (46 percent) identified in this review as "likely CSEC," CYS confirmed an allegation of sexual abuse or exploitation. In eight of the 12 cases confirmed by CYS, the mother was a named perpetrator (67 percent). There was a disclosure by the victim in nine of the 12 cases (75 percent) and documentation of the exchange of money or goods to elicit victim cooperation and silence in seven of the 12 cases (58 percent).

For the 53 cases in which there were elements suggestive of CSEC and a clear determination was unable to be made, a review was conducted to ascertain why those cases were unclear. Three common reasons were found. The most common reason (32 of 53 cases; 60 percent) was that there was an indication that a person had taken sexualized videos or images of an exploited child, but the investigation did not address, or was not able to determine, whether

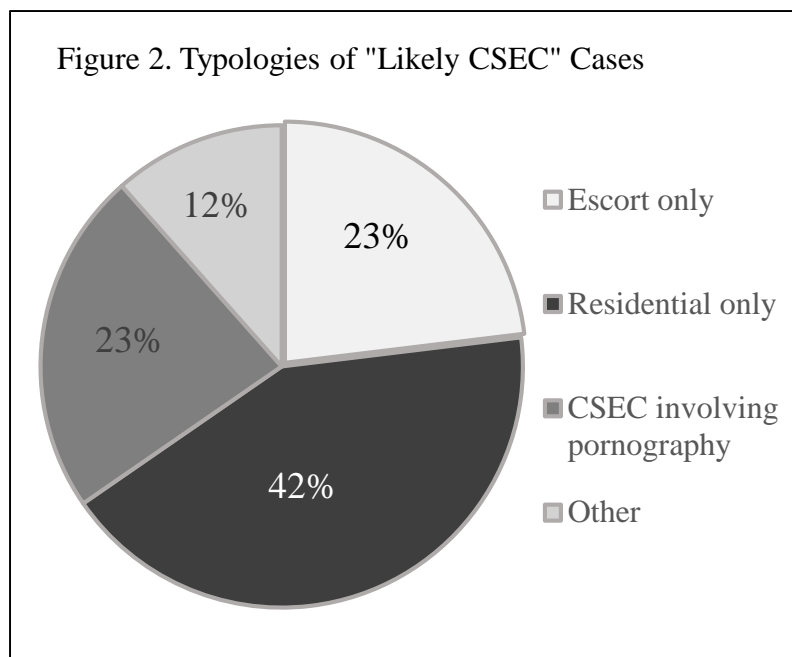
any images were disseminated, used as blackmail/exploitation, or traded for something of value. Children were documented as receiving money, special treatment, or gifts to elicit their cooperation in the abuse in 13 of 53 cases (24 percent). Eight cases involved disclosure or reports of indicators of possible trafficking, but the available documentation was inadequate to determine what information was uncovered during the course of the investigation that would allow for a clearer determination of CSEC.

Aim 2. To classify all cases identified as “likely CSEC” into one of 10 established typologies and compare common typologies found in both rural and urban counties

The first objective of Aim 2 was to classify CSEC cases into one of 10 established typologies (refer to Table 3 for definitions). In Figure 2 the breakdown of typologies are shown.

A plurality of cases involved residential trafficking alone (11 of 26; 42 percent). The most common residential trafficking

scenarios involved either a direct exchange of goods for sexual contact between a child and a paramour of the child’s parent; a parent *and* the parent’s paramour in the sexual exploitation of the victim; or a parent allowing others to access their child for sexual acts or parental sharing of sexual images of their child. Six



This figure, created by the researchers, captures typology results from 2016/2017 analysis for the present research study

of the 26 “likely CSEC” cases involved child pornography, with most also involving another form of CSEC. Notably, the overwhelming majority of cases were categorized as “possible CSEC” also involved sexualized photos or videos of children – thus, it is likely that the proportion of cases involving child pornography are understated. An additional six “likely CSEC” cases involved youth engaged in escort trafficking, defined as a victim delivered to a buyer hotel room or other location, advertised online, or when a caregiver allows individuals to come into the child’s home and makes the child perform acts. Only three cases involved a form of CSEC that did not include residential trafficking, escort trafficking, or child pornography. The second objective of Aim 2 was to assess differences in typologies found in both rural and urban counties. Due to the small number of rural cases, this was not possible.

Aim 3. To identify risk factors associated with specific types of CSEC in rural and urban Pennsylvania counties.

Under Aim 3, the researchers sought to identify risk factors for CSEC. Given the small number of identified cases, it was difficult to draw many conclusions. However, a description of the characteristics of “likely CSEC,” “possible CSEC,” and non-CSEC cases are provided in Table 5. Children with “likely CSEC” incidents were older than children investigated for other forms of sexual abuse – 81 percent (22 of 26) were ages 11 or older, as compared with 53 percent of “possible CSEC” and 58 percent of non-CSEC cases. In each of the three groups (likely CSEC, “possible CSEC,” and non-CSEC), the majority of children were white and female. However, children with “likely CSEC” incidents were more often female (88 percent) and black (31 percent) than children in either of the other groups (possible CSEC: 83 percent female, 9 percent black; non-CSEC: 71 percent female, 10 percent black). A higher proportion of

possible and “likely CSEC” cases had documented concerns about caregiver substance abuse (23 percent) than non-CSEC cases (12 percent).

None of the “likely CSEC” cases involved caregivers who were clearly protective of the child, whereas at least one protective caregiver was identifiable in 39 percent of non-CSEC, and 49 percent of “possible CSEC” cases. In more than half of “likely CSEC” cases, the case record did not address whether any caregivers were protective or non-protective, and in 35 percent of cases, all identified caregivers were alleged perpetrators of sexual abuse or exploitation. Given the lack of available documentation of caregiver’s protective capacities, caution is warranted in interpreting these data.

Table 5. Comparison of Non-CSEC, “likely CSEC,” and “possible CSEC” Incidents							
	Non-CSEC		Likely CSEC		Possible CSEC		Fisher's Exact or Chi-Squared
	<u>N</u>	<u>Pct.</u>	<u>N</u>	<u>Pct.</u>	<u>N</u>	<u>Pct.</u>	<u>(p-value)</u>
Female	1,352	71%	23	88%	44	83%	0.028
Ages 0-10	807	42%	5	19%	25	47%	0.039
Ages 11-14	562	30%	8	31%	13	25%	0.703
Ages 15+	523	28%	13	50%	15	28%	0.053
<i>Race/Ethnicity</i>							
White	1,562	82%	18	69%	47	89%	0.105
Black	194	10%	8	31%	5	9%	0.010
Other	142	7%	0	0%	<=3		0.128
<i>Caregiving Concerns</i>							
Known or suspected substance abuse	221	12%	6	23%	12	23%	0.012
Known or suspected mental illness	170	9%	<=3		2	4%	0.433
Known or suspected criminal history	201	11%	4	15%	7	13%	0.436
<i>Caregiver Protective Capacity</i>							
All discussed caregivers were alleged perpetrators	206	11%	9	35%	6	11%	0.003
No protective caregiver(s)	170	9%	0	0%	4	8%	0.311
At least 1 protective caregiver	738	39%	<=3		26	49%	0.000
Conflicting information	68	4%	<=3		<=3		0.677
Caregiver protectiveness not addressed	717	38%	15	58%	15	28%	0.041
Rural county	700	37%	4	15%	20	38%	0.068
After PA Act 115	987	52%	19	73%	29	55%	0.095
<i>Prior Reports Pertaining to Child/Family</i>							
<i>Reports Concurrent with Index Report</i>							
Sex abuse allegations	105	6%	4	15%	13	25%	0.000
Child behavior/similar allegations	41	2%	<=3		0	0%	0.367
Other allegations	100	5%	<=3		8	15%	0.007
<i>Reports in Year Prior to Index</i>							
Sex abuse allegations	332	17%	8	31%	16	30%	0.015
Child behavior/similar allegations	287	15%	14	54%	12	23%	0.000
Other allegations	651	34%	7	27%	23	43%	0.290
<i>Reports more than 1 year prior to Index</i>							
Sex abuse allegations	219	12%	8	31%	13	25%	0.001
Child behavior/similar allegations	247	13%	7	27%	11	21%	0.032
Other allegations	687	36%	13	50%	22	42%	0.243

Information contained in this table represents results of the present study using 2016 and 2017 case reports.

Conclusions from Part I

Overall, few cases of “likely CSEC” were identified in the 10 Pennsylvania counties that were included in the study. The cases that were identified as “likely CSEC” were often residential in nature, where family members or household members were soliciting the child for sex or profiting from the exploitation of the child. These are far different scenarios than what is typically reported in the news, where coverage emphasizes sophisticated criminal enterprises in which the victims are recruited or violently coerced by traffickers. Rather, victims are at risk within their family environments and perpetrators do not typically require coercion or force to exploit their victims. The conclusions specific to Part I of this report are as follows:

Understanding and Applying Existing Law on Human Trafficking

Under federal law, CYA has a responsibility to investigate and disposition allegations of child sex trafficking and provide services to victims (House of Representatives, Committee on Ways and Means, 2013; P. L. 114-22, 129 Stat. 227, 2015; 23 Pa.C.S. § § 6301—6385, 1986). The definition of Commercial Sexual Exploitation of Children (CSEC) includes the exchange of sexual activity – including images—involving a child for *anything of value*. In 2016, Pennsylvania updated its statutes to adhere to federal guidelines and the current statute is clear that CYA has jurisdiction to investigate and provide services in cases of trafficking involving children. However, it was observed that cases involving such exchanges were not always identified as trafficking. In particular, when a youth was involved in the exchange of sex for money, drugs, or goods of value, and there was no identified trafficker (i.e., a person other than the child and the “customer” who profited from the child’s exploitation), or no caregivers were involved, the case was not consistently identified as falling under CYA jurisdiction. This is not consistent with the American Bar Association’s instructions for interpreting federal trafficking

statutes (Bruggeman, Keyes, Kloer, Lieberman, & Runge, 2009). Training may be needed to clarify that force, fraud and coercion are not required elements of trafficking in cases involving minors, and thus the statute applies even when the child appears to be instigating or willingly participating in the exploitative acts.

Screening of Initial Reports and Determining Jurisdiction

Reports to CYS may not explicitly allege CSEC or human trafficking; call screeners or investigators need to follow up on “red flags.” Of the incidents that were coded as “possible CSEC” ($n=53$) or “likely CSEC” ($n=26$), 16 (20 percent) were screened out without investigation.

In the data, problems were observed both in designation of a report as either GPS or CPS, which is largely occurring at ChildLine, and the screening of GPS reports, which is handled by the counties. There are numerous criteria for screening out reports, but what is especially relevant in sexual abuse cases is the definition of perpetrator under Pennsylvania Child Protective Services Law (CPSL). As explained earlier in this report, all persons engaged in trafficking of minors, including CSEC, are considered “perpetrators” under the CPSL. However, a person who is perpetrating sexual abuse or exploitation – without a commercial element – is only a perpetrator under the CPSL if they meet certain criteria, such as being a caregiver or person responsible for the welfare of the child, or residing with the child (55 PA Code § 3940.4: Definition of a perpetrator, 1999). Thus, many cases of sexual abuse are screened out to law enforcement because they are not identified as falling within CYS jurisdiction. Referring some cases to law enforcement – particularly when a child’s caregivers are protective – is critical to effective allocation of limited resources. Problematically, information that would help to distinguish CSEC cases from non-commercial sexual abuse or exploitation may be unavailable

or unknown at the time of the initial report. The state and counties may need to develop protocols for how to screen cases in which it is unclear whether there is CYS jurisdiction at the time of initial report, and to ensure that cases screened out to law enforcement are re-reported to CYS if new information arises that suggests CSEC. In the next section of this report, situations in which the identification of CSEC is particularly challenging are discussed.

Notably, under current practice, in cases where it is unclear if the alleged perpetrator meets CPSL definitions, the case is screened in under GPS rather than CPS. This approach has the potential to create additional administrative burden (if the case is ultimately reassigned under CPS) and to create confusion in CSEC cases, where the emphasis on the role of the perpetrator is unnecessary.

Identifying Commercial Elements of Sexual Abuse and Exploitation

Of the cases identified as “likely” or “possible” CSEC, there was a CYS finding of sexual abuse or exploitation in slightly less than half of incidents. However, those investigations did not consistently assess or make a determination about CSEC. It is important to assess for CSEC even if the identification of sexual abuse is sufficient for the purposes of allocating resources or providing services to the child or referring the perpetrator for criminal prosecution. Youth exposed to CSEC may require more or different services and supports than youth exposed to sexual abuse alone, given that youth with histories of CSEC, specifically prostitution, have higher levels of risk-taking behaviors, greater levels of trauma, and higher involvement in the juvenile justice and welfare systems (Cole, Sprang, Lee, & Cohen, 2016). In addition, because CSEC often involves multiple victims and multiple perpetrators, a focus solely on sexual abuse may miss an opportunity to identify – or prevent – additional victimization.

Cases involving child pornography were particularly problematic. Child pornography is sexual exploitation, but it only meets the standard of *commercial* exploitation if videos or images of the child were shared or exchanged for something of value. Documentation of efforts to ascertain whether any videos or images exist, and whether they were shared is necessary to protect victims. The creation of images or videos is very common among perpetrators of sexual abuse – prior research on child sexual abuse perpetrators found that 37 percent engaged in only child pornography offenses, and 42 percent engaged in both child sexual abuse *and* child pornography; only 21 percent of offenders engaged in child sexual abuse without pornography (Neutze, Grundmann, Scherner, & Beier, 2012). With such a high likelihood of child sexual abuse cases involving pornography, it is challenging and yet important to ascertain whether pornographic images of the child were disseminated in exchange for something of value, as this is what differentiates child sexual abuse and CSEC.

Another challenge in distinguishing sexual abuse and CSEC was a lack of information to differentiate commercial exploitation from grooming behaviors common to sexual abuse. With commercial exploitation, the victim or their trafficker is paid – in goods, drugs, or cash – for sexual activity, participation in pornography, or online sexual acts. Sexual grooming is “a process by which a person prepares a child, significant others, and the environment for the abuse of this child. Specific goals include gaining access to the child, gaining the child’s compliance, and maintaining the child’s secrecy to avoid disclosure. This process serves to strengthen the offender’s abusive pattern, as it may be used as a means of justifying or denying their actions,” (Craven, Brown, & Gilchrist, 2006). In an effort to enhance compliance and secrecy, grooming often includes provision of special attention, gifts, and treats. The OJJDP (Office of Juvenile Justice and Delinquency Prevention) definition of CSEC cited in the introduction includes

circumstances in which a child engages in sexual activity in exchange for anything of value. Considering that sexual abuse grooming regularly includes provision of gifts and treats to garner a child's affections, increase compliance, and decrease the likelihood of disclosure, it is very challenging to determine when child sexual abuse involves CSEC. Guidelines and tools should be developed to help discern the difference.

The Bigger Picture

The review of case records suggests that flaws in the investigative process, including both procedural and documentation problems, may hinder detection of CSEC. It is acknowledged that many counties, particularly following the CPSL changes after 2014 that expanded mandatory reporting and broadened definitions of child abuse (to be more consistent with other states), struggle with high workloads, which may reduce the time and resources available for individual investigations (Pennsylvania Department of the Auditor General - Eugene DePasquale, 2017). Moreover, counties may experience high turnover due to the difficult nature of the work and issues of burnout or low pay, which reduces the depth of experience caseworkers are able to draw upon in completing their work. These issues (workload, turnover) are likely to affect the depth and quality of investigations.

There has been significant concern in state and federal governments about human trafficking and the exploitation of minors. Thus, it was determined that the observations from this study should be brought to the attention of the Commonwealth. Drs. Miyamoto and Font met with the director of the Department of Human Services' Office of Children, Youth, and Families on November 13, 2018 to discuss the preliminary observations. At this point, however, observations of potential problems in the process were anecdotal – these concerns had not been systematically recorded because they were unexpected. The director expressed interest in

determining the extent and characteristics of these issues, particularly as it relates to documentation, supervision, CAC interviews and exams, and investigative protocol. Based on this meeting, the research team discontinued efforts to screen the remaining cases for CSEC and instead proposed taking a new direction with the project. The researchers then met with representatives from the Center for Rural Pennsylvania to discuss this potential shift in focus. After approval was obtained, a second round of data abstraction and analysis began, based on the same initial sample. The goal of extending the study aims was to understand the barriers to identification of sexual abuse and exploitation victims, with an emphasis on investigative practice and structural constraints.

