FINAL REPORT ON THE EVALUATION OF THE SAGE PROJECT’S LIFESKILLS AND GRACE PROGRAMS

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Abstract

The SAGE Project, Inc., is a nonprofit organization in San Francisco that operates two commercial sexual exploitation (CSE) intervention programs: LIFESKILLS and GRACE. Both programs operate from the philosophical approach of harm reduction, which emphasizes peer education and skills development.

Participants in LIFESKILLS are younger and are either involved in CSE or considered at high risk for sexual exploitation. GRACE participants are older and already are involved in prostitution. The LIFESKILLS program offers case management, support groups, and referral services. Length of stay LIFESKILLS girls ranges from 4 to 14 months. Most GRACE program clients are court-ordered to participate for a minimum of 25 hours of group services.

This study uses a four-phase participatory evaluation design that employs both quantitative and qualitative components. The two qualitative components (phases 1 and 4) use interviews with staff and program participants to assist in operationalizing variables for the evaluation, identifying process and outcome measures, and developing program logic models. The quantitative evaluation follows a quasi-experimental, nonequivalent group design to assess a set of outcomes (phase 2). The principal data sources include baseline and follow-up surveys and official arrest records. The process evaluation (phase 3) integrates both quantitative and qualitative methods to assess whether the program was well designed and implemented as intended. This phase involves an examination of services, management, staffing, information systems, and case files.

The key findings:

1. Girls and young women typically track along one of four risk-related trajectories, on the basis of whether they are a) from ‘risk saturated’ communities, b) from troubled suburban families, c) from immigrant families, or d) acting as entrepreneurs.

2. The SAGE Project succeeds in reducing contact with the criminal justice system of both the LIFESKILLS and GRACE groups. The GRACE group had significantly better outcomes for CSE involvement and PTSD symptomology, while the LIFESKILLS group had significantly better outcomes for sexual assault victimization, educational aspirations, self-efficacy, and employment attitude. The program has no impact on substance abuse, commitment to school, most measures of victimization, and social support for either group.

3. While a LIFESKILLS curriculum with a good theoretical foundation exists, it has not been sufficiently formalized, operationalized, and documented.

This report offers recommendations for improving both programs such as, increasing staff training, matching program activities to criminogenic needs, eliminating population mixing, incorporating cognitive-behavioral treatment activities, incentivizing program completion, and developing an instrument to assess the CSE risk level of each new client.
## CONTENTS

Abstract.................................................................................................................................... iii
Acknowledgments ................................................................................................................... vii
Executive Summary................................................................................................................ ix

1. Background of the SAGE Evaluation and the Nature of the Problem......................... 1–1
   The SAGE Project, Inc. ................................................................................................. 1–2
   Research on Commercial Sexual Exploitation ......................................................... 1–5

2. Methodology...................................................................................................................... 2–1
   Overview of Methodology ....................................................................................... 2–1
   Overview of Four-Phase Approach ......................................................................... 2–2
   Phase 1. Formative Evaluation ............................................................................... 2–4
   Phase 2. Outcome Research ..................................................................................... 2–6
   Phase 4. Generative Interviews .............................................................................. 2–20
   Barriers and Issues That Arose During the Evaluation ........................................... 2–24

3. Formative Research Results ............................................................................................ 3–1
   LIFESKILLS Program and Client Background ....................................................... 3–1
   GRACE Program and Client Background ............................................................. 3–6
   Suggested Evaluation Constructs and Preliminary Indicators................................. 3–9
   Incorporation of Formative Results in the Development of the Quantitative Survey.... 3–11
   Logic Models ............................................................................................................ 3–12

4. Outcome Evaluation Findings ......................................................................................... 4–1
   Baseline Descriptive Data ....................................................................................... 4–1
   Involvement in Commercial Sexual Exploitation .................................................... 4–7
   Commercial Sexual Activity .................................................................................... 4–9
   Factors Leading to Commercial Sex Activity ......................................................... 4–11
   Summary of Baseline Descriptive Data................................................................. 4–13
   Outcome Findings .................................................................................................... 4–19
   Discussion .................................................................................................................. 4–32

5. Process Evaluation Findings........................................................................................... 5–1
   Referral Sources ....................................................................................................... 5–2
   Program Services ...................................................................................................... 5–3
   Hours of Service Provided (Dosage) ....................................................................... 5–11
   Length of Time in Program (Duration) ................................................................... 5–12
   Treatment Goals ....................................................................................................... 5–13
   Program Completion ................................................................................................. 5–14
   Management and Staffing ........................................................................................ 5–16
   Training ........................................................................................................................ 5–17
   Record Keeping .......................................................................................................... 5–17
   Funding Sources ........................................................................................................ 5–18
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The interventions for treating the sexually exploited populations are underdeveloped. Thus, participatory and formative evaluations—while challenging—are necessary exercises for the knowledge and insights they develop. We appreciate the support of the National Institute of Justice (NIJ) leadership in allowing us to complete this important study. We thank NIJ and the Office of Juvenile Justice and Delinquency Prevention (OJJDP) for their backing and support of a study of a difficult population and challenging program—especially Katherine Darke Schmitt, Thomas Feucht, and Ed Zedlewski. The evaluation’s NIJ Program Manager, Karen Bachar, provided key advice and unwavering support throughout the project, as did her predecessor, Jennifer Hanley.

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Final Report: Evaluation of the SAGE Project’s LIFESKILLS and GRACE Programs

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—Marcia I. Cohen, Principal Investigator; Mark C. Edberg, Co–Principal Investigator, and Stephen V. Gies, Senior Research Analyst
Final Report: Evaluation of the SAGE Project’s LIFESKILLS and GRACE Programs

Executive Summary

The commercial sex industry is a multibillion-dollar thriving industry with a large customer base. While the industry is global in scope—even accounting for measurable proportions of some countries’ gross domestic product (Ling et al., 2007)—the victims of the industry are locally situated. To serve these individuals exploited by the industry, local programs face numerous challenges: finding the individuals, identifying their needs, securing funding to support stable programming, designing programs that can best support them, and, finally, enrolling them into such programs. An additional hurdle is evaluating promising programs so they can be replicated, if proven efficacious, and so guidance can be given both for the development of future interventions for women involved in commercial sex exploitation (CSE) and for the evaluation of those interventions.

In September 2005 the National Institute of Justice (NIJ) awarded a grant to Development Services Group, Inc. (DSG), to conduct a formative evaluation of two programs for females involved in CSE, run by the Standing Against Global Exploitation (SAGE) Project, Inc.: LIFESKILLS and Girls Reaching Adulthood Through Community Empowerment (GRACE). These two programs serve slightly different populations, even though they are conceptualized as two parts of the same continuum. The LIFESKILLS program serves girls who are minors. The GRACE program serves a slightly older population, most of whom have been arrested for prostitution and mandated to SAGE for services. Key issues to be addressed by this project were the etiology and duration of engagement in prostitution, the success of graduates in reentering legitimate society, and needs that population face during and following treatment.

The population and program indicated that a participatory evaluation design would be most appropriate for the evaluation. The study followed a four-phase design:

- **Phase 1, Formative Evaluation** (months 1–6), included qualitative, formative research intended to identify and operationalize specific outcome variables for each of the SAGE CSE–related programs.
- **Phase 2, Outcome Evaluation** (months 6–36), featured a baseline and follow-up survey of all program participants 3 months after program intake, using the instrument developed during the formative phase.
- **Phase 3, Process Evaluation** (months 1–36), was designed to assess whether the program was well designed and was implemented as intended. This included an examination of the program services, program management/staffing, staff training, case files, and challenges to implementation.
- **Phase 4, Generative Research** (months 8–36), included a range of generative, in-person qualitative interviews (a small number conducted by telephone) designed to identify factors that may serve as salient process and outcome variables for future evaluation (for each program and across programs) and to develop logic models that will serve as a basis for future evaluation and program refinement.

The combined result of all phases was intended to provide a limited set of evaluation outcome results for program participants, together with substantial information concerning the nature of
the program and its participants that could serve as a foundation for structuring replications and their evaluations.

What follows is a summary of data collection efforts and key findings from the four phases of the evaluation. In the full report, we include an overview of the program, the research questions addressed by the study, and a literature review that provides a context for understanding the importance of programs such as those run by SAGE. Chapter 2 presents the methodology of the four phases to this study. In chapter 3 we present the results of the formative evaluation, including the program model, potential variables, and implications of these. Chapter 4 presents the results of the outcome evaluation, including participants’ characteristics and outcomes of LIFESKILLS and GRACE. Chapter 5 presents the results of the process evaluation, including services delivered, implementation issues, and fidelity. Chapter 6 presents the results of the generative evaluation, based on extensive qualitative interviews with a sample of LIFESKILLS and GRACE completers and noncompleters. Finally, chapter 7 presents the study’s conclusions, recommendations, and implications for criminal justice policy and practice.

**Data Used in the Evaluation**

Evaluation data consisted of

- Five site visits to the SAGE Project
- Focus groups with staff
- Individual interviews with key staff
- Weekly observations of LIFESKILLS and GRACE program activities, support groups, and field trips
- Case files and program materials
- Baseline and follow-up surveys
- Official records of arrest and prosecution
- Interviews with the Chair of the SAGE Board of Directors
- Interviews with representatives from collaborating agencies

**Key Findings**

**Formative Research Results**

To best answer the specified research questions (see chapter 1), this phase concentrated on gathering data on the programs and their client backgrounds. This research was used to identify and operationalize specific outcome variables for each of the SAGE CSE–related programs. Interviews with key informants and focus groups provided key information for full development of the survey.

- **LIFESKILLS Program and Client Background.** The LIFESKILLS program model is complicated since it is part of a wraparound set of programs and services (a continuum). The political climate affects the blend of CSE–involved and high-risk program clients. LIFESKILLS staff addressed not only commercial sexual exploitation/sex trade involvement per se but also the *continuum* of risk that begins before such involvement and includes many stages of involvement. Early intervention and prevention were viewed
as key principles. Girls, generally ages 15 to 17, came from very high-risk environments. There was significant victimization and trauma in their histories; primarily clients were young women of color and from urban, low-socioeconomic-status neighborhoods, high poverty levels, or “projects.”

- **GRACE program and client background.** The GRACE program is a postarrest program and of shorter duration, though it offers similar components, such as assessment, a treatment plan, case management, various kinds of groups, counseling, therapy, activities, job training, and referrals. Clients were women 18 and older and included both women who came from the same background and risk profile as girls in the LIFESKILLS program, only at a later stage of involvement, and white women who came from middle class or even higher income backgrounds, but who did not do well in school, had low-level jobs, were making less money than they expected, and were therefore vulnerable to recruitment. Common to all participants was a lack of education.

- **Identifying potential variables.** Certain variables were redefined in light of the qualitative research to generate more useful constructs. For instance, *return to legitimate society* was determined not to be a meaningful construct for impact measurement, because most girls in the program do not reach a point that could be described that way, and because they have, in any case, “one foot in one world and one foot in the other.” A more useful construct is *integration with legitimate society*, which can be measured in more relative terms—degree of or level of integration.

- **Future program evaluation.** Based on research, a model for future evaluations has been proposed, which includes four stages: crisis stabilization, assessment, building life skills, and increased integration into legitimate society.

**Outcome Evaluation Results**

This phase featured a baseline and follow-up survey of all program participants 3 months after program intake, using the instrument developed during the formative phase.

- **Baseline characteristics.** There were no significant differences between groups in race, educational aspirations, abuse history, posttraumatic stress disorder (PTSD) symptomology, attitudes and beliefs, or victimization. Any notable differences were largely—though not all—a function of age difference. Both LIFESKILLS and GRACE clients came from fragmented families and had low education levels generally. The samples exhibited an unexpectedly moderate history of childhood abuse and reported surprisingly low levels of PTSD symptomology. The sample experienced extremely high levels of victimization when compared with the victimization rates of the general public. The most common types of victimization were theft, verbal assault, and vandalism; surprisingly, given the study population, sexual assault ranked as only the fifth out of eight types of victimization.

- **Factors leading to commercial sex activity.** The mean age of first CSE involvement was 15.8 years. The CSE factors included survival (kicked out of home, ran away from home, needed food), drugs (wanted drugs), exposure (family member did it, someone
suggested it), coercion (forced into it, sold into it), and self-esteem (enjoyed the power, enjoyed the thrill, wanted to feel pretty, and wanted to feel loved). The most often cited reason for involvement was survival sex (83.8 percent), followed by self-esteem (67.4 percent), and exposure (64.5 percent).

- **Outcome findings.** The most important finding is that the program succeeded in reducing contact with the criminal justice system of both the LIFESKILLS and GRACE groups. On other measures the GRACE group had significantly better outcomes for CSE involvement and PTSD symptomology, while the LIFESKILLS group had significantly better outcomes for sexual assault victimization, educational aspirations, self-efficacy, and employment attitude. In contrast, substance abuse outcomes, commitment to school, most measures of victimization, and social support were not significantly different for either group.

- **Mixing CSE–involved girls with non–CSE girls.** The LIFESKILLS clients included both types of girls. Unfortunately, this type of crosspollination violates the risk principle of evidence-based programming, which argues that services should be directed at high-risk offenders and that targeting low-risk offenders can lead to increased recidivism. This group mixing is even more of a concern when combined with the finding (although not significant), that the LIFESKILLS subjects demonstrated a mean increase in positive beliefs regarding prostitution. This divergence suggests that mixing involved and noninvolved CSE populations may have a deleterious (iatrogenic) effect on the noninvolved subjects.

**Process Evaluation Results**

The process evaluation was used to identify the programmatic and contextual moderators of effectiveness and determine if the programs were delivered as designed. It was also designed to aid in understanding how the programs were developed, their operations, and changes, and why the programs were (or were not) successfully implemented.

- **Referral sources.** Referrals to the LIFESKILLS program were problematic throughout the entire study period. They came from the Juvenile Probation Department, the Department of Social Services, the Department of Mental Health, Youth Guidance Center, teachers, other community-based organizations, or self-referrals. These divergent referral sources resulted in a mix of high-risk and CSE–involved girls. The majority of GRACE participants are first-time prostitution offenders and are referred by the San Francisco District Attorney’s Office. Clients from the DA’s Office are sentenced to complete court-mandated hours at SAGE, rather than going to jail. Referrals have been erratic, but the program was more stable than LIFESKILLS until 2008, when funding was cut by the DA’s Office.

- **Mission of the program.** Staff articulated the mission of LIFESKILLS as to “improve lives of young girls, identify issues, and keep them from moving to the adult component.” The GRACE staff felt their mission was to have clients finish their hours, work with the District Attorney’s Office, and provide case management. They felt that the main mission
is trauma recovery and empowering women to deal with their problems. All staff generally followed a harm reduction model.

- **Program design.** The LIFESKILLS program followed a four-phase design, which included case management services, group sessions, and a 14-session support group curriculum. GRACE included case management, group sessions, and services. Fidelity to the program model was compromised by high staff turnover, although two staff members provided critical continuity over the past 8 years. As a result, staff understanding of program completion differed, especially for LIFESKILLS, which was a much more fluid program. For GRACE, program completion was defined as completing the 25 hours mandated by the DA’s office.

- **Management and staffing.** In 2007, SAGE had 42 paid staff. Of the 42 staff, 25 (60 percent) had a personal history of victimization. All of the direct care staff have either college degrees in relevant fields, such as social work or psychology, or possess certifications in case management or as alcohol and drug counselors. An issue in the organization is frequent turnover, especially since training is mostly in the form of informal apprenticeships, which can lead to dilution of program components. Staff are frustrated with a lack of backup and frequent staff turnover. They feel that more staff are needed as well as more supervisory oversight. They also feel that more structure and a tighter curriculum are needed for the program.

- **Participants’ attitudes.** Nearly all (89 percent) of the participants in both groups felt that SAGE had helped them. Participants were very positive about their relationships with the case managers.

**Generative Interview Results**
The generative interviews were intended to provide more in-depth information about program completers and noncompleters for LIFESKILLS and GRACE, and to better understand the ways in which the SAGE programs intersected with and affected their particular trajectories of risk. Twenty-five generative interviews were conducted, and through these interviews certain typologies emerged.

- **Type 1. Girls/Young Women From ‘Risk Saturated’ Communities**
  - High-poverty, high-risk communities. Multiple, *syndemic* risks such as violence, drugs, dealing, family disruption, domestic violence, pimps as part of community. No one risk is definitive.
  - CSE is not an outlier in such circumstances but an extension of many exploitative relationships. In such communities, CSE appears to be part of a continuum of activities that are inherent to the socioeconomic pattern, the “street economy.”
  - Risk behaviors, including sex for goods/money, is “normalized.”
  - Girls/young women in this trajectory become involved with SAGE programs at relatively young age, by multiple paths, not necessarily CSE.

*Syndemic* refers to the co-occurrence of multiple risk factors and health conditions.
• **Type 2. Girls/Young Women From Troubled Suburban Families**
  - Family disruption appears common—family conflict, parental substance abuse, acting out, parental rejection.
  - Many instances of dislocation, out-of-home living situations: Youth kicked out, forced out, or leaves because of an intolerable living situation at home; turns to peers or others as family.
  - Substance abuse common.
  - Risk is not centered in an entire community, but in the family and specific peer groups.

• **Type 3. Girls/Young Women From Immigrant Families**
  - Complex family issues and conflict.
  - Family abuse/conflict: intimate-partner violence, household violence, substance abuse may also be family issues.
  - For some, a generational conflict issue: Children who are born in the United States or arrive young acculturate differently than parents; or if arriving later, they may experience conflict when reuniting with family. Rebel, act out: initial acting out behavior may simply appear normal to the youth (like nonimmigrant peers). Family not prepared to respond. Conflict increases, child may leave.
  - Gang involvement may be an issue.

• **Type 4. Girls/Young Women Acting as Entrepreneurs**
  - Do not necessarily come from either family or community risk background.
  - Connected to/introduced to sex industry/business by friend, acquaintance, or other referral.
  - Attracted by money—typically do not work for a pimp, but keep all money (considerable amounts).
  - Typically not involved in drug abuse or other risk; most typically work through craigslist or other online source.

In the interviews, the impacts of the programs expressed by respondents were primarily internal, personal, emotional, attitudinal, or related to knowledge change, overlapping to some degree with what they said they liked about the programs. Of importance, there was almost no reference to exiting CSE or significant change in risk behavior as a result of the program. Given the working goals of the program (which incorporate harm-reduction elements), however, these are not the only criteria for measurement of success—at least not in an incremental sense.

**Implications for the Program and for Evaluation**
Information from both qualitative phases suggests the following about evaluation of SAGE and programs like it:

- While top program staff have at times articulated a working model of the program in relation to the lifestyle continuum, and have outlined a structure that is presented as a program description, these elements are not translated into program components in any systematic way. Moreover, the degree of program structure varies with staff turnover and
funding. The program, by most respondent accounts, is driven by case manager–client relationships.

- Program outcomes fall into the *harm reduction* category, which is not negative if clearly acknowledged and expressly interwoven in the program model and components. Harm reduction seems to be the actual, operating philosophy, even though the programmatic language shifts between that and language about integrated services and therapeutic intervention.

- Incomplete or discontinuous participation in the program appears common, accentuating what is already inconsistent about the program.

- At the same time, one very concrete outcome is that many of the clients (from both programs) do appear to have gained access to substance abuse treatment and some mental health treatment that they might not have had without participation.

- The program is subject to variation in referrals, types of girls referred, and fluctuations in numbers, again amplifying existing inconsistencies. In LIFESKILLS, the mix of clients who have CSE experience and those who do not is largely disruptive.

- The typologies identified, while acknowledged abstractions, reflect a range of needs and life situations that cluster by typology in some respects, but include crosscutting needs/situations as well. These are, as noted, preliminary typologies, grounded in the data from interviews and observation. If, based on more extensive research, these typologies continue to be supported by evidence, they can serve as the basis for developing or modifying program interventions that are tailored to meet the needs of these different client groups.

- From the interview data, it is difficult to identify key differences between respondents who complete their respective SAGE program and those who do not—particularly since clients (especially in LIFESKILLS) so typically participate on an intermittent basis. In addition, as noted earlier, “completion” is not a fixed concept because the program and its components are so fluid.

- Programs addressing informal/illega economic activity must recognize the difficulty in transitioning clients who have had exposure to making relatively large amounts of money (even if short lived) to the “legitimate” work world, where clients will not make anything close to the same amount. Program components, including those emphasizing job and educational skills, must take this into account.
Key Recommendations

Program Management

1) **Prepare for turnover.** SAGE needs to train relief workers and backup workers, so that in the event of turnover months do not elapse while the position remains unfilled. Existing staff can also be trained to handle multiple positions and serve as backup.

2) **Institute more formal training and supervision.** The shadow training is effective and should be continued, as are the monthly training sessions. But they are not sufficient to provide a solid grounding to new staff. SAGE needs to provide more consistent and ongoing supervision of staff, especially new staff.

3) **Institute regular meetings.** The SAGE management staff must institutionalize two sets of weekly meetings: 1) all staff meetings to increase communication with line staff and 2) management meetings with all supervisors. These meetings will serve to increase the involvement of all levels of staff in the operations of SAGE and their respective programs; it will increase the ability of staff to be proactive rather than reactive; and it will increase the professionalism of all staff.

4) **Hire staff with CSE experience.** The policy of hiring staff with experience of CSE involvement should be continued. It is clearly a valuable part of the program.

5) **Rationalize data collection.** SAGE would benefit from streamlining the number of forms used in the program to collect client and program information. This can be accomplished by eliminating the use of nonessential documentation and by consolidating information that is collected across multiple forms into a single document. Data should be entered into the SAGE client database developed by DSG.

Program Design

6) **Formalize program designs.** For both programs, but especially LIFESKILLS, the model needs to be institutionalized and documented, structured, with regular assessment, and recommendations regarding prescribed dosage level, term of duration, advancement points, and definition of completion, and communicated effectively to staff. Increasing the coherence and structure of the model is necessary for any replication or effective evaluation of program impact. Increasing the coherence and structure of the model is necessary for any replication or effective evaluation of program impact to occur and to assess fidelity. There should be a 2-week orientation program on the model for all new staff with regular booster training sessions.

7) **Target factors amenable to change.** Intervention programs should target dynamic—amenable to change—needs, such as antisocial peer associations, substance abuse, lack of
problem solving and self-control skills, and other factors that are highly correlated with CSE. The findings from this study can be used to develop a similar set of factors that can lead to CSE involvement. It is recommended that the GRACE and LIFESKILLS program models should be revised to clearly link the treatment activities directly to address each of these identified factors. New groups could be offered to enhance problem-solving and self-control skills, reduce substance abuse, and antisocial associations.

8) **Discontinue mixing CSE and non–CSE involved populations.** Intervention programs should always concentrate on the target population, to match programming to the risk level of the offenders. Moreover, and equally as important, mixing low-risk offenders with high-risk offenders in an intervention setting may actually serve to increase the risk of recidivism for the low-risk offenders because the attributes that make them low risk become disrupted by an association with high-risk offenders.

9) **Incorporate cognitive-behavioral therapy.** Research demonstrates that the most effective intervention programs are highly structured and behavioral in nature. Examples of behavioral programs include structured social learning programs, cognitive-behavioral programs, and family-based interventions.

10) **Incentivize program completion.** Because such a low number of clients complete the LIFESKILLS program, it is apparent that clients need to be incentivized to graduate. It is recommended that SAGE explore an arrangement with the Juvenile Probation Department that links successful completion of LIFESKILLS with completion of probation or possible erasure of their record. Also, possible monetary rewards or scholarships as girls move through the phases should be explored through foundations. Because the program also needs more “teeth” to address the low completion level, it is recommended that SAGE work with the DA’s Office to explore additional sanctions that could be given to the GRACE women who don’t complete, such as doubling their hours.

11) **Provide social support to facilitate exit from CSE involvement.** The data in the process evaluation showed that only four GRACE clients had treatment plan goals set that involved exit plans from the lifestyle. Yet most needed some kind of negotiated exit and sustainability plan. It is recommended that SAGE develop a more formal mechanism modeled on the 12-step programs, such as Alcoholics Anonymous and Narcotics Anonymous. This component could serve to provide clients with a “buddy” system that would provide them with a social network of support and longer-term follow-up.

**Program Environment**

12) **Strengthen referral network.** SAGE needs to regularize and institutionalize its referral relationships so that they are not dependent on individual SAGE staff relationships with referral sources. It would also be beneficial to engage in community outreach programs that would not only increase awareness among community members but also increase referrals for girls and young women contemplating an exit from the life. When funding permits, it is suggested that SAGE hire outreach workers who work the track and surrounding areas to make girls and women on the street aware of the program’s services.
13) **Broaden marketing efforts.** SAGE also needs to engage in a continuous and broad marketing effort so that the nature of SAGE services is clear and well known, regardless of changes that may occur at the agency level. SAGE should offer to provide training in sexual exploitation to the police department and other agencies.

14) **Prepare for enforcement and policy changes.** Similar to the previous recommendation, SAGE should work to broaden and institutionalize its referral relationships as a counter to enforcement and policy changes that it cannot control.

**Client Risk Assessment**

15) **Develop a risk classification instrument.** Despite research findings regarding the iatrogenic effect of mixing populations, the reality is that many girls and young women are “at risk” of CSE involvement and should receive service in an attempt to prevent future involvement. However, to date, there is no specified “measure” of CSE involvement risk. Instead, there remains a large number of ad hoc factors such as substance abuse and homelessness that may lead to CSE involvement, but these factors are not assessed in a way that can be used to measure the risk of involvement. Consequently, we recommend the development of a risk classification instrument that may be used to determine risk of CSE involvement.
1. Background of the SAGE Evaluation and the Nature of the Problem

In 2005, the National Institute of Justice (NIJ) put out a solicitation to evaluate two programs conducted by the Standing Against Global Exploitation (SAGE) Project, Inc.: LIFESKILLS, and what was initially referred to as the Early Intervention Prostitution Program (EIPP)—but is now subsumed under the program name GRACE (Girls Reaching Adulthood Through Community Empowerment), the term to be used in this report. Development Services Group, Inc. (DSG), was awarded a 3-year grant to conduct the evaluation in September 2005. The grant period was extended to 4 years in August 2007.

NIJ posed the following key evaluation issues to be answered by this evaluation:

- What circumstances led girls and young women to enter prostitution?
- How does the duration of engagement in prostitution affect the likelihood of graduation?
- How successful are graduates in reentering legitimate society?
- What needs have SAGE services met and which needs still require attention?
- What approaches help NIJ understand recruitment, retirement, and recovery processes?
- What are the near- and intermediate-term needs of young women leaving prostitution?

NIJ asked for follow-up studies of the girls/young women who participated in the SAGE programs in order to be able to design and evaluate better interventions in the future. Thus the evaluation purpose was both to evaluate—insofar as possible—the current programs and to act as a generative research effort intended to provide the groundwork for future evaluation, including the identification of new process and outcome variables (developed through greater understanding of the client population and program impacts) and the development of program logic models.

We have operationalized these research issues into the following six research questions:

1. What circumstances led young women in the SAGE population to become involved in the commercial sex trade?
2. What factors affect the likelihood of exit?
3. How successful are SAGE participants in overcoming commercial sexual exploitation (CSE)?
4. What needs do SAGE girls have, which have been met by SAGE services, and which still require attention?
5. What is the recruitment, retirement, and recovery process?
6. Do girls who receive LIFESKILLS treatment display more improvement than the women who receive GRACE treatment?

In the remainder of this chapter, we review the two programs that are the basis of this evaluation and the literature on prostitution, including the health and characteristics of women involved in the commercial sex industry, the levels of violence they experience, and treatment approaches to working with juveniles involved in prostitution. Chapter 2 presents the methodology or the four
phases to this study: the formative evaluation, the outcome evaluation, the process evaluation, and the generative evaluation. In chapter 3 we present the results of the formative evaluation, including the program model, potential variables, and implications of these results for phase 2. Chapter 4 presents the results of the outcome evaluation, including participants’ characteristics and outcomes of LIFESKILLS and GRACE. Chapter 5 presents the results of the process evaluation, including services delivered, implementation issues, and fidelity. Chapter 6 presents the results of the generative evaluation, based on extensive qualitative interviews with a sample of LIFESKILLS and GRACE completers and noncompleters. Finally, chapter 7 presents the study’s conclusions, recommendations, and implications for criminal justice policy and practice.

The evaluation documented in this report has an important heuristic purpose. As a formative evaluation, a key goal is to provide a foundation for replicating the SAGE model as well as for future development, implementation, and evaluation of programs addressing CSE in similar populations. This purpose has been achieved through the combination of qualitative and quantitative methods in which inductive, grounded assessment of the SAGE programs and the client population has been used to develop constructs, logic models, and measures for future use.

The SAGE Project, Inc.
The SAGE Project, Inc., is a nonprofit organization that provides advocacy and program support for youth and adults either at risk for commercial sexual exploitation or already involved in CSE. Founded in 1992 by Norma Hotaling, a CSE survivor, SAGE was run by Ms. Hotaling in the capacity of Executive Director until her death on Dec. 16, 2008. Since then, SAGE has been operated by two codirectors, Francine Braae, who is responsible for programming, and Allen Wilson, who is responsible for development.

The mission of the SAGE Project is to improve the lives of individuals victimized by or at risk for sexual exploitation, violence, and prostitution through trauma-recovery services, substance abuse treatment, vocational training, housing assistance, and legal advocacy. SAGE contributes to that goal by raising awareness about CSE issues and by providing outreach and services to CSE survivors. SAGE desires to bring about the end of commercial sexual exploitation—stamping out the supply and demand for CSE and its high costs, while effectively and compassionately addressing the problem, the misconceptions, and the biases that allow CSE to persist.

The program offers survivor-centered programs, services, outreach, and collaborations, as well as advocacy, education, replication, and public-awareness efforts. The SAGE Project works closely with law enforcement, public health and social service agencies, and the San Francisco District Attorney’s office on restorative justice programs, trauma and drug-recovery programs, wellness and vocational programs, education and outreach, and—because a high percentage of prostituted individuals are sexually abused and trafficked into the sex trade as children—efforts to end the escalating sexual trafficking of our children and youth.

The SAGE philosophy is based on the principle of harm reduction, a commitment to meeting clients where they are, to improving their safety, well-being, and access to resources, and to support them on their terms. This includes ensuring that SAGE clients receive food, clothing, medicines, contraception or gynecological care, materials for basic hygiene, education, access to
housing, employment opportunities, community, or counseling. The Sage Project offer its clients support in prisons, in or out of drug treatment, while homeless or housed, in juvenile hall, and before, during, and after involvement in the sex industries.

SAGE programs range from the LIFESKILLS and GRACE programs that are the subject of this evaluation to the First Offender Prostitution Program with its “John School” intervention for clients,* vocational rehabilitation programs, the more comprehensive Trauma and Recovery Center (STAR Center), a sexual trauma counseling program, a transgender program, several advocacy efforts, an arts collective, men’s survivor services, a range of mental health/wellness services, and other programs.

**LIFESKILLS Program**
LIFESKILLS is a more ambitious, long-term intervention that targets out-of-custody girls, under age 18, who are victims of sexual abuse and/or have already been involved in juvenile prostitution. (SAGE staff estimate that half the girls in the program are already involved in prostitution, while the others fall into the at-risk category). Participants are referred to the program by the juvenile justice system, social service or child protection agencies, or self-referral. Demographically, nearly all are minorities—with nearly 40 percent multiethnic, more than 30 percent Hispanic, and more than 20 percent African American. They come from low-income neighborhoods in San Francisco, Oakland, San Mateo, and other nearby California communities and are often the products of extremely unstable families. Many have already been removed from the custody of their parents at one time or another and are living, or have lived, in group homes or foster care. LIFESKILLS seeks to improve the life circumstances of these girls through “a wraparound” approach. Participants receive individualized case management and appropriate referrals to support and rehabilitation services, including health services, substance abuse treatment, individual therapy, and family preservation services.

The program offers 3 hours of weekly group therapy that addresses substance abuse, relationships, sexual exploitation, neighborhood safety, work and vocational preparation, anger management, recognizing perpetrators and communication. They also participate in several outings a year, such as movies, camping, and water activities. Length of stay for girls in LIFESKILLS ranges from 4 to 14 months. Girls who participate in the program for several months and complete all four phases (including performing community service, attending a set amount of group therapy, and writing their own life stories) are eligible for “graduation” from the program (see chapter 5 for more details on the program and its operations).

Staff also operate a more limited LIFESKILLS program for girls in custody at the Youth Guidance Center (juvenile hall). One staff person spends about 6 hours at the YGC per week, running a group and providing some individual case management for in-custody girls. She does assessments to identify whether clients are eligible for Victims’ Compensation funds. Group

topics address runaway prevention, trauma, and sexual exploitation. Some girls go from the incarceration program to the LIFESKILLS program.

**NUMBERS SERVED**

According to the statistics SAGE reported to the city, in FY 2004–05 LIFESKILLS served 43 girls; in FY 2005–06, 32 girls were served; in FY2006–07 SAGE served 39 girls; in FY2007–08, 33 girls; and in FY2008–09, 34 girls. Staff estimate that about 10 girls formally graduate from the program each year.

**Early Intervention Prostitution Program/GRACE Programs**

EIPP services for active prostitutes is a diversion program designed to keep young women (generally 18–25) out of jail. Participants are referred by the San Francisco District Attorney’s Office. Most are first-time offenders charged with prostitution. Clients from the DA’s Office are sentenced to complete court-mandated hours at SAGE, rather than going to jail. They are ordered to participate in a minimum of 25 hours of service (8 hours more for each additional offense), a minimum of 6 hours per week, at least three times a week. Some clients also come from the jails, shelters, community-based agencies, or are self-referred.

During the second year of the study, SAGE introduced the Girls Reaching Adulthood Through Community Empowerment (GRACE) Program. This was described by staff as a LIFESKILLS program for older girls, 18–24. It provides age-appropriate and gender-specific case management and group counseling for transitional age women who are at risk for being physically, sexually, and/or emotionally exploited. For the purposes of recruitment into the study, women 18–24 who were in either GRACE or EIPP were eligible for the study. Most staff referred to the two programs interchangeably (see chapter 3 for a more thorough discussion of the origins of the GRACE program).

Although GRACE and LIFESKILLS are clearly very different programs, they both operate on the basic assumption that women involved in prostitution should be treated as victims rather than criminals. As a result, both programs place heavy emphases on peer education, skills development, and rebuilding young women’s self-esteem. While such an approach is supported by much of the current scientific literature on prostitution, there is still no clear consensus on either the causes of prostitution or the most effective responses to it, as discussed in the next section on research.

The GRACE program features support groups, yoga, acupuncture, grief and loss counseling, drama therapy, energetic healing, and an introduction to recovery. Group sessions run for 1.5 hours and most women finish the program in about 3 months. Most sessions are facilitated by SAGE staff, most of whom are former victims of CSE. Some, such as drama and emotional wellness, are taught by professional staff.

In general, the program is designed to operate as follows (changes occurred over the course of the study):

- Monday: intake from court referrals, acupuncture, women’s empowerment, 12-step
- Tuesday: yoga, grief and loss, relapse prevention
• Wednesday: emotional wellness group, talking circle, anger management, acupuncture
• Thursday: energetic healing, introduction to recovery, drama therapy
• Friday: acupuncture, prostitution/domestic violence, art therapy

Case managers create a treatment plan involving participation in SAGE peer counseling and recovery groups, wellness services, or recreational and therapeutic activities. The counselors offer clients care, information on how to navigate the criminal justice system, and discuss opportunities to increase physical safety, tend to healthcare and recovery needs, and explore economic and vocational options. GRACE clients who are dealing with trauma or substance abuse may also be screened and admitted to the STAR Center or referred to SAGE’s mental health program. In these cases, GRACE clients are eligible to continue receiving services if they choose, after completing court-mandated hours (see chapter 5 for more details on the program and its operations).

**NUMBERS SERVED**

**Research on Commercial Sexual Exploitation**
The commercial sex industry is a multibillion-dollar thriving industry with a large customer base. In 1996, $9 billion was spent on pornography and commercial phone sex (Weitzer, 2000). As of 1999, 17 percent of the adult population had in their lifetimes visited an adult Internet site, and in 2002, 34 percent of men and 16 percent of women reported they had in the past year viewed an X-rated video (Weitzer, 2000). In some countries, the sex industry represents 2 percent to 14 percent of the gross domestic product (Ling et al., 2007).

The literature that describes and documents this industry has grown significantly over the last decade and has shifted to increasingly include segments of the industry and populations of sex workers who have been traditionally underrepresented in research. The emphasis on street prostitution and female sex workers is beginning to broaden to include research on other segments of the industry (brothels, massage parlors, call girls, rent boys, exotic dancing, phone sex, pornography) and other sex workers (transgendered sex workers, male sex workers).

The literature, though, still largely reflects the frameworks of two opposing camps in perspectives regarding prostitution: those who see prostitution as inherently evil and immoral, and those who advocate for the decriminalization of prostitution. Sociologist Ronald Weitzer argues that the bulk of the literature on prostitution falls into one of two paradigms: the first, the “oppression” paradigm, works within the theoretical framework of prostitution as inherently degrading, as the “quintessential expression of patriarchal gender relations” (2009, 214). This first approach denies the possibility that some sex workers make the rational decision to engage in sex work as a legitimate work opportunity. The language used in this type of work reflects this philosophical orientation, referring to “prostituted persons,” “survivors,” and “victims.” The second paradigm, the “empowerment” paradigm, normalizes sex work as the equivalent of other economic transactions. This approach often brackets the reality of some workers: coercion, abuse, and exploitation. The language used by these works also largely reflects this theoretical orientation, with a preference for “sex worker,” “providers,” or “the sex trade.” Weitzer argues...
that a more productive and ultimately informative approach can stem from a “polymorphous” paradigm, which recognizes the diversity of worker experiences and structural components that can characterize the various segments of the sex industry.

Numerous methodological challenges continue to face researchers of the sex industry, a significant portion of which stem from its largely hidden and illegal nature. These include nonrandom samples, the lack of control groups, small samples, the underrepresentation of various subpopulations of sex workers (e.g., workers in massage parlors; transgendersed sex workers), a predominant emphasis on individual workers (as opposed to structural characteristics of the industry and organizations), and the lack of validated tools for this population (Weitzer, 2009; Zimmerman, 2008).

The majority of current studies—no matter which paradigm the authors embrace—have concentrated on street prostitution, perhaps the most visible component of the sex industry. Weitzer (2009) notes that this bias may well skew the overall findings in the literature, given that large segments of the industry remain unstudied (e.g., organizations) and that many worker subpopulations have generally been bracketed (e.g., indoor sex workers, male workers). In the following pages, when the studies referenced are about a segment of the sex industry other than street prostitution, that will be noted.

**The Sex Industry Hierarchy**

The sex industry includes a variety of activities, such as brothels, massage parlors, street prostitution, escorts, phone sex, exotic dancing, and pornography. All activities are not equal, however; a hierarchy exists. At the bottom of the hierarchy is street prostitution, followed by massage parlors, brothels, escorts, and call girls; each level is also stratified by such factors as race, gender, and age (Lewis et al., 2005; Weitzer, 2000). There is also stratification within segments by location; thus, for those involved in street prostitution, sex workers who patrol the “bad areas” suffer the highest levels of discrimination and stigmatization, even by other street prostitutes who may work in “higher stroll” areas (Lewis et al., 2005; Rich and Guidroz, 2000).

There is some movement between these various segments. Lewis and colleagues (2005) report that in their study population, sex workers inhabited several segments of the industry as a strategy to deal with slow business, a hostile environment (such as during a police crackdown), or a need to supplement income. In the face of financial need, this move usually occurred down the hierarchy of jobs (e.g., dancers moving onto the street). While movement up and down the hierarchy is possible for some sex workers, it usually is not far in either direction. And for some, it is virtually impossible to move into an alternate niche (e.g., transgendered sex workers) [Lewis et al., 2005; Weitzer, 2009].

Industry sectors are also stratified according to whether a sex worker is independent or controlled by management or a pimp. Each status can bring various benefits and costs to the provider’s experience of work. For instance, having a pimp or escort service screening customers can provide a level of protection from abuse or violent situations. At the same time, workers may not have the ability to reject customers or may have their work so circumscribed that it increases both the risk of violence and their level of satisfaction. Estimates are hard to come by, but Barry (1995) and Giobbe and colleagues (1990) estimate that around 90 percent of prostitution is pimp-
controlled (as cited in Farley et al., 1998). Working independently, it appears, can enhance the overall safety of sex workers, no matter what segment the workers inhabit, as they are better able to control working conditions, including rate of pay, net earnings, pace of work, clientele, and activities they will perform (Lewis et al., 2005). Chapkis (2000) includes the ability to control working conditions as one factor that can largely determine the level of satisfaction with the work being performed.

Common to all levels of the sex industry hierarchy is stigma (Weitzer, 2009). Sex workers are well aware of this stigma (see, for example, Lewis et al., 2005; Vanwesenbeeck, 2001). But even stigma varies for subpopulations of sex workers. For instance, for male workers, stigma is “bounded and temporal” (Pheterson, 1990; Pheterson, 1993; both as cited in Lewis et al., 2005). That is, the stigma is attached to what they are doing when involved in sex work, but not beyond. For women, though, stigma largely permeates into their nonworking life as well, and transgendered/transsexual workers experience the highest levels of stigmatization (Jackson et al., 2009; Lewis et al., 2005).

The stigmatized nature of sex work is embedded in public discourse and public policy, reflecting larger cultural prejudices (Sanders and Campbell, 2007). When action is taken framed by the assumptions of this kind of discourse, the consequences for sex workers can be unpleasant to dangerous, ranging from rudeness to sexual harassment to the kinds of direct violence profiled below (Herman, 2003; Ratinthorn, Meleis, and Sindhu, 2009; Rich and Guidroz, 2000). Kinnell (2001) has been able to link residents’ high-profile antiprostiution campaigns with increased violence against street sex workers (as cited in Sanders and Campbell, 2007). Attitudes that lead to such harms include seeing prostitutes as unrapeable, prostitutes as suffering no harm, prostitutes as deserving rape, or prostitutes as all the same (Vanwesenbeeck, 2001).

Unsurprising, then, are the efforts that sex workers make to normalize and keep secret their work (Weitzer, 2009). Rich and Guidroz (2000), for instance, found that phone sex workers reported going to great efforts to keep secret their professional lives; even the company they worked for would verify their time as “telemarketers” for references. Herman (2003), a clinician who has worked extensively with sex workers, notes the extreme secrecy of many clients about current or past work. Many will hide or minimize their work in the sex industry, even in the context of a therapeutic relationship, which can impede the design of successful treatment plans for them.

**Sex Workers: Entry Into the Industry**

A large number of studies have concentrated on sex workers themselves. Since the sexual revolution of the 1970s, scholars have produced hundreds of articles and books exploring how and why girls and young women become entangled in the world of the prostitution (Cusick, 2002). Many early studies, up until the 1990s, derived from a psychological framework, so that prostitution was studied to describe and document the pathology that led women into the business (Vanwesenbeeck, 2001). More recent studies have produced a long list of negative experiences commonly associated with prostitution. These include a past history of sexual or physical abuse, running away from home/homelessness, substance abuse, family instability, regular contact with the legal system, and a variety of mental health problems, including depression, low self-esteem, and posttraumatic stress disorder (Silbert and Pines, 1981; Cohen, 1987; Dalla; 2003; Flowers, 2001a; Flowers, 2001b; Lunga et al., 2004; Potter, Martin, and...
Based on these findings, some researchers have attempted to delineate a set of standard “pathways” into prostitution, including an abuse pathway, a runaway pathway, and a substance abuse pathway (McClanahan, et al., 1999). However, direct comparisons of the lives of prostitutes and other “at risk,” low-income populations reveal few risk factors that are distinctive to prostitutes. Canadian psychologist Susan Nadon compared the life histories of 45 juvenile prostitutes with those of 37 nonprostitute delinquents and found that both groups had similar rates of physical/sexual abuse, substance abuse, family dysfunction, and low self-esteem (Nadon, Koverola, and Schludermann, 1998). The only statistically significant difference between the two groups was that prostitutes were much more likely to have run away from home or been homeless. A recent review of the studies on the relationship between childhood sexual abuse and subsequent involvement in sex work concludes that although there are high rates of child sexual abuse found among certain populations of sex workers, such individuals end up in sex work less because they were “sexualized at a young age” than because they are “attempting to flee from chaotic family circumstances” and prostitution offers a viable financial opportunity (Abramovich, 2005, 141).

Silbert and Pines (1981) found that over half of the prostitutes they surveyed were actively recruited into the profession by boyfriends, pimps, or peers who made the commercial sex industry seem glamorous and attractive. The role of such recruiters, and their range of techniques, remains one of the most unexplored and potentially informative avenues of modern prostitution research. At least some prostitutes, once involved in the industry, enjoy their work (Thukral, Ditmore, and Murphy, 2005). There are studies documenting increases in self-esteem that can occur after entering sex work (see review in Weitzer, 2009). In one study of indoor sex workers in New York City, some workers reported liking the work itself. One sex worker responded to a question about staying in sex work with the following:

Being able to support myself…. I will not shy away from saying “money.” I find it more meaningful and easier to deal with than restaurant work. I like working one on one with people. When it goes well, I feel like I’m giving someone something that is needed and appreciated and makes me feel special. This is very narcissistic.

Another commented, “Because I love it and because I need the money” (Thukral, Ditmore, and Murphy, 2005, 62).

Over the last decade, the number of studies examining the structural or economic motives for entering the sex industry has grown. Even in much of the research that examines the individual characteristics of those performing sex work, economic factors are frequently identified as a major reason for entering and remaining in the industry. Economic motivations affect sex workers in all segments of the industry, including those populating the upper echelons of the industry where other viable work opportunities are available (Ling et al., 2007; Ratinthorn, Meleis, and Sindhu, 2009; Vanwesenbeeck, 2001; Weitzer, 2009). One recent study of indoor sex workers found that most participants had a prior background of employment ranging from low-wage jobs to well-paid career tracks. Most entered the industry during a period of financial need, stemming from either the inability to find other work or from the inability to adequately meet their financial needs through current work. Sixty-seven percent reported not making...
enough in their prior jobs to meet their financial needs (Thukral, Ditmore, and Murphy, 2005). Sanders and Campbell (2007) found that the “lucrative nature of the market” was identified by their study population as a primary reason for entry into sex work. Ratinthorn, Meleis, and Sindhu note that while the population of street prostitutes in their study suffered high rates of victimization and were regularly subjected to threats to their life and health, to their control of work and financial security, and to their humanity, these workers perceived the “most severe violence constituted threats to control of their work and financial security” (2009, 266).

As the study of prostitution continues to evolve, more and more researchers are embracing multicausal explanations for women’s entry into the profession. Researchers such as Jody Raphael and Rochelle Dalla argue that prostitution is usually the result of a complex interplay between traumatic personal experiences (such as physical abuse or an unhappy home life), limited economic opportunities, and some sort of positive exposure to the rewards and attractions of commercial sex work (Raphael, 2004; Dalla, 2003).

Health of Sex Workers

Physical Health

A prominent area of interest in the literature on prostitution is the health of sex workers, both physical and mental. These studies largely had their genesis in an interest in HIV prevalence among (and transmission from) the sex worker population, a topic that dominated much of the research on prostitution through the 1990s (Vanwesenbeeck, 2001). For Western populations, condom use appears to be quite high in commercial sex work, and the risk of HIV appears more directly related to injection drug use, rather than the sex work of those involved in both sex work and injection drug use (Vanwesenbeeck, 2001). More generally, the economic situation of sex workers largely determines the rate at which condoms are used: those in more dire straights have less latitude for negotiating such factors as condom use, which can affect HIV prevalence (Vanwesenbeeck, 2001). Some studies have looked at the associations between mental health and behaviors that increase the risks of HIV infection (e.g., Alegría, 1994; El-Bassel et al., 1997; El-Bassel et al., 2001; Surratt et al., 2005).

Research on other aspects of physical health has developed more slowly. As recently as 1996, an editorial in *Lancet* remarked: “[T]he health risks of street prostitution are likely to remain small” (as cited in Farley et al., 1998, 420). However, more recent studies have started documenting the physical toll of sex work on those involved in the business. In one survey of 212 trafficked women, there were high rates of physical symptoms, such as headaches (82 percent), feeling easily tired (81 percent), dizzy spells (70 percent), back pain (69 percent), memory difficulty (62 percent), stomach pain (61 percent), pelvic pain (59 percent), and gynecological infections (58 percent). Sixty-three percent reported having 10 or more concurrent physical health problems (Zimmerman et al., 2008). Symptoms identified by sex workers in the 2003 study by Farley and colleagues included gastrointestinal symptoms (e.g., ulcers, chronic stomachaches), neurological symptoms (e.g., headaches, memory loss, numbness, seizures), respiratory symptoms (e.g., asthma, lung disease), and joint pain. Farley and colleagues argue that many of these symptoms were the direct result of violence experienced by sex workers but that others result from chronic stress. A unique longitudinal study of female sex workers concluded that sex work is associated with excess mortality and morbidity, including the sequelae of sexually transmitted infections and substance misuse (Ward and Day, 2006).

Development Services Group, Inc. 1–9
Overall, sex workers suffer a higher incidence of and more severe health problems including STDs, traumatic brain injury, cardiovascular and respiratory symptoms, cervical cancer, and exhaustion (Burnette et al., 2008; Ling et al., 2007; Farley et al., 1998).

**DRUG USE**

High rates of substance use are documented among some sex worker populations (El-Bassel et al., 1997; Roxburgh, Degenhardt, and Copeland, 2006). In a cross-sectional study of individuals entering drug abuse treatment, 50 percent of the women and 18 percent of the men reported prostitution in their lifetime (41 percent and 11 percent for past-year prostitution) [Burnette et al., 2008]. It appears that drug use may precipitate sex work in some cases, but that it also results from the work (Vanwesenbeeck, 2001). In one study, 53 percent of respondents noted that they used drugs for numbing to facilitate their work (Roxburgh, Degenhardt, and Copeland, 2006).

Among drug-involved sex workers, there is evidence that many shift between sex for money and sex for drugs, engaging in the latter type of exchanges when the need for drugs is pressing or paying customers are scarce. Drug use increases the risk of losing social services and support structures (e.g., housing, family connections), increasing sex workers’ risk of homelessness. Drug use, often comorbid with psychological distress, is correlated with increased rates of high-risk behavior (El-Bassel et al., 1997; Surratt et al., 2005).

**MENTAL HEALTH**

Many sex workers, particularly trafficked and street prostitution populations, suffer poor mental health. They suffer from elevated rates of depressive symptoms, anxiety, and hostility (El-Bassel et al., 1997; Roxburgh, Degenhardt, and Copeland, 2006) both compared with the general U.S. population, but also compared with psychiatric patients (Zimmerman et al., 2008; El-Bassel et al., 2001). A relationship has been found to exist between workplace violence and higher depression scores (Suresh, Furr, and Srikrishnan, 2009). Others have documented associations between mental health issues and high-risk behaviors (Alegria et al., 1994; Surratt et al., 2005).

Recent studies have concentrated more specifically on the incidence of suicidality and posttraumatic stress disorder (PTSD) in this street population, many of whom may be trafficked. Studies of PTSD have examined the correlation of PTSD with risk factors such as drug use, homelessness, and childhood trauma. Given the high rates of these risk factors in street-based sex workers, Roxburgh and colleagues (2006) note the increased risk for developing PTSD among this population upon exposure to traumatic events. And high rates of PTSD have been documented among these populations. In a population of street-based Australian sex workers, one third reported current PTSD symptoms and just under half met the DSM–IV criteria for PTSD (Roxburgh, Degenhardt, and Copeland, 2006). Jung and colleagues (2008) found that both ex-prostitutes and the professionals and volunteers helping them had much higher rates of PTSD and mental distress than did control subjects. In their study of sex workers, Farley and colleagues (2003) found that 68 percent of the participants met the criteria for PTSD, and that the severity of the symptoms was associated with the number of different types of sexual and physical violence experienced by the individual. Farley and colleagues (1998) also found that, although violence was less severe in brothels, rates of PTSD were similar for brothel and street sex workers.
For a context to understand the significance of these rates of PTSD, prevalence rates reported in the general Australian population run at 3.3 percent. Rates for other occupations that suffer from elevated rates of PTSD include police officers (with a prevalence of 9 percent), combat veterans of the Gulf and Vietnam wars (with a prevalence of 15 percent), and journalists in war zones (with a prevalence of up to 29 percent) [Roxburgh, Degenhardt, and Copeland, 2006].

