THE COMMERCIAL SEXUAL EXPLOITATION OF MALE MINORS IN THE UNITED STATES:
A Snapshot with Strategic Implications for Prevention Education

Timothy A. Bastedo
# Table of Contents

Glossary of Terms ........................................................................................................... 3

//Introduction .............................................................................................................. 4

//Literature Review ....................................................................................................... 6

//The Survey ................................................................................................................ 9

//Methodology .............................................................................................................. 9

//Results ...................................................................................................................... 10

//Discussion and Recommendations ........................................................................... 14

//Conclusion ................................................................................................................ 18

//Appendix: Categorized Survey Results ...................................................................... 19

Bibliography .................................................................................................................. 29
Glossary of Terms

**Commercial Sexual Exploitation**: sexual activity in which one party is engaged in order to obtain food, shelter, clothing or other basic needs that result from a vulnerable state of being. Insofar as CSE does not benefit a third party, it is not able to be categorized as “human trafficking.”

**CSEC**: the commercial sexual exploitation of children, i.e., individuals under the age of 18.

**CSEMM**: the commercial sexual exploitation of male minors (males under the age of 18), a sub-population of commercially sexually exploited children. This acronym is also used to refer to male minors either at-risk for or engaged in commercial sexual exploitation (CSEMMs).

**Male**: a gender identity that is not dependent on, or derived from, an individual’s biological makeup.¹

**Agency**: the ability to act freely and rationally.

**Victimization**: a process in which a vulnerability (or set of them) exerts significant pressure on an individual to engage in activities in which he or she would not otherwise choose to engage (were those vulnerabilities non-existent).

*Please note that, for simplicity’s sake, “American” is used below as a modifier that refers specifically to the United States of America.

¹ For the purpose of this report, the definition of “male” outlined above refers to male gender identity, as opposed to biological sex. This approach respects a person’s self-identification. The definitions delineated below are outlined in the American Psychological Association’s Guidelines for Psychological Practice with Lesbian, Gay, and Bisexual Clients, and are provided for additional clarification and context.

---

**Sex** refers to a person’s biological status and is typically categorized as male, female, or intersex (i.e., atypical combinations of features that usually distinguish male from female). There are a number of indicators of biological sex, including sex chromosomes, gonads, internal reproductive organs, and external genitalia.

**Gender** refers to the attitudes, feelings, and behaviors that a given culture associates with a person’s biological sex. Behavior that is compatible with cultural expectations is referred to as gender-normative; behaviors that are viewed as incompatible with these expectations constitute gender non-conformity.

**Gender identity** refers to “one’s sense of oneself as male, female, or transgender” (American Psychological Association, 2006). When one’s gender identity and biological sex are not congruent, the individual may identify as transsexual or as another transgender category (cf. Gainor, 2000).
The following study examines the commercial sexual exploitation of male minors (from here on out, “CSEMM”) in the United States with an eye to the following question: What strategies of preventative care and education might avert at-risk male minors from being commercially sexually exploited? There are a variety of points at which a given agency might choose to intervene in the lives of at-risk young males: prevention education, direct intervention, and aftercare. The focus of this project mirrors one of the organizational foci of Love146. Love146 is in the process of developing a new curriculum for its prevention program; through the prevention education curriculum currently taught by Love146, young people engage in dialogue about their own experiences, and discuss how to make decisions that secure their own safety and self-respect, as well as that of friends and acquaintances. Prevention education so understood is not a scare tactic or a threat; it is a method of empowerment. This study was undertaken with the hope that its results would help generate male-specific content for Love146’s new Prevention Education Curriculum.

There is a burgeoning body of evidence that CSEMM is a prevalent phenomenon in the United States. In fact, it may be the case that male minors comprise almost half of the young people that are commercially sexually exploited around the country, though developing an accurate estimate is difficult for the following reason: male minors have been, and still are, a largely invisible portion of the CSEC population (though this is, perhaps, just beginning to change). There are few services or resources available to them, few prevention education curricula that address their specific needs and experiences, and few people (including themselves, service providers, and American society in general) who are even able to recognize them as victims of commercial sexual exploitation. Male minors can’t really be victims, can they? Or so the thinking goes.

Recognition or awareness of the problem is, therefore, the first step towards prevention. Service agencies must first understand what vulnerabilities render male minors high-risk for becoming victims of commercial sexual exploitation; only then can they effectively redress those vulnerabilities, and thereby decrease young males’ likelihood of victimization. To better grasp the vulnerabilities of at-risk male minors, this study begins by exploring the literature already published on CSEMM through five focal questions developed by Love146’s U.S. Programs Director, Kimberly Casey:

1. What is the scope (as far as we know) of male HT and CSEC in the Eastern, Midwestern, and Western United States?
2. Are males who identify as gay more likely to be exploited; why or why not?
3. What gaps exist in the services provided to young males who’ve been trafficked?
4. Is there a higher prevalence of reporting/disclosures in regions with established services for young males who’ve been trafficked?
5. What do recruitment and exploitation look like for young males? How does the exploitation of young males differ from that of young women?
By examining both current and past literature with these questions in mind, the first section of this study develops a clear picture of the vulnerabilities that place male minors at high risk for commercial sexual exploitation: homelessness - as a result of some sort of familial dysfunction - and gay and/or transgender self-identification are the primary risk factors identified in the literature, though others are discussed as well.

With a clear picture in focus of the vulnerabilities that place male minors at high risk for commercial sexual exploitation, this study then moves into its second phase: a survey of a variety of service agencies around the country. The survey focuses on two main topics of interest, one a carryover from the literature review, and one focused on engaging male minors in preventative care:

1. What gaps do you think exist in prevention education (and/or services provided) for male minors at high-risk for commercial sexual exploitation?

2. What strategies effectively engage male minors at high-risk for commercial sexual exploitation in effective preventative care?

Respondents to the survey named awareness of CSEM as the largest gap in prevention education, followed by curricula addressed specifically to male minors. Services in general were sparse for males, though residential services were the need most frequently named by survey respondents. The needs generated by these gaps were reiterated in the answers to the second question: prevention programs and the provision of services were each named with equal frequency as strategies effective in engaging male minors in preventative care. However, a third strategy was added to these with similar frequency: the need for relational engagement, most frequently named as “mentorship.” These results, as well as the methodology and limitations of the study, are analyzed and discussed below.