PART II: PROCEDURAL AND DOCUMENTATION BARRIERS TO IDENTIFYING CHILDREN AT RISK IN PENNSYLVANIA

Introduction

The Commonwealth has a vested interest in the thoroughness and quality of child protection investigations. Accurate and timely identification of abuse and neglect can prevent victims from experiencing additional maltreatment and perpetrators from accessing additional victims. Yet, investigations of child maltreatment are exceptionally difficult, for a variety of reasons. First, perpetrators may refuse to be interviewed, or, in cases involving law enforcement, CYS may be instructed to rely on law enforcement's interview. Second, victims may not disclose or are unable to provide clear or consistent details about the events. Lastly, in cases of child sexual abuse, there is typically no physical evidence collected. The lack of physical evidence reflects, in part, the reality that sexual abuse often does not cause physical injury, and when injuries occur, they heal quickly. Where the potential for physical evidence exists (injuries or evidentiary materials/DNA), there may be delays in disclosure or accessing medical exams.

Thus, rigorous and consistent investigative protocols are necessary to improve the likelihood of accurate identification in these difficult cases.

It would be remiss to ignore the context in which concerns about investigative procedures arise. Agencies in the Commonwealth face an increased volume of reports in the wake of the 2014 legal reforms. In 2013, Pennsylvania investigated 27,182 Child Protective Services allegations; by 2017, there were 47,485 investigations, and reports to General Protective Services have also increased during this time period (Pennsylvania Department of Human Services, 2018). In addition, with the onset and worsening of the opioid crisis in the Commonwealth, CYS agencies may be faced with more complex and severe family safety threats than in past years. Compounding an increased volume and (perhaps) complexity of referrals, CYS agencies tend to experience high turnover of staff and thus their workload burden is likely high. Thus, the following assessment of investigative practice may reflect findings of a variety of structural, technological, and organizational constraints that create weaknesses in investigative practices.

Access and Use of Multidisciplinary Best Practices in Investigations

Child maltreatment investigations are complex and rely on coordination of different sources of information to provide a thorough assessment of whether abuse occurred and whether there is ongoing risk to a child. Child Advocacy Centers (CAC) were created over 30 years ago in an effort to ensure that a trained, professional, coordinated and effective response to child abuse investigations is available for children and families. Services offered at CACs typically include coordination of multidisciplinary investigations by providing a centralized place for forensic interviews and other services. Forensic interviewing is a best practice technique for interviewing children that emphasizes asking non-leading, nonjudgmental questions and

providing a single recorded interview that meets the needs of both law enforcement and CYA. In addition to forensic interviews, CACs ideally offer medical and mental health clinical services or help coordinate those referrals within the local community. An evaluation of CAC effectiveness found that sexual abuse investigations in communities that had a CAC were more likely to include forensic medical evaluations and mental health referrals than communities without a CAC (Flores et al., 2008).

CAC development is typically a community effort with dedicated planning from multidisciplinary partners. A recent national report showed more than 75 percent of CACs operated as nonprofits, with the remainder either government or hospital-based. Funding for CACs comes from multiple sources with national averages of 68 percent public funding (with state funding as the largest contributor) and 32 percent private funding (Boeskin et al., 2017).

In 2014, the Pennsylvania Commission on Crime and Delinquency commissioned the Field Center for Children's Policy, Practice and Research to create a statewide CAC development plan so that a CAC was within reach of every child victim in the state. At the time of the report, there were 22 CACs in 21 counties (Wolfe & Hao, 2014). For CACs to be successful, there must be a sufficient caseload to maintain staff skills and to meet economies of scale, so the recommendations were for the state to support the creation of 10 new regional CACs, two new countywide CACs, and seven affiliate CACs. In 2019 in Pennsylvania, there were 21 accredited CACs (meet all 10 National Children's Alliance (NCA) Child Advocacy Center standards), 12 associate CACs (meet several, but not all NCA Standards), three affiliate members (have community multidisciplinary investigative teams, but no formal Center), and four accredited satellite centers (offering onsite services under the oversight of an accredited

CAC). Some level of CAC organization exists in 16 of 19 urban and 23 of 48 rural Pennsylvania counties.

When medical services are available within the CAC, health care providers with specialized training in forensic sexual abuse examinations provide the services. If CACs do not provide this service and children are referred to unaffiliated hospitals for this care (either routinely or when the CAC is not open), untrained emergency department providers may be conducting examinations for children. Research of adult victims of sexual assault have shown that encounters with untrained health care providers can lead victims to feel more depressed, anxious, and reluctant to seek further help (Campbell, 2005, 2006; Campbell & Raja, 1999; Campbell et al., 1999; Campbell, Wasco, Ahrens, Sefl, & Barnes, 2001; Fehler-Cabral, Campbell, & Patterson, 2011). Skilled and appropriate care is arguably even more relevant for children, given their developmental vulnerability. This background is offered to illustrate best practices for sexual abuse investigations, in which every community has access to high-quality CAC-based forensic interviews and comprehensive forensic medical care. In addition to efforts to identify the use of CAC services in sexual abuse investigations, context has also been provided about the availability and comprehensiveness of CAC services statewide.

To contextualize the findings related to accessing and documenting medical examinations during child sexual abuse investigations, the researchers surveyed existing Pennsylvania CACs to understand services offered, with all CACs in Pennsylvania responding. It was found that all existing CACs offer forensic interviews; however, there are substantial differences in provision of sexual abuse medical examinations. It is important to outline the two categories of sexual abuse examinations for children, acute and non-acute. Acute examinations are conducted when the alleged abuse occurred recently (typically within the previous 3-7 days) and the evaluation of

findings and collection of evidence is time sensitive or there is need for urgent medical care due to patient symptoms. Non-acute examinations are conducted when the alleged abuse occurred outside the acute time frame, when it is unlikely to recover either biological evidence and any injuries would have healed. Non-acute exams can be scheduled since the timing of the examination is not urgent. CACs that conduct sexual abuse examinations differ in their ability to provide non-acute and acute exams.

Figure 3 depicts the presence of CACs for all counties in Pennsylvania, and provides an indication of the services provided at each of the active CACs. Notably, this information was elicited from the CACs only. CACs were the main focus as they are a model for care provision for maltreated children and because of their foundational purpose to be a resource to those conducting investigations of maltreatment. However, hospitals throughout the state may offer varying levels of sexual abuse services for children to compensate for limited access or a limited scope of services at CACs.

Seven county CACs have comprehensive, around the clock coverage for sexual abuse (SA) examinations (#1, Figure 3). Seven additional county CACs provide some SA exam coverage on site and fill gaps in coverage by referring children to within county providers (#2 and 4). Nine county CACs provide some SA exam coverage on site and rely on outside county coverage to fill gaps in service (#3 and #5). Finally, 17 CACs do not offer any sexual abuse medical services, three of which refer to providers within the county (#6), and 14 refer to providers outside the county (#7). Information about the scope and quality of CAC response in these sites (trained vs. untrained providers, availability and consistency of services) was not collected.

Realignment of Research Aims

Following consultation with the Department of Human Services' OCYF director and the Center for Rural Pennsylvania, the research team devised a plan to gather additional information on a random sample of sexual abuse and exploitation investigations. The goal of this effort was to better understand how or why CSEC may be difficult to identify in the course of CYS investigations, and more broadly, to explore the barriers that exist in trying to identify and serve children exposed to sexual abuse and exploitation. In other words, the researchers began to research the investigations themselves. The following components were the focus: (1) whether all relevant parties to the investigation were interviewed or an attempt to interview was documented; (2) whether the alleged victim received a timely child advocacy center (CAC) interview and medical exam; and (3) whether the victim disclosed and how the disclosure was characterized by the investigator. Each of these steps pertain to the collection and evaluation of evidence, which may affect the direction and disposition of cases. The researchers had hoped to assess frequency of supervision in this section of the study, but were unable to do so due to a lack of uniform electronic documentation.

Methods

Data and Sample

From the original sample of 4,742 reports identified in Part I, a random sample was drawn from each participating county. In each county, 10 percent of the sample, or 25 cases, whichever was larger, was selected. This was done to ensure that a sufficient number of reports were reviewed from rural counties. This resulted in a new sample of 514 cases, of which 53 cases were excluded from the final analyses. Cases were excluded if they were incorrectly coded as sexual abuse or exploitation, courtesy interviews for or transfers to another county, or

containing a historic allegation of sexual abuse that was not the focus of the investigation. This resulted in a final sample of 461 cases (Appendix B). Due to the variability in screening practices, in which some counties conduct a preliminary investigation prior to screening out a report, and others do not (Pennsylvania Department of the Auditor General- Eugene DePasquale, 2017), the amount of information available on screened out reports varies.

Data Coding

The REDCap database was updated to include additional elements, some of which were related to general investigative procedures, and others pertinent specifically to sexual abuse and exploitation. The additional elements were based on concerns raised by the researchers in their review of cases as well as questions developed in conversation with OCYF to better understand investigation procedures. The added elements (variables) and response choices are found in Appendix D.

Results

Generalizability of Samples

To assess the generalizability of the samples, the sample characteristics were compared to Pennsylvania's submission to the National Child Abuse and Neglect Data System (NCANDS) for 2016. Pennsylvania only submits investigated CPS cases to NCANDS – no GPS reports (whether screened-out or assessed) are submitted. Nevertheless, this provides context for the research data. The breakdown of the NCANDS sample is shown – restricted to sexual abuse investigations only – compared with the full research sample and subsample, as well as only the CPS portions of the research samples. These results are shown in Appendix E. Pennsylvania

submitted 8,972 CPS sexual abuse investigations to NCANDS in 2016, of which 76 percent were unconfirmed and 24 percent were confirmed; and 11 percent received post-investigative services. The samples from this study include higher proportions of confirmed cases (especially among the CPS subgroups). The random subsample also has a higher proportion of confirmed cases that were opened for services, compared with the statewide average. Demographically, the research sample has a higher proportion of white children than the statewide data, likely due to the mixture of rural and urban counties. The samples are similar to the NCANDS data on sex and age composition.

ChildLine Designation of Reports as Either GPS or CPS

As described earlier in the report and in Figure 1, ChildLine determines whether allegations meet the definition of child abuse in Pennsylvania: if yes, the report is designated as a CPS report and, if not, it is designated as a GPS report. One-third of reports in the sample were designated as GPS. Even though the designation to either CPS or GPS is done by the state ChildLine staff, the percent assigned to GPS ranged across counties from 14 percent to 53 percent.

Differences in procedures for CPS and GPS reports made the case review undertaken in this study quite difficult. CPS reports can only include a single child under current state protocols; thus, a report that three siblings were experiencing sexual abuse by a caregiver would result in three CPS investigations. Although evidence as to the abuse of one sibling is relevant to the safety of other siblings, it was commonly found that each investigation included information that did not appear in the siblings' investigations. In addition, reports containing both CPS and GPS allegations may be split into multiple reports. Thus, if the three siblings also had a caregiver with substance abuse issues, there may be a GPS investigation in addition to the three CPS

investigations. The substance abuse may be relevant to the caregiver's ability to protect the children from sexual abuse, but it may not be fully documented in the CPS investigations that met sample criteria. Readers are therefore cautioned that a complete understanding of child safety and their experiences of sexual abuse and exploitation is inhibited by the statewide case assignment process.

County CYs' Screening of GPS reports

Of the sample coded under Part I (excluding courtesy interviews and other non-relevant cases, $n=1,978$), 429 (22 percent) were screened out. Across counties, the percentage of screen outs ranged from 1 percent to 42 percent. Of all GPS cases in the sample ($n=645$), 419 (65 percent) were screened out; with a range of 9 percent to 92 percent across counties. Given that these reports contain allegations involving sexual abuse and exploitation, or risk thereof, the variability across counties is quite surprising. The researchers were not able to clearly ascertain whether there are differences in composition of reports (e.g., victim or perpetrator characteristics) for each county that explain the variability in screening decisions.

The researchers also caution that some counties conduct preliminary investigations before screening cases out – it is possible that a screen out in those counties is not especially distinct from an investigation in another county. For instance, in 22 of the 111 screened out cases in the subsample (20 percent), a victim interview was documented, suggesting at least a preliminary investigation. These preliminary investigations prior to a screen out may be representative of a full investigation in another county that results in an unconfirmed case.

Thoroughness of Investigation

Interviews Conducted

Individuals in any of the following roles may be relevant to interview over the course of an investigation or assessment: victims, perpetrators, mothers, fathers, siblings, witnesses, and other household members. For this portion of the study, the researchers identified, based on the case management records, which individuals relevant to the investigation or assessment had a documented interview, and who was potentially relevant to the investigation but their interview could not be confirmed. Where an interview was not found in the electronic case management record, it is possible that the interview was conducted and recorded in a paper version of the case file. However, in every county, face-to-face contacts with case members were commonly recorded in case contacts, suggesting no systematic pattern of reliance on alternative off-system records for tracking interviews or contacts with persons relevant to the case.

For this portion of the analysis, the researchers focused on the cases in the random subsample that were investigated under CPS or assessed under GPS (not screened out), because interviews with victims or other relevant parties are not routinely conducted in screened out cases. For all investigated or assessed reports (350 of 461 reports in the random sample), the percent of cases where a victim interview was documented in the case management record ranged from 75 percent to 98 percent (for an average of 84 percent across counties). It is further noted that lack of documentation within the case management system is far more common for GPS cases – of the 40 GPS reports in the random subsample that were not screened out, only 65 percent documented a victim interview (versus 87 percent of CPS investigations), and 18 percent had no interviews included in the case management record (versus 7 percent of CPS investigations). In both CPS and GPS cases, interviews with mothers were documented in at least half of investigations, and interviews with fathers in 26 to 28 percent of cases.

The electronic record did not contain an interview with one or more of the alleged perpetrators in 55 percent of cases (194 of 350 investigated reports). However, the record typically contained documentation of why a perpetrator was not interviewed. Common reasons were perpetrator refusal to be interviewed, inability to locate the perpetrator, or deference to law enforcement's preference to conduct the perpetrator interview.

The initial interview with the victim occurred within 3 days for 48 percent of cases (143 of 295), and in an additional 38 cases (13 percent), there was not enough documentation to discern when the initial interview occurred (i.e., an interview was referenced in the disposition but not recorded as a case contact with a date). Reasons for delays were not systematically tracked due to inconsistent documentation. However, some explanations that were evident in the records were the need to procure a courtesy interview for the victim from another jurisdiction and difficulty locating the victim. In addition, some of the reports pertained to sexual abuse or exploitation that allegedly occurred multiple years prior and there was no ongoing threat to the victim.

CAC Interviews and Medical Exams for the Alleged Victims

Based on the information recorded in case contacts and report and disposition narratives, a Child Advocacy Center (CAC) forensic interview was known to have been completed in 121 of 350 investigated cases (35 percent). In 44 percent of investigated or assessed cases ($n=153$), it was documented that only CYS interviewed the victim. In 6 percent of cases ($n=20$), it was implied in the documentation that an interview occurred, but the researchers were not able to discern who conducted the interview. The percentage of cases referencing a CAC interview ranged from 6 percent to 65 percent across the sampled counties.

Of the 121 investigated cases with a CAC interview, 17 percent ($n=20$) occurred within one week of the report date, 15 percent ($n=18$) occurred within 8 and 14 days of the report, and 36 percent (44 of 121) occurred more than 2 weeks after the initial report. For 32 percent ($n=39$), the researchers could not discern the timing of the CAC interview, because its occurrence was only referenced in the disposition (case determination) narrative.

Among the 295 investigated cases with any known form of victim interview in the random subsample, those with a CAC interview were statistically significantly more likely to document a victim disclosure of sexual abuse: 65 percent of cases with a CAC interview (78 of 121) versus 49 percent without (85 of 174). Notably, it is possible that caseworkers are more likely to procure a CAC interview in cases where a disclosure is more likely – in other words, there is not enough evidence to conclude whether having a CAC interview increases the probability of a disclosure.

The completion of a medical exam for the child was documented in the investigation disposition or in the case contacts in 37 of the 350 investigated cases (11 percent). In an additional 13 cases (4 percent), there was some indication that a medical exam may have occurred, but there was a lack of documentation to verify this. In 82 cases where the available documentation indicated that the perpetrator had recent access (within the past week) to the victim, confirmation of the occurrence of a medical exam occurred in seven cases (9 percent). Of the cases with documentation verifying that a medical exam occurred, it occurred immediately (same day that CPS became aware of the allegation) in 38 percent (14 of 37) of cases.