Suicidality is also common among this population. In one sample of Australian street-based sex workers, 42 percent reported having tried to kill themselves. In a study of street sex workers in Hong Kong, more than one fourth of respondents reported having considered or attempted suicide (Ling et al., 2007). In a sample of female sex workers in India, 19 percent had attempted suicide within the past 3 months (Shahmanesh et al., 2009). And in a population of trafficked women, Zimmerman and colleagues (2008) found that 39 percent reported having suicidal thoughts within the past 7 days.

While there are many studies that document the mental health issues of sex workers, particularly street prostitutes, there are also studies that compare sex workers with other populations and find little difference in domains other than psychological health. Ling and colleagues (2007) found that while sex workers scored significantly lower on the psychological health domain than the general population, there were no statistical differences between the two populations in terms of personal relationships, sexual activity (outside of work), and social support. Another interesting finding of this particular study was that the mental health of women who had been previously employed in legal industries suffered more than the mental health of those previously unemployed.

In another set of emerging studies, the mental health of sex workers, when compared with comparable groups, appears to be much the same. Tsutsumi and colleagues (2008) found that trafficked victims, both sex workers and non–sex workers, suffered high rates of anxiety, depression and PTSD, with sex workers showing slightly elevated rates. Other studies find no differences in mental and physical health between indoor sex workers and the general population (Romans et al., 2000; Weitzer, 2009).

**Violence and the Sex Industry**

Violence is a common experience for sex workers. The levels of violence documented in some studies are stunning. Rates between 50 percent and 100 percent are regularly reported in the literature. In one study of 267 female street-level sex workers, more than half reported violence in the previous 18-month period (Shannon et al., 2009). In a study of trafficked women entering European posttrafficking services, 95 percent of the participants reported physical or sexual violence (Zimmerman et al., 2008). In their sample of 854 sex workers from nine countries, Farley and colleagues (2003) found that 71 percent had been physically assaulted in prostitution and that 63 percent reported having been raped.

It appears that violence is so common that it is often regarded by sex workers as normative or inevitable (Farley et al., 1998; Ratinthorn, Meleis, and Sindhu, 2009; Surratt et al., 2004).

While high rates of violence are common, particularly among many street-based sex workers, these high rates are not necessarily universal. In a study of street-based sex workers in Hong
Kong, rates were noticeably lower: 15.7 percent reported having been robbed by clients; 7.9 percent having been beaten; and 2.2 percent having been forced to offer services without payment (Ling et al., 2007).

A limited number of studies have examined rates of violence for indoor venues, and they generally indicate lower levels of violence than the levels experienced by outdoor or street-based workers. In a review of the literature on rates of violence associated with indoor sex work and regions of legalized prostitution, Sanders and Campbell (2007) find that empirical studies show reduced rates of violence in both venues. In their study of Canadian sex workers, Lewis and colleagues (2005) report that indoor independent sex workers felt the least threatened by harassment, violence, and victimization. Church and colleagues (2001) document significantly lower rates of violence against those who worked inside compared with street prostitutes (48 percent compared with 81 percent).

Nonetheless, while indoor sex work may generally be safer than outdoor sex work, it still places workers at elevated risk of violence. In their study of massage parlors, based on two cohort groups, Sanders and Campbell (2007) found violence was reported by 20 percent to 25 percent of their study population. In one study of 52 indoor sex workers in New York City, 46 percent had been forced by a client to do something he or she did not want to, 42 percent had been threatened or beaten, and 31 percent had been robbed by a client (Thukral, Ditmore, and Murphy, 2005). Venicz and Vanwesenbeeck (2000) found that 25 percent of their respondents had experienced violence in the workplace during the past year (as cited in Vanwesenbeeck, 2001).

Workers report suffering violence from their customers, pimps, those who trafficked them, strangers, intimate partners, and the police. Forms of violence are diverse. Customer violence includes physical assault, refusal to use and attempts to break condoms, sexual assault, kidnap, gang rape, abandonment (e.g., in an isolated area after a transaction), threats with weapons, robbery, and being verbally assaulted and humiliated (Ratinthorn, Meleis, and Sindhu, 2009). Partners and pimps use physical assault, coercion, threats of abuse, confiscation of earnings, verbal abuse, and humiliation (Ratinthorn, Meleis, and Sindhu, 2009). Sex workers also face violence from other sex workers and their partners/pimps, from police, from organized crime organizations, and from society in general (e.g., verbal abuse and physical attacks from passersby/strangers, such as bottles or eggs being thrown at the sex workers or attacks by gay bashers) [Lewis et al., 2005; Ratinthorn, Meleis, and Sindhu, 2009].

Despite the prevalence of violence, sex workers largely do not avail themselves of legal protection from the police. This reluctance stems from the physical and sexual violence many sex workers suffer at the hands of police and the lack of protection from and lack of response to violence offered by police to sex workers (Cooper et al., 2004; Lewis et al., 2005; Ratinthorn et al., 2009; Shannon et al., 2009; Human Rights Watch, 2003; Rhodes et al., 2008). Sex workers have reported providing coerced sex in exchange for freedom from arrest, detainment, or fines, as well as having suffered physical violence at the hands of the police (Lewis et al., 2005; Rhodes, 2008).

Additionally, sex workers report that in efforts to avoid police attention and arrest, they sometimes engage in behaviors that place them at increased risk of violence, such as jumping
into customers’ cars to escape the police before “checking out” the customer (Ratinthorn, Meleis, and Sindhu, 2009). This type of avoidance strategy provides a partial explanation for the finding by Shannon and colleagues that, of all the structural correlates for violence, “prior assault by police had the strongest correlation with both sexual and client perpetrated violence against female sex workers” (2009, 5). The experience of prior violence at the hands of police also helps explain the reluctance of sex workers to access police and judicial support (Shannon et al., 2009). Studies are increasingly documenting the adverse risk and health outcomes associated with policing practices and crackdowns (Cooper et al., 2004; Sanders and Campbell, 2007; Shannon et al., 2009; Werb et al., 2008).

Many studies on violence have moved beyond an exploration of individual behaviors or psychological factors that contribute to violence in the sex industry and have approached the problem from a structural point of view, concentrating on the legal and environmental factors that open the door for violence. Surrratt and colleagues (2004) borrow terminology from the criminology and delinquency literature, suggesting the utility of thinking of a “subculture of violence.” They note that many of the sex workers who are at high risk of violence are embedded in a complex environment containing many factors that are independently associated with violence, such as homelessness and drug abuse. Shannon and colleagues (2009) in their study of violence among a cohort of female sex workers identify six correlates, all structural, that independently associated with violence: homelessness, inability to access drug treatment, servicing clients in cars or public spaces, prior assault by police, confiscation of drug use paraphernalia by police without arrest, and working areas away from main streets owing to policing practices (see also Shannon et al., 2008). Sanders and Campbell (2007) review a number of empirical studies that find that violence against sex workers increases in the wake of zero-tolerance policing and policies against sex workers and their customers.

A frequent theme in this literature on prostitution and violence is the need for decriminalization. Many who make this call argue that it is the illegality of the sex work—rather than the sex work itself—that increases the risk of violence (Ratinthorn, Meleis, and Sindhu, 2009).

MANAGING RISK

One area that has gained increasing attention by researchers is the management of risk by those involved in sex work. Lewis and colleagues (2005) identify three factors that affect the management of risk and safety: whether the work is outdoors or indoors, whether the worker goes to the client or the client comes to the worker, and whether the worker is independent or works for an organization/individual. Strategies used by sex workers to manage risk largely depended on gender and venue. They include having a safety protocol/set of precautions they regularly follow, avoiding working in isolated areas/cars; working with a friend to check in or note license plate numbers; check-ins with the agency; and following instincts about potential customers (Lewis et al., 2005; Thukral, Ditmore, and Murphy, 2005). Sanders and Campbell (2007) identify three types of safety strategies used by the indoor establishments they studied to manage risk and prevent crime: “managing the environment” (e.g., by using locked doors), “individual protection mechanisms” (e.g., using interpersonal skills to defuse tense situations), and “collective control” (e.g., having several workers on site).

**Getting Out: What Enables Some Women to Escape and Start Over?**

*Development Services Group, Inc.*
Many sex workers express a desire to leave the industry. In one study, 69 percent said they want to leave eventually (Thukral, Ditmores, and Murphy, 2005). Farley and colleagues (2003) found that 89 percent of their respondents wished to leave. Unfortunately, those who wish to leave the industry face many significant barriers to doing so: poverty, lack of education/job skills, and lack of social skills.

How and why some young girls and women eventually manage to escape prostitution is even less well understood than how many of them entered the industry. One common theory is that prostitutes often reconsider their options after an acute crisis, such as an arrest, a violent attack by a pimp or john, or a life-threatening brush with drugs or alcohol addiction (Flowers, 2001). Some prostitutes also appear to opt out in an effort to maintain or regain custody of their children (Raphael, 2004). However, most of the information on this topic is anecdotal, and there is, in the words of one researcher, “an acute need for future investigations examining the cognitive processes and social factors which distinguish those [prostitutes] who do return to the streets from those who don’t” (Dalla, 2002).

**TREATMENT**

There is a dearth of information about what sorts of social service programs and intervention strategies may be most helpful to prostitutes struggling to reenter legitimate society. Herman notes that these individuals suffer from complicated neurobiological and personality disorders that can make treatment extremely challenging: “[T]he realities of their daily lives are often so precarious and dangerous that without sustained and well-organized social intervention, ordinary therapeutic measures are unlikely to have any meaningful effect” (2003, 4). There is a need for multimodal treatment that addresses health, mental health, addiction, and housing. These individuals often require disability and other forms of public assistance and victim advocacy (Herman 2003). Since so many of the individuals, especially street-based sex workers, suffer from PTSD, viable treatment could include protocols used for treating trauma victims (Zimmerman et al., 2008). The high rates of psychiatric morbidity suggest a need for something beyond traditional mental health care services (Arnold, Stewart, and McNeece, 2000; Carter and Dalla, 2006; Roxburgh, Degenhardt, and Copeland, 2006).

In one of the few comprehensive overviews of intervention programs and strategies in this area (Identifying and Combating Juvenile Prostitution: A Manual for Action), Cohen identifies four basic prevention/intervention approaches that seem promising: a) street outreach programs that bring together law enforcement and social services, b) multiservice centers that provide a broad range of social, vocational, and support services, c) case management programs that coordinate services, and d) residential treatment programs that provide safe havens and intensive programming for runaways and homeless women. The best approaches, Cohen notes, address young prostitutes’ immediate needs (such as food, shelter, and clothing) and “combine street outreach with a multiservice center or referral network” (Cohen, 1987). In one of the few studies that looks at residential treatment programs for women exiting prostitution, Harvey (2009) concludes that results point to the need for long-term treatment programs that provide a safe and stable environment while simultaneously addressing key therapeutic issues, education components, and social skills.
Today most social scientists studying prostitution agree on the need for comprehensive, multimodal programming designed to address prostitutes’ short- and long-term needs for housing, childcare, substance abuse, mental health treatment, job training, and continuing education (Dalla, 2003; Nelson, 2004). Unfortunately, at present, only a handful of programs across the country—including SAGE—offer such a comprehensive array of services.
Chapter 2. Methodology

As an important first step in determining the backgrounds and needs of commercial sexual exploitation (CSE) victims and those at high risk for CSE, how they can best be addressed, and how promising programs such as Standing Against Global Exploitation (SAGE) can best be replicated, the National Institute of Justice (NIJ) specified that this study conduct a formative evaluation of the two SAGE programs. One of several key challenges in evaluating LIFESKILLS and Early Intervention Prostitution Program (EIPP)/Girls Reaching Adulthood Through Community Empowerment (GRACE), however, was that each program was different enough to warrant a separate evaluation, even while the programs are conceptualized as part of one continuum.

Participants in LIFESKILLS are younger. Only about half are actually involved in prostitution. All, however, are viewed as victims of abuse and neglect, and are considered at high risk for sexual exploitation. Moreover, the program itself is more intense and longer.

By contrast, GRACE participants are older and already are involved in or have been arrested for prostitution. GRACE is also much shorter and less intense in terms of requirements and number of components.

However, from discussions with SAGE staff, we know there are several constructs that unite both programs. One is lifestyle; the younger LIFESKILLS girls and older GRACE women represent two ends of a high-risk lifestyle of abuse and exploitation. In LIFESKILLS, SAGE is attempting to reach these girls either before they become involved in prostitution or in the early phases of it by treating their trauma and helping them overcome their circumstances. In GRACE, they are seeking, in a short period of time, to encourage and support the women in reducing their risk and moving toward some kind of stability. In both programs, however, there is a general attempt to address life skills and means of coping with trauma and risk.

Consequently, a classic, randomized experimental design was inappropriate because of NIJ’s preference for an exploratory design, the small size of the two programs, and the difficulty of identifying an appropriate comparison group for girls in LIFESKILLS (who are referred by juvenile justice, social service, and child protection agencies). Further, both programs have a high rate of noncompleters, and follow-up data are not routinely collected. Instead, we will treat each program (LIFESKILLS and GRACE) separately, yet seeking commonalities in risk factors addressed and program outcomes.

Overview of Methodology
This study uses a four-phase participatory evaluation design that employs both quantitative and qualitative components. The two qualitative components (phases 1 and 4) use interviews with staff and program participants to assist in operationalizing variables for the evaluation, identifying process and outcome measures, and developing program logic models. The quantitative evaluation follows a quasi-experimental, nonequivalent group design to assess a set of outcomes (phase 2). The principal data sources include baseline and follow-up surveys and official records of arrest and prosecution. The process evaluation (phase 3) integrates both
quantitative and qualitative methods to assess whether the program was well designed and implemented as intended. This phase involves an examination of program services, management, staffing, information systems, and case files.

A participatory, multimethod process was used because, at this early stage of program implementation, participatory methods are highly effective in drawing on the shared knowledge of both the program and its evaluators to establish a basis for both program improvement and future evaluation design. Participatory evaluation is related to empowerment evaluation, action research, and other participant-driven approaches (e.g., Community Tool Box at http://ctb.ku.edu/; Minkler and Wallerstein, 2003; Jackson and Kassam, 1998; Whitmore, 1998; USAID/CDIE, 1996). It is a type of evaluation that is participant oriented and collaborative, for which evaluation goals and methods are not “brought in from the outside,” but generated through the collaborative interaction between evaluators and the programs themselves. There is an underlying philosophy emphasizing shared knowledge/expertise; however, it is particularly useful where there is a lack of research and knowledge to help determine program outcomes/impacts—thus outcomes/impacts are mutually generated as part of the evaluation itself, gaining from the experience of program staff/clients who are close to the problem. That has been a necessary and important stance with respect to the SAGE evaluation, because a primary goal was to determine appropriate evaluation criteria above and beyond those specified in the original NIJ solicitation. Moreover, any set of evaluation criteria developed from formative research must be based on a conceptual framework explicating the operative program assumptions about who the target population is, what they need, and what to expect as outcomes/impacts. This is necessarily a participatory activity, since it is program staff who conceived the program and its activities.

Of importance, there is also a capacity-building element to participatory evaluation, as described by Zukoski and Luluquisen (2002), including the ability to examine locally relevant issues, the improvement of program performance through feedback, empowerment of program stakeholders with respect to evaluation decisions, the opportunity to strengthen stakeholders’ skill base, and sustained organizational learning and growth by developing an institutional knowledge base among program stakeholders. The major disadvantage, however, is that participatory evaluation may be viewed as less objective because program staff, clients, and other stakeholders with possible vested interests participate in the evaluation activities. An important counter to this drawback is the strategy of triangulation, where multiple data sources are used and the information from all sources is reconciled as part of the analysis. In the SAGE evaluation, the capacity-building element of participatory evaluation concentrated on the development of data collection systems (a client tracking database) that would assist the evaluation and provide an ongoing capacity for SAGE programs to improve their own tracking processes.

**Overview of Four-Phase Approach**

*Phase 1, Formative Evaluation* (months 1–6), included qualitative, formative research intended to identify and operationalize specific outcome variables for each of the SAGE CSE–related programs. Originally, this was to include the LIFESKILLS and EIPP programs. However, it is important to note that these programs evolved, and the role of the GRACE program grew and was combined with EIPP; it is referred to as GRACE throughout this report. This phase included defining appropriate intervals for measuring “duration of engagement in prostitution” and
preliminary identification of indicators for points on the “lifestyle” continuum of risk, abuse, exploitation, and prostitution. Because SAGE staff view program participants in both programs as essentially similar, yet at different points on the continuum, it was necessary to define an initial set of risk or behavioral indicators in relation to their location on that continuum so that appropriate measures could be selected for each program and to identify dimensions and indicators of the construct return to legitimate society. These included employment, duration of employment, and type of employment (that is, some types of employment may have to be defined as legitimate, versus other types that are less so); housing (e.g., stable housing); involvement in any educational or training activities; and well-being measures. The formative evaluation results were incorporated in the development of the quantitative instrument, which included the outcome/impact variables identified as well as others that were selected a priori based on NIJ evaluation questions.

Phase 2, Outcome Evaluation (months 6–36), featured a baseline and follow-up survey of all program participants 3 months after program intake, using the instrument developed during the formative phase.

Phase 3, Process Evaluation (months 1–36), was designed to assess whether the program was well designed and was implemented as intended. This included an examination of the program services, program management/staffing, staff training, management information systems, case files, and challenges to implementation. Methods included staff interviews, observation of program activities, and case file review.

Phase 4, Generative Research (months 8–36), included a range of generative, in-person (a small number conducted by telephone) qualitative interviews designed to identify factors that may serve as salient process and outcome variables for future evaluation (for each program and across programs) and to develop logic models that will serve as a basis for future evaluation and program refinement. Extensive qualitative interviews with program completers/noncompleters were conducted, in which respondents were asked about their backgrounds, entry into commercial sexual exploitation or activities that placed them at high risk for CSE, their involvement with SAGE and experience with SAGE, particular issues and needs they had (e.g., substance abuse, mental health), and their future plans. The phase 4 effort included development of descriptive typologies with respect to standard or typical “pathways” for participants in each program, patterns with respect to personal/social background, common entry and exit points as well as discontinuities, “dosage” by participant, and positive/negative responses to SAGE. This phase concludes with the synthesis of the above data into program logic models to help clarify program structure and for future evaluation.

The combined result of all phases was intended to provide a limited set of evaluation outcome/impact results for program participants, together with substantial information concerning the nature of the program and its participants that could serve as a foundation for structuring replications and their evaluations. Below we present the design of each of the phases in more detail.
Phase 1. Formative Evaluation
As discussed above, the evaluation was designed to assess the impact of SAGE’s programs by measuring change from baseline on a set of outcome variables. Several of these variables—re-arrest for prostitution, any criminal activity, substance abuse, and so forth—were accessible through a combination of survey and archival data. Other variables were to be derived from formative research in this phase so that they could be adequately measured at baseline and follow-up.

To operationalize these variables, DSG and SAGE program staff undertook several formative tasks over a period of 6 months. These included conducting two focus groups with staff (one LIFESKILLS staff, one GRACE staff) and interviews with key staff. Each group included up to 10 staff (staff consent forms are presented in appendix A). Each focus group was led the Co–Principal Investigator and took approximately 2 hours. The focus group protocol is included in appendix B. The focus groups sought to operationalize the following three constructs:

1. **Operationalize the Construct ‘Return to Legitimate Society.’** This construct is primarily relevant to GRACE, although it may apply to older girls in LIFESKILLS who have already been involved in prostitution. To convert the construct into a measurable variable, it was necessary to define it. We anticipated that the relevant dimensions might include, as noted above, employment, duration of employment, and type of employment (that is, some types of employment may have to be defined as legitimate, versus other types that are less so); housing (e.g., stable housing); involvement in any educational or training activities; and well-being measures, such as sobriety, self-esteem, and goal directedness. However, these were not necessarily a fully adequate representation of the way in which SAGE program staff or participants defined the construct, or there could have been additional yet important indicators to be included. To determine this, the focus group “Moderator’s Guide” specifically asked respondents to 1) rate the value of the anticipated dimensions, 2) identify other dimensions (if any) that should be measured, and 3) comment on specifics of what survey questions measuring each of the proposed domains should contain. On the latter point: if, for example, a survey question asked about current housing, the focus groups could help in defining what choices should be included in the question (e.g., living with a relative, living with a friend, living with a nonpimp partner) as representing a “legitimate” housing situation.

2. **Operationalize ‘Duration of Engagement in Prostitution’ and ‘Involvement in Prostitution.’** Operationalizing both these constructs involved a similar analytical task, in that sexual risk and involvement in prostitution were considered to be points on one lifestyle continuum. Therefore, in the focus groups we first sought to identify preliminary points on the lifestyle continuum, define how “involvement in prostitution” was distinct from other kinds of risk and behaviors on the continuum, and determine where “involvement” in prostitution fit in with respect to those continuum points—there were potentially several points of involvement that represented qualitatively different points on the continuum, such as first involvement, organized involvement (e.g., with a pimp or escort service), and return to or relapse to prostitution after leaving. Second, based on how involvement is portrayed, we sought to identify meaningful increments of duration for inclusion as indicators.
3. **Propose and Finalize Additional Outcome Measures.** Formative focus group data were analyzed using the general procedures described in the Qualitative Analysis section, with the aim of finding commonalities and consensus concerning the manner in which these constructs would be defined for each program. The final result of the formative focus groups was definition, or operationalization, of the above constructs, which were then integrated into the baseline/follow-up evaluation instrument.

**Development of Formative Instruments**

Two basic qualitative interview guides were developed for the formative stage: 1) the focus group “Moderator’s Guide” and 2) “Key Informant Interview Guide” for formative research. DSG developed focus group and interview guides following established procedures used successfully in numerous qualitative efforts as part of both evaluation and basic behavioral research. However, to avoid duplication of effort, DSG staff first conducted a review, with SAGE staff, of data regularly collected by each program. These data were not recollected in our interviews unless there were additional aspects of a data item that were necessary to collect, data collected by one or both programs were incomplete or inconsistently collected, or there were other factors that necessitated recollection.

The interview guides were pilot-tested with a small sample of 10 staff (many of whom were CSE victims) to assess continuity and flow, the degree to which questions/topics are understood consistently across interviews, and with respect to respondent level of comfort in discussing sensitive issues. All consent procedures were followed. All problems with survey items, as a result of the pilot test, were corrected for the final version of the instrument submitted to the DSG Institutional Review Board (IRB) for approval.

**Collecting Data**

**Qualitative Interviews**

For the formative research, key informant and focus group respondents were recruited by arrangement with the SAGE Program Director as part of the collaboration between DSG and SAGE. These interviews and focus groups were conducted during a site visit on Nov. 9–10, 2005. Many of the definitions developed during these focus groups and interviews were used to develop the survey instrument implemented in phase 2.

**Administering the Formative Key Informant Interviews and Focus Groups**

For both focus groups and interviews, the process began with discussion and distribution of the consent form, during which the purposes of the study, purposes of the interviews/focus groups, risks/benefits, voluntary nature of participation, and contact information for questions was covered. Using the appropriate protocols, interviews/focus groups were conducted as semistructured encounters, in which the topics and questions on the guides were the basis for discussion, yet with the option for discussing issues brought up by respondents as relevant. The goal for both interview formats was to gain respondent-driven information within the boundaries of the study. Focus groups followed the same procedure; however, groups were conducted by a DSG moderator and, in addition to following the topics/questions set out in the “Moderator Guide,” dynamics of the group had to be managed to maximize participation from all group members. Interviews were typically conducted at the respondent’s desk or in a private room;
focus groups were conducted in a meeting room. Both focus groups and interviews were audio-recorded with participant permission, and a note taker was present.

**Analyzing Formative Data**

For cost reasons, and given the limited purpose of the formative groups, we did not transcribe the audio-recordings. Instead, they were used to fill in gaps missing from the notes. The tape-augmented notes were then entered into a qualitative database using QSR NU*DIST software and analyzed to identify common or consensus themes and patterns. Analysis followed steps similar to those described in phase 4 (Generative Research) for the extended, generative qualitative research—with the goal of producing consensus definitions of the constructs discussed in phase 1 so that they could be used in the outcome evaluation. Potential outcome/impact variables identified in the formative research were then assessed in terms of measurement—if, for example, existing scales could be used or modified, or if questions needed to be added to capture the identified variables.

**Phase 2. Outcome Research**

**Participant Recruitment**

All recruitment for this study took place at the SAGE Project in San Francisco, using procedures approved by the DSG IRB and the SAGE staff. In general, girls who are victims of commercial sexual exploitation were enrolled into the LIFESKILLS program, while adult victims were enrolled into the GRACE program (see chapter 5). Youth eligible for the study were required to a) be female, b) be from 13 to 17 years old for LIFESKILLS or from 18 to 24 for GRACE at study entry, c) be involved in or at risk for involvement in CSE, d) sign a written informed assent to participate in the research, and e) have their parents or legal guardians sign a written informed consent form (juveniles only). The study excluded program participants if a) over age 24 at program entry, b) they were not suspected of or at risk for involvement in CSE, c) their facility with English was too weak to participate in the survey, d) they did not agree to participate in the study, or e) their parent or guardian refused to provide consent for them to participate in the study (juveniles only).

**LIFESKILLS Program**

Girls were referred to LIFESKILLS from foster care, social services, the safe house, treatment providers, and the juvenile justice system, the probation department, or the Youth Guidance Center. Each new program participant who met the eligibility requirements was invited to participate in the research study. Each received a brochure about the study (see appendix C). Eligible youth were asked to participate in the study by a LIFESKILLS Case Manager during the intake procedure and provided voluntary informed assent and consent for those 18 (see appendix D for LIFESKILLS assent and consent forms). Parents of the youth who met the study eligibility requirements (including assent to participant in the study) were then contacted by SAGE staff to provide informed consent (see appendix D for LIFESKILLS parental consent form).

**GRACE Program**

For GRACE, all study participants were first-time offenders who had been arrested by the San Francisco Police Department and referred to SAGE by the District Attorney’s Office. Nearly all had been sentenced to serve 25 hours of community service, which they could do by attending SAGE support groups, workshops, and case management. Participants may also, as needed, be
referred for treatment and support services to one of numerous outside treatment providers. A brochure describing the study was handed out to eligible participants (see appendix C), who were requested to participate in the study by SAGE staff during the intake procedure. If they agreed, the SAGE case manager informed the DSG Field Research Coordinator of their interest, and the Field Research Coordinator contacted the participant and set up an appointment when she could take the survey. At the time of the survey, she provided voluntary informed consent (see appendix E for GRACE consent form). SAGE also runs a trauma and recovery center (the STAR Center), and several participants who were in the age range of 18–24 were recruited from the STAR Center as well. In a few cases, girls who were too old for LIFESKILLS (over 18) were admitted to the GRACE program and had not been arrested for prostitution.

Study Accrual
Study participants were recruited from February 2007 through February 2009. A total of 105 subjects (69 GRACE and 36 LIFESKILLS) were referred to the two SAGE programs over the 24-month study period. Recruitment success varied across the program. For instance, of the 66 GRACE referrals, only 23 subjects (33 percent) were recruited into the study. The balance of the GRACE referrals did not enroll in the study for various reasons. Seventeen of the potential adult subjects (25 percent) were not recruited into the study because they absconded before enrolling into the GRACE program. In other words, the subject was referred to the GRACE program, had a scheduled intake appointment with the GRACE case manager, but ultimately did not show up for the appointment to enroll in the program. Several other GRACE referrals were not recruited into the study because they did not meet the eligibility criteria. Of the 69 GRACE subjects referred, 21 (30 percent) were ineligible (either over 24 years old, lacked sufficient English proficiency, or were transgendered). Finally, eight subjects (12 percent) refused to participate in any kind of research study.

Accrual into the LIFESKILLS study was more successful. Of the 36 LIFESKILLS referrals, 32 subjects (89 percent) were successfully recruited into the study. The remaining four subjects were not enrolled in the study because of difficulty in obtaining guardian consent. (See Assessment Procedure section for more details.) For study participants under 18, who were in the social service or juvenile justice system, obtaining consent from parents or assigned guardians was often difficult, particularly if the potential study participant was a ward of the court. For example, probation officers and group home guardians would be willing to give consent to participate in the LIFE SKILLS program, but not necessarily to participate in the study. Separately, several clients who lived with their parents or guardians, and wanted to participate in the study, were not able to because their parents or guardians were unwilling to provide consent for participation in the research.

Overall, of the 102 referrals for both programs combined, 55 subjects (54 percent) agreed to participate in the study. Of the 55 baseline surveys, however, 1 GRACE survey file unfortunately was corrupt—resulting in a final study sample of 54 subjects (22 GRACE and 32 LIFESKILLS).

Assessment Procedure
Immediately upon obtaining consent using the age-appropriate procedure, SAGE staff notified the Field Research Assistant that a new study participant was eligible to be surveyed. The Field Research Assistant then administered the survey in a private interview room within the SAGE Development Services Group, Inc.
facility. Because of the sensitive nature of some of the questions regarding sexual behavior, drug use, and delinquency, the survey was conducted using AUDIO–CASI (Computer-Assisted Self-Interviewing) touch screen technology, which permitted the respondent to hear the questions on headphones or through speakers, and see them on the screen. It also permitted the respondent to answer the questions by simply touching the appropriate answer on the computer screen. All participants were assured confidentiality, and their participation was remunerated. LIFESKILLS participants were provided with a $25 American Express or Visa gift card. GRACE participants were provided with a $50 American Express or Visa gift card. Follow-up interviews were conducted at least 3 months after the study intake date in locations convenient for the participant that afforded auditory privacy and safety for the respondent and interviewer. In addition, the survey was occasionally mailed to study participants who had moved or were serving time in a secure placement at the time the follow-up survey was due.

**Study Retention**

Numerous methods were employed to retain the subjects for the follow-up survey. First, all participants filled out a locator card with contact information for the follow-up survey. As an incentive to participate in the 3-month follow-up interview, participants were offered $15 gift cards monthly (for up to 3 months) to check in with the DSG Field Research Coordinator by providing a current phone number (see appendix C for reminder card). Other retention activities included

- Phone calls to the listed contact numbers
- Searches of various social networking sites, such as, craigslist and MySpace
- Hiring a street ethnographer who visited the study participant’s last known residence of record, made telephone calls, visited youth and woman’s shelters, and canvassed known areas of prostitution in the San Francisco area

Overall, 32 of 54 (59 percent) SAGE study participants were interviewed for the follow-up assessment. While the retention rate did not meet our expectations, it was adequate when given the high mobility of the study population. As with study recruitment, however, retention was differentiated by program. Despite the high mobility rate of the study participants, the retention rate of the 3-month assessment was 72 percent for the LIFESKILLS sample (N=23), compared with 41 percent (N=9) of the GRACE sample.

**Survey Instrument**

**INSTRUMENT DEVELOPMENT**

The principal data collection instrument at each of the two assessment periods was the SAGE Participant Survey (see appendix F for baseline survey and appendix G follow-up survey). Using a participatory evaluation style (as described in phase 1), this survey was constructed through a collaborative process of biweekly conference calls with LIFESKILLS staff, GRACE staff, the Executive Director, and Clinical Director. The study researchers first developed a draft survey

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*All participants were offered a pen and paper survey alternative if they did not feel comfortable taking the survey on the computer.
†The discrepancy in remuneration was due in part to the age and sophistication differential of the participants in the two programs. While the lower amount appealed to the younger, less experienced subjects in LIFESKILLS, the older, more experienced subjects in GRACE required a larger incentive to inspire their cooperation in the study.
based on the formative evaluation interviews of key constructs. Iterative draft surveys were then shared with SAGE staff and the NIJ Program Officer to obtain their input on the relevancy of the questions and the language style. This process was conducted for nearly 6 months, until a second draft was produced. This draft was pilot-tested on July 1–11, 2006, with 10 SAGE staff members who were CSE victims. Following this, a final draft was developed that incorporated the results of the pilot test. The final version was submitted to the DSG IRB for review and approval.

**SCALE CONSTRUCTS**

The final baseline survey instrument contained 204 questions (the follow-up survey contained 188 questions) and consisted of eight major sections:

1. General information and family history
2. Employment
3. Risky behavior (sexual activity, commercial sex work, exploitation, and substance use)
4. Victimization
5. Juvenile justice system contact
6. Thoughts and feelings (posttraumatic stress disorder symptoms and self-efficacy)
7. Education
8. Concluding thoughts

In all cases where a validated assessment tool was available and applicable, the tool was incorporated into the survey package. For example:

- Questions from the *Communities That Care Survey* (Arthur, Hawkins, Pollard, Catalano and Baglioni, 2002) were used to develop the constructs of family management practices, prosocial parental involvement, and commitment to school.

- Questions comprising the attitude toward employment construct were originally developed for the *Work Opinion Questionnaire* (Johnson, Messe, and Crano, 1984).

- Questions regarding self-efficacy come from the Generalized Self-Efficacy Scale, a 10-item psychometric scale designed to assess optimistic self-beliefs (personal agency) to cope with a variety of difficult demands in life.

- The *Childhood Trauma Questionnaire* was used to measure the level of abuse and neglect.

- The *Child Report on Posttraumatic Symptoms (CROPS)* was used to measure the level of posttraumatic stress disorder (PTSD) symptomology.

- The questions concerning alcohol and drug use were drawn from *Monitoring the Future Study: A Continuing Study of American Youth* (Johnston, Bachman, O’Malley, and Schulenberg, 2004).
The questions concerning readiness for change were adapted from two sources: the Readiness to Change questionnaire and the University of Rhode Island Change Assessment.

The questions concerning bonding were derived from the Individual Protective Factors Index, developed by Springer and Phillips (1997), but adapted for the purposes of this study.

Finally, the National Youth Survey (Elliot, 2004) was used to develop questions concerning delinquent behavior, while the National Victimization Survey (BJS, 1999) was used to measure the level of victimization.

Because of the distinctive nature of study, however, there were no appropriate tools readily available to measure certain constructs such as the level of involvement in the commercial sex trade or pimp control. As a result, these constructs were developed and integrated into the survey through the participatory method described above.

**Arrest Records**
The California Department of Justice (DOJ) in February 2009 submitted a formal data request to search the Automated Criminal History System (ACHS) for the arrest records of all 54 subjects in the study. We didn’t want DOJ to run the data until 6 months after the last baseline was accrued (the beginning of August). In addition to a written formal request for data, all research staff who will have access to the data had to submit fingerprints to the California DOJ before their processing the data request. The entire process took 6 months. DSG received the arrest records in August 2009.

The search of the California ACHS produced records for 37 of the study subjects (17 missing subjects). The results provided the date (or dates) of all arrests, charges associated with each arrest, court dates, and adjudication decisions for each case. The data files were transferred in both electronic and hardcopy formats. To obtain data on the 17 missing cases, SAGE staff were contacted in an attempt to find additional identifying information, such as social security numbers, and the request was resubmitted to California DOJ. This yielded an additional six arrest records for a total of 43 subjects.

The electronic files were stored in a central evaluation data repository located on a partitioned drive permitting only project researchers who have signed confidentiality forms to access the data. The hardcopies of the files were stored in a locked cabinet in DSG office space.

**Outcome Measures**
The central outcomes were recidivism (re-arrest and re-adjudication) and CSE involvement. Other outcomes included substance use, educational aspirations and commitment, employment attitude, victimization, self-efficacy, beliefs about prostitution, social support, and posttraumatic symptomology.
Recidivism was assessed through two methods to validate the accuracy of the measure. The first method was by self-report data through the SAGE participant survey. Recidivism outcomes included a single survey item inquiring about the number of arrests since first enrolment in SAGE. Specifically, the survey asks: “Have you been arrested by the police since you first went to SAGE.” This item was adapted from the National Youth Survey (Elliot, 2004). In a test–retest study of 177 youth spanning 29 days (Huizinga and Elliot, 1983), the reliabilities of the individual items included in the National Youth Survey delinquency measure are over 0.50, with the majority of reliabilities ranging from 0.65 to 1.00.

Recidivism data (arrests as well as adjudication decisions) were also obtained through the official crime history reports from each youth provided by the California DOJ. These reports were coded to acquire the date (or dates) of all arrests, charges associated with each arrest, court dates, and adjudication decisions for each case.

Intensity of Involvement in Commercialized Sexual Exploitation

The intensity of CSE involvement was assessed using several items developed specifically for this evaluation. It is composed of two dimensions: 1) the degree of the CSE involvement (contact versus noncontact commercial sex) and 2) frequency of CSE behavior. The degree of involvement was measured through nine survey items. Each subject was asked if someone has “given you something like money, drugs, food, clothing, or a place to stay in exchange for” a variety of sexual acts “in the last 30 days.” A sample of the acts included 1) vaginal sex, 2) oral sex, and 3) anal sex. The responses for each of these items were dichotomous (1=agree; 2=disagree). An affirmative response to vaginal, oral, or anal sex was coded as contact-oriented CSE. An affirmative response to the any other acts (i.e., stripping, posing for pictures) was coded as noncontact-oriented CSE. The degree of CSE involvement was measured on a three-point scale (0=no involvement; 1=noncontact only; 2=contact involvement). The frequency of involvement was measured through a single survey item. Each subject was asked, “In the last 30 days, about how many times per week did you exchange any sexual activity for payments or gifts?” The response scale for this item was 0, 1–5, 3–5, 6–10, 11–20, 21–30, 31–40, and 40 or more occasions. The responses were then collapsed into three categories (0=0; 1=1–5 times; 2=more than 5 times). These two dimensions were added together and divided by the number of valid responses for a mean CSE involvement. Higher scores indicate more intense involvement in CSE.

Substance Use

Substance use was assessed using four survey items derived directly from Monitoring the Future Study: A Continuing Study of American Youth (Johnston, Bachman, O’Malley, and Schulenberg, 2004). Monitoring the Future (MTF) is a long-term study of American adolescents, college students, and adults through age 50. It has been conducted annually by the University of Michigan’s Institute for Social Research since 1975. MTF uses a standard set of three questions to determine usage levels for the various drugs. For example, the study asks, “On how many occasions (if any) have you used marijuana a) … in your lifetime? b) … during the past 12 months? c) … during the last 30 days?” Each of the three questions is answered on the same answer scale: 0, 1–2, 3–5, 6–9, 10–19, 20–39, and 40 or more occasions. The reliability of these measures was found to be high (O’Malley, et al., 1983; Bachman, et al., 2001). In an effort to
limit the completion time of the SAGE survey, this study concentrated on c) usage in the last 30 days and questioned youth about alcohol, marijuana, cocaine, and other drug use. Moreover, the seven response categories were collapsed into a dichotomous response (0=no substance use; 1=substance use).

EDUCATIONAL ASPIRATIONS
Educational aspirations were assessed using a single survey item from the Educational Longitudinal Study (U.S. Department of Education, 2005). The question asks, “As it stands now, what is the highest level of education you expect to reach?” The responses for the item were on a 10-point scale ranging from attended junior high or less to complete a graduate degree. Higher values indicate elevated educational aspirations.

EDUCATIONAL COMMITMENT
Educational commitment was assessed using three survey items adapted from the Communities That Care Survey (Glaser, Van Horn, Arthur, Hawkins, and Catalano, 2005). The three questions are

- “How important is it to you to complete your educational goals?”
- “How important to you is it to get good grades in school?”
- “How important do you think the things you are learning in school are going to be for you later in life?”

The responses for each item were on a five-point scale ranging from “not at all important” to “extremely important.” Point values were summed for each respondent and then divided by the number of valid items. Higher scores indicate a stronger commitment to education. Previous research has assessed a similar scale with high internal reliability with youth ages 11–18 (Glaser, Van Horn, Arthur, Hawkins, and Catalano, 2005). In this study sample, this scale exhibited high internal reliability (Cronbach’s α = .84).

EMPLOYMENT ATTITUDE
Employment attitude was assessed using two survey items from the Work Opinion Questionnaire (Johnson, Messe, and Crano, 1984). The full WOQ is a 35-item attitude measure that was originally validated on 670 Comprehensive Employment and Training Act workers in a large midwestern city. It was augmented for youth to measure self-confidence and motivation for work and found to have adequate internal reliability with African American males ages 12–16 (Harter, 1988). The two items are 1) “I have enough skills to do a good job well” and 2) “I know I can succeed at work.” Youth were asked to check the response that best corresponds with their beliefs. The responses for both items were on a four-point scale ranging from strongly agree to strongly disagree. Point values were summed for each respondent and then divided by the number of valid items. The scores ranged from 1 to 4, with lower scores indicating a more positive attitude toward employment. The internal reliability of this scale for this sample was good (Cronbach’s α = .82).
SOCIAL SUPPORT
Social support was assessed using nine items developed specifically for this evaluation. Each respondent was asked to indicate how true each of the statements was in matching their feelings. A sample of the statements included:

1. “There are people I can depend on to help me if I really need it.”
2. “If something went wrong, no one would come to my assistance.”
3. “There is no one I can depend on for help if I really need it.”
4. “There is a special person in my life who cares about my feelings.”

The responses for all items were on a four-point scale ranging from very true to very false. Point values were summed for each respondent and then divided by the number of valid items. The scores ranged from 1 to 4, with high scores indicative of more social support. The internal reliability of this scale for this sample was high (Cronbach’s \( \alpha = .85 \)).

POSTTRAUMATIC STRESS DISORDER
Posttraumatic stress was assessed using the Child Report of Posttraumatic Symptoms. The CROPS is a 24-item self-report instrument. It was developed on the basis of symptoms most prominent in the child trauma literature (Fletcher, 1993), as well as those described as characteristic of PTSD in the DSM–IV (APA, 1994). The child is asked to rate several symptom-endorsing statements, covering the past 7 days, on a three-point scale (0=none; 1=some; and 2=lots). Sample items include “I day dream,” “I feel alone,” and “I don’t feel like doing much.” The items were summed with scores ranging from 0 to 52, with low scores indicating few PTSD symptoms. The test–retest reliability of the total score was found to be high (0.79) [Greenwald and Rubin, 1999]. The internal reliability of this scale for this sample was also high (Cronbach’s \( \alpha = .88 \)).

VICTIMIZATION
Victimization was assessed using eight questions from the National Crime Victimization Survey (BJS, 1999). The NCVS is the primary source of information on criminal victimization in the United States. The NCVS is designed with four primary objectives: 1) to develop detailed information about the victims and consequences of crime, 2) to estimate the number and types of crimes not reported to the police, 3) to provide uniform measures of selected types of crimes, and 4) to permit comparisons over time and types of areas. The data include type of crime; month, time, and location of the crime; relationship between victim and offender; characteristics of the offender; self-protective actions taken by the victim during the incident and results of those actions; consequences of the victimization; type of property lost; whether the crime was reported to police and reasons for reporting or not reporting; and offender use of weapons, drugs, and alcohol. The survey asked the respondent to tell us how many times (if at all) each of the following eight incidents happened during the last 30 days:

1. “Someone intentionally broke or damaged something that belonged to me.”
2. “Someone stole or attempted to steal something belonging to me.”
3. “Someone used force to take something that I was carrying or wearing.”
4. “Someone broke into or attempted to break into my home.”
5. “Someone manipulated me, called me names, or frightened me through verbal threats.”
6. “Someone attacked or threatened me.”
7. “Someone forced me to engage in unwanted sexual activity.”
8. “Someone harmed me in a way not mentioned.”

The responses for all items were on a four-point scale (0=0 times; 1=1 time; 2=2 times; 3=3 times; 4=more than 3 times).

**Prostitution Beliefs**
Beliefs regarding prostitution were measured using five survey items developed in collaboration with the SAGE staff during the formative phase of the research project. Respondents were asked if they agreed or disagreed with several statements about prostitution. A sample of the items include:

1. “Prostitution is an exciting and glamorous life.”
2. “It’s OK to trade sexual activity as long as you get a lot of money for it.”
3. “Working the track is not dangerous if you know what you are doing.”

Affirmative responses were summed for each respondent, with scores ranging from 0 to 5. Negative items were reverse coded. Higher scores indicate a more positive attitude toward prostitution. The internal reliability of this scale for this sample was adequate (Cronbach’s $\alpha = .74$).

**Self-Efficacy**
Self-efficacy was assessed using eight survey items adapted from the *General Perceived Self-Efficacy Scale* (Schwarzer and Born, 1997). Respondents were asked to indicate whether they agreed or disagreed with the following statements:

1. “I can always solve difficult problems if I try hard enough.”
2. “If someone is against me, I can still figure out how to get what I want.”
3. “It is easy for me to accomplish my goals.”
4. “I feel confident that I can deal with unexpected events and situations.”
5. “I can remain calm when things are difficult because I have good coping skills.”
6. “When there is a problem, I can usually think of several ways to solve it.”
7. “If I am in trouble, I can usually think of a solution.”
8. “I can usually handle whatever comes my way.”

The items were summed for each respondent and then divided by the number of valid items. The scores ranged from 1 to 4, with lower scores indicative of high self-efficacy. In this study sample, this scale exhibited high internal reliability (Cronbach’s $\alpha = .90$).

**Pretreatment Characteristics**
Group differences between the GRACE and LIFESKILLS participants were compared on a range of pretreatment characteristics, including demographic, psychosocial measures, and criminal history measures. The demographic characteristics include age, race, parent marital status, and school status. Age is a continuous variable calculated from date of birth and the date of the baseline interview. Race is a categorical variable with multiple response options allowing
respondents with a multiethnic background to select more than one race. Parent marital status is a dichotomous measure (0=never married; 1=married). School status is a dichotomous measure (0=not in school; 1=enrolled in school).

The psychosocial measures include parental supervision, parental involvement, an association with delinquent peers, childhood abuse and neglect, and CSE factors. Parental supervision and parental involvement were survey items derived the Communities That Care Survey (Arthur, Hawkins, Pollard, Catalano, and Baglioni, 2002). Parental supervision is an eight-item measure to assess the youth’s perceptions of what rules his or her parents have established and how closely the parents monitor those rules. Respondents were asked to indicate on a four-point scale the extent to which they agree or disagree with statements describing their parent’s supervisory standards and behavior. Point values were summed for each respondent and then divided by the number of valid items. The scores ranged from 1 to 4. Higher scores indicate low parental supervision. Youth under 18 who did not live with a parent or guardian were coded with low supervision. In this study sample, the scale exhibited high internal reliability (Cronbach’s $\alpha = .77$). Parental involvement was a seven-item measure that assesses perceptions of the opportunities and rewards offered by and experienced with their parents. Respondents are asked to indicate on a four-point scale how much they agree or disagree with seven statements about their relationships with their mothers or fathers. Again, point values were summed for each respondent and then divided by the number of valid items. The scores ranged from 1 to 4. Higher scores indicate low parental involvement. Youth under 18 who did not live with a parent or guardian were coded with low involvement. Inter-item reliability was again found to be good (Cronbach’s $\alpha = .69$).

Negative peer relationships is an 11-item adaptation of similar measures from the National Youth Survey (Elliott, 2004). These items measure the strength of the relationship between a youth and antisocial peers. Respondents were asked to indicate on a four-point scale how many of their close friends have participated in various acts. Some of the acts include a) smoke cigarettes, b) stolen something from a store, c) carry a weapon, and d) are members of a gang. The response categories were (0=none; 1=one; 2=two; and 3=three). Point values were summed for each respondent and then divided by the number of valid items. The scores ranged from 0 to 3. Higher scores indicate more negative peer relations. The internal reliability of this scale was high (Cronbach’s $\alpha = .91$).

Childhood abuse and neglect was derived from the Childhood Trauma Questionnaire (CTQ) developed by Bernstein and colleagues. The full CTQ is a 28-item self-report inventory that measures 5 types of maltreatment – emotional, physical, and sexual abuse, and emotional and physical neglect. Participants were asked to respond to a series of statements about childhood events. The frequency of occurrence for each was measured on a five-point scale (1=never true, 2=rarely true, 3=sometimes true, 4=often true, and 5=very often true). Responses were summed to produce scores that quantify the severity of each maltreatment scale. Cut points were then used to delineate each scale by severity (1=none, 2=low, 3=moderate, 4=severe). In a test–retest study of 40 subjects spanning 2 to 6 months (Bernstein, et al., 1994), the reliability of the instrument was found to be good (intraclass correlation = 0.88). In addition, the factors demonstrated high internal consistency with alphas ranging from 0.79 to 0.94. The internal reliability of this scale was also high, with alphas ranging from 0.70 to 0.91.
CSE factors are mediators that may contribute or lead girls or young women to become involved in the commercialized sex industry. These factors were assessed using 13 survey items developed in collaboration with the SAGE staff during the formative phase of the research project. The respondents were asked if any of 13 different conditions led them to exchange sexual activity for payment. The 13 items (e.g., ran away from home, needed food, forced, enjoyed the power) were collapsed into five factors that often lead girls and young women into the commercialized sex industry: survival, drugs, exposure, coercion, self-esteem. Each factor is a dichotomous measure (0=false; 1=true).

**Statistical Approach**

**MISSING DATA**
The study had two forms of missing data. The first form involved missing baseline items. No baseline item included in the analyses reported here had more than 26.8 percent missing data, and on average items had 8.0 percent missing data (SD=2.95). Most of the missing data involved questions regarding activity in commercialized sex. Specifically, the respondents often did not respond (21 percent) to the questions regarding situations that led to involvement in commercial sex. In fact, excluding these questions, no item had more than 13 percent missing data, and on average had 5.6 percent missing data (SD=2.04).

The second form of missing data involved attrition. Overall, 41 percent of the baseline sample (22 of the 54 subjects) attrited for the follow-up survey (the participants either could not be located or refused to be interviewed). Moreover, the attrition rate was differentiated by group. Twenty-eight percent (9 of 32 subjects) of the LIFESKILLS sample attrited, compared with 59 percent (13 of 22) of the GRACE sample. In general, participants were unable to be located because of the high mobility of this difficult population. Failure to contact the participants because of mobility is selective of those who are most mobile and can lead to bias and reduce the generalizability of analytic results. Likewise, attrition through refusal is also selective of those with characteristics that, in general, increase the likelihood of refusal. Accordingly, the findings in this study must be interpreted with caution as these results could be due to differential attrition rates of the groups.

**TREATMENT OUTCOME ANALYSES**
To assess the impact of SAGE, a between-group analysis and a within-subjects analysis were employed. The between-group analysis compared GRACE and LIFESKILLS at baseline and follow-up. The within-subjects analysis compared baseline and follow-up scores for individual subjects within each group. Independent sample t-tests were used to test for significance of the between-group analyses, while paired t-tests were used for the within-group analyses. As parametric methods such as the t-test require the sample scores to be normally distributed, to validate the findings the analysis was replicated using nonparametric methods. For this purpose, the Mann–Whitney U test was used for the between-group analysis, and the Wilcoxon signed-rank test was used for the within-group comparisons, as these methods make no distributional assumptions. Where similar results were found in employing these different approaches, only the t-test results were reported. Otherwise, where the findings differ to rule out violations of the distributional requirements, only the nonparametric findings were reported.
It was assumed that subjects in both groups would improve over time. As such, given the directional nature of the hypotheses, one-tailed tests were employed for the within-group analyses. For the group comparisons, however, no such hypotheses were made. It was impossible to predict which group of subjects would exhibit more favorable results. Consequently, the between-group comparisons employ a two-tailed test.

Finally, to rule out the impact of attrition in accounting for changes over time on any given factor, further analyses were completed. After identifying those completing and not completing the follow-up survey, the scores of each group on selected factors were compared at baseline. The absence of differences between these groups at baseline would tend to rule out the influence of sample attrition at follow-up. Conversely, the presence of differences at baseline would tend to confirm sample attrition as a factor.

**Phase 3. Process Evaluation**

As stated earlier, the purpose of the process evaluation was to describe and document the nature of each program’s implementation.