In the final section of this report, the results of the literature review are combined with the results and analysis from the survey, and recommendations for Love146’s Prevention Curriculum are discussed. What strategies of engagement might be most productive for preventing male minors from engaging in survival sex? Three recommendations are set forward:

1. Prevention educators must reconstruct America’s concepts of “masculinity” and “victimization.”

2. Effective preventative work must address the intangible needs of male minors: needs for independence, self-sufficiency and belonging.

3. Effective preventative work must address the tangible needs of male minors: needs for food, clothing, and, perhaps most importantly, shelter.
Taken together, these recommendations form a three-pronged strategy for preventing CSEMM that will, hopefully, generate further conversation and collaborative efforts between service agencies, male minors, local communities, and American society in general. With that goal in mind, this study now turns to a review of the relevant literature.

//Literature Review

The literature on CSEMMs, so far, evinces a fairly consistent set of vulnerabilities that place male minors at high-risk to be commercially sexually exploited, the most significant of which is homelessness: CSEMMs paradigmatically engage in survival sex as a response to homelessness (Bang, 2014; Clatts, 2005; Estes and Weiner, 2001; Fong and Cardoso, 2010; Gwadz, et. al., 2009; Lankenau, et. al., 2005; Moxley-Goldsmith, 2005; Penry, 2011; Reichert and Sylwestrzak, 2013; Walls and Bell, 2011). Whether they choose to leave their homes voluntarily or are thrown out by their caretakers, male minors at the highest risk for exploitation find themselves on the street with little or no access to food, shelter, clothing, or other basic necessities. Faced with such circumstances, a significant number of male minors - perhaps as many as 45% of the CSEC population - choose to engage in sexual activity to meet their basic needs (Curtis, et. al., 2008; Coleman, 1989; Earls and David, 1989; Estes and Weiner, 2001; Fong and Cardoso, 2010; Gwadz, et. al., 2004; Hammer, et. al., 2002; Hyde, 2005; Jones, 2010; MacLean, et. al., 1999; Willis, et. al., 2013).

The literature consistently cites familial dysfunction as the primary reason male minors become homeless (Coleman, 1989; Earls and David, 1989; Estes and Weiner, 2001; Hyde, 2005; Quintana, et. al., 2010; Walls and Bell, 2011; Whitbeck, et. al., 2001; Willis, et. al., 2013). Abuse by family members (physical and/or sexual, either witnessed or directly experienced) is the explanation most frequently given for male minors’ separation from their homes (Coleman, 1989; Earls and David, 1989; Estes and Weiner, 2001; Gwadz, et. al., 2004; Hammer, et. al., 2002; Lankenau, et. al., 2005; MacLean, et. al., 1999; Moxley-Goldsmith, 2005; Penry, 2011; Walls and Bell, 2011; Whitbeck, et. al., 2001; Willis, et. al., 2013), followed by familial substance abuse (Coleman, 1989; Lankenau, et. al., 2005; MacLean, et. al., 1999; Moxley-Goldsmith, 2005; Walls and Bell, 2011). Poverty is also associated with homelessness in the literature (Estes and Weiner, 2001; Lankenau, et. al., 2005; Penry, 2011; Whitbeck, et. al., 2001), though it is cited with significantly less frequency than family dysfunction. Time spent in foster care is also a common characteristic among male minors at-risk for, or engaging in, commercial sexual exploitation (Earls and David, 1989; Fong and Cardoso, 2010; Gwadz, et. al., 2004; Hyde, 2005).

Sexual orientation and transgender status are both significant indicators of risk for male minors at-risk for engagement in survival sex. Unfortunately, the literature is frequently unclear as to whether the transgender youth discussed are either male-to-female (MTF) transgender females or female-to-male (FTM) transgender males. The majority of the literature surveyed does not draw the FTM/MTF distinction, and often lumps these two sets of youth together into a single “transgender” category separate from either “male” or “female” (when the literature does
draw this distinction, it is to point out that MTF transgender females are the transgender youth at highest risk for sexual exploitation; see Curtis, et. al., 2008, which refers to a study by Marya Gwadz not reviewed here). The absence of this distinction renders any citation of the material concerning “transgender youth” inherently problematic: in light of the definition of “male” that guides this report (see Glossary), only material that discusses FTM transgender males should be included in this report, since any information on MTF transgender females simply falls beyond its scope. Nevertheless, the literature’s examination of “transgender youth” should still be discussed here. FTM transgender males are a subset of “transgender youth,” and so it is likely that the relationship depicted in the literature – between “transgender youth” and heightened risk for sexual exploitation – applies to FTM transgender males, and is therefore germane to the focus of this report.

The literature is virtually unanimous that male minors who identify as gay, and youth who identify as transgender, are at extremely high risk for sexual exploitation (Lankenau, et. al., 2005; Moxley-Goldsmith, 2005; Reichart and Sylwestrzak, 2013; Tyler et. al., 2004; Walls and Bell, 2011; Whitbeck, et. al., 2001; Willis, et. al., 2013). Gay males and transgender youth are overrepresented in the homeless population, and most frequently cite discrimination - either from family or at school - as their reason for leaving home (Clawson, et. al., 2009; Estes and Weiner, 2001; Moxley Goldsmith, 2005; Quintana, et. al., 2010; Reichert and Sylwestrzak, 2013). Transgender youth are extremely high-risk for engaging in survival sex (Gwadz et. al., 2004; Lankenau, et. al., 2005; Moxley-Goldsmith, 2005; Reichart and Sylwestrzak, 2013; Tyler et. al., 2004; Walls and Bell, 2011; Whitbeck, et. al., 2001). In a study done on young males having sex with men who had experienced childhood adversity, transgender individuals showed lower levels of adaptive functioning than either their heterosexual or gay peers, which the study hypothesized could be explained by the following supposition: the identity issues with which many young males who have sex with men struggle are exacerbated in the case of transgender individuals, and a weak sense of identity lowers an individual’s ability to adapt to adverse circumstances (Gwadz, et. al., 2006). The transgender population is also thought to be targeted by law enforcement - often for further exploitation - and to face discrimination from homophobic or transphobic service agencies (Curtis, et. al., 2008; Quintana, et. al., 2010). However, it is worth noting that almost all of the studies that include data on the gay and transgender population report extremely small sample sizes. To obtain statistically significant data on gay and transgender individuals at-risk for commercial sexual exploitation, further studies with increased sample sizes are the necessary next step.

