

EXPLORING THE LIVED EXPERIENCES OF PARENTS OF YOUTH INVOLVED IN A
SPECIALTY COURT FOR COMMERCIAL SEXUAL EXPLOITATION: A
PHENOMENOLOGICAL STUDY

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ABSTRACT

The commercial sexual exploitation of children (CSEC), also known as domestic minor sex trafficking (DMST), is a pervasive human rights violation that disproportionately affects youth involved in the juvenile justice system. Given this correlation, several jurisdictions across the country have developed CSEC/DMST specialty courts to address and respond to the unique needs of court-involved youth. However, a major limitation of the CSEC/DMST specialty court literature is the lack of discourse regarding family involvement and family-based services. To enhance family-level interventions in CSEC/DMST specialty courts, it is first necessary that parents' perspectives are centered to gain a deeper understanding of the parent-child relationship, their experiences of parenting a youth under court supervision, and their experiences in the specialty court program.

The purpose of this qualitative phenomenological study was to explore the experiences and perceived needs of parents involved in a specialty court program for CSEC/DMST. To achieve this goal, a phenomenological design and community-engaged research approach was utilized. Seven parents who were currently or formerly involved in a local CSEC/DMST specialty court participated in semi-structured interviews. Data were analyzed using Braun and Clarke's (2006) thematic analysis approach.

Data analysis resulted in a total of 19 themes and 21 subthemes. Findings from this study reveal key themes pertaining to parents' individual/family circumstances, parenting experiences, and experiences within a CSEC/DMST court. Key findings demonstrated that parents in this court experience chronic stress, limited resources, and difficulty finding appropriate services that addressed their child's behaviors. Once involved in the CSEC/DMST court, parents stress decreased as they received specialized support; however, for some parents whose child had left

the program, this stress returned post-programming. Parents generally shared positive experiences about the court and offered suggestions for specific areas for improvements relating to parent involvement/engagement.

The findings suggest that implementing family-level interventions within specialty courts could be a crucial factor in promoting positive, sustained outcomes. Several implications for future research were identified. Furthermore, practice recommendations for CSEC/DMST courts and therapists working with families are provided. Findings from this study fill a critical gap in the literature by helping clinical researchers and practitioners toward the understanding necessary to develop culturally attuned family-level services for court-involved youth impacted by sexual exploitation or trafficking.

This dissertation is dedicated to the parents who participated
in this study and for all those who are in similar situations.

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CHAPTER I: INTRODUCTION

Statement of the Problem

The commercial sexual exploitation of children (CSEC) in the United States represents one of the most hidden and egregious forms of crimes against children (Greenbaum, 2015). According to the Office of Juvenile Justice and Delinquency Prevention (OJJDP), CSEC refers to a “diverse range of crimes that result in the sexual abuse or exploitation of a child for the financial or individual benefit of another person or in exchange for anything of value (including monetary and non-monetary benefits) given or received by any persons” (n.d.). A diverse range of crimes include child sex trafficking, the commercial production of child pornography, online transmission of a live video of child engaging in sexual activity, or child sex tourism involving commercial sexual activity (OJJDP, n.d.).

In 2000, the United States passed the first federal law related to CSEC, the Trafficking Victims and Protections Act (TVPA), declaring that any person under the age of 18 engaging in commercial sex acts was a victim of human sex trafficking. The Trafficking Victims Protection Act (TPVA) of 2000 defines *sex trafficking* as the “recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age” (TPVA 2000; p. 7). Unlike adult law, force, fraud, or coercion does not need to be present to qualify as sex trafficking, given that minors cannot consent to any sexual act (OJJDP, n.d.). As such, CSEC and domestic minor sex trafficking (DMST) are often used interchangeably within the academic literature to refer to sex trafficking cases in the U.S. that involve individuals under the age of 18 (Franchino-Olsen,

2021). This study will use CSEC/DMST to refer to youth who are sexually exploited and/or trafficked in the United States.

While the illicit nature of sex trafficking crimes, along with the lack of a federal tracking system, make it nearly impossible to describe accurate prevalence rates, research demonstrates that CSEC/DMST impacts society's most vulnerable youth, including females of color, LGBTQ+ youth, youth living in poverty, youth with abuse/child maltreatment histories (Franchino-Olsen, 2021; Gibbs et al., 2015; Kim et al., 2022). Furthermore, studies continue to find that youth involved in child-serving systems (i.e., the juvenile justice system and child welfare systems) are disproportionately affected, as these systems often serve as an antecedent to and/or consequence of CSEC/DMST (Cole & Sprang, 2016; Fedina et al., 2016; Gibbs et al., 2015).

Extant research has established that childhood maltreatment (in the form of abuse or neglect) and family stress are significant influences underlying CSEC/DMST victimization (Franchino-Olsen, 2021; Hopper, 2017; O'Brien et al., 2017). Given that the vulnerabilities predisposing risk for CSEC/DMST (i.e. maltreatment, family violence, caregiver substance use or mental illness) often coincide with vulnerabilities for child-serving systems involvement, it is not surprising there is a link between the Juvenile Justice system, the Child Welfare system, and CSEC/DMST. Unfortunately, for many youths impacted by CSEC/DMST, histories of maltreatment and family stress in the form of economic hardship, divorce, death, exposure to domestic violence, criminal activity, caregiver substance abuse and mental illness, and child maltreatment are common within the family environment prior to and/or during their exploitation/trafficking situation (Basson et al., 2012).

These adverse experiences are further compounded as sexually exploited/trafficked youth endure various forms of maltreatment during exploitation/trafficking (Clawson et al., 2009; Baird & Connolly, 2021). Consequently, sexually exploited/trafficked youth have complex short- and long-term mental health needs due to the multiple levels of trauma during and prior to their exploitation/trafficking, all of which occur during a critical period of development (Hopper, 2017). Studies have documented that victims of CSEC/DMST experience co-occurring mental health conditions such as post-traumatic stress disorder (PTSD), complex post-traumatic stress disorder (C-PTSD), depression, anxiety, dissociative disorders, conduct disorders, and substance abuse disorders (Hopper, 2017a; Hossain et al., 2010; O'Brien et al., 2017; Ottisova et al., 2018; Zimmerman, 2011). Viewing these symptoms through a trauma-informed lens highlights them as manifestations of complex trauma, which disrupts youths' emotion regulation, self-perception, consciousness, and relationships (Ottisova et al., 2018). These pervasive mental health symptoms often result in sexually exploited/trafficked youth adopting reactive coping skills such as externalizing behavior, substance abuse, or delinquency (Bath et al., 2020a; Cole & Sprang, 2016), ultimately leading to juvenile justice or child-welfare involvement, unless they are already engaged (Gibbs et al., 2015).

Given that the Juvenile Justice and Child Welfare systems serve as both an antecedent to and consequence of CSEC/DMST, researchers have emphasized the need for child-serving systems to utilize a multidisciplinary, trauma-informed, and victim-focus approach when working with victims of CSEC/DMST. In response, several juvenile and family courts have addressed this need by developing CSEC specialty treatment courts, an innovative approach to serving children in the Juvenile Justice and Child Welfare system with CSEC/DMST risk or backgrounds (Callahan et al., 2012; Liles et al., 2016). CSEC/DMST specialty courts differ

from traditional probational practices as they aim to increase adolescents' access to rehabilitative and therapeutic treatments (Bath et al., 2020b; Liles et al., 2016). While several jurisdictions across the U.S. have implemented CSEC/DMST specialty courts, it remains unknown how many courts are in operation due to the lack of a federal tracking system (Godoy et al., 2022). In a recent systematic review, Godoy and colleagues (2022) identified 21 CSEC specialty courts operating across eight states. Their review found that these specialty courts did not follow a universal set of guidelines or program requirements, highlighting the variability across programs. However, it was established that all CSEC/DMST specialty courts are categorized by seven characteristics which include: 1) identification of CSE risk and assessment of needs, 2) trauma-informed protocols that acknowledge for histories of sexual exploitation, 3) linkages to specialized services such as support groups specific to CSE, 4) monitoring judicial compliance, 5) compacity building and specialized CSE training for court staff and community members, 6) multidisciplinary and cross-system collaboration, and 7) consistent and meaningful interpersonal relationships.

While consistent and meaningful interpersonal relationships are listed as a key component of CSEC/DMST specialty courts, this aspect typically refers to the connection between youth and professionals. A significant portion of the existing CSEC/DMST literature concerns professional-youth relationships, emphasizing the importance of professionals employing trauma-informed practices to build safe, supportive, and secure relationships with youth (Elliot et al., 2005; Macy & Johns, 2011; Sapiro et al., 2016). While this is a critical component of specialty courts that should remain a priority, a limitation of the current literature is that other intimate and important relationships, such as relationships between youth and their parents and/or families in specialty courts, are commonly overlooked. In their 2022 systematic

review, only eight out of the 21 courts (38%) mentioned a family-level component of their program, which included family-oriented approaches or parental involvement in programming (Godoy et al., 2022). While some courts (i.e., Bacharach & Strobel, 2020; Davidson et al., 2011; Heipt, 2015) have stressed the importance of family involvement, many gaps in knowledge exist on what parental involvement in these CSEC/DMST specialty court entails and how parents experience such practices.

The lack of discourse surrounding parent experiences and the implementation of family-based interventions within the literature is a critical gap because while research shows that child maltreatment and disrupted parent-child relationships are risk factors for CSEC/DMST and JJ involvement, research also suggests that supportive relationships, specifically supportive parent relationships, are instrumental in mitigating post-traumatic stress reactions and can positively impact juvenile justice program outcomes (Berkowitz et al., 2011; Hahn et al., 2019; McWey, 2022; Pennell et al., 2011). Further, as Heipt (2015) points out, parents and other supportive family members are the ones with the youth after programming, so these relationships must be focused on and strengthened while in the CSEC/DMST specialty court.