**Data Collection for the Process Evaluation**

Process evaluation data consisted of

- Five site visits to the SAGE Project
- Focus groups with staff
- Individual interviews with key staff
- Weekly observations of LIFESKILLS and GRACE program activities, support groups, and field trips
- Review of case files and program materials
- Interviews with the Chair of the SAGE Board of Directors
- Interviews with representatives from collaborating agencies
- Development of a SAGE client database

**Site Visits**

Staff from DSG conducted a total of five site visits, the first of which occurred on Nov. 9–10, 2005; the second on July 10–12, 2006; the third on Jan. 31 through Feb. 2, 2007; the fourth on March 26–27, 2007; and the fifth on July 28–29, 2008. The trips were timed to include NIJ staff, Federal Office of Juvenile Justice and Delinquency Prevention staff, the Tuesday night LIFESKILLS support group, and the Wednesday afternoon GRACE support group. In addition to interviewing staff and collecting documents from SAGE, our onsite Field Coordinator observed weekly LIFESKILLS support groups and coded a fidelity observational checklist on support group sessions for over 2 years (see table 2.1).
Table 2.1. Data Collection Activities During Site Visits

<table>
<thead>
<tr>
<th>Site Visit Dates</th>
<th>Phase/Purpose</th>
<th>Staff Focus Groups</th>
<th>Staff Interviews</th>
<th>Collateral Meetings/Interviews</th>
<th>Structured Group Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nov. 9–10, 2005</td>
<td>1. Formative</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>March 26–27, 2007</td>
<td>2 and 3. Outcome recruitment and database development</td>
<td>X</td>
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*In addition to these group observations, the DSG Field Coordinator observed weekly LIFESKILLS and GRACE support group activities for more than 2 years. These observations were coded with an Observational Field Checklist (see appendix I).*

Focus Groups and Interviews

As discussed in more detail above in phase 1, Formative Evaluation Methodology, focus groups with staff were conducted during each site visit. In addition, individual interviews were conducted with selected staff. The focus group protocol is presented in appendix B. Focus groups were composed of all case managers in both GRACE and LIFESKILLS. Separate interviews were held with the program supervisors, the Clinical Director, the Program Director, the Replication Manager, the Executive Director, and the Chair of the Board (see appendix H for Discussion Guides). All staff were consented before each focus group and interview (see appendix A for staff consent forms).

The focus groups and interviews were designed to provide a more detailed understanding of both programs, their operations, and the SAGE Project. They concentrated on the following areas:

1. **Program mission and goals**
   a. Mission
   b. Project goals and objectives

2. **Program history**
   a. Length of time in operation
   b. Involvement in design/implementation
   c. Changes over time
   d. Program support

3. **Target population**
   a. Typical program client
   b. Typical entry process
   c. Typical day/activities/amount of time spent in program activities or with staff
   d. Characteristics of successful clients
4. Program management/staffing
   a. Organizational structure
   b. Roles and responsibilities
   c. Hiring procedures

5. Staff training
   a. Type of training received
   b. Frequency of training
   c. Assessing training needs

6. Program services
   a. Services provided
   b. Most successful components
   c. Referral services used/procedures

7. Management information and reporting
   a. Case files
   b. Tracking
   c. Management information systems

8. Challenges to implementation
   a. Problems encountered
   b. Solutions implemented

Program Documentation
Because LIFESKILLS and GRACE are new programs and varied over time, there was little program documentation available about either program. DSG staff reviewed available material, which included monthly support group schedules, brochures, support group handouts, and several PowerPoint presentations. The focus groups were intended to codify the programs’ structure and activities.

Site Observation
Weekly site observation was conducted by the DSG Onsite Field Research Coordinator using an Observation Checklist (see appendix I) to ensure that the primary program components were being administered with fidelity and to gain additional information on program implementation that may contribute to a better understanding of both the program model and program effectiveness. The Field Research Coordinator conducted these observations of the group sessions for nearly 2 years.

SAGE Participant Database
At the request of NIJ and in the spirit of the participatory evaluation rubric, DSG developed an Access database for use during the study that was to become the property of SAGE staff after the study’s completion. Designed by the Principal Investigator and Senior Analyst, the client-based database was designed to fill the void in the paper-based records system in place at the time of the study. SAGE staff used a variety of instruments during intake and repeated periodically
throughout the duration of services (e.g., the Piers Harris was given quarterly). However, all of the tests were given by hand and none were analyzed. After the database was developed, DSG’s Field Research Coordinator in San Francisco populated the database with data found in SAGE files on the study participants, as well as on other SAGE clients. The database was installed on SAGE computers for their use during the third year of the study.

**Phase 4. Generative Interviews**

The qualitative research component discussed in this section is categorized as *generative* because its goals—in contrast to the phase 1 formative research—were broader:

- To identify salient constructs and variables for purposes of future evaluations
- To identify specific needs that program participants have and whether these are met through the SAGE programs
- To identify common nonprogram related factors that disrupt program participation (e.g., crises, running away, incidents of abuse, court-ordered placements)
- To provide descriptive data about typical “pathways” through the program for both completers and noncompleters (including *discontinuous* entry and exit patterns)
- To collect descriptive data about program participants that would help in understanding their background, trajectory of involvement in prostitution, and interaction (both positive and negative) with LIFESKILLS and GRACE; to identify, through the collection of “grounded” data (see Glaser and Strauss, 1967; Glaser, 1994; and Bernard, 2002, on grounded theory), key program impacts and gaps

As part of this component, these data were also to be synthesized into program logic models that could support future evaluation and program development.

Over the course of the evaluation, it became necessary to revise downward the generative interview sample size, for the same reasons (discussed in phase 2) that the overall evaluation sample was reduced—program difficulties resulting in a significant reduction of girls/young women referred to both programs. The original sample size of the generative interviews was proposed as 60, consisting of 30 LIFESKILLS participants (15 completers and 15 noncompleters) and 30 GRACE participants (15 completers and 15 noncompleters). A change in scope essentially halved the sample size to 32 total participants across the two groups (discussed below). In addition, while the formative evaluation considered both the LIFESKILLS and GRACE programs, the latter began to merge into the GRACE program during the course of the evaluation, and therefore generative interviews were drawn, as noted, from LIFESKILLS and GRACE.

**Types of Interviews Conducted**

**INDIVIDUAL INTERVIEWS**

Individual interviews were conducted with program completers and noncompleters from both LIFESKILLS and GRACE (total n=32) (see appendix J for Interview Guides for Program Development Services Group, Inc. 2–20
Completers and Noncompleters). Because of the extended time period necessary for recruitment, and to conduct and analyze these interviews, the phase 4 generative research took place simultaneously with the phase 2 outcome evaluation, beginning after the completion of the phase 1 formative data collection. Individual interviews were considered best for this research component rather than focus groups because it would have been difficult to gather girls/young women who are no longer in the program in one location; more important, it was necessary to collect full narratives from as many girls/young women as possible to have sufficient data for comparison. Focus groups are useful for obtaining “snapshots” with respect to attitudes and practices of specific groups, and are thus applicable for the formative research questions described earlier, but as a group process they are not the format for collection of personal narratives.

**Program Participant Interviews With Girls/Women Who Completed the Programs and Girls/Women Who Did Not Complete the Programs**

Working with LIFESKILLS and GRACE staff who assisted with contact and recruitment outreach, DSG’s onsite Research Coordinator conducted individual interviews with a sample of 32 participants (16 from LIFESKILLS and 16 from GRACE). Originally, the sample of 32 was intended to be divided equally between completers and noncompleters. However, the difficulty in locating noncompleters resulted in a change in the sample distribution to 10 completers and 6 noncompleters per program. These interviews concentrated on the following domains of inquiry:

- Level of risk—with respect to the “lifestyle continuum” construct.
- If applicable, circumstances of entry into prostitution and pattern of involvement (phases).
- Family and personal background.
- Recruitment path into LIFESKILLS or GRACE.
- Program components typically received by participants and duration of service.
- Narrative description of how participants feel that the program affected them—what were the key impacts (positive and negative)? How would they define success?
- Reasons for leaving the program before completion (if applicable).
- Physical needs (e.g., housing, employment, healthcare, training, education, food, clothing). What were they? Were they met by the SAGE program?
- Psychosocial needs (e.g., mental health, trauma, substance abuse treatment, peer support networks, estrangement from family, family history of prostitution or abuse, sense of well-being). What were they? Were they met by the SAGE program?

**Administering the Generative Interviews**

**Scheduling**

LIFESKILLS and GRACE staff assisted the DSG Research Coordinator in scheduling interviews. The Coordinator scheduled interviews, as much as possible, in geographic clusters to minimize transportation time; for example, if more than one completer resided in a particular group home or independent living facility, an attempt was made to schedule those interviews on the same day.
CONDUCTING INTERVIEWS

Interviews were conducted at SAGE facilities or at a location convenient to the respondent (such as at a group home or other location). Each interview was audio-recorded (with respondent permission) or recorded in detailed written notes. Audio-recorded interviews were transcribed and analyzed using QSR NUDIST InVIVO, a well-known and state-of-the-art qualitative data-processing software package. Each interview took about 60 minutes. Although the interviews were semistructured and open ended, they were based on a set interview topic guide oriented around the research domains listed above to cover approximately the same issues with all respondents. Again, to ensure confidentiality, no individual identifying information was included in the audio-recorded transcript or any reporting of the data. Interview transcripts include only a respondent number. Moreover, in cases where a respondent used actual names or nicknames for other individuals, these were excised from the transcripts.

Collecting Data

With respect to the generative interviews, DSG retained an experienced Research Coordinator to conduct both quantitative and qualitative interviews—a doctoral student in Anthropology experienced in conducting interviews with marginalized, at-risk individuals. She worked with both LIFESKILLS and GRACE program staff to schedule generative interviews with completers and to locate noncompleters. The following methods were used:

- Program completers were contacted by SAGE program staff and the DSG Research Coordinator based on locator information that was collected from these individuals. Once initial contact was made, interviews were scheduled with those willing to participate in the research.

- Program noncompleters were located through the following protocol:
  
  a. Review participant summary data. What do we already know about participant? How have we attempted to contact her previously? What kind of work is she doing? Track? Internet? Dancing? Has she been reported, seen working on the track? Does she have a substance abuse issue?
  
  b. Do we have any address, telephone, cell, email, or other contact information about her?
     
     1. If yes, attempt to contact through all methods.
     2. If no, proceed to next step.
  
  c. Do we know anything about her social network or friends (e.g., currently in program)?
     
     1. If yes, contact friend/referrals and the like.
     2. If no, proceed to next step.
d. Try to locate women fitting her background/description on social networking sites and local escort sites (work with SAGE case managers to verify identity).

e. Identify appropriate social network entry points in known geographic areas of solicitation, including Polk Street and Capp Street; establish rapport and gain trust among regulars. Particularly important to find a well-known, trusted liaison person (e.g., could be an outreach person well-known to track regulars) or a track regular, and ask for assistance.

f. Identify regular location (e.g., coffee shop) where you can be found easily if women are interested in doing the survey over coffee, and the like.

g. In general, try to complete follow-ups with those who are more easily located first, then move to the more difficult situations.

h. Post flyers in front lobby of the SAGE Project and in other agencies, such as the Larkin Street Center (see appendix C for flyer).

Over time, numerous other methods were employed to locate women for the generative interviews similar to those used to locate participants for the follow-up survey. These included searching on social networking sites, such as craigslist and MySpace, and hiring a street ethnographer who visited the study participant’s last known residence of record, made telephone calls, visited youth and woman’s shelters, and canvassed known areas of prostitution in the San Francisco area.

Analyzing Generative Qualitative Interviews

The extended qualitative interviews were recorded in digital audio, transcribed onto computer disk, and entered into the QSR NU*DIST database. Analysis was also accomplished using NUDIST InVIVO, with extensive files created by coded category of information and for each respondent by code. These analyses were conducted by the Co–Principal Investigator (Co–PI) and the Research Analyst. The process and products were as follows:

- **Step 1. Narrative Text Coding:** Two types of coding were undertaken, using NUDIST InVIVO text analysis software. First, text was coded by research variables described earlier. Second, the Co–PI undertook a more in-depth coding process, beginning with codes derived from key research issues and expanding based on actual content. Each of the above coded factors was identified through a short descriptor, for example ENTRY TO CSEC or EXIT CSEC for text describing entry and exit routes from prostitution. As the initial text review proceeded, additional codes were added based on themes, issues, or terminologies that appear frequently in the text.

- **Step 2. Identification of Common Themes and Constructs:** The coded qualitative data (in narrative text form) were analyzed for common themes with respect to the research issues stated previously. Common themes were drawn from the data in two ways. First, once coded, all text segments responding to each code and subcode were pulled and
reviewed for thematic commonalities or clusters of commonalities. Because the interviews took the form of life history interviews (within a limited scope), it became clear during the coding process that data under specific codes for such topics as entry/exit to CSEC, family background, experience with SAGE, and others appeared to cluster in subgroups of girls who shared some common characteristics. For that reason, we began to organize the coded data around trajectories—common pathways of CSEC risk and involvement and their associated individual/social background characteristics. Thus the analysis took the form of delineating a typology of trajectories. Circumstances and needs within and across trajectories were then identified from the coded data.

- **Step 3. Use of the Analyzed Text Data:** The above processes (coding, thematic analysis) were used for multiple functions. First was to identify consistencies in text data that reflect consistencies in SAGE program participants’ experiences and attitudes/perceptions. These data responded to the exploratory research questions. Second, the process of coding, narrative mapping, and thematic identification was also used to identify and operationalize a typology of trajectories (as noted) along with the kinds of variables that could be measured for program clients within and across trajectories. Third, the data on identified outcomes and pathways could be used to generate draft program logic models.

**Barriers and Issues That Arose During the Evaluation**

There were issues that arose during this study that required revising the length of the follow-up period, reducing the expected sample size, and retaining subjects during the follow-up period. The reasons for these issues are discussed below.

**The Length of the Follow-up Period**

The transitory nature of the population made it exceedingly difficult to locate the study participants even once, let alone multiple times. While it was expected that this study population would be difficult to locate, the impediments exceeded the study expectations. For example, many participants changed phone numbers and residences frequently. Even more problematic was the fact that many simply changed their names. Some participants become reinvolved in the commercial sex industry and feared retribution from participation in the study while others succeeded in removing themselves from the industry and wanted to forget about their past. They avoided contact with SAGE so as not to be “retraumatized.” The participants often do not want to be found. As a result, we eliminated the 6- and 12-month follow-up periods from the design. DSG, NIJ, and the SAGE staff felt that the 3-month follow-up would be sufficient to measure program impact. To encourage this, we gave participants $15 gift card incentives to call in monthly and tell us their current phone number and address (see appendix C). This procedure worked extremely well and increased the numbers who responded to the follow-up survey.

**Sample Size**

The original sample size was based on estimates provided from SAGE. It was anticipated that the LIFESKILLS sample would be roughly 68 girls, while the EIPP sample would yield roughly 129. In fiscal year 2004, the LIFESKILLS program served 28 new clients. However, this figure dropped to 15 new clients in FY2005. Because 15 subjects was not a sufficient sample, the data collection period was extended to more than 2 years. Similarly, based on previous estimated, it
was anticipated that the study could enroll roughly 30 GRACE subjects a year. However, from October 2005 to July 2006 (10 months), GRACE served only 29 young women. Consequently, NIJ agreed to a revised combined sample size of 55. The comingling of the populations is reasonable because, while the two programs are discrete with slightly different populations and lengths of treatment, they both operate under the same theoretical treatment model.

There were numerous reasons for a surprisingly and unexpectedly small sample.

First, the most significant problem was a lack of funding. SAGE had terminated its contract with the Safe House, which had been the primary source of LIFESKILLS program referrals into the study. Further, in the absence of the SAGE safe house, girls who required housing assistance were sent to the Euclid House and staff at the Euclid House would not provide guardian consent to SAGE girls who resided there. During 2007, the San Francisco Probation Department grant had not been renewed; so, until it was reinstated, there was insufficient funding for a full complement of staff. These interruptions in funding led to high turnover and slow replacement of staff.

Second, there was a lack of referrals. Though the project assured DSG and NIJ that they would accrue 6 new clients per month, this almost never occurred. New referrals generally were in the range of 1 to 2 per month. According to staff, referrals are down because street prostitution is down in San Francisco. Girls are being brought to the suburbs, especially San Mateo and the East Bay area. Staff also reported that much of the commercial sex trade has moved onto the Internet, through such sites as craigslist. In addition, as a result of SAGE’s efforts in getting police and prosecutors to view girls as victims rather than charge them with prostitution, fewer girls were arrested. This also lowered the number of girls referred to the program. Finally, after the SAGE safe house closed, some referral agencies were under the impression that SAGE was no longer in operation.

In response to the dwindling number of referrals, LIFESKILLS began traveling to the San Mateo detention center and conducting LIFESKILLS groups in detention, and several girls from San Mateo were enrolled into the program. In addition, SAGE managers held numerous meetings with the Probation Department and judges to increase court and probation referrals. Once their funding was renewed, SAGE hired a new staff member to actively recruit girls from the Youth Guidance Center.

Third, anecdotal evidence from eligible study participants revealed that the incentives offered for study participation were insufficient. The $15 dollar gift card did not appeal to the older girls/young women enrolled in the GRACE program. It was repeatedly stated that they could make the same amount on the street with only half the effort. As a result, four actions were taken. First, the gift card amount was raised from $15 to $25 for GRACE participants, and later to $50. Second, for taking the survey, participants were given a 1-hour credit toward their court-ordered hours of required service. Third, a postcard-size “keep in touch” card was developed and handed out at the end of the baseline survey and clients were offered $15 to phone in with their phone and address monthly. At the third month, a time was scheduled for the 3-month survey. Fourth, we offered $60 whenever a staff person referred a young woman who qualified for participation in the study and completed an interview.
Improving the Retention Process
Retention of study participants was a significant challenge for this evaluation. Numerous tactics were used to find study participants for the follow-up survey. As mentioned above, we provided $15 incentives each month when a participant called in to DSG’s Onsite Field Research Coordinator and provided her current phone number. DSG staff conducted searches of various social networking/Internet sites to locate hard-to-find participants, and nine study participants were located through these sites. Of the nine whose identities were confirmed by SAGE staff, five responded to messages and requests to complete the survey and four completed a qualitative interview, a survey, or both. In addition, DSG hired a street ethnographer who located appropriate social networks and street locations of study participants, attempted to reach participants at their last known residence of record, and to find eligible SAGE clients for the remaining qualitative interviews. She conducted Internet searches and telephone calls, mapped known areas of prostitution in the San Francisco area, and visited youth and women’s shelters and last-known residences of SAGE study participants in an effort to locate them. However, she was unsuccessful in reaching any of the young women we needed, but did make occasional contact with family members who were unaware of the study participants’ whereabouts.
3. Formative Research Results

The following are thematic summaries of notes/taped records from the formative focus groups and key informant interviews (see appendix B for focus group protocol). These interviews provided key information for full development of the quantitative survey. In addition, much of the information obtained from the formative research was supported by data collected in follow-up site visits and generative interviews.

LIFESKILLS Program and Client Background

Description of the LIFESKILLS Program and Referral Process

**GENERAL INTRODUCTION**

Arriving at a clear definition of the LIFESKILLS program model was a complex task. Because LIFESKILLS is part of a wraparound set of programs and services (a continuum), concentrating only on those girls who attend specific sessions may “miss the point,” according to staff. Moreover, staff objected to the term *prostitute* for girls in the LIFESKILLS age category, considering them as *victims of abuse*. At first, LIFESKILLS worked with girls who were in custody. The program provided counseling, started an “in-custody group,” took automatic referrals for girls charged with sex work, and identified girls involved in “at-risk activities related to sex work.” In addition, staff “met with any girl who was in the hall” (“hall” is a reference to the Youth Guidance Center or YGC).

The number of girls staff work with, and the source of program recruitment, varies. The political climate, for example, affects the blend of program clients. At the time of the formative focus groups/interviews, staff said that San Francisco police were “not criminalizing girls on the street,” resulting in fewer numbers of girls in the juvenile justice system directly charged with crimes related to commercial sexual exploitation (versus at risk for CSE).

Down at the San Francisco YGC, the protocol of LIFESKILLS activities at the time of the visit included the following:

- A 1-hour group facilitated by SAGE held once a week. One-on-one crisis counseling and individual meetings held daily.
- Negotiating a “highly delicate” web of relationships with other community-based organizations (CBOs) and juvenile justice providers (probation officers, district attorneys, public defenders, etc) at the YGC. Services were provided to girls by many of these groups. These relationships had to be managed and nurtured, like “walking a tightrope,” according to staff.
- At YGC, SAGE was part of a consortium of gender-specific providers, and SAGE staff attended a weekly case review for all the young women in custody with these other program/service providers.
- SAGE staff provided court advocacy, accompanying girls to court for pre-adjudication hearings. Judges, public defenders, district attorneys, and probation officers often sought recommendations from SAGE.
• Receiving referrals for CSE offenses. Though SAGE staff saw girls/young women who had a range of issues, they often did not find out about sex trade activities until the girls were in individual and group sessions for other problems. Probation officers sometimes let them know about at-risk girls. Sixty percent of referrals were mandated out of custody and into LIFESKILLS.

• Conducting assessments with girls in custody whom they saw more than once. These assessments included a victim assessment, a “lightening” assessment, and drug/alcohol abuse assessment, as deemed appropriate on a case-by-case basis.

Staff noted that outside of the YGC, some clients were self-referrals or referrals from schools and other CBOs, social workers, family members (particularly parents), and through friends already in the program. SAGE was well known in the community and to the girls, because most of its staff are CSE survivors.

CURRENT PROCESS DESCRIPTION (AT TIME OF FORMATIVE INTERVIEWS/FOCUS GROUPS)
Following referrals from out-of-custody to community-based programs and services (or referrals directly to SAGE out-of-custody programs from various sources), the general progression of intervention components was as follows:

• **Tuesday Night Meetings.** At the Youth Guidance Center, meetings were held every Tuesday from 4:30 p.m. to 7:30 p.m. The atmosphere is familylike and supportive. Dinner is served, as a group meal, from 4:30 to 5:00, preceding the structured activities. From 5:00 to 6:00, educational and interactive sessions are held. Topics and activities vary, depending on “what the girls need,” including sexual exploitation, self-esteem, domestic violence, gangs, integrative art, and other issues. After a break, a “check in” session is conducted, in which girls talk about their current situation. Afterward, attendees are all assigned a chore and driven home. These ongoing Tuesday night sessions sometimes served as a recruitment channel for the program, according to staff, particularly when program participants brought other girls to the session (very rare). Often the first point of contact into LIFESKILLS was on a Tuesday session, either with referrals from in-custody, court, or outside sources. The Tuesday sessions were the primary venue for “group work.”

• **Assignment of a Case Manager.** After new recruitment and the initial Tuesday night session for new clients, staff met and assigned each new client a case manager. These clients went through an intake process and began regular contact with their case manager. The case manager attempted to conduct a full intake assessment and initial treatment plan within the first month after assignment. The case manager addressed clients’ emotional needs first and concentrated on harm reduction if they were still involved in the life. (Typically, case managers are not assigned until the girl had been to at least two groups, and assignments were made in one of two weekly team meetings, on either Monday or Tuesday.)

• **Ongoing Case Management and Peer Counseling.** Case management was described as a one-on-one process, highly tailored to individual need. Typically, case managers meet with clients for between 2 and 4 hours each week. Personal interaction and trust is key;
case managers meet their clients where they are and “do whatever it takes to get the job done,” including providing transportation and other supportive services. Consequently, the personal bond may become so strong that the LIFESKILLS program is often known to clients by their case manager—it is “Cece’s program.” Case managers essentially are available (within limitations) at all times, including weekends. They are “with them [clients] in their life.” Case managers are like “parents, partners, mentors, and older sisters,” providing advice, access to services, monitoring of behavior, and some outings, including shopping and outdoor trips. Another important function of case managers is to model basic behaviors “that clients have never seen,” including appropriate ways of talking to employees in a store, and how to positively negotiate numerous life situations. Many of the girls come from a “different space… of interaction with the world.” Case managers record their interactions and impressions in DAP (Description, Assessment, Planning) notes. In addition, staff meet regularly each week for case review.

SAGE staff noted that close monitoring of clients was necessary to prevent losing the girls and to attend to their high level of need. However, a potential danger mentioned in focus groups was the development of codependent relationships. Case managers have to watch their interactions and manage boundaries carefully to prevent this.

- **Graduation and Dropping Out.** Graduation, if it occurred, usually came after about 6 months to a year of continuous involvement in the program. Some girls “age out” of the program and are referred to other modalities (see below), including the Girls Reaching Adulthood through Community Empowerment (GRACE) program. However, some clients older than 18 maintained a relationship with LIFESKILLS in some way. Technically, girls were considered to have dropped out if they missed three group meetings in a row. However, in practice, this was determined more flexibly, on a case-by-case basis. And girls could be readmitted later; if this happened, their files were updated. Where possible, some contact was maintained with girls who dropped out. In general, SAGE does not “kick girls out” easily. Continued contact is “the ongoing thing that keeps them from being… dead.” There is only one situation where girls are in fact kicked out—if they recruit girls in the LIFESKILLS group for commercial sex.

The term mentioned by some staff in the groups to summarize the criteria for graduating was *stability threshold.* Program participants were said to have reached this threshold when they 1) moved through phases of the program and met specific activity requirements, the achievement of which was recognized, 2) they wrote their life story, and 3) their behavior had sufficiently changed—though it must be noted that indicators for determining the achievements as described were unclear. Attaining a stability threshold involved a subjective evaluation, according to SAGE staff.

- **LIFESKILLS** clients were also offered family preservation services, family or individual therapy, and family supportive case management, provided as needed, on a case-by-case basis. (In cases where both individual and family therapy is indicated, these were referred out for individual therapy.)

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*Not everyone had heard of or used this term.*
Beyond LIFESKILLS. There were several other modalities or programs for girls that extended beyond LIFESKILLS, and were intended to address a variety of situations. Girls who graduated from LIFESKILLS, but who were assessed as in need of ongoing contact were referred into the GRACE program. Transition-age young women (18 to 24) could also be referred into GRACE. In situations where a young woman had been deeply involved in CSE and when she required a high level of residential care, she might be referred into the SAGE safe house. An interagency collaboration, this was an autonomous facility with six beds for girls/young women who “needed to escape to get away from the life.” Girls were placed in this “safe house” as an alternative to other residential placements and might come from outside the San Francisco area. In addition, residents of the SAGE Home typically participated in GRACE or LIFESKILLS as part of their treatment plan. The SAGE House was viewed as part of the comprehensive continuum of care provided in youth services.

SUCCESS INDICATORS
The nature of interaction between the LIFESKILLS program and clients is highly fluid, and staff didn’t generally approach their task with specific success indicators in mind. Success is based on an implicit harm reduction model, in which program success is viewed as a product of an ongoing relationship, enabling girls to counterbalance those negative factors in their life situations that increase their risk for involvement in the sex trade, or that keep them in the sex trade if they were already involved. “Success is building relationships over time,” it is often said. So, for example, if staff maintain continued contact with a client even during a period of risky behavior, that is a success. If clients continue to “hang around” at the program office after graduating, that is a success. The program seeks to “build self-management” skills, even if these are used sporadically.

Description of the LIFESKILLS Population
Girls involved in the LIFESKILLS program, in general, came from very high-risk environments. The most typical age range of involvement was from 15 to 17 years old. According to staff, characteristics of LIFESKILLS girls included the following:

- **Victimization/Significant Trauma.** This includes abuse (physical, sexual), economic hardship, unstable home life, drug and alcohol abuse, foster care, juvenile justice involvement, families with intergenerational crime, family dysfunction resulting from immigration, and inability of parents to maintain authority in the new environment.

- **Variable Ethnic Makeup.** Clients were primarily young women of color—African American, Southeast Asian, Asian/Pacific Islander (at the time of the site visit, one client was of Samoan background), Latina (both Mexican and Central American).

- **Living Situation.** Most program clients came from urban, low-socioeconomic-status neighborhoods, high poverty levels, or “projects.” About 25 percent were said to live with biological parent (or parents). Others lived with relatives or other adults. Some were homeless. Those who came from their “home of origin,” however, were most problematic. Many were from single-parent homes—which, according to staff, led to difficulties in relationships with males. Some were children of teen parents; others were...
teen parents themselves. Some had deceased parents, who often died as a result of drugs or violence.

Description of the ‘Lifestyle’
LIFESKILLS staff addressed not only commercial sexual exploitation/sex trade involvement per se but also the continuum of risk that begins before such involvement and includes many stages of involvement. Early intervention and prevention were viewed as key principles. In focus groups, SAGE staff sketched out a typical chronology as one way to describe the “lifestyle,” noting where the LIFESKILLS program intervened. Chronological stages were described as follows:

1. Initial home/community trauma. Poverty, no money, and the like.

2. At puberty, first potential for vulnerability.

3. Rape, abuse, or multiple trauma exposure. Domestic violence referral. Possible first involvement in LIFESKILLS program. All points after this are possible referral points into the program.

4. Street community becomes “family.”

5. Risk behavior, drug running and sales (typically working for older men), survival sex. Beginning of sequence of arrest, involvement with juvenile justice system.

6. Leave home, kicked out of home, taken out of home.

7. Start looking for financial security, or begin pattern of resource-seeking behavior.

8. Glamorize prostitution, get high from sex, glamorize situation. Involvement with older men. Warning signs of involvement.

9. Involvement with pimps, who often present themselves as “boyfriends.” Wooing and seduction are part of the process, and for girls there is an illusion of a relationship. Pimps, however, sense vulnerability and manipulate girls into sex for money. The first time may be in tandem with one of the pimp’s other girls." A “gorilla pimp” is typical of later stage involvement. “Gorilla” pimps kidnap and use violence, threats, drugs. Only a small percentage of girls initially go out on “the track” without pimp involvement.

10. Trafficking—for example, to Las Vegas or Hawaii.

11. Continued involvement. After first involvement, the girl’s identity is “spoiled.” She is kept involved with drugs, often Ecstasy (which doesn’t damage her looks as heroin or

*The term bottom bitch refers to a longtime member of the pimp’s retinue of girls. She may be a little older, more addicted. She acts as a kind of “wife-in-law” and is used for various tasks; for example, the bottom bitch may take a new girl out shopping for clothes.
crack does). Substance abuse at this point is of a different character than it is for the adult population. It can be seen as abuse, but not (yet) addiction.

12. Specialization. Street prostitution, Internet (e.g., craigslist, Friendster, match.com), hot tubs/public bathhouses. Internet prostitutes penetrate more legitimate dating sites by use of keywords (e.g., “girlfriend experience” means without condom; “NSA” means no strings attached). Street prostitution is the most abusive.

13. In-and-out pattern of involvement. When a girl is more involved, signs include skipping school, home trouble, stormy relationships, cell phone always on, new clothing, increased substance abuse, compromised health. Triggers include various life interruptions or change, such as leaving probation. The “life” is seductive. Moving away can help.

14. Pattern of arrest, being “on the run.” This, said staff, is a “high alert” phase.

15. Later stage—pregnancy, hospitalization, death, poor physical and mental health.

GLAMORIZING THE CULTURE
SAGE staff also described the ways in which the “culture of prostitution” is glamorized and disseminated. There is an “American Pimp” video, directed to men, playing up the connection between being a pimp and reputation. There is a book on how to be a pimp. In it, vulnerable girls are identified, given names—“chicken head” and “hood rat,” for example. Interestingly, staff referred to author Donald Goines, who wrote many books about urban life, including one called “Whoreson,” in which the main character’s mother is a prostitute, his father a trick. Snoop Dogg and hip-hop/gangsta rap play this up. The life is glamorized for young girls. “It’s about the money.”

GRACE Program and Client Background

Description of the GRACE Program

GENERAL INTRODUCTION
These programs target women 18 and older, and as such are significantly different from the LIFESKILLS program because program clients are not at the early developmental stages of risk as described above, though they may have been in the early stages of involvement in prostitution. Most clients come to GRACE (or previously EIPP) because they were arrested for solicitation by way of the District Attorney’s office. In addition, the timeframe for involvement in the program is much shorter. While GRACE shares the same philosophy of ongoing contact, harm reduction, and the building of a support network, women are typically involved in GRACE for a required 25 hours for one charge. Eight additional hours are tacked on for each additional charge. A minimum of 6 hours per week must be completed, either in individual or group work. Moreover, as described below, while some of the women in GRACE are essentially the same population as LIFESKILLS at a later age, a significant proportion come from a different background and path. The general process of intervention, though, is similar, including assessment, a treatment plan, case management, various kinds of groups, counseling, and therapy, activities, job training, and referrals.
While formal program involvement is brief, some women go through more than once if they are re-arrested. An estimated 15–20 percent of the women are returnees. SAGE staff said they even see some women for 2 years or so, because if the intervention is still “early intervention” for someone, “SAGE is still the only alternative.” Women who began their involvement earlier are typically working with a pimp, have more substance abuse problems, and have no educational skills.

**CURRENT PROCESS DESCRIPTION**
Following arrest and referral to the program, the general path of activity is as follows:

- **Assessment.** Women referred to the program are first assessed in numerous areas—a prostitution assessment, psychosocial assessment, substance abuse assessment, goals, education, trauma assessment, and trafficking assessment.

- **Development of a Treatment Plan.** Following assessment, a treatment plan is developed for the required number of hours.

- **Ongoing Case Management and Treatment Activities.** As in LIFESKILLS, GRACE case management is a one-on-one process tailored to individual needs. There are several group activities included in the mix—an anger management group and a trauma education group, to name two. In the groups, there is some sharing of risk and bad experiences. Other activities include holistic healing sessions, acupuncture, art therapy, drama therapy, “outings,” vocational/job skills help, and medical referrals, where needed. At one point, GRACE clients 18–24 years old sometimes worked with EIPP, but the two programs then merged. The women in GRACE come from multiple situations, and not all want to stop their involvement in prostitution. For those who do not, the primary emphasis is on safety (again, a harm-reduction approach).

- **Graduation.** Graduation is held after completion of the required number of hours. All are invited to attend, but usually about 15 or 20 participants do in fact attend.

**SUCCESS INDICATORS**
Because the GRACE program is postarrest, shorter, and in that sense more defined, the program itself is not as fluid as LIFESKILLS. Clients go in and out of involvement in program components. Yet involvement with the women is still in many cases ongoing, either because they are re-arrested and return or because of ongoing contact. The goals and measures of success are similar in character to LIFESKILLS: GRACE staff hope to “plant a seed” in program participants, a seed that seems best captured by self-empowerment at some level, and support on another. GRACE staff want their participants to gain at least the beginnings of a support system, to have an increased awareness about health risks, and to have a safety plan—for example, if they are going to stay involved to work in pairs, use condoms, and “go inside versus on the street.” They hope that participants “know that someone holds that vulnerable part” of themselves, that they have at least one relationship (with SAGE) that is not exploitative—an “umbilical cord.” In part, this can be measured by recontact, decisions to make life transitions, and willingness to open up to a situation where further help is possible.
There was some discussion by staff of the construct “return to legitimate society.” Preliminary indicators were described as including:

- Healthy relationships (friends out of the lifestyle, healthy intimate relationships)
- Educational involvement
- Paying one’s own rent
- Buying one’s own things; economic self-sufficiency
- Being able to speak one’s mind, make decisions
- Being able to make decisions that are “right for them”
- Self-assertion
- “Being OK with one’s past”
- Increased self-esteem

Description of the GRACE Population

Based on staff discussions, there appeared to be two general categories of women involved in the GRACE program, all from San Francisco or the Bay Area:

- Women who came from the same background and risk profile as girls in the LIFESKILLS program, only at a later stage of involvement in the lifestyle as described. These were primarily women of color—African American, Asian (Chinese, Thai, Vietnamese, who were often working in massage parlors), and some Latinas (Mexican).

- White women who came from middle class or even higher income backgrounds, but who did not do well in school, had low-level jobs, were making less money than they expected, and were therefore vulnerable to recruitment. These women were “not necessarily from broken homes” either.

At the time of the site visit, most GRACE participants were in their 20s or early 30s—though the evaluation concentrated on young women in the 18- to 24-year-old category. They tended to be substance users, but did not self-identify as addicts. The older they were, however, the more likely they were to have a substance abuse problem or addiction. The higher socioeconomic status/white women were often motivated by a need to keep up a lifestyle that fit their perceived economic standing. However, one key category of GRACE women, again, came from the same lifestyle path as LIFESKILLS girls—characterized by poverty, abuse, and the street.

Common to both categories of participant, though, was a lack of education. According to staff, a key characteristic of all who were involved in CSE was the cessation of involvement in school. For some of the women, there may have been issues of learning disabilities (also applies to girls in LIFESKILLS). Also common appeared to be a concept of involvement in prostitution as a choice, as a path to self-worth, as empowering. This was an important issue, because it was part of the way in which these women understood their involvement, and part of their motivation. There is an “empowerment role” inherent in the sex trade, according to SAGE staff interviewed, though this is gone once they get older, and is perhaps truer if they work independently (as opposed to working for a pimp). The women have “big ambitions, low self-esteem.”
It often takes time before women understand the negatives of working for a pimp. After they are with a pimp for a while, there is abuse, and they may become the “bottom bitch”—the woman in the group who essentially performs tasks and service functions for the group of women working with a given pimp. And the more a pimp is a “gorilla pimp” (abusive), the more there is abuse, and the more likely a woman is to have substance abuse problems and engage in sex for drugs. Yet there is often a family-like structure in the organization surrounding a pimp. Older women may have children by the pimp. The “family unit structure” may become intergenerational.

Description of the ‘Lifestyle’
As described above, there were two categories of women in the GRACE program, according to staff. The description of the lifestyle for the lower socioeconomic (SES) status women with backgrounds similar to LIFESKILLS girls is the same as described above in the section on that program. Continuation after age 18 is an extension of the same continuum. The discussion below concentrates on the lifestyle continuum for clients who came from higher SES backgrounds and were primarily white women, beginning around age 18. Chronological stages were described as follows:

1. These clients (before and up to age 18) have some school or other problems. They have attention and esteem needs.

2. They try several jobs, but none that make much money or are rewarding. At this point, they are vulnerable for recruitment into the sex trade and may have “the option in mind.”

3. Points of first recruitment: friends who made money through prostitution. Some of these women are recruited through health clubs, parties.

4. They may first try related options, including exotic dancing, dance clubs, and the like. Typical age: early 20s. A common thought is to do it a few times or for a short period, make money, and get out. One purpose is to “meet men.”

5. They are arrested for the first time. First contact with grace program.

6. If they continue, they may then become involved with a pimp and may then become part of a cycle of abuse, substance abuse, arrest, and poor health or homelessness.

Glamorizing the Culture
The element of glamour attached to prostitution seemed to be a constant across both programs and, in GRACE, among both types of clients. For the higher SES clients, the “glamour” appeared associated with both money and class—the latter related to one of their motivations for involvement in the first place, the desire to live a lifestyle that is more in line with higher earning peers and with expectations of what their status should be based on their social background.

Suggested Evaluation Constructs and Preliminary Indicators
As noted, a key purpose of the formative research was to identify potential variables for use in assessing program success, either in the survey component included in this evaluation or for future efforts. Based on the focus groups and key informant interviews, the general reaction to
the two evaluation constructs included in the original National Institute of Justice solicitation—return to legitimate society and duration of engagement in prostitution—was as follows:

- **Return to legitimate society** is not a meaningful construct for impact measurement, because most girls in the program do not reach a point that could be described that way, and because they have “one foot in both worlds” in any case. A more useful construct is **integration with legitimate society**, which can be measured in more relative terms—degree of or level of integration.

- **Duration of engagement in prostitution** may also not be useful as a measurable construct, since the kinds of behaviors and risks that LIFESKILLS girls are involved in/exposed to—which are addressed by the program—are much more varied and complex than prostitution, per se.

- The impact of the LIFESKILLS program can be understood in phases or stages—crisis stabilization, assessment, building life skills, then increased integration into legitimate society.

Some, but not all LIFESKILLS staff understood the program to encompass several stages of involvement and success for clients. It must be noted that this “stage” model was not understood or shared by all staff. However, it may represent one approach to solidifying a useful evaluation model for future programs like LIFESKILLS. Based on formative discussions, the stages and potential indicators for measuring progress through the sequence are as follows:

### Phase 1. Crisis Stabilization
Possible indicators include

- Reduction in relapses
- Rehospitalization
- Rearrest

### Phase 2. Assessment
Possible indicators’ include

- Assessments completed
- Problems/issues identified

### Phase 3. Building Life Skills
Changing personal characteristics that are associated with victimization include

- Substance use
- Symptomology (posttraumatic stress disorder, depression, anxiety, self-esteem, etc.)

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*These were said to be success indicators because, before their involvement with LIFESKILLS, most program clients never had such assessments or problem identification—a precursor to addressing their situations.*
• Level of involvement in prostitution (type of commercial sex work, amount of money made from commercial sex work, number of sexual partners in commercial sex work, safe sex in commercial sex work)

**Phase 4: Increased Integration Into Legitimate Society**
Changing environmental characteristics that are associated with victimization include

• Employment (holding a job that is not in the “street economy”)
• Education (completing a GED or diploma equivalent, enrolled in/attending school or other educational program)
• Family relationships (reunification with family, emancipation, addressing domestic violence)
• Peer relationships (healthy social connections, involvement in healthy relationships, involvement with gangs)
• Victimization (number of victimization episodes)
• Degree of exploitation (awareness/knowledge of exploitation, decreased episodes of exploitation)

Regarding the last point, “episodes of exploitation,” or “degree of exploitation” could be measured by

• Decreased commercial sex involvement or at least reducing risk level of commercial sex
• Leaving commercial sex
• Increased understanding of one’s own exploitative situation
• Ability to identify safe/unsafe situations and predatory situations
• Maintenance of positive social connections
• Creating and following through with safety plans
• Resiliency, efficacy, sense of control over life
• Control over finances and budgeting
• Self-reliance
• Self-report movement and involvement in trafficking
• Episodes of date rape
• Involvement in gangs
• Boyfriend involved in gangs
• Involvement in violence—self-report
• Reporting victimization/asking for help

**Incorporation of Formative Results in the Development of the Quantitative Survey**
Following the purpose of the phase 1 research, formative data were used in the development of the final survey instrument. The following constructs derived from understandings about the SAGE model. The client population and the nature of the lifestyle drawn from the formative
research were incorporated in the survey through the identification, adaptation, or development of scales:

- Prostitution beliefs
- Social support
- Level of involvement in CSE
- CSE setting
- Reasons for CSE involvement

Findings in each of these areas are presented in the next chapter.

**Logic Models**

Based on the information and results of both qualitative phases, the following are logic models for both LIFESKILLS (figure 3.1) and GRACE (figure 3.2) programs. These logic models link contributing factors (for CSE or risk) to program components and to expected outcomes/impacts. They are based on the actual operating models and practices of the program staff and clients, not necessarily on documented information about the programs.
Final Report: Evaluation of the SAGE Project’s LIFESKILLS and GRACE Programs

Figure 3.1 SAGE LIFESKILLS Program

**Problem**
Girls/young women at risk or CSE involved

**Goals**
1. Prevent CSE involvement (if not involved) and reduce risk
2. Exit from CSE (if involved) and reduce risk
3. Harm reduction

**Objectives**
1. Establish and maintain relationship
2. Increase awareness of exploitation, safety
3. Address mental health, substance abuse

**Activities/Outputs**
- Engagement Period Process (3 months)
  - Referral and recruitment (several sources)
  - Tuesday night sessions
  - Preliminary participation in groups
  - Case management

- LIFESKILLS Participation (6–9 months)
  - Case management: Change behavior norms, refer to services, establish trust/support relationships
  - Educational sessions
  - Group sessions

**Outcomes**
- Willingness to change and commit to program
- Increased self-awareness
- Increased trust
- Increased awareness of exploitation and risks
- Return to school or increased attendance; increased school bonding
- Improvement in substance abuse/mental health issues
- Increased efficacy for mainstream behavioral norms
- Increased knowledge of positive options

**Impacts**
- Exit from CSE (if involved), involvement in positive alternatives
- Avoidance of CSE (if not involved), involvement in positive alternatives
- Reduction of risk if still CSE involved
- Involvement with positive peers and social environment relationships

Development Services Group, Inc.
FIGURE 3.2 SAGE GRACE PROGRAM

PROBLEM
Young women involved in CSE (arrested)

GOALS
1. Exit from CSE
2. If no exit, reduce risk

OBJECTIVES
1. Establish and maintain relationship
2. Increase awareness of exploitation, safety
3. Address trauma

ACTIVITIES/OUTPUTS

GRACE Participation
- Court referral
- Participation in group sessions, educational sessions
- Participation in other therapy and trauma reduction sessions
- Completion of required hours

OUTCOMES
- Increased awareness of exploitation and risks
- Establish support relationship(s)
- Improvement in trauma issues
- Increased knowledge of positive options

IMPACTS
- Exit from CSE, involvement in positive alternatives
- Reduction of risk if still CSE involved
- Maintain support relationships
- Involvement with positive peers and social environment relationships

Development Services Group, Inc.
4. Outcome Evaluation Findings

Baseline Descriptive Data
The baseline descriptive statistics of the sample are displayed in table 4.1. All subjects were female. The principal data collection instrument at each of the two assessment periods was the SAGE Participant Survey (see appendix F for the baseline survey and appendix G for the follow-up survey). As evidenced in the descriptive data, much of the difference in characteristics between LIFESKILLS and GRACE clients is due simply to differences in age and commercial sexual exploitation (CSE) involvement—particularly since GRACE clients are older and most are involved in the program for a short period as a sentencing requirement following arrest for prostitution. While certain characteristics of both LIFESKILLS and GRACE clients support characterizations resulting from the Formative (chapter 3) and Generative (chapter 6) research components, some anomalies do exist.

Race and Age
Overall, the sample consisted of mostly multiethnic (29.6 percent) and African American (27.8 percent) subjects but also included a substantial proportion of Hispanic (22.2 percent) and white (14.8 percent) subjects. While the LIFESKILLS group included more Hispanic and multiethnic subjects, the difference was not statistically significant. The mean age of the full sample was 18.4 years. The mean age of the GRACE group was 22.3 years, while the mean age of the LIFESKILLS group was 15.7 years—statistically significant but reflective of the different client base for each program.

Education
In general, educational levels, expectations, and commitment were low for SAGE clients, in keeping with the at-risk profile of most victims of CSE. Education achieved and educational aspirations were measured on a 10-point scale ranging from “attended junior high school or less” to “completed a graduate degree.” (See table 4.6 for the frequency of each response.) The full sample included 5 subjects (9.8 percent) whose highest level of education achieved was junior high, 28 subjects (54.9 percent) who attended high school, 5 subjects (9.8 percent) who received a GED, 3 subjects (5.9 percent) who had graduated from high school, and 10 subjects (19.6 percent) who attended some high college.

Because they are older, the GRACE group is slightly better educated than the LIFESKILLS group. Compared with the LIFESKILLS group, the GRACE group included more subjects who graduated from high school or received a GED (28.5 percent, compared with 6.6 percent) and attended some college (42.9 percent, compared with 3.3 percent). On average, the highest level of education achieved for subjects in GRACE was 3.05. Conversely, the highest level of education achieved for subjects in LIFESKILLS was 1.10. While there is no direct interpretation for this finding, the statistically significant difference indicates that on average the GRACE group achieved higher levels of education than the LIFESKILLS group, though this should be understood in terms of the age difference as noted. While the educational aspirations for subjects

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*Subjects self-identified ethnicity and were permitted to choose multiple categories to incorporate multiethnic subjects.
†The record of a single 15-year-old subject had her erroneously marked as having received a graduate degree as the highest education achieved. This response was recoded to “attended high school.”
in the GRACE group was slightly higher (5.65 for GRACE and 4.67 for LIFESKILLS) the difference was not significant.

Commitment to education was measured on a five-point scale, ranging from not at all important to extremely important. The mean score for commitment to education for the full sample was 3.07, indicating that the respondents considered education somewhat important in their lives. There was no difference between the subjects in the GRACE and LIFESKILLS group on commitment to education.

**Family and Friends**

Most data on family background further support the profile of risk for SAGE clients. As would be expected, very few (9.5 percent) GRACE clients live with a parent or guardian, because they are no longer minors. Conversely, 80.7 percent of the LIFESKILLS subjects did live with a parent or guardian. However, both LIFESKILLS and GRACE clients came from fragmented families. Overall, almost half (48.1 percent) of the subjects in the full sample indicated that their parents were married at one time and 52 percent of these married parents eventually were divorced. Moreover, a sizable portion of all respondents indicated that their family experienced one or more of the following disruptions: at least one parent died (17.3 percent); at least one parent lost their job (47.2 percent); at least one parent was arrested (63.5 percent); at least one parent spent time in prison (41.5). Group comparison reveals that the parents of the subjects in the GRACE group were more likely to have been married (59.1 percent, compared with 40.6 percent) but also more likely to be divorced (76.9 percent, compared with 25.0 percent). The subjects in the GRACE group were also more likely to have a parent who died (23.8 percent, compared with 12.9 percent), though again this likely is due to the fact that the subjects are older, suggesting that their parents are older. Nevertheless, only divorce was statistically significant.

There were data that diverged from this pattern. Parental supervision and parental involvement, assessed for only the subjects in LIFESKILLS, were measured on a four-point scale, with higher scores indicating lower parental supervision and involvement. Overall, the LIFESKILLS subjects indicate a higher level of parental supervision and involvement than one would expect from this high-risk population. Respondents reported an average level of parental involvement (2.41) and slightly better than average parental supervision (2.26). There are many potential reasons for this—including the fact that arrest, adjudication, and placement in a program like SAGE requires a certain amount of parental contact and involvement for girls in this age category. We do not have data that could illuminate the nature of the parental contact or supervision in these cases.

A similar phenomenon occurs with respect to measures of social support, though we do have additional data to determine some characteristics of that support. Social support was measured on a four-point scale, ranging from very true to very false, with high scores indicating more social support. It was measured for both groups of participants. The full sample indicated a relatively high level of social support (3.33), and there was virtually no difference between the two groups (3.31 for GRACE, compared with 3.33 for LIFESKILLS). However, these results must be qualified. Many items on the instrument assessed adult support. Given the level of contact (especially LIFESKILLS) clients had with adult program staff—especially, for example, case managers—these support results could in fact reflect that contact.

Whether this support was a positive or negative influence on the subject was measured through an assessment of peer (not adult) associations. Negative peer associations were measured on a
three-point scale, with higher values indicating more negative peer associates. On average, the full sample indicated that 1.54 of their 3 closest friends engage in antisocial behavior. Moreover, compared with respondents in the GRACE group, those in LIFESKILLS indicated that more of their closest peers (1.20 compared, with 1.74) engaged in antisocial behavior, suggesting that the social support the subjects receive may come from adverse peer relationships. This difference was statistically significant, at the .05 level.

**Child Abuse History**
Childhood abuse and neglect was derived from the *Childhood Trauma Questionnaire*. It is measured on a four-point scale (1=no abuse history; 2=low abuse history; 3=moderate abuse history; 4=severe abuse history). (See table 4.7 for the frequency of each response.) The full sample exhibited an unexpectedly moderate history of childhood abuse, with scores ranging from 2.29 (physical abuse) to 2.58 (emotional and sexual abuse). Sexual abuse appears to be the most often reported type of abuse, with 20 (40.0 percent) subjects reporting severe sexual abuse. Comparatively, a greater portion of the LIFESKILLS group (44.8 percent) than the GRACE group (33.3 percent) reported severe sexual abuse. Moreover, on average, the subjects in the LIFESKILLS group indicated slightly more sexual abuse (2.69) compared with the subjects in the GRACE group (2.43). This difference, however, was not statistically significant. The subjects in the LIFESKILLS group also indicated slightly more emotional (2.70, compared with 2.41) and physical abuse (2.38, compared with 2.18), while the GRACE group indicated slightly more emotional (2.55, compared with 2.38) and physical neglect (2.55, compared with 2.52). These differences also were not statistically significant. The proportion of respondents who did report severe abuse is, however, an important characteristic.

**Posttraumatic Stress Disorder**
The symptoms of trauma were measured by assessing posttraumatic stress disorder (PTSD) symptomology, using the *Child Report of Posttraumatic Symptoms (CROPS)*. The CROPS scale ranges from 0 to 52, with high scores indicating more PTSD symptoms. Similar to child abuse history, the subjects reported surprisingly low levels of PTSD symptomology. The mean of the full sample was 22.73. The mean scores for the two groups were nearly identical (22.75 for GRACE and 22.71 for LIFESKILLS), and the results were not statistically significant. Since LIFESKILLS clients were not all CSE involved, the similarity in mean scores across both groups raises a number of questions, particularly if CSE involvement is characterized by program designers as a uniquely traumatic experience. There are numerous possible explanations. If CSE involvement is indeed part of a continuum of risk and exploitation, which is also a tenet of the SAGE model, then the cumulative effect of risk involvement and exposure may have a numbing effect or become normalized, mitigating acute symptomology.