Once male minors become homeless, they are most frequently recruited into sexually exploitative activities by peers or potential customers; the likelihood of experiencing the latter form of recruitment increases greatly for gay males or transgender youth (Curtis, et. al., 2008; Estes and Weiner 2001; Moxley-Goldsmith, 2005; Quintana, et. al., 2010). Male minors don’t usually work with a pimp, although they may work with a “market facilitator” to sell themselves (as may often be the case in “ball culture” or “voguing”) (Curtis, et. al., 2008; Finkelhor and Ormrod, 2004; Fong and Cardoso, 2010; Gwadz, et. al., 2009). However, these relationships
tend to be less overtly coercive than female-pimp relationships, at least as the latter are depicted in the common imagination. CSEMMs typically work independently, and report the ability to extricate themselves from relationships they no longer find desirable, often rebranding their exploitation as a “hustle” in which they are active agents rather than passive victims (Coleman, 1989; Curtis, et. al., 2008; Estes and Weiner, 2001; Gwadz, et. al., 2009; Hyde, 2005; Moxley-Goldsmith, 2005). Nevertheless, young males who rebrand themselves in this fashion still often struggle with deep-seated feelings of shame, which often keeps CSEMMs from seeking help; cultural stigma around homosexuality, confusion about sexual identity, and cultural assumptions about masculinity are all cited as reasons male minors avoid self-reporting (Bang, 2014; Dennis, 2008; Estes and Weiner, 2001; Gartner, 1999; Jones, 2010; UNICEF, 2001).

Juxtaposed with the number of possible CSEMMs in the United States, arrest statistics from the Department of Justice seem to indicate that male minors are charged with prostitution in far fewer numbers than female minors (Puzzanchera and Adams, 2011; Snyder, 2012), and a number of studies that have found that male minors engaged in survival sex are frequently charged with a crime other than prostitution (Curtis, et. al., 2008; Clawson, et. al., 2009; Estes and Weiner, 2001); one study found that, as of 2003, roughly thirty percent of the juveniles charged with prostitution were male or transgender individuals (Reichart and Sylwestrzak, 2013). If male minors are, in fact, roughly half of the CSEC population, then these statistics seem to imply an imbalance in the levying of prostitution charges, an imbalance which may be explained by the observation that American culture is permeated by the belief that males simply cannot be victims (Gartner, 1999; Jones, 2010). At least one study found that male minors are less likely than female minors to be referred to services by law enforcement agencies (Finkelhor and Ormrod, 2004), which may also be explained by a cultural inhibition to acknowledge males as victims.

Given the fact that homelessness is the primary risk factor for male minors that are at-risk to engage in commercial sexual exploitation, it is worth mentioning some additional risk factors that, though found to be risk factors for homeless youth in general, are strong indicators of risk for engaging in survival sex. In one complex model, neither age nor gender were significant indicators (further strengthening the claim that roughly half of CSECs are male): the study found that identifying racially as either “African American” or “other,” history of use of alcohol and/or methamphetamines, a history of suicide attempts, and having been tested for HIV (which has a likely connection with the practice of sharing needles, and IV drug usage in general) were all significant indicators of risk for engagement in survival sex (Walls and Bell, 2011).

The literature acknowledges a general lack of services for male minors at-risk for commercial sexual exploitation (Penry, 2011). Substance abuse counseling, family services, housing, education, prevention education, job placement and retention services, and LGBTQ-friendly services are all cited as specific needs for male minors (Curtis, et. al., 2008; Clawson, et. al., 2009; Gwadz, 2009; Penry, 2011; Reichert and Sylwestrzak, 2013; Walls and Bell, 2011; Whitbeck, et. al., 2001). Some studies argue that family services are the most essential service for preventing male minors from engaging in survival sex, since homelessness is the primary risk
factor cited for male minors in the literature, and male minors most frequently become homeless in response to family dysfunction, (Quintana, et. al., 2010; Walls and Bell, 2011).

//The Survey

//The Survey/Methodology

To gather information additional to the material discussed in the literature review, Love146 developed and sent a survey to agencies and organizations that serve male minors at-risk for commercial sexual exploitation. Approximately 120 agencies across the nation were contacted, which were organized into three geographical pipelines - “East,” “Midwest,” and “West” - out of the belief that the responses given by agencies so organized might unearth important regional information relevant to CSEMM. Love146 attempted to find and contact a roughly similar number of agencies in each pipeline to ensure that the data received would be nationally representative. Of the 119 agencies contacted, 56 were based in the Eastern pipeline, 30 were based in the Midwest, and 33 hailed from the Western pipeline. The survey response window lasted from July 1st, 2014 through July 31st, 2014. Agencies were contacted by either phone or email; if the agency did not respond to the survey within two weeks of initial contact, a follow-up call or email was issued.

Thirty-five agencies responded to the survey. The respondents included prevention educators, street outreach programs, shelters, therapists who work with male survivors of sexual abuse, counseling centers, and awareness raising programs; they provided feedback on the following 5 questions:

1. Approximately how many commercially sexually exploited male minors has your organization provided services to in the past year?

2. What gaps do you think exist in prevention education (and/or services provided) for male minors at high-risk for commercial sexual exploitation?

3. What strategies successfully engage male minors at high-risk for commercial sexual exploitation in effective preventative care? (Examples of preventative care: mentoring relationships, vocational training, residential services, etc.)

4. Are there any other organizations to whom you recommend we send this questionnaire?

5. May we follow up with you for additional information?

The survey questions were designed to elicit open-ended responses, in the hope that respondents would give more detailed, original answers than ones dictated by multiple choice questions.
While this strategy did generate some extremely detailed, insightful feedback, categorizing the responses required a great deal of discretion on the part of Love146. Individual agencies’ responses often included multiple responses to a given question: in response to question 2, for example, some agencies named multiple gaps in services for male minors. In order to account for such responses - and to obtain an accurate assessment of the data received - the internally multiplicitive responses had to be split apart into individual units of response: a response that named both “shelter” and “vocational training” as gaps in the services provided to male minors was split into two separate responses - “shelter” and “vocational training” - and then counted accordingly. Any answers that seemed unclear were clarified by Love146 with a follow-up email to the agency that provided them.

This method of analysis required Love146 to derive the categories into which the responses were organized from the responses given, rather than fitting the answers into categories chosen at the outset of the study. Therefore, there is a subjective element inherent to the way in which the responses to the survey are categorized and displayed; Love146 did foresee this, and decided that the information gleaned from open-ended questions and malleable categorization outweighed the attenuation of scientific rigor that accompanied these features. The full set of categories and responses can be found in the Appendix.