Family-level programming, specifically parent interventions, are uniquely suited to improve mental health outcomes of sexually exploited/trafficked youth as they can provide parents/families with the tools necessary to rebuild positive and safe relationships with their child. Thus, further investigations on how specialty courts are currently incorporating parent/family components into treatment, as well as how parents perceive and experience the current programming is necessary. Additionally, given that to my knowledge, no studies have explored parents' experiences with parenting youth CSEC/DMST histories, there is also a need for further exploration into parents' context and unique parenting experiences. Understanding

the different dimensions of parents' experiences will give courts the knowledge to adapt, develop, and implement culturally relevant and specialized family-level services within specialty court programs for CSEC/DMST.

Purpose of the Study

According to Pennell and colleagues (2011), juvenile justice programs that incorporate family involvement and support are the most successful. In the juvenile justice context, increasing family involvement in court programming serves to 1) hold youth accountable for their actions and to assist them in fulfilling court requirements, 2) provide a source of supervision, guidance, protection, and emotional support and 3) to help youth keep connections to kinship networks (Justice for Families, 2012; OJJDP, 2018; Pennell et al., 2011). Despite increased attention underscoring the value of family involvement, scholars in the Juvenile Justice literature highlight that many jurisdictions lack clear methods for successfully engaging and involving parents/caregivers (Burke et al., 2014; Pennell et al., 2011). Correspondingly, Walker and colleagues (2015) assert that caregivers/parents of children in the Juvenile Justice system are "untapped resources" that are often disregarded when considering program development and service provision. Therefore, to enhance family-level interventions for youth involved in CSEC/DMST specialty courts, parent voices must be included to gain a deeper understanding of their experiences of parenting, the parent-child relationship, and their experiences of the specialty court program.

Further exploration of parent experiences is warranted to guide the development of family-level interventions in CSEC/DMST specialty courts. Therefore, the current study's purpose is to explore the lived experiences and perceived needs of parents of youth participating in a specialty court for CSEC/DMST. To my knowledge, this exploratory study will be the first

study to explore parent's individual/family circumstances, their caregiving experiences, and their experiences participating in a CSEC/DMST specialty court.

Research Questions

This study aimed to explore the lived experiences and perceived needs of parents of youth currently or formerly involved in a specialty treatment court for CSEC/DMST. Three main research questions guided the study, including:

RQ1: What health, well-being, and contextual circumstances are present for parents prior to and during their child's involvement in the CSEC/DMST specialty court?

RQ2: What are the caregiving experiences of parents before, during, and after (if applicable) their child's involvement in the CSEC/DMST specialty court?

RQ3: What are the experiences of parents in a specialty court for CSEC/DMST?

Sub-question 1: What do parents report as helpful in the specialty court program?

Sub-question 2: What do parents report as challenging in the specialty court program?

Sub-question 3: What do parents believe could be improved within the specialty court program?

Underlying Frameworks

Ecological Systems Theory

An ecological perspective posits that a person's development, behavior, and well-being cannot be understood without recognizing the interconnected relationships and factors that exist *within* and *between* themselves and their multiple environments (Bronfenbrenner, 1979).

According to ecological systems theory, human development is influenced by various interacting factors in our environments. Bronfenbrenner, a developmental psychologist who pioneered the ecological model for human development, conceptualized an individual's environments into five distinct but interrelated levels or systems, spanning from the most immediate environment (i.e., microsystem) to the most distant (i.e., macrosystem). The closest level, the microsystem, includes environments that an individual directly interacts with, including family, friends, school, and peers. For sexually exploited youth and their parents, child-serving systems (i.e., the juvenile justice and child welfare system) are often of their microsystem before, after, or during exploitation. The mesosystem, the second level of the environment, describes the interactions between different microsystems, for example, for parents, this would include interactions between the court and the child or the relationship between the court and the child's school. The third system, the exosystem, includes the environments or settings that do not involve the individual, but still indirectly impact their development, such as court policies and procedures, and community organizations (or lack thereof) for CSEC, and laws surrounding CSEC. The fourth system, the macrosystem, involves the broader cultural context such cultural norms, customs, and values. For example, sexual consumerism (e.g., and the sexualization of youth in the media) is a larger social issue that perpetuates CSEC and shapes the perception of, and response to, sexually exploited/trafficked youth. Lastly, the chronosystem refers to the historical and developmental context, such as life transitions, historical events, and developmental milestones. Together, the various social environments interact and form an interconnected network, impacting both the youth's risk for exploitation/trafficking and their capacity to heal and recover after exploitation/trafficking.

According to Bronfenbrenner, a change in one environment or system influences the entire system (Bronfenbrenner, 1979; Szapocznik & Kurtines, 1983). Ecological systems theory is a relevant framework for the present study because 1) it accounts for the complex interactions between individual, interpersonal, social, and cultural factors that influence the adjustment of sexually exploited/trafficked youth, and 2) it broadens the scope of intervention by emphasizing the importance of individual's environments. In application to this study, an ecological lens explains how intervening at the microsystems (i.e., caregivers, the specialty court), mesosystem (i.e., the interactions between caregivers and the specialty court), and exosystem (i.e., child-welfare and juvenile justice system policies) levels could be a critical avenue to support well-being of youth and their caregivers post exploitation/trafficking. Understanding sexually exploited/trafficked youth's most immediate systems and their interactions is integral to enhancing interventions at the family level (i.e., psychoeducational parenting groups, family therapy, parent training) and policies at the exosystem level (i.e., policies mandating caregiver involvement in the specialty court).

Attachment Theory

Attachment theory is less commonly used as an orienting framework in the CSEC/DMST and CSEC/DMST specialty court literature; however, the tenets of this theory have important implications for understanding how disrupted relationships contribute to CSEC/DMST vulnerability and how supportive and secure relationships have the potential to foster healing after experiencing exploitation/trafficking, which in turn could reduce revictimization and recidivism.

Attachment theory suggests that humans are intrinsically motivated during all stages of life to seek connection with other human beings (Bowlby, 1988). Thus, starting at birth,

children crave proximity to their primary caregiver(s) and rely on them to meet their basic needs. Overtime, through repeated interactions, attachment relationships are developed, and these early experiences serve as a foundation for future relationships (Bowlby, 1988). The pioneers of attachment theory, Ainsworth & Bowlby (1991), categorized attachment relationships as secure or insecure (anxious, avoidant, or disorganized). Secure attachments are formed when caregivers promptly and consistently respond to their child's needs. Children who experience secure attachments learn that they can rely on their caregivers to protect them; moreover, children with secure attachments feel that their caregiver is safe and can trust them to consistently meet their needs (Ainsworth & Bowlby, 1991).

Conversely, insecure attachments develop when caregivers neglect or dismiss their needs. Insecure attachments are classified as anxious, avoidant, and disorganized (Ainsworth & Bowlby, 1991). Anxious attachments occur when caregivers inconsistently respond to their child's needs, leaving their child unable to predict if they will be attended to or not. Avoidant attachment relationships develop when caregivers are not attentive to their child's needs and reject their child's attempts for physical connection. Children with avoidant attachments often turn inward and do not seek out contact from their caregivers because they have learned they cannot count on them (Ainsworth & Bowlby, 1991). Lastly, disorganized attachments occur when caregivers are inconsistent, dismissive, and inflict any abuse toward their child (Bartholomew & Horowitz, 1991). Children with an anxious-avoidant attachment style become fearful, disoriented, or dissociative in the presence of their caregivers and learn to rely on themselves to get their needs met (Main & Solomon, 1990). The attachment styles formed in early childhood serve as the basis for future attachment relationships and individual well-being (Bartholomew & Horowitz, 1991).

Additionally, attachment styles form the basis for internal working models (Bowlby, 1988). Internal working models are expectations and beliefs that individuals have about themselves, the world, and the relationship between self and others (Bowlby, 1988). When secure bonds are present, children develop positive internal working models and view themselves as valuable and self-reliant, which results in their ability to make connections with others feeling worthy and independent (Bowlby, 1988). On the other hand, individuals who do not receive this bond or experience high levels of trauma have internal working models that are severely damaged (Bowlby, 1988). As a result, they are likely to create working models that label themselves as unworthy or incompetent, making it challenging to remain open to new and healing relational experiences (Bowlby, 1988; Johnson, 1998).

The attachment profiles sexually exploited/trafficked youth are inherently complex as they often experience multiple types of interpersonal (e.g. emotional abuse, emotional neglect, physical abuse, physical neglect, sexual abuse, intimate partner violence). Research shows that interpersonal traumas that occur throughout key periods of development are detrimental as youth are constructing their core beliefs about themselves, others, and the world around them (Cloitre et al., 2009; Ford et al., 2015). For many sexually exploited/trafficked youth, interpersonal trauma(s) experiences in childhood form the basis of insecure attachments, leaving youth with distorted views about themselves and others, and a desire for any type of love and connection (Johnson et al., 2001). Consequently, youth often look beyond the caregiver relationship for their attachment needs.

While attachment theory helps explain how youth with insecure attachments are more vulnerable to trafficking, it also supports why supportive and secure caregiving relationships are essential for youth's adjustment after exploitation/trafficking. Repairing and creating positive

attachments with caregivers can aid youth in re-establishing safety, emotional stability, and self-esteem, and trust for themselves and others (Herman, 1992). Accordingly, this study applies attachment theory as a framework to situate and interpret the results, emphasizing the importance of secure attachments and providing rationale for why services provided to CSEC/DMST youth should integrate family/caregiver components to help buffer against trauma symptoms and re-victimization.

Community-Engaged Research Approach

The current research study utilized a community-engaged research (CEnR) approach. Over the past few decades, community-engaged research (CEnR) has become increasingly popular as evidence reveals that engaging the community in research fosters a deeper understanding of health-related phenomena while also promoting more effective and sustainable actions within systems, policies, and programs (Irby et al., 2021). The overarching goals of CEnR are to build trust, enlist new resources and allies, strengthen communication, and establish long-lasting collaborations between researchers and communities (CDC, 1997). In other words, rather than conducting research *on a* community, CEnR conducts research *with* the community.