Again, it is cautioned that documentation of CAC interviews and medical exams may be solely recorded outside the electronic case management system and if so, would not be available for review. Specifically, the CAC report or recording, and the medical report would not be in the

case management system. The rationale for attempting to identify these events in the absence of those records was that the outcomes of CAC interviews and medical exams are key pieces of evidence that inform the disposition of the investigation. Hence, to the extent CAC interviews or medical exams produce information relevant to decision-making, one would expect such events to be referenced in the case contacts or disposition narratives and therefore be available for this review.

Evaluation of Risk and Safety

In cases of sexual abuse or exploitation, it is typical that at least one caregiver did not *commit* acts of sexual abuse or exploitation. However, under the Child Protective Services Law, the definition of child abuse includes failure to act on the part of a person responsible that results in *or creates an imminent risk of* sexual abuse or exploitation (The Child Protective Services Law 23 Pa.C.S. § § 6301—6385, 1986). Thus, a caregiver may be a perpetrator by omission if they knowingly disregard risks of sexual abuse or exploitation for their child. The electronic case record contained very little documentation to determine the parents' willingness or capacity to keep the child safe. The researchers recorded for the full sample any indication of whether the (non-offending) caregiver was protective or not. Several behaviors were identified as non-protective. For example, if the child disclosed sexual abuse or exploitation, did the caregiver refuse to believe the child, blame the child, or minimize the severity of the alleged abuse? Did the caregiver initiate the CYS report if they were the person to whom the child disclosed? Once a report was made, did the caregiver interfere or not cooperate in the investigation or assessment? Was the caregiver continuing to have social or romantic involvement with the perpetrator?

Some caseworkers documented the caregivers' response to the allegations in the interview with the caregiver while others did not. The caregivers' response is critical because it informs whether the caregiver will impede the investigation – for example, by not bringing the child to their CAC interview or encouraging them (directly or through negative treatment) to recant or change their disclosure. It also provides insight into whether, absent ongoing CYS involvement, the caregiver will prevent future contact with the abuser and help the victim access treatment or support services. As shown in Table 4 (in Part I), caregiver protective capacity was not discussed in 32 percent of non-CSEC sexual abuse reports.

Decision-Making

There are some indications that the thoroughness of the investigation is associated with the case disposition. An allegation of sexual abuse or exploitation was confirmed in 63 of 156 cases with a perpetrator interview (40 percent), versus 65 of the 194 (34 percent) cases without an electronically-documented perpetrator interview. In investigations or assessments where documentation of a victim interview was found (295 of 350), 40 percent (117 of 295) were confirmed for sexual abuse or exploitation, versus 20 percent where there was not an electronically-documented victim interview (11 of 55).

The disclosure of the victim is critical to, but not sufficient for, a disposition of founded or indicated (for CPS) or valid (for GPS). In the full sample ($n=1,978$), questions were included about victims' disclosures of sexual abuse or exploitation. The victim disclosed sexual abuse or exploitation to someone in 758 cases (38 percent). One or more allegations was confirmed in 55 percent of cases involving a victim disclosure (418 of 758). It is cautioned that, in some cases, the victim altered or recanted the disclosure once CYS investigated. Nevertheless, 45 percent of disclosures did not lead to a finding of sexual abuse or exploitation.

To understand why this occurred, the researchers drew on the extended set of information available in the subsample, which included questions about how a caseworker characterized the child's disclosure. In the random subsample of 461 cases, 174 included a disclosure of sexual abuse or exploitation (38 percent, same as the larger sample). Of those 174 cases, 63 (39 percent) did not include a finding of sexual abuse or exploitation (an additional 5 percent were pending). In those 63 cases, it was found that caseworkers described a child's disclosure as inconsistent or non-credible ($n=16$; 25 percent), vague ($n=12$; 19 percent), or the child recanted, denied, or did not disclose during a formal interview ($n=3$; 5 percent). In 30 percent of unconfirmed cases with a disclosure ($n=19$), the caseworker appeared to find the disclosure clear and credible, and in 5 percent, the disclosure was not characterized by the caseworker.

Services Provided to the Child and Family

After an investigation or assessment, CYS may refer a family to voluntary community services, or accept the family for services (meaning an ongoing services case is opened and the services are provided, arranged, or monitored by CYS). A determination as to whether a family was accepted for services is available in the case management system. In the main sample of 1,978 cases: 11 percent ($n=216$) were accepted for services. Of confirmed sexual abuse or exploitation reports (those with a founded or indicated CPS allegation or valid GPS allegation; $n=513$), 20 percent ($n=104$) were accepted for services. Notably, this is extremely consistent with the statewide CPS data that Pennsylvania reports to NCANDS: in 2016, Pennsylvania reported that 10.5 percent of *all CPS sexual abuse investigations statewide* (939 of 8,972) and 17 percent of all substantiated sexual abuse investigations statewide (367 of 1,786) received post-investigative services.

CYS does not provide services to all families where maltreatment is found to have occurred – in some cases, the family may already be receiving appropriate community-based services. In other cases, the family may decline services and CYS may determine that it is not feasible or appropriate to petition for court-ordered services. Yet, the researchers found that it was uncommon to be accepted for services even in confirmed sexual abuse or exploitation cases where caregivers were either perpetrators or a caregiver was not protective of the victim (e.g., did not believe the child, blamed the child, or sought to continue a relationship with the perpetrator). Where caregivers were either perpetrators or non-protective, the family was accepted for services in 57 of 208 (27 percent) of cases.

Context for Decision-Making: Appeals and Legal Proceedings

To understand the nature of decision-making, relevant procedures were reviewed as well as case law involving CYS decisions. If CYS decisions are frequently overturned on appeal, this could provide a disincentive to making a finding of indicated on a CYS case. Because GPS cases do not result in any person being placed on the central registry for child abuse, there are no appeals of GPS decisions that do not involve a dependency proceeding. Cases that are founded under CPS, which typically means a civil or criminal court has already adjudicated the alleged maltreatment, are typically also not subject to appeal unless the perpetrator alleges that the civil or criminal proceedings reflect different allegations or circumstances than the CPS report that led to their placement on the central registry.

The standard of evidence in CYS, as with most civil systems, is a preponderance of the evidence, or “substantial evidence.” The state legislature defined this burden as, “evidence which outweighs inconsistent evidence and which a reasonable person would accept as adequate to support a conclusion,” (23 Pa. C.S. §6303(a), 1999). However, prior to 2014, appeals of CYS

decisions were being decided under a higher standard of evidence – clear and convincing – resulting in multiple hearings and CYS decisions being overturned (*J.K. v. Department of Human Services.*, 367 C.D., 2017). The clear and convincing standard of evidence is the highest burden applied in the civil court system, and is defined as, “evidence that is so clear, direct, weighty, and convincing as to enable the trier of fact to come to a clear conviction, without hesitancy, of the truth of the precise facts in issue,” (*CG v. Department of Public Welfare.*, 418 C.D., 2012). The state Supreme Court resolved this question in favor of a preponderance standard (*GV v. Department of Public Welfare.*, 91 A. 3d, 2014). Yet, even when the preponderance standard is applied, the rate at which CYS decisions are overturned on appeal is striking. As discussed earlier in this report, the alleged perpetrator has numerous opportunities to appeal and many request appeal hearings. The lowest level of appeal is a panel convened by the Secretary of the Department of Human Services; the panel reviews the case record and overturns the finding if any egregious errors or omissions are identified. The perpetrator may request a hearing through the Bureau of Hearings and Appeals (BHA) as their initial appeal or following an unsuccessful appeal to the secretary. BHA appeal hearings are closed and no records are publicly accessible. Yet, BHA frequently orders the expungement of perpetrators from the central registry (which also means that CYS changes its report disposition from “indicated” to “unfounded,” and the complete record is subject to expungement under state law). Some aggregated information on appeals is included in Pennsylvania’s Annual Child Protective Services Report, issued by OCYF. In 2018, Pennsylvania had 1,951 appeals and 5,968 indicated or founded perpetrators (Pennsylvania Department of Human Services, 2019), of which approximately 88 percent were indicated and thus eligible for appeal. Given that appeals must be filed within 90 days and thus likely involve recent cases rather than accumulating across multiple

years, perhaps as many as a third of indicated perpetrators appeal the decision. Of those appeals, 1,412 were completed (i.e., not pending), of which 19 percent ($n=265$) were overturned. However, of those appeals completed by the Bureau of Hearings and Appeals ($n=268$), 72 percent were overturned. Although they do not report appeals by type of maltreatment, sexual abuse cases are likely to constitute a substantial portion of overturned cases. Unlike physical abuse, which typically involves a physical injury such that medical evidence can support a child's disclosure, or in some cases, even negate the need for a child to testify, there are rarely medical findings of sexual abuse. Consequently, a child's testimony is quite critical to sustaining a finding of sexual abuse. To better understand how sexual abuse cases are considered by the courts, the researchers reviewed several appeals heard by the Commonwealth Court of Pennsylvania (these rulings are available in de-identified form online). It was found that the courts frequently find CYS investigations of child sexual abuse to not meet the standard of proof required due to issues related to use of hearsay and children's competence or recall of events (*ANP v. Department of Human Services.*, 567 C.D., 2015; *AP v. Department of Human Services.*, 1929 C.D., 2016; *Dauphin County Social Services for Children and Youth v. Department of Public Welfare.*, 129 C.D., 2010; *J.K. v. Department of Human Services.*, 367 C.D., 2017; *JM v. Department of Public Welfare.*, 52 A. 3d 552, 2012; *ML v. Department of Human Services.*, 2356 C.D., 2015; *RA v. Department of Public Welfare.*, 41 A. 3d 131, 2011).

Recordkeeping

Expungement

The decision to indicate a CPS case or validate a GPS case not only informs the decision to provide services and (in the case of CPS) whether a person is placed on the central registry, it also informs whether records of that case are retained. After a policy change in 2018, counties

(but not the state) may choose to retain records of unfounded or invalid cases to inform risk assessment and other case decision factors, but not all counties will, and – given that perpetrators may cross county lines – the decisions of individual counties have statewide implications.

In this study, it was observed that children’s disclosures did not consistently lead to a finding of sexual abuse or exploitation, typically because there was a lack of corroborating evidence and the child’s disclosure alone was not considered sufficient to meet the evidentiary burden. These reports would be expunged from the state database and may be expunged by the county as well. Yet, the alleged perpetrator may have prior or subsequent allegations that would, in combination, constitute substantial evidence. For example, another alleged victim’s disclosure may corroborate details described by another child, such as the perpetrator’s grooming techniques or specific behaviors during the abuse.

More importantly, the information gleaned from this study could never have been accomplished in a statewide study, due to the ongoing practice of expungement. Given that the study identified significant concerns with the capacity of the CYS system at multiple stages, the systematic deletion of records has clear implications for statewide efforts to assess improvement in practice, to identify and learn from errors, and to provide accountability.

The Electronic Case Record

At various points in this report, there is a caveat that other information pertinent to the case may exist on paper or in other electronic systems. Undoubtedly, the incomplete nature of the electronic case record inhibited a full picture of the investigations and assessments reviewed. However, the researchers observed that the information contained in the case management system was not only often incomplete, it also did not adhere to any systematic way to document investigations and was frequently confusing, difficult to follow, or provided conflicting or

inaccurate statements. These issues were pervasive, reflecting a lack of standardization of documentation requirements statewide and differential reliance on the electronic case management system within and across counties. In some cases, where the documentation indicated inappropriate procedures or included pervasive typographical and grammatical errors, this may also indicate a need for additional supervision.

PART III: SUMMARY AND POLICY CONSIDERATIONS

In the ensuing section, the primary findings of this study are discussed (Parts I and II) as well as the implication of the findings for reforming policy and practice. Because of the small number of cases identified as “likely” or “possible” CSEC and the overarching concerns identified with child sexual abuse investigations as a whole, the majority of this section is focused on broader policy considerations. Policy considerations were undertaken in collaboration with OCYF after sharing the results of the study. Based on the cases reviewed, it is the opinion of the researchers that efforts to implement widespread screening for CSEC will be ineffective without systemic changes in how CPS and GPS reports are screened, investigated, and dispositioned.

First, this study is briefly contextualized in the context of other reports on Pennsylvania Children and Youth Services agencies. It is acknowledged that this study included only 10 of Pennsylvania's 67 counties, and while the included counties represent both rural and urban counties within the Commonwealth, these findings likely do not apply to every county. Notwithstanding the limitations of this sample, readers are reminded that prior inquiries involving concerns about the adequacy of the Pennsylvania child welfare system involve far smaller and less representative samples. The federally-mandated Child and Family Service

Reviews (CFSR), for example, included 0 (zero) cases that did not receive an intervention (in-home or out-of-home services). In Pennsylvania, the CFSR included a statewide total of 65 cases (40 foster care and 25 in-home services) across seven counties (U.S. Children’s Bureau, 2017). In 2002, the state General Assembly’s Advisory Committee on Services to Children and Youth issued a report of 85 recommendations for system reform, primarily based on reviews of statutory language and procedures, and committee member expertise (General Assembly of the Commonwealth of Pennsylvania: Joint State Government Commission, 2002). The state auditor general’s report, issued in 2015, examined 13 counties and focused largely on interviews with county and state officials (Pennsylvania Department of the Auditor General- Eugene DePasquale, 2017). The state also reviews and reports annually on child fatalities or near fatalities, which are exceedingly rare. In 2016, Pennsylvania identified 46 deaths and 79 near-fatalities; a very small number of the greater than 44,000 Child Protective Services reports and over 150,000 General Protective Services Reports (Pennsylvania Department of Human Services, 2016, 2017). Pennsylvania investigates approximately 9,000 allegations of sexual abuse and exploitation in CPS alone each year. In this study, more than 2,000 reports of sexual abuse and exploitation across 10 counties over a two-year period were reviewed. The age and gender composition of this sample is similar to the composition of alleged victims in CPS sexual abuse investigations statewide, though the subsample has higher rates of substantiation and service provision (see Appendix E). There is no absolute means of knowing whether the findings are generalizable to all counties; however, this assessment highlights issues that may be common statewide, given that the core training is not individualized by county (though counties may elect to require additional training), many of the core issues highlighted in this section are common across counties.

Furthermore, that the counties included in the study elected to participate in research that had the potential to highlight weaknesses in their practices suggests a commitment by the leadership of those counties to quality assurance through external research. Such a commitment is commendable and the researchers acknowledge their dedication to knowledge development. Moreover, it is suggested that it is imminently unlikely that counties that actively engage in such research are uniformly underperforming relative to those who decline.

Recommendation 1. Look Beyond Fatalities and Foster Care Placements

All of the recommendations outlined in this report are intended to improve the quality of the child welfare system in Pennsylvania. Accountability and transparency are critical elements of quality. Both the Auditor General's report and Pennsylvania's Child and Family Services Reviews provide important insights into system capacities and limitations; neither, however, focuses on screening and investigative practice.

Reviewing screening and investigative practices – irrespective of the determination to substantiate or intervene – is critical. The majority of oversight and accountability efforts, both in Pennsylvania and nationally, focus on cases involving intervention or rare events (e.g., the federal Child and Family Services Reviews focus on in-home and out-of-home services cases, and the state performs fatality and near-fatality case reviews). Similarly, information about child protection cases is rarely made available to the public, ostensibly to protect the privacy of children and families. Pennsylvania allows information on fatalities and near fatalities to be made public, and are reviewed in the annual reports issued by the Department of Human Services.

Sexual abuse and exploitation rarely result in fatality or near fatality, and consequently, are almost never subject to public scrutiny. Moreover, sexual abuse allegations typically do not lead to removal from the home and constitute a small proportion of in-home services cases, and thus are poorly represented in the federal Child and Family Services reviews. The lack of oversight for screening and investigation, and sexual abuse reports in particular, is significant, given the concerns raised in this report. For example, this study highlighted a high rate of prior CYS reports – past allegations of sexual abuse and other forms of maltreatment – that go uninvestigated, or result in no intervention. This is consistent with decades of work using national samples or data from other states that show high system recidivism and adverse outcomes for youth involved with child welfare systems – even when their allegations of maltreatment were deemed unconfirmed or insufficient to warrant intervention (Drake, Jonson-Reid, Way, & Chung, 2003; Hussey et al., 2005; Kohl, Jonson-Reid, & Drake, 2009; Kugler et al., 2019).