//The Survey/Results

Love146’s study was not organized around a central hypothesis, and the results returned were measured in terms of frequency. Of the five questions named in the previous section, only the responses to the first three are discussed in this section, since the final two questions provided no data pertaining to preventative education or care. Responses to a given question were categorized in the manner discussed in the previous section, and various categories were split into further sub-categories in the hopes of most usefully assessing the data. Once the results were satisfactorily categorized, they were then counted, and charted for comparison. Overall, Love146’s study found that: in response to the first question, approximately 85 male minors had been served by agencies around the country in the past year (with the exception of one agency that had served over 5,000 male minors); in response to the second question, agencies around the country cited the identification of CSEMM as the major gap in prevention education, and residential services as the major gap in services for male minors; in response to the third question, agencies named prevention education, provision of services, and relational engagement as successful strategies for engaging male minors at-risk for commercial sexual exploitation in preventative care. The responses to the survey are discussed in more detail below.

1. Approximately how many commercially sexually exploited male minors has your organization provided services to in the past year?

Of the 35 agencies that responded to the survey, 11 of the agencies reported serving male minors in the past year. Four agencies in the Eastern pipeline reported serving a total 63 male minors, 1 agency in the Midwestern pipeline reported serving 2 male minors, and 5 agencies in the Western pipeline served 20 male minors, with an additional agency in the West that reported
serving over 5,000 male minors in the past year (Love146 followed up with this latter agency in order to obtain an explanation for the large number of male minors it claimed to have served; however, the agency declined further comment on the subject). A number of other agencies reported serving males over the age of 18, or reported that they were unable to verify the age of the males that their agency served. Given the fact that some of the respondents were prevention education or awareness raising organizations, it is possible that these agencies had, in fact, “served” male minors at high-risk for, or engaged in, commercial sexual exploitation without knowing it. However, the survey officially recorded 85 males served in the past year by agencies around the country, plus the additional 5,000 served by the single Western agency.

2. What gaps do you think exist in prevention education (and/or services provided) for male minors at high-risk for commercial sexual exploitation?

The responses to the second question fell into two primary categories: the gaps named in prevention education, and the gaps named in services provided, for male minors at high-risk for commercial sexual exploitation. The chart at the top of the following page depicts the percentage of responses that named gaps in prevention education:

```
Gaps Named in Prevention Education

- Curriculum itself: 38.3%
- Identification of CSEMM: 8.5%
- Research: 61.2%
```

“Identification of CSEMM” was the gap most frequently named by service agencies; responses indicated that male minors simply aren’t identified as victims of commercial sexual exploitation because of a lack of knowledge by parties that could potentially identify at-risk or victimized male minors. The responses in this category were further broken down into three sub-categories based on the specific parties named to be in need of education about CSEMM. American society in general was the most frequently named party: gender stereotypes, cultural interpretations of masculinity, and little understanding of the situations in which at-risk males find themselves were all cited as factors that render CSEMMs a virtually invisible population in American culture. Within this cultural umbrella, respondents also named both male minors and service providers as parties in need of targeted education on CSEMM. Male minors often struggle to identify themselves as victims of commercial sexual exploitation due to feelings of shame and social stigma. These young males frequently pass unrecognized by service agencies that lack the knowledge and training necessary to identify CSEMMs (grade schools, doctor’s
offices and law enforcement agencies were specifically named by respondents as being in need of identification training). Respondents also mentioned the need for LGBTQ-sensitive training for service providers.

“Curriculum Itself” was the gap named in prevention education with the next highest frequency after “Identification of CSEMM.” Responses indicated that very few prevention education curricula exist that specifically address the needs and experiences of male minors; most prevention curricula still address female minors as their primary audience. Responses also suggested various gaps in current curricula - media and video game education, legal education, cultural sensitivity, a knowledge of child development - that exist regardless of the gender of the curriculum's target population.

“Research” was the least frequently named gap in prevention education. The responses grouped under this heading indicated that the body of knowledge on CSEMM is still underdeveloped, and that more research is needed to combat a history of inaccurate information regarding CSEMM, and to flesh out a more substantive picture of CSEMMs’ lived experience. One respondent drew a clear link between research and prevention education, and claimed that the lack of research on CSEMM is at least partly responsible for the lack of prevention curricula that address at-risk male minors.

Male minors are not only marginalized in the field of prevention education, however; they also struggle to find services able or willing to meet the needs of their particular population. The following chart depicts the responses to the second half of the second question, pertaining to the gaps in services named for male minors:

“Residential Services” was the gap named with the most frequency; respondents in this category reported that male minors simply don’t have anywhere to go once they’ve been separated from their homes. Male-specific shelters and “specialized housing” were both named as residential needs for male minors, which may indicate that, beyond simply having housing, CSEMMs need housing tailored to the specific needs, struggles, and traumas they’ve experienced prior to, during, or after engaging in commercial sexual exploitation.

“General Services for Males” was the category named with the highest frequency after “Residential Services.” Similar to the respondents who named “Curriculum Itself” as a gap in
prevention education, responses in the “General Services for Males” category pointed out that services of any kind are generally unavailable for CSEMMs; as with prevention education, respondents cited service agencies’ focus on female minors as an obfuscating factor, as well as America’s cultural definition of masculinity.

“Behavioral Health Services” was the third most frequently named gap in services, and encompassed various forms of counseling from which CSEMMs could benefit, according to respondents. Peer support groups, sexual identity counseling, and trauma counseling were all named by respondents as gaps in behavioral health services.

A variety of other services were named in low frequencies as gaps. Although each of these would be worth investigating individually, it is worth noting that the wide range of answers given to this part of question 2 may indicate that there are, in fact, a variety of areas in which males are underserved, further underscoring the responses categorized under “General Services for Males.”

3. What strategies successfully engage male minors at high-risk for commercial sexual exploitation in effective preventative care? (Examples of preventative care: mentoring relationships, vocational training, residential services, etc.)