Given the strong emphasis on collaboration, researcher-community partnerships are formed to address issues of mutual interest. Principles of mutual respect, trust, collaboration, and shared-decision making form the foundation of these relationships (Irby et al., 2021). The research questions guiding this study developed out an academic-community partnership that I formed with the CSEC/DMST specialty court after my clinical internship had concluded in 2018. Since this time, I have worked collaboratively with specialty court professionals to design and implement the current study. The court's participation and perspective were instrumental in

making this study possible. Further information about the partnership and application of a CEnR approach is provided in Chapter 3.

CHAPTER II: LITERATURE REVIEW

This chapter begins by discussing the background and context of CSEC/DMST. In this section, a definition of CSEC/DMST is provided and relevant literature related to risk factors pathways, and consequences of CSEC/DMST are explored using a systems and relational lens. The subsequent section connects CSEC/DMST risk factors and consequences to the juvenile justice system and describes an emerging treatment model undertaken by some jurisdictions to respond to and address CSEC/DMST among court-involved youth (i.e. specialty courts). In the final section of this chapter, I discuss gaps in the literature and make an argument for why more research on family involvement in CSEC/DMST specialty courts shows promise.

Defining Sex Trafficking and CSEC/DMST

Human trafficking, also known as trafficking in persons, is a form of modern-day slavery that inflicts negative consequences on individuals, families, and communities across the world (Center for Disease Control; CDC, 2022; United Nations on Drug and Crime; UNODC, 2016). Following drug trafficking, human trafficking is the second largest and fastest growing criminal industry in the world, producing more than \$150 billion dollars a year in illicit profit (U.S. Department of State, 2022; UNODC, 2016). Despite misconceptions that trafficking is exclusively an international concern, recent evidence suggests that most trafficking occurs within the same country (UNODC, 2016; Zimmerman & Kiss, 2017). Sex trafficking, a form of human trafficking, is the most prevalent type of trafficking in persons (Department of State, 2017). In the United States, sex trafficking is defined as:

“The recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age” (Trafficking Victims Protection Act of 2000; p. 7).

Research suggests that minors under the age of 18 are one of the most vulnerable populations victimized by sex trafficking (Department of State, 2016). The sex trafficking of minors in the United States, also referred to as Domestic Minor Sex Trafficking (DMST) or the Commercial Sexual Exploitation of Children (CSEC), includes a diverse range of crimes that result in the sexual abuse or exploitation of a child for the financial or individual benefit of another person, and does not need to need to require force, fraud, or coercion given that children under the age of 18 cannot consent to sex work (OJJDP; n.d).

Research indicates that the United States is one of the top destinations for child sexual exploitation/trafficking CSEC/DMST (UNODC, 2016; U.S. Department of State, 2017, United Nations International Emergency Children’s Fund USA; UNICEF USA; 2023). Yet, obtaining data that accurately represents the number of individuals and children who experience sex trafficking remains difficult to determine due to the crime’s underground nature, lack of universal definition, and insufficient resources to collect data (Franchino-Olsen et al., 2022). As a result, the number of children impacted or at risk remains misrepresented and potentially underreported.

However, some researchers have estimated that 100,000 to 300,000 children in the US are at risk for, or victims of, CSEC/DMST each year (Koltra, 2010). Furthermore, reports from 2020 indicate that there were more than 8,000 reported sex trafficking cases in the United

States. Of that 8,000, it is estimated that around 2,600 included victims who were under the age of 18 (Polaris Project, 2021). Although prevalence rates are difficult to determine due to the crime's illicit nature, CSEC/DMST is a serious public health concern that warrants immediate attention.

Risk Factors for CSEC/DMST

Aligning with an ecological framework, evidence shows that risk factors transcend individual, family, community, and societal level levels and collectively place youth at a heightened risk for CSEC/DMST. The following section describes the risk factors by level.

Individual Level Factors

There are several individual level factors that can place youth at risk of CSEC/DMST. Research indicates that females (Gibbs et al., 2018; Pullmann et al., 2020), minority youth of ethnic and racial backgrounds (Fedina et al., 2016; Havlicek et al., 2016; Twis, 2019), LGBTQ+ youth (Hogan & Roe-Sepowitz, 2020), youth with disabilities (Hopper, 2017; Twill, 2010), mental health conditions (Cole & Sprang, 2015), and substance dependency (Bath et al., 2020a; Franchino-Olsen, 2021) are at increased risk for CSEC/DMST.

Child Maltreatment. The most salient risk factor for CSEC/DMST identified across the literature is a history of child maltreatment. Childhood abuse, in the form of physical, sexual, and psychological abuse, is prevalent among sexually exploited/trafficked youth (Cobbina & Oselin, 2011; Reid et al., 2017; Reid, 2011; Roe-Sepowitz, 2012). Notably, in their systematic review on risk factors for CSEC/DMST, Choi et al. (2015) found that child sexual abuse (CSA) is perhaps the strongest correlate of CSEC/DMST. Furthermore, childhood neglect, another form of childhood maltreatment, is also associated with CSEC/DMST victimization (Cobbina & Oselin, 2011; Havlicek et al., 2016; Landers, 2017). Encountering abuse and neglect alters a

youth's sense of safety and commonly results in a desire to escape home (Cobbina & Oselin, 2011). Consequently, child maltreatment is linked to other risk factors for CSEC/DMST such as running away, substance use, and child-welfare and/or juvenile justice involvement (Countryman-Roswurm & Bolin, 2014; Reid, 2011; Twis, 2019).

Child-Welfare Involvement and Juvenile Justice Involvement. Previous or current involvement with the child welfare (CW) and juvenile justice (JJ) system are key risk factors for CSEC/DMST (Franchino-Olsen, 2021; Choi et al., 2015; Fedina et al., 2016). Contact with child-protective services, a history of child-welfare involvement, out-of-home placements, and placement disruption are associated with increased susceptibility to CSEC/DMST (Havlicek et al., 2016; Landers et al., 2017; Pullman et al., 2020). Moreover, frequent juvenile justice contact increases a youth's risk for CSEC/DMST (Choi et al., 2015; Cole & Sprang, 2016). For example, a recent study found that system-involved females who experienced CSE had significantly higher juvenile justice histories, including more arrests, petitions filed, bench warrants, and entrances to detention, compared to the non-CSE sample (Diekhising et al., 2023). Given that many of the risk factors (i.e., previous maltreatment, family violence, and criminal activity) for child welfare and juvenile justice involvement overlap, research has found that many sexually exploited/trafficked youths are involved in both systems, also known as *dually involved/crossover youth*, meaning they are simultaneously involved or cross between systems (Herz, 2012).

Familial Risk Factors

Several studies documented that various factors within the family system are associated with CSEC/DMST (Fedina et al., 2016; Havlicek et al., 2016; Reid, 2011; Roe-Sepowitz, 2012). These factors can be categorized into disrupted caregiving and familial systems.

The Caregiving Context. Compromised parenting, caregiver-child conflict, and inadequate supervision are major determinants of CSEC/DMST victimization. Franchino-Olsen's (2021) systematic review of risk factors for CSEC/DMST showed that compromised parenting and caregiver strain included parental substance use (Basson et al., 2012; Cole & Sprang, 2015), parental mental illness (Reid, 2011), parental arrests (Reid & Piquero, 2016), and problems between caregivers (Reid & Piquero, 2016). These disruptions often result in youth having inadequate supervision by parents/caregivers (Basson et al., 2012). For example, participants in one study reported that poor parental supervision, parental absence, and a lack of caregiver connection contributed to them seeking relationships outside the home (O'Brien, 2018). Additionally, conflict with parents is another factor associated with CSEC/DMST involvement. A quantitative study of 328 street-based workers in Ohio found that conflict with parents before CSE involvement was one of five factors that increased the odds of being forced into CSE (Chohaney, 2015). Hence, improper supervision and/or being disconnected from caregivers make youth more susceptible to CSEC/DMST.

Family Violence and Criminal Activity. Witnessing violence and criminal activity within the home is found to increase a youth's risk of future CSEC/DMST victimization. Research indicates that seeing violence between caregivers or other family members in the home is common among sexually exploited youth prior to exploitation (Basson et al., 2012; Landers, 2017). Further, witnessing or participating in criminal acts within the family context is another factor associated with CSEC/DMST. For example, one study that examined the experiences of sexually exploited youth found that 23% of youth had contact with or involvement in parents' criminal activities (Basson et al., 2012). This finding is consistent with Landers et al. (2017), who found that 28.7% of CSE involved youth had witnessed criminal acts

in the family prior to their exploitation. Moreover, studies have shown that sexually exploited youth are significantly more likely to have a family member involved in sex work compared to non-sexually exploited youth (Basson et al., 2012; Fedina et al., 2016). These studies suggest that youth exposed to violence, criminal activity, or sex work within the home may result in a desensitization to, or a normalization of such activity.

Community Level Factors

At the community level, associating with peers that trade sex for money, gang membership, experiencing community violence, and living in high-crime neighborhoods all heighten a youth's risk for CSEC/DMST (Choi et al., 2015; Cobbina & Oselin, 2011; Chohaney, 2015; Fedina et al., 2016; Franchino-Olsen, 2021). In one study (n=86), it was found that 31% of youth with exploitation/trafficking histories reported witnessing fighting and other forms of violence in their home; this violence extended to the community context in that 32% of the sample witnessed someone get significantly injured from violence, and 12% had witnessed the death of someone in their community as the result of violence (Landers et al., 2017).