A pending class action lawsuit filed in the United States District Court for the Southern District of Indiana, though similarly focused on children with whom the state has intervened, asserts that children have substantive due process rights to “investigations of maltreatment that conform with reasonable professional standards (*Ashley v Holcomb*, 2017).” If such a right is identified and enforced by the court, future lawsuits may force greater transparency and accountability in screening and investigations and the necessary resources to ensure these standards can be met. Regardless, the existing focus on intervention cases or deaths is misguided, because the vast majority of cases result in neither intervention nor death, and it is important to confirm whether the cases subject to intervention are the cases that most require it. A system in which oversight and accountability are conditional on the decision to intervene is a system that

implicitly rewards inaction. It is suggested that a targeted inquiry into screening and investigations is critical for understanding the needs and challenges of CYS.

Recommendation 2. Stop Deleting Data

Pennsylvania's statutory requirement for expungement (records destroyed after 1 year, and no later than 1 year and 120 days) of CYS cases dispositioned as "unfounded" or "invalid," or "screened-out" without an investigation, creates numerous barriers to CYS's ability to keep children safe (Child Welfare Information Gateway, 2018b). Although counties are now permitted to retain these records for some uses, it is not required. CYS workers may be unable to retrieve records that may elicit patterns of abuse among different child victims, reports by different reporters, or an opportunity to review statements and findings from past investigations that may provide additional facts or context about new allegations. This may result in wrongly-accused persons being repeatedly subjected to investigation for allegations that were already investigated when the investigation has been expunged and the exoneration details are no longer available. At the same time, expungement may also allow serial perpetrators of child sexual abuse to go undetected. That is, expungement of unfounded allegations disallows consideration of the accumulation of allegations, patterns, and reports that are often critical to exposing serial perpetrators of child sexual abuse. Moreover, when cases of long-term sexual abuse or exploitation are uncovered, expungement inhibits a thorough assessment of whether the abuse could have been discovered earlier, thus reducing opportunities for continuous quality improvement. Following an allegation, whether confirmed or not, an offender may parent another child or work to gain access to new victims. If systems do not reliably track alleged perpetrators, as 'red flag' reports are made to CYS, they may be ignored without the ability to

examine past investigations and the accumulation of risk that historical reports may illuminate. These practices limit the ability to assess risk and rapidly ensure a safe environment for children.

Recommendation 3. Standardize, Improve, And Streamline Statewide Practice Standards

Duplication of Effort

In the Commonwealth, CPS (but not General Protective Services, or GPS) investigations in Pennsylvania are specific to a single child, rather than a family. The federal NCANDS data (which includes submissions from all states and the District of Columbia) was reviewed to determine the use of a one-child-per-report standard, and found that Pennsylvania is the only state to uniformly assign a separate report for each alleged victim. The consequence of this approach is that allegations of sexual abuse against siblings result in separate referrals for each sibling. This process makes it extraordinarily difficult to ascertain whether siblings of victims are adequately protected, for at least two reasons. First, although many of the actions taken by a caseworker are relevant to children within a family, the information is not always copied to each investigation in the electronic case management system. In this analysis, the researchers, where possible, attempted to draw on information from multiple reports to understand the context and investigation process. However, this approach is inefficient, resulting in both duplicative and missing information. These burdensome systems were cited as contributing factors to CYS worker's inability to protect children from harm in the 2017 Pennsylvania Auditor General's State of the Child report (Pennsylvania Department of the Auditor General - Eugene DePasquale, 2017).

Second, when siblings were not documented as alleged victims, it was difficult to ascertain whether the alleged victim's siblings were also at risk or residing in the same

household, and whether their safety was verified. Some of these issues likely reflect the capacities and limitations of the case management system, but would be easily addressed by using the one-report-per-family standard that is typically used for GPS cases. This would reduce caseworker duplication of effort, while also making it easier for supervisors reviewing cases to ensure that all children in the home, including those not alleged to be victims, were identified and interviewed, if possible. As is reflected in investigation protocols in most states, including Pennsylvania (23 PA. C. S. § 6368 (2008), amended by Act of Dec. 18, 2013), it is critical to assess safety and conduct interviews of all children in the home even when no allegations pertain to them. Those children may also have been victimized, or are at risk of victimization, and they may have information relevant to the investigation. Some counties documented contact with siblings and visual verification of their safety, but it was not always clear whether siblings were interviewed both to assess their own safety and to assess their knowledge of their siblings' alleged victimization.

It is further noted that, due to the CPS and GPS distinction, a family's various forms of maltreatment and related dysfunction are divided into multiple referrals even when reported at the same time, again increasing the burden on caseworkers and creating difficulty in evaluating the quality and outcomes of investigations. Upgrades to the case management systems, with a focus on avoiding duplication of effort and standardizing documentation procedures, would address some of these concerns. In addition, it would be more efficient for any report containing both CPS and GPS allegations to be investigated as a single CPS report.

Other areas where effort is duplicated include the safety and risk assessments. Currently each county uses the same safety and risk assessment tool, but the documentation of risks is not consistent, and information is reproduced across multiple children and caregivers. A single tool

that assesses both safety and risk, with standardization of responses across counties (i.e., high-risk means the same thing in every county), would reduce burden and increase reliability and access to critical case information.

Screening

As one of nine states with a county-administered system (Child Welfare Information Gateway, 2012), counties in Pennsylvania have substantial autonomy to develop protocols and standards for screening and investigation. Although this may allow for innovation and higher quality work in some counties, it may also create inconsistent implementation of state-level standards and policies. Currently in Pennsylvania, the statewide hotline for reporting child abuse and neglect, ChildLine, designates a report as either GPS or CPS, and counties have substantial discretion to screen out GPS reports without investigation. Consequently, the proportion of investigated reports varies significantly from county to county. In Pennsylvania's Annual Children and Youth Services report in 2015, counties' rate of screening out referrals ranged from a low of 16 percent to a high of 86 percent (Pennsylvania Department of Human Services, 2016). These rates were not reported by county in the 2016 or 2017 reports, but the number of referrals screened out statewide climbed from 66,087 in 2015 to 82,767 in 2017 (Pennsylvania Department of Human Services, 2018). In this study, which included far fewer GPS cases, overall screen-out rates ranged from 9 percent to 94 percent of GPS reports. Although screening out cases that do not fall within CYS jurisdiction is critical for effectively allocating CYS resources, uniform application of standards statewide is necessary to ensure the safety of children and fairness for families.

Pennsylvania OCYF is currently in the process of reforming screening procedures. Following recommendations of the state's Child Welfare Council Subcommittee on Safety,

beginning in January 2020, Childline will screen out reports that fall clearly below the threshold for investigation or assessment, and provide them to counties for information purposes only. The goal of the revised approach is to increase consistency in screening decisions. Although decentralized intake decisions (i.e., screening of cases at the county level) can be effective, concerns about consistency and accountability warrant serious consideration (Casey Family Programs, 2018). It is far easier to train, oversee, and take corrective action with 72 ChildLine workers in a single office than to attempt to bring conformity across 67 counties and potentially hundreds of screeners.

Identification and Tracking of Perpetrators

In this review of sexual abuse and exploitation allegations, instances were found in which perpetrators (those alleged to have perpetrated sexual abuse as well as caregivers who failed to protect their child from abuse) were not identified as such within the county case management system, despite being clearly identified within the narrative. In some cases, the perpetrator of sexual abuse (by commission) would be listed as “Unknown” in the section of the record where individuals are identified, even though the narrative clearly named a specific perpetrator. If a new report were to allege abuse by that same person, it would be difficult to locate their prior report when they are listed as “Unknown.” In other cases, there were caregivers who, based on their statements, had contributed to the risk of sexual abuse (e.g., by failing to believe the child’s disclosure, or leaving the child alone with a known perpetrator) but was not investigated as a potential perpetrator. The absence of this information can lead to risk of abuse to future children when alleged perpetrators of abuse are not identified, interviewed, cross-referenced with law

enforcement investigations, and tracked/cross-referenced should new allegations be brought forth.

Assessing and Addressing “Failure to Protect” by Caregivers

In investigations of sexual abuse or exploitation, including CSEC, two questions must be addressed – whether the abuse occurred and, if so, what needs to happen to prevent further harm to the victim. When the primary caregiver did not perpetrate the abuse, it is still critical to assess their capacity to protect the child and support their healing. In many cases, it was observed that the primary caregiver was not immediately protective – they did not believe the child’s disclosure, were aware of abuse concerns from others but ignored them, minimized the abuse, or blamed the child. As detailed in the results section and in Table 4, many cases included no indication of a protective caregiver, and no service response, thus leaving children vulnerable to additional harm.

It is noted that there may be concerns about unfairly penalizing non-offending parents, usually mothers, when their children are exposed to harm by co-parents or paramours (Coohey, 2006). Though beyond the scope of this study, it is acknowledged that standard practice in these cases is to implement a “safety plan,” in which the non-offending parent agrees to eliminate or supervise contact between the alleged perpetrator and victim during the course of the investigation. Yet, agreeing to a safety plan (which was often documented in the case narratives) is not equivalent to believing and supporting the child, or protecting them after the investigation is over. Indeed, it is possible that a caregiver who is skeptical of the child’s allegations would agree to the safety plan while also pressuring the child to recant or deny the abuse allegations. Research on the psychosocial outcomes of sexual abuse victims shows that the support victims receive from loved ones is critical to mitigating the long-term harms associated with sexual

abuse (Malloy & Lyon, 2006; Malloy, Lyon, & Quas, 2007; Rosenthal, Feiring, & Taska, 2003; van Toledo & Seymour, 2013). It is not sufficient to simply compel the caregiver to keep the perpetrator away from the child – rather, it is critical that the non-offending parent acknowledge the harm inflicted on the child, understand that the perpetrator and not the child is solely responsible for the abuse, and actively seek to support the child’s recovery.

Similarly, when a parent does not believe their child – even if they temporarily consent to a CYS safety plan – there is no reason to believe that they will provide adequate supervision and protection in the future. One of parents’ most important roles in preventing sexual abuse is gatekeeping – determining who has access to their child (Mendelson & Letourneau, 2015). Parents who fail to believe their child was victimized may inadvertently, or negligently, continue to expose their children to unsafe or predatory individuals.

Ensuring the current and future safety of the child requires assessment of the protective capacities of parents and remediating action taken when capacities are lacking. Under the Child Protective Services Law, the definition of child abuse includes failure to act on the part of a person responsible that results in *or creates an imminent risk of* sexual abuse or exploitation (23 Pa.C.S. § § 6301—6385, 1986). It is critical that sexual abuse investigations involve an explicit assessment of whether the caregiver is able and willing to protect the child. Providing non-protective caregivers who are not the perpetrators of sexual abuse with information and services that enable them to support their children’s recovery is critical to preventing re-victimization and mitigating the adverse psychological effects of sexual abuse (van Toledo & Seymour, 2013).

Recommendation 4. The Electronic Record Stands Alone

The authors further suggest a requirement that, for each report, the information entered into the electronic case management “stand alone” as an explanation of the investigation procedures and conclusions.

OCYF leadership, in response to the findings in this study, suggested that additional paper records may exist within counties and, if true, relevant aspects of investigations may be documented outside the electronic case management system. The extent to which off-system documentation affects the conclusions of this study is unclear. In prior work with Pennsylvania counties (Font, Kim, & Noll, 2019), the issue of extensive off-system documentation was also encountered, the amount and content of which differs substantially across counties. As such, seeking, compiling and relying on non-standardized documentation was beyond the scope of this study.

Exclusive use of electronic data management to hold documentation relevant to child welfare investigations has numerous benefits that align with best practices as outlined in guidance for child protective services caseworkers provided by the U.S. Department of Health and Human Services, U.S. Children’s Bureau (Depanfilis, 2018). First, thorough documentation housed within one electronic system helps ensure that CYS’ own processes are followed and that various parts of the systems (i.e., investigations, foster care, and adoptions units) are able to see and review the same data without traveling to a physical location to review paper data. It also provides better security than paper records that may be misplaced, inadvertently left in the view of others, or destroyed over time. Second, and most relevant to the findings of this study, the distinct advantage of a systematic system is that it offers accountability for the agency and caseworker and supervision/quality assurance oversight can be transparent and tracked within the

system. Finally, electronic case management systems can help organize and guide caseworker thinking by designing mandatory documentation fields and decision tree branching logic to guide investigative action and decision-making.

A high-quality case management system must be accompanied by clear protocols for documentation. For maximum utility in external reviews—including appeals hearings—CYS investigations should be documented step-by-step such that an external auditor could read the main narrative texts and understand the content of the allegations, the steps taken by the caseworker, the evidence collected, and the conclusions drawn from the evidence. The researchers faced significant difficulties in following the investigations based on the recorded content available in the electronic case management system and found substantial deviation from the principles of effective documentation outlined in the US Children’s Bureau guide for caseworkers (Depanfilis, 2018). There were three main factors that warrant additional consideration by the Department of Human Services. First, key aspects of the investigation are not recorded in the same data fields across counties, and many key aspects of investigations are not part of the electronic case management system. Second, caseworkers do not consistently document relevant information in an organized manner and rely on a variety of abbreviations and acronyms that are not in common use. Third, information does not get updated in all aspects of the case management system, including relevant information about the identities, roles, and relationships of case members.

In 2019, the Pennsylvania Department of Human Services announced its intention to move forward with a single statewide child welfare information system that will better comply with current federal regulations. This approach will not only improve the consistency of documentation across counties, it will also ease the ability of counties to identify children at risk

who move across multiple counties. For the full benefit of this new system to be realized, all documentation would need to occur within the electronic system and the system should be designed with attention to application of investigatory best practices and systematic oversight. Clear practice standards may also be needed, which will be discussed under training.

Recommendation 5. Enhanced Service Response

Forensic Interviews

Child Advocacy Centers (CACs) employing trained forensic interviewers are widely acknowledged as the preferred option for interviewing potential child victims (American Professional Society on the Abuse of Children, 2012). CAC interviewers are trained to conduct interviews that are non-traumatizing for children, and the interviews are recorded to memorialize the interview and document appropriate interview techniques. A single CAC interview that meets the investigative needs of both CYD and law enforcement limits the number of times the child has to retell their story, thereby making the process easier for them, as well as reducing the risk of eliciting incorrect information. However, it was found that forensic interviews were not documented as occurring in the majority of cases. This finding is consistent with the Auditor General's recommendations, in which it was noted that CYD caseworkers do not consult the CAC in all relevant cases and improved understanding of when CAC interviews and medical exams are needed was identified (Pennsylvania Department of the Auditor General- Eugene DePasquale, 2017). Importantly, 27 of Pennsylvania's 67 counties do not have any level of CAC components available (See Figure 3). The existing 40 CAC centers or satellites offer forensic interviews and vary in other services offered. It is not clear whether counties without CACs have agreements with other counties' CACs to provide forensic interviews. State protocols or standard

guidance regarding the use of CAC forensic interviews during the course of an investigation were requested of OCYF by the authors, but were not obtained.

In addition, it is optimal that the CAC interviews be timely (as soon as possible following initial disclosure), especially when the abuse was recent, to ensure the most accurate and detailed disclosure. Absent the availability of a timely, accessible forensic interview, the caseworker should interview the child alone as soon as possible after the allegation becomes known, taking into consideration the child's mental state. Research has shown that fewer substantive details were elicited from child sexual abuse victims when interviews were delayed by more than 1 month, reinforcing the importance of timely interviews (Lamb, Sternberg, & Esplin, 2003).

Moreover, in cases where the caregiver may not be protective – such as a case where the alleged perpetrator is the mother's paramour and their relationship is ongoing despite the allegations of abuse – a delay in the CAC interview allows time for the child to be pressured to recant or not disclose, or to be fed conflicting information. Coordination with law enforcement and scheduling issues at the CAC may be factors influencing delays in CAC interviews. It was found that a minority of children received CAC interviews within a week of the initial report.

In addition, when children did disclose sexual abuse, their disclosure was sometimes discounted – either not believed, or considered insufficient on its own to meet the burden of evidence for substantiating the case. Specifically, the caseworker would describe the disclosure as vague, inconsistent, or not credible, but typically without sufficient detail or justification to ascertain what led to that conclusion. Pennsylvania has numerous options for alleged perpetrators to appeal findings that identify them as a perpetrator on the state central registry, and these appeals are frequently successful, based on public data on the actions of the Bureau of Hearings and Appeals and the Commonwealth Court of Pennsylvania. As a result, counties may be reticent

to indicate a case without additional evidence beyond a child's disclosure. Yet, the nature of sexual abuse is typically secretive and without witness. Concerns about the reliability of child memory and suggestibility has resulted in substantial research over the past 30 years.