The responses to the third question were potentially the result of a slight misreading of it. The question asked for strategies that effectively engage male minors in preventative care, then named examples of preventative care in which male minors could become engaged. However, the responses to the survey seemed to name examples of preventative care that male minors find engaging. Thus the responses frequently named examples of preventative care as strategies effective at engaging male minors in preventative care. However, this may indicate that the question itself was misleading, and that agencies perceive certain methods of preventative care to be intrinsically engaging. Therefore, the responses to question 3 may still be interpreted as helpful; their varying percentages are displayed in the following chart:

Respondents indicated that “Prevention/Awareness Raising Programs” and “Provision of Services” were equally important strategies for engaging CSEMMs in preventative care. The “Prevention/Awareness Raising Programs” category was split into three sub-categories that mirrored the “Identification of CSEMM” split in question 2; the need for programs targeting
American society in general was named with the highest frequency, followed closely by the need for programs aimed at both male minors and service providers (which were named with similar frequencies). In addition to the various parties named above to be in need of education on CSEMM, respondents cited foster care/the child welfare system multiple times in the “For Service Providers” sub-category. Education about the specific needs of the LGBTQ community was also mentioned multiple times, and education aimed at reducing the demand for the commercial sex industry was mentioned once.

In addition to prevention education, “Provision of Services” was named as a successful strategy for engaging CSEMMs in preventative care. “Provision of Services” was broken down into the various types of services named, and both “Residential Services” and “Behavioral Health Services” were named with equal frequency as the primary services needed to engage male minors in preventative care. Within the “Residential Services” sub-category, foster care was mentioned twice (once qualified as “trauma-sensitive”), and respondents in the “Behavioral Health Services” sub-category mentioned “non-judgmental” care twice.

“Relational Engagement” was the third effective strategy named by survey respondents for engaging CSEMMs in preventative care. Respondents most frequently cited “Mentors” as the suggested object of relational engagement for CSEMMs, though both “Peers” and various “Community Organizations” were cited with some frequency as well. Respondents cited the need for emotional engagement - something like “a sense of belonging” - as the need/vulnerability which a mentor can fill. The need for “a positive male influence” in CSEMMs’ lives was also named multiple times.

//Discussion and Recommendations

The results of the survey designed by Love146 capture the perceptions of thirty-five service agencies around the country. Questions 2 and 3 are questions of opinion, and the veracity of the answers given by respondents is not tested in this report. Some of the answers given were anecdotal in nature, and may have been generated by personal experience rather than scientific study. This is not a criticism. Given the studies (of which, as some respondents reminded us, there must be more) that have been done on CSEMM in the United States, the personal experience of service providers is a valuable conversation partner to the literature that’s been published. The findings of the literature and the results of the survey are here discussed together, and a three-pronged strategy for preventative care is recommended.

Both the literature and the results of the survey support the belief that CSEMMs are an under-recognized, underserved population in the United States. The dominant image of masculinity into which Americans are socialized renders “male victims” a seemingly incongruous description. CSEMMs do seem to exert a sense of agency and independence in their sexual exploitation that, regardless of the fact that these young males are not yet 18, gives their street activity an air of intentionality which renders them more readily intelligible as “criminals” or “deviants” rather than “victims” in the American mind. There is a truth here, and it is a truth that people intuit regardless of America’s legal standards for consensual sex; the
cultural blind spot that CSEMMs occupy has little to do with the American legal system, and everything to do with the American psyche. Whereas women have historically been disempowered in American culture, rendering them “natural” victims whose sense of agency needs to be emphasized in discussions on victimization (an in discussions on gender in general), males have been bred to think of themselves as dominant beings who can shape the world at will (gay and transgender youth tend to be feminized or completely overlooked in this paradigm, yet they are both, according to the literature, populations at extremely high risk for sexual exploitation). These deep-seated suppositions about gender are, hopefully, beginning to change, but have had a long time to become entrenched in Americans’ way of thinking about them.

The inability of male minors, service providers, and American society in general to identify male victims of commercial sexual exploitation is, at heart, indicative of a cultural inability to view men as individuals who exercise agency in complex relationship with their vulnerabilities (and this could, perhaps, be said to be true of all victims of commercial sexual exploitation, male and female; victim-blaming is not only directed at males). There is a level of willingness apparently present in the experience of CSEMMs that does not appear to be present in the paradigmatic “pimped” relationship most frequently associated with sexual exploitation in the American psyche. Yet this seemingly willful engagement is still a response to a set of vulnerabilities generated by CSEMMs’ homeless status, vulnerabilities which exert a great deal of force on male minors’ capacity for choice, pressuring them to engage in activities, for the sake of their survival, in which they might not otherwise choose to engage.

Therefore,

Recommendation 1: Reconstruct the Concepts of Masculinity and Victimization

Prevention educators must begin to redefine the American public’s definitions of “masculinity” and “victimization.” In the complex relationship between agency and vulnerability that is the heart of CSEMMs’ experience, the vulnerabilities of these young males are largely ignored by American society because they are young males, and because they frequently exhibit an identifiable degree of agency with regard to their exploitation. Prevention educators must reconstruct the American public’s concept of maleness to include vulnerability as a viable aspect of male existence, and must make space in society’s understanding of victimization for the exercise of agency in response to the agent’s vulnerabilities. By reconstructing the accepted cultural definitions of “masculinity” and “victimization” to include both vulnerability and agency, prevention educators can begin to make space in the consciousnesses of at-risk males, service providers, and American society in general for CSEMMs to be identified, and to receive the support they need without being stigmatized or “feminized.”

Without this reconstruction, CSEMMs will almost certainly remain an under-recognized and therefore underserved population.

The complex nature of the exploitation of CSEMMs is integral to strategizing effective ways to engage this at-risk population in preventative care. According to the literature, survival is
the primary motivation given by male minors who engage in sexually exploitative activity; therefore, meeting basic needs like housing, food, clothing, etc. will, presumably, attenuate at-risk male minors’ motivation for engaging in commercial sexual exploitation. However, as discussed above, the literature also cites less tangible needs that CSEMMs meet by engaging in sexual activity; for instance, the need to feel “independent” or “self-sufficient.” Therefore, preventative care will not be effective unless it finds ways to meet these intangible needs. Given their age and lack of education, CSEMMs frequently have few options for financial and personal success in an education - and information - driven economy; taking customers on the street may seem like, and may in fact be, a more independent and self-sufficient form of life than working long hours for minimum wage under a (potentially disgruntled) manager or boss. Despite the fact that most CSEMMs leave their homes because of abuse in one form or another, their participation in the “street economy” evinces a sort of entrepreneurialism that could serve them well in the formal economy, if they are given the opportunities and resources to exercise their skills there. Sales work - cars, furniture, real estate, boats, planes, electronics - that has both a low barrier of entry and a high, instantly visible payoff could be the transition point between the “street” and “formal” economies that CSEMMs need. Such work need not necessarily be “9 to 5,” and it also draws on the interpersonal sales skills that CSEMMs may have begun to cultivate on the street, requires knowledge primarily of the product being sold (rather than a general education), and generates immediately calculable rewards. Developing the actual structure of such a program goes beyond the scope of this study, though perhaps such a program might look like paid “internships” for at-risk males.