Societal Level Factors

A lack of comprehensive policies and larger structural issues such as racism, sexism, homophobia, and capitalism, all create additional risks for particular youth (e.g. youth of color, females of color, LGBTQ+, youth living in poverty and high crime neighborhoods) (Edwards & Mika, 2017). Moreover, many scholars have argued that the United States' "culture of tolerance" is an additional societal factor that contributes to and maintains the sex exploitation/trafficking of minors (Koltra, 2010). The "culture of tolerance" refers to glamorization and the sexualization of women, specifically youth, in our society (Koltra, 2010). This culture is created and perpetuated through the media (e.g., entertainment, social media,

songs/ music videos), which portrays young females as “sexy” (Miller-Perrin & Wurtele, 2017). Consequently, society sees youth as sexual beings, which increases their risk for CSEC/DMST as exploiters/traffickers often desire youthfulness (Bounds et al., 2020).

Pathways into CSEC/DMST

As demonstrated above, various factors across ecological systems increase youths’ susceptibility to exploitation/trafficking. However, prior research demonstrates that the most salient risk factors are rooted in negative interpersonal interactions and environments, with a history of child maltreatment and strained caregiver environments being the most cited risk factors for CSEC/DMST (Choi et al., 2015; Fedina et al., 2016; Franchino-Olsen, 2021).

To escape abuse and neglect, many youths run away from their homes (Baron, 2003; Estes & Weiner, 2001; Williamson & Prior, 2009). A trauma-informed and attachment-based framework explains that sexually exploited/trafficked youth display externalizing and high-risk behaviors because of trauma-induced attachment issues, which compromise their emotion regulation and raise the likelihood of defensive reactions to stress (Cook et al., 2005). Research indicates that sexually exploited/trafficked youth have higher incidences of runaway behavior and homelessness compared to non-exploited youth (Franchino-Olsen et al., 2022). For example, one study found that youth with a CSEC/DMST history were more than 5 times more likely to run away from home compared to the comparison group that did not have a CSEC/DMST history (Fedina et al., 2016).

Childhood maltreatment and running away are two frequently cited pathways in exploitation/trafficking. Reid and Piquero (2016) found that child maltreatment worsens with caregiver strain, and that this maltreatment is linked to running away, which in turn correlates with sexual exploitation. These findings suggest that caregivers who are abusive or neglectful

may be influenced by mental illness, substances, or other adversities, leading to children running away and becoming more vulnerable to exploitation/trafficking. This aligns with previous research which suggests that running away increases the likelihood that youth will engage in sex at an earlier age, survival sex, develop a dependence on substances, or become involved in the juvenile justice or child-welfare system, thereby heightening their vulnerability to exploitation/trafficking (Cain., 2023; Gibbs et al., 2015; Havlicek et al., 2016; Landers et al., 2017; Reid & Piquero, 2016). Unfortunately, exploiters/traffickers capitalize on these vulnerabilities and intentionally target youth with a history of trauma, lack of family/social support, or compromised caregiver supervision, as they are aware that many of these children are looking for love, connection, and care (Bounds et al. 2020; Landers et al., 2017).

Consequences of Exploitation/Trafficking

Health Impacts

Emerging literature suggests that CSEC/DMST is associated with significant and multifaceted physical and mental health consequences. While an abundance of literature has explored how childhood abuse or neglect has negative impacts on a child's future well-being, research is only beginning to explore the unique implications of experiencing CSEC/DMST. Some scholars have found that sexually exploited/trafficked youth experienced a greater level of traumatic exposure and as a result, have a higher degree of severe mental and behavioral health needs compared to other groups that have experienced complex trauma (Basson et al., 2012). The section below provides an overview of the current research to date regarding the physical and psychological consequences of CSEC/DMST.

Physical Health Impacts. Scholars have argued that sexually exploited/trafficked youth have distinguishing medical characteristics that set them apart from other related groups, such

as child sexual abuse victims (Greenbaum, 2015; Varma et al., 2015). The differing health outcomes are thought to be present due to the DMST/CSE youth's complex history and the varied and repeated forms of sexual and physical abuse that occur during the exploitation experience (Clawson et al., 2009). In many cases, this abuse is on top of the abuse they experienced in their home prior to, and perhaps during, exploitation. Consequently, sexually exploited/trafficked youth commonly experience violence-induced injuries and sexual/reproductive issues.

Physically violent actions used by the exploiter/trafficker often result in violence-related injuries or other pervasive physical health conditions (Hossain et al., 2010; Le et al., 2018). For example, in a study that explored the health consequences and health care experiences of over one hundred women and girls trafficked in the United States, 70% reported physical injuries to the head or face. Moreover, 99% of participants reported at least one physical health condition, with neurological symptoms (e.g., memory problems, insomnia, poor concentration, headaches) being the most common (Lederer & Wetzel, 2014). Additional health problems such as cardiovascular/respiratory, gastrointestinal, dental, and dermatological issues have also been reported by survivors of sexual exploitation/trafficking (Lederer & Wetzel, 2014).

Research indicates that sexually exploited/trafficked youth have elevated rates of sexually transmitted infections (gonorrhea, chlamydia, HIV /AIDS), pregnancies, and sexual/reproductive health issues (Lederer & Wetzel, 2014). Based on findings from their systematic review of 27 studies that focused on the health issues associated with CSEC/DMST, Le and colleagues (2018) report that the prevalence of sexually transmitted infections (STIs) in sexually exploited/trafficked youth is moderate to severe. For example, in one study, it was found that STI rates were more common among youth who engaged in commercial sex than

those who did not (Ulloa et al., 2016). More specifically, Edwards et al. (2006) found that receiving a positive HIV/STI diagnosis was 5.8 higher for girls who exchanged sex compared to girls who did not.

Pregnancy is another common outcome of exploitation/trafficking (Cecchet & Thoburn, 2014). One study found that 71.2% of their sample reported having at least one pregnancy while being trafficked (Lederer & Wetzel, 2014). Unfortunately, reports from survivors suggest that exploiters often force their victims to have an abortion, and some victims were forced to have multiple abortions (Lederer & Wetzel, 2014). On the other hand, women/girls who remain pregnant have been found to have high rates of maternal and infant health complications, including miscarriage, pre-term birth, and pregnancy-induced hypertension (Le et al., 2018; Lederer & Wetzel, 2014). Other common reproductive consequences of CSEC/DMST include urinary tract infections, pain during sex, and other gynecological symptoms (Lederer & Wetzel, 2014). These studies demonstrate the concerning physical impacts CSEC/DMST has on developing youth and highlight the complex health needs sexually exploited/trafficked youth may have during and after exploitation.

Psychological and Behavioral Impacts. A growing body of literature shows that CSEC/DMST is associated with far-reaching psychological outcomes. Several studies have found that sexually exploited/trafficked youth experience concurring psychological conditions such as post-traumatic stress disorder (PTSD), complex post-traumatic stress disorder (Complex-PTSD), depression, anxiety, suicidality, self-harm, and sense of apathy or resignation (Hodge, 2014; Hopper, 2017; Hossain et al., 2010; O'Brien et al., 2017; Ottivosa et al., 2018).

Studies suggest that complex post-traumatic stress disorder (C-PTSD), or complex trauma, is a more encompassing conceptualization of the abuse sexually exploited/trafficked

youth endure (Cloitre et al., 2009; Ford, 2015). Herman (1992) termed the phrase complex trauma to describe chronic and repeated trauma that occurs in an interpersonal context in which escape is difficult or impossible. Due to the severity and longevity of trauma, Herman (1992) asserted that individuals exposed to complex trauma experience the core PTSD symptoms (i.e., re-experiencing, negative alterations in mood, avoidance, hyperarousal) in addition to distinct disturbances in self-organization. Since Herman's (1992) seminal work, Complex PTSD has emerged as an expanded diagnostic classification. While not currently listed in the Diagnostic Statistical Manual, fifth edition (DSM-5; American Psychiatric Association, 2013), Complex PTSD is a diagnosis found in 11th edition of the *International Classification of Diseases (ICD-11*; World Health Organization, WHO, 2018). According to the ICD-11, Complex PTSD is the presence of core PTSD disturbances, as well as disturbances in self-organization (DSO), which include 1) affect regulation – i.e. emotion dysregulation, 2) negative self-concept, and 3) relationship difficulties (World Health Organization, 2018).

Emerging studies provide evidence that complex trauma symptoms are prevalent in sexually exploited youth, specifically symptoms of affect dysregulation, alterations in self-concept, and relational difficulties (Hopper, 2017; Ottisova et al., 2018). In one study of 32 youth who were sex trafficked as minors, 88% reported that they have trouble controlling their emotions and impulses; many described increased irritability, which in turn led to extreme hyper and hypo-arousal and uncontrollable anger and anxiety (Hopper, 2017). This is consistent with Ottisova and colleagues (2018) findings, which reported that alterations in emotion regulation was the most frequently reported symptom among their sample of sexually exploited/trafficked youth.

To avoid or manage uncontrollable and unpredictable emotions, sexually exploited/trafficked youth often engage in harmful and risky behaviors such as self-injurious behaviors, substance abuse, suicidal ideations, and delinquency (Hopper, 2017). A study that compared the clinical severity indicators and problem behaviors of CSE youth to sexually abused youth (who were not victims of CSE) found that youth in the CSE group had a significantly higher prevalence of clinical problems (i.e. conduct disorder, general behavioral problems, substance abuse, disassociation, and sexual behavior problems) and problem behaviors (i.e. such as substance abuse, alcohol use, sexualized behavior, criminal activity, and running away) (Cole et al., 2016). Moreover, research shows that sexually exploited/trafficked youth also experience problems relating to their consciousness and report high rates of dissociation, depersonalization, or numbness to cope with the abuse during the exploitation experience and psychological consequences (Cecchet & Thoburn, 2014; Hopper, 2017; Roe-Sepowitz, 2012). For example, one youth in a qualitative study reported, “Sometimes I can’t feel my emotions. I have lost any ability to love another person. I don’t feel like I have the capacity to hate anyone. Sometimes, I feel empty inside. I can’t laugh or cry” (Hopper, 2017).