Experimental studies and sensational cases in the 1980s demonstrated that young children, under particular conditions, such as highly suggestible interviews, can be enticed to recall events that did not occur (Leichtman & Ceci, 1995). However, absent coercive or flawed interviewing practices, research on children's eyewitness memory has established that children age 4 and older are remarkably resistant to false abuse suggestions and are able to provide accurate and detailed memory of stressful events (Merritt, Ornstein, & Spicker, 1994; Saywitz, Goodman, Nicholas, & Moan, 1991). Further, memory for emotionally negative events (abuse) is actually better than memory of neutral or positive events (Berntsen, 2002; Christianson, 1992; Goodman, Quas, & Ogle, 2010). Yet, younger children who disclose sexual abuse may not be able to provide as many details as older children (Lamb et al., 2003) and the likelihood of disclosure of abuse increases with age (Hershkowitz, Horowitz, & Lamb, 2005; M.-E. Pipe et al., 2007).

Children may have difficulty recalling event-specific details about something that occurred on multiple occasions (Fivush, 1998) – in other words, a child exposed to repeated sexual abuse would struggle to describe any single occasion of abuse, even if they could describe the nature of the abuse as it usually occurred. The American Academy of Pediatrics published a position paper with policy recommendations regarding child testimony when children are victims of physical or sexual abuse or witnesses of violence. This guidance may prove useful as decisions related to child competency to testify are evaluated in court rulings in the state. Recommendations include support for “expanding statutory and judicial accommodations, consistent with the development

of new evidence that supports the ability of child witnesses to provide accurate information,” (Pantell & Committee on Psychosocial Aspects of Child and Family Health, 2017).

Medical Examinations

In very few cases were medical examinations documented, even when it appeared that the alleged perpetrator would have had recent access to the alleged victim. In many cases, the allegations did not involve penetrative sexual abuse and thus caseworkers may not see the utility of a medical exam. However, children do not always disclose the full extent of the abuse and medical examinations may reveal subtle genital injuries or result in the collection of biologic evidence that confirms the allegation of sexual abuse. Even if outside a window in which biologic evidence may be collected, examinations can potentially document residual effects of substantial prior sexual abuse injury. Further, sexual abuse examinations are not painful or traumatic when performed by experienced, trained medical providers. The importance of a victim being reassured by a professional that their body is normal and to be given an opportunity to ask a knowledgeable provider questions about the abuse they suffered and dispel any myths or lies a perpetrator may have told them about their body is an important step in the healing process and should not be underestimated.

When a child requires a medical evaluation for sexual abuse, it is critically important that the exam be conducted by a health care provider with specialized training in provision of forensic sexual abuse care. The inclusion of medical services at CACs are an important indicator of service quality, because CAC medical providers have specialized training that may not be available at hospitals or general clinics. The data gathered demonstrates a lack of availability of comprehensive medical services by specially trained health care providers in every community where there is need. This is a problem in Pennsylvania as well as throughout the country.

Thoughtful, coordinated, state-level investment in an expert workgroup to advance measures to address issues of workforce, quality, and access to care in every community is encouraged.

When the research was being conducted, a multidisciplinary task force led by the Pennsylvania Commission on Crime and Delinquency was undertaking this work.

Although requested, the researchers were unable to access state-level protocols to guide CYs worker use of the medical examinations to aid in child sexual abuse investigations. Decision-tree guidance for workers as to when to seek a medical exam for child and adolescent victims of abuse should be created in partnership with child abuse experts if such guidance does not exist. Additionally, agreements should be established between CYs, CACs and alternative facilities in every county so workers can readily access timely care for children when it is needed.

Post-Investigative Services

This study found that intervention – either in-home or out-of-home services – was rare even when children disclosed sexual abuse. In fact, even when there was a finding by CYs that sexual abuse occurred, intervention occurred in only about 1 in 5 cases. Many children investigated by CYs for sexual abuse and especially sexual exploitation were known to have vulnerabilities that placed them at risk for future victimization, including sexualized behaviors, running away, or substance abuse. The auditor general’s action plan specifically highlights the Restoring Families Program as an evidence-based treatment for youth with sexualized behavior problems, but access is limited. Many counties may not have evidence-based programs specific to the needs of the children and families or the flexible funding needed to provide high-quality, tailored services (U.S. Children’s Bureau, 2017).

However, state laws and relevant court cases were reviewed, and identified another important consideration that may explain low service provision rates. Caseworkers may offer services to families, only for the families to refuse. It appears that the standard of evidence for a court to find a child dependent – which would allow for court-ordered supervision and services or placement in foster care – is clear and convincing (*IN RE G., T.*, 845 A.2d 870, 2004), whereas the standard for making a finding of child abuse is a preponderance. This creates a scenario in which it is known that a child is at risk of harm but no action to protect the child can be taken without the consent of the parent, who may themselves be the identified perpetrator. State legal rulings also inhibit the protection of siblings – even when there is sufficient evidence to adjudicate the victim child as dependent, the court asserts that is not adequate evidence to find the sibling dependent (*AH.*, 763 A. 2d 873 PA S.C. 2000). As such, even if the parent sexually abuses one child, they cannot be assumed to present risk to any of their other children. Interestingly, an indicated case of sexual abuse would suffice to prevent that parent from volunteering at their other children’s school, but may be insufficient to prevent them from residing unsupervised with their other children.

Recommendation 6. Invest in The Workforce

Recruitment and Hiring

Protecting children in the Commonwealth requires a well-trained workforce with reasonable workloads. According to the Pennsylvania Auditor General’s assessment (Pennsylvania Department of the Auditor General - Eugene DePasquale, 2017) of 13 counties, three counties had annual turnover of 40 percent or higher for direct services staff and an additional five counties had rates of greater than 15 percent. Difficulties with the recruitment and retention of caseworkers is a problem faced by many states. Pennsylvania is currently seeking to

implement maximum caseload standards for all counties of 10 cases per worker. The Auditor General recommended a maximum caseload of 12:1 – 15:1; the current maximum is 30:1, but most counties' caseworkers carry fewer than 30 cases (Pennsylvania Department of the Auditor General - Eugene DePasquale, 2017). The Auditor General's recommendation aligns with the recommendations of national organizations and the caseload limits pursued in settlement decrees in various states. High caseloads are both a cause and effect of turnover – when caseworkers quit, those remaining are burdened with a higher volume of work, which may induce more caseworkers to quit. Efforts to reduce caseloads are noteworthy, but may be unsuccessful without increased retention. Among the factors that may adversely affect both retention and workforce quality is low salaries. Starting salaries for caseworkers are as low as \$26,000 annually. There are many factors other than salary that affect job satisfaction, but retention efforts cannot be aided by paying caseworkers a salary that is near the poverty line for a family of four. In particular, counties may be likely to lose college-educated workers to higher-paying and more prestigious positions.

Performance Evaluation and Quality Assurance through Supervision

Evaluating the quality of child protection work is exceedingly difficult, because child abuse investigations are complex and much of the real work occurs out in the field, unobserved by others. However, supervision provides an avenue for evaluation of many components of the investigative process. Following comprehensive training, reviewing casework for quality, conducting thorough investigations, and assessing critical thinking skills and decision-making are essential. Although some counties' caseworkers document their consultations with supervisors, supervision is not consistently documented in all county case management systems

or the state CWIS system, and the researchers cannot ascertain the actions taken by supervisors to improve investigative quality. OCYF leadership conveyed that there are currently no standard policies for supervision across counties, and it is in the process of producing a practice model for supervision within CYS regional offices. Current supervision is described as need-based, with the caveat that investigations dispositioned as “indicated” are reviewed by a larger oversight team. As discussed under Recommendation 1, focusing oversight on cases that lead to intervention or a positive finding may incentivize inaction. The findings from this study suggest that additional requirements for supervisor oversight and documentation of supervisor review and approval of investigations (including regular review of cases screened out or designated as unfounded cases) within county and state systems may be helpful for tracking and improving investigation quality.

Workforce Training

The Pennsylvania Child Welfare Resource Center (PACWRC) is the agency contracted to provide statewide training curriculum for CYS. Newly hired direct service CYS caseworkers are to complete core training, *Charting the Course*, a collection of 10 modules (120 hours online and 6 hours in-person) offered to workers through June 2019. Beginning July of 2019, the core training was revised and has been renamed “Foundations of Leadership.” The new training is moving to a hybrid approach of online instruction, in-person training and on the job shadowing/mentoring components. In order to be certified as a direct service caseworker, at least 120 hours must be completed within 18 months of hire date. Participants must complete the first four modules before taking on cases independently. PACWRC leadership states that average caseworker time to completion of *Charting the Course* is 100 days. In fiscal year 2017/2018, 726 workers completed *Charting the Course*.

Relevant to the investigative concerns identified in this study is the training caseworkers receive to prepare them to investigate sexual abuse and CSEC, and to document their investigation and findings.

Sexual abuse training: The core course provides a foundation for the law and beginning skills in identifying the various types of abuse. This course does not provide detailed instruction on sexual abuse case investigation, but rather an overview of laws and foundational scenarios about recognition of sexual abuse. Although there is a section on the medical diagnosis of sexual abuse, it is brief and provides limited guidelines for timing, access, and benefits of the medical exam, which may lead to underuse of medical services by CYS. PACWRC makes clear that this is foundational, basic training and advocates that an additional “sexual abuse series,” a five-module course that is separate from core training, should be taken by those charged with investigating child sexual abuse. This course, however, is not mandated for all case investigators and timing and uptake of this course offering appears to vary by county. Neither PACWRC or OCYF systematically track if or when individual investigations caseworkers receive the supplementary, non-mandatory sexual abuse series or investigative interviewing in child sexual abuse training. Individual tracking may occur at the county level. Despite lack of ability to discern individual uptake of courses relevant to sexual abuse investigation, it was deduced from aggregate rates that a relatively small proportion of workers complete the specialized sexual abuse training modules. Three years of data demonstrate an average of 776 caseworkers complete mandatory training each year, and yet only an average of 223 caseworkers (31 percent) completed the Overview of Child Sexual Abuse module of the sexual abuse series and 156 caseworkers (24 percent) completed Investigative Interviewing in Child Sexual Abuse Cases module. It is noted that some counties have specialized units that handle all sexual abuse

investigations, and thus not all investigators require this training. However, in counties without specialized units, if investigative caseworkers are not mandated to complete in-depth training on sexual abuse, they will not have the skills to protect children. It is concerning that, on average, less than one-third of caseworkers appear to be receiving more than basic sexual abuse investigation training. Given that 47 percent of allegations investigated by Pennsylvania Child Protective Services were for sexual abuse in 2018, it is imperative that workers receive effective training in advanced child sexual abuse investigative skills *prior* to independently conducting investigations.

CSEC training: Responding to federal and state legislative changes related to CSEC and human trafficking, PACWRC created specialized training on CSEC that is separate from core training. This training details the Act 115 amendment to Child Protective Services Law (CPSL), which includes any individual who engages a child in sex trafficking as a perpetrator. However, this research found instances in which allegations concerning CSEC were screened out or cursorily investigated and closed due to a conclusion that the alleged perpetrator did not meet the legal definition of perpetrator under CPSL. Thus, additional instruction may be necessary. Similar to the sexual abuse series, the comprehensive CSEC training is not incorporated in core training and does not appear to be mandated for all investigative workers. In examining three years of data, an average of 603 caseworkers completed CSEC training, with a high of 1,350 completing training the first year it was offered.

Case Documentation

According to the Pennsylvania Child Welfare Resource Center, the core caseworker training initiated on or shortly after hire includes some information on case documentation, but detailed training on writing and documentation skills is an optional course (Basic Writing Skills and

Writing Skills for Case Documentation). Given the extensive documentation requirements of child welfare casework, state or county officials may consider the following: (1) an assessment of basic writing skills pre-hire; and (2) integration of the training course on documentation skills into the required pre-service training. In addition, responsibility falls on supervisors to ensure that investigations are clearly and accurately documented. The researchers observed a variety of problems that could be addressed through more intensive supervisor oversight, including but not limited to excessive typographical or grammatical errors, the use of unprofessional language (not in quotes), inaccurate legal interpretations, missing information on relevant case members, inaccurate dates, and a general lack of clarity. It is noted, however, that current resource and staffing constraints may discourage supervisors from requesting revisions of case documentation or reduce the time available for oversight of case documentation.

Training under Revision

“Charting the Course” core training is in the process of being revised and aspects of the new “Foundations of Leadership” training became available in July 2019. Two additional modules that provide more in-depth information on physical and sexual abuse will be included in the new curriculum. As of the writing of this report, the new modules were not available for review.

Evaluation of Training

Currently, there are no empirical evaluations of Pennsylvania’s caseworker training to ascertain its effectiveness. In addition, there is not a comprehensive exam taken at the end of the training to determine whether the trainee gained the knowledge or skills necessary to be successful in their caseworker role. The Auditor General has already recommended that the Civil

Service Commission create a civil service exam specifically for CYS caseworkers (Pennsylvania Department of the Auditor General - Eugene DePasquale, 2017). This may assist with identifying the individuals best suited to this difficult work, but it will not assess the effectiveness of training, knowledge transfer, or the implementation of training to practice.

CONCLUSION

This research reviewed more than 2,000 Pennsylvania Children and Youth Services (CYS) reports of sexual abuse or sexual exploitation across 10 Pennsylvania counties to understand the characteristics of Commercial Sexual Exploitation of Children, or CSEC, and how it is identified and investigated by CYS caseworkers. Ultimately, the research turned into a more scoping review of reporting and investigative practices in sexual abuse and exploitation cases, in which numerous barriers to effective practice were observed in all of the counties examined. These barriers are not reflective of the practices or leadership of any single county. State leadership is required to produce change in factors such as caseworker recruitment, training and quality case management systems, particularly to aid smaller and less-resourced counties. Current efforts, such as the reformulated caseworker training and the beginning of a statewide case management system, are first steps. However, more must be done to ensure that children are guaranteed a high-quality professional response when they are suspected to be at risk of harm.

REFERENCES

18 U.S.C. § 2256. (2011).

2016 Act 115 - Domestic Relations Code (23 PA. C.S.) - Grounds for involuntary Termination and Release of Information in Confidential Reports. (2016).

23 PA. C. S. § 6368 (2008), amended by Act of Dec. 18, 2013. (2013).

23 Pa. C.S. §6303(a). (1999).

55 Pa. Code § 3490.223 Definitions. (1999).

55 Pa. Code § 3490.4. Definitions. (1999). Retrieved May 22, 2019, from

<https://www.pacode.com/secure/data/055/chapter3490/s3490.4.html>.

55 PA Code § 3940.4: Definition of a perpetrator. (1999).

AH. , 763 A. 2d 873 (PA Superior Court 2000). (2000).

American Professional Society on the Abuse of Children. (2012). *Practice Guidelines: Forensic Interviewing in Cases of Suspected Child Abuse*. Retrieved from

<https://www.apsac.org/guidelines>.

ANP v. Department of Human Services., 567 C.D. (2015).

AP v. Department of Human Services., 1929 C.D. (2016).

Ashley v Holcomb. (2017).

Berntsen, D. (2002). Tunnel memories for autobiographical events: Central details are

remembered more frequently from shocking than from happy experiences. *Memory and*

Cognition, 30(7), 1010–1020. <https://doi.org/10.3758/BF03194319>.

Boeskin, B., Edwards, D., Laird, W., Barrett, J., Rauls, J. H., Leopoldus, A., Stolte, E. (2017).

Snapshot: advocacy, efficacy and funding in CACs. Retrieved from

<http://www.nationalchildrensalliance.org/wp-content/uploads/2018/03/Snapshot-2017.pdf>.