**Beliefs and Attitudes**
Self-efficacy was assessed using the General Perceived Self-Efficacy Scale. It measures the belief that one possesses the capabilities to exert some influence (or agency) over the events that affect their lives. Scores ranged from 1 to 4, with high scores indicating low self-efficacy (reverse scored). Note that self-efficacy scales can measure general or behavior-specific efficacy, and with high-risk populations, general efficacy questions may be tied to the respondents’ ability to cope within their particular living pattern—even if high risk in nature. With this in mind, the full sample reported a slightly higher than average level of self-efficacy (1.95), potentially
indicating an effect of this nature. There were no differences between the GRACE (1.93) and LIFESKILLS (1.97) groups.

Positive prostitution beliefs were assessed using several survey items. Scores ranged from 0 to 5, with lower scores indicating a more positive attitude toward prostitution. The full sample reported few positive beliefs regarding prostitution (.71). Most subjects (64.7 percent) in the sample reported no positive beliefs regarding prostitution. Fourteen percent reported one positive belief; 11.8 percent reported two positive beliefs; 7.8 percent reported three positive beliefs; and 2.0 percent reported five positive beliefs. While the subjects in the LIFESKILLS group reported on average fewer positive beliefs (0.69 compared with 0.73) regarding prostitution than the subjects in the GRACE group, the difference was not significant. Interestingly, these scores are at odds with much of the generative interview data reported in chapter 6. Again, there are several possible explanations for the response differences. One is a social desirability effect that may be more pronounced with direct survey questions, compared with respondent-directed narrative dialog in qualitative interviews. A second, related explanation may be that some of the direct survey questions are propositions about prostitution that in fact contradict the less-than-ideal, actual experiences of respondents, even though they may still hold beliefs about possible, “ideal” prostitution situations that are glamorous.

**Attitude Toward Employment**

Attitude about personal capability to succeed at work was assessed using two items from the *Work Opinion Questionnaire* (see Methodology section, chapter 2). The scale ranges from 1 to 4, with lower scores indicating a more positive attitude toward employment. The full sample reported a relatively positive attitude toward employment (1.46). Most subjects (60.4 percent) in the sample scored a 1 on the attitude toward employment scale, indicating a confidence to succeed in the workplace. Thirteen percent scored a 1.5 on the employment attitude scale; another 13 percent scored a 2 on the scale; and a final 13 percent scored 2.5 or more on the scale. While the subjects in the GRACE group reported a slightly more positive attitude toward employment (1.52) than the subjects in the LIFESKILLS group (1.42), the difference was not significant. The score with the highest proportion of respondents for both groups was 1, again indicating a confidence to succeed at work.
### Table 4.1. Comparison of Baseline Characteristics: GRACE and LIFESKILLS Groups

<table>
<thead>
<tr>
<th>Baseline Characteristics</th>
<th>TOTAL</th>
<th>GRACE</th>
<th>LIFESKILLS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Percent</td>
<td>SD</td>
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<tr>
<td><strong>Race</strong></td>
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<td></td>
</tr>
<tr>
<td>Asian</td>
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</tr>
<tr>
<td>Other—Single Race</td>
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<td>1.9</td>
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<tr>
<td>Other—Multiethnic</td>
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<tr>
<td>Age (Years)</td>
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<tr>
<td>Highest Level Achieved</td>
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<td>2.52</td>
<td>1.26</td>
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<td><strong>Posttraumatic Stress Disorder</strong></td>
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<td>22.73</td>
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<td><strong>Beliefs and Attitudes</strong></td>
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<td>Attitude Toward Employment</td>
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<td>.71</td>
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<td><strong>Victimization</strong></td>
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<td>Vandalism</td>
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<td>Sexual Assault</td>
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<td>0.69</td>
<td>1.31</td>
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</table>

*Education achieved and educational aspirations were measured on a 10-point scale ranging from “attended junior high school or less” to “completed a graduate degree.”

*Parental supervision and parental involvement were not assessed for the woman in GRACE because they are of majority age and do not live with their parents.

p < .05.  p < .01.  p < .001.
Victimization
Various types of victimization were assessed using items from the National Crime Victimization Survey. The responses for all items were measured on a four-point scale (0=0 times; 1=1 time; and 2=2 times; 3=3 times; 4=more than 3 times), with higher values indicating more victimization. (See table 4.10 for the frequency of each response.) The most common types of victimization were theft, verbal assault, and vandalism. On average, the subjects indicated they experienced slightly more than one theft (1.31), verbal assault (1.10), and vandalism (1.08) during the last 30 days. The least common types of reported victimization included burglary (0.22), and robbery (0.31). Surprisingly, given the study population, sexual assault ranked as only the fifth out of eight types of victimization. Considering the knowledge that most of the sample engaged in CSE activities, this finding indicates that those involved in CSE are more likely to consider themselves a victim during a verbal affront than during an exchange of sexual services for monetary benefit. In other words, sexual activity is viewed as just a byproduct of a business transaction.

An examination of the differences by group reveals little differentiation. Theft, verbal assault, and vandalism were the three types of victimization for each group. Like the full sample, the subjects in the GRACE group reported slightly more than one theft (1.38) and verbal assault (1.35) but slightly less than one vandalism (.85) during the last 30 days. Similarly, the subjects in the LIFESKILLS group reported slightly more than one theft (1.25) and vandalism (1.25) but slightly less than one verbal assault (.92) during the last 30 days. On average, the GRACE subjects reported more incidents of theft (1.38, compared with 1.25), burglary (0.48, compared with 0.04), verbal assault (1.35, compared with 0.93), robbery (0.48, compared with 0.19), attack (0.85, compared with 0.82), and sexual attack (0.70, compared with 0.68) than the subjects in the LIFESKILLS group. Conversely, the LIFESKILLS subjects reported more incidents of vandalism (1.25, compared with 0.85). None of these differences, however, was statistically significant.

These figures indicate extremely high levels of victimization when compared with the victimization rates of the general public. For instance, according to the 2008 National Crime Victimization Survey the theft rate in the United States was 101.8 victimizations per 1,000 persons. Comparatively, the theft rate of the sample is substantially higher (1,318.2 per 1,000 persons for GRACE and 1,093.8 per 1,000 persons for LIFESKILLS). Even the least common types of victimization reported by the subjects in the sample were above the national average. The robbery (2.2) and burglary rates (26.3) of the United States is subordinate to the comparative robbery (454.6 for GRACE and 156.3 for LIFESKILLS) and burglary (454.6 for GRACE and 31.3 for LIFESKILLS) rates of each group in the sample.

Sexual Activity Before Involvement in Commercial Sexual Exploitation
The mean age of menarche for the full sample was 11.7 years. Again, the difference between the two groups was not significant. Age of first sex was 12.7 for GRACE clients, 13.6 for LIFESKILLS clients. The higher age figure for LIFESKILLS may be a result of the mix of CSE–involved and noninvolved girls in the program, because generative interview data (chapter 6) suggest that many of the respondents who were CSE involved had their first sexual experience at younger ages (e.g., 11), In addition, the GRACE results were skewed by three respondents reporting their age of first sexual experience between ages 4 and 6—clearly situations of abuse.
Involvement in Commercial Sexual Exploitation

The baseline CSE descriptive statistics of the sample are displayed in table 4.2.

Involvement in Commercial Sex

Responses to survey items related to CSE involvement must, of course, be understood as reflecting the essential differences between LIFESKILLS and GRACE clients—where the latter are by definition older and all CSE involved, and the former are younger and at risk but not always CSE involved. Accordingly, of the 52 subjects in the study who reported information on CSE activity, only 37 (71 percent) indicated CSE involvement in their lifetime. Of the 37 subjects involved in CSE, 21 were in the GRACE program and 16 were in LIFESKILLS. Twenty-seven (17 GRACE participants and 10 LIFESKILLS participants) of the 37 girls (52 percent of the full sample) who reported involvement in CSE activities indicated some level of CSE involvement in the last 30 days. This finding suggests that the organization diverged from its highly specialized target population by admitting noninvolved CSE subjects. In other words, subjects without a CSE background were enrolled and participated in a program specifically designed to deal with subjects involved in CSE. This was mostly the case for the LIFESKILLS program where 14 of 30 subjects (47 percent) reported no CSE involvement ever.* Unfortunately, this type of crosspollination or population mixing violates the risk principle of evidence-based programming, which argues that services should be directed at high-risk offenders and that targeting low-risk offenders can lead to increased recidivism. In this case, population mixing can have a deleterious effect on the noninvolved subjects by exposing them to a lifestyle that may seem glamorous or inviting, thus putting subjects at risk for future involvement.

Type of Involvement in Commercial Sex

Of the subjects who were involved in CSE during the last 30 days, the type of CSE activities ranged from vaginal to cyber/telephone sex. Overall, the most common type of CSE activity was touching (i.e., an act where the subject sexually stimulates someone else through touch). Twenty-eight percent of the full sample reported engaging in touching, followed closely by posing for nude photographs (27.5 percent), vaginal sex (25.5), and oral sex (24.0 percent). The least common type of CSE activity was cyber/phone (6.0 percent). In general, the subjects in the GRACE group were more likely to have engaged in CSE activities during the last 30 days (77.3 percent, compared with 33.3 percent). Again, this finding is expected, given that the GRACE subjects were older than the LIFESKILLS subjects and most were in the program because of a prostitution arrest. Specifically, the subjects in the GRACE group were more likely to engage in vaginal (42.9 percent compared with 13.3 percent), anal (9.5 percent, compared with 6.7 percent) and oral sex (38.1 percent, compared with 13.8 percent) as well as touching (47.6 percent, compared with 13.8 percent), watching others touch themselves (36.4 percent, compared with 10.3 percent), posing for nude photographs (40.9 percent, compared with 17.2), stripping (31.8 percent, compared with 17.2 percent) and cyber/telephone sex (9.5 percent, compared with 3.5 percent). The difference in any CSE involvement is statistically significant, as is the difference in vaginal and oral sex as well as touching and watching.

*While it is reasonable to suggest that the subjects underreported CSE involvement, this finding of noninvolvement by many LIFESKILLS subjects was confirmed through qualitative interviews and site observation.
**Frequency and Degree of Involvement in Commercial Sex**

The degree of CSE involvement measured categorized the extent of the involvement on a three-point scale ranging from 0 to 2 (0=no involvement; 1=noncontact only; 2=contact involvement). (See table 4.8 for the frequency of each response.) Contact activities included vaginal, anal, and oral sex as well as touch (masturbation). Noncontact activities included watching, posing for photographs, stripping, working as an escort, and cyber/phone sex. The frequency of involvement measured how many times per week the subject exchanged sexual activity for payments or gifts. This three-point scale also ranged from 0 to 2 (0=0 times; 1=1–5 times; 2=more than 5 times). The frequency of CSE for the full sample (0.53) suggests that subjects engaged in these activities less than 1 time during the last 30 days while the degree of involvement (0.81) suggests that the range of CSE activities more often included no activity and noncontact CSE activity than contact CSE activity during the last 30 days. Specifically, 25 subjects reported no activity (48.1 percent), 12 subjects reported noncontact (23.1 percent), and 15 subjects (28.8 percent) reported contact activity (not shown). Comparatively, the subjects in the GRACE group were more likely than the subjects in the LIFESKILLS group to engage in both contact (50.0 percent, compared with 13.3 percent) and noncontact CSE activities (27.3 percent, compared with 20.0) CSE activity in the last 30 days. Overall, in comparison to the LIFESKILLS group, the subjects in the GRACE group engaged in CSE on a more frequent basis (0.90, compared with 0.26) and to a greater degree of involvement (1.27, compared with 0.47). These differences are both statistically significant, again reflecting that the subjects in the GRACE group are by definition involved in CSE activities, whereas only some in the LIFESKILLS group were.

<table>
<thead>
<tr>
<th>Baseline Characteristics</th>
<th>TOTAL</th>
<th>GRACE</th>
<th>LIFESKILLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSE—Ever</td>
<td>N</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>CSE in the Last 30 Days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal</td>
<td>51</td>
<td>25.5</td>
<td>.44</td>
</tr>
<tr>
<td>Anal</td>
<td>51</td>
<td>7.8</td>
<td>.27</td>
</tr>
<tr>
<td>Oral</td>
<td>50</td>
<td>24.5</td>
<td>.33</td>
</tr>
<tr>
<td>Touch</td>
<td>50</td>
<td>28.0</td>
<td>.45</td>
</tr>
<tr>
<td>Watch</td>
<td>51</td>
<td>21.6</td>
<td>.42</td>
</tr>
<tr>
<td>Photograph/Film</td>
<td>51</td>
<td>27.5</td>
<td>.45</td>
</tr>
<tr>
<td>Strip/Lap Dance</td>
<td>51</td>
<td>23.5</td>
<td>.43</td>
</tr>
<tr>
<td>Escort</td>
<td>52</td>
<td>9.6</td>
<td>.30</td>
</tr>
<tr>
<td>Cyber/Phone</td>
<td>50</td>
<td>6.0</td>
<td>.24</td>
</tr>
<tr>
<td>CSE in the Last 30 Days</td>
<td>Mean</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Degree</td>
<td>52</td>
<td>.81</td>
<td>.86</td>
</tr>
<tr>
<td>Frequency</td>
<td>47</td>
<td>.53</td>
<td>.80</td>
</tr>
</tbody>
</table>

*Note: The degree of CSE involvement was measured on a three-point scale (0=no involvement; 1=noncontact only; 2=contact involvement). Contact activities included vaginal, anal, and oral sex as well as touch (masturbation). The frequency of involvement measured how many times per week the subject exchanged sexual activity for payments or gifts. The response scale for this item was 0=0 times; 1=1–5 times; 2=more than 5 times.

* p < .05. ** p < .01. *** p < .001.
Table 4.3 displays the baseline description of CSE activities of those who indicated involvement during the last 30 days.

**Setting**
The study subjects reported many settings in which CSE activity was conducted. The most often cited setting was, not surprisingly, also the most traditional setting: the street (57 percent). Other common settings for conducting CSE activities included the Internet (43 percent), strip clubs (26 percent), and as an escort (26 percent). Interestingly a city well known for illicit sexual activity in massage parlors, no subject reported working in a massage parlor. A comparison of the two groups suggests that the LIFESKILLS participants more often reported meeting potential targets as an escort (33 percent, compared with 21 percent), in a bathhouse (11 percent, compared with 0 percent), a drug house (11 percent, compared with 7 percent) or a party/rave (11 percent, compared with 7 percent) than the subjects in the GRACE group. In contrast, the subjects in the GRACE group reported more often meeting potential targets over the Internet (50 percent, compared with 33 percent), in a bar (29 percent, compared with 11 percent), in a strip club (29 percent, compared with 22 percent), and on the street (71 percent, compared with 33 percent).

While none of these differences is statistically significant, the findings do make theoretical sense. The older subjects in the GRACE group tended to meet clients in adult-oriented settings (as an escort or in bars and strip clubs) where it is more difficult for a minor to gain entry. Conversely, the younger subjects in the LIFESKILLS group tended to identify targets in more alternative and youth-oriented settings (drug house or at a party). Finally, given the rise in the use of social networking sites to procure erotic services, it is somewhat surprising that more of the subjects did not cite the Internet of a setting for CSE activity, particularly among the younger population of the LIFESKILLS group. This may reflect the socioeconomic status and at-risk community background of many LIFESKILLS participants, who would be engaged in CSE where track work was prevalent.

**Table 4.3. Comparison of Baseline CSE Activity: GRACE and LIFESKILLS Groups**

<table>
<thead>
<tr>
<th>Setting</th>
<th>TOTAL</th>
<th>GRACE</th>
<th>LIFESKILLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Escort</td>
<td>23</td>
<td>26.0</td>
<td>.45</td>
</tr>
<tr>
<td>Party/Rave</td>
<td>23</td>
<td>9.0</td>
<td>.29</td>
</tr>
<tr>
<td>Internet</td>
<td>23</td>
<td>43.0</td>
<td>.51</td>
</tr>
<tr>
<td>Massage Parlor</td>
<td>23</td>
<td>0.0</td>
<td>.00</td>
</tr>
<tr>
<td>Bar Club</td>
<td>23</td>
<td>22.0</td>
<td>.42</td>
</tr>
<tr>
<td>Peep Show</td>
<td>23</td>
<td>0.0</td>
<td>.00</td>
</tr>
<tr>
<td>Bath House</td>
<td>23</td>
<td>4.0</td>
<td>.21</td>
</tr>
<tr>
<td>Strip Club</td>
<td>23</td>
<td>26.0</td>
<td>.45</td>
</tr>
<tr>
<td>Street</td>
<td>23</td>
<td>57.0</td>
<td>.51</td>
</tr>
<tr>
<td>Drug House</td>
<td>23</td>
<td>9.0</td>
<td>.29</td>
</tr>
<tr>
<td>Pimp</td>
<td>23</td>
<td>26.1</td>
<td>.49</td>
</tr>
<tr>
<td>Payment Received</td>
<td>Mean</td>
<td>5.80</td>
<td>2.80</td>
</tr>
<tr>
<td>Use of Condoms</td>
<td>Mean</td>
<td>3.21</td>
<td>1.32</td>
</tr>
</tbody>
</table>

**Notes:** While 27 subjects indicated involvement in CSE during the last 30 days, only 23 provided information on setting. Even fewer provided information regarding the amount of money received (18), and the use of condoms (19). There were no significant between-group differences for any of the factors.
**Pimps**

Of the subjects who reported CSE involvement in the last 30 days, surprisingly only 26 percent reported giving all or part of the money they received to another individual (i.e., a pimp). While the subjects in the LIFESKILLS group reported doing so more often than the subjects in the GRACE group (33 percent, compared with 21.4 percent), the difference was not statistically significant. There are several possible explanations for data that, again, run counter to generative interview results. One explanation is that the term “boyfriend/girlfriend” was used in the survey question as a reference to pimp. However, it may be the case that only some girls actually use ‘boyfriend/girlfriend’ in that context, and that pimp is the better and more universally understood term. A second explanation is that a majority of study respondents are more entrepreneurial than previously anticipated. While the difference in the groups is not significant, the greater proportion of the LIFESKILLS clients under the influence of a pimp may also suggest that pimps recruit younger girls into the life and control them for a period of time—a third explanation. Then perhaps as the subjects mature, either the pimp loses interest in the older subject and turns his or her attention to younger girls who may be more profitable or the subject resolves to pursue more entrepreneurial opportunities.

**Payment for Services**

Payment for services was assessed on a scale that ranged from 1 to 13 (1=$10 or less; 2=$11 to $50; 3=$51 to $100; 4=$101 to 200; 5=$201 to $300; 6=$301 to $400; 7=$401 to $500; 8=$501 to $600; 9=$601 to $700; 10=$701 to $800; 11=$801 to $900; 12=$901 to $1,000; 13=more than $1,000), with higher values indicating a higher payment. (See table 4.9 for the frequency of each response). The mean response for the question regarding the amount of payment received in exchange for sexual activity was 5.80, indicating that the average dollar amount a subject received for each exchange was between $200 and $400. The most common (30.0 percent) payment amount was $200 to $300, but the subjects reported a wide range in payment. On the low end, only two subjects reporting accepting payment of less than $100 while one subject reported accepting payment of as much as $1,000 per encounter. The subjects in the GRACE group reported a greater range in payment amount from $50 to $100 to $1,000 per encounter, compared with the subjects in the LIFESKILLS group who reported accepting payments from $100 to $200 to $500 to $600 per encounter. Nevertheless, there was no difference between the groups—a finding that is surprising given the premium placed on younger girls in the CSE industry.

**Use of Condoms**

The use of condoms was assessed on a five-point scale (0=never; 2=seldom; 3=sometimes; 4=often; 5=always) with higher values indicating more use of condoms. Overall, the subjects reported that they often used condoms (3.21) when engaged in CSE activities during the last 30 days, with a large proportion of respondents reporting that they always use condoms (63.2 percent). While the largest proportion of respondents in each group indicated that they always use condoms (69.2 percent of GRACE clients and 50.0 percent of LIFESKILLS clients), it is interesting to note that the older subjects in the GRACE group on average reported more often using condoms than the younger subjects in the LIFESKILLS group (3.46, compared with 2.67). This difference once again may be the result of the experience in the lifestyle of the older subjects in the GRACE group. The difference, however, is not statistically significant.
Factors Leading to Commercial Sex Activity
Table 4.4 displays the factors that lead subjects to become involved in CSE activities.

<table>
<thead>
<tr>
<th>Table 4.4. Comparison of Factors That Led to CSE Involvement: GRACE and LIFESKILLS Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Baseline Characteristics</strong></td>
</tr>
<tr>
<td><strong>N</strong></td>
</tr>
<tr>
<td>Age at First CSE Involvement</td>
</tr>
<tr>
<td>CSE Initiation Factors</td>
</tr>
<tr>
<td>For Survival</td>
</tr>
<tr>
<td>To Buy Drugs</td>
</tr>
<tr>
<td>Exposure</td>
</tr>
<tr>
<td>Forced</td>
</tr>
<tr>
<td>Esteem</td>
</tr>
</tbody>
</table>

*Note: Six of the 37 subjects who indicated involvement in CSE in their lifetime did not provide information on setting.*

**Age of First CSE Involvement**
The mean age of first CSE involvement was 15.8. This age number must be qualified: Compared with the subjects in the LIFESKILLS group, the subjects in the GRACE group became involved at an older age (17.3 versus 13.9). The difference is statistically significant.

**CSE Initiation Factors**
CSE initiation factors are environmental and psychological conditions that led respondents to become involved in CSE. The 13 initiation factors include kicked out of home, ran away from home, needed food, wanted drugs, family member did it, someone suggested it, forced into it, sold into it, enjoyed the power, enjoyed the thrill, wanted to feel pretty, and wanted to feel loved. These conditions were collapsed into 5 categorical factors that often lead girls and young women into CSE. The CSE factors include survival (kicked out of home, ran away from home, needed food), drugs (wanted drugs), exposure (family member did it, someone suggested it), coercion (forced into it, sold into it), and self-esteem (enjoyed the power, enjoyed the thrill, wanted to feel pretty, and wanted to feel loved).

The study participants that reported CSE activity during their lifetime reported many different initiation factors that led to CSE involvement. The most often cited reason for involvement was survival sex (83.8 percent), followed by self-esteem (67.4 percent), and exposure (64.5 percent). Interestingly, no subject reported that she was forced into CSE activity. The subjects in the LIFESKILLS group more often reported survival (100 percent, compared with 72.2 percent), drugs (38.5 percent, compared with 33.3 percent) and exposure (76.9 percent, compared with 55.6 percent) than the subjects in the GRACE group as a factor leading to involvement in CSE. In contrast, the subjects in the GRACE group reported self-esteem (72.2 percent, compared with 61.5 percent) as a reason for CSE involvement more often than the LIFESKILLS group. Only the difference in survival, however, is statistically significant.

These two findings combined suggest that the younger subjects in the LIFESKILLS group may have become involved in CSE for reasons dealing with survival such as food or housing, while the older subjects of the GRACE group became involved in CSE for more aesthetic reasons such as the thrill or a desire to feel wanted. The fact, however, that self-esteem was such a significant initiation reason would appear to contradict results noted above concerning the generally low percentage of positive beliefs about prostitution.

*Final Report: Evaluation of the SAGE Project’s LIFESKILLS and GRACE Programs*
Self-Report Arrests

Eighty-seven percent of the full sample had been previously arrested. The mean age of first arrest was 15.8, and the average number of lifetime arrests was 6.07. Compared with the subjects in the LIFESKILLS group, the GRACE participants reported more lifetime arrests (7.83, compared with 4.75) but reported being significantly older at the time of first arrest (17.6, compared with 14.5).

| Table 4.5. Comparison of Baseline Criminal Behavior Characteristics: GRACE and LIFESKILLS Groups |
|------------------|------------------|------------------|------------------ |
|                  | TOTAL            | GRACE            | LIFESKILLS       |
|                  | N    | Mean or Percent | SD   | N    | Mean or Percent | SD   | N    | Mean or Percent | SD   |
| **Self-Report Crime** |      |                  |      |      |                  |      |      |                  |      |
| Age First Arrest (years) | 43   | 15.8             | 3.50 | 19   | 17.6**          | 4.36 | 24   | 14.5**           | 1.74 |
| Ever Arrested        | 52   | 87               | .35  | 22   | 86.4%           | .35  | 30   | 86.7%           | .35  |
| Lifetime Arrests     | 42   | 6.07             | 6.60 | 18   | 7.83            | 8.26 | 24   | 4.75            | 4.80 |
| **Official Crime Reports** |      |                  |      |      |                  |      |      |                  |      |
| Age First Arrest (years) | 43   | 16.6             | 3.26 | 20   | 18.4**          | 3.46 | 23   | 14.9**           | 2.03 |
| Ever Arrested        | 43   | 95.4%           | .21  | 20   | 95.0            | .22  | 23   | 95.7%           | .21  |
| Lifetime Arrests     | 43   | 5.67             | 7.42 | 20   | 9.60***          | 9.34 | 23   | 2.26             | 1.89 |
| **Previous Drug Use** |      |                  |      |      |                  |      |      |                  |      |
| Alcohol              | 54   | 46.3%           | .50  | 22   | 50.0%           | .51  | 32   | 43.8%           | .50  |
| Marijuana            | 53   | 32.1%           | .47  | 22   | 45.5%           | .51  | 31   | 22.6%           | .43  |
| Cocaine              | 54   | 14.8%           | .36  | 22   | 22.7%           | .43  | 32   | 9.4%            | .30  |
| Other Drugs          | 53   | 15.1%           | .36  | 22   | 18.2%           | .39  | 31   | 12.9%           | .34  |
| Any Drugs            | 54   | 55.6%           | .50  | 22   | 59.1%           | .50  | 32   | 53.1%           | .51  |

Note: Self-report recidivism is measured at 3 months following intake. Official crime report recidivism is measured at 6 months following intake.

** p < .01. *** p < .001.

Official Crime Reports

The official crime report data are remarkably similar to the self-report data. Nevertheless, as with most studies that compare self-report arrests with official arrest statistics, the subjects appear to overreport arrests. Ninety-five percent of the full sample (compared with 86.5 percent in the self-report data) had been previously arrested. The mean age of first arrest was 16.6, and the average number of lifetime arrests was 5.67. These figures are almost identical to the self-report arrests presented above. In addition, the official record provides evidence regarding the reason for an arrest. Unsurprisingly, a sex offense (i.e., disorderly contact: prostitution, loitering with the intent of prostitution; disorderly conduct: soliciting a lewd act, indecent exposure, lewd or lascivious acts with a child under 14) was the most frequent type of charge among the group. Specifically, 34.1 percent of all charges across the sample were sex offenses. The other types of charges included public order offenses (20.9 percent), drug offenses (16.4 percent), property offenses (12.7 percent), person offenses (9.5 percent), and other offenses (6.4 percent). A comparison of the two groups yields similar results. As with the self-report data, the subjects in the GRACE group had more lifetime arrests (9.60) than the subjects in the LIFESKILLS group (2.26) but reported being older at the time of first arrest (18.4 versus 14.9). Conspicuously, the LIFESKILLS group demonstrated little previous CSE involvement. Only 8.4 percent of all charges from the LIFESKILLS group were sex offenses, compared with 41.2 percent of the GRACE group’s charges.
**Alcohol and Drug Abuse**

Slightly more than half (55.6 percent) of the full sample reported drinking alcohol or using other drugs at least once in the 30-day period before the survey. Alcohol was the substance used by the largest proportion of subjects (46.3 percent) in the sample, but the sample also included a substantial proportion of subjects (32.1 percent) who used marijuana at least once in the last 30 days. The subjects in the GRACE group more often used alcohol, marijuana, and other drugs than did the subjects in the LIFESKILLS group. In contrast to the subjects in the LIFESKILLS group, the subjects in the GRACE group included more users of alcohol (50 percent, compared with 43.8 percent), marijuana (45.5 percent, compared with 22.6 percent), cocaine (22.7 percent, compared with 9.4 percent) and other drugs (18.2 percent, compared with 12.9 percent). However, these differences were not statistically significant.

These results indicate that the overall sample used drugs and alcohol more frequently than comparative youth/young adults. According to the results of the 2008 *Monitoring the Youth* survey, the proportions of 8th, 10th, and 12th graders who admitted drinking an alcoholic beverage in the 30-day period before the survey were 16 percent, 29 percent, and 43 percent, respectively. Comparatively, 46.3 percent of the study sample reported drinking alcohol in the 30-day period before the survey. Similarly, the proportions of 8th, 10th, and 12th graders who admitted using any illicit drug in the 30-day period before the survey were 7.6 percent, 15.8 percent, and 22.3 percent, respectively. Comparatively, 40.7 percent of the study sample reported using any illicit drug (marijuana, cocaine or other drug) in an equivalent 30-day period.

**Summary of Baseline Descriptive Data**

With respect to many characteristics, the LIFESKILLS and GRACE clients are remarkably similar, lending some support to the thesis that girls/young women in both programs together represent points on a continuum of risk and CSE involvement. There are no significant differences in race, educational aspirations, abuse history, PTSD symptomology, attitudes and beliefs, or victimization. While there are notable differences, these are largely—though not all—a function of age difference and because GRACE clients are by definition CSE involved. The differences that are not age related may, however, suggest some key differences between LIFESKILLS and GRACE clients.

Participant age alone more than likely accounts for many of the other differences between the groups. The fact that the subjects in the GRACE group are on average older than the subjects in the LIFESKILLS group explains why the subjects in the GRACE group are better educated and less likely to live with their parents. It may also explain why their parents are more likely to be divorced, have fewer antisocial peers, and be more involved in CSE activities. For example, participant age is likely a function of parent age. In other words, the parents of the GRACE group are likely to be on average older than the parents of the LIFESKILLS group because the subjects in the GRACE group are on average older than the subjects in the LIFESKILLS group. Further, the longer one lives, the more opportunity one has to become divorced from a spouse. So the more mature parents of the GRACE group subjects are more likely to be divorced given the increased opportunity to divorce. Likewise, the finding that the subjects in the GRACE group have fewer antisocial peers may also be a function of participant age. It is well established in the criminological literature that youth tend to mature out of delinquent and antisocial behavior (Herrnstein, 1995, in *Crime*; Farrington, 2003). Thus it stands to reason that a respondent in his other middle 20s is on average likely to have fewer antisocial peers than an adolescent study.
respondent, even if that respondent is involved in delinquent and antisocial behavior. Finally, participant age is most assuredly related to CSE involvement. Recall that the GRACE subjects were more likely to be involved in CSE activities both ever and in the last 30 days. Participant age more than likely influences CSE involvement as a whole because older subjects have more opportunities to engage in CSE activities because of their longer period of available risk. (The average number of years between the age of CSE initiation and the current age of the subject was 3.68 years overall; 5.1 years for GRACE; and 1.8 years for LIFESKILLS). Participant age may also influence the recency of CSE activity because the older subjects in the GRACE group are more established in the lifestyle, making it more difficult to escape.

There are, however, differences not related to participant age. For instance, LIFESKILLS clients are more likely to be younger at the age of CSE initiation and age of first arrest and more likely to report survival as the reason for becoming involved in CSE. There are several potential explanations. One is that LIFESKILLS clients are more representative of the population that is CSE involved because of structural or environmental conditions that necessitate a range of risk behavior, including CSE (see, for example, types 1 through 3 under the typology described in chapter 6 concerning generative interview research results). This would explain involvement at young ages, because of their continual vulnerability. An alternative explanation is that there is a trend toward CSE involvement at younger ages, where current GRACE clients represent an earlier (but later involved) cohort. The first explanation is supported by the lower percentage of GRACE clients reporting entry to CSE for survival reasons, and more for other reasons, such as for the thrill or a desire to feel wanted.
### Table 4.6. Education

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*Note: The percent column reflects the valid percentages (i.e., without missing data).*
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<tr>
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*Note: The percent column reflects the valid percentages (i.e., without missing data).*

### Table 4.8. Commercial Sexual Exploitation (Frequency and Degree)

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<tr>
<td><strong>CSE</strong></td>
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<tr>
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*Note: The percent column reflects the valid percentages (i.e., without missing data).*
Table 4.9. Commercial Sexual Exploitation (Activity)

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</tr>
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<td>17.9</td>
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<td>2</td>
<td></td>
<td></td>
<td>4</td>
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</table>

*Note: The percent column reflects the valid percentages (i.e., without missing data).*
Outcome Findings

The central outcomes were recidivism (re-arrest) and CSE involvement. Other outcomes included substance use, educational aspirations and commitment, employment attitude, victimization, self-efficacy, beliefs about prostitution, social support, and posttraumatic symptomology.

Recidivism

The recidivism analysis consisted of two sets of data: self-report and official arrest data. Arrest was assessed as a dichotomous measure before and 3 months after the intake. Statistical tests of the SAGE treatment intervention effect revealed a statistically significant reduction over time in self-report recidivism and official data for both groups of subjects.

Self-Report

The between-group findings indicate that there were no statistically significant differences between the groups at baseline or follow-up (not shown). Table 4.11 shows the within-group findings comparing the change in reported arrests from baseline to follow-up for each group. These figures show that 77.8 percent of the GRACE sample (9 subjects) who responded to both waves of the interview reported to have been previously arrested at least once at the time of the baseline interview. Similarly, 85.7 percent of the LIFESKILLS sample (21 subjects) who responded to both waves of the interview reported at least one previous arrest. Comparing these baseline figures to the 3-month follow-up data suggests (as predicted) significant decreases in reported arrests for both groups. For GRACE, the proportion of subjects arrested declined 43.4 percent, from 77.8 percent at baseline to 44.0 percent at the 3-month follow-up. For LIFESKILLS, the proportion of subjects arrested declined 39.3 percent, from 85.7 percent at baseline to 52.0 percent at the 3-month follow-up. It should be noted, however, that the at-risk period for measuring recidivism is relatively short, thus limiting the amount of time the subjects had to commit a new crime. Consequently, the length of the follow-up period remains a plausible cause for the decline in recidivism.

Official Data

Positive program impact, however, may be more evident in longer-term recidivism data. While the self-report follow-up period is 3 months, the official arrest follow-up period is 6 months. Nevertheless, the findings are remarkably consistent. Like the self-report data, the between-group analysis (not shown) indicates no statistically significant differences between the groups at

*The most appropriate analytic solution for this issue is to conduct a survival analysis of the recidivism data. Unfortunately, the relatively small sample size prohibited such an analysis.

**Development Services Group, Inc.**

4–19
baseline or follow-up. Also, table 4.11 shows that comparing the baseline figures with the 6-month follow-up official data produces the same result: a significant decrease in arrests for both groups. Similar to the self-report data, these figures show that 95.0 percent of the GRACE sample and 95.6 percent of the LIFESKILLS sample had been previously arrested at least once at the time of the baseline interview according to official records. But, comparing these baseline figures with the 6-month follow-up data suggests (as predicted) significant decreases in reported arrests for both groups. The proportion of subjects arrested declined 57.9 percent for GRACE and 68.2 percent for LIFESKILLS. Also, of the 15 subjects who were subsequently arrested (27.8 percent), only 3 GRACE (13.6 percent) and 1 LIFESKILLS (3.1 percent) subjects were arrested for a CSE–related charge. Again, it should be noted that while the period is longer than that of the self-report follow-up and these results are encouraging, the at-risk period for recidivism is still relatively short. Thus, again, these results should be interpreted cautiously as the length of the follow-up period remains a plausible cause for the decline in recidivism.

**VALIDATION**

The high mobility of the study population made locating the subjects for the follow-up difficult and caused numerous participants to attrite from the study. Thus, to rule out attrition as a plausible intervention effect for the decline in recidivism, a validation analysis was conducted by comparing the baseline arrest figures of subjects who completed with those who did not complete the follow-up survey (F1) for each group (see table 4.12). The analysis reveals that 78 percent of the GRACE subjects who completed the follow-up survey reported at least one previous arrest. Comparatively, 92 percent of the GRACE subjects who did not complete the follow-up survey reported at least one previous arrest. For the LIFESKILLS subjects, 86 percent of those who completed the follow-up survey reported at least one previous arrest, compared with 89 percent of those who did not. These differences were not statistically significant, suggesting that attrition was not a factor as an explanation for the decline. The analysis of the official record data was amazingly similar (see table 4.13). These differences were also not significant, confirming the results of the self-report data.

**Involvement in Commercial Sexual Exploitation**

CSE involvement was assessed through two factors: a) degree of CSE involvement and b) frequency of CSE involvement. A third factor, association with a pimp, could not be assessed because of a lack of sufficient data. Each measure assessed involvement in the last month. The follow-up interview was conducted at least 3 months after the initial baseline interview. Statistical tests of the SAGE treatment intervention effect revealed statistically significant declines over time in CSE involvement for subjects in the GRACE group but not for subjects in the LIFESKILLS group.

**Table 4.12. Validation of Self-Report Recidivism Findings**

<table>
<thead>
<tr>
<th>Group</th>
<th>Factor</th>
<th>F1</th>
<th>N</th>
<th>Percent</th>
<th>SD</th>
</tr>
</thead>
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<tr>
<td>GRACE</td>
<td>Arrest</td>
<td>Yes</td>
<td>9</td>
<td>78</td>
<td>.44</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>13</td>
<td>92</td>
<td>.28</td>
</tr>
<tr>
<td>LIFESKILLS</td>
<td>Arrest</td>
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<td>21</td>
<td>86</td>
<td>.36</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>9</td>
<td>89</td>
<td>.33</td>
</tr>
</tbody>
</table>

*Note: A “yes” indicates that the subject completed the F1 survey. There were no significant between-group differences for any of the factors.*

**Table 4.13. Validation of Official Record Recidivism Findings**

<table>
<thead>
<tr>
<th>Group</th>
<th>Factor</th>
<th>F1</th>
<th>N</th>
<th>Percent</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRACE</td>
<td>Arrest</td>
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<td>7</td>
<td>85.7</td>
<td>.38</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>11</td>
<td>90.9</td>
<td>.30</td>
</tr>
<tr>
<td>LIFESKILLS</td>
<td>Arrest</td>
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<td>17</td>
<td>88.2</td>
<td>.33</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>7</td>
<td>85.7</td>
<td>.38</td>
</tr>
</tbody>
</table>

*Note: A “yes” indicates that the subject completed the F1 survey. There were no significant between-group differences for any of the factors.*
**DEGREE AND FREQUENCY OF INVOLVEMENT IN COMMERCIAL SEX**

The degree of CSE involvement measured the extent of CSE involvement, ranging from no involvement to full contact involvement. The frequency of involvement measured how many times per week the subject engaged in CSE activities. The between-group analysis (not shown) reveals that, compared with subjects in LIFESKILLS, the subjects in GRACE were significantly more involved in CSE activities at baseline but not at the follow-up period 3 months later. The mean baseline scores for degree of CSE involvement were significantly higher for GRACE compared with LIFESKILLS (1.27, compared with .47, p<.001, two tailed) and similar differences between these groups were found for frequency (.90 versus .26, p<.01, two tailed).

Table 4.14 shows the within-group findings comparing the change in CSE involvement from baseline to follow-up for each group. These figures indicate significant mean reductions from baseline to follow-up in the degree and frequency of CSE involvement for the GRACE subjects. The degree of involvement declined 63.9 percent, from 1.22 at baseline to .44 at follow-up, while the frequency of involvement dropped 87.6 percent, from .89 to .11 at follow-up. In contrast, the changes over time reported by LIFESKILLS subjects were not significant. One factor that may account for the failure to find comparable CSE differences for LIFESKILLS subjects with those found for the GRACE subjects is the relatively low baseline CSE scores for the LIFESKILLS group. In other words, the modest CSE involvement of the LIFESKILLS group as a whole most likely allowed little room for improvement in the follow-up scores.

**PIMP ASSOCIATION**

Pimp association in the last month was assessed through a dichotomous measure during both the baseline and follow-up surveys. The between-group analysis (not shown) reveals no statistically significant differences between the groups at baseline or follow-up. Unfortunately, this factor was dropped from the within-group analysis because of the limited sample size. As discussed earlier, the survey item assessing pimp involvement may not have adequately captured actual circumstances.

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<table>
<thead>
<tr>
<th>Table 4.14. Commercial Sexual Exploitation</th>
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<tr>
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<tr>
<td><strong>Degree of Involvement</strong></td>
</tr>
<tr>
<td><strong>GRACE</strong></td>
</tr>
<tr>
<td>N</td>
</tr>
<tr>
<td>9</td>
</tr>
<tr>
<td>22</td>
</tr>
</tbody>
</table>

| **Frequency of Involvement**                |
| **GRACE**       | **Posttest**                  | **Difference** |
| N | Mean | SD | N | Mean | SD | %  | t-value | p  |
| 9 | .89  | 0.93 | 9 | 0.11 | 0.33 | -87.6 | 2.80 | .012 |
| 18 | 0.06 | 1.05 | 18 | 0.00 | 0.00 | -100.0 | 1.00 | .166 |

| **Pimp**                                    |
| **GRACE**       | **Posttest**                  | **Difference** |
| N | Mean | SD | N | Mean | SD | %  | t-value | p  |
| 4 | .50  | 3.21 | 4 | 0.00 | 0.41 | N/A  | N/A  | N/A |
| 1 | 7.00 | 0.00 | 1 | 0.00 | 0.00 | N/A  | N/A  | N/A |

*Degrees of freedom for GRACE CSE measures=8. Degrees of freedom for LIFESKILLS CSE measures=21 (degree) and 16 (frequency).

*All tests are one tailed.

*A Wilcoxon Signed-Ranks test was performed to corroborate the finding if the population was not normally distributed.

*This factor was dropped from the within-group analysis because of the small sample size.
VALIDATION

Again, the high mobility of the study population resulted in an elevated rate of attrition. Thus, to rule out attrition as a plausible intervention effect for the decline in CSE involvement, a validation analysis was conducted by comparing the baseline CSE figures of subjects who completed with those who did not complete the F1 survey in each group (see table 4.15). The analysis reveals that mean CSE degree score of the GRACE subjects who completed the follow-up survey was 1.22, compared with a mean score of 1.31 for the GRACE subjects who did not complete the follow-up survey. For LIFESKILLS, the mean score of the subjects who completed the follow-up survey was .36, while the mean score for those who did not was .75. The frequency scores were similar. The differences were not statistically significant, suggesting that attrition was not a factor as an explanation for the decline in CSE involvement.

Substance Use

Substance use was assessed through a dichotomous measure of usage for numerous different drugs—including alcohol, marijuana, cocaine, and others—during both the baseline and follow-up surveys. Each measure assessed involvement in the last month before the survey. The follow-up interview was conducted at least 3 months after the initial baseline interview. Statistical tests revealed that the GRACE subjects were more likely than the LIFESKILLS subjects to report using any drug during the following period.

The between-group analysis (not shown) showed significant differences between the groups in overall drug use at the 3-month follow-up, indicating that GRACE subjects were more likely than the LIFESKILLS subjects to use drugs. Specifically, 78 percent of GRACE subjects
compared with 32 percent of LIFESKILLS subjects (p<.05, two tailed) reported using drugs during the follow-up period. The differences between groups in reported use of specific drugs (alcohol, cocaine, and other illegal drugs) in either period were not significant.

Comparing changes over time in substance use from baseline to follow-up produced no significant treatment intervention differences for either the GRACE or LIFESKILLS groups (see table 4.16). Moreover, there is no consistent pattern suggesting that the SAGE intervention had an impact on the substance use of participants. The alcohol and cocaine use of the GRACE subjects remained unchanged, while the marijuana and other drug use declined, but not significantly. Meanwhile, marijuana use increased for the LIFESKILLS participants, while all other drug use declined.

<table>
<thead>
<tr>
<th>Table 4.17. Victimization</th>
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<tbody>
<tr>
<td></td>
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<tr>
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</tr>
<tr>
<td>Vandalism</td>
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<tr>
<td>GRACE</td>
</tr>
<tr>
<td>LIFESKILLS</td>
</tr>
<tr>
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</tr>
<tr>
<td>GRACE</td>
</tr>
<tr>
<td>LIFESKILLS</td>
</tr>
<tr>
<td>Robbery</td>
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<tr>
<td>GRACE</td>
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<tr>
<td>LIFESKILLS</td>
</tr>
</tbody>
</table>

Victimization was assessed with respect to numerous different types, including vandalism, theft, robbery, burglary, verbal assault, attack, and sexual assault. All items were measured on a scale ranging from never to more than three times, with higher values indicating more victimization. Each measure assessed victimization in the last month before the interview. The follow-up interview was conducted at least 3 months after the initial baseline interview. Statistical tests revealed statistically significant reduction over time in sexual assault victimization for subjects in the LIFESKILLS group.

The between-group analysis comparing levels of victimization showed no significant differences between the groups at baseline or follow-up (not shown), revealing that the groups were similar.
at baseline and follow-up. Yet some results in this area are suggestive. Table 4.17 shows the within-group findings comparing the change in reported victimization from baseline to follow-up for each group. The LIFESKILLS subjects reported significantly fewer sexual assault victimizations over the 3-month follow-up period, indicating the SAGE intervention resulted in safety-oriented benefits for the subjects. Specifically, victimization from sexual assault declined 93.6 percent, from .94 at baseline to .06 at follow-up. Although the remaining measures of victimization are not statistically significant, it is interesting to note that nearly all other victimization measures also exhibited a decline in mean group outcomes. The other victimization measures for the LIFESKILLS group that indicate a mean reduction from baseline to follow-up include vandalism (22 percent), theft (31 percent), robbery (61 percent), attack (9 percent), and sexual assault (37 percent). For the GRACE group, the analysis indicates a mean reduction from baseline to follow-up for all measures: vandalism (45 percent), theft (73 percent), robbery (75 percent), burglary (88 percent), verbal assault (38 percent), attack (12 percent), and sexual assault (37 percent). This consistent pattern of findings raises the possibility that true treatment effects on victimization were present but were too small on the outcome measures to be distinguished from the null hypothesis of no treatment effect.

### VALIDATION

As with the other significant findings, a validation analysis was conducted to rule out attrition as a plausible intervention effect for the decline in sexual assault victimization. Again, the baseline victimization figures of subjects who completed and those who did not complete the F1 survey in each group were compared (see table 4.18). The analysis reveals that the mean sexual assault score of the GRACE subjects who completed the follow-up survey was .89, compared with a mean score of .55 of the GRACE subjects who did not complete the follow-up survey. For LIFESKILLS, the mean score of the subjects who completed the follow-up survey was .95, while the mean score of those who did not was .11. A significant difference was found at baseline in mean sexual assault victimization for LIFESKILLS subjects. The mean level of sexual victimization at baseline was significantly lower for the F1 noncompleters compared with F1 completers (.95 compared with .11, p<.05, one tailed). However, given the direction of the difference, it is unlikely that the mean reduction in sexual victimization from baseline to follow-up is accounted for by attrition.
Education

Education was assessed through two measures: educational aspirations and commitment to school. Educational aspirations were measured on a scale ranging from “attended junior high” to “completed a graduate degree.” Commitment to education was measured on a scale ranging from “not at all important” to “extremely important.” Each educational measure assessed the subjects in the last month before the interview. The follow-up interview was conducted at least 3 months after the initial baseline interview. Tests of the SAGE treatment intervention effect revealed statistically significant differences between the groups in educational aspirations at the 3-month follow-up and over time for subjects in LIFESKILLS.

The between-group findings (not shown) indicate that there were no statistically significant differences between the groups for educational aspirations at baseline. Yet, significant differences were found at follow-up where LIFESKILLS subjects reported higher educational aspirations on average than GRACE subjects (2.94, compared with 1.86, p<.05, two tailed) suggesting that the LIFESKILLS subjects demonstrated more improvement in this area than did the GRACE subjects. As to level of commitment to school, no significant differences were found in either period. Table 4.19 shows the within-group findings comparing the change in reported educational aspirations and school commitment over time. These figures indicate significant mean increases from baseline to follow-up in the educational aspirations of the LIFESKILLS group (2.41, compared with 2.94), whereas the results for GRACE did not differ significantly. Overall these findings suggest that the SAGE intervention generated positive educational aspirations for the younger subjects in the LIFESKILLS group but did not provide the older subjects of GRACE with the same motivation. However, because the population was not normally distributed, a Wilcoxon Signed-Ranks test was conducted to confirm the significance. The test, however, did not confirm the differences, raising questions regarding the validity of the finding. The remaining educational differences were not statistically significant.

Validation

Again, as with the other significant findings, a validation analysis was conducted to rule out attrition as a plausible intervention effect for the increase in educational aspirations of the LIFESKILLS subjects. Again, the baseline education figures of subjects who completed F1 survey were compared with those who did not (see table 4.20). The analysis reveals that mean educational aspirations of the GRACE subjects who completed the follow-up survey was 2.25, compared with a mean score of 2.50 for the GRACE subjects who did not complete the follow-up survey. For LIFESKILLS, the mean score of the subjects who completed the follow-up survey was 2.29, while the mean score for those who did not was 2.22. The differences were not statistically significant, suggesting that attrition was not a factor as an explanation for the increase in educational aspirations of the LIFESKILLS participants.

Table 4.20. Validation of Educational Findings

<table>
<thead>
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<th>Mean</th>
<th>SD</th>
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<tr>
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<td>Aspirations</td>
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<td>8</td>
<td>2.25</td>
<td>.366</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>12</td>
<td>2.50</td>
<td>.289</td>
</tr>
<tr>
<td>LIFESKILLS</td>
<td>Aspirations</td>
<td>Yes</td>
<td>21</td>
<td>2.29</td>
<td>.658</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>9</td>
<td>2.22</td>
<td>.886</td>
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</table>

Note: A “yes” indicates that the subject completed the F1 survey. There were no significant between-group differences for any of the factors.

Development Services Group, Inc.  4–25
Attitudes and Beliefs
Five different attitude and belief constructs were used to assess the effect of the SAGE intervention on the two groups of subjects: a) self-efficacy, b) employment attitudes, c) prostitution beliefs, d) social support, and e) posttraumatic stress symptomology. Each measure assessed current attitudes or beliefs. Again, the follow-up interview was conducted at least 3 months after the initial baseline interview.

Self-Efficacy
The self-efficacy scale was used to assess beliefs regarding one’s own capabilities, with lower scores suggestive of greater self-efficacy. The between-group findings (not shown) indicate that there were no statistically significant differences between the groups at baseline. However, whereas similar results were found at baseline, the mean self-efficacy score for the LIFESKILLS group decreased at follow-up for both groups (suggesting greater self-efficacy), but the decline was significant for only the LIFESKILLS group (1.97, compared with 1.57, p<.05, two tailed). This finding indicates that the LIFESKILLS subjects demonstrated more improvement in self-efficacy than the GRACE subjects. Table 4.21 shows the within-group findings comparing the change in reported self-efficacy from baseline to follow-up for each group. The mean self-efficacy scores for subjects in the LIFESKILLS group significantly declined (1.58 compared with 1.85, p<.05, one tailed), indicating an increase in self-efficacy, while the scores for GRACE respondents did not. Overall, these findings indicate that compared with the GRACE group, the self-efficacy of the LIFESKILLS subjects significantly improved during the course of the intervention. Nevertheless, similar to educational aspirations, the population was not normally distributed and the differences were not confirmed using nonparametric methods, raising questions about their validity.