Exploitation/trafficking has significant impacts on a youth’s sense of self. Hopper (2017) noted that most of their sample (91%) held negative views about themselves and the world. More specifically, shame was commonly referenced, with youth also describing a sense of self-blame for not recognizing the exploitation sooner. Negative self-concepts resulted in youth feeling hopeless about their futures.

Moreover, research suggests that sexually exploited/trafficked youth have high rates of truancy, substance abuse, running away, and criminal activity (Cole et al., 2016). From a trauma-informed perspective, it is evident that these behaviors are likely a manifestation of the

complex trauma (Cloitre et al., 2009; Cook et al., 2005). As a result, sexually exploited/trafficked youth are at an increased risk of being detained and charged with status offenses, leading to initial or repeated involvement with the juvenile justice system, which in turn furthers their risk for exploitation/trafficking revictimization (Bath et al., 2020a; Clawson et al., 2009; O'Brien et al., 2017).

Relational Impacts

The interpersonal trauma experienced by youth both prior to and during exploitation/trafficking, along with the systemic isolation and trauma bonds youth endure during exploitation/trafficking, present challenges for youth establishing and maintaining relationships (Evans, 2020; Ottisova et al., 2018). Youth who experience interpersonal victimization often become mistrusting adults. The distrust for adults may stem from their trafficker manipulating them not to trust others, or from adults being the ones who perpetrated the abuse or the ones who failed to protect them (Buffinton et al., 2010). This pain and betrayal severely distort youths' perceptions of love, trust, and relationships (Cook et al., 2005). Consequently, sexually exploited youths' interpersonal relationships are impacted, with preliminary research suggesting that sexually exploited youth frequently isolate themselves from others, experience conflict within interpersonal relationships, or disregard adult-imposed boundaries/rules (Buffinton et al., 2010; Hopper, 2017; Ottivosa et al., 2018).

Parent-Child Relationship. While increasing attention has been devoted to risk factors and health consequences of CSEC/DMST, less is known about how youth sexual exploitation/trafficking impacts the parent/caregivers and family dynamics during and after victimization. Therefore, a critical gap remains in our understanding of parents' unique experiences and perspectives. Specifically, parents' experiences of caretaking for sexually

exploited/trafficked youth and their experiences of the parent-child relationship are absent in the academic literature. Although research has yet to explore the impact of CSEC/DMST on parents and family members, it can be assumed that the exploitation/trafficking experience and the intersecting physical, psychological, and behavioral consequences elicits various reactions and challenges within family systems.

This assumption is informed by a system's perspective and based off previous research in an adjacent population, the child sexual abuse literature, which illustrates that interpersonal trauma experienced by children profoundly impacts non-offending parents. For example, studies in the CSA literature have found that CSA disclosure has a substantial emotional impact on parents. Parents of children who have experienced sexual assault describe the process of finding out as an "emotional whirlwind", citing feelings of anger, disbelief, shock, powerlessness, anguish shame, guilt, depression, and sadness (Kilroy et al., 2014; Vladimir & Robertson, 2020).

Naturally, parents' distress is a common response when they discover that their child has experienced trauma (Kilroy et al., 2014; Vilvens et al., 2021; Vladimir & Roberson, 2020). Unfortunately, though, high parental stress has been an identified risk factor for youth psychopathy (Neece et al., 2012) and is associated with negative parent-child interactions (Ward & Lee, 2020). Although there is a dearth of information about the family context during and after CSEC/DMST, positive family-parent relationships are critical to consider in that an abundance of research has shown that parental warmth and positive caregiving practices are salient protective factors for youth with trauma histories and youth in the JJ system (Afzal et al., 2023; Williams & Steinberg, 2011).

These studies suggest that parents/caregivers of CSEC/DMST youth experience an increased level of stress as they attempt to manage their individual and their child's reactions. Considering the well-documented relationship between caregiving strain and risk for CSEC/DMST, caregivers' reactions and experiences must be considered when planning for prevention and intervention efforts.

CSEC/DMST and the Juvenile Justice System

CSEC/DMST Legislation

Over the last twenty years, numerous federal and state laws have been enacted to address the widespread problem of human trafficking in the United States. The year 2000 marked a significant milestone in U.S. history, when the Trafficking Victims Protection Act (TVPA) of 2000 was authorized. Being the first comprehensive law to address trafficking in the US, the TVPA of 2000 formally defined human trafficking (i.e., labor trafficking and sex trafficking) and declared that persons impacted by trafficking, including those under the age of 18, are *victims* of a crime and should not be subject to penalty from the criminal or juvenile justice systems (US Department of Justice; US DOJ, 2023).

The passing of TVPA in 2000 resulted in a monumental shift in the United States federal response by providing a foundational framework to address trafficking in persons. Prior to the enactment of TVPA, there was no comprehensive federal law, and the issue of human trafficking was addressed through traditional laws prohibiting involuntary servitude, which consistently failed to confront the complexity of modern-day human trafficking. Ultimately, this landmark legislation provided additional protection and resources to victims, prioritized prevention measures, and amplified efforts to prosecute traffickers, a framework known as the “3 P’s” - protection, prevention, and prosecution (US DOJ, 2023). Since the law's initial passing

in 2000, the TVPA has been reauthorized and updated five times: in 2003, 2005, 2008, 2013, and 2017.

Despite advancements in federal efforts, several states have failed to enact corresponding legislation, leading to inconsistencies in how states respond to CSEC/DMST. In attempt to promote congruent policies and practices across states, in 2013, the US Department of Justice requested a review of research and practice-based literature concerning sexually exploited/trafficked youth (Green et al., 2019). The final report, completed by experts at the Institution of Medicine and the National Research Council (IOM and NCR), called for a “paradigm shift” and advocated that sexually exploited/trafficked youth be addressed as victims of a severe form of child abuse, rather than criminals or “prostitutes” (Clayton et al., 2013). Further, the report recommended that national, state, and local jurisdictions implement legislation, otherwise known as Safe Harbor Laws, that would redirect sexually exploited/trafficked youth away from the juvenile justice system and into other state agencies or supportive services (Clayton et al., 2013).

In response to these recommendations, Safe Harbor Laws were established at the state level to 1) protect sexually exploited/trafficked youth from punitive approaches within the juvenile justice system, and 2) address the inconsistencies between federal and state legislation (Polaris, 2015). Safe Harbor Laws contain two distinct components: legal protection and provision of services, which are implemented through elements of immunity, diversion, mandatory referral to services, or a combination of all three (Gies et al., 2019; Green et al., 2019). According to the Office of Juvenile Justice and Delinquency Prevention (n.d.), 35 states had enacted some form of Safe Harbor Laws by the end of 2017. However, great variation

across states exists as the implementation of Safe Harbor Laws varies based on the state (Green et al., 2019).

Specialty Courts

Following the TVPA, safe harbor laws, and research suggesting that traditional court practices may be re-traumatizing or more traumatizing to youth impacted by CSEC/DMST, efforts to create more comprehensive and specialized treatment responses have emerged (Epstein & Edelman, 2014; Godoy et al., 2022). Specialty courts for CSEC/DMST is a novel approach that some jurisdictions have taken to address the multi-faceted needs of sexually exploited/trafficked youth (Bath et al., 2020b; Callahan et al., 2012). Specialty courts for CSEC/DMST fall under the broader umbrella of specialty court programs (SCPs), also known as problem-solving courts (PSCs), which aim to address specific social issues that underlie crime (Miller et al., 2020).

Background of Specialty Courts. Specialty courts originated in the United States in Miami, Florida, during the late 1980s and early 1990s after the “War on Drugs” resulted in an influx of individuals being incarcerated for drug-related crimes, leading to excessively crowded dockets, recurring imprisonment, and prison overcrowding (Mitchell, 2011). In response, SCPs were developed to offer an alternative approach to incarceration for non-violent crimes. As opposed to traditional courts, SCPs for drug-related crimes sought to reduce recidivism by focusing on underlying needs that led to drug-use and criminal conduct. In place of incarceration, drug SCPs provided treatment, intensive supervision, and frequent court reviews. Since this initial implementation, drug courts proliferated around the United States and have served as a model for expanding SCPs (Thielo et al., 2019).

Underlying Frameworks. Drug courts and SCPs were not originally developed based on a specific theoretical framework. As Boldt (2014) states, “problem-solving courts are an “atheoretical” enterprise in which legal and human services professionals are guided by the concrete cues of everyday experience and not by the abstract direction suggested by top-down theory” (p. 1125). Instead, SCPs use a pragmatic approach and adopt programs based on other successful models that have been implemented (Boldt, 2014). While SCPs do not have a universal set of theoretical underpinnings from which they operate, scholars have argued that SCPs are associated with multiple innovative criminal justice frameworks.

The first framework is therapeutic jurisprudence (TJ); therapeutic jurisprudence is a philosophical orientation recognizing the law as a social force producing therapeutic or antitherapeutic consequences (Wexler & Winick, 1991). Therapeutic jurisprudence is closely linked with SCPs because it offers a framework for how courts can intervene positively to promote beneficial outcomes (Castellano, 2011). Rather than employing adversarial court practices, therapeutic jurisprudence facilitates an interdisciplinary approach that allows the legal system to address the specific social, psychological, and environmental factors contributing to an individual's involvement in the criminal justice system (Winick, 2003). This typically occurs by offering individuals with rehabilitative resources during court supervision to promote therapeutic impacts and reduce recidivism (Babb & Wexler, 2014). By employing this person-centered and holistic approach to the law, the law integrates rehabilitative treatment with judicial supervision (Babb & Wexler, 2014).

SCPs are also commonly associated with restorative justice (RJ). Restorative justice is a framework that “views crime as an action that causes harm to an individual or community, and therefore a criminal act is seen as a violation of a person and the relationships between people”

(Nascimento et al, 2023; p. 1929). By classifying the criminal act as an interpersonal transgression, instead of a violation warranting punishment, RJ intends to encourage offender accountability, victim reparation, offender reintegration, and community restoration (Castellano, 2011; Nascimento et al, 2023). To achieve these goals, restorative justice employs victim-centered mediation, community service, and sentencing circles (Castellano, 2011).