- Bruggeman, J., Keyes, E., Kloer, A., Lieberman, I., & Runge, R. (2009). *Meeting the Legal Needs of Human Trafficking Victims: An Introduction for Domestic Violence Attorneys and Advocates*. Retrieved from http://apps.americanbar.org/humanrights/docs/project_docs/DV_Trafficking.pdf.
- Campbell, R. (2005). What Really Happened? A Validation Study of Rape Survivors' Help-Seeking Experiences With the Legal and Medical Systems. *Violence and Victims*, 20(1), 55–68. <https://doi.org/10.1891/vivi.2005.20.1.55>.
- Campbell, R. (2006). Rape survivors' experiences with the legal and medical systems: do rape victim advocates make a difference? *Violence Against Women*, 12(1), 30–45. <https://doi.org/10.1177/1077801205277539>.
- Campbell, R., & Raja, S. (1999). Secondary Victimization of Rape Victims: Insights From Mental Health Professionals Who Treat Survivors of Violence. *Violence and Victims*, 14(3), 261–275. <https://doi.org/10.1891/0886-6708.14.3.261>.
- Campbell, R., Sefl, T., Barnes, H. E., Ahrens, C. E., Wasco, S. M., & Zaragoza-Diesfeld, Y. (1999). Community services for rape survivors: Enhancing psychological well-being or increasing trauma? *Journal of Consulting and Clinical Psychology*, 67(6), 847–858. <https://doi.org/10.1037/0022-006X.67.6.847>.
- Campbell, R., Wasco, S. M., Ahrens, C. E., Sefl, T., & Barnes, H. E. (2001). Preventing the “second rape”: Rape survivors' experiences with community service providers. *Journal of Interpersonal Violence*, 16(12), 1239–1259. <https://doi.org/10.1177/088626001016012002>.
- Casey Family Programs. (2018). *What are the elements of an effective hotline system?* Retrieved from https://caseyfamilypro-wpengine.netdna-ssl.com/media/SC_Elements-of-an-effective-hotline-system_12.21.17_cm.pdf.

- CG v. Department of Public Welfare.*, 418 C.D. (2012).
- Child Welfare Information Gateway. (2012). *State vs . County Administration of Child Welfare Services*. Retrieved from <https://www.childwelfare.gov>.
- Child Welfare Information Gateway. (2016). *Definitions of Child Abuse and Neglect*. Retrieved from <https://www.childwelfare.gov/pubpdfs/define.pdf>.
- Child Welfare Information Gateway. (2018a). *Review and Expunction of Central Registries and Reporting Records*. Retrieved from <https://www.childwelfare.gov>.
- Child Welfare Information Gateway. (2018b). *State Statutes Current Through May 2018 Review and Expunction of Central Registries and Reporting Records*. Retrieved from <https://www.childwelfare.gov/pubPDFs/registry.pdf>.
- U.S. Children’s Bureau. (2017). *Child and Family Services Reviews: Pennsylvania Final Report*. Retrieved from http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_268503.pdf.
- Chohaney, M. L. (2016). Minor and Adult Domestic Sex Trafficking Risk Factors in Ohio. *Journal of the Society for Social Work and Research*, 7(1), 117–141. <https://doi.org/10.1086/685108>.
- Christianson, S. Å. (1992). Emotional stress and eyewitness memory: A critical review. *Psychological Bulletin*, 112(2), 284–309. <https://doi.org/10.1037/0033-2909.112.2.284>.
- Clayton, E. W., Krugman, R. D., & Simon, P. (2013). *Committee on the Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States*. Retrieved from http://www.nap.edu/catalog.php?record_id=18358.
- Cobbina, J. E., & Oselin, S. S. (2011). It’s not only for the money: An analysis of adolescent versus adult entry into street prostitution. *Sociological Inquiry*, 81(3), 310–332.

<https://doi.org/10.1111/j.1475-682X.2011.00375.x>.

Cole, J., & Sprang, G. (2015). Sex trafficking of minors in metropolitan, micropolitan, and rural communities. *Child Abuse and Neglect, 40*, 113–123.

<https://doi.org/10.1016/j.chiabu.2014.07.015>.

Cole, J., Sprang, G., Lee, R., & Cohen, J. (2016). The Trauma of Commercial Sexual Exploitation of Youth: A Comparison of CSE Victims to Sexual Abuse Victims in a Clinical Sample. *Journal of Interpersonal Violence, 31*(1), 122–146.

<https://doi.org/10.1177/0886260514555133>.

Coohey, C. (2006). How Child Protective Services Investigators Decide to Substantiate Mothers for Failure-to-Protect in Sexual Abuse Cases. *Journal of Child Sexual Abuse, 15*(4), 61–81.

https://doi.org/10.1300/J070v15n04_04.

Craven, S., Brown, S., & Gilchrist, E. (2006). Sexual grooming of children: Review of literature and theoretical considerations. *Journal of Sexual Aggression, 12*(3), 287–299.

<https://doi.org/10.1080/13552600601069414>.

Dauphin County Social Services for Children and Youth v. Department of Public Welfare., 129 C.D. (2010).

Depanfilis, D. (2018). *Child Protective Services: A Guide for Caseworkers Child Protective Services: A Guide for Caseworkers*. Retrieved from

<https://www.childwelfare.gov/pubPDFs/cps2018.pdf>.

Drake, B., Jonson-Reid, M., Way, I., & Chung, S. (2003). Substantiation and Recidivism. *Child Maltreatment, 8*(4), 248–260. <https://doi.org/10.1177/1077559503258930>.

Estes, R. J., & Weiner, N. A. (2001). *The Commercial Sexual Exploitation of Children In the U. S., Canada and Mexico, Full Report (of the U.S. National Study)*. Retrieved from

https://abolitionistmom.org/wp-content/uploads/2014/05/Complete_CSEC_0estesweiner.pdf.

Fedina, L., Williamson, C., & Perdue, T. (2019). Risk Factors for Domestic Child Sex Trafficking in the United States. *Journal of Interpersonal Violence, 34*(13), 2653–2673. <https://doi.org/10.1177/0886260516662306>.

Fehler-Cabral, G., Campbell, R., & Patterson, D. (2011). Adult sexual assault survivors' experiences with sexual assault nurse examiners (SANES). *Journal of Interpersonal Violence, 26*(18), 3618–3639. <https://doi.org/10.1177/0886260511403761>.

Fivush, R. (1998). Children's recollections of traumatic and nontraumatic events. *Development and Psychopathology, 10*(4), 699–716. <https://doi.org/10.1017/S0954579498001825>.

Flores, J. R., Cross, T. P., Jones, L. M., Walsh, W. A., Simone, M., Kolko, D. J., Magnuson, S. (2008). *Evaluating Children's Advocacy Centers' Response to Child Sexual Abuse*. Retrieved from www.ojp.usdoj.gov.

Font, S. A., Kim, H., & Noll, J. G. (2019). PA Caseworker Time Use Study. *Pennsylvania Children and Youth Administrators Annual Meeting*. University Park, PA.

General Assembly of the Commonwealth of Pennsylvania: Joint State Government Commission. (2002). *The Children and Youth Services Delivery System in Pennsylvania: Report of the Advisory Committee on Services to Children and Youth*. Retrieved from <http://jsg.legis.state.pa.us>.

Goodman, G. S., Quas, J. A., & Ogle, C. M. (2010). Child Maltreatment and Memory. *Annual Review of Psychology, 61*(1), 325–351. <https://doi.org/10.1146/annurev.psych.093008.100403>.

Greenbaum, V. J., Dodd, M., & McCracken, C. (2018). A Short Screening Tool to Identify

Victims of Child Sex Trafficking in the Health Care Setting. *Pediatric Emergency Care*, 34(1), 33–37. <https://doi.org/10.1097/PEC.0000000000000602>.

GV v. Department of Public Welfare, 91 A. 3d. (2014).

Harris, P. A., Taylor, R., Thielke, R., Payne, J., Gonzalez, N., & Conde, J. G. (2009). Research electronic data capture (REDCap)—A metadata-driven methodology and workflow process for providing translational research informatics support. *Journal of Biomedical Informatics*, 42(2), 377–381. <https://doi.org/10.1016/J.JBI.2008.08.010>.

Havlicek, J., Huston, S., Boughton, S., & Zhang, S. (2016). Human trafficking of children in Illinois: Prevalence and characteristics. *Children and Youth Services Review*, 69, 127–135. <https://doi.org/10.1016/j.chilyouth.2016.08.010>.

Hershkowitz, I., Horowitz, D., & Lamb, M. E. (2005). Trends in children's disclosure of abuse in Israel: A national study. *Child Abuse & Neglect*, 29(11), 1203–1214. <https://doi.org/10.1016/j.chiabu.2005.04.008>.

House of Representatives, Committee on Ways and Means, S. on H. R. (2013). *Preventing and Addressing Sex Trafficking of Youth in Foster Care*. 23(October), 29–36. Retrieved from <http://waysandmeans.house.gov/calendar/eventsingle.aspx?EventID=355668>.

Human Rights Council. (2015). *Criminalization of Trafficking Victims*.

<https://doi.org/10.3389/fpsy.2017.00063>.

Human Smuggling and Trafficking Center Intelligence Note. (2014). *Situational Awareness: Possible Sex Trafficking During Super Bowl XLVII (U)*. Retrieved from <https://www.state.gov/documents/organization/226277.pdf>.

Hussey, J. M., Marshall, J. M., Knight, E. D., Lau, A. S., Dubowitz, H., & Kotch, J. B. (2005). Defining maltreatment according to substantiation: distinction without a difference? *Child*

- Abuse & Neglect*, 29(5), 479–492. <https://doi.org/10.1016/J.CHIABU.2003.12.005>.
- Ijadi-Maghsoodi, R., Bath, E., Cook, M., Textor, L., & Barnert, E. (2018). Commercially sexually exploited youths' health care experiences, barriers, and recommendations: A qualitative analysis. *Child Abuse & Neglect*, 76, 334–341. <https://doi.org/10.1016/J.CHIABU.2017.11.002>
- IN RE G., T.*, 845 A.2d 870. (2004).
- J.K. v. Department of Human Services.*, 367 C.D. (2017).
- JM v. Department of Public Welfare.*, 52 A. 3d 552. (2012).
- Jones, M. (2010). Department of Health and Human Services: Administration for Children and Families: Proposed Information Collections Activity; Comment request. *Federal Register*, 75(229), 73935–74604. Retrieved from <http://content.ebscohost.com.library3.webster.edu/ContentServer.asp?T=P&P=AN&K=57051062&S=R&D=afh&EbscoContent=dGJyMNHX8kSeqLM4xNvgOLCmr0qep7RSsKi4TbGWxWXS&ContentCustomer=dGJyMPGut1G1qLdKuePfgeyx44Dt6fIA%5Cnhttp://library3.webster.edu/login?url=http://se>.
- Justice for Victims of Human Trafficking Act of 2015, Public Law 114-22, 129 Stat.227.* , (2015).
- Kohl, P. L., Jonson-Reid, M., & Drake, B. (2009). Time to Leave Substantiation Behind. *Child Maltreatment*, 14(1), 17–26. <https://doi.org/10.1177/1077559508326030>.
- Kugler, K. C., Guastaferrro, K., Shenk, C. E., Beal, S. J., Zadzora, K. M., & Noll, J. G. (2019). The effect of substantiated and unsubstantiated investigations of child maltreatment and subsequent adolescent health. *Child Abuse & Neglect*, 87, 112–119. <https://doi.org/10.1016/j.chiabu.2018.06.005>.
- Lamb, M. E., Sternberg, K. J., & Esplin, P. W. (2003). Effects of age and delay on the amount of

- information provided by alleged sex abuse victims in investigative interviews. *Child Development*, 71(6), 1586–1596. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/11194258>.
- Landers, M., McGrath, K., Johnson, M. H., Armstrong, M. I., & Dollard, N. (2017). Baseline Characteristics of Dependent Youth Who Have Been Commercially Sexually Exploited: Findings From a Specialized Treatment Program. *Journal of Child Sexual Abuse*, 26(6), 692–709. <https://doi.org/10.1080/10538712.2017.1323814>.
- Lederer, L. J., & Wetzel, C. (2014). The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities. *Annals of Health Law: The Health Policy and Law Review of Loyola University Chicago School of Law*, 23(1), 61–91. Retrieved from <https://www.globalcenturion.org/wp-content/uploads/2014/08/The-Health-Consequences-of-Sex-Trafficking.pdf>.
- Leichtman, M. D., & Ceci, S. J. (1995). The Effects of Stereotypes and Suggestions on Preschoolers' Reports. *Developmental Psychology*, 31(4), 568–578. <https://doi.org/10.1037/0012-1649.31.4.568>.
- Malloy, L. C., & Lyon, T. D. (2006). Caregiver support and child sexual abuse: Why does it matter? *Child Sexual Abuse*, 15(4), 97–103. https://doi.org/10.1300/J070v15n04_06.
- Malloy, L. C., Lyon, T. D., & Quas, J. A. (2007). Filial dependency and recantation of child sexual abuse allegations. *Journal of the American Academy of Child and Adolescent Psychiatry*, 46(2), 162–170. <https://doi.org/10.1097/01.chi.0000246067.77953.f7>.
- Martin, L., Hearst, M. O., & Widome, R. (2010). Meaningful differences: Comparison of adult women who first traded sex as a juvenile versus as an adult. *Violence Against Women*, 16(11), 1252–1269. <https://doi.org/10.1177/1077801210386771>.

- Mendelson, T., & Letourneau, E. J. (2015). Parent-Focused Prevention of Child Sexual Abuse. *Prevention Science, 16*(6), 844–852. <https://doi.org/10.1007/s11121-015-0553-z>.
- Merritt, K. A., Ornstein, P. A., & Spicker, B. (1994). Children’s memory for a salient medical procedure: Implications for testimony. *Pediatrics, 94*(1), 17–23. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/8008531>.
- Miller, B. (2015). PAATH 15 combats human trafficking along Route 15 corridor. *Penn Live*. Retrieved from https://www.pennlive.com/midstate/2015/01/ywca_grant_fights_human_traffi.html.
- ML v. Department of Human Services., 2356 C.D.* (2015).
- National Human Trafficking Hotline. (2017). *The Typology of Modern Slavery | Polaris*. Retrieved from <https://polarisproject.org/typology>.
- National Human Trafficking Hotline. (2018). Pennsylvania | National Human Trafficking Hotline. Retrieved March 14, 2019, from <https://humantraffickinghotline.org/state/pennsylvania>.
- National Institute of Justice. (2019). Human Trafficking. Retrieved March 5, 2019, from <https://www.nij.gov/topics/crime/human-trafficking/pages/welcome.aspx>.
- Neutze, J., Grundmann, D., Scherner, G., & Beier, K. M. (2012). Undetected and detected child sexual abuse and child pornography offenders. *International Journal of Law and Psychiatry, 35*(3), 168–175. <https://doi.org/10.1016/j.ijlp.2012.02.004>.
- O’Brien, J. E., White, K., & Rizo, C. F. (2017). Domestic Minor Sex Trafficking Among Child Welfare–Involved Youth: An Exploratory Study of Correlates. *Child Maltreatment, 22*(3), 265–274. <https://doi.org/10.1177/1077559517709995>.
- Ochiboi, A. (2015). Trafficking in Rural America. Retrieved March 18, 2019, from Love146

website: <https://love146.org/trafficking-in-rural-america/>.

Office of Juvenile Justice and Delinquency Prevention. (n.d.). Commercial Sexual Exploitation of Children. Retrieved March 5, 2019, from

https://www.ojjdp.gov/programs/csec_program.html.

Panlilio, C. C., Miyamoto, S., Font, S. A., & Schreier, H. M. C. (2019). Assessing risk of commercial sexual exploitation among children involved in the child welfare system. *Child Abuse and Neglect*, 87, 88–99. <https://doi.org/10.1016/j.chiabu.2018.07.021>.

Pantell, R. H., & Committee on Psychosocial Aspects of Child and Family Health. (2017). The Child Witness in the Courtroom. *Pediatrics*, 139(3), e20164008.

<https://doi.org/10.1542/peds.2016-4008>.

Pennsylvania Department of Human Services. (2016). *Annual Child Protective Services Report-2015*. Retrieved from

http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_226999.pdf.

Pennsylvania Department of Human Services. (2017). *2016 Annual Child Protective Services Report*. Retrieved from <http://keepkidssafe.pa.gov/resources/childabusereports/>.

Pennsylvania Department of Human Services. (2018). *Child Protective Services 2017 Annual Report*. Retrieved from <http://keepkidssafe.pa.gov/resources/childabusereports/>.

Pennsylvania Department of Human Services. (2019). *2018 Child Protective Services Report*. Retrieved from <http://keepkidssafe.pa.gov/resources/childabusereports/>.

Pennsylvania Department of the Auditor General- Eugene DePasquale. (2017). *State of the Child: A look at the strengths and challenges of Pennsylvania's child-welfare system and the safety of at-risk children*. Retrieved from

https://www.paauditor.gov/Media/Default/Reports/RPT_CYS_091417_FINAL.pdf.