However, independence and self-sufficiency are not the only intangible needs that CSEMMs feel: almost all of them cite some form of abuse or trauma as the primary reason for their homeless status, and respondents to question 3 cited “Behavioral Health Services” as frequently as they did “Residential Services” when naming services needed to engage at-risk male minors in preventative care. The abuse that these young males experience in their homes forms a base layer of trauma, on top of which the violence, drug use, crime, and fear that characterizes street life builds. Connecting CSEMMs (and their families, if available) to some form of behavioral health services early on in this trajectory, so that they can begin to deal with the trauma they experience as it arises, may enable CSEMMs (and their families) to seek other avenues of resolution besides separation from home. Parents who act abusively towards their children may be disinclined to engage in such activities; prevention education would, therefore, do well to engage children in developing coping strategies for dealing with household trauma. Such coping mechanisms may take the more traditional form of counseling, but may also involve conflict mediation and resolution activities, becoming connected to other forms of support (after-school programs, mentoring programs), and finding ways to keep themselves safe without exiting the house permanently or completely. In the event that such possible solutions fail, male minors will likely need trauma-sensitive foster care.

The physical, sexual, and drug-related trauma that CSEMMs frequently undergo in their early lives may obscure an even more basic trauma, though: the relational trauma that comes from
leaving one’s family. Multiple respondents cited the need for a sense of belonging, for an interest to be taken in one’s life by others, as a kind of basic human need. The separation from home that CSEMMs experience is not only geographical, but emotional. Respondents to question 3 emphasized “Relational Engagement” as a way to engage CSEMMs in preventative care, and cited mentorship specifically as an effective method. The interest shown by a mentor in a mentee’s life may be an experience that CSEMMs have only fleetingly or sporadically experienced with their own parents. Additionally, a mentor may act as a bridge to the formal economy, giving the child not only wanted attention, but life skills training and personal connections that will enable these young males to eventually engage in viable work. Therefore,

**Recommendation 2: Address CSEMMs’ Intangible Needs**
Preventative care will only effectively engage CSEMMs if it addresses all the needs felt by this population. Male minors at-risk for commercial sexual exploitation must be empowered to deal with the traumas they face at home, must be connected to supportive individuals and/or communities, and must be engaged in the formal economy.

The attempt to meet the intangible needs of CSEMMs should not come at the expense of meeting their tangible needs, however; both must be pursued together to provide the most effective preventative care possible. The blind spot that CSEMMs occupy in the American psyche has resulted in a paucity of available services for male minors. The literature describes “survival” or “money” as the primary motivation for CSEMMs, implying that the fulfillment of basic needs is a significant factor for at-risk male minors’ engagement in commercial sexual exploitation. Respondents to question 3 cited “Provision of Services” as a key strategy for engaging CSEMMs in preventative care, and “Residential Services” (alongside “Behavioral Health Services) was the most frequently named service, followed by “Basic Resource Services.” Providing young males with shelter (and food and clothing) should remove their most immediate survival need. However, it is important that shelters in particular be prepared to handle the specific needs of CSEMMs, i.e., able to provide trauma-informed care. Therefore,

**Recommendation 3: Address the Tangible Needs of CSEMMs**
CSEMMs engage in sexually exploitative activity to survive, yet few services exist for at-risk male minors. Providing them with food, shelter and clothing will remove the most immediate causes for engaging in sexually exploitative activity.

These recommendations form a three-pronged strategy for the prevention of CSEMM in the United States. The nature and logistics of the implementation of this strategy are not discussed here, since such a discussion would only be fruitful if it included a large amount of specificity. Without details on the organization interested in implementing some (or all) of these recommendations, an understanding of the community in which the organization intends to implement the recommendations, and a map of the resources already at the organization’s and
community’s disposal, any attempt to offer some sort of implementation strategy would be unhelpfully vague.

//Conclusion

This proposal has, hopefully, accomplished two goals: to provide an accurate, current snapshot of the experiences and needs of CSEMMs in the United States, and to propose some potential strategies for preventing at-risk male minors from engaging in sexually exploitative activity. Taken together, the three recommendations explained in the previous section form a three-pronged approach to preventative care whose implementation will, undoubtedly, require further research. The specific aftercare needs of CSEMMs (sexual identity counseling, for instance) have not been covered in this proposal, nor have any direct intervention strategies, nor have the connections between labor trafficking and sexual exploitation. Love146 hopes that this study will be a helpful starting point for further research, an inspiration for strategies of preventative care, and a touchstone for further collaboration and conversation between parties interested in the abolition of child trafficking and exploitation. For further questions regarding the nature of this study, or to learn more about Love146’s organizational efforts, please contact Elizabeth Johnston at (203) 772-4420, or Elizabeth@Love146.org.
Appendix: Categorized Survey Responses

() Indicates a Philosophical Parenthetical

//Gaps Named for Male Prevention Education

Curriculum Itself

Gender
1.1 The sex trafficking movement has largely overlooked the fact that commercial sexual exploitation happens to boys.
2.2 Most education to prevent commercial sexual exploitation minimizes the possibility that boys will be exploited.
3.3 The gap is that it has hardly been done at all.
4.4 Attention & focus is placed on female, therefore, most prevention & education programs are geared towards them.
5.5 While there are many organizations who do prevention education programs in schools, a lot of their presentation curriculum focus on the female population, even if it is presented to a co-ed crowd. We definitely need to incorporate education for males into our curriculums, and, just like we have female specific education programs, we need to create the same for the male population.
6.6 All youth need more preventative education on trafficking but especially males. The training we brought in from outside was specifically for females. We are looking to add programming for males.
7.7 An overall gap is that most HT awareness efforts highlight the trafficking of girls.
8.8 Preventative education programs targeting at-risk youth. PSA campaigns geared towards at-risk youth. CSEB-specific community training.
9.9 Strong education curriculum for boys that is culturally sensitive.
10.10 Prevention education is rarely provided in schools where teens would have access to information. In respect to male minors, they are rarely addressed as potential victims of all types of exploitation, sexual violence and domestic violence. (Whereas girls are taught in society that they have a high probability of being a victim, boys are taught they are typically the abuser. This not only causes an "it doesn't happen in my backyard" effect, it also can create a lack of empathy to girls and other boys who may experience these forms of violence. Furthermore, often when boys are addressed as potential victims, it is by social service agencies that serve the gay and transmale communities perpetuating that straight boys do not get victimized.)
11.11 Transmales are often not addressed at all.
12.12 Curriculum; resources in general.
13.13 There are no prevention education or prevention services for male minors at high-risk for commercial sexual exploitation. It is all one big gap.
14.14 Literature that talked about men being exploited
Assorted Aspects of the Curriculum
15.1 There needs to be an understanding of their different cultural backgrounds also.
16.2 Media and Video game education.
17.3 All work with children must be grounded in a sound understanding of child development.
18.4 It is crucial that minors understand that they are ENTITLED to an attorney and that under no circumstances should they speak with ANYONE without an attorney first being retained and advising them. Minors tend to believe that they can handle prosecutors and law enforcement, but in reality, the agenda by prosecutors is in total conflict with the minors at high risk for commercial sexual exploitation.