Lastly, problem-solving justice is another principle associated with SCPs (Thielo et al, 2019). Problem-solving justice is an approach that intends to understand and address the root causes of crime by acknowledging that litigation and disciplinary methods may not be suitable approaches for chronic non-violent offenders (Castellano, 2011). Where traditional courts use generic sanctions to prosecute offenders, problem-solving justice acknowledges that a specialized approach is needed for specific populations and uses a team approach to judicial supervision. Problem-solving justice fosters collaboration among professionals (i.e., attorneys, case workers, treatment providers, community agencies, and the judge) to develop individualized support and solutions to meet the needs of each participant in SPCs (Castellano, 2011). Using these alternatives, problem-solving justice integrates TJ and RJ ideologies (Thielo et al., 2019). Although therapeutic jurisprudence, restorative justice, and problem-solving justice have been affiliated with SPCS, it is important to note that not all SCPs are governed by some or all of these frameworks.

Features of SCPs. Given their unique focus, SCPs do not adhere to an overarching set of universal guidelines. Alternatively, they share standard features that distinguish them from traditional court supervision. According to Castellano (2011), researchers have identified that SCPs share the following elements: 1) Specialized dockets: Separate proceedings are uniquely adapted to focus on the specific problem and related needs. These hearings are commonly

executed by judges and court staff who have knowledge and expertise with the problem and occur more frequently than traditional hearings, 2) Judge-Centered: In SCPs, judges play an interactive role by intentionally building relationships with participants and collaborating with treatment teams to make decisions about cases, 3) Collaborative Effort: SCPs have treatment teams that emphasize interdisciplinary collaboration between judicial staff (i.e. the judge, prosecutor, juvenile court officers, and defense attorney) and community treatment providers and social service agencies (i.e. social workers, healthcare workers, mental health therapists) to link participants to services within the community, 4) Intensive Supervision: SCPs participants must adhere to court-supervision requirements for a specific set of time and are required to attend frequent court hearings to review progress in the program, 5) Treatment-Oriented: Individualized treatment plans are created for each SCP participant to address their unique circumstances, and lastly 6) Team-Based: SCPs are comprised of ‘treatment teams’ which commonly include the judge, prosecutor, social service workers, probation officers, and attorneys. These teams work together regularly to discuss, monitor, and make decisions about participants supervision. In essence, SCPs operate based on collaboration, individualization, and rehabilitation principles.

Juvenile Specialty Courts

In the United States, juvenile specialty courts (JSCs) have been an important initiative that grew out of the perceived success of the adult drug court model. In 1995, the first juvenile drug court (JDC) emerged as an innovative way to address juvenile drug use. To this day, Juvenile Drug Treatment Courts (JDTCs) are the most prevalent and recognized type of JSCP. After the initial implementation, JDTCs were rapidly adopted by jurisdictions across the country, as the specialty court model provided juvenile courts with an approach that aligned

with the core principles of juvenile justice - rehabilitation, accountability, and therapeutic interventions (Office of Justice Programs, 2003). While the adult drug court-model offered a useful framework for JDTCs, it was later discovered that juvenile substance use differs from those of adults' due to adolescents' developmental stage, which increases their vulnerability to influences in their external environments and the negative impacts of substance use (Marshall & Chassin, 2000). Subsequently, scholars and practitioners realized the adult model was insufficient and that JDTCs needed to be adapted to better suit adolescents' unique circumstances and needs (Office of Justice Programs, 2003; OJJDP, 2010).

Thus, in 2003, almost a decade after JDTC's were introduced, the Bureau of Justice Assistance released "Juvenile Drug Treatment Courts: Strategies in Practice, which emphasized the need for JDTCs to prioritize developmentally appropriate and family-based services (Office of Justice Programs, 2003; OJJDP, 2010.) This publication, authored by researchers, practitioners, and educators, offered implementation and operational guidance through 16 key strategies focusing on youth's developmental, social, and familial contexts. Innovative strategies relating to developmentally appropriate services (i.e., tailoring treatment to the developmental needs of youth), culturally component services (i.e., developing policies and procedures that are culturally diverse and enhancing cultural competency among staff), gender appropriate services (i.e., designing interventions to focus on unique needs of each gender), educational linkages (i.e., coordinating with school and monitoring school needs and attendance), and lastly, goal-oriented incentives and sanctions (i.e., using incentives and sanctions to respond to compliance and non-compliance) were developed, creating a pioneering framework for JDC's.

Family Involvement in JDTCs. Arguably, the most significant area of advancement recognized by this report was the emphasis on family engagement. In line with a developmental perspective, the family engagement strategy called for JDTCs to see the youth's family as a valued partner and engage the parent/family in every stage of the program (Office of Justice Programs, 2003). Thus, rather than using an individualistic approach like adult drug-courts, the authors argued youth's family environment must be considered and included in JDC programming, as family factors are highly correlated with youth substance use, recidivism, and program engagement (Marshall & Chassin, 2000). The authors reported, "because youth usually live within families (however defined), the juvenile drug court must shift its focus from a single participant to the entire family and expand its services to a more comprehensive continuum of care (pg. 8)".

Following this declaration, several recommendations were provided on how to build collaborative relationships and involve parents/families, including 1) having youth identify significant caregivers in their lives, 2) using an assessment tool to identify and monitor family needs and strengths, 3) utilizing family-focused interventions to build supportive family environments, 4) involving parents/family in the assessment, planning, and case management phase, 5) assisting families in building a support networks, and 6) respecting and responding to family's needs based on gender, race, and culture. Emphasizing the necessity of family engagement in JDC programming was a critical area of development because at the time, a growing body of recent research highlighted that parent/family interventions were effective methods to reduce delinquency (Bank et al., 1991; Godon et al., 1988; Alexander & Parsons, 1973) and conduct problems among youth (Webster-Stratton & Hammond., 1997; Wilz & Stouthamer-Loeber, 1984).

Targeting youth's families in JDTCs was further supported by scholars Belenko and Logan (2003). In their article, the researchers offered a model for planning, implementing, and evaluation JCDs based on evidence from delinquency, youth substance use, and treatment literature. Drawing from their findings, the authors advocated for JDTCs to adopt evidence-based interventions that reduce youth's risk exposure while enhancing protective factors across individual, peer, family, and community levels. Specific to the family domain, it was stated that addressing family risk factors and strengthening family protective factors must be a critical component of programming, as the family environment plays an instrumental role in decreasing and increasing risk for adolescent substance use and delinquency. Accordingly, Belenko and Logan (2003) recommended that JDTCs offer family-centered interventions, focusing on teaching parenting skills (i.e., healthy discipline, communicating behavioral expectations, creating consistency) and skills/resources for parental stress, mental health problems, substance use, or employment problems. These recommendations were based on a demand for more evidence-based programming and prior research showing that family-focused interventions (i.e., Multisystemic Therapy; MST, and Functional Family Therapy; FFT) were effective at reducing substance use and delinquency with high-risk youth (Barton et al., 1985; Henggeler et al., 1996; Henggeler et al., 1999).

However, research concerning the associations between parental/family involvement, family-based interventions, and JDTC youth outcomes have been scarce since these original publications. In the most recent systematic review and meta-analysis of juvenile drug treatment courts, Tanner-Smith and colleagues (2015) found that family engagement is one of the most frequently reported strategies that JDCs adhere to, with 83% of the studies reviewed directly reporting their adherence to this strategy. This finding suggests that family engagement is a

critical component of JDCs, however, more evidence is needed to detail what family involvement includes or how this strategy is implemented. For example, three studies have explored the influence of family support on JDC completion rates (Alarid et al., 2012; Fradella et al., 2009; MacMaster et al., 2005). All studies reported that parental involvement is an important predictor of youth drug court completion, with higher parental involvement in JDCs being associated with higher chances of youth graduation.

Moreover, Alarid and colleagues (2012) found that family support was significantly associated with decreasing post-program arrest rates 12 months after the program. While these results support the idea that parental involvement is an important mechanism to increase compliance and decrease recidivism, all programs varied in how parental involvement was defined and measured, demonstrating that there is no universal way that families are included in programming. Additionally, all studies had small sample sizes and lacked a comparison group. Despite these limitations, results from these studies represent that family involvement is correlated with JDTC programming and suggests that JDTCs should implement evidence-based practices that target families (Alarid et al., 2012).

Research, although narrow in scope, has shown that incorporating family-based interventions into JDTC programming does improve outcomes for youth. For example, in one randomized clinical trial (RCT), Henggeler and colleagues (2006) explored the effectiveness of JDTCs using four treatment conditions to 1) the examine treatment effects of juvenile drug courts vs family courts, and 2) investigate how the integration of evidence-based practices in JDTC influenced adolescent outcomes. The researchers used four conditions: family court (FC), juvenile drug court (JDTC), juvenile drug court with multisystemic therapy (JDTC/MST), and juvenile drug court with MST and contingency management (JDTC/MST/CM). Data were

collected from youth and their caregivers three times, once at pretreatment, and then again 4- and 12-months post recruitment. Results from this RCT revealed that after one year, JDTCs were more successful in reducing rates substance use and criminal behaviors than FC. Furthermore, these outcomes were enhanced when evidence-based interventions were introduced. For example, adolescents who received MST, an intensive family and community-based intervention, exhibited lower rates of substance use compared to adolescents who received JDTC treatment as usual (i.e., group-based community substance use treatment). Additionally, the authors found that the relationship between reduced substance use, and MST was strengthened when MST incorporated Consistency Management (CM), a home-based empirically supported treatment that focuses on decreasing substance abuse through frequent monitoring and positive reinforcement. Results from this study demonstrated that JDTCs, specifically JDTCs employing evidence-based family approaches, lead to better youth outcomes.