- Perkins, E. B., & Ruiz, C. (2017). Domestic Minor Sex Trafficking in a Rural State: Interviews with Adjudicated Female Juveniles. *Child and Adolescent Social Work Journal*, 34(2), 171–180. <https://doi.org/10.1007/s10560-016-0455-3>.
- Pipe, M.-E., Lamb, M. E., Orbach, Y., Sternberg, K. J., Stewart, H. L., & Esplin, P. W. (2007). Factors associated with nondisclosure of suspected abuse during forensic interviews. - PsycNET. In E. Pipe, M. E. Lamb, & Y. Orbach (Eds.), *Child sexual abuse: Disclosure, delay, and Denial* (pp. 77–96). Retrieved from <https://psycnet.apa.org/record/2007-06518-005>.
- Polaris. (2017). *Growing Awareness. Growing Impact. 2017 Statistics from the National Human Trafficking Hotline and BeFree Textline*. Retrieved from [http://polarisproject.org/sites/default/files/2017NHTHStats %281%29.pdf](http://polarisproject.org/sites/default/files/2017NHTHStats%281%29.pdf).
- RA v. Department of Public Welfare*. , 41 A. 3d 131. (2011).
- Raphael, J., & Shapiro, D. (2002). Sisters Speak Out: The Lives and Needs of Prostituted Women in Chicago. In *Young*. Retrieved from www.impactresearch.org.
- Reed, S. M., Kennedy, M. A., Decker, M. R., & Cimino, A. N. (2019). Friends, family, and boyfriends: An analysis of relationship pathways into commercial sexual exploitation. *Child Abuse and Neglect*, 90, 1–12. <https://doi.org/10.1016/j.chiabu.2019.01.016>.
- Reid, J. A. (2014). Risk and resiliency factors influencing onset and adolescence-limited commercial sexual exploitation of disadvantaged girls. *Criminal Behaviour and Mental Health*, 24(5), 332–344. <https://doi.org/10.1002/cbm.1903>.
- Reid, J. A., & Piquero, A. R. (2014). Age-Graded Risks for Commercial Sexual Exploitation of Male and Female Youth. *Journal of Interpersonal Violence*, 29(9), 1747–1777. <https://doi.org/10.1177/0886260513511535>.

- Reyes, J. (2014). Federal Guidance to Address Child Trafficking: What Advocates Should Know. Retrieved April 18, 2019, from https://www.americanbar.org/groups/child_law/resources/child_law_practiceonline/child_law_practice/vol-33/february-2014/federal-guidance-to-address-child-trafficking--what-advocates-sh0/.
- Roe-Sepowitz, D. E. (2012). Juvenile Entry Into Prostitution: The Role of Emotional Abuse. *Violence Against Women, 18*(5), 562–579. <https://doi.org/10.1177/1077801212453140>.
- Rosenthal, S., Feiring, C., & Taska, L. (2003). Emotional support and adjustment over a year's time following sexual abuse discovery. *Child Abuse & Neglect, 27*(6), 641–661. [https://doi.org/10.1016/S0145-2134\(03\)00104-2](https://doi.org/10.1016/S0145-2134(03)00104-2).
- Saywitz, K. J., Goodman, G. S., Nicholas, E., & Moan, S. F. (1991). Children's Memories of a Physical Examination Involving Genital Touch: Implications for Reports of Child Sexual Abuse. *Journal of Consulting and Clinical Psychology, 59*(5), 682–691. <https://doi.org/10.1037/0022-006X.59.5.682>.
- Talbot, E. P., Suzuki, Y. E., Laplante, R. K., & Omanson, R. S. (2014). *Human Trafficking in Small Urban & Rural Communities*. Retrieved from www.nacsw.org%7Cinfo@nacsw.org%7C888-426-4712%7C.
- The Center for Rural Pennsylvania. (n.d.). Demographics: Quick Facts. Retrieved July 29, 2019, from https://www.rural.palegislature.us/demographics_about_rural_pa.html.
- The Child Protective Services Law 23 Pa.C.S. § § 6301—6385*. (1986).
- U.S. Senate Finance Committee. (2013). *Testimony of Commissioner Joette Katz, State of Connecticut, Department of Children and Families*. Retrieved from [https://www.finance.senate.gov/imo/media/doc/Final US Sen Finance Committee \(1\) 6_5_13 \(2\).pdf](https://www.finance.senate.gov/imo/media/doc/Final%20US%20Sen%20Finance%20Committee%20(1)%206_5_13%20(2).pdf).

- United Nations High Commissioner for Refugees. (2001). *Action for the Rights of Children (ARC): Abuse and Exploitation*. Retrieved from <https://www.unhcr.org/3bb81aea4.pdf>.
- United Nations Office on Drugs and Crime. (2012). Human trafficking: organized crime and the multibillion dollar sale of people. Retrieved March 5, 2019, from http://www.unodc.org/unodc/en/frontpage/2012/July/human-trafficking_-organized-crime-and-the-multibillion-dollar-sale-of-people.html.
- van Toledo, A., & Seymour, F. (2013). Interventions for caregivers of children who disclose sexual abuse: A review. *Clinical Psychology Review, 33*(6), 772–781.
<https://doi.org/10.1016/J.CPR.2013.05.006>.
- Varma, S., Gillespie, S., McCracken, C., & Greenbaum, V. J. (2015). Characteristics of child commercial sexual exploitation and sex trafficking victims presenting for medical care in the United States. *Child Abuse and Neglect, 44*, 98–105.
<https://doi.org/10.1016/j.chiabu.2015.04.004>.
- Victims of Trafficking and Violence Protection Act of 2000, P.L. 106-386*. (2000).
- Williamson, C., & Prior, M. (2009). Domestic Minor Sex Trafficking: A Network of Underground Players in the Midwest. *Journal of Child & Adolescent Trauma, 2*(1), 46–61.
<https://doi.org/10.1080/19361520802702191>.
- Wolfe, D. S., & Hao, J. (2014). *Child Advocacy Center Statewide Plan Development: Technical Assistance to the Commonwealth of Pennsylvania*. Retrieved from https://fieldcenteratpenn.org/wp-content/uploads/2013/05/PCCD-Report_May-15_2014.pdf.

ACKNOWLEDGMENTS

The authors are grateful for the investment by the legislature and the Center for Rural Pennsylvania in research aimed at improving the safety and well-being of Pennsylvania's children. Additional thanks to the Pennsylvania Office of Children, Youth, and Families and the counties of Pennsylvania that participated in this project. Further acknowledgement of the National Data Archive for Child Abuse and Neglect at Cornell University, from which we received the National Child Abuse and Neglect Data System information referenced in this study. The interpretations and conclusions of this report do not represent official positions of the state or county governments. The project described was additionally supported by the National Center for Advancing Translational Sciences, National Institutes of Health, through Grant UL1 TR002014 and Grant UL1 TR00045. We additionally acknowledge the support of Penn State's Child Maltreatment Solutions Network and its infrastructure grant (P50HD551411). The content is solely the responsibility of the authors and does not necessarily represent the official views of the NIH.

The authors further acknowledge the invaluable assistance of Hyun Woo Kim and the student researchers in the completion of this project: Jenny Chueh, Lauren Krawchyk, Bushra Lohrasbi, Aye Ochai, RaeAnn Retzlaff, and Anna Tercek.

APPENDICES

Appendix A. Review of the Relevant Literature on Risk Factors for CSEC

Risk Factor	Supporting evidence	Sample Characteristics				
		Male	Female	Transgender	Urban	Rural
Drug use	Patients classified as "suspected CSEC" were significantly more likely to have a history of drug use when compared to those seeking care for non-CSEC related sexual assault (Greenbaum et al., 2018).	4	104	0	<input type="checkbox"/>	
	Youth in the welfare system who were clinically documented to have a substance abuse problem were more likely than their peers to have been involved in domestic minor sex trafficking (53.32 percent vs 17.27 percent (p=0.002) (O'Brien, White, & Rizo, 2017).	322	492	0	<input type="checkbox"/>	
	CSEC youth were more likely to have a history of drug use or of multiple drug use than their similarly aged peers (p<0.001) (Varma, Gillespie, McCracken, & Greenbaum, 2015).	0	27	0	<input type="checkbox"/>	
Runaway	A study of commercial sex industry workers found that those with a history of ever running away during their youth were significantly more likely to have been a victim of CSEC than sex industry workers who did not run away in their youth (Fedina, Williamson, & Perdue, 2019).	71	198	2	<input type="checkbox"/>	
	In a study of adult female prostitutes, women who began exchanging sex for money between the ages of 12 and 15 were more likely to have run away from home (72 percent) than those whose first experience with prostitution occurred between the ages of 22-25 years of age (23 percent) (Raphael & Shapiro, 2002).	0	222	0	<input type="checkbox"/>	
	Youth self-report of having previously run away from home was a predictor of future CSEC victimization in a child welfare involved population (Panlilio, Miyamoto, Font, & Schreier, 2019).	1063	1355	0	<input type="checkbox"/>	<input type="checkbox"/>
	Women who first traded sex prior to age 18 were more likely to have a history of running away as a child compared to women who first traded sex after 18 (p<.01) (Martin, Hearst, & Widome, 2010).	0	63	0	<input type="checkbox"/>	
	In a study of women exiting prostitution, women were more likely to have entered prostitution under the age of 18 with a history of running away (p<0.01) (Roe-Sepowitz, 2012).	0	71	0		
	A study of risk factors for domestic minor sex trafficking among welfare-involved youth demonstrated that youth in the welfare system who ran away were significantly more likely to have been involved in domestic minor sex trafficking (59.39 percent vs 8.97 percent p=0.000) (O'Brien et al., 2017).	322	492	0	<input type="checkbox"/>	

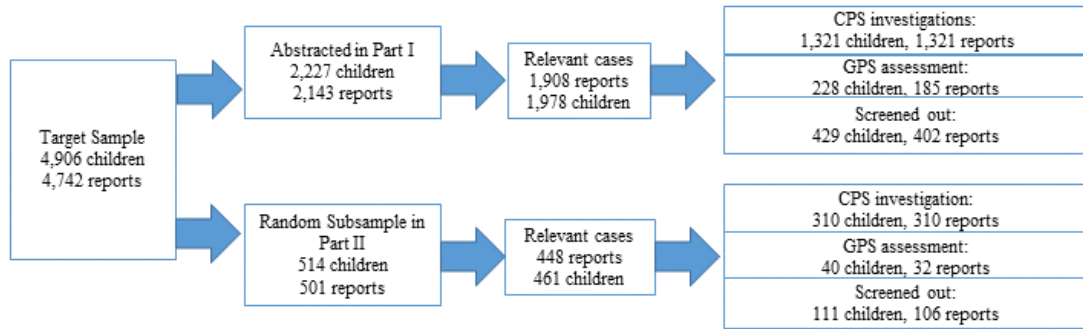
	In a qualitative thematic analysis, running away was documented as a risk factor for sexual exploitation, but this study specifically states that youth ran away due to 1. sexual abuse, 2. physical abuse, 3. emotional abuse, 4. witnessing violence in the home. All of which specifically were reported to lead to exchanging sex for goods/money/services.(Reed, Kennedy, Decker, & Cimino, 2019)	0	26	0	<input type="checkbox"/>	
	CSEC youth were more likely than their similarly aged peers to have a history of running away (<0.001) (Varma et al., 2015).	0	27	0	<input type="checkbox"/>	
	Youth were 2.6 times more likely to engage in survival sex work while running away than their peers that did not run away (Chohaney, 2016).	96	232	0	<input type="checkbox"/>	
Hitchhiking	Having hitchhiked was a predictor of future CSEC victimization in a child welfare involved population (Panlilio et al., 2019).	1063	1355	0	<input type="checkbox"/>	<input type="checkbox"/>
Law enforcement	Patients classified as "suspected CSEC" were more likely to have a history with the police when compared to those seeking care for non-CSEC related sexual assault (Greenbaum et al., 2018).	4	104	0	<input type="checkbox"/>	
Traumatic injury	Lifetime history of fractures, significant wounds, or traumatic loss of consciousness, either accidental or inflicted were significantly more common among patients classified as "suspected CSEC" when compared to those seeking care for non-CSEC related sexual assault (Greenbaum et al., 2018).	4	104	0	<input type="checkbox"/>	
	In a study of youth who have been victims of CSEC, 40 percent experienced a history of repeated abuse or severe abuse that necessitated seeking medical treatment, including hospitalization (Landers, McGrath, Johnson, Armstrong, & Dollard, 2017).	5	82	0	<input type="checkbox"/>	
	African American women were 2.29x more likely to engage in prostitution as youth (<18) than control groups when they experienced intimate partner violence (Reid, 2014).	0	174	0		
Sexually Transmitted Infection (STI)	Patients classified as "suspected CSEC" were more likely to have an STI and history of pregnancy when compared to those seeking care for non-CSEC related sexual assault (Greenbaum et al., 2018).	4	104	0	<input type="checkbox"/>	
	Women who first traded sex prior to age 18 were more likely to have a history of STI compared to women who first traded sex after 18 (p<.03) (Martin et al., 2010).	0	63	0		
	CSEC youth were more likely to have a history of an STI than similarly aged sexual abuse victims (p=0.010) (Varma et al., 2015).	0	27	0	<input type="checkbox"/>	
Sexually promiscuous	Patients classified as "suspected CSEC/CST" had a significantly greater number of sexual partners when compared to those seeking care for non-CSEC related sexual assault (Greenbaum et al., 2018).	4	104	0	<input type="checkbox"/>	

	CSEC youth were more likely to have a history of sexual activity than similarly aged sexual abuse victims (p=0.01) (Varma et al., 2015).	0	27	0	<input type="checkbox"/>	
Early sex	Having been sexually active before the age of 14 was a predictor of future CSEC victimization in a child-welfare-involved population (Roe-Sepowitz, 2012).	1063	1355	0	<input type="checkbox"/>	<input type="checkbox"/>
	Youth who are considered delinquents who had sex at an earlier age (Mean age at first sex =11.7) were .7x more likely to participate in CSE than their delinquent peers (Mean age at first sex = 13.11). (Reid & Piquero, 2014)	1178	184	0		
Poor future expectation	No demonstrated research evidence in peer-reviewed literature					
Suicidal ideation	No demonstrated research evidence in peer-reviewed literature					
Severe violence/crime exposure	Patients classified as "suspected CSEC" were significantly more likely to have a history of violence with parents/caregivers, and others when compared to those seeking care for non-CSEC related sexual assault (Greenbaum et al., 2018).	4	104	0	<input type="checkbox"/>	
	In a study of youth who have been victims of CSEC, 33 percent were either victims of or witnessed a family member victimized by criminal activity. 46 percent had witnessed repeat episodes of family violence, 32 percent witnessed someone significantly injured due to violence, and 12 percent witnessed a death in the community (Landers et al., 2017).	5	82	0	<input type="checkbox"/>	
Poor caregiver supervision	No demonstrated research evidence in peer-reviewed literature					
Poor caregiver connection	Youth with previous conflict with parents were 1.97x more likely to be victimized than youth without parental conflict (Chohaney, 2016).	96	232	0	<input type="checkbox"/>	
Tattoo of any kind	Presence of any type of tattoo was significantly higher among patients classified as "suspected CSEC" than among those seeking care for non-CSEC sexual assault (Greenbaum et al., 2018).	4	104	0	<input type="checkbox"/>	
Poverty	No demonstrated research evidence in peer-reviewed literature					
Physical Abuse	52.4 percent of allegations of human trafficking of youth in Cook County Illinois had a history of physical abuse (Havlicek, Huston, Boughton, & Zhang, 2016).	41	373	0	<input type="checkbox"/>	
	In a qualitative thematic analysis, physical abuse was reported as a cause for youth to be taken from their homes or run away resulting in subsequent sexual exploitation (Reed et al., 2019).	0	26	0	<input type="checkbox"/>	
	CSEC youth were more likely to have a history of fractures, wounds, violence with caregiver than similarly aged sexual abuse victims (p=0.001) (Varma et al., 2015).	0	27	0	<input type="checkbox"/>	