Parties Named as Being in Need of Education about CSEMM

American Society in General
1.1 (There is definitely the issue of gender stereotypes that can be) a problem in identifying potential male CSEC.
2.2 little public awareness of the extent of the issue
3.3 little understanding of young gay/trans* men (assumptions that young gay men prey on older gay men, thus are not victims; acknowledgement that many trans* youth have HAD to use their body as a commodity)
4.4 Total lack of awareness
5.5 community acknowledgement--there is a need for a strong educational push in communities of color
6.6 The awareness that it happens everywhere even in more developed countries such as the USA. That boys and young are in danger just as much as young women.
7.7 (all forms of desperation do not look the same)
8.8 (males are socialized differently in our society, thus to be a male victim makes you less of a man)
9.9 lack of education about sexual exploitation in young males
10.10 We find that males are vastly under identified, compared to females. The homeless/runaway population is highly affected. (Any efforts towards prevention education as well as efforts to engage these young males in services would be great. Currently, our agency is working on prevention education curriculum as well)
11.11 Challenge with society recognizing that this could happen to boys

Male Minors
12.1 Challenge with boys recognizing that this could happen to them
13.2 few male victims self-identifying
14.3 males are extremely unlikely to self-identify (In addition, society and the Judiciary take a different view, however inappropriate or dated, that females are the nurturers and
males are the providers. Based on that slowly changing stigma, males have a false belief that there is little assistance or those that will believe them if they do disclose)  
15.4 it’s hard for boys to come forward and be believed (because of the girl-centric nature of prev. ed., which reinforces the idea that only girls are victims).  
16.5 this is a hidden population and disclosing takes a lot of time and trust building.  
17.6 young males don't self-identify (as many young women don't do, due to feelings of shame and stigmatization, which seems even higher for males than females)  
18.7 this topic is not discussed in high schools and if it is discussed, it is approached from a mainly female issue and because it is not understood, the male victim may not be aware or comfortable seeking help.  

Service Providers  
19.1 LGBTQ youth are at high risk, and may not feel comfortable reaching out to traditional HT service providers, particularly if the provider is faith based, and if there is a perception of discrimination. Relationships with providers and others in this community are critical to breaking down these barriers. Also, providers may need training to be competent in serving LGBTQ youth.  
20.2 Lack of training of providers from a multi-disciplinary perspective on the issues for male victims  
21.3 prevention must begin in grade schools and doctor's offices. There are many boys who are missed because it doesn't look like trafficking or exploitation--it looks like something else  
22.4 Awareness among providers  
23.5 little training for law enforcement and other front line personnel working with male minor CSEC populations  
24.6 (I believe that a huge gap exists in the agency that we as a society ascribe to boys vs. that ascribed to girls, to the point) that individuals, including law enforcement, may not recognize a male victim of CSE as such.  
25.7 service providers that understand GBTQ  

Research  
1. legacy of bad information in the field (the 98% female/2% male split)  
2. I think part of why there is a lack of prevention education for males is that we lack the data and research for this population.  
3. Not enough people around who are experts on CSEC boys  
4. The research is simply not there. We have access to a lot of preliminary findings but nothing substantive. We would love to have information on risk factors, population demographics, etc.
//Gaps Named for Male Services Provided

General Services for Males
1. services available specifically for male minor victims
2. there are few services and even fewer male victims self-identifying.
3. The biggest challenge is gender responsive services for male victims (because we least expect males to be victims in the first place.)
4. few resources for male victims available
5. There are next to no services specifically for CSE male minors in the US
6. lack of services available for males to seek support
7. Very few CSEC agencies serve boys and young males in the bay area. Most focus on girls and ignore boys and youth who identify as LGBTQ. Because they are not serving boys they are not systematically trying to identify and engage them. (Fortunately SAGE has begun serving CSEC, but I believe it is more of a reactionary approach, and does not have prevention components.)

Mentoring Services
1. mentors

Care Provider Partnerships
1. greater community partnerships between law enforcement, faith based program and other, community stakeholders

Long-Term Programs
1. That the [treatment] will [be] long term [and follow] and [support] them as adults.

Residential Services
1. Stable housing
2. Housing first and foremost, as it is for all at-risk and often homeless populations
3. I can't think of a single home in the US that is strictly for males, adults or minors, who are victims of CSE.
4. safe places to live
5. housing & outpatient services
6. Need to address homelessness and lack of shelter options. (Boys mainly engage in commercial sex to survive due to homelessness, lack of shelter options, joblessness, poverty).
7. There also needs to be better housing for male survivors. (we have transitional living programs that we refer female survivors to but no such similar programs for males survivors exist for us to refer to)
8. Specialized housing
9. Housing
10. There aren't place to for these young males and boys to go (besides jail or foster care)
Safe Spaces
1. safe community centers

Educational Services
1. educational programs
2. Support and training for youth in the foster care system

Vocational Services
1. job counseling
2. legal job opportunities for young males who might not be literate or have a GED or a diploma.
3. joblessness (poverty)

Behavioral Health Services
1. mental health care
2. behavioral health
3. age-appropriate support groups
4. trauma counseling
5. when males are victimized sexually they can become very confused about their sexual identity

Medical Services
1. compassionate medical care

Funding
1. Lack of dollars for gender specific programs

Uns usable s
- Not sure
- This is outside our focus area: our prevention education is focused on education with youth to deter the purchase of sex. (we don't focus on prevention work with youth as potential victims of sex trafficking, but as potential bystanders/purchasers)
Successful Strategies Named for Engaging Male Minors in Effective Preventative Care