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<th>Table 4.21. Attitudes and Beliefs</th>
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<td>Self-Efficacy</td>
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<td>LIFESKILLS</td>
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<td>Employment Attitude</td>
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<td>LIFESKILLS</td>
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<td>Prostitution Beliefs</td>
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<td>GRACE</td>
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<tr>
<td>LIFESKILLS</td>
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<td>Social Support</td>
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<td>GRACE</td>
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<td>LIFESKILLS</td>
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<td>PTSD</td>
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<tr>
<td>GRACE</td>
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<tr>
<td>LIFESKILLS</td>
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</table>

Note: Lower self-efficacy scores suggest greater self-efficacy. Lower employment attitude scores suggest a positive attitude.
aDegrees of freedom for GRACE attitude and belief measures=6 (efficacy and PTSD) and 8 (employment, prostitution, and social support). Degrees of freedom for LIFESKILLS educational measures=8 (aspirations) and 17 (commitment). Degrees of freedom for LIFESKILLS attitude and belief measures=15 (efficacy), 20 (employment), 14 (prostitution), 21 (social support), and 12 (PTSD). Degrees of freedom for LIFESKILLS educational measures=8 (aspirations) and 17 (commitment).
bAll tests are one tailed.
A Wilcoxon Signed-Ranks test was performed to corroborate the finding if the population was not normally distributed.
EMPLOYMENT ATTITUDE
The employment attitude scale was used to gauge confidence of success in a conventional work setting, with lower scores indicating a more positive attitude toward conventional work. The between-group analysis (not shown) suggests that there was no difference between the groups at baseline or follow-up. Table 4.21 shows the within-group findings comparing the change in reported employment attitude from baseline to follow-up for each group. The mean scores for subjects in the LIFESKILLS group significantly declined (16 percent, from 1.50 to 1.26), indicating an increase in positive employment attitude, while the scores for GRACE respondents (although in the same direction) did not significantly change. Overall these findings indicate that, while the employment attitude of both groups improved, only the LIFESKILLS group demonstrated significant improvement. The LIFESKILLS scores did not improve enough, however, compared with the GRACE scores for the groups to differ substantially at the follow-up. Nevertheless, again as with victimization, the consistent pattern raises the possibility that true treatment effects of the SAGE intervention were present for the GRACE subjects but too small to be distinguished because of the sample size. In addition, LIFESKILLS entails a longer program commitment than GRACE, which may also be responsible for some of the effect differential.

PROSTITUTION BELIEFS
The prostitution belief scale was used to assess the feeling that prostitution is a glamorous and harmless lifestyle. Higher scores indicate positive beliefs regarding prostitution. The between-group analysis (not shown) compares the mean prostitution belief score for GRACE and LIFESKILLS respondents at baseline and follow-up. The findings indicate that there were no statistically significant differences between the groups at baseline or follow-up. Table 4.21 shows the within-group finding comparing the change in beliefs regarding prostitution over time for each group. Although none of these differences is statistically significant, it is interesting to note that the change is in the opposite direction for the LIFESKILLS group. The GRACE group demonstrated a mean reduction of 37 percent from baseline (.89) to follow-up (.56). Conversely, the LIFESKILLS subjects demonstrated a mean increase of 74 percent from baseline (.27) to follow-up (.47). This divergence suggests the possibility that the crosspollination or population mixing (i.e., mixing involved and noninvolved CSE populations) identified in the analysis of the target population has a deleterious (iatrogenic) effect on the noninvolved subjects by exposing them to a lifestyle that may seem glamorous or inviting.

SOCIAL SUPPORT
The social support scale was used to measure the strength of an individual’s adult and peer social support network, with higher scores indicating more social support. The between-group analysis (not shown) compares the mean social support score for GRACE and LIFESKILLS respondents at baseline and follow-up. The findings indicate that there were no statistically significant differences between the groups at baseline or follow-up. Table 4.21 shows the within-group finding comparing the change in social support from baseline to follow-up for each group. The findings indicate a minimum increase for each group. Specifically, the GRACE group demonstrated a mean increase of 7.4 percent from baseline (3.10) to follow-up (3.33). Similarly, the LIFESKILLS subjects demonstrated a mean increase of 5.0 percent from baseline (3.42) to follow-up (3.59). These differences, however, were not statistically significant. One factor that may account for the failure to find significant differences is the relatively high baseline scores for social support for both groups. In other words, the high levels of social support reported by both groups at baseline allowed little room for improvement in the follow-up scores. Moreover,
these results must be qualified by the same caveat mentioned earlier: both adult and peer support questions are included in the scale, and adult support levels may simply reflect interaction with adult GRACE staff.

**POSTTRAUMATIC STRESS DISORDER**
The PTSD scale was used to measure the degree of posttraumatic stress symptomology with higher values, indicating more PTSD symptoms. Again, the between-group analysis (not shown) found no difference between the groups at either the baseline or follow-up. Table 4.21 shows the within-group findings comparing the changes over time in PTSD scores for each group. These figures indicate a statistically significant reduction in mean PTSD scores from baseline to follow-up for the GRACE group (24.0, compared with 18.4). This finding suggests that the counseling services provided by the SAGE staff may have provided psychological recovery for older subjects in the GRACE group. Interestingly, the same improvement was not found with the younger subjects in the LIFESKILLS group. The divergence of the two groups in terms of PTSD symptomology is not due to baseline differences, as the two groups reported similar mean PTSD scores. But an alternative explanation may rest in the SAGE organizational directive and the dissimilar CSE background of the subjects. In other words, SAGE was founded on serving youth and young women who are victims of CSE, and the expertise of the SAGE staff lies in their unique functional knowledge of the commercial sex business. Despite this specialized capability, many of the subjects in the LIFESKILLS group were non–CSE involved, negating the expertise of the staff and perhaps limiting the treatment success of the clients.

**VALIDATION**
Again, a validation analysis was conducted to rule out attrition as a plausible intervention effect for the increase in self-efficacy, the increase in positive employment attitude, and the decline in PTSD symptomology. The baseline figures of subjects who completed the F1 survey were compared with those who did not (see table 4.22). The analysis reveals that mean self-efficacy score of the GRACE subjects who completed the follow-up survey was 2.31, compared with a mean score of 1.66 for the GRACE subjects who did not complete the follow-up survey. For LIFESKILLS, the mean score of the subjects who completed the follow-up survey was 1.96, while the mean score of those who did not was 2.00. The results demonstrate that the follow-up and non-follow-up respondents did not differ significantly at baseline. Thus, it is unlikely that the change in self-efficacy from baseline to follow-up is attributable to attrition. Likewise, there was no difference between the subjects who completed the F1 survey and those who did not in terms of PTSD scores and employment attitude, making it unlikely that the improvements are attributable to attrition.

<table>
<thead>
<tr>
<th>Table 4.22. Validation of Attitudes and Beliefs</th>
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<tbody>
<tr>
<td><strong>Group</strong></td>
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<td>GRACE</td>
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<td>LIFESKILLS</td>
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\( p < .05. \)
Dosage
Dosage (the number of treatment hours a subject receives) is likely to influence the outcome of the intervention. In fact, while there are some inconsistent findings related to dosage (Conduct Problems Prevention Group, 1999; Dane and Schneider, 1998), research demonstrates that most programs are less effective when the program participants do not receive the intended dosage (Allen, Philliber, and Hoggson, 1990). In general, a higher dose of the SAGE intervention should be positively associated with improvements in recidivism, CSE involvement, substance use, educational aspirations and commitment, and psychological well-being. Conversely, a lower dose of the SAGE intervention should demonstrate limited or no improvement.

In this study, dosage for each participant was estimated by summing the total number of treatment hours received up to the time the follow-up survey was completed. Table 4.23 shows the number of treatment hours by program. It reveals that there was a wide variation in terms of treatment hours among the study participants. The treatment hours for the subjects in the LIFESKILLS group ranged from 12.5 to 208.5 hours, with an average of 74.5 treatment hours. The subjects in the GRACE group received significantly fewer treatment hours, owing to the design of the program (see program description). The treatment hours of the GRACE clients ranged from 3 to 67 hours, with an average of 27.6 hours.

To assess the impact of the SAGE intervention, each program group was partitioned into a high dosage and low dosage group by using the 50th percentile of treatment hours for each group as the cut point. The cut point for the LIFESKILLS group was 54 treatment hours, while 24 treatment hours was the cut point for the GRACE group. All subjects below the cut point were coded as receiving a low dosage of treatment services, while all subjects above the cut point were coded as receiving a high dosage of treatment services. The two groups were then combined to assess the influence of dosage. Overall, 19 program participants (5 GRACE and 14 LIFESKILLS) were placed in the low dosage group, while 13 program participants (4 GRACE and 9 LIFESKILLS) were placed in the high dosage group. Twenty-two program participants were excluded from the analysis because of missing follow-up information.

A preliminary assessment of baseline differences revealed few significant differences between the groups in terms of pretreatment characteristics or baseline outcomes measures. In fact, only two significant differences were found. The subjects in the high dosage group used marijuana and engaged in some CSE activities (paid to masturbate and degree of CSE involvement) significantly more than did the subjects in the low dosage group. Subsequently, between-group

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*Some subjects continued to receive services after the completion of the follow-up survey.
†Subjects who agreed to participate but absconded from treatment were coded as receiving 0 hours of treatment. In addition, the treatment records for some subjects were not located. These subjects were excluded from the dosage analysis.
‡While it would have been preferable to assess each program group separately, the sample size was too small to permit a meaningful interpretation of the findings.
and within-group analyses were performed to assess the impact of dosage. The between-group analysis compared low dosage subjects (both GRACE and LIFESKILLS participants combined) at both baseline and follow-up periods. The within-group analysis compared baseline and follow-up scores for individual subjects within each dosage group. As in the previous analysis, t–tests between means were used to test for significance first, and nonparametric methods were employed to validate the findings where applicable.

Nevertheless, the between-group analysis of dosage demonstrated no positive impact on any of the outcome measures at follow-up. In fact, the only significant difference was found with regard to the degree of CSE involvement at the 3-month follow-up. However, the relationship was not in the expected direction, suggesting that the low dosage group was less involved in CSE (in terms of degree) compared with the high dosage group 3 months after enrolling in SAGE.

One feasible explanation for this unexpected finding is that the high dosage group was more in need of treatment services because of more intensive involvement in CSE activities and thus stayed in the program for a longer period of time. In fact, this explanation is confirmed to some degree by the baseline data. The high dosage group did exhibit more involvement in CSE in terms of both degree (.92, compared with .42) and frequency (.58, compared with .25), but only the degree of CSE involvement demonstrates a significant difference between the dosage groups. However, the consistent pattern of findings here raises the possibility that a relationship is present for frequency of CSE involvement but too small to be distinguished from the null hypothesis.

<table>
<thead>
<tr>
<th>Table 4.24. Commercial Sexual Exploitation</th>
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<tbody>
<tr>
<td>Dosage</td>
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</tr>
<tr>
<td>CSE Degree</td>
</tr>
<tr>
<td>Low</td>
</tr>
<tr>
<td>High</td>
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<tr>
<td>CSE Frequency</td>
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<tr>
<td>Low</td>
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<td>High</td>
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Notes: All tests are one tailed. A Wilcoxon Signed-Ranks test was performed to corroborate the finding if the population was not normally distributed. There were no significant between-group differences for any of the factors.
Table 4.25 shows the within-group findings comparing the change in reported arrests from baseline to follow-up for each group. These figures show that the subjects in the high dosage group improved significantly in terms of attitude toward employment and PTSD symptomology. Specifically, the PTSD symptomology for the subjects in the high dosage group was reduced by 19.5 percent, from 27.33 at baseline to a 22.00 at follow-up. Meanwhile the scores of the low dosage group remained unchanged. This finding suggests that the more counseling services provided by the SAGE staff may have provided psychological recovery for the high dosage group. Similarly, the findings for employment attitude also reveal significant gains. The mean scores for subjects in the high dosage group significantly declined, from 1.77 to 1.46 (indicating an increase in positive employment attitude), while the scores for the low dosage group—although in the same direction—did not significantly change.

Nevertheless, there were also some unanticipated results for the low dosage group, indicating a significant mean improvement over time in terms of self-report crimes, degree of CSE involvement, sexual assault victimization, and social support. These counterintuitive findings suggest the possibility that the relationship between program dosage and positive treatment outcomes may take a curvilinear rather than a traditional linear form. For example, the benefits of program inclusion may rise as program dosage increases until it levels off at some as yet unknown point and then declines as the subject receives additional program services. The rationale for this functional relationship is directly related to treatment needs (CSE involvement, substance abuse, PTSD, etc.). The subjects who need the program the most are basically split into two groups. The first is the high-need/low-dosage group. This group is not prepared to accept treatment and simply run away, receiving little program services and no benefit from the program. Conversely, on the opposite end of the spectrum is the high-need/high-dosage group. This group differs from the first in that the clients stay in the program and use the treatment.

Notes: Lower employment attitude scores suggest a positive attitude. There were no significant within-group differences for any of the factors.

\[ a \] Degrees of freedom for low dosage measures=18 (degree), 17 (social support), 16 (crime, sexual assault, and employment), and 10 (PTSD). Degrees of freedom for high dosage measures=11 (crime and degree), 12 (social support and employment), 9 (sexual assault), and 8 (PTSD).

\[ b \] All tests are one tailed.

\[ c \] A Wilcoxon Signed-Ranks test was performed to corroborate the finding if the population was not normally distributed.
services. However, because their treatment needs may be greater than the average client, they stay in the program longer and receive more services but at a point of diminished return (i.e., a point beyond which each additional unit of treatment yields smaller and smaller benefits). Then, sandwiched in the middle, of course, are the clients who may not have the greatest treatment needs but receive the highest marginal benefit from a moderate dose of the program services. Moreover, this may be particularly true for a program such as LIFESKILLS because the point of program completion is so suggestive and ambiguous.

**Discussion**

Few prior studies have carefully examined the effectiveness of a CSE intervention program in the United States. The results reported here for the SAGE program in San Francisco suggest that the program had limited success in providing treatment services to girls and young women involved in prostitution and other forms of CSE. The most important finding is that the program succeeded in reducing contact with the criminal justice system for both the LIFESKILLS and GRACE groups. The analyses of the SAGE treatment intervention effect revealed statistically significant differences in recidivism for both groups of subjects. Specifically, comparing the change in self-reported arrests 3 months after enrolling in SAGE, the analyses demonstrated a 43 percent decline in arrests for the subjects in the GRACE group and a 39 percent decline in arrests for the LIFESKILLS group. The results were remarkably similar according to official arrest records, where the 6-month follow-up demonstrated a 58 percent decline in arrests for the subjects in the GRACE group and a 68 percent decline in arrests for the LIFESKILLS group. It should be noted, however, that the at-risk or follow-up period for recidivism is relatively short for both sets of data (3 months and 6 months), thus limiting the amount of time the subjects had to commit a new crime. It would be interesting to follow up with the subjects over a longer period to see if the gains in recidivism are lost during the subsequent months. Consequently, the length of the follow-up period remains a plausible cause for the decline in recidivism.

The treatment effects clearly differed by group, however, for many of the other outcomes. Despite the baseline similarities between the GRACE and LIFESKILLS groups (mean scores on a wide range of pretreatment risk factors were similar between the groups; see table 4.1), there was a clear group divergence in CSE involvement, sexual assault victimization, educational aspirations, self-efficacy, employment attitude, and PTSD symptomology during the study observation period. Specifically, the GRACE group had significantly better outcomes for CSE involvement and PTSD symptomology, while the LIFESKILLS group had significantly better outcomes for sexual assault victimization, educational aspirations, self-efficacy, and employment attitude. In contrast, substance abuse outcomes, commitment to school, most measures of victimization, and social support were not significantly different for either group.

At first glance, the analyses suggest that the GRACE group clearly benefited more than the LIFESKILLS group in terms of reducing CSE involvement as both the degree (63.9 percent) and frequency (87.6 percent) dropped significantly, compared with the LIFESKILLS participants. As with recidivism, however these improvements for the GRACE subjects should be tempered with the notion that the follow-up period is relatively short and the environment in which clients attempt to recover often facilitates a return to the lifestyle. More important, the between-group difference in CSE involvement is largely explained by the fact that LIFESKILLS subjects reported relatively low levels of baseline CSE involvement (only 16 of 32 LIFESKILLS subjects indicated CSE involved at any point in time) compared with their GRACE counterparts. The
overall low level of involvement allows little room for improvement over time, and the mixing of the involved and noninvolved populations is a violation of the risk principle of evidence-based programming (Lowenkamp and Latessa, 2004), which argues that services should be directed at high-risk offenders and that targeting low-risk offenders can lead to increases in poor behavioral outcomes. This group mixing is even more of a concern when combined with the finding (although not significant), that the LIFESKILLS subjects demonstrated a mean increase of 74.1 percent in positive beliefs regarding prostitution. This divergence suggests that mixing involved and noninvolved CSE populations may have a deleterious (iatrogenic) effect on the noninvolved subjects by exposing them to a lifestyle that may appear glamorous or inviting to youth who have not been exposed to its negative consequences.

Another important finding where the groups diverged includes the presence of PTSD symptomology. The significant reduction in mean PTSD scores for the GRACE group suggests that the SAGE treatment fosters coping strategies or helps subjects develop other internal resources on which they successfully draw even after they return to the environments that originally contributed to their psychological distress. Interestingly, however, these gains were not found for the younger and less CSE–involved subjects in the LIFESKILLS group. This divergence may have resulted from the SAGE mission’ emphasis on treating victims of CSE and hiring staff with a functional expertise in CSE to deal with CSE–related issues. Conversely, the staff may be ill equipped to deal with noninvolved CSE subjects, even if they exhibit some characteristics similar to the CSE-involved subjects.

The failure of the study to detect victimization and substance abuse effects admits many possible interpretations, including that the measures used were insensitive to the true treatment effects and that true differences in treatment effects on victimization and substance abuse may be undetectable until the subjects have been at risk in the community for longer periods. The possibility that the analysis merely lacked the statistical power to detect the true treatment effects on these outcomes is also significant, given the small sample and the consistency of all victimization and substance abuse outcomes. Specifically, vandalism (22 percent), theft (31 percent), robbery (61 percent), attack (9 percent), and sexual assault (94 percent) all demonstrated a mean reduction for the LIFESKILLS group. This pattern was similar for the GRACE group, where the analysis found a mean reduction over time for vandalism (45 percent), theft (73 percent), robbery (75 percent), burglary (87 percent), verbal assault (38 percent), attack (12 percent), and sexual assault (37 percent). These results suggest that both programs do indeed exert a harm reduction effect—a finding consistent with the operating program models voiced by program staff in the formative research (see chapter 3).

Finally, the analyses support the conclusion that CSE–involved subjects who are enrolled in SAGE following a court or probation referral may be expected to have positive recidivism and CSE–involvement outcomes after 3 months. This does not imply, however, that the treatment offered at SAGE is superior to any particular alternative CSE service or intervention. This study cannot assess that issue because it was not designed to support such analyses (i.e., comparing SAGE with other CSE intervention programs).

**Limitations**

Several limitations of this study should be noted. Chief among these is the small number of subjects in the sample. Despite lengthening the data collection period, the SAGE program was unable to serve the number of clients in the study period that was expected during the planning.
phases of the evaluation (see Barriers and Issues section in chapter 2 for a more in-depth discussion). The small sample limited the study in numerous ways. First and foremost is the analysis of the arrest data. It would have been preferable to use time-to-event or survival techniques to assess the arrest outcomes because of the right-censoring problem inherent in arrest data. Unfortunately, the small size of the study prohibited more sophisticated and sensitive analyses in favor of a more basic but sufficient approach in the form of an independent and paired sample t–test. It also prohibited the ability to use covariate adjustments to control for some of the differences between the groups.

A second sample size–related limitation is the possibility that the two groups differed in important and unobserved ways. Because of the small number of subjects in the study, the analysis was unable to control for numerous factors and cannot be certain that any observed differences in outcomes are attributable to treatment rather than to systematic differences in groups that might have predated treatment.

A third important limitation is that we did not compare outcomes of the subjects who received the SAGE treatment services with a cohort of untreated subjects, but rather with groups of subjects receiving similar SAGE services. While the former comparison would have been preferable, there was no good source of referral for a no-treatment group. Several possibilities arose during the planning phase, but all were rejected after careful consideration. For example, a comparison group could have been developed through a grassroots recruiting effort of subjects involved in CSE activities, but since most of the referrals came through law enforcement or the court system, the hypothetical group would have differed at the outset from the SAGE group because of a lack of contact with the criminal justice system. Moreover, since the subjects would have been recruited during “working hours” in known areas of prostitution, the recruitment process could be dangerous for the researchers in the field. Also, it was expected that the subjects would be compensated for their time to take the surveys, which may have resulted in a much more expensive study. Finally, even if the grassroots workers succeeded in recruiting actively CSE–involved subjects into the study, the follow-up activities with this type of transient population would have been extremely expensive and time intensive. Thus the lack of a no-treatment comparison group preserves the possibility that the improvements noted in the study may have occurred without the intervention of the SAGE treatment.

A fourth limitation is the relatively short follow-up period. As mentioned throughout the text, the at-risk period for measuring recidivism is relatively short, thus limiting the amount of time the subject had to commit a new crime. Consequently, the length of the follow-up period remains a plausible cause for the decline in recidivism. The short follow-up period also prohibits the detection of sustained program effects in other areas. For instance, the gains identified in CSE involvement may dissipate over time after the subject is no longer enrolled in treatment. It would be interesting to assess the subjects longitudinally to see if the gains made during the treatment were maintained after the service ended.

*An observation is right-censored when the information is incomplete because the subject did not have an event during the time span of the study. The point of survival analysis is to follow subjects over time and observe at which point in time they experience the event of interest. It often happens that the study does not span enough time to observe the event for all the subjects in the study. This could be due to several reasons. In this case, the subject was not arrested during observation period of the study.

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A fifth limitation revolves around the dosage analysis. Again, because of the limited number of subjects in the sample, the two groups were pooled to assess the effect of dosage on the treatment outcomes. While the treatment level cutoff points differed for each group, this methodology still assumes equal treatment within the two SAGE groups. Though it is true that the overall treatment approach of each group is theoretically similar, the fact remains that the treatment services provided to the clients differ by program, as do the program requirements for completion (see chapter 5 for more details). Consequently, it is certainly reasonable to suspect that the outcomes may differ by group, which could explain why no positive outcomes were identified.

A final limitation common to research in this area also bears mention. Most of the data used in the analyses were collected through self-reports. Self-reports are subject to numerous well-known biases (Morral, McCaffrey, and Iguchi, 2000; Sudman, Bradburn, and Schwarz, 1996). For the purposes of the analyses reported in this study, however, biases in self-reports should affect only conclusions about outcome differences to the extent that subjects in one condition are more or less biased in their reporting. There is no reason to suspect that biases vary by condition.

In conclusion, the limitations outlined here should not be viewed cynically but rather should serve as the groundwork for future research. However, it is equally important to note that future inquiry is warranted in large part because the analyses presented in this chapter were indeed suggestive of a SAGE intervention effect. Most notably, the SAGE treatment intervention produced significant reductions in recidivism and CSE involvement of highly involved young women. While the results presented in this chapter suffer from the limitations discussed, we have controlled for a great many other methodological issues by following the precedent of prior CSE studies. And like past research, this project can be used to push the envelope forward in future studies. Consequently, numerous recommendations for future areas of inquiry to further strengthen and enhance the methodology of CSE research are presented in chapter 7.


5. Process Evaluation Findings

A process evaluation was used to identify the programmatic and contextual moderators of effectiveness and to determine whether the programs were delivered as designed. It was also designed to aid in understanding how the programs were developed, their operations, their changes, and why the programs were (or were not) successfully implemented.

We also include identification and description of intervening events that may have affected implementation and outcomes, along with other documentation.

Specifically, the process evaluation was designed to a) document and analyze the development and implementation of the LIFESKILLS* and GRACE programs, b) assess whether services were delivered as planned, c) assess whether what was delivered differed in reality from what was planned, d) assess whether expected output was actually produced, and e) identify any gaps between program design and delivery.

As discussed in chapter 2, the sources of data for the process evaluation included the following:

- Five site visits to the SAGE Project
- Five focus groups with staff
- Individual interviews with all key staff
- Weekly observations and coding of the LIFESKILLS and GRACE groups, support activities, and outings
- Review of case files, sign-in sheets, attendance rosters, and program materials to obtain service delivery data; length of time in service (duration); amount and types of services provided (dosage); treatment goals specified for each individual; and the degree to which treatment goals were met
- Interviews with the Chair of the SAGE Board of Directors and observation of Board meetings
- Interviews with representatives from collaborating agencies
- Questions from the follow-up survey (see appendix G) pertaining to the SAGE participants’ satisfaction regarding the services received

DSG also developed a client database in Microsoft Access for this study that was turned over to SAGE staff in the fourth year of the study and installed on SAGE computers. LIFESKILLS staff were trained in how to use the database. DSG staff populated the database with information from the SAGE case files. When it was found that many data on clients were missing from the case files, DSG requested all sign-in sheets for the entire study period and also asked that a short data collection form be completed. This form required minimal basic information, such as intake date, discharge date, completion status, treatment goals, how many of these goals were met, and the number of hours of service completed (all sign-in sheets were to be attached). Information was then provided for all 54 subjects; however, in 3 cases dosage data were still missing and could

*The etiology of the LIFESKILLS program is not known, but it is not affiliated with the more well-known LifeSkills Training Program developed by Gilbert Botvin.
not be obtained (see table 5.4). All new data obtained were entered into the SAGE client database and used to assess dosage and duration of services.

This chapter presents the results of the process evaluation following from an analysis of the available data. Referral sources are discussed first, followed by program services, dosage (hours of service provided), duration (length of time in program), treatment goals, program completion, staffing, training, record keeping, funding sources, program participants’ attitudes toward SAGE, and challenges to implementation. It concludes with a section on fidelity to the model.

**Referral Sources**

**LIFESKILLS**

Participants are referred through a variety of means. Staff estimate that about 80 percent are referred by the Juvenile Probation Department, another 10 percent from the Department of Social Services, and the remainder from the Department of Mental Health, the Youth Guidance Center, teachers, other community-based organizations, or self-referrals. Referrals to the program were problematic throughout the entire study period. During the first 2 years of the study (2005–06), the Juvenile Probation Department provided most referrals to the program. However, communication issues plagued the relationship between SAGE and the Probation Department, and Probation discontinued its contract with SAGE during 2007, causing a major decline in referrals. Referrals increased when SAGE opened the SAGE safe house; however, when that closed, referrals again dropped. The mistaken word on the street was that when the safe house closed, SAGE had closed, so probation officers stopped making referrals. Referrals again increased when the Probation Department renewed its contract with SAGE in 2008, but they remained low. The Youth Team Lead and other staff reported trying to meet with specific probation officers with whom they had a relationship, to boost referrals. They also planned to schedule meetings with community-based organizations, Child Protective Services, and the Public Defender’s Office. In addition, when arrests for juveniles involved in prostitution were discontinued, referrals went down. Staff noted: “There has been a breakdown in the relationship with referral sources. The numbers have been down.” Supervisors reported they were going to explore new foster care and mental health referral sources.

The In-Custody Coordinator reported that she should be notified by the District Attorney’s Office when appropriate girls come in to the Youth Guidance Center, but frequently this does not occur.

In addition to these referral sources, in 2008, SAGE engaged in a contract with San Mateo County and brought the LIFESKILLS group to girls at the Tracey Place group home. Though these girls received the full complement of group sessions, their one-on-one case management was limited to about 15 minutes twice a week while they were in the program. Several of these Tracey Place girls are in this study.

**GRACE**

The majority of GRACE participants are referred by the San Francisco District Attorney’s Office. The District Attorney’s Office refers first-time offenders charged with prostitution. Clients from the District Attorney’s Office, rather than going to jail, are sentenced to complete
court-mandated hours at SAGE. Women are referred through an In-Court Referral Form that specifies the number of hours of service they must complete based on the number of incidents with which they are charged. Their return court date is also specified on this form. The total hours of support service/educational training specified are based on their number of offenses. The District Attorney’s Office requires 25 hours of service for each offense. Eight additional hours are required for each additional offense.

Referrals have been erratic, but the program was more stable than LIFESKILLS until 2008, when the District Attorney’s Office cut funding. At that time, staff were cut as a result. When funding was restored, new staff were hired and referrals went up. Referrals to GRACE also fluctuated over the course of the study as street prostitution in San Francisco went down and moved to Oakland, which caused arrests and therefore referrals from the District Attorney’s Office to go down.

The GRACE Program Manager also reports getting referrals from jails, shelters, community-based agencies, public clinics, San Francisco General Hospital, other residential programs, and self-referrals. More recently, police have developed a unit to search the Internet and conduct stings, so some GRACE women have come from Internet arrests. They report seeing a lot of older women now, especially those who are drug involved.

**Program Services**

**Mission of the Program and How It Is Achieved**

**LIFESKILLS**

There was consistency among the staff in their views of the mission of SAGE and the LIFESKILLS program in particular. They felt the mission was to “improve lives of young girls, identify issues, and keep them from moving to the adult component,” “make a one-on-one connection,” “build a relationship between SAGE and the girls,” and “provide love and support—never give up on them.”

Staff feel they do all this by being positive role models. They model

... trusting relationships, then clients begin to trust. Experience comes out. [The clients] talk about their experiences. The role of the Case Manager is to validate [their] experience.

They feel that the peer model is powerful. It “gives girls hope to see that change is possible,” say the staff.” Staff think hope and engagement with the client is quicker using the peer model. Many girls maintain relationship connections but are not ready to come to the program regularly. Staff report that girls who stick around are ready to get help. A crisis usually creates readiness—they learn that all the things the staff have been saying are true. They may be testing staff to see if they will be rejected if they are still involved in prostitution. This readiness for trust and

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*During the early years of this study, SAGE staff held a GRACE group on Thursdays at the jail, providing the attendees with an overview of GRACE and what it could do for them. Some attendees participate in the GRACE program upon their release.

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disclosure is what the staff are looking for—it leads to establishing safety and trust in the relationship.

**GRACE**
The GRACE staff felt their mission was to coordinate service with EIPP, have clients finish their hours, work with the District Attorney’s Office, and provide case management. They also attend court on Wednesday and conduct the weekly GRACE group. They feel that the overarching mission is trauma recovery and empowering women to deal with their problems. Being positive role models and modeling trusting relationships are vital. The role of the Case Manager is to get clients to trust and to validate their experiences.

Staff stress the harm-reduction model when working with GRACE clients. GRACE clients have a higher level of physical needs than the LIFESKILLS population. Staff feel that the program achieves its mission through meeting these needs—taking clients to the doctor, obtaining services, getting them back in school, and teaching them how to have healthy relationships. Clients have a “learned helplessness and learned hopelessness,” so activities are based on changing these beliefs and “future visioning.” They try to get the clients to see that they have been exploited and victimized, and decrease their symptomatology.

**Program Model, Case Management, and Support Groups**

**LIFESKILLS**

**Program Model**

As discussed in chapter 3, Formative Research Results, we assessed the program components through formative focus groups (see appendix B for focus group protocols). At that time (the first year of the study), there was a full complement of staff, and most staff agreed that there was a four-phase program model, through which participants passed over 6–18 months. These four phases were

- **Phase 1. Crisis Stabilization** (characterized by reduction in relapses, rehospitalization, and rearrest)
- **Phase 2. Assessment** (assessments were completed and problems/issues identified)
- **Phase 3. Building Life Skills** (changing personal characteristics that are associated with victimization, such as reductions in substance use, symptomology [posttraumatic stress, depression, anxiety, self-esteem, etc.], and level of involvement in prostitution)
- **Phase 4. Increased Integration Into Legitimate Society** (changing environmental characteristics that are associated with victimization, such as holding a job that is not in the “street economy,” completing a GED or diploma equivalent, enrolled in/attending school, reunification with family or emancipation, healthy social connections, involvement in healthy relationships, and decreased episodes of exploitation [such as decreased commercial sex involvement or at least reducing risk level of commercial sex, leaving commercial sex, creating and following through with safety plans, and increased self-reliance])

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As the program experienced turnover, there was less adherence to the four phases, though the Youth Team Lead, who has been the one consistent staff in the LIFESKILLS program for 8 years, still uses the four-phase model. The Clinical Director, who is newer to the program, was not familiar with the phases.

**Case Management**

Clients receive case management services, through one-on-one meetings with their Case Manager or peer counselor, and some collateral services, such as assistance with school, employment, or housing. Typically, Case Managers meet with clients between 2 and 4 hours each week—though it actually is usually less than that. The Case Manager will conduct a full intake assessment and initial treatment plan within the first month after assignment. She will administer a battery of instruments, including an intake form, lightning assessment, Piers–Harris (which is supposed to be completed quarterly), Trauma and Attachment and Belief Scale (which is supposed to be completed at 6 months and at discharge), and, at the end, a discharge summary. The Case Manager, the Clinical Supervisor, and the Clinical Director hold 2-hour case reviews every Monday to assess each participant’s progress.

Staff also operate a more limited program for in-custody girls in the Youth Guidance Center (detention or juvenile hall). One staff person spends about 6 hours at the YGC each week, running groups and providing individual case management for in-custody girls. She does assessments to identify whether clients are eligible for Victims’ Compensation funds. Group topics address runaway prevention, trauma, and sexual exploitation. A few girls are referred from the in-custody program to the LIFESKILLS program. For the purposes of this study, the groups offered by the in-custody program are not included in the evaluation.

**Group Sessions**

Meetings are held at the YGC every Tuesday from 4:30 p.m. to 7:30 p.m. The atmosphere is familylike and supportive. Girls help with food preparation, and dinner is served as a group meal from 4:30 to 5:00 p.m., preceding the structured activities. From 5 to 6 p.m., educational and interactive group sessions are held.

The LIFESKILLS program does not have a written curriculum or many program materials. While there is little documentation on the program elements, there is a 14-session support group curriculum (see appendix K). Unfortunately most staff are not familiar with it. The 14 sessions are

1. Orientation
2. Sexual Exploitation 101
3. Sexual Exploitation 101 (continued)
4. Survivor’s Stories
5. Fun Outing/Movie Night
6. Healthy Female Relationships
7. Reproductive Health/Sex Education
8. Domestic Violence 101
9. Pimping Tactics/Dating Older Men
10. Field Trip/Speaker/Performer
11. Anger Management
12. Job Readiness Skills
13. Substance Use and Harm Reduction
14. Knowledge Is Power (graduation follows)

Over the years, much of the curriculum has been transmitted from one staff person to another through an informal apprenticeship wherein a junior staff person “shadows” a senior staff member. The Youth Team Lead, however, who runs the sessions, is quite familiar with this curriculum and generally follows its overall schema.

**Analysis of Group Sessions.** To assess the degree to which the general schema outlined for the group sessions was followed, we conducted an examination of all LIFESKILLS group sessions conducted from October 2006 through March 2009. When the curriculum was compared with 2 years worth of group sessions, there was substantial consistency between the structure of the curriculum and actual sessions. We found implementation followed the 14-session topics. The examination showed that the overall topics covered in the Tuesday night group sessions were

- **Sexual Exploitation 101**—the myths and realities of sexual, physical, and emotional abuse, rape and rape prevention, sexual violence, red flags, harm reduction, how to protect oneself, victimization, and blaming the victim versus considering on the perpetrator. This is a multipart topic that covers bonding with perpetrators, the lasting effects of exploitation, and self-destructive behaviors and seeks to contradict the messages girls receive that pimps will protect them and that the sex industries are glamorous. They concentrate on establishing safe and self-loving sexual boundaries and on learning new skills for sexual self-protection.

- **Survivor Stories.** Peer counselors or guest survivors share their life stories, struggles with prostitution, substance abuse, trauma, domestic violence, and involvement with the criminal justice system so that the young women understand ways to survive, overcome, and heal from difficult experiences.

- **Health education.** HIV prevention, drug abuse, STDs, women’s health and hygiene, safe sex, and condom use are discussed.

- **Substance abuse/harm reduction.** How drugs affect the body, brain, judgment, and harm-reduction strategies are reviewed.

- **Domestic violence**—overview of domestic violence, types of abuse, cycle of abuse, and getting help.

- **Building healthy relationships and check-in**—power and control issues, building healthy relationships and bonding with other females, anger management, and processing what is currently on the minds of the clients.

- **Job readiness.** Looking for employment, creating a résumé, and dress tips are discussed.
Art therapy sessions provide a creative outlet for expressing girls’ concerns and problems once or twice a quarter.

Fun nights/outings/movies/field trips (see table 5.2)—are offered about once a month.

Preparation for graduating and graduation concludes the series.

It appeared that, over time, art therapy had been added to the curriculum, as well as additional sessions on survivor stories. More fun nights/movies were offered than appeared to be warranted by the original design. Occasionally, movies were shown if the attendees were low or a speaker did not show up.

Table 5.1 shows a session-by-session analysis of the support group topics that were held on Tuesdays from September 2006 through May 2009. All together, roughly 140 sessions were held. Generally four groups were held each month, or 12 to 13 per quarter. While nearly all sessions were conducted or facilitated by LIFESKILLS or SAGE staff, about once a month sessions were conducted by a guest speaker or outside community-based organization, such as Health Initiatives for Youth. Topics handled by guest speakers were usually health, substance abuse, or HIV related. Reflecting a decline in enrollment, average attendance went from a high of eight girls in the first quarter of 2007 to a low of three girls in the third quarter of 2008 (see figure 5.1 for quarterly trends in sessions and average attendance).
Table 5.1 below shows the specific topics of the support groups conducted from September 2006 Through May 2009.*

<table>
<thead>
<tr>
<th>Table 5.1. LIFESKILLS Program Weekly Support Group Topics, September 2006 Through May 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Orientation</td>
</tr>
<tr>
<td>• Job readiness (résumés, cover letters, appearance)</td>
</tr>
<tr>
<td>• Protecting Yourself From Sexual Violence</td>
</tr>
<tr>
<td>• Speakers from Humboldt State University</td>
</tr>
<tr>
<td>• STDs and Safe Sex (outside facilitator—Health Information for Youth)</td>
</tr>
<tr>
<td>• Sexual Exploitation</td>
</tr>
<tr>
<td>• Survivor’s Personal Life Story</td>
</tr>
<tr>
<td>• “Day of Beauty”—Taking Pride in One’s Appearance (hygiene, hair, cleanliness)</td>
</tr>
<tr>
<td>• New Year’s Resolutions and How to Keep Them/writing exercise</td>
</tr>
<tr>
<td>• Self-Esteem, Body Image</td>
</tr>
<tr>
<td>• Sexual Harassment (outside speaker)</td>
</tr>
<tr>
<td>• Substance Abuse (Health Initiatives for Youth)</td>
</tr>
<tr>
<td>• WAR (Women Against Rape): Rape Prevention</td>
</tr>
<tr>
<td>• Healthy Relationships</td>
</tr>
<tr>
<td>• Sexual Exploitation and Violence</td>
</tr>
<tr>
<td>• Survivor’s Personal Life Story</td>
</tr>
<tr>
<td>• Healing Heart</td>
</tr>
<tr>
<td>• Drugs—Substance Abuse</td>
</tr>
<tr>
<td>• Process Group (SAGE circle) and Anger Handout</td>
</tr>
<tr>
<td>• IRIS Center Prevention—HIV Prevention</td>
</tr>
<tr>
<td>• La Casa De Las Madness—Domestic Violence</td>
</tr>
<tr>
<td>• High Five Survey (outside speaker)</td>
</tr>
<tr>
<td>• HIV 101/Substance Abuse, Safe Sex, STI and STD, Doctors, Clinics (Health Initiatives for Youth—four sessions)</td>
</tr>
<tr>
<td>• Extended Check In</td>
</tr>
<tr>
<td>• Deep Check In/donations for participation</td>
</tr>
<tr>
<td>• Teen Date Violence</td>
</tr>
<tr>
<td>• Domestic Violence (video—It Ain’t Love)</td>
</tr>
<tr>
<td>• Sex Etc. Training</td>
</tr>
<tr>
<td>• Art Therapy (six sessions)</td>
</tr>
<tr>
<td>• STDs and Safe Sex</td>
</tr>
<tr>
<td>• Women Health Hygiene and Discussion on Vagina Monologs</td>
</tr>
<tr>
<td>• Achieving Goals and Making Changes/Goals</td>
</tr>
<tr>
<td>• Self-Reflection</td>
</tr>
<tr>
<td>• Design Your Own Jeans</td>
</tr>
<tr>
<td>• Drug Education</td>
</tr>
<tr>
<td>• Black History</td>
</tr>
<tr>
<td>• Foster Care System</td>
</tr>
<tr>
<td>• Respect</td>
</tr>
<tr>
<td>• Sexual Assault (three sessions)</td>
</tr>
<tr>
<td>• Clothesline Project (art therapy)</td>
</tr>
<tr>
<td>• Grief/Loss</td>
</tr>
</tbody>
</table>

In general, LIFESKILLS devoted one session a month to a “fun” activity, such as a movie or outing. Movies generally were topically related, and a discussion was held afterward to debrief on its meaning. Outings generally were to model good behavior, such as to a restaurant or mall, or for bonding purposes, such as to the beach or a park. Nontopical activities also included holiday celebrations, preparation for graduation, and graduation. The full list is presented in table 5.2.

In addition, staff occasionally conducted training in high schools, such as bringing Sexual Exploitation 101 to Galileo High School on Feb. 13, 2009.

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*LIFESKILLS support groups normally were held on Tuesday evenings but were not held if Tuesday was a holiday, if staff were on vacation or sick, or if there was inclement weather.
Table 5.2. LIFESKILLS Group Social Outings and Other Sessions, September 2006 Through May 2009

- Graduation Prep (two times) and individual meetings
- SAGE Graduation (two times—one each year)
- Beach outing: Welcome back to school
- Water park outing
- Rock Climbing at Mission Cliff
- Thanksgiving Celebration (two times)
- Mall outing
- Holiday Celebration
- Clothing Donations
- Movies (e.g., Human Trafficking, Parts 1 and 2; Freedom Writers, Thirteen, The Messenger, The Craft, Halloween movie, Enough, Christmas movie, Dream Girls, Pursuit of Happiness, How She Move, Real Women Have Curves)
- Video (It Ain’t Love)

GRACE

Case Management
Clients receive case management services through a one-on-one meeting with their Case Manager. At the first session, she will administer the Lifestyle Assessment and sometimes the lightning assessment. The Case Manager also keeps the program attendance sheet and monthly report and discharge summary. She will also provide collateral services, such as assistance with employment, drug treatment, or housing. Typically, she meets with clients an average of 7.2 hours in total over a 4-month period (see table 5.4). The Case Manager will complete an intake assessment, initial treatment plan, and lightning assessment at intake, and, at the end, a discharge summary.

Group Sessions
GRACE clients can attend any of the STAR Center support groups as well as the weekly GRACE group. Those who were referred from the District Attorney’s Office must attend a minimum of 25 hours of sessions. On average, they complete 22.6 hours. GRACE staff conduct the weekly GRACE group, prostitution/domestic violence group, and women’s empowerment group. Most of the other groups and services are delivered by STAR Center staff, specialists, such as an acupuncturist, or the Clinical Director. The topics and services are regularly scheduled each month on specific days of the week (see table 5.3). Detox acupuncture/holistic healing is offered most often (four days a week and acupuncture only on the fifth day). Monday offerings include women’s empowerment, detox acupuncture/holistic healing, and the three principles of psychology. Tuesday sessions are grief and loss, anger management, detox acupuncture/holistic healing and health consultations. Wednesday sessions are trauma education, women’s talking circle, and detox acupuncture/holistic healing. Thursday offerings are detox acupuncture/holistic healing, connecting/coping, health education, and health appointments. And Fridays are acupuncture, social support, prostitution/domestic violence, and the GRACE group.
Table 5.3. Support Group Topics/Services Available to GRACE Clients

<table>
<thead>
<tr>
<th>Support Group Topics/Services</th>
<th>Days Scheduled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Three Principles of Psychology</td>
<td>Monday</td>
</tr>
<tr>
<td>Intakes</td>
<td>Monday</td>
</tr>
<tr>
<td>Women’s Empowerment</td>
<td>Monday</td>
</tr>
<tr>
<td>Detox/Acupuncture/Holistic Healing</td>
<td>Monday, Tuesday, Wednesday, Thursday</td>
</tr>
<tr>
<td>Screening</td>
<td>Tuesday, Thursday</td>
</tr>
<tr>
<td>Grief and Loss</td>
<td>Tuesday</td>
</tr>
<tr>
<td>Anger Management/Relapse Prevention</td>
<td>Tuesday</td>
</tr>
<tr>
<td>Trauma Education</td>
<td>Wednesday</td>
</tr>
<tr>
<td>Women’s Talking Circle</td>
<td>Wednesday</td>
</tr>
<tr>
<td>Connecting/Coping</td>
<td>Thursday</td>
</tr>
<tr>
<td>Health Education</td>
<td>Thursday</td>
</tr>
<tr>
<td>Acupuncture</td>
<td>Friday</td>
</tr>
<tr>
<td>Social Support</td>
<td>Friday</td>
</tr>
<tr>
<td>Health consultations</td>
<td>Tuesday, Thursday</td>
</tr>
<tr>
<td>Prostitution/Domestic Violence</td>
<td>Friday</td>
</tr>
<tr>
<td>GRACE Group</td>
<td>Friday</td>
</tr>
</tbody>
</table>

The data obtained from the GRACE program and the DSG Onsite Field Research Coordinator shows that roughly 28 Friday GRACE group sessions were held from January 2007 through May 2009. In 2007, two to nine groups were held each quarter. In 2008, nearly all groups were cancelled because of a lack of participation. Reflecting this decline in enrollment, average attendance was generally two when the groups were held in 2007 (see figure 5.2 for quarterly trends in sessions and average attendance). Despite the lack of the GRACE group, participants still had the full panoply of offerings to choose from to complete their hours.
Hours of Service Provided (Dosage)

LIFESKILLS clients received an average of 91 hours of all services combined (case management, group sessions, and “other” services, such as phone calls, recreational outings, and home visits). Because some girls drop out early in the program and others stay for more than a year, there was a wide range of total hours of service provided, from 6 to 384 (SD=84.8). Girls received an average of 63.2 hours of group sessions (ranging from 6 to 208.5, SD=46.3), 18.1 hours of case management (ranging from 0 to 114.8, SD=22), and 10.4 hours of “other” services (ranging from 0 to 68.5, SD=15.3).

GRACE clients received an average of 29.6 hours of all services combined (ranging from 5 to 67, SD=10). GRACE clients received an average of 22.6 hours of group sessions (ranging from 3 to 53, SD=51.3), 7.2 hours of case management (ranging from 3 to 18.3, SD=3.9), and 1.6 hours of “other” services (ranging from 0 to 8, SD=18.9).
Table 5.4. Summary of Client Treatment Activity

<table>
<thead>
<tr>
<th>Services Provided</th>
<th>Total</th>
<th>GRACE</th>
<th>LIFESKILLS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Range</td>
<td>Mean</td>
</tr>
<tr>
<td>Total Days in Program (duration)</td>
<td>53</td>
<td>7–591</td>
<td>168.6</td>
</tr>
<tr>
<td>Total Hours of All Services Provided (total dosage)</td>
<td>51</td>
<td>5–384</td>
<td>67.9</td>
</tr>
<tr>
<td>Hours of Group Sessions</td>
<td>51</td>
<td>3–208.5</td>
<td>49.1</td>
</tr>
<tr>
<td>Hours of Case Management</td>
<td>51</td>
<td>0–114.8</td>
<td>13.36</td>
</tr>
<tr>
<td>Hours of Other Services (phone calls, outings, court contacts, home visits, etc.)</td>
<td>51</td>
<td>0–68.5</td>
<td>6.9</td>
</tr>
</tbody>
</table>

Length of Time in Program (Duration)
LIFESKILLS girls averaged 190 days in the program (just over 6.3 months), with a wide range of days—from 7 to 591 (see table 5.4). Table 5.5 shows the breakdown by 90-day intervals: 37.5 percent of the LIFESKILLS girls spent fewer than 90 days in the program, and 37.5 percent spent more than 180 days (6 months) in the program.

GRACE women averaged 136.2 days (4.5 months) in the program (ranging from 9 to 425 days). Among GRACE clients, 47.6 percent spent fewer than 90 days in the program, and only 23.8 percent spent more than 180 days (nearly 6 months) in the program.

Table 5.5. Breakdown of Client Days in Program

<table>
<thead>
<tr>
<th>Days in Program</th>
<th>Total (N=53)</th>
<th>GRACE (N=21)</th>
<th>LIFESKILLS (N=32)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean=168.6</td>
<td>Mean=136.2</td>
<td>Mean=189.8</td>
</tr>
<tr>
<td>1–90 days</td>
<td>N 22</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>Percent</td>
<td>41.5</td>
<td>47.6</td>
<td>37.5</td>
</tr>
<tr>
<td>91–180 days</td>
<td>N 14</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Percent</td>
<td>26.4</td>
<td>28.6</td>
<td>25.0</td>
</tr>
<tr>
<td>&gt;180 days</td>
<td>N 17</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>Percent</td>
<td>32.1</td>
<td>23.8</td>
<td>37.5</td>
</tr>
</tbody>
</table>

Percent 100.0 100.0 100.0
Treatment Goals

LIFESKILLS
Staff set treatment goals during client one-on-one sessions and updated them in case management meetings. Twenty-five (out of 36) girls had a total of 59 goals set; most frequently three goals were listed. The most frequent types of treatment goals were

- Improve relationship with parents/other relative (13).
- Complete probation (11).
- Reduce unhealthy and violence relationships/other at-risk behaviors (11).
- Stop dating older guys/stop street lifestyle (6).
- Stop skipping school/complete high school (5).
- Stop smoking marijuana/other drugs (3).
- Stop stealing (2).
- Stop running away (2).
- Complete group home (2).
- Work on temper.
- Complete therapy.
- Reduce gang involvement.
- Improve self-care.

Table 5.6 shows that 8.3 percent of the LIFESKILLS girls met all three goals, 45.8 percent met two goals, and 20.8 percent met one goal. Another quarter of the girls (26.0 percent) did not meet any treatment goals.

GRACE
The Case Manager sets treatment goals at intake. The 23 clients for whom treatment goal information was available had a total of 60 goals set. Usually three goals were specified per client. The most frequent types of treatment goals were

- Practice risk reduction around current lifestyle/trauma education around its effects and relationship to sexual exploitation/risk reduction (13).
- Address legal issues in San Francisco (13).
- Reduce substance abuse/education about the difference between substance use, abuse, and addiction (6).
- Learn coping strategies to reduce depression/mental health stabilization (5).
- Identify triggers to anger, reengaging in prostitution; learn coping skills (4).
- Create an exit plan from domestic violence/get out of the “life” or abuse relationship (4).
Final Report: Evaluation of the SAGE Project’s LIFESKILLS and GRACE Programs

- Attend GED prep classes/take GED (3).
- Healthy pregnancy/employment resources (3).
- Apply for social security insurance (3).
- Comply with Child Protective Services requirements to obtain reunification with daughter/child custody issues (2).
- Create positive support system (2).
- Comply with medications (1).
- Begin work experience (1).

Table 5.6 shows that 57.9 percent of the GRACE clients met all three goals, 15.8 percent met two goals, and 10.5 percent met one goal; 15.8 percent did not meet any treatment goals.

<table>
<thead>
<tr>
<th>Number of Treatment Goals Met</th>
<th>Total (N=43)</th>
<th>GRACE (N=19)</th>
<th>LIFESKILLS (N=24)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All 3 met</td>
<td>N 13</td>
<td>11</td>
<td>2</td>
</tr>
<tr>
<td>Percent</td>
<td></td>
<td>57.9</td>
<td>8.3</td>
</tr>
<tr>
<td>2 met</td>
<td>N 14</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>Percent</td>
<td></td>
<td>15.8</td>
<td>45.8</td>
</tr>
<tr>
<td>1 met</td>
<td>N 7</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Percent</td>
<td></td>
<td>10.5</td>
<td>20.8</td>
</tr>
<tr>
<td>0 met</td>
<td>N 9</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Percent</td>
<td></td>
<td>15.8</td>
<td>26.0</td>
</tr>
</tbody>
</table>

Program Completion

**LIFESKILLS**

There is no set definition of program completion for the LIFESKILLS program. Those staff who adhered to the program’s four phases told the clients what phase they were in and encouraged clients to go to graduation, even if they were just being promoted to the next phase. Staff report that, for girls who are on probation and have been ordered into the program, they write a letter to the court when a participant has completed the program. This letter is shared with the participant. However, other staff reported that girls are put in phases only at graduation time and the phase model serves no real purpose.
During one of the study’s biweekly conference calls with SAGE staff, it was agreed that if a client stays in the program at least 6 months she can be considered to have completed the program. This definition was used in table 5.7 below, which shows that 18.8 percent of the LIFESKILLS girls completed the program. Of these noncompleters, the most frequent reason for noncompletion was leaving or stop showing up (77 percent), followed by incarcerated (7.7 percent) and relocated to another area (7.7 percent). Correlations showed that the younger the age of the LIFESKILLS participant, the greater the chance that she would complete the program. (–.412, sig. at .01).