Emotional Abuse	In a study of youth who have been victims of CSEC, 54 percent experienced repeated emotional abuse that spanned at least a year, with more than 50 percent of those experiencing emotional abuse having a history of repeated and severe emotional abuse (Landers et al., 2017).	5	82	0	<input type="checkbox"/>	
	In a study of women exiting prostitution, women were more likely to have entered prostitution under the age of 18 if they experienced childhood emotional abuse ($p < 0.05$) (Roe-Sepowitz, 2012)	0	71	0		
Sexual Abuse	In a study of youth who have been victims of CSEC, 87 percent experienced at least one episode of sexual abuse, with 77.5 percent experiencing more than one episode, and 33.8 percent suffering ongoing sexual abuse for more than 1 year. The majority of abuse occurred between ages 6-12 (46.4 percent), followed by ages 13-15 (37.7 percent), with the smallest amount found in youth aged 16+ (7.2 percent) and under 5 years old (8.7 percent) (Landers et al., 2017).	5	82	0	<input type="checkbox"/>	
	A study of women prostitutes reported that early entry into prostitution (prior to age 18) occurred in 12/20 total women to escape childhood physical/sexual abuse and that they perceived prostitution as empowering (Cobbina & Oselin, 2011).	0	20	0	<input type="checkbox"/>	
	African American women were 5.25x more likely to engage in prostitution as youth (<18) than control groups when they experienced adolescent sexual abuse (Reid, 2014).	0	174	0		
	41.3 percent of allegations of human trafficking of youth had a history of sexual abuse (Havlicek et al., 2016).	41	373	0	<input type="checkbox"/>	
	In a qualitative thematic analysis, sexual abuse was listed as a reason for running away and subsequent sexual exploitation (Reed et al., 2019).	0	26	0	<input type="checkbox"/>	
Neglect	In a study of youth who have been victims of CSEC, 58 percent had experienced a history of moderate to severe levels of neglect (Landers et al., 2017).	5	82	0	<input type="checkbox"/>	
	74.8 percent of allegations of human trafficking of youth in Cook County, IL had a history of neglect (Havlicek et al., 2016).	41	373	0	<input type="checkbox"/>	
Peer/Role model influence	A study of female prostitutes reported that early entry into prostitution (prior to age 18) occurred in 8/20 women due to viewing prostitution as glamorous, watching family members do it (Cobbina & Oselin, 2011).	0	20	0	<input type="checkbox"/>	
	Youth were 2.16x more likely to be victims of sexual exploitation if their peers bought or sold others for sex than those youth without such peers (Chohaney, 2016).	96	232	0	<input type="checkbox"/>	

	In a qualitative thematic analysis, peer influence was determined to be a pathway to CSEC through either peer pressure or role modeling (Reed et al., 2019).	0	26	0	<input type="checkbox"/>	
	In a qualitative thematic analysis, family influence was determined to be a pathway to CSEC through either a family member (mom) soliciting their child for sex for personal gain, or the child being an equal partner with a family member (sister/cousin) to engage in sex acts for money (Reed et al., 2019)	0	26	0	<input type="checkbox"/>	
	In a qualitative thematic analysis, 'boyfriends' were found to either use coercion or violence to force these women to participate in sexual acts in which the 'boyfriend' would gain financially (Reed et al., 2019).	0	26	0	<input type="checkbox"/>	
Sexual Stigma	African American women were 1.5x more likely to engage in prostitution as youth (<18) than control groups when they experienced sexual stigma (the belief that only “no-good” men would be interested in them, or the belief that men would not stay in a relationship without sex) of self/others (Reid, 2014).	0	174	0		
Family Instability	In a qualitative thematic analysis, family instability was often cited as a reason for engaging in sexual exploitation. The youth report 1. their parents were addicted to drugs/alcohol resulting in foster care placement, 2. their parents were not part of their childhood due to gambling habits, incarceration, or death (Reed et al., 2019).	0	26	0	<input type="checkbox"/>	
	Youth who are considered delinquent who had a mother that used illicit substances were 1.98x more likely to participate in CSE/early prostitution than youth who are delinquent who did not engage in CSE (Reid & Piquero, 2014).	1178	184	0		
CPS History	CSEC youth were more likely than their similarly aged sexually abused peers to have had involvement with child welfare services (p=0.003) (Varma et al., 2015).	0	27	0	<input type="checkbox"/>	
Police Involvement	CSEC youth were more likely than their similarly aged sexually abused peers to have had a history with police (p<0.001) (Varma et al., 2015).	0	27	0	<input type="checkbox"/>	
Appendix A is a table compiled by the researchers that presents an overview of the literature to date (up to July 2019) surrounding risk factors of commercial sexual exploitation of children.						

Appendix B. Explanation of Samples for Parts I and II of Report



Appendix C. Data Abstraction Elements for Phase 1

Phase 1 Variables	Phase 1 Response Choices
Abstractor name	
County	
Date of report narrative	
Number of perpetrators (up to 5)	
Perpetrator # ID	
Perpetrator # relationship to the child	1, Mother 2, Father 3, Stepmother / Female partner of parent 4, Stepfather / Male partner of parent 5, Foster mother 6, Foster father 7, Sibling - Male 8, Sibling - Female 9, Related family member (aunt, uncle, grandparent) 10, Unrelated minor male 11, Unrelated minor female 12, Unrelated minor male, living in home 13, Unrelated minor female, living in home 14, Unrelated adult male 15, Unrelated adult female
Allegation type for perpetrator #	1, SA/Exploitation 2, Neglect 3, Physical Abuse 4, Emotional Abuse
Did the victim disclose?	1, Yes 2, No 3, Unclear
Who made a report to the authorities?	1, Victim disclosure to mandated reporter 2, Family of victim reported 3, Unrelated individual, mandated reporter 4, Unrelated individual, not a mandated reporter 5, Law enforcement reported to CWS 6, Law enforcement investigation sting uncovered abuse 7, Other
Child disclosure:	1, Sexual Abuse 2, Physical Abuse / Neglect 3, Domestic Violence 4, Emotional Abuse 5, No
Were grooming behaviors employed by the perpetrator?	1, Buying gifts 2, Showing pornography (i.e., videos, images, etc.) 3, Special treatment
Were there images or videos taken of the child?	1, Yes 2, No 3, Attempted (child refused or was able to escape) 4, Unclear (conflicting info or unconfirmed reports) 5, Not addressed
Was force used?	1, Yes 2, No 3, Attempted (child refused or was able to escape) 4, Unclear (conflicting info or unconfirmed reports) 5, Not addressed
Was fraud used?	1, Yes 2, No 3, Attempted (child refused or was able to escape) 4, Unclear (conflicting info or unconfirmed reports) 5, Not addressed
Was coercion used?	1, Yes 2, No 3, Attempted (child refused or was able to escape) 4, Unclear (conflicting info or unconfirmed reports) 5, Not addressed
Was victim incapacitated at the time of assault?	1, Yes 2, No 3, Not addressed
If yes, how?	1, Alcohol 2, Drugs 3, Medication 4, Disabled 5, Unclear 6, Asleep
Was money or goods exchanged for sexual acts?	1, Yes 2, No 3, Attempted (child refused or was able to escape) 4, Unclear (conflicting info or unconfirmed reports) 5, Not addressed
Was debt bondage employed?	1, Yes 2, No 3, Attempted (child refused or was able to escape) 4, Unclear (conflicting info or unconfirmed reports) 5, Not addressed
Was child engaged in sexual acts to 'support' the family?	1, Yes 2, No 3, Attempted (child refused or was able to escape) 4, Unclear (conflicting info or unconfirmed reports) 5, Not addressed
Did child/teen have large amounts of cash or expensive material items otherwise not explained?	1, Yes 2, No 3, Attempted 4, Unclear (conflicting info or unconfirmed reports) 5, Not addressed
Child vulnerabilities present?	1, Developmentally delayed 2, Mental health issues 3, LGBTQ 4, Physically 5, Not addressed

Is this a CSEC circumstance?	1, Yes 2, No 3, Unsure
If yes, which typology?	1, Escort (Def.: victim delivered to buyer hotel room, private parties, advertised online; OR caregiver/family member lets people come into the home and makes child perform acts) 2, Urban track/block outdoor solicitation (Def.: traffickers force victims to find buyers in an outdoor, public setting. In many cities, this occurs on a particular block or at cross streets known for commercial sex and often referred to as a "track" or "stroll.") 3, Truck stop/rest stop outdoor solicitation (Def.: traffickers force victims to find buyers in an outdoor, public setting. In more rural areas, outdoor solicitation frequently takes place at truck or rest stops along major highways.) 4, Residential (Def.: Sex trafficking can occur within organized residential brothels run by a network of coordinated traffickers or within private households used more informally for commercial sex. Residential brothels tend to cater to commercial sex buyers from similar ethnic and/or language backgrounds, advertising through word of mouth or covert business cards. Advertisement for the second model varies but often includes word of mouth, and backpage.com is emerging as a frequent source.) 5, Bars/strip clubs (Def.: Human trafficking in this type fronts as legitimate bars, restaurants, or clubs selling food and alcohol while exploiting victims for both sex and labor behind the scenes.) 6, Pornography (Def.: individual sex traffickers earning profit from distributing a victim's non-consenting appearance in pornographic material. The related issue of "revenge porn" is also a concern within relationship violence and can be considered high risk for sex trafficking.) 7, Personal sex servitude (Def.: Personal sexual servitude can occur when a woman or girl is permanently sold, often by her family to settle a drug debt, to an individual buyer for the explicit purpose of engaging in periodic sex acts over a long period of time. Runaway homeless youth and LGBTQ minors without a third-party facilitator may also be victims of personal sexual servitude when they are coerced to engage in sex on an ongoing basis in order to receive basic needs such as shelter, food, and medications.) 8, Remote interactive sexual acts (Def.: Remote interactive sexual acts are live commercial sex acts simulated through remote contact between the buyer and victim through technologies such as webcams, text-based chats, and phone sex lines. Because of the lack of physical contact between the victim and buyer, traffickers can frame this business during victim recruitment as a "low-risk" endeavor.)
Housing circumstances:	1, Single family home/apartment 2, Living with extended family/friends 3, Homeless/shelters/couch surfing (moving frequently) 4, Group home/institution (if child living without family) 5, Unknown/Not addressed
Number of caregivers mentioned in narrative (up to 3):	
Caregiver #1 ID:	
Caregiver #1 relationship to the child:	1, Mother 2, Father 3, Stepmother / Female partner of parent 4, Stepfather / Male partner of parent 5, Foster mother 6, Foster father 7, Related family member (aunt, uncle, grandparent) 8, Unrelated caregiver without formal designation (friend of the family) 9, Group home or other institutional setting without distinct caregiver 10, Other
Is caregiver #1 an alleged perpetrator of sexual abuse / exploitation?	1, Yes 2, No 3, Unclear (conflicting info or unconfirmed reports) 4, Not addressed
If so, is caregiver #1 listed as:	1, Perpetrator #1 2, Perpetrator #2 3, Perpetrator #3 4, Perpetrator #4 5, Perpetrator #5
Did caregiver #1 know about the sexual abuse?	1, Yes 2, No 3, Unclear (conflicting info or unconfirmed reports) 4, Not addressed

If yes, provide brief description of caregiver #1 knowledge about the sexual abuse:	
Was caregiver #1 immediately protective?	1, Yes 2, No 3, Unclear (conflicting info or unconfirmed reports) 4, Not addressed
Does caregiver #1 have substance abuse issues?	1, Yes 2, No 3, Unclear (conflicting info or unconfirmed reports) 4, Not addressed
If yes, what type of substance abuse?	1, Alcohol 2, Illicit substance (prescription or street drugs)
Does caregiver #1 have any mental health issues?	1, Yes 2, No 3, Unclear (conflicting info or unconfirmed reports) 4, Not addressed
If yes, what type of mental issues?	1, Depression 2, Bipolar 3, Anxiety 4, Other
Are any arrests recorded/mentioned for caregiver #1?	1, Yes 2, No 3, Unclear (conflicting info or unconfirmed reports) 4, Not addressed
What type of arrests?	1, Domestic Violence 2, Drugs 3, Weapons 4, Non-domestic violence 5, Child Abuse 6, Other
<i>Appendix C is a representation of the data abstraction elements utilized by the researchers to extract data during phase one of the research study.</i>	

Appendix D. Data Abstraction Elements Added During Phase 2

Phase 2 Variables Added	Phase 2 response choices
Who was interviewed as part of the investigation?	1, Alleged victim 2, Siblings of victim 3, Mother 4, Father 5, Perpetrator(s) 6, Witness(es) 7, Other household members 8, No indication anyone was interviewed
Who was relevant to the case, but not interviewed?	1, Alleged victim 2, Siblings of victim 3, Mother 4, Father 5, Perpetrator(s) 6, Witness(es) 7, Other household members
If one or more perpetrators were NOT interviewed, was an explanation provided?	
Did CYS or forensic interview/CAC interview the child about the allegation?	1, Yes 2, No 3, Unclear (conflicting info or unconfirmed reports) 4, Not addressed
If the child was interviewed, who conducted the interview?	1, CAC 2, Caseworker 3, Law Enforcement 4, Other
Was the child interviewed alone (i.e. not with a parent present)?	0, no 1, yes 2, unclear
Were there any other concerns with regard to the interview?	
How much time elapsed between the date of initial report and the date of the child's INITIAL interview?	1, Within 3 days 2, 4-7 days 3, 8-14 days 4, More than 2 weeks later 5, No indication ever done
How much time elapsed between the disclosure and the child's CAC interview?	1, Within 3 days 2, 4-7 days 3, 8-14 days 4, More than 2 weeks later 5, No indication ever done
How did the caseworker describe the disclosure:	1, Child not consistent/ conflicting details 2, Child recants prior disclosure 3, Clear disclosure of sexual abuse/exploitation 4, Vague disclosure 5, No disclosure 6, Denied any sexual abuse/exploitation 7, Disclosure or interview results not described
Did the alleged perpetrator have current or recent (within past week) access to the alleged victim at the time of the report?	1, Yes 0, No 3, Unsure
Was there documentation that the child received a medical exam?	0, no 1, yes 2, unclear
If the child received a medical exam, how much time elapsed between the date of the initial report and the date of the medical exam?	1, Same day 2, Next day 3, Within 3 days 4, Within 7 days 5, Beyond 7 days
Was law enforcement involved?	1, Documented contact between CYS and LE 2, Coordination of interviews between child and perpetrators 3, Exchange of case information 4, No evidence of LE involvement
Were criminal charges mentioned?	1, Yes 0, No 3, Unsure
<i>Appendix D is a representation of the data abstraction elements that were added after for phase two analysis after a discussion with both Children and Youth and the Center for Rural Pennsylvania.</i>	

Appendix E. A comparison of Pennsylvania’s submissions to the National Child Abuse and Neglect Data System (NCANDS) for 2016 with the full sample and subsample included in this study

	Pennsylvania 2016 NCANDS submission	Total sample after exclusions		Random subsample after exclusions	
	Note: Includes completed CPS sexual abuse investigations only	N	CPS complete	N	CPS complete
Number of cases	8,972	1,978	1,197	461	290
Case Attributes					
CPS	100%	67%	100%	67%	100%
GPS		33%		33%	
Outcome					
Screened out		22%		24%	
Unconfirmed for sexual abuse or exploitation	76%	44%	63%	42%	61%
Confirmed sexual abuse or exploitation	24%	26%	37%	28%	39%
Pending/other		9%		6%	
Post-investigative Services	11%	11%	12%	12%	14%
If unconfirmed	8%	8%	8%	7%	7%
If confirmed	17%	20%	19%	27%	26%
Alleged Victim Attributes					
Child race					
White	62%	82%	86%	85%	86%
Black	23%	11%	9%	7%	7%
Other	15%	7%	5%	8%	8%
Sex					
Female	72%	72%	72%	76%	75%
Male	28%	28%	28%	24%	25%
Age Group					
0 to 5	22%	16%	17%	18%	18%
6 to 10	26%	26%	26%	25%	26%
11 to 14	27%	30%	30%	27%	28%
15 or older	25%	28%	27%	30%	28%
<i>Appendix E is a representation created by the researchers of the data from this study that compares Pennsylvania’s submissions to the National Child Abuse and Neglect Data System for 2016 with the full subsample included in this study.</i>					

The Center for Rural Pennsylvania Board of Directors

Chairman

Senator Gene Yaw

Vice Chairman

Representative Garth D. Everett

Secretary

Dr. Nancy Falvo
Clarion University

Treasurer

Stephen M. Brame
Governor's Representative

Senator Katie J. Muth

Representative Eddie Day Pashinski

Dr. Michael A. Driscoll
Indiana University

Dr. Lawrence Feick
University of Pittsburgh

Dr. Stephan J. Goetz
Northeast Regional Center for Rural Development

Dr. Timothy Kelsey
Pennsylvania State University

Shannon M. Munro
Pennsylvania College of Technology

Dr. Joseph T. Nairn
Northern Pennsylvania Regional College

Darrin Youker
Governor's Representative



The Center for Rural Pennsylvania, 625 Forster St., Room 902, Harrisburg, PA 17120
Phone: (717) 787-9555, www.rural.palegislature.us, 1P0120-30