Building on these findings, Schaeffer and researchers (2010) used data from the clinical trial of Henggeler et al. (2006) to explore mechanisms of change within JDTCs. Possible mechanisms of change were examined using measures of youth delinquency and youth substance (i.e., ultimate outcomes) and family and peer risk factors. (i.e., risk outcomes). As described above, the study took place over a 12-month period and included three assessment time points. Results from this study showed that youth who received JDC, MST, or MST-CM had significantly decreased association with delinquent and substance-using peers, and significant increases in caregiver supervision. Additionally, it was found that caregivers in the MST/MST-CM group reported marginally significant increases in consistent discipline in comparison to the other groups. Ultimately, results from this study showed that JDTCs that

incorporate evidence-based practices may be more effective because they address core risk factors (e.g., family and peer), while empowering caregivers to address youth behaviors at home (Schaeffer et al., 2010).

Considering these results, Schaeffer et al. (2010) encouraged JDTC practitioners to use empirically supported treatment approaches, specifically ones that pertain to youth's most relevant family and peer risk factors when providing services. Specifically, the authors recommended that JDTCs provide additional support and interventions to caregivers to support them in their supervision and discipline consistency practices. To accomplish this, the authors suggest that JDCs may need to provide more intensive interventions, such as parenting classes, to ensure that parents retain and practice these skills during and well after their child has completed the program.

Unfortunately, these early 2000 studies have not resulted in extensive follow up literature pertaining to the implementation or implications of evidence-based family interventions in JDTCs. The most recent study relating to family-based interventions in JDCs was conducted by Henggeler and colleagues in 2012. This study used a 2 x 2 factorial design to explore the impacts of family engagement strategies within JDTCs on youth substance use and delinquent behaviors. Six JDTCs were randomized into either a treatment condition, where therapists were trained to deliver contingency management combined with MST family engagement strategies (i.e. CM-FAM) or to continue substance abuse treatment as usual (US). Results from this study found that compared to the treatment as usual group, JDTCs that administered the CM-FAM showed a significant reduction in youth marijuana use and crimes against persons and property offenses. This study, in addition to Henggeler et al. (2006) and Schaeffer et al. (2010), provides more evidence illustrating the instrumental role of evidence-

based practices, specifically evidence-based practices promoting family involvement, within JDCs.

Although findings on the overall effectiveness of JDCs remains inconclusive, like adult specialty courts, JSCP's have widely expanded following the implementation of JDTC's, and now exist to address issues such as juvenile mental health, truancy, dependency, and more recently, sexual exploitation and trafficking. However, a paucity of evidence exists related to these courts or their effectiveness. As such, researchers and practitioners looking to adopt, adapt, or evaluate specialty courts often look to the JDTC literature, as they are the leading JDTC model with the most expansive literature base.

DMST/CSEC Specialty Courts

Background. Over the past two decades, juvenile sex trafficking/exploitation specialty courts have emerged to address the influx of court-involved youth that have been, or are at risk for, CSEC/DMST. Given that JJ involvement is often a risk factor, pathway, and/or consequence of CSEC/DMST, specialty courts for CSEC/DMST are becoming an increasingly popular within juvenile courts. CSEC/DMST specialty courts are a formalized model of care designed to address the unique and complex needs of adolescents who are at risk for or have been impacted by sexual exploitation or trafficking (Bath et al., 2020b). While CSEC/DMST courts continue to emerge, they are still less prevalent than other types of specialty courts. Presently, no federal tracking system monitors or tracks CSEC/DMST courts, and it remains unknown how many CSEC/DMST courts exist within the U.S. (Godoy et al., 2022).

Key Characteristics of DMST/CSEC Courts. The current literature on CSEC/DMST courts is scarce and limited studies exist documenting how CSEC/DMST courts operate. Until recently, the key characteristics and operations of CSEC/DMST courts had remained largely

undiscovered. In 2022, however, Godoy and authors conducted the first systematic review of specialty courts for CSEC/DMST-impacted youth to further understand the key characteristics of specialty courts. In their review, 21 specialty courts were identified through 40 articles. These courts included CSEC/DMST courts and girl's courts. Girls' courts, although not specific to CSEC/DMST, were included in the review because these courts serve an overlapping population: female youth in the JJ and/or CW system with sexual victimization and trauma histories. Due to the lack of identification of DMST/CSE youth in the JJ and CW system, the authors decided that girls' courts needed to be included in the review as it is likely that youth impacted by CSEC/DMST participate in these specialty programs.

The 21 courts existed across eight states. The review discovered that across the 21 courts, there was not a standard model of care in place, showing that many of the courts had different operations. For example, some courts had specialized dockets and designated court times, frequent and consistent court hearings for participants, and specialized services within and outside the court, while others used a diversion program framework with less structure to offer youth services. Although a standardized model does not exist, the authors identified that the 21 courts shared characteristics that distinguished them from traditional courts. These seven characteristics include: (1) identification of CSEC/DSMT risk and assessment of needs; (2) trauma-informed protocols that account for histories of sexual exploitation; (3) linkages to specialized services or resources, such as support groups for CSEC/DMST; (4) monitoring of judicial compliance; (5) capacity building and specialized CSEC/DMST training for court staff and community members; (6) multidisciplinary and cross-system collaboration; and (7) consistent and meaningful interpersonal relationships - in this context, consistent and meaningful interpersonal relationships refers to the relationships between youth and the

specialty court treatment team (i.e. the judge, the service providers, mental health therapist, attorneys, etc.; Godoy et al., 2022).

Ultimately, Godoy et al.'s (2022) review discovered that girls' courts and CSEC/DMST embody many core elements of the specialty court framework (i.e. collaborative care, treatment-centered, and specialized assessments and identification processes). However, a distinctive characteristic of girls' and CSEC/DMST courts that must be highlighted is the inclusion of trauma-informed approaches as a key characteristic. Trauma-informed approaches fall under the umbrella of trauma-informed care (TIC), which is defined as a framework for systems administering care that understands and recognizes the impact of trauma and its consequences. Systems and/or agencies that adopt a TIC framework integrate this knowledge into their clinical and organizational practices to create a safe and supportive environment for both professionals and consumers (Branson et al., 2017). The integration of trauma-informed approaches in girls' and CSEC/DMST courts is a critical addition as an abundance of research shows that traditional juvenile approaches can exacerbate trauma symptoms for youth, and that youth CSEC/DMST youth and court- involved youth are likely to have extensive histories of traumatic exposure (Branson et al., 2017; Ford et al., 2007; Godoy et al., 2022).

Gaps in the CSEC/DMST Specialty Court Literature.

Limited Outcome Data. Despite CSEC/DMST courts becoming increasingly popular approach, there is a paucity of empirical evidence regarding the impact and efficacy of these courts, as well as a lack of understanding about the experiences of those involved in them (Bath et al. 2020b; Godoy et al., 2022; Liles et al., 2016). In Godoy et al.'s (2022) systematic review, only seven out of the 21 courts reported any type of data and even fewer studies reported on longitudinal participant outcomes. Findings from these seven studies review suggested that

youth participating in CSEC/DMST specialty courts benefitted from access to specialized services, improved educational outcomes, and residential placement stability, as well as declines in recidivism and incidents of running away (Godoy et al., 2022).

However, as noted by the authors, a major limitation of the specialty court literature for CSEC/DMST is that outcomes tend to focus on completion rates, and recidivism, and disregarding health-related outcomes. Since a main goal of courts serving CSEC/DMST youth is facilitating access to therapeutic programming, it is unfortunate that no studies have addressed mental health outcomes of youth participating in these programs. Although preliminary findings suggest that CSEC/DMST specialty courts are beneficial to increasing stability and access to specialized services, more research is needed to gain a holistic view of participant's short-and long-term outcomes, their unique treatment needs, and their experiences within the specialty court (Bath et al., 2020b; Liles et al., 2016).

Lack of Parent/Family Engagement. Family engagement in the juvenile justice system, as defined by the New York State Council on Children and Families (2008), involves forming a collaborative relationship with families, where families are considered as partners in both their children's treatment and in the development of the system's policies, programs, and practices. In Godoy et al.'s (2022) systematic review, family engagement, also referred to as family involvement, was not identified as a key element of specialty courts serving CSEC/DMST youth. In fact, it was found that only two out of the 21 courts mentioned utilizing family-oriented approaches (Harris County Juvenile Probation Department, 2015; Odom, 2020), and only five courts required parental involvement (Bacharach & Strobel, 2020; Davidson et al., 2011; Heipt, 2015; Odom, 2020; Second Judicial District Court, n.d.). While family/parent engagement is briefly addressed by Godoy et al. (2022) under the key characteristic of

consistent and meaningful relationships, it was not prevalent enough among girls' and CSEC/DMST courts to warrant its own distinct category. Further, the authors did not acknowledge family engagement in their implications for practice, policy, and/or research or recognize the lack of family engagement as a limitation of the literature.

The absence of parents/family engagement is a significant limitation of CSEC/DMST courts for various reasons. First, previous research shows that family involvement and support in an adjacent treatment model (i.e. JDCs) is, in fact, a critical mechanism for increasing youth program completion rates and reducing recidivism and substance use (Alarid et al., 2012; Fradella et al., 2009; Henggeler et al., 2006; 2012; MacMaster et al., 2005; Schaeffer et al., 2010). Secondly, pertaining to the juvenile justice system, research shows that positive family contexts and parent-child relationships are a key domain of protective factors against youth delinquency and externalizing behavior. In 2015, the OJJDP's (2015) released a literature review identifying that positive parent-child relationships and attachment to family, effective/positive parenting, and opportunities and rewards for prosocial bonding within the family were the three main family level protective factors for delinquency and juvenile justice involvement. Thus, the evidence suggests that to reduce recidivism and externalizing behaviors, it is crucial to involve parents and address family relationships while youth are participating in CSEC/DMST courts.