**GRACE**

The GRACE program requires women to complete their 25 hours or more of service. If someone misses three groups in a row, or after 30 days does not showing up, the client is notified that she is being discharged, and the case is closed. The District Attorney’s Office issues bench warrants for those women who do not complete their required number of hours. The table below shows that 59.1 percent of the women completed their assigned hours; 41 percent did not. Of those who did not, 55.5 percent stopped showing up, 22.2 percent were referred to another program, one each relocated to another area, and one withdrew because of child care issues. Correlations showed that completers had a higher number of treatment goals met (.775, sig. at .01).

<table>
<thead>
<tr>
<th>Completion Status</th>
<th>Total (N=54)</th>
<th>GRACE (N=22)</th>
<th>LIFESKILLS (N=32)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Percent</td>
<td>N</td>
</tr>
<tr>
<td>Completers</td>
<td>19</td>
<td>35.2</td>
<td>13</td>
</tr>
<tr>
<td>Noncompleters</td>
<td>35</td>
<td>64.8</td>
<td>9</td>
</tr>
<tr>
<td>Reasons for Noncompletion</td>
<td>5</td>
<td>No shows; left before completion</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Referred to another program</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Relocated to another area</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Withdrew because of child care and transportation conflicts</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Received disciplinary discharge</td>
<td></td>
</tr>
</tbody>
</table>
Management and Staffing

In 2007, SAGE had 42 paid staff. In addition to the Director, the staff included

- 29 direct care staff (case managers, counselors, clinicians)
- 13 administrative personnel

Of the 42 staff, 25 (60 percent) had a personal history of victimization. All of the direct care staff have either college degrees in relevant fields, such as Social Work or Psychology, or possess certifications in case management or as alcohol and drug counselors.

All staff reported that they did not have a written job description.

LIFESKILLS

During the course of the study, the LIFESKILLS project experienced significant turnover and frequently operated with one or more staff vacancies. The full complement of staff that was in place in the fall of 2005, when the project began, included the following:

1. Clinical Director
2. Program Manager
3. Family Preservation Therapist
4. Two Case Managers
5. In-Custody Coordinator
6. Peer Counselor
7. Art Therapist (part-time)

Within a year of the start of this study, the Clinical Director, the Program Manager, the Family Preservation Therapist, the In-Custody Coordinator, and the Peer Counselor positions had all turned over. There were also funding issues each year that caused the program delays in filling some positions, while others were left intentionally unfilled. During the majority of the study, LIFESKILLS staff generally included a base of two Case Managers/Peer Educators and an In-Custody Coordinator, supervised by a part-time Clinical Director. One of the Case Managers is the Team Lead, and she has been in the position for more than 8 years and provides most of the stability to the program.

Given the frequent turnover and new hires, at the time of the last site visit (July 2008), there was a definite feeling of an “old guard/new guard” division on the part of the newer staff. Many reported that they felt they did not get sufficient support from the more experienced staff and that there is not sufficient transmission of the program’s goals and operations.

GRACE

The GRACE program Case Manager has been reasonably stable for many years in that she has been on staff for more than 8 years. She is assisted by a staff of one additional Case Manager who also served as the Art Therapist. At times, additional support staff have augmented the Case Managers, including family therapists and additional art therapists. As stated earlier, there have been times, because of budget cutbacks, when the second GRACE Case Manager position was left
unfilled. All LIFESKILLS and GRACE staff are supervised by a part-time Clinical Director, who is a licensed psychologist. They report to the Co-Executive Director, who is responsible for programs.

**Training**

All staff reported that an informal apprenticeship system is used for training in which new staff shadow existing staff on a “learn-as-you-go model.” Training is offered on the peer model, case management, and facilitation; sexual exploitation 101 is part of the standard training. They also receive a 5-day or 2-day training on trauma. The Clinical Director is responsible for monthly training, which is offered on the fourth Friday from 9:15 to 11:00 a.m. She personally does the traumatology training, which covers the peer model and how to work with clients. The GRACE Case Manager trains on the peer model. Other trainings have included eating disorders, mission statement, drug prevention, suicide prevention, harm reduction, medication, and gay, lesbian, transsexual training.

Staff disagreed about the adequacy of the training. Newer staff felt that it was “not adequate,” while more senior staff felt that it was. Newer staff felt they needed more training on domestic violence and that sexual exploitation training should be offered more often.

A representative of a community-based organization who had worked with SAGE staff for years suggested that SAGE staff should train probation officers to work with CSE girls and educate them about SAGE services. She also recommended that LIFESKILLS in the Youth Guidance Center should develop a newer curriculum and be a more collaborative partner.

**Record Keeping**

All LIFESKILLS and GRACE staff are expected to keep records on all cases. The case files should contain the full complement of forms mentioned in the case management section above. These include an intake assessment or lightning assessment, initial treatment plan, and a battery of instruments, including (for LIFESKILLS) the Piers–Harris (to be completed quarterly), the Trauma and Attachment and Belief Scale, and, at the end, a discharge summary. The GRACE case files should have the intake, lightning assessment, treatment plans, and discharge summary.

The Case Managers track the amount of services provided monthly for reimbursement purposes. The LIFESKILLS Case Manager prepares monthly reports for the Department of Children, Youth, and Families on the units of individual, group, and legal services provided. The Associate Director for Finance enters these online. The GRACE Case Manager creates invoices from sign-in sheets for billing to the District Attorney’s Office. Other bills are prepared for the Probation Department and Department of Health.

A review of all subjects’ case files found that many did not have the expected forms or documentation in their files. For that matter, so many files were missing information on the amount of services delivered that the Case Managers were asked to complete a short data collection form that required minimal basic information, such as the intake date, discharge date, completion status, treatment goals, how many goals were met, and number of hours of service.
completed (all sign-in sheets were also requested so they could be compared with the client data). This method provided information on all but three subjects.

During interviews with staff, several members reported that there is insufficient monitoring of the case files by the Clinical Director or their supervisors. LIFESKILLS staff also felt that too many instruments were required that were not being analyzed, so there was little reason to continue to collect the data.

**Funding Sources**

SAGE management told DSG that funding is and most likely will always be an issue. The programs are always in the process of securing additional funding. At times, staff positions were not filled because of lack of funding or contracts not being renewed. LIFESKILLS, GRACE, and EIPP are funded from a variety of sources through annual grants and contracts, thus funding periods and sources differ from year to year. In 2008, EIPP and GRACE received funding from the District Attorney’s Office, which comes from John School money that is split among SAGE, the police, and the District Attorney’s Office. Some positions in LIFESKILLS are funded through the San Francisco Department of Public Health (formerly the Department of Children, Youth, and Families), as well as through the Juvenile Probation Department. This includes some funding for the in-custody program staff, the Case Managers, and others. Medi-Cal provides some funding for the Clinical Director and mental health staff. The Department of Public Health funds the STAR Center, which provides many of the group activities in which GRACE clients participate. Foundation funding has also been obtained.

It is apparent that the Co-Executive Director responsible for finance and contracts is doing an excellent job of writing funded proposals and piecing together funding to keep the programs going. However, many of the funding sources are local (city/county) and thus subject to the unpredictability associated with the local political environment. The experience SAGE has of uneven funding from year to year is par for the course in the life of a community-based organization. It should be noted, however, that this can be hard on staff and cause management issues. Many staff complained of an “old guard, new guard” division among staff and a watering-down of the program as it is transmitted to new staff. Recommendations regarding these issues are addressed in chapter 7.

**Program Participants’ Attitudes Toward SAGE**

The follow-up survey contained several questions on clients’ attitudes toward the SAGE program and their relationship with SAGE staff (see appendix G). The survey items were designed to assess how they felt about their Case Manager, whether they felt SAGE was worthwhile, and how helpful they felt SAGE services were. All clients were assured of confidentiality when completing the survey. Some clients did not answer all items, so response numbers vary.

**Results**

As shown in table 5.8, nearly three fourths of both LIFESKILLS and GRACE participants felt that it was “very true” that they can tell their Case Manager the way they feel about things. Similarly,

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*The District Attorney’s Office still refers to EIPP by that designation, though SAGE considers EIPP to have merged with GRACE.*

*Development Services Group, Inc.*

5–18
three fourths felt that it was “very false” that their Case Manager expected too much of them. Four fifths of all clients felt that it was “very false” that their Case Manager had let them down, and more than four fifths felt that it was “very true” that they liked doing things with their Case Manager. More than three fourths felt that it was “very true” that they could rely on their Case Manager for advice and support, and more than four fifths of both groups (85.7 percent) felt that it was “very true” that they wanted to graduate from SAGE.

More clients in the GRACE group than in the LIFESKILLS group felt that SAGE was a waste of time: 25 percent of the GRACE group and 12 percent of the LIFESKILLS group said that it was “very true” or “somewhat true” that SAGE is a waste of time.

All GRACE women reported that it was “very true” that they try hard to do well in SAGE compared, with 59 percent of the LIFESKILLS girls. It should be noted that among the GRACE women, since most are required to attend, there is potential for socially desirable response bias when it comes to this item.

Significantly more GRACE clients would rather not go to SAGE on a lot of days (50 percent said this was “very true” or “somewhat true”), compared with only 6 percent of LIFESKILLS girls reporting that this was “very true” or “somewhat true.” These perceptions could be the result of the fact that GRACE clients were mandated to complete their hours so their compliance was not completely voluntary.

GRACE participants rated the helpfulness of the program more highly: more than four fifths (87.5 percent) of the GRACE participants (compared with 41.2 percent of the LIFESKILLS participants) reported that it was “very true” that SAGE helped them deal with situations. However, nearly all (89 percent) of the participants in both groups felt that SAGE had helped them.

| Table 5.8. SAGE Attitudes Toward the SAGE Program (From Follow-Up Survey) |
|---------------------------------|----------------|----------------|----------------|
| Follow-Up Survey Question       | TOTAL          | GRACE          | LIFESKILLS     |
|                                 | N   | Percent | N | Percent | N | Percent |
| I tell my Case Manager the way I feel about things. |
| Very True                       | 18  | 72.0    | 5 | 71.4   | 13 | 72.2    |
| Somewhat True                   | 6   | 24.0    | 2 | 28.6   | 4  | 22.2    |
| Somewhat False                  | 1   | 4.0     | 0 | 0.0    | 1  | 5.6     |
| Very False                      | 0   | 0.0     | 0 | 0.0    | 0  | 0.0     |
| Total                           | 25  | 100.0   | 7 | 100.0  | 18 | 100.0   |
| Refuse to Answer                | 4   | 1       | 3 | 3      | 3 | 3       |
| Don’t Know                      | 2   | 0       | 2 | 2      | 2 | 2       |
| Missing                         | 23  | 14      | 9 | 9      | 9 | 9       |
| My Case Manager expect too much of me. |
| Very True                       | 2   | 7.7     | 0 | 0.0    | 2  | 10.5    |
| Somewhat True                   | 3   | 11.5    | 1 | 14.3   | 2  | 10.5    |
| Somewhat False                  | 1   | 3.8     | 1 | 14.3   | 0  | 0.0     |
| Very False                      | 20  | 76.9    | 5 | 71.4   | 15 | 78.9    |
| Total                           | 26  | 100.0   | 7 | 100.0  | 19 | 100.0   |
| Refuse to Answer                | 3   | 1       | 2 | 2      | 3 | 3       |
### Table 5.8. SAGE Attitudes Toward the SAGE Program (From Follow-Up Survey)

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Don't Know</th>
<th>Missing</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>My Case Manager has let me down.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very True</td>
<td>1</td>
<td>3.7</td>
<td>5.0</td>
</tr>
<tr>
<td>Somewhat True</td>
<td>4</td>
<td>14.8</td>
<td>3</td>
</tr>
<tr>
<td>Somewhat False</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Very False</td>
<td>22</td>
<td>81.5</td>
<td>16</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>27</td>
<td>100.0</td>
<td>20</td>
</tr>
<tr>
<td>Refuse to Answer</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Don't Know</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Missing</td>
<td>23</td>
<td>14</td>
<td>9</td>
</tr>
<tr>
<td><strong>I like doing things with my Case Manager.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very True</td>
<td>24</td>
<td>85.7</td>
<td>17</td>
</tr>
<tr>
<td>Somewhat True</td>
<td>4</td>
<td>14.3</td>
<td>3</td>
</tr>
<tr>
<td>Somewhat False</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Very False</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>28</td>
<td>100.0</td>
<td>20</td>
</tr>
<tr>
<td>Refuse to Answer</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Missing</td>
<td>22</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td><strong>I know I can rely on my Case Manager for advice and support.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very True</td>
<td>23</td>
<td>82.1</td>
<td>17</td>
</tr>
<tr>
<td>Somewhat True</td>
<td>5</td>
<td>17.9</td>
<td>2</td>
</tr>
<tr>
<td>Somewhat False</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Very False</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>28</td>
<td>100.0</td>
<td>20</td>
</tr>
<tr>
<td>Refuse to Answer</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Missing</td>
<td>22</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td><strong>I really want to graduate from SAGE.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very True</td>
<td>18</td>
<td>85.7</td>
<td>12</td>
</tr>
<tr>
<td>Somewhat True</td>
<td>2</td>
<td>9.5</td>
<td>2</td>
</tr>
<tr>
<td>Somewhat False</td>
<td>1</td>
<td>4.8</td>
<td>0</td>
</tr>
<tr>
<td>Very False</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>21</td>
<td>100.0</td>
<td>14</td>
</tr>
<tr>
<td>Refuse to Answer</td>
<td>4</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Missing</td>
<td>26</td>
<td>14</td>
<td>12</td>
</tr>
<tr>
<td><strong>SAGE is a waste of time.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very True</td>
<td>2</td>
<td>8.0</td>
<td>1</td>
</tr>
<tr>
<td>Somewhat True</td>
<td>2</td>
<td>8.0</td>
<td>1</td>
</tr>
<tr>
<td>Somewhat False</td>
<td>3</td>
<td>12.0</td>
<td>1</td>
</tr>
<tr>
<td>Very False</td>
<td>18</td>
<td>72.0</td>
<td>13</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>25</td>
<td>100.0</td>
<td>17</td>
</tr>
<tr>
<td>Refuse to Answer</td>
<td>4</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Missing</td>
<td>23</td>
<td>13</td>
<td>10</td>
</tr>
<tr>
<td><strong>I try hard to do well in SAGE.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very True</td>
<td>17</td>
<td>70.8</td>
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<td><strong>Total</strong></td>
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</table>

Development Services Group, Inc.  
5–20
Table 5.8. SAGE Attitudes Toward the SAGE Program (From Follow-Up Survey)

<table>
<thead>
<tr>
<th></th>
<th>Some</th>
<th>Somewhat</th>
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<th>Total</th>
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</tr>
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<td>14</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>A lot of days I’d rather not go to SAGE.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>12.5</td>
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<td>100.0</td>
<td>17</td>
<td>100.0</td>
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<td>0</td>
<td>3</td>
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<td></td>
<td>100.0</td>
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<tr>
<td>Don’t Know</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td></td>
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<td></td>
<td>100.0</td>
</tr>
<tr>
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<td>25</td>
<td>14</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAGE helps me deal with situations.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
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<td>0.0</td>
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<td>100.0</td>
</tr>
<tr>
<td>Very False</td>
<td>2</td>
<td>8.0</td>
<td>0</td>
<td>0.0</td>
<td>2</td>
<td>11.8</td>
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<tr>
<td>Total</td>
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<td>100.0</td>
<td>17</td>
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<td>1</td>
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<td></td>
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<tr>
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<td>13</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall do you think SAGE has helped you?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>10.7</td>
<td>1</td>
<td>11.1</td>
<td>2</td>
<td>10.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Yes</td>
<td>25</td>
<td>89.3</td>
<td>8</td>
<td>88.9</td>
<td>17</td>
<td>89.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>28</td>
<td>100.0</td>
<td>9</td>
<td>100.0</td>
<td>19</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Refuse to Answer</td>
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<td>0</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>100.0</td>
</tr>
<tr>
<td>Don’t Know</td>
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<td>0</td>
<td>1</td>
<td></td>
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<td>100.0</td>
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<td>13</td>
<td>9</td>
<td></td>
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</tr>
</tbody>
</table>

Challenges to Implementation

**LIFESKILLS**

During the interviews and focus groups, staff noted numerous program implementation issues. Most frequently, LIFESKILLS staff reported problems mixing at-risk girls with girls already CSE involved in the Tuesday night group. This causes problems, since the at-risk girls do not want to talk about prostitution and the CSE–involved girls want to talk about it. Their needs and issues are different. They feel it would be best to separate the two types of girls.

Some staff felt that there is a lack of actual treatment in the LIFESKILLS program. Ever since the departure of the full complement of staff, most clients do not meet regularly with a professional Clinical Director, family preservationist, or therapist. Several staff suggested that the Clinical Director should be full time rather than half time.
Some staff felt that LIFESKILLS must be more formalized, as GRACE is. If a girl completes her hours, then she should get off probation.

Staff are frustrated with a lack of backup and frequent staff turnover. They feel that more staff and more supervisory oversight are needed. They also feel that more structure and a tighter curriculum are needed for the program. The curriculum needs a clearer plan of topics.

Many staff feel that the program is operated in too much of a crisis mode. They cite a lack of planning and too much dysfunction. They feel that they are only “putting out fires” and no one is listening to them.

Management staff agree that more structure and more staff are needed. They also feel that additional funding is needed as well as an outreach person to foster better community relationships. The relationship with the Youth Guidance Center needs to be improved, as do the relationships with the Juvenile Probation Department, Child Protective Services, and Mental Health.

**GRACE**

Some staff feel that the program should provide more therapeutic services to address the specific mental health needs of the clients, especially depression. They also feel that the program staff should make more referrals to services.

GRACE staff also feel that the program needs to find a way to make the clients stay and complete their hours. They also have been hurt by funding cuts and lack of staff.

**Program Fidelity**

Fidelity can be assessed in three ways: first, was the program implemented as designed (*program adherence*)? This involves identifying the core components of the program, quantifying the degree to which the core components of the program are delivered as designed, or quantifying the degree to which the prescribed protocols are followed. Second, did clients receive the appropriate amount of service (*program exposure or dosage*)? This involves verifying the degree to which program participants received the prescribed amount of program content. Third, was the program delivered appropriately (*quality of program delivery*)? This entails substantiating the staff’s attitude toward, and support for, the program, or verifying the skill of program staff in using the techniques prescribed by the program (Mihalic et al., 2004; Development Services Group, Inc., 2003).

To assess the program fidelity, the essential elements of the programs and the measures used to assess fidelity were determined (see table 5.9). The following table displays the essential program elements of the two programs, GRACE and LIFESKILLS, how they were measured, the findings on each measure, and the level of achievement. Achievement level is assessed as fully achieved, partially achieved, and not achieved.
<table>
<thead>
<tr>
<th>Fidelity Element</th>
<th>Measure</th>
<th>Finding</th>
<th>Achievement Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance at group sessions</td>
<td>Hours of treatment provided</td>
<td>Clients received an average of 22.6 hours of group services.</td>
<td>Partially achieved</td>
</tr>
<tr>
<td>Completion of required (generally 25) service hours</td>
<td>Percentage of clients completing 25 hours</td>
<td>Fifty-nine percent of clients completed required hours of service.</td>
<td>Partially achieved</td>
</tr>
<tr>
<td>Completion of treatment goals</td>
<td>Percentage of clients who successfully meet the majority of their treatment goals</td>
<td>73.7 percent of the GRACE clients met two or more of their treatment goals.</td>
<td>Partially achieved</td>
</tr>
<tr>
<td>Group size</td>
<td>Range and average size of each group (intended size is all members)</td>
<td>Since the groups are offered by the STAR Center, their size is unknown. The size of the GRACE group, when offered, was only two to three participants.</td>
<td>Partially achieved</td>
</tr>
<tr>
<td>Support groups</td>
<td>Number of groups offered</td>
<td>STAR Center treatment groups were consistently offered; the GRACE group was frequently cancelled because of low participation.</td>
<td>Achieved (except for GRACE group)</td>
</tr>
<tr>
<td>Staff’s attitude toward, and support for, the program, and skill of program staff in using the techniques prescribed by the program</td>
<td>Staff who report program support in interviews</td>
<td>The GRACE Case Manager is strongly dedicated to the program and has been responsible for it for 8 years. She needs more staff. Newer staff expressed a need for more training, more therapeutic and referral services to be offered to clients, and a need to find a way to make more clients complete the program.</td>
<td>Partially achieved</td>
</tr>
</tbody>
</table>
### Table 5.9. Fidelity Elements, Measures, and Findings of LIFESKILLS and GRACE Interventions

<table>
<thead>
<tr>
<th>Element</th>
<th>Measure</th>
<th>Findings</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LIFESKILLS Dosage</strong></td>
<td>Attendance at weekly support groups, case management, and collateral services</td>
<td>Total hours of treatment provided</td>
<td>Partially achieved</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clients received an average of 91 hours of all services combined. Since the average program participant received 6 months of service, she should have received a minimum of 96 hours of service (3 hours of support group 4 times a month for 6 months [72 hours], plus 1 hour a week in one-on-one case management for 6 months [24 hours], for a total of approximately 96 hours).</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>attendance at weekly support groups</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total hours of treatment provided</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clients received an average of 68 hours of support group services.</td>
<td>Partially achieved</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hours of support group services provided</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Completion of all four phases</td>
<td>Nineteen percent completed the program.</td>
<td>Not achieved</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Percentage of clients completing all four phases</td>
<td></td>
</tr>
<tr>
<td><strong>LIFESKILLS Adherence</strong></td>
<td>Group size</td>
<td>Groups ranged from 2 to 10 clients.</td>
<td>Partially achieved</td>
</tr>
<tr>
<td></td>
<td>Range and average size of each group (intended size is all members)</td>
<td>Groups ranged from 2 to 10 clients.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of groups conducted</td>
<td>Staff conducted more than 140 groups during the study period plus additional outings and activities, for an average of more than four group activities per month.</td>
<td>Achieved</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staff conducted more than 140 groups during the study period plus additional outings and activities, for an average of more than four group activities per month.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Few modifications made to topics</td>
<td>Percentage of sessions with modifications to planned topics</td>
<td>Achieved</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Topics were documented as modified or cancelled less than 10 times over the course of more than 2 years.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Staff’s attitude toward, and support for, the program, and skill of program staff in using the techniques prescribed by the program</td>
<td>Staff who report program support in interviews</td>
<td>Partially achieved</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Managers would like to see a tightening up of the structure of the program and a tighter curriculum. The Case Manager with the most longevity would like more staff and backup, as well as more clinical supervision. Newer staff feel there is a lack of oversight and a crisis mentality and that the operation is disorganized.</td>
<td></td>
</tr>
</tbody>
</table>
The table above shows that in the GRACE program, one fidelity element was fully achieved and five were partially achieved. In LIFESKILLS, two of the seven were fully achieved, four were partially achieved, and one was not achieved. Notably, program fidelity was not a concept integrated into the LIFESKILLS or GRACE program models. Outside of the PowerPoint slides specifying the LIFESKILLS curriculum (see appendix K), there was no specified amount of hours of support group or case management service to be provided to a typical LIFESKILLS program participant.

These programs, like many programs supported by community-based organizations, were implemented without formal consideration of adherence to a program model. The program essentially expanded over time. This lack of formal attention to a model was often exacerbated by staff turnover and funding cuts. At the same time, GRACE and LIFESKILLS benefited greatly by Case Managers who were continuously involved in the programs for more than 8 years. So, despite a great deal of staff turnover, these two staff provided a measure of fidelity-like consistency in program implementation.

* Achievement was calculated by using the average LIFESKILLS client. That is, if the average client in LIFESKILLS stayed 6 months, it was estimated how much service she should have received. However, there is a wide range in the length of stay of clients (from 7 to 591 days).
6. Generative Interview Results

As described in chapter 2, the generative interviews were intended to provide more in-depth information about program completers and noncompleters, for LIFESKILLS and GRACE, to increase knowledge about these client populations and to better understand their needs and situations, the ways in which the SAGE programs intersected with and affected their particular trajectories of risk, and therefore potential additional outcome/impact variables that would be necessary to evaluate program success. Twenty-five generative interviews were conducted (some data were lost for additional interviews, and in some cases respondents did not appear for their scheduled interview) (see appendix J for interview guides). Most, but not all, were audio-recorded; when not, detailed notes were taken. The transcripts and notes were entered into a QSR NVIVO qualitative database and then coded for major themes, using a base codebook derived from the key questions/topic areas in the interviews, and then expanded with codes responding to the actual responses.

Before discussing the results, it is important to reiterate that these two programs differ in nature. As such, their respective clients are different. While some young women in GRACE could be seen as representing the kinds of clients in the LIFESKILLS program, only at a later stage in their risk trajectory, this was not always the case. GRACE program clients are typically court-mandated following a prostitution-related arrest, with some clients involved in GRACE along with other SAGE programs such as the STAR Center (which deals with drug addictions). GRACE clients are by definition older than LIFESKILLS clients. An important pattern that emerged concerning LIFESKILLS clients, however, is that they are placed in the program by very divergent paths, resulting in a mix of girls that includes some who are at risk of involvement in commercial sexual exploitation (or who are actually CSE involved) and some who do not fit that profile but are simply referred to the program by the Youth Guidance Center (YGC), school social workers, or other community programs for any number of reasons, including fighting/domestic violence and drug offenses. As discussed in more detail below, this can actually create a counterproductive dynamic where girls not involved in CSE sometimes express a negative reaction to being placed with girls who are—though it also true that some girls who are involved are relieved to be around others who understand the life.

In the following summary and discussion, the results of the coded and analyzed generative interviews are presented. At first, one goal of the analysis was to identify a typology of CSE-related risk trajectories, as a way of synthesizing common patterns and clarifying the kinds of situations and needs programs such as SAGE would need to address. In the early analysis, certain typologies emerged; however, as more interviews were analyzed, these typologies became less defined, with individual respondents sometimes sharing aspects of several typologies. Nevertheless, it is still instructive to begin with these typologies as a base from which to interpret the data. In brief, four typologies emerged:

- **Type 1. Girls/Young Women From ‘Risk Saturated’ Communities**
  - High-poverty, high-risk communities. Multiple, syndemic risks such as violence, drugs, dealing, family disruption, domestic violence, pimps as part of community. No one risk is definitive.
CSE is not an outlier in such circumstances but an extension of many exploitative relationships. In such communities, CSE appears to be part of a continuum of activities that are inherent to the socioeconomic pattern, the “street economy.”

- Risk behaviors, including sex for goods/money, is “normalized.”
- Girls/young women in this trajectory become involved with SAGE programs at relatively young age, by multiple paths, not necessarily CSE.

**Type 2. Girls/Young Women From Troubled Suburban Families**

- Family disruption appears common—family conflict, parental substance abuse, acting out, parental rejection.
- Many instances of dislocation, out-of-home living situations: Youth kicked out, forced out, or leaves because of an intolerable living situation at home; turns to peers or others as family.
- Substance abuse common.
- Risk is not centered in an entire community, but in the family and specific peer groups.

**Type 3. Girls/Young Women From Immigrant Families**

- Complex family issues and conflict.
- Family abuse/conflict: intimate-partner violence, household violence, substance abuse may also be family issues.
- For some, a generational conflict issue: Children who are born in the United States or arrive young acculturate differently than parents; or if arriving later, they may experience conflict when reuniting with family. Rebel, act out: initial acting out behavior may simply appear normal to the youth (like nonimmigrant peers), who may not realize implications. Continuation then results from family dynamics. Family not prepared to respond: family (adults) may not be prepared to respond to child’s reaction in new setting. Conflict increases, child may leave. Abuse, guilt (from conflicting moral codes), negative self-image complicate behavior.
- Gang involvement may be an issue.

**Type 4. Girls/Young Women Acting as Entrepreneurs**

- Do not necessarily come from either family or community risk background.
- Connected to/introduced to sex industry/business by friend, acquaintance, or other referral.
- Attracted by money—typically do not work for a pimp, but keep all money (considerable amounts).
- Typically not involved in drug abuse or other risk; most typically work through craigslist or other online source.

Again, these typologies are abstractions. No one respondent fit any typology precisely, though some were better “exemplars” of specific typologies than others. Respondents often presented with aspects of more than one typology. However, the utility of these typologies as an analytic device is that each has implications for the role of programs such as LIFESKILLS or GRACE, and how success should be conceptualized and measured. Placing or discussing interview
respondents with respect to the above typology involved a judgment based on evidence in the text concerning the location and nature of the respondent’s home community in terms of risk and SES; the locus or center of exposure to risk behavior in the respondent’s environment (in community, family, peers, or elsewhere); family socioeconomic status and resources; and other demographic characteristics such as immigrant status; risk trajectory; and pattern of CSE (if applicable).

Finally, there is an additional category of program participant that often does not fit any of the above typologies: girls/young women who are not in LIFESKILLS because of CSE involvement or even risk, but because of other issues, including drug use, school problems, referral from social workers, as noted earlier. Girls of this category were in LIFESKILLS for various reasons, including the fact that during the evaluation period the CSE–focused referral system broke down and the YGC/courts referred girls to the program for a host of reasons—girls who may not have been referred to LIFESKILLS at an earlier point. Following is a table of generative interview participants by program (LS for LIFESKILLS), typology, and age at time of interview.

<table>
<thead>
<tr>
<th>Respondent</th>
<th>Program</th>
<th>Typology</th>
<th>Age at Time of Interview</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
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<td>100</td>
<td>LS, Completer</td>
<td>Type 1</td>
<td>19</td>
<td>Data lost</td>
</tr>
<tr>
<td>103</td>
<td>GRACE, Completer</td>
<td>Type 2</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>104</td>
<td>LS, Completer</td>
<td>Type 3</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>105</td>
<td>GRACE, Completer</td>
<td>Type 2</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>106</td>
<td>LS, Completer</td>
<td>Type 1</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>107</td>
<td>GRACE, Completer</td>
<td>Type 1/Type 2</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>108</td>
<td>GRACE, Completer</td>
<td>Type 2/Type 1</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>109</td>
<td>LS, Noncompleter</td>
<td>Type 1/Type 3</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>10A</td>
<td>LS, Completer</td>
<td>Type 1</td>
<td>16</td>
<td></td>
</tr>
<tr>
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<td>LS, Completer</td>
<td>Type 1</td>
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<td></td>
</tr>
<tr>
<td>111</td>
<td>LS, Completer</td>
<td>Type 1</td>
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</tr>
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<td>Type 1</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>113</td>
<td>LS, Noncompleter</td>
<td>Type 3</td>
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Common themes and patterns will now be presented by major category of code, within which differences by typology will be noted. Presenting the data in this manner allows for the description of common, cross-typology themes as well as those unique to specific typologies. Where possible, any differences between respondents who completed either the LIFESKILLS or GRACE programs versus those who dropped out or otherwise did not complete the programs.
will be noted. At a number of points, large sections of interview text are excerpted, particularly where the full narrative presents a vivid picture of the respondent’s circumstances and interpretation of events. Respondents are identified only by interview number, typology, which SAGE program they were in, and whether they completed the program. [Note: In large text excerpts, the ellipsis (...) is used to indicate a skipping of interviewer questions and other verbal interaction that breaks up a particular narrative.]

Family Background
As might be expected (and following patterns documented in the literature), family background across all typologies except for type 4 was often difficult and characterized by such factors as poverty, instability, conflict, parental substance abuse, multiple parental partners, or plain neglect.

Type 1 (Risk Saturated)
For several respondents who fit into the type 1 category, all of these issues came into play. One 14-year-old LIFESKILLS participant (no. 106, current at the time of interview) said that she had brothers and sisters but did not live with them: “My mom was running in and out of my life, and my grandmother took care of me. When I was born, my mom gave me to her friend, not to my grandmother, and then her friend gave me to my grandma.” Her grandmother, whom she called “very respectable,” was also strict and did not let her go out of the house once she got home from school. Respondent 110 (a 17-year-old LIFESKILLS completer) described her fragmented family, in the city, as follows: “My parents were separated since I was 5… but I don’t, for about 2 years, my dad wasn’t living with us…. My two brothers are from a previous relationship that my mom had, and my sister was from a previous relationship my dad had…. My dad moved out onto with [inaudible], so it was just me, my mom, and my middle brother. And my mom just starting drinking then, and my middle brother started acting up, he was running the streets, well he was running the streets his whole life. He was stealing cars at the age of 10.” She also said that at one point she was sent to a foster home because she was pregnant, and the house she was living in was not deemed suitable for a baby because of a domestic violence situation. Respondent 117 (a LIFESKILLS completer) also said, “You know, I come from a background from parents that had, that grew up with no choices.”

Respondent 120, a GRACE completer, lived in the Mission District in a house with her grandmother, mother, uncle, and cousins. Her father was “not in the picture.” Once every few years her father would call, and then after that “there would be a phone call stating that he would be on his way and I’d be up like all night looking out the window still waiting for him and then my mom put a stop to that… and then, um, it just stopped after a while.” In that house, at times there was “yelling and screaming” between her uncle and his friends, and as a result of sexual abuse (see below), she ran away when she was 12 or 13.

Respondent 125, a GRACE completer, grew up part of the time near a military base, but when her mother and father separated, they moved back to the Mission District in San Francisco. She recalled that her mother had to work two jobs and was not home much. The family income difficulties played a role in her entry to CSE.
Type 2 (Troubled Suburban)
There was a range of situations for girls/young women who fell into this category. One GRACE completer, age 21 at the time of the interview (no. 105), talked about a turbulent and abusive family situation that developed after her mother remarried and she moved with her new stepfather to a relatively wealthy neighborhood.

My dad [biological father] went to jail when I was 2, and so I really didn't know too much about him until I was about 8, and I only knew him for a couple of months. Then he died when I was 10. My mom met this guy when I was 'bout 8 and that's when everything when downhill…. You know, he's like really abusive and stuff like that, so I was constantly getting mostly mental abuse, but then it got to the point where he was just like, he didn't care so he would just take his anger out on whatever. A couple of times I got locked up as a juvenile because he would hit me, I'd hit him back.

After a period of time at age 16 when she was “sneaking out of the house” at night, she said her parents didn’t care. When she was later raped, that is when she said, “My family really started disowning me and stuff cuz my step dad said I was trying to ‘ho,’ and it went wrong.”

Another type 2 (no. 103), also a GRACE completer, came from a family where both parents were well educated. However, Respondent 103 felt that her Irish father’s family looked down on her mother’s side (Mexican American, American Indian), and her mother was overweight. Yet her mother was a marriage and family therapist, and “worked all the time,” sending her to live with her grandmother much of the time. She was “angry at her all the time” for that. Her father and their family were in the “weight-loss business,” and Respondent 103 describes a series of eating disorders that she has had all her life, some leading to substance abuse. She also describes her father and his family as having alcohol problems. Much of the conflict she had with her parents had to do with expectations that she should have good grades and go to a top school. When she had substance abuse problems—some related to diet pills—and had to go to the emergency room while at college,

They came to get me and they were super pissed off. They wanted to brag that I was in a top-40 school, and what my GPA was, and what clubs I belonged to. They didn’t want to tell people that I belonged to the overdose-on-diet-pills crowd.

Respondent 108 (a GRACE completer) grew up in a San Francisco suburb (possibly in Marin County or, a little farther away, in Vallejo), in a household with multiple problems. Both parents appear to have had substance abuse problems. Her father died when she was a teenager, and her mother “was a drug addict, up until the time [my] father died.” One of her brothers moved out of the house at age 14, and she moved out at age 14 as well, to escape an abusive relationship between her parents. She moved in with an uncle.

Respondent 122, a GRACE noncompleter, described her suburban family life as “lonely, depressing, cuz I didn’t have no family in my life, and I was trying to get clean and sober.” She lived with her parents, her older half-brother (who had a different father), and a younger sister. She did not go into detail, but said she was kicked out of the house at age 16 and forced to live on the streets.
**Type 3 (Immigrant)**
For girls/young women from immigrant backgrounds (type 3), the family situation presented unique complexities. Respondent 104, whose mother came to the United States from Guatemala when pregnant with her, expressed significant conflicts with her parents, who had more traditional expectations—particularly with her mother, who was somewhat religious, but also with her older brothers, who came to the United States later with her sister. Some of the conflict with her siblings, as well as other relatives, had to do with resentment on the part of more recently arrived family members who believed she had experienced a certain privilege in speaking English and being in the United States since birth. “It was like a battle between me and all my brothers and sisters,” she said.

She also described alcoholism and abuse of her mother by her father, and of having to be responsible for her mother:

> He [father] and my mom like fought, and I had to witness a lot of things... like I had to call the police, and kind of take care of my [mother] since I was very, very young.... She wasn't aware of what her rights were maybe and because you know she didn’t speak English, but also because I feel that she didn’t want to like so I made it kinda like out of my obligation to do so.

And in her mind, because of that,

> I think I was very angry. Like I can’t put my finger on it and say like I felt like this or that, but all I know since I was very little I was angry, angry, angry...like I didn't let anyone near me, like I didn’t want to talk to anyone, like everyone who came in my way like I fought with. Like adults I didn’t care who faced me, I was rude, I was like.... [She didn’t talk to anyone about these issues.] I didn’t let anyone into my life.... I kind of figured like, oh, my parents can be there for me, and if they weren’t so if I couldn’t respect them I couldn’t respect anyone else.... Um, I think I had counseling since I was little.

Significantly, she felt her mother was very restrictive, so that when she began in middle school to do things with friends (activities that would be normative for her friends), they were new to her mother—who not only left her (now older) children in Guatemala when they were young and had not really raised them, but also had to face raising an Americanized teenager.

> I didn’t know about music, I didn’t know about shows, I didn’t, um, they didn’t even let me watch like movies.... There’s no movies because her religion and all this stuff was against that, so I was never exposed to that until middle school, and I was like, wow, this is a new world and all this....

Respondent 121 could be considered in this category and as type 1. She is a child of immigrant parents, a part-Pakistani mother and Latino father, but she also appears to have grown up in difficult circumstances, spending a lot of time in high-risk areas in Oakland, Richmond, and San Mateo and becoming involved with gang activities, drugs, and sex at a young age. At the time of her interview she was 15. Her mother had substance abuse/addiction problems, and her father died at a young age of complications from obesity and diabetes. She lived for a time with her paternal grandmother, who apparently cared very little about her and was only interested in the “monthly check” she received as the respondent’s court-appointed guardian.
Type 4 (Entrepreneur)
For the respondent in this category (e.g., no. 123), no clear family problems were apparent. She says that she grew up in a two-parent household, in a suburban area, though she lived with her brother for part of the time in high school because she described her relationship with her parents as somewhat distant, and described herself as independent.

School Background
Type 1 (Risk Saturated)
Most girls in this category did not have a positive school experience growing up, or they dropped out relatively early. Respondent 114 said that she “hated it,” and stopped going in 9th or 10th grade after she “met this boy.” Respondent 117, who became CSE involved very early, said: “I wasn’t never in school. I really didn’t learn what I was suppose to learn.” However, at the time of the interview, she was working to complete her GED (after SAGE involvement). Respondent 110 went to two different elementary schools and five middle schools because “it wasn’t working out with any of them.” She apparently had a speech impediment, and had other difficulties that weren’t clearly specified, explaining that, at several of the middle schools, “a rumor started about her,” and other students “tr[ied] to fight me off this random stuff.” Between middle school and high school, she was “running the streets, thinking I was grown.” Respondent 120 had eczema and as a result other children wouldn’t play with her, or they would make fun of her. She said it was hard to concentrate on getting good grades, and school was “really boring.” Respondent 125 left school in 11th grade because she simply didn’t like it.

When girls in this category did like school, it was often in the earlier grades—respondent 106, for example, said she used to love going to elementary school, because of the people, though she didn’t like the work.

Type 2 (Troubled Suburban)
From the limited data we do have on school experience for girls in this category, the pattern is mixed. On the one hand, Respondent 103 had an enormous amount of support for school-related activities from her family, and appeared to have thrived for a short time before experiencing weight and drug-abuse problems. “Once I got into it,” she said, “I really liked school. My parents paid for tutoring, speech, debate. I did really well in school until my junior year.” At the same time, for Respondent 105 school was “OK” until family problems resulted in her leaving home. This is similar to the case for Respondent 122, who was kicked out of her house at age 16 and then lived on the streets. Respondent 108 said that she was an A student, but that her problems resulted from drinking, and she quit school during 10th grade. Respondent 119 may represent a hybrid of sorts—her family background and means were good, but she became bored with school and somewhat enamored by the glamour and money associated with the sex industry, as well as by knowing other girls who were involved. As an African American girl, some aspects of the popular cultural image of the sex trade may be involved.

Type 3 (Immigrant)
Again, from limited data, there is evidence that the general atmosphere of rebellion and even hostility that was present in family situations also carried over to the school environment. In high
school, respondent 104 began to hang out with a more diverse group of friends and got involved in parties, some skipping of school, and substance use (drugs and alcohol). She said that she “talked back to teachers” just as she “talked back and didn’t listen” to her parents (in part because of her father’s alcohol use and family conflict as previously described). She did not care much about school, but was focused primarily on peers and her boyfriend.

**Type 4 (Entrepreneur)**

No significant school problems were apparent in the respondent who most fit into this category. She was an athlete in high school, playing soccer and running cross-country. She graduated, and went on to college for at least a brief period until she “got distracted” and ended up with the boyfriend who was to become an indirect route into the sex trade.

**Abusive and Exploitative Relationships—Growing Up**

The existence of abusive relationships is complex and not always possible to discern from one interview. Complexities include the type of abuse and with whom—some respondents reported clear cases of violence and sexual or physical abuse, while others reported situations that appeared to involve neglect or psychological abuse. Discussed together with abuse in this section are *exploitative* relationships, which, though not abuse in the strict sense, share characteristics that include force and the use of one person by another solely or primarily for gain.

**Type 1 (Risk Saturated)**

In this category, the patterns of abuse were mixed. One respondent (no. 106) mentioned being passed around by her mother, first to a friend, who then gave her to her grandmother. She mentioned early experience with exploitative relationships: “When I was 10 years old I had my first boyfriend…. Basically he just wanted me for money. I was only 10 years old, I was a little girl, I was scared to death. One time I was coming home from school, he wanted $10 from me and I’m like I’ll get it in a minute. I gave it to his sister and I don’t know what happened, he all threatening me, he’s all like I’m gonna shoot you if you don’t give me $10 and all that stuff…."

Another respondent (no. 117) who shared aspects of both this category and the immigrant category (type 3) said that she was raped at age 12, but at that point she was already involved in CSE, working in Las Vegas. A trick raped her at knifepoint in a car. This took her by surprise—because she was accustomed to all the characters in her world “knowing the rules.” She explained it as follows:

> [W]hen I was doing it, it really didn’t come to mind that something would happen to me like that. You know, cuz it was like, a ho know what role a ho is suppose to play. A pimp know what role a pimp is suppose to play. A trick know what role a trick is suppose to play. You know, we all know what role we are suppose to play. We all know how to work our business, you know, from a money-making point of view. Ask me from a pimp’s point of view how he should run his, and even from a trick, how a trick know how he’s suppose to get pleased. Things like that. You know, sometimes you do get those tricks out there that don’t want to pay you. That don’t want to play his role that he’s suppose to play. Like I said when I was doing it, it was like, OK, it was smooth. I didn’t have no problem. You know, the guys knew what they were suppose to do and blah, blah, blah.
But after the attack, she was arrested upon returning to her hotel room and was in a state of shock.

I was so shocked, I couldn't even cry. I don't know why I couldn't cry [inaudible noise]. I feel like, I don't know. Maybe I've always been getting raped, and I never knew it.

Another respondent in this category (no. 110) was molested by her older brother (age 16) when she was 6 years old. “CPS [Child Protective Services] came and got involved and that, instead of removing me from the house, they removed him.” At the time, she was living in a fragmented household; her brothers were only half-brothers, from a previous relationship of her mother’s. Respondent 120 was molested by an older cousin in the blended household she lived in. She says the molestation began when she was about 6, and when at age 12 she tried to tell her family they didn’t believe her, after which she ran away.

**Type 2 (Troubled Suburban)**

Several respondents in this category reported abusive situations. Respondent 105 talked about “mental abuse” and being hit by her stepfather. When she was 16 and in and out of the house, she says she was raped by people she thought were her “friends.” When she eventually left the house (she says she was kicked out), she spent much of her time with various groups of peers on the street. She was raped again, she says, when she was 18, by someone she knew from school. This same respondent went on to report a litany of abuse and rape, including a terrible situation that became her initiation to CSE (see below), followed by several instances of abusive sexual exploitation and a lengthy abusive relationship with a female pimp whom she described as follows (excerpts):

(When she first met the young woman who would eventually be her pimp):

She called me. We talked for like a month, and then 1 day she called me and she was like, “I’m leaving out of town if you want to see me, you’ll see me now.” So, I went and seen her and then, but I already had some of my stuff with me, I had left all of my clothes and everything, so I didn’t expect to go stay with her. I still had all of my stuff in Antioch, and that’s when she turned me out to the track, she had me walking down the street and I’m wondering why, I had a white T-shirt on, but I had a tank top underneath, and I’m wondering why she would not let me put my shirt back on. She took my shirt from me and everything, and she took my phone from me, and she’s talking to some girl on the phone with my phone, you know, I’m wondering what’s going on, so I’m yelling at her like, “F**k you, you got me f**ked up, you’re over here on my phone over here talking some girl about how you love her and you sitting here got me walking down the street half naked.”

[S]he was like, “You’re not leaving me ‘til you make some money.” I’m like, “How the f**k am I suppose to do that? I’m not sleeping with nobody if that’s what you mean.” And she was just like, “Whatever,” you know, and “You’re not getting you phone back.” I said, “Man, keep the phone, you know what I’m saying, I said I’m going home. I can buy me another phone and, you know, that’s nothing.” And then she was like, “No, you’re gonna give me some money, f**k the phone, I want some money.” And I had had $50 in my shirt, you know, and I was like: “Here, take this, you know, you’re not getting no more money. You can keep that.” But she wouldn’t let me leave, and I don’t remember all the details, or whatever, but I remember we stayed at this house and it got to the point where she wouldn’t let me leave,
and the only way I could keep her happy was to work the track. She wouldn't let me be on the Internet….

…and that’s why my self-esteem and everything went low, because here I am out 12 hours a day walking down a street sleeping with 10 to 20 people a day, you know, just to please her, and I’m not getting anything out of it and I went through that for 2½ years.

When she finally summoned the strength to stop (after beginning to work with SAGE):

I had told her I don’t want to work anymore, I want to get clean, and that’s when the ass whippings really started, she almost killed me and some more stuff.” At that point, her health was bad, and the pimp “wouldn’t let me go to the doctor, cuz she didn’t want, you know, when I did the pap smears and stuff, she figured they would be able to tell. Just little stuff, she wouldn’t let me get tested, you know, all type of stuff.

After several tries, she finally managed to leave, by deceiving the pimp, who responded as follows: “She was like, ‘I’m looking for you, let me find you, I’m gonna get your head,’ meaning she wanted to kill me.”

Respondent 103, who had problems with weight, diet pills, and serious substance abuse issues, mentioned several instances of abuse, although she did not elaborate. She said that she had been molested by her grandfather, and then later “raped and almost killed” when she was 16.

Respondent 122, who grew up in a suburban area, said that she was molested by her older bother when she was around 4 or 5 years old (this was a half-brother, from her mother and a different father). When she told her father, he accused her of lying and punished her, as she noted, by “being grounded to your room” for 5 years. When she was kicked out of her house at age 16, she lived on the streets, eventually trading sex for drugs. She says she was “raped on the streets,” but never reported it to the police.

**Type 3 (Immigrant)**

One of the respondents in this category (no. 104) began to have conflict with her family for numerous reasons, including (as mentioned earlier), a difference in perception about normal versus inappropriate behavior caused in part by her acculturation and familiarity with the normalized behaviors of her friends, who would go to the mall, watch movies, and so forth—all behaviors viewed as inappropriate for her age/gender by her mother. The conflict expanded as she began to engage in other activities and get into trouble, and ultimately she was sent to stay with a relative in Texas. There, she reported a gradual increase in molestation by her significantly older brother-in-law, beginning with suggestive comments when others weren’t around. From there, he began asking her to take off her shirt, to lay in bed with him, and to look at Internet pictures, and so on. When she tried to reach out to her family in California, they thought she was making up an excuse to come home. Finally, a school counselor detected what was happening and approached the family. The brother-in-law denied any inappropriate activity. After that, however, she returned immediately to California, feeling devalued, and from that point she began to develop a “bad reputation” at school.
Type 4 (Entrepreneur)
Again, there was no pattern of abuse or exploitative relationships for the respondent in this category.

Risk Behavior—Prior to/Other Than Commercial Sexual Exploitation
In keeping with the general literature and with the SAGE model, most of the girls/young women in both programs had some involvement in risk behavior before entry to CSE (if they were CSE involved). The nature of the risk varies by typology.

Type 1 (Risk Saturated)
As mentioned, most of the respondents in this category lived in a world of risk. Their involvement in risk behavior seems to have occurred relatively early. Respondent 106 talked about moving to the Fillmore area in San Francisco, an area known for sex trade, drug dealing, and similar situations. That is when she started “hanging out more and stuff, and that’s when my bad part…. I did like a million things wrong in those years.” Respondent 109 talked about her growing up as “just regular,” but by the time she was 15 she was “skipping school, just being bad, doing what I wanted to do, smoking weed, just popping pills.” Respondent 110 said that in the transition from middle school to high school at about age 14, she was “running the streets, getting into trouble, meeting people I shouldn’t have met, being downtown with drug dealers, um, cuz my brother was involved with the gang up on Mission. So I would go down there and kick it with them.” Respondent 114, at age 14 had an abusive boyfriend who “got me selling drugs,” which she did until she was about 16, when she was arrested. Respondent 116 grew up in the West Portal area of San Francisco, but went to school in the high-poverty Bayview–Hunters Point area. She had her first run-in with the law when she was 12; after being beaten up by another girl while adults just watched, she slashed the automobile tires belonging to one of those adults.

Respondent 117, who also fits to some degree in the immigrant family category (type 3) because she had older siblings who conformed to the family’s cultural ideals, rebelled and began smoking marijuana when she was about 11, going into sixth grade. She was hanging out at the time with youth who were significantly older than she was (e.g., 4 years older). She just “wanted to try it. And I did. I couldn’t stop.” One of her friends at the time was “doing different things like doing drugs, doing things like that…. She wasn’t really in school. She didn’t go to school at all.” Respondent 117 smoked marijuana and tried cocaine and crystal methamphetamine with this friend. At the same age, she robbed another girl at school of $5 so she could buy marijuana, but “she snitched on me. I didn’t go to juvenile hall but I got assigned a probation officer. “ However, she ran away and violated her probation. She also said that she lost her virginity when she was 11 years old, in middle school. “I was kind of getting a bad reputation. And people started calling me a ‘ho’ and things like that. That was another reason I was getting high and not wanting to go to school.” By the time she was 12 she was involved in CSE.

Respondent 120 ran away from home at age 12 because she says her cousin was molesting her, and, as noted above, no one believed her. Out on the streets, she ran into a pimp. By the time she
was 13 or 14, she had already been arrested for prostitution and was in the YGC for second-degree robbery with a deadly weapon and violation of probation.

**Type 2 (Troubled Suburban)**
Risk behavior in this category was often a byproduct of serious family problems. Respondent 105, whose mother had remarried before they moved when the respondent was 14, began involvement in risk behavior around that time, feeling she was different from her new family. She started “sneaking out of the house and stuff,” and then appeared to have gotten involved with peers who were themselves in trouble, though she says she developed strong bonds with them, using the term “family.” She was “a smoker for a while, I’d get high all day, that’s all I did, but eventually it just got old,” and she talks about “being jumped” as well as raped. She was arrested at some point around age 16 in Arizona, where she had gone with a casual boyfriend and was involved in prostitution (see below). Respondent 103, as noted, had weight and self-esteem problems, and her initial risk behavior seems to have resulted from taking speed and diet pills, as well as from smoking marijuana (she was arrested at one point for having marijuana in her car). From there, she was in and out of drug treatment, then homeless for a period of time when she felt she had no family she could go to. At that point, she moved from using speed to crack. Respondent 108 said that she had been “drinking and smoking for as long as I can remember. My parents did it so it was always around.” After quitting school in 10th grade, she moved, at age 15, to San Francisco with her boyfriend at the time who was 18. Though she got a GED and a pharmacy tech license, they split up and she says “I just went wild…. Hanging out with a lot of people, and ended up meeting somebody, and we were together for a while, and then…. He got me into the streets.”