Relational Engagement

With Mentors
1.1 I believe that positive, truly connected, BOUNDARIED, mentorship and community are the best ways to keep boys from being isolated by predators and compromised by sex and porn trafficking.
2.2 (We all need a sense of belonging) Mentoring relationships.
3.3 Mentoring programs; every single minor should be given a Certified Life Coach to assist with the plan because that makes it monitored, evaluated and co-active whereby the minor not only is 100% involved, but is held accountable for decision and goal making and assists with the self-assessment process. (Too many of them have been given the provider and caretaker role at too young an age; whatever program is provided, it is crucial that it is not a one time shot and has consistency. No less than 18 months is recommended)
4.4 mentorship
5.5 Mentoring programs.
6.6 I think the best and most effective strategy is the mentoring relationship with a positive adult male role-model, as the positive male influence is often what is consistently lacking in the at-risk population. While physical needs such as housing, a job, food, etc are contributors to what makes a child/teen vulnerable, it really is the emotional aspect that keeps kids susceptible to exploitation.
7.7 mentoring relationships
8.8 We have been mentoring CSEC girls for 6 years and strongly believe in the relationship building that happens between a mentor and mentee.
9.9 Mentoring relationships
10.10 Mentoring from positive male role models
11.11 Mentoring program
12.12 Mentoring
13.13 Mentoring
14.14 mentoring relationships
15.15 mentoring
16.16 Training mentoring and youth programs to identify HT risk factors
17.17 mentoring relationships

With Peers
18.1 peer support groups
19.2 becoming mentors themselves is important for these young males
With the Community

20.1 Partnerships with trusted providers. Building partnerships so that existing youth programs know how to report HT and what to expect when they report.
21.2 Community Collaborations
22.3 Men who have been educated regarding sexual/ domestic violence must participate in the effort
23.4 How to get the church more invoked in the support and care

Economic/Vocational Engagement
1. economic opportunities
2. engagement of work activities
3. Vocational Ed
4. Vocation training is very important (as most of these young males need money for extra activities, dating and socialization)
5. especially vocational training. Youth who are getting the services they need and feel confident about their vocational skills are less vulnerable to pimps and traffickers.
6. vocational training
7. vocational training
8. job counseling
9. vocational training

Cultural Engagement
1. These young boys need to be introduced to more cultural activities and allowed to express their artistic qualities as well. Understanding the importance of learning how to study and the social aspects and educational benefits of reading/library and museums. Physical activity is crucial; taking these minors away from the sedentary social media and gaming toys is important.
2. Rites of Passage Programs
3. routines that honor a person, like birthdays. These are kids who ran from their homes, not to something, small routines like eating supper together (which pimps know all about) and talking about your day are very very very important

Educational Engagement
1. Engagement of school
2. Passing a class, learning a new skill are so important
3. Life Skills training
4. Education
5. Educational programs
Prevention/Awareness Raising Programs

For Male Minors
1.1 Prevention programs which explore ways which may reduce future demand for the commercial sex industry and avert boys from becoming both victims and future traffickers.
2.2 (Trusted youth drop in center conducts) late night outreach targeted at homeless and street involved youth to share resources and information.
3.3 Street outreach; psa campaigns
4.4 Effective awareness training so that victimized children are able to identify their own situations and resources for follow-up or additional services.
5.5 Street outreach. (We've had higher success with older teens 17-19 age range or older engaging in services. Less success with younger boys engaging in services)
6.6 Education about how to stay safe
7.7 Our education program has been a great way to uncover abuse early and prevent exploration. Several young males have disclosed abuse that would make them susceptible to being exploited or becoming an exploiter.
8.8 Engagement of Men & Boys in SV prevention

For Service Providers
9.1 Gender inclusive and gender specific materials and trainings at agencies
10.2 Specific Ed for Foster care
11.3 Educating about this topic at the social services level - child protective services and others who are engaged with protecting children - how to recognize, services available, how to help educate the parents. Educate medical staff, including intake staff members - what may be alert signals, how to recognize and what and how to ask questions, what services are available, how to discuss and educate child and parents/guardian.
12.4 Creating places of safety that give males the space to disclose in their time
13.5 Education in schools for school personnel around awareness.
14.6 Support around LGBT issue for family, foster family
15.7 More should be done in the child welfare/foster care context to dispel the myth that it is only happening to girls (One thing that many of us fail to consider is the fact that many of these children are or were previously involved with the child welfare system. They were abused and neglected as children, which leaves them more vulnerable to exploiters or the need to meet basic needs through survival sex).

For Society
16.1 Raising awareness about the sexual exploitation of boys is a crucial step towards creating a shift in societal perceptions of male agency as pertains to CSE.
17.2 Child abuse prevention
18.3 Education in schools
19.5 awareness
20.6 Educational advocacy, raising awareness, survivor stories, etc.
21.7 preventative
22.8 awareness education in schools for students
23.9 support around LGBT issue for youth
24.10 work with boys, girls, and children that identify as LGBTQ on healthy relationships, preventive care, sex education, etc.

*Provision of Services*

**Basic Resource Services**
1.1 services available to address basic needs
2.2 access to resources, i.e., washing machines, showers, computers.
3.3 Food
4.4 Access to services - on the streets, in bath houses, in bars, etc
5.5 Knowledge of their the rights they have as minors and then learning respect for the legal system is important to be incorporated in their training as mentors for other CSEMMs.

**Residential Services**
6.1 Foster parents
7.2 group homes
8.3 Trauma sensitive foster care
9.4 A home
10.5 residential services
11.6 residential services
12.7 housing
13.8 Stable housing
14.9 residential services

**Behavioral Health Services**
15.1 mental health staff working with minors
16.2 greater access to behavioral health care provided in non-judgemental settings
17.3 Low-barrier harm reduction services are incredibly important, including non-judgmental sexual and emotional health and counseling.
18.4 counseling
19.5 counseling
20.6 behavioral health
21.7 drug treatment
22.8 treatment for sexually addiction
23.9 psychoeducation
Medical Services
24.1 compassionate medical care

Legislation
1. decriminalization of survival sex

Unusables
1. Our membership will supply their own perspectives here. We provide a high profile campaign to "Male Allies" in the community, we would be interested in educational materials that male allies, of all cultures, can benefit from on this topic. Think fathers, coaches, civic and cultural leaders.
Bibliography


Puzzanchera, Charles and Benjamin Adams. “Juvenile Arrests 2009.” *Juvenile Offenders and


Willis, Brian, Norene Robert and Sara Ann Friedman. And Boys Too. ECPAT-USA, 2013.