**Type 3 (Immigrant)**
Before middle school, Respondent 104 was in some ways naïve and unaccustomed to everyday norms related to watching movies, “hanging out,” and so on because her mother had kept her away from such activities. By the time she was in high school, she was reacting to her family conflict and talking back to teachers, skipping school, drinking, and “smoking weed.” When she was about 14, she started “leaving my house without permission… going out all night and not coming home until like the next afternoon and not even like in the morning.” She remembered the first time she was out like that where she was drinking and did cocaine. It turned into an event at the high school because the police were called and one girl at the all-night party was injured. Respondent 117 (characteristics of both type 1 and type 3) began involvement in risk behavior very early, as discussed above under type 1. Respondent 121 (again, categorized as both type 3 and type 1) began running with gangs at age 12, and by the time of her involvement in SAGE she already had a significant arrest record, including for prostitution but also for “going off on the judge.” It appears from her description of home life with her paternal grandmother that she had little supervision/few rules and rebelled against even those.

**Type 4 (Entrepreneur)**
Respondent 123 presents an interesting path that may or may not be unique (not enough evidence). Again, she does not follow the kinds of risk trajectories so evident with many of the other respondents. She was attending college in San Francisco and then met someone that “was kind of like everything that I didn’t… like we lived in two separate worlds.” But “it attracted me he was a bad boy kind of… so I got my first taste of that and I kind of liked it. Like I liked him a
lot, but it just kind of started down a path that I shouldn’t have gone down then.” They kept their respective worlds separate for a time, but when she met him, “he was just going to courts for robbery” and was involved in gang activity. She tried to show him another way, but “he chose that over me, in the end.” At some point, she also began to go to parties and spend some time with his friends, and then in a key incident she was pulled over in her car for speeding and alcohol use when driving them somewhere. The police searched the car and found a gun he had left in the car. “I had never even been pulled over for like speeding or anything, so this was my first time ever getting in trouble.” She was 19 years old at the time. The police searched her boyfriend and friends, and, not finding anything, let them go (after being released, they turned a corner and ran). She, on the other hand, was arrested. She attempted to cover for her boyfriend at first, and was jailed. “So I’m like crying to my mom, and I’m in jail, and I’ve never been in trouble in my life, and I’m in jail with all of these scary women…..” Her mother apparently called the boyfriend, furious, demanding that he confess to the gun possession and get her daughter out of jail. She was released after 2 weeks. Eventually she and her boyfriend went their separate ways because she was afraid that she would do anything for him. Yet later, it was through one of his friends that she became involved in the sex trade (see next section).

**Entry to Commercial Sexual Exploitation**

Only 13 of the LIFESKILLS clients interviewed were CSE involved, with the others involved in some risk behavior, viewed by program staff as at risk for CSE. By definition, almost all GRACE clients (unless they are LIFESKILLS clients who are now 18 or over) are in the program because of arrests for prostitution. Given those limitations, entry to CSE varied significantly by typology, with the entry paths linked in part to the circumstances discussed thus far surrounding each of the trajectories.

**Type 1 (Risk Saturated)**

For some girls in this category, entry to CSE was not necessarily the result of a calculated decision or plan, though the decision to engage often came when the money to be made was evident and the activity itself was “normalized.” These girls are by and large in an environment where exposure to prostitution and the life is high, and actual involvement may be almost happenstance or circumstantial. Respondent 109 related a story of first involvement (at age 15) that is remarkable for the “ordinary discourse” through which an otherwise extraordinary series of actions and circumstances are treated:

I was skipping school, just being bad, doing what I wanted to do, smoking weed, just popping pills, and then 1 day I was walking down by Lowell in Mission, walking down towards Geneva, and I was gonna go pay my phone, and a big ol’ car rolled up. It was a Camaro, a candy-cane [red] Camaro with like 22-inch rims…. And he was like: “What’s up? How you doing? Where are you going?” And he double parked the car, got out the car, and wanted to talk to me, so I started talking to him cuz he wasn’t ugly. Like he was tall, light skin, black guy, green eyes, he opened his mouth and a bunch of diamonds in his mouth, big ol’ chain, I was like… wow. So he came up to me, he was like, “My name is __________.” I was like, “What’s up, my name is ________.” And then he was like, “Oh, why don’t you give me your number,” and whatever. And I was like, “All right.” And then… he asked for my number, whatever, and I was like, “All right.” So I gave it to him, and then he called and whatever, after I paid my phone bill…. He called me and whatever, and he was like, “Oh, we’re having a get together with my friends,” and I didn’t know he was talking about his
friends as in his ho’s [whores]. So he was like, “We are having a get together at this hotel right by your house, the Mission Inn, right down on Lowell.” And I was like, “Oh, OK,” and I showed and whatever and he was just like, “I don’t know.” He was all trying to get at me like a boyfriend–girlfriend type a way, and then I was just taken, like stupid, cuz he was just so cute.

He was 25 years old. Respondent 109, at that point, was not in school. “I wanted more money at that time,” she said. “So, I was already at the point of what should I do, start selling dope? Or what should I do?” She was getting money from her mother, but “I didn’t want to ask her no more.”

At the Mission Inn, the same night:

And then after, he was like, “Do you like making money?” And I was like, “Yeah, I like money, who doesn’t?” Right? Then he was like, “You should get in this business with me.” I was like, “What kind of business?” And he was like,” You know what kind of business.” I was like, “No, really, I don’t know what kind of business.” And he was like, “Well, it’s like escorting business.” I was like, “Oh, OK.” I was like still clueless “What is that?” He was like: “Well, I’m gonna have my friend tell you about it and then you will see if you like it. If you don’t, then you don’t have to do it.” And then I was like, “All right,” and then we had a call that same night, and she was like, “Oh, I have my friend with me to the trick.” She was like, “Oh, I have a friend with me, you should try both of us,” or whatever. And then we went….

She went with the other girl to a trick on Lombard Street that had been set up on the Internet:

Yeah, I went all regular, whatever, we went up there. Dude was like, “Oh, OK.” Then he was like, “The money is on the table.” And she had already kinda explained it to me, but then I was just like, “Oh, my God!” I don’t know… but when I saw, it was a bunch of $20s. It came like to like $200 for me, $200 for her, and I was like, “OK.” But we ended up having sex with this guy, both of us, and then we left.

That wasn’t all. The pimp who had recruited her… was waiting outside for us. We went over there, and she just started talking to me before we went down the stairs. She said, “He’s probably going to put you out on the track.” I was like, “What’s the track?” And she said like, “You go outside and catch dates like we just did and you just make money, or whatever, don’t talk to no black guys.” She was like, “Don’t look at nobody, and just keep to yourself, and don’t talk to none of them girls out there.”

So, that same night, she continued, “He put me out there at 2 in the morning, 3 in the morning” at California and Polk streets.

Materialism and views linking prostitution to a glamorous lifestyle were clearly part of the picture for some type 1 clients as well. Respondent 116 was going to a charter school in the Bayview–Hunters Point area, and she said that it was long bus ride home back to the Portola District. Often, when she waited at the bus stop, men would ask her if she wanted a ride, and she would take the ride. “They were niggas, asked me if I wanted a ride home, so I’d take the ride,” she said, “and sometimes those niggas would tell me how pretty I was.” One day, a person she
described as an “El Salvadoran dude, an older dude,” gave her a ride, and during the ride “told me how he liked me, how I was pretty, to keep in touch. He gave me his business card but I threw it out.” Apparently, the man then went to her school looking for her and gave his business card out to friends to pass on to her. She kept the card, but didn’t call until prom time came around and she and her friends wanted a limo. With no other source to pay for a limo, she decided to call the man at the urging of her friends and cousin. He asked her how much it would cost to sleep with her, and she threw out a price of $500 because she thought that would scare him off. He agreed, “and the next day he picked me up from school and we went to his house…. After that, he’d pay me $350 every time he saw me and [he] gave me a cell phone and stuff. My cousin was like, ‘Think about all the stuff that you can buy.’ She said she wished she could’ve had that deal.” The man later bought her a car. This relationship ended only when her sister and sister’s boyfriend, high on ecstasy at the time, tried to blackmail the man into giving them $10,000.

Respondent 117 (types 1 and 3) was only 12 years old when she started prostituting. When she began running away (from home and school) at age 12, she met an 18-year-old boy and told him what other kids were saying and why she didn’t want to be in school. Then:

He said one thing to me and that changed my life. All those guys I was f**king out there, if I would have got paid for it, would have got some money for it. Think about how much money I would have in my pocket. You know, at the time, $200 or something was a lot of money. I have phone bills to pay. I have nothing to do. You know, taking care of myself. And I felt like, since I was running away, I had to find a way to take care of myself and I just started doing it ever since then.

The boy already had another girl of about 12 years old who was prostituting, so one night he went out to “see how it is.” “I’m a risk taker,” she said. “You know like I take risk. I wanna go see what it’s like. And I went out there with her and we were out on the track and I made my first money.”

The track she was referring to was San Pablo in Oakland.

Respondent 120 became involved in prostitution at age 12 in part because of its easy presence in the street environment where she ran away from home:

I was tired of it at all [an abusive home situation], and I remember it was right before Christmas and the Christmas presents were under the tree and I was going to get a new CD player. But I just wanted to leave, and I didn’t care. So I left and went on the streets, and I didn’t have anywhere to go. Well, there was this guy. All I knew was that he wanted to take me out, and he bought me nice clothes and he made me look pretty…. He was just older. He bought me all this stuff…. So, yeah, after we went shopping he took me over to this house, it was like in the Fillmore, maybe it was his house or maybe his ex-girlfriend’s house or whatever, someone he was going out with and the girl had just had an abortion or something… I don’t remember…. She, um, she asked who I was… and he said, “Don’t worry about it, she’s just gonna change some clothes, and then we’re going to go.” So I go into the bathroom, and they brought in a couple of clothes and the girl came in and she [a woman in her 20s] was like, “This is my boyfriend and I just had an abortion and what are you doing with him and are you interested?” And I was like, “No, he just wanted me to come
in and change clothes.” And she said, “Oh, is that right?” And I said, “Yeah, that’s it.” I must’ve been like 13. So I was like, “OK,” and then so she had a group of her friends there and so I like leave the house with this guy and then they all come and attack me…. The girls and the guy was trying to fight back, but it was like I didn’t know what was going on…. I didn’t know what was going on, but I knew I didn’t want to be in the middle of it, and I was just like listening to this guy, and he was just like, “I just wanted to take you down here, and you look real cute, and just get in the car and ask for $100 and do whatever he wants you to do.” And I was like, “OK,” and I was like, “Huh?” It was all so confusing…. And so I was like, “Get in the car and ask for a $100?”…. He didn’t tell me anything! And so we hopped on the 22 [22 Fillmore, a major bus line in the city], and at this point I don’t even know what the track is, I don’t know what these girls are or what was going on and I was like, “Wow, these girls must be really open and I don’t know what this place is down here but, wow, this is pretty cool…[laughing].” He took me to 16th and Capp, and a block away from there, and I remember seeing other girls there, and I remember being the only girl standing up in the middle of everything when they said “5–0,” and I didn’t even know what 5–0 is…. Yeah, and I was like, they were like saying 5–0, and I see all the girls, and then I turn around and then I don’t see them anymore, and they were like hiding between the cars, and here I am standing on the corner talking to this guy you know just like in the middle of it and not knowing shit and I was like, “Whoa…. And then I remember the first time I got in the car… the truck… and in fact, he still drives around… but it’s like I still remember the first time. I remember meeting the guy and getting in the car, and then I remember getting out and never returning back to him after I realized it was that easy and I ran with it.”

After her initiation to the track, she stayed with the pimp for about a week before returning home. As she describes it, “There I am with my hair done, and I’m walking in with all these new clothes and these shoes that have sparkles and stuff on them, and my mom and everyone is just looking at me like, ‘My little girl just walked out the door, and here is this lady that has all this added stuff on her.’” Yet she continued to walk the track after returning home, saying that no one knew or questioned where the money was coming from until she was picked up for prostitution.

Although reticent to discuss many details, Respondent 125 first became involved in CSE at age 16. She didn’t want to make any demands for money on her mother, who already worked two jobs. She said she “was just being young and doing whatever so I didn’t have to ask my mom for money, cuz she was working a lot.” She continued her involvement in the lifestyle later when she had her son, not because of any drug use or addiction, but for money. “It was just something I had to do because it was a bad time,” she recalled, “and especially when you work.”

**Type 2 (Troubled Suburban)**

Entry to commercial sexual exploitation in this category was often the result of survival needs after leaving home, substance abuse or other forms of abuse, or in some cases a consequence of meeting/having a relationship with someone who was involved in high-risk behavior. Respondent 103, the girl who had problems with weight and subsequently with diet pills and speed, eventually began using crack while in a homeless shelter. Her involvement in prostitution at that point appears to have been in exchange for crack when she was in a shelter. Respondent 122 (a GRACE noncompleter) seems to have become involved in a similar way. After being kicked out of her house at age 16, she “hung out with all the drunks and alcoholics,” and she eventually bounced around on the street and in and out of shelters for 5 or 6 years, staying with friends on the street and trading sex for methamphetamine, morphine, and many kinds of pills.
and drinking excessively. As her addiction worsened, so did her willingness to trade sex for any kind of drug she could get her hands on.

Respondent 105 described a disturbing and abuse-laden path to prostitution:

All I remember is that at the time I was 16, the middle of the year, and I was living in my cousin’s house and I’m walking down the street, I wasn’t keeping myself up too much cuz I was on the street. And this guy and this girl came up, they were driving by or whatever, and they see me and they were just like, “Are you OK?” It was a black couple. “Are you okay?” I’m like, “No.” So they took me, got me something to eat. I hadn’t eaten in a couple of days. They put me in a hotel room. We’re drinking, we’re smoking, and all type of stuff, and I passed out. Well, I woke up in the morning, and there’s $3,000 sitting on the bed that he was counting. And I’m kinda interested, like how the hell can you notice $3,000 laying on the bed. I said, “Where did that come from?” And he said, “You made that last night.” So I guess what he was doing while I was passed out, he was having guys come in and pay him and then….

I didn’t know how to feel. I still didn’t have my feeling from that because of the rape. It had only been like 2 or 3 months, so I was just like whatever, you know. So then the guy had took me over to this other guy—I guess he sold me, I don’t know. But at the time, I really didn’t care, I was looking for a place to stay, roof over my head, and that’s when the guy took me to Arizona. That’s when, I was only with him for like a day, you know, and I ended up going to jail, got sent back home. I met this other guy and I got kicked out, so he let me stay with him and which that whole situation was a lie. Like the whole situation, I basically was trying… but I didn’t know nothing about the game at the time…. He was trying to get me to work for him. and I didn’t know nothing about anything at the time. I just turned 17 and so I didn’t know nothing, but I didn’t know the whole time, he had a place to stay. He had all the stuff; he was sleeping in his car with me for 3 months. Like then eventually it got to the point where he said he had a job and he got fired, you know, he was basically: “Well, if you want to be with me, I’m not going to support you, so you can’t get a job cuz you ain’t got no clothes and stuff. We can’t wait for a paycheck, so what are you gonna do?” I was like, “Well, I’ll sell drugs, I sold drugs before.” And he’s like, “No, I don’t trust you with my products,” and stuff like that. So it started out just me just asking people for money. Standing out in parking lots and stuff asking for money. Then it got to the point where he was like, “Well, you can come to this area in Stockton, and you can ask people for money.” But then I realized that people were not only giving me money, but they wanted something for it….

I hadn’t met anybody, that’s the thing, so I was kinda getting kind of rocky. So I’m already thinking why—what’s going on with this whole picture? We kept going to this one house and I didn’t know what was going on, but… I would sit out in the car. At the time, I didn’t know anything that was going on. I really didn’t. About a month later that he was like: “Well, you know, I don’t want to live in the car anymore, but I have a place for you to live while I get my s*%t together and I’ll come back for you. So you’re gonna live with my sister, OK, and she has a job for you already lined up and everything.” I’m like, “OK.” “All you gotta do is just answer phones and give massages all day.” I’m like: “OK, well, that sounds, I can give a massage, no problem.” And then it got to the point where… I realized what was going on because they gave me a whole new name, like taking my pictures and stuff like that and like… and so that’s how I got turned on to the Internet.
Respondent 108 apparently met someone at a time when she had a good job at a hospital and had her own apartment. As noted earlier, she came from a troubled family with a drug-addicted mother. Prostitution was already part of the milieu of her boyfriend’s life.

His mom was a ho and stuff like that... and, I mean, that’s something that he wanted. It's something that we talked about. But I had a good job. You know, I was making $22 and some change an hour working at the hospital. I had my own apartment. And... it wasn’t about money, I don't think it was so much about thrill.... It wasn’t so much about him loving me, cuz I already knew he did that. He liked me and what not..... We were together for a while by then. I think it was so much, it... why not?

I mean, I had [seen it around her before]. He wasn’t the first person that came to this idea. By the time that me and him got together, I’d probably had maybe three to five people telling me about it.... They were all guys usually... just people, like whatever situation... talked to them, met them, knew them before... all different situations. [They were saying:] “Yeah, you can make good money... you can do this, you can travel, it’s not that [unintelligible]. Make a lot of money, ‘_______,’ let’s try this....” Things like that.

I just brushed people off. When it came to me and him, I knew that it was his life so that he knows what he did, and he survived... and at the same time, when I think back at it now, I knew that he wasn’t gonna look at me any different. I knew that it wasn’t gonna affect our situation and how he cared. So I figured, why not... and just gave it a try.

When she “gave it a try,” she did so on the track first:

I was out here [in the Mission District]. Actually came out with one of his partners and his bitch, I went out with her. And, uh... it was OK [laughs softly]... I mean... I was nervous at first. But like, the first trick I had was really cool. He was really nice. Upfront. And he actually came back, like he [inaudible], and he ended up coming back with more money to do it, and he was like, you know, it just real easy. Like no big thing.”

**Type 3 (Immigrant)**

Respondent 104, following the abusive situation with her brother-in-law in Texas, returned home to California. At this point, she had developed a reputation at school related to sex, drinking, and partying, and the conflicting situation with family continued. One day, she and her closest-age older sister met a man in a park who took her sister’s number and asked them to come to the city to meet up with him. They came to his place, and it became clear that he was involved in the business of women. Her sister and she were curious, and as they hung out they could see the way money was made. The man told them they were pretty enough to be “escorts” but didn’t push them to do it. Eventually, though, on a dare from her sister, Respondent 104 decided she would try it out and just be a “date.” The first time (according to field notes of the interview), she was nervous and had dressed up in a way she thought appropriate, with high heels, tight skirt, and a lot of makeup. The pimp made her demonstrate to him that she knew what to do before he connected her with a client. Eventually, she worked out of a Travelodge in the city, not really knowing what day of the week it was and describing clients coming and going from the room on a regular basis.
Type 4 (Entrepreneur)

Respondent 123 got involved in prostitution some time after breaking up with the boyfriend who was “from the streets.” Here is how she describes her first involvement:

I was doing good and I was still working... and then I don’t know... money just like... got a hold of me, so like I don’t know. I met this girl and it was through [old boyfriend]... and I had met her through him like a while ago... so she had called me 1 day and was like, “I got this new car and can you hang out,” and I was like, “Yeah, I don’t have work, come get me, so let’s go drive in your new car,” and so she pulls up in this Mercedes.... I was like “Oh, how did you get this?” And she was like, “I’m working—I bought it.” And I was like: “Where do you work? Oh, so like do you dance or something?” And I thought it was a joke when she said, “Well, I’m in the industry.”... And I was like, “What do you mean?” And she said, “I’m an escort.”... I was like” “What do you mean? That’s disgusting!” Like I would never do that. And so we were hanging, and then we started hanging a little more.... [The friend was 21 years old] This wasn’t even actually that long ago. Like maybe October. So we started hanging out a little more when I didn’t have work and she was free or whatever... I guess... and, um, she was like, “You know, you can make a lot of money,” and I was like, “Yeah, but what do I have to do?” And she was like, “It’s really not that bad if you think about it.” She was like: “Think of it this way, you’re gonna be a slut either way... so you might as well get some perks out of it, and like with guys that actually respect you.”

And I was like, “What are you talking about?” And she was like: “Do you think the guys you sleep with have respect for you? They don’t, they don’t call you the next day.... I have plenty of guys that call me every week.” And I was like, “Oh, no, this is a joke.... And she was like, “Why don’t you do a double with me and I’m on a date and we both sleep with the guy and I’ll give you half the money, and if you like it then you can do it and I’ll teach you or you don’t ever have to do it again.”

She [the friend] was using the Internet. And she told me that most guys when they try to pimp you they’ll put you like on the street.... Like you have to work on the street before you even get put on the Internet. You have to like prove yourself, that you’re worthy enough, and that you’re gonna make some money. But she was like, “You’re white and you’re beautiful, why wouldn’t you make all this money?” So I was like, OK, anyways, I don’t really want to think about it.” Well, she just really wanted.... She was lonely, I could tell. And she kind of just wanted someone she could experience it with and share.

On her first date:

Well, I kinda was sorta like... well, she set it up, and she says “It’s my client and I’ve seen him and I make sure it’s someone that I’ve seen a few times and I know this person pretty well, and they know it’s your first time and we’re just gonna kind of show you how everything goes.” I’m kind of glad it happened that way instead of me just going... myself and this person not knowing it was my first time.... Um, like I was really nervous, like my heart was racing the whole time. I was like, “I don’t really know what I’m doing, what am I doing?” I was thinking that through the whole thing like why I am doing this but then I kind of just like it didn’t really matter to me.... It kind of felt like every other time you know.... He wasn’t that bad looking and I was like, “OK, he’s not that bad looking,” and there was a lot of money on the table so I was like you know OK... and then she was like afterwards, “We’ve done it once—you might as well just do it.”
KEY ISSUE: CONFUSION OF PIMP, BOYFRIEND AND LOVE
For at least type 1, and in some cases for type 2, the categories of “pimp” and “boyfriend” intersect for respondents. Particularly for type 1 respondents, pimps have a known social role in high-risk neighborhoods, and even a certain cache, such that when they approach a young girl (who may have few personal or family resources), they do so with allusions of relationship and support. That appeal seems to reach ambiguous motivations within the girls themselves—for a boyfriend-like support relationship when there is often no other social support, and for money and glamour. Respondent 109 (whose recruitment to CSE at age 15 is described with some detail earlier in this chapter) is a good example. She was in love with her pimps and describes this in her interview (her second pimp was eventually the boyfriend of another LIFESKILLS participant, causing friction in the group when both girls were there). For type 2, the boyfriend-as-pimp role is not as common in the social world, and where boyfriends are pimps it may simply be a survival arrangement.

Commercial Sexual Exploitation/Prostitution Patterns—Sex-for-Drugs, Track, Las Vegas Track, Internet
As one respondent (116) said, “In San Francisco, there’s lots of Internet work. In Vegas, it’s red carpet ho’ing. In L.A., it’s a lot of street work, like Sunset and also Figueroa… lots of Mexicans there.” Not surprisingly, the sex industry operates as a market business, with different market types, levels of prestige and income, informal rules, and social organization. In this section, interview text segments related to different aspects, and types, of CSE and prostitution are discussed, but not by typology. Once involved in the lifestyle, point of entry may have some relationship to the type of CSE/prostitution, but that relationship is not clear. For example, the data indicate that girls from the Saturation Community typology (type 1) are more likely to engage in “track” work, at least in the beginning, but girls in other categories also had some involvement in track work. However, working the track was looked down on by girls/young women who worked the Internet, from hotel rooms. The track was the place where one was exposed to the elements, to street life, and was often for girls who were new or had addictions. One girl in a LIFESKILLS group session talked about how another “ho” on the street “shortstopped” her from a potential trick by agreeing to go with him for a pack of cigarettes. Hotel rooms, on the other hand, required more investment, money, opportunity to shower between tricks, and were generally a “better” work environment.

Sex for Drugs
This could be considered the most desperate form of CSE/prostitution, and only two of the respondents had this experience. Almost exclusively, these respondents were in the type 2 category, and had been on the streets or homeless—two after being kicked out of their houses when they were only 16 years old.

All these respondents had serious substance abuse/addiction problems, and the sex—drugs exchange occurred while on the street or (for Respondent 103) while in a shelter. As she relates her situation: “I could get crack from pimps, and from tricks as well. So in the beginning I would get like $100 to go with a guy, and that would be enough to buy me several nickels or a dime. A nickel keeps you high for like half an hour. But then soon the guys started thinking I was a crack whore so they wouldn’t give me money but crack, so I wasn’t making money any more, just making enough to get high.”
Respondent 122 was on the street for 5 or 6 years, “trading sex for drugs.” At one point her addiction was so bad that she lived in a cardboard box, trading all sorts of sexual services for any drugs she could get her hands on.

**Track Commercial Sexual Exploitation/Prostitution**

Girls/young women from every category but type 4 were involved with track CSE/prostitution. The money made was less than Internet work, yet the danger level and exploitative nature of track work was highest, because of the inherent vulnerability of the work, and because pimps were almost always involved. This means that the girls did not have control of the money, were subject to abuse, and were “owned” in a sense, which was itself dangerous because of the competition between pimps. Respondent 104 (type 3), once recruited, was working out of the Travelodge with client after client. Her level of self-esteem had dropped to the degree that she even felt she was “really bad at it.” For example, if a client just wanted oral sex and paid her $200, she would give him back money because she that was too much (she got into trouble with her pimp for this). She also was trafficked or moved all around the Bay area, to people’s houses, to hotel rooms, to bachelor parties, all arranged by the pimp. She says she worked for 2 months straight, that it was hard work, and that she lost track of the money she was making. Respondent 105 (type 2) was involved in both track and Internet work, the former for an abusive female pimp described earlier.

Respondent 109 (type 1), who, as described above, was recruited at age 14 right off the street by a pimp, began working the track that same night. Like many other girls beginning on the track, she did not really know what the rules and process were at first. She was briefed by other girls but had to learn the ropes by herself, with, as it turned out, some help from tricks themselves when they realized that she was “new.”

So then he [the pimp who recruited her] was waiting outside for us. We went over there, and she just started talking to me before we went down the stairs. She said, “He’s probably going to put you out on the track. I was like, “What’s the track?” And she said: “Like, you go outside and catch dates like we just did and you just make money, or whatever, don’t talk to no black guys.” She was like, “Don’t look at nobody, and just keep to yourself, and don’t talk to none of them girls out there….” I was out there just walking around like I didn’t know what I was doing, like I just didn’t know. That same day, I got in a trick’s car, and he gave me another $200 and I didn’t know what to do, like I was just standing there and like he just felt bad, I don’t know, he just felt bad or something, like he was like, “Is this your first time?” And I was like, “Yeah.” I just kept it honest with him and, “Yeah, I don’t know what to do.” He was like, “Oh, OK, it’s OK, you don’t have to do nothing…..” He was like, “You don’t have to do nothing, I’m gonna take you back,” and I was like, “Oh, OK,” and he took me back, and I got out and I was walking around again looking for someone else… and this time I was a little more confident like, oh, OK, like attentive, kind of new cuz the trick kinda explained to me what they usually do.

He was like, “Oh, usually when you go out there…..” He was like, “These girls give them whatever, you can start… you want to have sex with them.” And that’s what he told me, and that’s what you do. And he was just like, “I don’t know, you approach them.” He was like, “You just approach them, and you’re like happy about yourself.” He said that most of the
Other girls on the track also gave her information, though it is a competitive situation. About that, Respondent 109 said:

[I]t is, but at first I didn’t care cuz I was just being picked up and then, but yeah, I got dropped off after and that same day I hopped into some dude’s car that he wasn’t a trick, he was another pimp…. Oh, my god, I was so scared, like after he was like, “Oh, do you have any money?” And I was like, “What do you mean, ‘Do you have any money?’” It was a good thing; I didn’t tell him I had money…. I was just like, “No, I don’t have any money.” I like… “I just got put out there just a couple minutes ago,” And he was like, “If you need to get with real pimpin’ and” duh, duh, duh, duh, and I was like, “Oh, my god,” like I didn’t know what to do, and then I called Dude and I was like, “I don’t know, I’m in this car,” and then Dude starting getting mad and he started, “Who are you talking to?” And I said, “Nobody.”

Apparently, this pimp knew the other one (called “Dude”):

I think they did cuz then afterwards I was just like, “You drop me off right here.” And he was like, “I’m gonna drop you off over there,” and then I got out the car, I ran out the car like I got scared and then Dude came, and he was like, “Where you at?” And he was like, and I told him where I was at, he dropped me off over there by the beach, not the beach, like by Lombard, Fisherman’s Wharf, by where all the boats be at and all that, so, yeah, he dropped me off right there, and then I was just like, oh, oh, I felt like, oh, my god, so scared, I was so scared and then he came and got me, and then drove me back and dropped me off and then he was just like, “Don’t get into the enemy cars,” or whatever, “any black guys’ cars,” and he was black, and I just got in there like I was cool. And then that night I made $900 that night…. I was out there….

Despite making that money, she had to give it to the pimp: “Yeah, I did and then after a while I started getting use to it, like I got use to it and I went out there and it was just easier for me.” By “easier” she meant that she gained experience, “cuz I knew what I was doing now, and I went out there dressed, like dressed formal with the heels and all that.” She learned how to “negotiate and all that so kinda good, like it was better.” She also learned how to assess potential tricks for risk and take measures to protect herself: “[I]f you looked suspicious to me or if I tell you let me pat you down and you don’t let me pat him down, or I’ll ask them like, ‘Oh, do you have any weapons on you?’ And some of them would tell me, ‘Oh yeah, I have a knife,’ and then I like, ‘Can I have it?...’ And then, yeah, I’ll take the knife and I’ll have the knife, so yeah.” She learned much of this from the other girls that were working for the same pimp. “[T]hey told me what to do, like most like the girls, the regular ones taught me, so I was hanging out with his ho’s, and then he got another ho and he would put her on track with me, so both of us, I wasn’t alone.” The pimp had at least four girls, but there may have been more.

Respondent 109 provided a significant amount of information about work conditions. She worked “in Tenderloin… by Polk Street, by Polk and California, Polk and Pine, Larkin, just up there, Hyde.” There were a number of “work rules” she had to follow: “[I]t was always cold, and that was a rule too, like we’re not allowed to wear jackets out there, we could wear like little sweaters… we were not allowed to wear any jackets.” And, “You had to bring back the same
amount of money, he was just like, ‘Whatever you get.’” In return, “He was always give us money, and we would go shopping and he was just be like, ‘Here goes $1,000, and don’t come out with money,’ and I would be just like, ‘Woo,’ like, ‘OK.’”

Amazingly, she was still living at home while doing this. Her mother did wonder where she was, “but then I told her like at that time that I met him and I had just broke up with my boyfriend so… and I was living with him, too. And my mom gave me permission to live with him, so I was just like, ‘Oh yeah, I’m at my boyfriend’s house,’ and I just kept it like that, you know what I mean, so she didn’t really know at all.”

She was arrested numerous times in the Tenderloin during this period but used a fake ID and name and claimed that she was 19. So she was never sent to a juvenile facility, but to the “main jail” on 850 Bryant Street (until her real age was discovered and she was referred to SAGE). At some point, she left her original pimp (her “Dude”) and went to several others. She explained:

I went from him, before that I went to this other guy, named ___, his name was ____, and he had two other girls, so we all three would go out there, and then I was with him for a while, and then I left him, too. Like I don’t know, I didn’t like him that much…. It was kinda like, his anger, he wouldn’t hit me, but he’ll hit the other girls and like intimidate me, cuz he’ll sit there and throw a knife at her and then like she’ll be crying, whatever, then he’ll hit her with like the radio cord, stuff like that, I would be like crying standing in the corner like acting scared, and he wouldn’t let me move like from that corner, he be saying if I move he was gonna think that I’m calling the police or something, so like I was just always scared. He threw a chair at her, that type of stuff, he’d like beat her up and like she just stays with him and she has two kids and the kids are like, they get abused by him, too. And she just with him and I don’t know why, she just, I don’t know, she only been with him for 2 years, but she’s acting like she’s been with him so long that just can’t let him go.

She then left that pimp and returned to her mother’s house for a time.

I went home and I started going to school, back to school and then I met, I knew him, I knew this dude, his name was Joey, I met him before like he tried to get at me before, but this time he tried to get at me again, and then I was just like, “Oh.” He was like, “Oh, you be selling dope, huh?” I was like, “No.” He’s like, “Why haven’t you been around” and duh, duh, duh, duh, and I was just like, “Oh, cuz I’m just out and about,” and he was like after while, he was like, “Oh, here’s my number, call me if you want to kick it or whatever,” and I was like, “OK,” and I called him cuz he’s not ugly, he’s tall, like light skinned… he was like, oh, we started kicking it, we got kinda drunk, and I was just like, he’s like, “So how do you be getting stuff, how do you be making your money?” And I was just like, “Well,” I was like, “You really want to know?” He was like, “Yeah.” I was just like, “Naw, I’m not gonna tell you,” and then he was like, “Why not tell me?” And then I was at first I was like, “I’m a stripper.” “He’s like, ‘That’s not bad,’ and I was like, “What do you mean, ‘That’s not bad?’” I was just like, “Oh my god,” and he’s like, “How can you be a stripper and you’re under 18?” And he just…. me out like I was just like I don’t know, I was just like, I don’t know, “I’m gonna keep it real with you, I’m a prostitute,” and he was just like, “Oh, for real?” And I was like, “Yeah.” And he was just like, “Oh.” He didn’t really pay no mind to it, he started asking me questions, like, “How is it out there?” And I was telling him. And I was telling, whatever, and then he was like, “I don’t know,” he just ask me out the blue, I think he wanted to be my pimp, cuz he asked me out of the blue like, “Oh, you want to be my girl or
whatever?” I already knew, I was like, “You asked that before,” it would have been different but then, and I really liked him, he was acting nice, I would have given him all my money, I would a helped him out.

He apparently had a pimp relationship with one other girl.

[H]e has this other girl, I guess the girl didn’t know what she was doing, she’d make $200 a night, and I was just like, oh, no, it wasn’t that she was ugly, she was tall, white girl, she was pretty, she was probably, I don’t know. She came to the house 1 day, I remember, and he beat her up like he didn’t want her, like he just beat her up, and she just ran out or whatever and left and she never came back, I never seen her after that, but he never hit me or whatever.

From her interview, it appeared that Respondent 109 did not have the bad experience with pimps that some girls had in terms of abuse.

None of them ever hit me, it was just like, I don’t know, it was weird, cuz, _____ had a temper, but he wouldn’t take it out on me, on what I did, what I did, he wouldn’t take it out on me, he would take it out on her.

The things for which she might have been physically hit included

Stuff like not making enough money that day, he would just get mad and he’ll blame it on her, and like everything he’ll blame it on her or little things, like um, I don’t even know, I can’t even remember… just little things, he’ll just blame it on her, he wouldn’t never hit me.

She was finally arrested and taken to YGC after one of the girls from another pimp “snitched” to the police about her real age. Even at this point, “I gave my purse to my friend and my friend knew Joey, so he gave him the purse full of money, and I had money that I didn’t give to him to, so in my purse, the reason I gave it to her was because I had about $2,000 in it.” The pimp/boyfriend discovered that Respondent 109 had not been giving her all the money.

So what he did, he took all of it. He took all of it, and I was calling him and I was like, “I need some stuff at the group home,” and he was like, “Well, um, I don’t have no money,” and I was like, “What do you mean you don’t have no money, how can you just not have money in a month, you know the $2,000 what did you?” And then he was just like, “Well, I don’t have that money,” or whatever, “and I can’t get you things,” and oh, I don’t know, and then he was like, “I don’t have a job no more,” cuz he was working, too, and I was like, “Uh, uh, he’s trying to play me.” And then afterwards, I kinda forgot about him, I was just pissed off, I would call him once in a while, I was just wasting my money cuz his phone would always be off and I had to use a pay phone. So it just take my money and I would just be like, I don’t know, and I stopped calling him, so I started talking to this one boy at the school, and I was just telling him, kinda what I’m telling you, the whole life story, and he, I don’t know, he’s just been my friend ever since. I see that to him, it’s not just that he doesn’t want me doing that period. He just, I don’t know… he treats me way different, so I called, 1 day I called Joey back, and he answered his phone, and he’s like, “What?” And he was like, “What you mean, ‘What?’” I was like, “This is the last time I was going to call you, I was just letting you know, don’t go by my house and nothing cuz I’m with someone else now,” and he was like, “Oh, OK, f**k you, Bitch,” and he started getting all loud with me on the phone, so I just hung up.
Respondent 117, who was very young at the time of her entry to CSE, described the ritual of the track that she learned:

I don't know, it's like, where you want to touch the guy. Usually a police, they wouldn't let you touch them on their private parts. So if you get in a car with a guy, you know you say hi, introduce yourself, and you ask them are they police. They would say, “No, I'm not the police.” Then you ask them if you can touch you, and they'll say, “Yeah, you can touch me.” Because the police wouldn't let them touch you. So the tricks would let you rub their b**lls or rub your d*ck or something like that. Then they'll ask you, “Well, are you the police?” And you know I'll say no. So then they'll say, “OK, well, can I touch your t*****s?” Then, you know, we just make that little exchange like that…. Then after we find out, OK, we're not cops, then we drive around to figure out what is it that you want, how much are you charging. Little things like that.

There were, however, times when she got in a car with someone she did not really want to be with. At one point she was picked up by police and returned to her home, but she went back out soon after, and then moved to Internet work:

Then I got picked up by the cops, out on the track. And you know they had, um, I was a runaway. They brought me back home to my mom. I was gone for maybe about 2 months. My mom was like going crazy. She don’t know where I been at, and the police told her I was in a bad area. Where prostitutes and stuff was. She was like, “What was she doing out there?” I said, “No, my friend stay over there, and I was just waiting for the bus to come home.” And all that type of stuff, and, uh, that was it. Then like a couple months later, I meet the girl that I first started using drugs with and stuff. I told her what happened. And, um, I told her what happened and you know she was like, “Yeah, I know, I did that before too.” So she had a friend name ______—something like that. And, um, we all went out on the track 1 night right here in the city. You know, we just wanted to go get some money and stuff. And we all went out there, we were gone for like, I was only like 12 now. They was like 13, 14. You know, 13 and, uh, and that's when I chose up with this other pimp. And when I was with him, it was way different… because he wasn't the type of pimp that had his girls on the track. He was more the Internet guy.

Respondent 108 (type 2, but with some type 1 characteristics) described in detail what her “track work” days looked like, though she worked both the Internet and the track:

We’d probably sleep till noon, get up, probably get dressed. Either order food, go grab fast food. Probably talk to [name of person] if he had weed, we’d watch a little bit of TV, get dressed… and then, um, it would depend on where we were at.

She said that, depending on where they were, she might also post on the Internet, on Red Book.
used to rent limos and stuff, and we’d be driving around. We’d go to our errands, come back, usually just chill. We’d watch TV, lie around, drink... L.A., or south end of the city, we’d come back, get down about 2 [a.m.], either work till the sun came up, depending on how the night was, probably come in at 8 at the latest, usually, and shower and go to sleep.

She did this for about a year and a half.

Some of the respondents moved from place to place. Different cities or areas also have their own “track characteristics,” which appear to be widely known, and prostitutes sometimes move from one location to another. Respondent 108 (type 2) said:

I just never stayed anywhere. I tried not to stay too close to here because this is my home; I was born and raised here. But it’s, like, a different clientele, different money. Depending on the time of the day, like, you can always go to the Canals in San Rafael during the day and make good money. I wouldn’t go out there at night by myself at night because it’s not safe. You know, San Francisco is known for being as the night track. Two in the morning, you come out here. So it always depends on where I was to what I was trying to do.

Respondent 108 said that she and her boyfriend/pimp

... went to Fresno cuz we had people staying with him. But, like, the first time we stopped in Fresno, it was because people were there, but like I didn't even hit the track. We just worked an end [getting a room and working from the room]... the first night I just did out calls. The first time I stopped in Fresno, I just hosted and did out calls. I just did, like, two packs [inaudible].

She didn’t do this alone. “No, usually they drive me,” she said. “Usually he’ll take me. It depends, if it’s someone I’ve seen before... I talked to... I think I’ve took myself once or twice, but usually I have him take me just cuz it’s easier my way.”

At one point, Respondent 108 started working the track full time in Las Vegas because, while traveling there, she apparently lost her regular job when she did not call in to report that she would be absent. But generally, she would move around because of “money, new faces, I was going to get more money.” With Las Vegas, she explained, “you always try to go to Vegas and ask commissions there because there’s more people there.” In general, “a new face in a new place is always gonna make more money.”

Respondent 120 also followed the lure of Las Vegas, still at about age 13. “Why does anyone go to Vegas?” she said, laughing. “The money!” She knew that Las Vegas was bigger than Reno (which she had seen before), “and it was like the place where all these girls go... and I wanted to be like all these other girls. It’s all like... if you’re young it would like blind you, like the excitement, the lights, however much money you’re making that night it was like you could buy everything.” She traveled there on a Greyhound bus with a 15-year-old boy with whom she had already worked out a routine of robbing tricks—she would get the trick, and then he would rob him. She said this routine “worked well until I got arrested.”
INTERNET COMMERCIAL SEXUAL EXPLOITATION/PROSTITUTION

This seemed universally to be the “preferred” situation. Respondent 105 (type 2) said that it was

... actually pretty interesting at first, you know, because you got to meet a lot of cool people because it’s different cuz I hadn’t really worked the track too much. I probably worked it one time after I got arrested and I hadn’t busted any… dates, you know. So… I kinda really didn’t even think about the sex part, I just knew that I was making money. Seventeen years old and making $3,000 a week, you know, you’re not really worried about what’s going on, you know, because a lot of the guys, they were really, really generous, they’re really nice people, so I really didn’t think about it.

To set up a date:

Basically, what it is, is before you know anything, you have to take pictures and then you put ‘em on the Internet…. [The type of picture] just depends on what you want, what kind of crowd you want to draw. A lot of girls will take lingerie pictures in different positions. So then you have your pictures, and then what you do is whatever Web site you’re gonna use, put it on the Web site. So you do that and then you put your phone number, and if people like what they see, they’re gonna call you, and then they set up an appointment. They’re gonna ask how much you charge and stuff like that…. When you say “full service,” that’s basically everything, full service, sex, blowjob, all the stuff, that basically covers everything, and you set up an appointment, depending on if you’re in a hotel room or at the house. I was working out of a house at the time [in Antioch, Calif.]… and, um, they meet up with you, whatever, you know, make sure [inaudible] can you touch me somewhere? That’s that, then they put the money down and you do what you do.

To schedule appointments:

Basically, like, they’re gonna call you and say, “Are you available now?” And a lot of girls, they’re gonna want at least a half-hour in advance—that way they can get ready, take a bath. A lot of people all they do is sit in a hotel room or whatever all day. They don’t really get ready until somebody is on the way or they sleep in between calls. So they’re gonna call, be like, OK, like, I know, me, I don’t give my location. I just say I’m off this cross street and this cross street. When you get close, I’ll let you know what hotel I’m at or wherever I’m at just for my safety and then when I can see you in the parking lot, I’ll give you my room number, that’s cuz I’ve already check the guy out, there’s no cops around or there’s not a big ol’ group of people or whatever else, then they come upstairs or wherever I’m at, and so that’s just how that happens…. They pay for, see, how I do it, because a lot of my johns, a lot of them don’t want to have sex, a lot of them are just looking for someone just to hang out with, watch a movie with or whatever, so I charge by how much time you want. Like, if you want a half-hour, full hour, all night, you’re not paying for sex, you’re just paying for my time, and that’s basically what it is, that’s where a lot of people get it twisted. Now you have the girls that really don’t care, I’m more like, I’ve been through so much that I would rather, spend time with people, too.

Respondent 117 (type 1/type 3), as described above, worked the track beginning at age 12. But then she linked up with a pimp who had her work through the Internet, which, she said, was “new to me… but I loved it.” She was able to make significantly better money. A typical pattern of work on the Internet went as follows:
I would wake up and get dressed. I'll have a phone [Note that the respondent's “hot pink" phone vibrated at this point in the interview.].... I would wake up, get dress. He had the phone at this time cuz I didn't really know what to say and that type of stuff. Then he would pick up, get calls for me. Then when I had a call, I would go to it.... I was doing in calls and out calls. But he had two other girls. And I was with this one other girl that was like my roommate at the time. And we was, um, together out, I think, I really don't know where I was at, to be honest. I think I was at the [location inaudible], something like that. She had the hotel, so we would have the in calls come to there. Or we would have out calls. You know. It was a lot more out calls mainly.

The pimp would drive her to out calls and pick her up. “He took a picture,” she continued, “a fake picture of me. And, um, I started getting calls from there. Like different guys. I would get like $300. One time I got $600.... It was really good money then.” However, she gave all that money to the pimp.

The pimp posted her picture to Web sites. “Uh, not craigslist. Craigslist is really cheap. Because anybody can get on craigslist. But if you want real money that's gonna pay. You know, real guys that are gonna pay real money for real girls. Then you would most definitely wanna go to different sites. Because different sites, like it takes a credit card to even post an ad on here. You know, and for the simple fact that you’re having to pay money to pay money and things like that. More guys are going to call and pay more money. And, see, at the time it was really different because, if you’re on the Internet, the guys know you have to come with $300 or more—$300 or more, cuz you know we’re not on the track. This is not the track anymore. Where I have to settle for a $100 and stuff like that, you know. So you have to come with $300 or more. At the time, I seriously don't believe I was on craigslist. Maybe I was, maybe I wasn't. I’m not sure at the time. You know. After a while, I kind of left him. I really didn’t, I really wasn’t feeling it anymore.

She left that pimp, and went home, but then:

[A] couple of months later I meet this other guy. He was a dope dealer. He ain’t know nothing about pimping or anything like that. You know. So I meet him, I turn him out, told him the ropes. Told him how it was, everything.... I turned him out and I showed him the ropes, told him how it was. Bottled up a “row bar.” He got big headed, then he wanted to go to Vegas and try and get some money. He really didn’t know what he was doing. My stupid ass went out there with him. And that’s when I got raped out there... I was still 12 at the time. This was all happening in like 1 year.

To go to Las Vegas, they would take the Greyhound bus.

By contrast, Respondent 123 maintained complete control over her own (very profitable) Internet operation, with no pimp, and developed an extensive set of screening procedures to try and ensure that those who contacted her (by phone) from her Internet profile matched the descriptions they initially provided, and that they were not in fact undercover police.

**ISSUE: THE PIMP ROLE AND PIMP SOCIAL STRUCTURE**

The role of pimps is a pervasive aspect of most of the prostitution work described in these interviews. There is also a complex interplay between the nature of the pimping role and the
trajectory from which the girls/young women are involved. To summarize simply what these preliminary data suggest: In saturated high-risk communities (type 1 trajectory), pimps are ubiquitous and occupy a recognized social role that intersects with the culture of glamour and money that is associated with prostitution. Moreover, in these communities, pimps not only play to that role but also sometimes set up a form of “household,” composed of several women, who may be age graded, where an older prostitute in the household is called the “bottom bitch” and sometimes helps in recruiting, clothing, and “training” younger girls. The relationship between any of these girls/women and the pimp is complicated, sometimes verging on a boyfriend-type relationship, sometimes abusive, and yet centered on the money brought in—the minimum expected role for the girls. There is competition between pimps, and girls are sometimes recruited out of another pimp’s group, for which there may be reprisals. At the same time, pimps seem to make most of the arrangements in terms of posting on the Internet, driving girls around, recruiting, and handling all the money. Most of the respondents seemed accustomed to giving the pimp all or most of their earnings. Several of the respondents in this category were also clearly attracted to the glamour and money associated with the image, reinforcing what program staff said in the early formative focus groups.

Within other trajectories (types 2 through 4), pimps may occupy a different role, not as entwined with the glamour culture and not in the form of a quasi-household, but simply as a business manager who recruits, makes arrangements, and handles money, to smaller scale relationships in which there appears to be a boyfriend–girlfriend relationship but where the girl simultaneously brings in money by prostitution and the boyfriend handles transportation and other tasks. Some girls/women—such as the type 4 example described herein—operate without pimps.

Increasingly, however, girls on the street are forming groups without pimps and operating on the track as “renegade ho’s,” so that they do not need to share profits with a pimp. Respondent 116 described a point where she became a renegade and, when other pimps approached her on the street, she would tell them she belonged to another pimp so that they would not harass her.

Mental Health, Substance Abuse Issues
Seventeen of the respondents reported a mental health or substance abuse issue. The following is a brief table listing only interview respondents who reported such issues and what they reported (self-report, not necessarily medical diagnosis). It is clear that involvement in SAGE provided an important avenue of access to treatment for many of these respondents. It was also clear that substance use during the course of CSE involvement served as a coping mechanism (see Respondent 104) for the activities in which they were involved.
### Table 6.2

<table>
<thead>
<tr>
<th>Respondent</th>
<th>Program</th>
<th>Mental Health/Substance Abuse Issue</th>
<th>Reported Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>LS, Completer</td>
<td>Substance use</td>
<td>N/A</td>
</tr>
<tr>
<td>103</td>
<td>GRACE, Completer</td>
<td>Addict</td>
<td>In recovery; extensive therapy, including in-patient treatment.</td>
</tr>
<tr>
<td>104</td>
<td>LS, Completer</td>
<td>Substance use</td>
<td>Received treatment, returned to CSE.</td>
</tr>
<tr>
<td>105</td>
<td>GRACE, Completer</td>
<td>Depression/bipolar</td>
<td>No health insurance, SAGE counseling.</td>
</tr>
<tr>
<td>109</td>
<td>LS, Noncompleter</td>
<td>Substance use</td>
<td>Some treatment (CSE more of an issue).</td>
</tr>
<tr>
<td>110</td>
<td>LS, Completer</td>
<td>Substance use</td>
<td>Received treatment while at SAGE, stopped substance use after pregnancy.</td>
</tr>
<tr>
<td>111</td>
<td>LS, Completer</td>
<td>Substance use</td>
<td>Received treatment while in SAGE.</td>
</tr>
<tr>
<td>112</td>
<td>LS, Completer</td>
<td>Substance use</td>
<td>Received treatment while in SAGE; court-ordered drug tests and ankle bracelet to monitor curfew.</td>
</tr>
<tr>
<td>113</td>
<td>LS, Noncompleter</td>
<td>Substance use</td>
<td>Received extensive outpatient therapy through father’s health insurance; parents intervened and heavily involved.</td>
</tr>
<tr>
<td>114</td>
<td>LS, Completer</td>
<td>Addict and dealer</td>
<td>Received treatment while in SAGE and as part of probation status. Arrested for dealing after graduation. Weight fluctuations, indicating use (rapid loss versus gain).</td>
</tr>
<tr>
<td>117</td>
<td>LS, Completer</td>
<td>Addict</td>
<td>Extensive therapy since 12; several relapses since graduating from SAGE; still in active recovery.</td>
</tr>
<tr>
<td>118</td>
<td>LS, Noncompleter</td>
<td>Substance use</td>
<td>Received counseling and treatment while in SAGE.</td>
</tr>
<tr>
<td>120</td>
<td>GRACE, Completer</td>
<td>Substance use</td>
<td>In active recovery; received intensive in patient and outpatient treatment while in LS and GRACE. Has had several relapses.</td>
</tr>
<tr>
<td>121</td>
<td>LS, Noncompleter</td>
<td>Substance use</td>
<td>In system, at high risk for reentry, intensive substance use. No attempt at recovery. Too many other issues.</td>
</tr>
<tr>
<td>122</td>
<td>GRACE, Noncompleter</td>
<td>Substance use</td>
<td>In active recovery, previously inpatient and outpatient therapy, a history of relapses but 6 months sober at time of interview.</td>
</tr>
<tr>
<td>123</td>
<td>GRACE, Completer</td>
<td>Substance use, but not apparent abuse</td>
<td>Not necessarily abuse—claims only to smoke marijuana recreationally and never during dates.</td>
</tr>
<tr>
<td>124</td>
<td>LS, Completer</td>
<td>Substance use</td>
<td>Dealer and user. Unknown treatment history.</td>
</tr>
<tr>
<td>125</td>
<td>GRACE, Completer</td>
<td>Substance use</td>
<td>Received some treatment while in GRACE program.</td>
</tr>
</tbody>
</table>
Entry to SAGE (After Arrest or Otherwise), Exit From SAGE

By definition, all GRACE clients (except continuing LIFESKILLS graduates) entered SAGE programs as a result of arrest for commercial sex work. LIFESKILLS clients were diverse, with some CSE involved and others not involved. Therefore, entry came through several paths, as shown in table 6.3.

<table>
<thead>
<tr>
<th>Respondent</th>
<th>Program</th>
<th>CSW?</th>
<th>Entry</th>
<th>Exit</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>LS, Completer</td>
<td>No</td>
<td>Domestic violence</td>
<td>Completed program.</td>
</tr>
<tr>
<td>103</td>
<td>GRACE,</td>
<td>Yes</td>
<td>STAR Center client, secondary prostitution, GRACE age appropriate</td>
<td>Still in program at time of study completion.</td>
</tr>
<tr>
<td></td>
<td>Completer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>104</td>
<td>LS, Completer</td>
<td>Yes</td>
<td>CSE</td>
<td>Graduated from LIFESKILLS, returned to CSE within 1 year.</td>
</tr>
<tr>
<td>105</td>
<td>GRACE,</td>
<td>Yes</td>
<td>CSE</td>
<td>Completed court-mandated hours.</td>
</tr>
<tr>
<td></td>
<td>Completer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>106</td>
<td>LS, Completer</td>
<td>No</td>
<td>Domestic violence</td>
<td>Still in program at time of study completion.</td>
</tr>
<tr>
<td>107</td>
<td>GRACE,</td>
<td>Yes</td>
<td>CSE</td>
<td>Completed court-mandated hours.</td>
</tr>
<tr>
<td></td>
<td>Completer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>108</td>
<td>GRACE,</td>
<td>Yes</td>
<td>CSE</td>
<td>Completed court-mandated hours.</td>
</tr>
<tr>
<td></td>
<td>Completer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>109</td>
<td>LS, Noncompleter</td>
<td>Yes</td>
<td>CSE</td>
<td>Dropped out program, returned to CSE.</td>
</tr>
<tr>
<td>10A</td>
<td>LS, Completer</td>
<td>No</td>
<td>Domestic violence</td>
<td>Satisfied terms of probation, completed program.</td>
</tr>
<tr>
<td>110</td>
<td>LS, Completer</td>
<td>Yes</td>
<td>CSE</td>
<td>Graduated from program.</td>
</tr>
<tr>
<td>111</td>
<td>LS, Completer</td>
<td>No</td>
<td>At risk; YGC referral</td>
<td>Graduated from program.</td>
</tr>
<tr>
<td>112</td>
<td>LS, Completer</td>
<td>No</td>
<td>At risk; YGC and group home referral</td>
<td>Competing social work priorities. Sent to another program.</td>
</tr>
<tr>
<td>113</td>
<td>LS, Noncompleter</td>
<td>No</td>
<td>At risk; school counselor referral</td>
<td>Competing social work priorities. Sent to another program.</td>
</tr>
<tr>
<td>114</td>
<td>LS, Completer</td>
<td>No</td>
<td>Drug dealing</td>
<td>Completed program.</td>
</tr>
<tr>
<td>115</td>
<td>LS, Noncompleter</td>
<td>No</td>
<td>Domestic violence</td>
<td>Satisfied terms of probation. Completed program.</td>
</tr>
<tr>
<td>116</td>
<td>GRACE,</td>
<td>Yes</td>
<td>CSE</td>
<td>Completed court-mandated hours.</td>
</tr>
<tr>
<td></td>
<td>Completer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>117</td>
<td>LS, Completer</td>
<td>Yes</td>
<td>CSE</td>
<td>Graduated from program.</td>
</tr>
<tr>
<td>118</td>
<td>LS, Noncompleter</td>
<td>No</td>
<td>At risk, gang involvement, YGC referral</td>
<td>Competing social work priorities. Sent to another program.</td>
</tr>
<tr>
<td>119</td>
<td>GRACE,</td>
<td>Yes</td>
<td>CSE</td>
<td>Completed court-mandated hours.</td>
</tr>
<tr>
<td></td>
<td>Completer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>120</td>
<td>GRACE,</td>
<td>Yes</td>
<td>CSE</td>
<td>Completed court-mandated hours.</td>
</tr>
<tr>
<td></td>
<td>Completer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>121</td>
<td>LS, Noncompleter</td>
<td>Yes</td>
<td>CSE</td>
<td>Reincarcerated during program involvement.</td>
</tr>
<tr>
<td>122</td>
<td>GRACE,</td>
<td>Yes</td>
<td>CSE</td>
<td>Completed court-mandated hours.</td>
</tr>
<tr>
<td></td>
<td>Noncompleter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>123</td>
<td>GRACE,</td>
<td>Yes</td>
<td>CSE</td>
<td>Did not complete. Went AWOL. Suspected return to CSE.</td>
</tr>
<tr>
<td></td>
<td>Noncompleter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>124</td>
<td>LS, Completer</td>
<td>No</td>
<td>Drug dealing</td>
<td>Graduated from program.</td>
</tr>
<tr>
<td>125</td>
<td>GRACE,</td>
<td>Yes</td>
<td>CSE</td>
<td>Completed court-mandated hours.</td>
</tr>
<tr>
<td></td>
<td>Completer</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Development Services Group, Inc. 6–31
Experience With SAGE Programs (LIFESKILLS, GRACE)

For the most part, respondents had a favorable experience with SAGE programs. This was generally for five reasons:

A. Because SAGE programs are so heavily dependent on client–case manager relationships, respondents who had good relationships of this nature by extension liked SAGE. For example, Respondent 122 (GRACE program, type 2) said she disliked the group activities but very much liked her case manager, saying she

… made me feel really welcomed, made me feel like I can open up to her and trust her and talk to her one on one. And in groups, she gave me an opportunity to participate, but if I wasn’t ready she wouldn’t push me. It’s a comfortable feeling… like going back to mom’s home—is how you felt you with ____.

Respondent 108 (GRACE, type 2/type 1) felt that her case manager “was a real good person to talk to. She’s real understanding, and you know she can try to get you to come out of your shell, and I’m usually a really shy person. and I don’t like to express things… she was kind of helpful in bringin’ that out.”

About her case manager, Respondent 113 (LIFESKILLS, not CSE involved) said: “[T]here was nothing that I didn’t like about her. She was really cool…. Like, she’s the coolest person I’ve ever met. Like, she was cool to talk to her.”

Respondent 115 (LIFESKILLS, not CSE involved) thought that her case manager was “actually cool to hang with.” They went on outings together, so Respondent 115 “had fun—it didn’t seem like the court is making me do this.”

Respondent 117, who had been heavily involved in CSE and endured multiple risky situations (LIFESKILLS, type 1/type 3), felt a deep attachment to the program and her case managers, both of whom she said she loved. “SAGE was my life,” she said.” I grew up there. You know, at the time I was still young. They watched me grow, they watched me fall, and they watched me pick myself back up.”

B. Many respondents appreciated being around girls/young women who had experienced similar situations. For some, this meant feeling free to talk openly in discussions. Respondent 105 (GRACE completer, type 2) didn’t like groups at first (not an uncommon reaction), but said that later, “[I]t got to the point where I wanted to be here all the time because they had so much different stuff to do and I got really connected with some of the girls, you know, because everybody’s been through what I’ve been through, you know, the counselors, they all have been through prostitution and all that stuff, so I got really comfortable.”

*This, however, was bidirectional; there were also numerous respondents who did not like SAGE in part because they were either not CSE involved or not drug abusers and did not feel comfortable being placed in groups or activities among people with whom they did not necessarily wish to associate.
Respondent 109 (LIFESKILLS noncompleter, type 1), who was also in the group home, said, “Everything is good here, I like it here... cuz you can express yourself like it’s just... and it’s away from the group home.”

C. Because of specific activities that were enjoyed. Respondent 103 (GRACE, type 2) loved acupuncture and said: “I also love women’s empowerment and GRACE group. I really like talking to people.”

Respondent 108 (type 2/type 1, GRACE) said she “always tried to attend the groups that caught my interest.... Like today, I liked the one that was Empowerment. It was actually kind of different, like the actual activity.”

Respondent 113 (LIFESKILLS, no CSE) liked the movies that were shown. Respondent 115 (LIFESKILLS, no CSE) “probably would come [to LIFESKILLS] sometimes,” even if she didn’t have to. “I wouldn’t come every Tuesday,” she clarified, “but... it’s very interesting. You come and learn about domestic violence and hopefully watch good movies.”

From Respondent 117:

There was food, just in case people don’t eat. You know, they make sure that there’s food. They're feeding you. Um, um, I don’t know. No, because every week they have different things. Every week they talk about different issues. You know, sometimes we'll be able to do art if some of the girls are not able to express their feelings verbally. They'll express it written or through art. You know, sometimes there is different activities when other people come in and talk about gangs and wonder why we fall into them. And sometimes there, sometimes there—like, um—there’s, like, prostitutes that are wonderful authors now that wrote books about themselves. To, uh, come in and let them know about their life, and you know to let us know that: “Hey, I’ve been there too.” And, yes, I was a prostitute and, yes, I did marry a man that’s like the richest man on earth, and his family is so square because they don’t know that lifestyle. But don’t be afraid, because you deserve nothing but the best.

Like I said, I want to work here. I’m looking for an apartment to live for me and my baby. The father isn’t around a lot, but I’m not OK with the things that he wants to do. So I chose not to be around that. Just to protect myself and to make sure I’m OK.... Yes, I’m finishing up my GED. I’m trying my best with that. Just remember, I wasn’t never in school. I really didn’t learn what I was suppose to learn. But I go and....

D. Because SAGE staff care, and because they have direct experience with the lifestyle and are nonjudgmental. Several respondents echoed this theme. Respondent 105, for example, said: “They take time to get to know you. They don’t do it cuz they have to; they do it cuz they care.... They’ve actually been through it.” Respondent 120 said: “It’s professional here. It’s confidential. I can talk about what I want to talk about and not be judged.... I don’t have to worry about being judged, and at least if I have a problem I know it’s fixable and not just in the hands of an 8-to-5 person that’s not going to help me.” Following up, she added that she could call SAGE outside of regular work hours.

E. Because of a change or impact experienced by the client. [Refer to next section.]
Impact of SAGE Programs

The impacts expressed by respondents were primarily internal, personal, emotional, attitudinal, or related to knowledge change, overlapping to some degree with what they said they liked about the programs. Of importance, there was almost no reference to exiting CSE or significant change in risk behavior as a result of the program, except for one respondent (no. 105) who suggested that the support system provided by SAGE gave her the wherewithal to leave her pimp and exit CSE. Given the working goals of the program, however (which incorporate harm reduction elements), these are not the only criteria for measurement of success—at least not in an incremental sense.

Respondent 103 (GRACE, type 2) said, “SAGE has taught me to be more empowered and confident.” The acupuncture she had, as noted above, was her favorite and “is helping with my addiction.” Respondent 117 (type 1/type 3, LIFESKILLS) offered an intensely personal response:

Being at SAGE taught me a lot of things. And they watch me grow, they watched me fall, and they watched me pick myself back up. But see the thing was I never give up on myself. I might be gone for like 6 months. Trying to figure out who I am in this world and trying to figure out what to do. Because that’s just who I am. You know, I never really know how to ask for help into I’m deep down in the dirt. And I can’t pick myself back up. But if I fall, I’m pick myself back up on my own. Let me do it. You know, and I’ve always, like, they just taught me how to love myself. They taught me how to build that self-confidence back up. You know, they taught me how to, how to like, not, if I want to do something, don’t do it for no man. But do it for myself.

Even in the case of relapsing (e.g., with prostituting, with drugs):

SAGE, unlike maybe some other programs, will not hold it against you, if you relapse or if you go back. They work from a harm reduction model. Um, versus, say like the justice system. Which says you need to be finished or you need to be, you need to stop this lifestyle or else. Whereas SAGE is much more, they understand that you can, like, relapse. And that’s OK; when you are ready to come back, they can help you. Does that make sense at all?… You know, and I really feel like a lot of girls should believe that. And even, only if the girls took the time to understand and to see what this program really has, then they’ll know never to be scared to come back. And you’re right, you know, it’s, like, because I relapsed, because I’m back on dope. Do I think they’ll kick me out? No. I know they never will. I know they’ll love me just as much as they loved me when I was 12 or 13. And they’ll still see that beauty, that potential in me. Just as much as they did when I didn’t see it in myself.

You know, so it’s, like, it was beautiful. That’s why to this day I’m trying my best every day to make sure I’m on track. To make sure I’m doing what I have to, because I’m so determined about getting a job and working here. I really want to, like, if I could just go back and give back the story and teach other girls about what I’ve learned. And how to conduct yourself as a woman out here in these streets. Then I would love to do it.

Respondent 105 (type 2, GRACE completer), who was still working the track when she came to GRACE, also reported an impact that was attitudinal. She didn’t like it at first, saying: “I was
like, ‘F**k this,’ you know what I’m saying, I’m not a snitch. You know, but after I started coming more, and more, and more, and I realized that there was all type of different people… everybody had been through something.” After coming a number of times, she found, “The thing was that SAGE was helping me so much that my attitude started turning positive.”

Important with respect to impact, Respondent 105 also explained that SAGE provided her with an alternate support system that enabled her to leave her pimp. Working with her GRACE case manager, she was able to devise plans for defying her pimp’s orders and then eventually leave. The SAGE case manager, in fact, gave her a “doctor’s note” that ostensibly came from an exam stating that she could not work for 2 weeks (Respondent 105 showed this to her pimp), and later found her a safe shelter to go to when she left. Her pimp called her, asking where she was, and Respondent 105 said: “And finally I answered the phone and she’s like, ‘Where are you?’ I said, ‘Not with you.’ I got my courage up to the point where I was like, ‘F**k you, I’m not coming back, you know.’ So I ended up staying at the shelter and stuff like that.” Not long afterward, she met a boyfriend with whom she had, at time of interview, stayed for a year. She described him as positive, supportive, and understanding of what she had been through.

Respondent 105 echoed a theme stated by others that the program makes a difference because many SAGE staff themselves have been in the life: “[P]eople know what they’re talking about. It’s not like going to a counselor—‘How do you feel about that?’—you know, or I heard in a book, it’s because they’ve actually been through it.”

Respondent 103 said that SAGE “has taught me to be more empowered and confident.” On a more concrete note, she felt that the acupuncture she received through SAGE was “really helping [her] addiction.” For Respondent 120, the primary impact of SAGE was “my self-esteem… [and] self-defense [because they have self-defense class]…. I just feel strong and powerful and amazing. Like the words that Norma would use.”

For Respondent 109, SAGE (LIFESKILLS type 1/type 3—though she did not complete the program) appeared to provide her a chance to reflect on her situation, and she said that she intended to stop prostituting: “I’m not gonna do it no more, cuz it’s just too much, it’s too much. I’m not gonna go through this again.” If she found herself tempted to go back to the life (because of the money), what she learned at SAGE would help her, she said, because “they give me good advice.” [She did returned to the lifestyle, most likely because of the difficulties she faced when reintegrating into high school in the same environment from which she had come, perhaps without the kind of support she received from the SAGE case manager.]

Respondent 122 (type 2, GRACE noncompleter) appeared to have benefited substantially from SAGE. She was attempting to pursue a career as a medical coder/biller and had enrolled in a program for it. She had a boyfriend, and together they were looking to buy a two-bedroom house and had been sober for 6 months at the time of her interview.

For Respondent 108 (type 1/type 2, GRACE completer), SAGE helped bring her “out of her shell.” Her counselor at SAGE, she said, “can try to get you to come out of your shell, and I’m usually a really shy person, and I don’t like to express things, and you know, she was kind of helpful in bringing that out.” Being in groups helped strengthen her motivation not to be
involved with drugs because there were others in the groups who had drug addiction problems. She said, “I don’t want to end up being like these people.”

This was a slightly different pattern of impact. Her pattern did not differ directly from the group process itself, but it was unusual in what she was able to take away from the examples that struck her as negative. Her mother had serious drug addiction problems, and the groups strengthened the negative image she already had. Moreover, for this respondent there was something compelling enough about the groups that she continued to attend from time to time even after completing her program.

Respondent 115 (a LIFESKILLS noncompleter, not CSE involved) felt that LIFESKILLS had taught her a lot, even though she was referred to the program only because of a physical fight (with her boyfriend) at school. She explained that she used to think that the pattern of violence in the relationship she had with her boyfriend was her fault, a belief reinforced even from comments by her friends. After SAGE involvement, she came to feel that whatever complaints she would make to her boyfriend, they had “nothing to do with him putting his hands on me; he wasn’t right to do that.” She also said that one of the most important things she learned from SAGE was “that I’m not by myself—there’s a lot of people that went through the stuff I went through.”

Respondent 106 (a LIFESKILLS completer) thought that the information learned from SAGE would stop some clients from CSE or lifestyle involvement. For her, “When it comes to drugs and sex and stuff, I like to always know newer, newer, newer information and the more information I get day by day by day, the more I’ll keep in my life. I think I’ll benefit from this.” At the same time, she didn’t feel that SAGE involvement reduced her quickness to anger.

For some, the impact was more ambiguous. While Respondent 113 (a LIFESKILLS noncompleter, not CSE involved) said she learned something about the impact of drug use, SAGE did not stop her from continued use. And with respect to the risk of CSE involvement, she said that she “wouldn’t do that, because I heard their stories before,” referring to stories from girls who were involved. Respondent 110 (a LIFESKILLS completer, type 1) felt that it was her pregnancy that really changed her, though SAGE staff provided her good guidance during that time.

Suggestions for Improvement
While most respondents had generally positive views about SAGE, several offered significant and insightful suggestions for improvement. For example:

- SAGE should do more street outreach, and hand out condoms and address drug use when they do (Respondent 105, Respondent 120).

- Respondent 103 said: “I would like to learn more life skills and learn, like, how to interact with the outside world, outside of here. I know that I am emotional handling things, but maybe if we could role-play different challenging scenarios, like how to deal with people, that’d be good…. I think that reenacting a specific event to get someone else’s thoughts would be really good.”
• Respondent 120 suggested that SAGE should put out a newsletter with information about clients and their accomplishments, including youth or clients’ writings, art, or “yearbook” pictures.

• Periodic “reunions” of staff and clients (Respondent 120).

• Caseworkers should increase the one-on-one contact, rather than just once a week taking a few moments every other day to check in (Respondent 122). Respondent 115 echoed this suggestion, saying: “We should also have a longer period of time, you know, like when we go around and check in. And it shouldn’t be how your day was, it should be about, like, specific stuff. Like a topic.” More specifically, she also thought that group sessions should include the relation of personal experiences so that all could gain. “Like for the people that are prostitutes,” she clarified. “Like an experience that was bad for them that made them realize they shouldn’t be in it. Maybe they should talk about it so that other people that are prostitutes can hear.”

• Staff turnover is difficult for clients, especially since personal relationships are formed. Respondent 117 said that she “couldn’t bear… seeing some people I love so much, some people who helped me out so much, some people who I thought was gonna be there to watch me really grow, leave.”

• One respondent (no. 109) thought that staff should “be a little more decent, cuz some of the staff act just like us… talking about hoods and all.” The group house was also “boring” on the weekends.

• The group sessions should either extend longer or be more efficient, and they should use realistic visual aids rather than just diagrams (106).

• SAGE needs to refresh components and include new ideas. “I can recall that they duplicated stuff,” said Respondent 110. “I sat through gym class like three times.”

• SAGE should have someone whose task is to serve as a court and services advocate. Some staff do that, but it is intermittent and not an established role.

• Recently, girls with a variety of backgrounds (not necessarily CSE) have been referred to the program. Respondent 110 said: “The probation officers [POs] are forgetting what SAGE is there for.” POs are not referring girls, she said, who “have a history of whoring or something like that; they’re referring them just because it’s a place to go.” This was viewed as detrimental and as inhibiting free discussion among girls who did have a CSE background. “Some of the other girls that do have that history… don’t want to talk about [it]… and I know the fear they have and the emotional feeling that they go through, and it’s like me sitting there and listening to [the girls who have not been through it]…. I’m like, are you serious?” The mix disrupts the group process.
Implications for the Program and for Evaluation

Information from both qualitative phases suggests the following about evaluation of SAGE and programs like it:

- While top program staff have at times articulated a working model of the program in relation to the lifestyle continuum, and have outlined a structure that is presented as a program description, these elements are not translated to program components in any systematic way. Moreover, the degree of program structure varies with staff turnover and funding. Despite the discussion of “phases” in these program descriptions, the program by most respondent accounts is driven by case manager–client relationships together with various activities that do seem to allow some clients to open up about their situations and to learn some useful information about risks, risk avoidance, and self-reflection.

- Program outcomes fall into the harm reduction category, which is not negative if clearly acknowledged and expressly interwoven in the program model and components. Harm reduction seems to be the actual, operating philosophy, even though the programmatic language shifts between that and language about integrated services and therapeutic intervention.

- Incomplete or discontinuous participation in the program appears common, accentuating what is already inconsistent about the program.

- At the same time, one very concrete outcome is that many of the clients (from both programs) do appear to have gained access to substance abuse treatment and some mental health treatment that they might not have had without participation.

- The program is subject to variation in referrals, types of girls referred, and fluctuations in numbers, again amplifying existing inconsistencies. In LIFESKILLS, the mix of clients who have CSE experience and those who do not is largely disruptive.

- The typologies identified, while acknowledged abstractions, reflect a range of needs and life situations that cluster by typology in some respects, but include crosscutting needs/situations as well. These are, as noted, preliminary typologies, grounded in the data from interviews and observation. The intent of presenting them is not to establish a definitive categorization, but to offer a means of organizing the respondents’ experience that can be tested and modified as needed through further research. If, based on more extensive research, these or other typologies continue to be supported by evidence, they can serve as the basis for developing or modifying program interventions that are tailored to meet the needs of these different client groups.

- From the interview data, it is difficult to identify key differences between respondents who complete their respective SAGE program and those who do not—particularly since clients (especially in LIFESKILLS) so typically participate on an intermittent basis. In addition, as noted earlier, “completion” is not a fixed concept because the program and its components are so fluid.
Final Report: Evaluation of the SAGE Project’s LIFESKILLS and GRACE Programs

- Programs addressing prostitution, drug dealing, and other informal/illegal economic activity must recognize the difficulty in transitioning clients who have had exposure to making relatively large amounts of money (even if short lived) to the “legitimate” work world, where, with the level of education many clients have, they will not make anything close to the same amount of money. In short, the transition out of the informal/illegal social world confronts the challenge of competition. Program components, including those emphasizing job and educational skills, must take this into account.

With respect to evaluation, programs addressing these high-risk and CSE–involved girls are still at the formative stage, though our work with SAGE has provided considerable insight into what may be necessary for an effective approach. Because of the fluctuations and changes in the SAGE LIFESKILLS and GRACE programs even during the evaluation period, it is not possible to posit conclusions in reference to a clear intervention model, or even to present a single model with recommendations for how it can be evaluated. Instead, what we can do is present key components with possible evaluation criteria and frame these as a general logic model (see chapter 3 section on Logic Models).
7. Conclusions and Recommendations

The evaluation research reported herein is both a formative evaluation of the SAGE programs and a forward-looking foundation for future programming. Based on the results of all phases of the study presented in the preceding chapters, we can now synthesize these results and outline the implications for further research as well as for practice. Thus, the first task of this chapter is to respond to the key evaluation issues based on our findings. Our discussion will be framed in response to the six research questions listed in chapter 1. This will be followed by a broader discussion concerning the nature of the client population, the context of commercial sex exploitation for this population, and implications and recommendations on program management, design, and the CSE field.

Evaluation Questions and Findings
Each question is addressed referring to qualitative or quantitative data as appropriate.

1) What Circumstances Led Young Women in the SAGE Population to Become Involved in the Commercial Sex Trade?

There are numerous general risk factors that were associated in the quantitative survey with involvement in commercial sexual exploitation (CSE). These proximate CSE risk factors were clustered into five groupings:

A. Survival needs (kicked out of home, ran away from home, needed food)
B. Drugs (wanted drugs)
C. Exposure (family member did it, someone suggested it)
D. Coercion (forced into it, sold into it)
E. Self-esteem (enjoyed the power, enjoyed the thrill, wanted to feel pretty, wanted to feel loved)

Results varied by program (LIFESKILLS versus GRACE) and therefore by age. Overall, the most often cited reason for involvement was survival sex (83.8 percent), followed by self-esteem (67.4 percent) and exposure (64.5 percent). LIFESKILLS clients, however, more often reported survival (100 percent, compared with 72.2 percent), drugs (38.5 percent, compared with 33.3 percent), and exposure (76.9 percent, compared with 55.6 percent) than the subjects in the GRACE group as leading to CSE involvement. In contrast, the subjects in the GRACE group reported self-esteem (72.2 percent, compared with 61.5 percent) as a reason for CSE involvement more often than did the LIFESKILLS group. While only the difference in survival as a factor was statistically significant, the finding is suggestive. No one reported being forced or sold into CSE involvement, a finding that is likely explained by the separation of trafficked clients from either LIFESKILLS or GRACE. SAGE had a separate program for trafficked girls and women, which was not included in the evaluation.

The quantitative differences are explained in part by the trajectories of CSE involvement identified in the generative research (as typologies). The most common typologies were the girls from “risk saturated” communities (type 1) and girls from “troubled suburban” families (type 2), both of whom tended to become CSE involved at a young age. Type 1 girls came from higher
poverty, urban communities where resources and support were intermittent or scarce, connection to school low, family disruption common, and where the community pattern of social interaction included numerous exploitative relationships for money or goods. In this environment, trading sex for money, goods, or other survival support was not uncommon. This environment explains high levels of survival need as well as high exposure to CSE. For type 2 girls, the survival need was based more on family disruption than community risk. Many of these girls experienced family conflict—sometimes combined with substance abuse or other problems—and either ran away or were kicked out. Involvement in CSE became a means of survival on the street or survival in combination with psychological—emotional needs for self-esteem. As described in chapter 6, type 3 girls (from immigrant families in conflict) experienced both issues of poverty and family conflict.

2) What Factors Affect the Likelihood of Exit?

In general, the quantitative data support a conclusion that involvement in SAGE—either LIFESKILLS or GRACE—was itself a factor leading to an exit from CSE, more so for GRACE clients than for those in LIFESKILLS. This finding, however, must be qualified. First, since not all LIFESKILLS clients were CSE involved, the “exit percentage” in that group was inevitably lower. Second, the short timeframe for follow-up data (3 months for self-report follow-up, 6 months for recidivism data) does not allow for a strong statement about the ultimate effects of SAGE on a complete exit from CSE. However, since both 3-month and 6-month follow-up data show similar trends, the results are suggestive.

Other data suggest additional factors that affect exit from CSE. Qualitative respondents who asserted that they were no longer involved mentioned external factors that acted as catalysts, including having a baby and having a supportive partner relationship. Gains that were attributed to program involvement did not necessarily translate into exit from CSE, though these respondents often cited nonjudgmental support from staff, and some mentioned self-reflection about their risk situations and life circumstances. The self-reflection and related knowledge concerning protection may partially explain findings from the quantitative research suggesting a decrease in sexual victimization for both LIFESKILLS and GRACE respondents, though the decrease was only significant for LIFESKILLS.

Conversely, two important factors surfaced in qualitative data that present a significant hindrance to exit from CSE. One, particularly for LIFESKILLS girls, is the home/living environment. If girls finish with the LIFESKILLS program and return to a family, peer, or community environment that presents the same risks and compelling factors leading to CSE involvement in the first place, it is not clear that SAGE involvement provides enough to consistently support exit. Second, and this appears to be true for both LIFESKILLS and GRACE clients, is that there are few alternatives for which these girls/young women are equipped that can compete with the money, or sometimes the self-esteem, that CSE can bring—especially if they are coming from a low socioeconomic background, though low socioeconomic status is not an essential precursor to their entry to CSE. In fact, research demonstrates that the prostitution market is “well paid despite being low skill, labor intensive, and… female dominated. Earnings even in the worst paid type, streetwalking, may be several multiples of full-time earnings in professions with comparable skill requirements (Edlund and Korn, 2002).
Consequently the issue of opportunity costs (the cost of forgoing involvement in CSE in favor of a legitimate job) should be considered in programming for these populations, because it is something that clearly factors into the decision-making process about involvement. For instance, clients involved in CSE typically include only the immediate benefit gained from CSE involvement in the decision between CSE involvement and legitimate employment. If these were the only values to consider, CSE involvement clearly results in a net profit. However, if the client adds the emotional, psychological, and physical expenses of CSE into the decision-making process, the calculation to engage in CSE will most often (depending on the CSE typology) result in a net loss. Interestingly, the entrepreneur typology (see chapter 6 for more details) may prove the lone example favoring CSE involvement. The entrepreneur typology differs significantly from the others in that the subjects do not come from either a family or community risk background where CSE involvement is a matter of survival, but rather are motivated solely by a financial reward. Moreover, the transaction costs are not nearly as high for this group, because subjects do not work for a pimp and typically are not involved in drug abuse or other risk behaviors.

3) How Successful Are SAGE Participants in Overcoming Commercial Sex Exploitation?
First, while all GRACE clients (recruited as EIPP) were by definition CSE involved, not all LIFESKILLS girls were. For these girls who are at risk but not CSE involved, the more relevant question is whether they progressed further down the risk continuum with eventual involvement in CSE. For those who were CSE involved, the evidence, while qualified because of the relatively short follow-up period, does suggest that participation in SAGE had the effect of preventing continued CSE involvement, at least for a brief period. The decline was about 64 percent at 3 months for GRACE clients, and 25 percent for LIFESKILLS clients. As noted, these results do not necessarily portend long-term success, and there is certainly evidence from the qualitative interviews that numerous girls do return to CSE, particularly if their family, peer, or community risk situations are unchanged.

What Needs Do SAGE Girls Have, Which Have Been Met by SAGE Services, and Which Still Require Attention?
As one may expect, the girls/young woman in this population have a vast array of factors or needs that either lead to or result from CSE involvement. Some of these factors are static—aspects of one’s life that cannot be changed by treatment—such as the age of first CSE involvement or a history of physical or sexual abuse. Other factors are dynamic—aspects that are amenable to change—such as attitudes to prostitution, cognitions, and behavior regarding employment, education, and substance abuse. While a detailed description of these static factors is useful to understand the entire complexity of an individual’s life and how one become involved in CSE, it is unfair to judge an intervention program on issues it is unable to formally address. As a result, while we note for descriptive purposes the numerous baseline needs of the study population, the assessment of needs concentrates on the dynamic needs of the population that were identified in the qualitative portion of the study and measured in the quantitative portion of the study.

As described in both quantitative and qualitative data, the needs of these girls and young women were extensive. Family disruption and risk was common, with 52.0 percent of clients’ married
parents divorced, 63.5 percent of clients having at least one parent who had been arrested, and 41.5 percent having at least one parent who spent time in prison in the combined GRACE/LIFESKILLS sample. In terms of victimization, even the least common types of victimization reported by the subjects in the sample were well above the national average. The robbery (2.2) and burglary rates (26.3) of the United States in 2008 are clearly subordinate to the comparative robbery (454.6 for GRACE and 156.3 for LIFESKILLS) and burglary (454.6 for GRACE and 31.3 for LIFESKILLS) rates of each group in the sample. Moreover, 40 percent of the combined sample reported severe sexual abuse at some point in their lives. Finally, measured against the results of the 2008 Monitoring the Future (MTF) survey, the substance abuse rates of the sample are also above average. The proportions of 8th, 10th, and 12th graders who admitted drinking an alcoholic beverage in the 30-day period before the MTF survey were 16 percent, 29 percent, and 43 percent, respectively. Comparatively, 46.3 percent of the study sample reported drinking alcohol in the 30-day period prior to the survey. Similarly, the proportions of 8th, 10th, and 12th graders who admitted using any illicit drug in the 30-day period before the survey were 7.6 percent, 15.8 percent, and 22.3 percent, respectively. Comparatively, 40.7 percent of the study sample reported using any illicit drug (marijuana, cocaine or other drug) in an equivalent 30-day period.

The quantitative data show that SAGE programs had a positive impact on posttraumatic stress disorder (PTSD) levels for GRACE participants and a positive impact on efficacy and school attitudes for LIFESKILLS girls, resulting in a drop in victimization. However, SAGE did not appear to have an effect on family conflict and notably did not leave any discernible impact on substance abuse for either program. By nature, SAGE cannot expect to make any impact on community risk factors. At the same time, qualitative data certainly suggest that some clients experienced benefits from positive, supportive relationships with SAGE staff and that they were able to reflect and recognize situations of personal exploitation.

The analysis of links between dosage and program impact, however, raises questions about the interaction between SAGE programs and client improvement. Dosage is the number of treatment hours a subject receives and an indication of whether the program is providing appropriate services to its clients. As a result, the number of treatment hours is likely to influence the program outcomes. In general, it was hypothesized that a higher dose of the SAGE intervention should be positively associated with decreases in recidivism, CSE involvement, and substance use and improvements in educational aspirations, educational commitment, and psychological well-being. Conversely, a lower dose of the SAGE intervention should demonstrate limited or no improvement. However, contrary to expectations, there was no evidence of a positive impact at follow-up between the low- and high-dosage groups. The high-dosage clients did, however, report improvements over time in PTSD symptomology and attitude toward employment. These results suggest the possibility that the relationship between program dosage and positive treatment outcomes may take a curvilinear rather than a traditional linear form.

5) What Is the Recruitment, Retirement, and Recovery Process?
As a set of related terms, recruitment, retirement, and recovery is not the best way to describe the actual patterns of involvement in the continuum of risk and involvement in CSE. As the generative data amply demonstrate, the nature of involvement varies considerably by trajectory (typology). Moreover, CSE does not typically occur as one linear sequence, but as varied levels
of involvement and intensity depending on a range of circumstances. For example, one qualitative respondent was involved only at times when she needed money, others in relation to drug use, and others (as supported by the quantitative data) because of survival needs. Some SAGE clients were recruited (by pimps), in communities where pimps are common community figures. There is a clear hierarchy of CSE work, with track (street) work and sex-for-drug exchanges at the lowest level and Internet work at the highest. The data also suggest a racial/ethnic hierarchy intertwined with the various levels of CSE. Thus the phenomenon must be understood as complex and multifaceted.

The girls following the ‘risk saturation’ trajectory (type 1) come from high-risk communities, where exploitative exchanges are common, poverty is high, and involvement in CSE syndemically intertwined with the social ecology. By the time they are recruited into CSE, the nature of commercial sex is probably somewhat familiar to them, and it may have ambiguous meanings, both positive and negative. Entry and exit may occur multiple times, contingent on personal and external circumstances, attachment to a particular pimp, and other factors.

The girls tracking along the ‘troubled suburban’ trajectory (type 2), in contrast, come from families at risk but do not typically come from communities at risk. Their CSE trajectory often begins with family conflict, reconstituted families, and difficulties getting along, or problem behavior by the youth that exacerbates (or results from) family dysfunction. The youth in this category often run away, or are kicked out. At that point, survival needs lead them toward various entry paths to CSE, including, in the case of one respondent, serious, drug-induced abuse. Exit paths may involve substance abuse treatment, some resolution of family issues, and extensive personal support.

The ‘immigrant trajectory’ (type 3) girls share characteristics of both of the first types but begin their trajectory as a result of sequential migration of family members and family conflict resulting from immigration/adjustment strains, partner abuse, and intergenerational conflict. These girls may or may not be living in higher risk communities. At some point they typically leave home and rely on street peers, who are also in various degrees of trouble, or become gang involved. That environment increases the likelihood of CSE recruitment.

Finally, the ‘entrepreneurial’ trajectory (type 4) is in many ways unlike the others. Their involvement appears to occur in stages, primarily because they have an acquaintance or friend who is involved, and the monetary/material rewards seem too attractive to resist. They may not come from any significant risk background, other than having knowledge of someone who is CSE involved. They also tend not to work under the control of a pimp and work almost exclusively through the Internet. Even with SAGE involvement (usually because of arrest), these young women may return to CSE because of its material rewards.

*Syndemic, the adjective form of the adverb syndemically, refers to the co-occurrence of multiple risk factors and health conditions.
6) Do Girls Who Receive LIFESKILLS Treatment Display More Improvement Than the Women Who Receive GRACE Treatment?

In general, yes. While GRACE clients experienced significant drops in CSE involvement, recidivism, and PTSD, LIFESKILLS clients experienced gains in a broader range of areas, including educational aspirations, attitudes about school involvement and employment, and self-efficacy, as well as reductions in victimization and recidivism. However, again this must be qualified because the two programs are structurally different in terms of the referral systems, time commitments, and treatment activities. For instance, most of the young women in GRACE are there by court mandate. Moreover, they have a short (25 hour) program requirement during which they engage in support groups, acupuncture, grief and loss counseling, drama therapy, energetic healing, and introduction to recovery and case management services. In contrast, most of the LIFESKILLS girls are referred to SAGE from the Juvenile Probation Department and other referral sources but are not court mandated into treatment. Moreover, the LIFESKILLS clients remain enrolled in the program for a much longer period (an average of 190 days, or slightly more than 6 months) and attend treatment activities, which include a 14-topic series of support groups, one-on-one counseling, and recreational outings.

Not only were the two programs structured differently, but the two programs also served different populations. While there were no significant differences in race, educational aspirations, abuse history, PTSD symptomology, attitudes and beliefs, or victimization, there was a notable difference in age. In fact, participant age alone more than likely accounts for many of the other differences between the groups. Most important, however, participant age is most assuredly related to CSE involvement. Participant age more than likely influences CSE involvement as a whole because older subjects have more opportunities to engage in CSE activities because they have more time of available risk. Participant age may also influence how recent the CSE activity was because the older subjects in the GRACE group are more established in the lifestyle, making it more difficult for them to escape it. Finally, it also likely accounts for the failure to find comparable CSE differences for LIFESKILLS subjects with those found for the GRACE subjects. The relatively modest CSE involvement of the LIFESKILLS group as a whole allows little room for improvement in the follow-up scores.

Thus, LIFESKILLS is attempting to address a broader set of needs and issues at an earlier stage on the risk continuum, as well as at an earlier developmental stage. This stated, the inconsistencies in the implementation of LIFESKILLS (discussed in previous chapters) and intermittent participation by some clients mitigate the program’s impacts.

Finally, clients in both programs did report gains, not captured in the quantitative survey, in terms of knowledge and attitudes about their own situations of exploitation, improved ability to recognize risk, and a belief that they could draw nonjudgmental support from SAGE.

Implications and Recommendations

Implications will be discussed here in terms of the SAGE program and, by extension, programs like it and with respect to the nature of the CSE-involved population to be served. Recommendations will be made in each section.
Program Management
Several issues surfaced during the research regarding management of LIFESKILLS and GRACE programs. A key issue, particularly for LIFESKILLS, involved staff turnover. As noted in chapter 5, turnover was extensive even during the course of the evaluation period, hampering continuity, resulting in a diffuse understanding of the program model, and leading to divisions between “old guard” and “new guard” staff. By contrast, the GRACE staff remained relatively more stable during the evaluation period.

RECOMMENDATIONS
1) SAGE needs to train relief workers and backup workers, so that in the event of turnover, months do not elapse while a position remains unfilled. Existing staff should also be trained to handle multiple positions and serve as backup.

2) The shadow training is effective—as are the monthly training sessions—and should continue. But they are not sufficient to provide a solid grounding to new staff. SAGE needs to provide more consistent and ongoing supervision of staff, especially new staff. Newer staff reported feeling there was inadequate clinical oversight of their work, their case records, and their caseloads. Weekly meetings should be held between supervisors and staff, and it is recommended that the clinical director of the youth programs be increased to full time.

A second issue, in some ways related to the first, is that the management style was characterized by some staff as rooted in a “crisis mentality,” in which regular processes, structure, and resource allocations were often changed/overruled in an ad hoc fashion in response to a range of immediate problems, in order to “put out fires.”

RECOMMENDATION
3) The SAGE management staff must institutionalize two sets of weekly meetings: a) all-staff meetings to increase communication with line staff, and b) management meetings with all supervisors. These meetings will serve to increase the involvement of all levels of staff in the operations of SAGE and their respective programs; this will increase the ability of staff to be proactive rather than reactive by planning for upcoming changes, staff sicknesses and vacations, and other exigencies; and it will increase the professionalism of all staff.

At the same time, the program staff—most of whom have CSE experience themselves—are a great strength. Both GRACE and LIFESKILLS clients singled out SAGE programs as unique to their experience, in that staff understood where they were coming from and treated them in a supportive, nonjudgmental way. They are also dedicated to serving this population. By contrast, some of the staff themselves noted their own limitations and thought that clients might benefit from services from a therapist who can provide treatment for those who need it.

RECOMMENDATION
4) The policy of hiring staff with such experience should be continued. It is clearly a valuable part of the program. However, staff need additional training in the program model, cognitive behavioral therapy, and assessment (see also recommendations 6, 7, and
9). Staff should be augmented with therapists or treatment from the clinical director who can provide therapy when needed.

A final issue revolves around the quantity of the paperwork expected from both program clients and staff. While it is essential to document program clients and the activities in which the clients are involved, a review of the program documentation noted a tremendous amount of redundancy in information collected by multiple forms. This paralysis by paperwork can cause clients to lose interest in the program and prevent staff from providing the level of service that is preferred.

**Recommendation**

5) SAGE would benefit from streamlining the number of forms used in the program to collect client and program information. This can be accomplished in two ways. The first would be to eliminate the use of nonessential documentation. Many of the instruments currently used (e.g., BDI, Piers–Harris) are not being used or analyzed and can be eliminated. The second would be to consolidate information that is collected across multiple forms into a single document. In addition, these new restructured documents should be entered into the SAGE client database developed by DSG that would serve as a nexus of client information, further eliminating the need to collect the same information multiple times. This simplified approach to program documentation would free both the clients and the staff to concentrate on important treatment rather than on the tedium of form completion.

**Program Design—The Model**

One of the most important issues that came up repeatedly—often linked to other aspects of general program instability—was the implementation of the model itself. In the formative research, there is a well-shared “latent” model among key staff about a lifestyle continuum in which girls and young women are first at risk, then exposed to exploitative relationships, followed by CSE recruitment/first involvement, then a continued path of more extensive involvement and serious associated problems. There is also a curriculum of sorts (at least for LIFESKILLS) that seems to address at least some of this shared understanding. The problem is twofold: the curriculum has not been sufficiently formalized, operationalized, and documented; and, because of high turnover and general lack of structure, few staff are clearly aware of the program model or how it is to be implemented. The result is a staff-dependent program led by one long-term case manager who cannot constitute the entire program herself. Her support staff (of a peer counselor and a clinical director) have often been transitory and may only be there for a short time. In LIFESKILLS there is, for example, reference to four “phases,” yet adherence to the model differed by staff, and the meaning of the model also differed by staff. Staff could not consistently define when to assess whether a client had moved from one phase to another. The criteria for program completion are vague, with completion tied to a few selective requirements or duration of program involvement, and only 18.8 percent complete the program. The LIFESKILLS program in particular tends to be identified by clients with their specific case manager, because this is their primary contact and the actual implementation of the program flows from the way in which it is interpreted by the case manager. Further, some staff members have suggested that there is a lack of professional therapy provided to clients. Research shows that the most effective programs are behavioral in nature, centered on present circumstances and risk factors that are responsible for someone’s behavior; they are action oriented and teach new,
prosocial skills. These cognitive behavioral approaches are quite structured and emphasize the importance of modeling to engender self-efficacy and challenge cognitive distortion and assist in developing cognitive skills (Latessa, 2004).

Related to the lack of model definition is the variety in clients themselves—a problem that is inescapably tied to funding and referral issues. If the program model is intended to intervene on a CSE risk-involvement continuum, it should concentrate on serving clients who fit such a description, with some criteria for making that assessment. And the application of program components, following the model, should be tailored to where clients are on that continuum. It is our sense that the model is intended to be applied in that way, yet there is not enough structure to carry through the intent. The variety in clients leads to another clear problem in the LIFESKILLS program—the mixing of CSE–involved and –noninvolved girls. This poses at least three problems: a) program content oriented toward CSE issues may not be applicable to those not involved; b) girls who are not involved do not like being mingled with those who are, for reasons of stigma; and c) there is some possibility (suggested by data showing an increase in positive beliefs about prostitution for some clients) of an iatrogenic effect on girls who are not involved.

For GRACE, the problems are different. The time involvement is short and specific at 25 hours. But the goals of the program—what it hopes to achieve—are not. There is a regular set of activities, primarily therapeutic in nature, and little ability to control irregular attendance or noncompletion of the 25-hour requirement. Thus, while implementation of the activities is relatively stable, and the client base is not subject to the inconsistencies of the LIFESKILLS program, intended impacts are unclear.

**RECOMMENDATIONS**

6) For both programs, but especially LIFESKILLS, the program model needs to be documented and institutionalized. Specific criteria should be specified for the successful completion of each phase, including the dosage and duration. The model should specify the group sessions and objectives for each session, the hours of one-on-one-counseling and case management required and by whom, and specifications regarding prescribed dosage level, duration, advancement points, and definition of completion. There should be monthly review of all case records by the Clinical Director and regular clinical observation to assess fidelity to the model. Increasing the coherence and structure of the model is necessary for any replication or effective evaluation of program impact to occur and to assess fidelity. There should be a 1-week orientation program that reviews the requirements of each phase and each component of the model provided to all new staff, as well as periodic booster training sessions.

7) In the development of program interventions to reduce criminal and delinquent behavior, the criminological literature on “what works” often refers to the need principle (Lowenkamp and Latessa, 2004). The need principle states that intervention programs should target dynamic (amenable to change), criminogenic (crime producing) needs, such as antisocial peer associations, substance abuse, lack of problem solving and self-control skills, and other factors that are highly correlated with criminal conduct. Noncriminogenic factors such as self-esteem and physical conditioning are static—unamenable to change and will not have much effect on reducing recidivism. The
findings from this study can be used to develop a similar set of factors that can lead to CSE involvement. It is recommended that the GRACE and LIFESKILLS program models should be revised to clearly link the treatment activities directly to address each of these identified factors. New groups could be offered to enhance problem-solving and self-control skills, reduce substance abuse, and antisocial associations.

8) The “what works” literature also refers to the risk principle—or whom to target. This principle states that programming should be matched with the risk level of the offenders (Andrews, Bonta, and Hodge, 1990). In other words, compared with low-risk offenders, high-risk offenders should receive more intensive programming for longer periods of time to reduce their risk of reoffending. Moreover, and equally as important, mixing low-risk offenders with high-risk offenders in an intervention setting may actually serve to increase the risk of recidivism for the low-risk offenders because the attributes that make them low risk become disrupted by an association with high-risk offenders. Consequently, we recommend eliminating the mixing of the CSE and non–CSE populations in LIFESKILLS.

9) A third principle to the “what works’ literature is the treatment principle, or how to treat those in need of services (Latessa, 2004). This principle states that the most effective programs are behavioral in nature. Behavioral programs have several attributes in common. The first is that they are centered on the present and concentrate on risk factors that are responsible for the problem behavior. Second, they are action oriented rather than talk oriented. In other words, these types of programs require subjects to do something about their difficulties rather than just talk about them. A third attribute is that they teach offenders new, prosocial skills to replace antisocial habits through modeling, practice, and reinforcement. Finally, they typically are highly structured, with specified dosage, duration, and treatment activities. Examples of behavioral programs would include structured social learning programs, cognitive behavioral programs, and family-based interventions. Consequently, we recommend that the SAGE programs incorporate cognitive-behavioral therapy into the treatment model and that all LIFESKILLS and GRACE staff be trained in its methods.

10) Because such a low number of clients complete the LIFESKILLS program, it is apparent that clients need to be incentivized to graduate. It is recommended that SAGE explore an arrangement with the Juvenile Probation Department that links successful completion of LIFESKILLS with completion of probation or possible erasure of their record. Also, possible monetary rewards or scholarships as girls move through the phases should be explored through foundations. Because the program also needs more “teeth” to address the low completion level, it is recommended that SAGE work with the DA’s Office to explore additional sanctions that could be given to the GRACE women who don’t complete, such as doubling their hours.

11) The GRACE program needs to provide more social support to facilitate exit from CSE involvement. The data in the process evaluation showed that only four GRACE clients had treatment plan goals set that involved exit plans from the lifestyle. Yet most needed some kind of negotiated exit and sustainability plan. It is recommended that SAGE
Final Report: Evaluation of the SAGE Project’s LIFESKILLS and GRACE Programs

develop a more formal mechanism modeled on the 12-step programs, such as Alcoholics Anonymous and Narcotics Anonymous. This component could serve to provide clients with a “buddy” system that would provide them with a social network of support and longer-term follow-up.

Program Environment
Both GRACE and LIFESKILLS have been significantly affected by several external issues. First among these is the lack of, or inconsistency in, funding. Program funding sources have ebbed and flowed, in part because of changes in policy at the State or city level, and in part as a function of the relationship between the SAGE program and, for example, the Juvenile Probation Department or the Youth Guidance Center. Management staff and line workers both have tried to improve relationships with the Probation Department and to increase referrals from the Department of Children, Youth, and Families, the Department of Mental Health, Child Protective Services, and community-based organizations such as the Larkin Street Center. However, these meetings are often not pursued because of other more pressing concerns.

RECOMMENDATION
12) SAGE needs to regularize and institutionalize its referral relationships so that they are not dependent on individual SAGE staff relationships with referral sources. It would also be beneficial to engage in community outreach programs that would not only increase awareness among community members but also increase referrals for girls and young women contemplating an exit from the life. When funding permits, it is suggested that SAGE hire outreach workers who work in the vicinity of the track and surrounding areas to make girls and women on the street aware of the program’s services.

13) SAGE also needs to engage in a continual and broad marketing effort so that the nature of SAGE services is clear and well known, regardless of changes that may occur at the agency level. SAGE should offer to provide training in sexual exploitation to the police department and other agencies.

A second external issue is inconsistency in referral and recruitment caused by changes in city policy or law enforcement. Such changes have caused substantial fluctuation in referrals, and, along with the previous issue, have forced SAGE to take in clients who do not necessarily fit its intended target population, contributing to difficulties in implementing the model.

RECOMMENDATION:
14) Similar to the previous recommendation, SAGE should work to broaden and institutionalize its referral relationships as a counter to enforcement and policy changes that it cannot control.

Clients—Who Is CSE Involved?
Finally, it is important for the field and programs addressing CSE to recognize the diversity of CSE-involved clients and trajectories of involvement. There is no “one size fits all” approach that encompasses this diversity. As is the case with respect to many human services domains, early program attempts are often advocacy based, where the problem to be addressed is

Development Services Group, Inc. 7–11
constructed in vivid and clear terms. This step is necessary to organize political constituencies, but in the long term it may outlive its effectiveness by obscuring the complexity of the problem.

As the data from this evaluation suggest, CSE is not one but several problems. One problem is tied to the syndemic nature of high-poverty social environments, in which multiple risk factors co-occur and in which CSE is only one part of a general social ecology geared toward survival, obtaining/controlling income and resources, and the creation/maintenance of social structures and practices that flow from that situation. Another problem has to do with family and psychosocial issues, where CSE is the outcome of dysfunctional relationships within families and difficulties that children/youth may have in coping with those problems in combination with the other peer/social environments they must negotiate. A third and related problem entails the intersection of the first two with unique issues posed by immigration, including generational conflict, differential acculturation, sequential migration, and social/language marginalization. Finally, the fourth trajectory outlined in this report represents a pattern that is not necessarily a “problem” or an outcome of either risk or dysfunction. It is opportunistic—where, in a market economy, certain types of commercial sex involvement may in fact appear attractive, as relatively low risk (particularly if Internet only—though in fact that too has risks), and as lucrative.

Each of these is interrelated with the rest, but each has its own set of problems, requiring program approaches that are oriented to the complex of factors associated with the specific trajectory addressed and to any factors that span more than one trajectory. To do so will likely require a second generation of research, program development and evaluation.

**RECOMMENDATION**

15) Despite research findings regarding the iatrogenic effect of mixing populations, the reality is that many girls and young women are “at risk” of CSE involvement and should receive service in an attempt to prevent future involvement. However, to date, there is no specified “measure” of CSE involvement risk. Instead, there remains a large number of ad hoc factors such as substance abuse and homelessness that may lead to CSE involvement, but these factors are not assessed in a way that can be used to measure the risk of involvement. Consequently, we recommend the development of a risk classification instrument that may be used to determine risk of CSE involvement. This instrument may be used by program staff to assess each new client and determine the appropriate level of service requirements that should be prescribed.
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