Third, a more robust amount of previous research confirms that parental support and positive parent-child relationships are instrumental in mitigating mental health conditions and long term post-traumatic stress reactions (Berkowitz et al., 2011; Hahn et al. 2019; McWey, 2022). While there is no specific study that examines parents as a protective factor for CSEC/DMST youth, many studies in the child sexual abuse literature have shown that social

support from non-offending caregivers helps in the psychological adjustment of children who survived sexual abuse or experienced a trauma event (Corcoran, 2004; *Elliot & Carnes, 2001*; McWey, 2022). Moreover, research supports that for adolescents, secure attachments help moderate the relationship between sexual assault and trauma symptoms (Jardin et al., 2017). Thus, when CSEC/DMST courts do not include parents in treatment, they overlook one of youth's most desperate needs: parental support and a positive relationship/attachment with their parent/caregiver. As sexually exploited/trafficked youth have experienced various attachment disruptions prior, during, and after their exploitation/trafficking experience, it is imperative that CSEC/DMST courts address the caregiver and the parent-child relationship during treatment to help youth rebuild their most critical attachment-relationships. Developing supportive, nurturing, and secure parent-child provides youth the security they need to navigate their emotional experience, trust themselves and others, and negotiate interpersonal relationships (Cloitre et al., 2009; Herman, 1997), which in turn serves as a protective factor for recidivism and revictimization.

Lastly, evidence suggests that parents/families want to be involved and included in decision making during their child's involvement with the juvenile justice system. In 2012, Justice for Families surveyed over 1,000 parents/caregivers of children in the juvenile justice system. Participants in this study were from 20 cities across 9 states. The results indicated that parents perceive juvenile justice as a system that imprisons youth, excludes families, and destabilizes communities. Specifically, it was found that eight in ten family members stated that they were never asked by a judge what should happen to their child, and 85% of participants reported that they wanted to be more involved in decisions about their child's care and involved in the treatment and counseling process. Furthermore, 24 focus groups were conducted with 152

parents/caregivers and family members across 9 states and 12 cities. In addition to addressing the financial burden of youth court involvement, parents and family members highlighted the significant emotional and mental health impact that juvenile justice involvement has on them, as well as their feelings of frustration and isolation with the system. Specifically, one parent stated, “As a parent of a juvenile who went through the system, it affects my whole family. My anxiety and stress level went up... It affects you mentally and physically having a loved one in the system. If you don’t know how to navigate the system, you don’t know what’s going on. So all kinds of things are going through your head” (Justice for Families, 2012; p. 29). This novel study demonstrates parents/families a desire and willingness to participate in court programs, providing additional evidence illustrating why families should be regarded in CSEC/DMST courts.

Lack of Evidence-Based Family Interventions. Considering that family involvement is not included as a key component of CSEC/DMST courts, it is no surprise that evidence-based interventions, specifically evidence-based interventions that address family risk factors, are not prevalent in the CSEC/DMST specialty court literature. Unfortunately, this notion is consistent with the broader CSEC/DMST literature, where discussions of relational interventions are notably lacking. The absence of family-based interventions is a critical gap because child maltreatment, caregiver strain, and negative caregiver relationships have been identified as salient risk factors for CSEC/DMST, and JJ involvement.

Scholars have continuously advocated for the integration of evidence-based practices into JDCs and juvenile justice systems, citing that incorporating evidence-based interventions, specifically interventions that focus on family components, show promise of reducing recidivism, substance use, and criminal behavior (Henggeler et al. 2006; 2012). Moreover, research also suggests that family-based interventions are an effective way to address and

reduce a wide range of adolescent mental health conditions. In fact, two years ago, the *Journal of Marital and Family Therapy* (JMFT) released its decade review supporting that family-based interventions are effective for a wide range of youth mental and behavioral health conditions (Wittenborn & Holtrop, 2022). The articles included in this review confirmed that family-based interventions are a well-established or probably efficacious treatment for youth experiencing depression (Wittenborn et al., 2022), anxiety (Goger & Weersing, 2022), disruptive behavior (Sheidow et al., 2022), traumatic event exposure (McWey, 2022), suicidal ideation and behavior (Frey et al., 2022), and substance use disorders (Hogue et al., 2022). Considering that CSEC/DMST youth often experience the mental health conditions listed above, findings from this review suggest that many of their concerns can be effectively addressed through family interventions, underscoring the need for high-quality relational interventions to exist within CSEC/DMST specialty courts.

Conclusion

The current review highlights the association between parents/caregivers, the parent-child relationship and CSEC/DMST court involved youth. A theme among the CSEC/DMST literature is that parents and the parent-child relationship are only regarded when it concerns risk factors. Despite literature demonstrating that positive parent-child relationship and parent involvement in treatment are crucial mechanisms to promote positive youth outcomes, no studies have explored parent-child relationships within CSEC/DMST specialty courts. Furthermore, no studies document parental involvement or parents' experiences in CSEC/DMST specialty courts. To enhance outcomes and inform family-based interventions for this population, it is first necessary to hear directly from parents. Understanding of the parent-child relationship and family involvement from their perspective will equip researchers with the

understanding needed to adapt and implement evidence-based interventions within CSEC/DMST courts.

CHAPTER III: METHODOLOGY

Study Overview

This study explored the lived experiences of parents of youth impacted by CSEC/DMST who are participating in, or have participated in, a specialty court for sexual exploitation/trafficking. Specifically, the overarching research question that provided the basis for this study was: **“What are the lived experiences and perceived needs of parents of youth involved in a specialty treatment court for sexual exploitation/trafficking?”** A holistic understanding of caregivers’ parenting experiences, perceptions of their parent-child relationship, and experiences navigating CSEC/DMST court is under-explored in the literature. Consequently, court personnel, service professionals, clinicians, and researchers are left without a road map of how to engage and incorporate parents into treatment efforts. Thus, understanding parents’ experiences and their experiences within a specialty court is a critical step to filling this gap and advancing interventions that meet the specific needs of court-involved youth impacted by CSEC/DMST and their families.

Study Design

A qualitative research design was employed to achieve the proposed research aims. Qualitative research is conducted when a complex and detailed understanding of an issue is needed (Creswell & Poth, 2024). Given that the nature of this study was to explore experiences, relationships, and interactions and that a dearth of information exists about CSEC/DMST specialty courts and parent experiences, a qualitative design was most suitable. Compared to quantitative research, qualitative research allows researchers to capture personal experiences in the context in which a problem occurs (Denzil & Lincoln, 2011). In other words, qualitative approaches allow researchers to gather an in-depth exploration of individual experiences. Since

CSEC/DMST and juvenile justice involvement are multi-faceted social problems that cannot be fully understood without examining an individuals' contextual circumstances, a research approach that considered context needed to be utilized. Furthermore, a further-reaching goal of this study was to uncover parents' unique experiences and emphasize the importance of including their perspectives in the broader discourse concerning interventions for court-involved youth affected by CSEC/DMST. Therefore, a qualitative design was an ideal approach for this study because 1) the topic under investigation is context-dependent, and 2) the primary objective is to capture and empower individual experiences (Creswell & Poth, 2024).

Phenomenology

A phenomenological approach was used to explore the lived experiences of parents involved in a specialty court for CSEC/DMST. Within qualitative inquiry, phenomenology is a philosophical and methodological approach used to understand how individuals experience a phenomenon (Creswell & Poth, 2024). As a philosophy, phenomenology claims that the essence of things lies in their description (Husserl, 1970). As a research method, phenomenology aims to develop a composite description that illustrates the lived experiences of several individuals (Creswell & Poth, 2024). In phenomenological studies, researchers gather detailed descriptions of a problem as they describe individuals' subjective experiences by providing descriptions that include "what" they experience and "how" they experienced it (Moustakas, 1994). With these descriptions, researchers gain deeper insights into the features of the phenomenon and work to reduce individual experiences to form a description of the universal essence (Neubauer et al., 2019). The knowledge gained from the descriptions helps to inform and develop interventions, programming, and policies (Creswell & Poth, 2024). In this study, the phenomenon being

examined was parents' personal and caregiving experiences, and their experiences within the specialty court setting.

Other qualitative approaches, such as narrative and ethnography, were considered for this study, but were not appropriate given that the focus of this study does not concern individual stories (e.g. histories, bibliographies) or shared patterns among a cultural group (Creswell & Poth, 2024). Additionally, grounded theory was considered and deemed inappropriate as this study did not aim to generate a theory (Creswell & Poth, 2024).

Philosophical Assumptions and Interpretive Frameworks

Conducting phenomenological research can only be achieved by aligning with a specific philosophical paradigm (Neubauer et al., 2019). Multiple approaches exist within phenomenology, and each approach differs based on philosophical assumptions (Sloan & Bowe, 2014). This study used a transcendental (also known as descriptive) approach to investigate the research question. Transcendental phenomenology originated in the early 20th century from philosopher Edmund Husserl. As the founder of transcendental phenomenology, Husserl contested that subjective internal experiences should be the target of scientific study and believed that internal evidence within an individual's consciousness would provide insight into how individuals experience phenomena (Husserl, 1970). In other words, "To understand the phenomenon is to understand the phenomenon as a person lives it. The lived experience is a dimension of being that had yet to be discovered" (Staiti, 2012, as cited in Neubauer et al. 2019).

Within transcendental phenomenology, it is assumed that the phenomena are described and understood without imposing personal beliefs and interpretations. Thus, the researcher must separate their personal biases during data collection and analysis (Neubauer et al., 2019). To

accomplish this separation, the researcher “brackets” themselves and their experiences from the phenomena and enters the scientific inquiry from a “blank slate” where they are as bias-free as possible. The goal is to reach a state where the researcher effectively separates themselves from the data; throughout the research process, strategies are employed to reduce bias and achieve a *transcendental* state where the researchers’ interpretations, assumptions, and perceptions do not influence the essence of the phenomena, as told by those who experience it (Neubauer et al., 2019).

Considering that researchers must suspend their biases and remain objective, transcendental phenomenology is well-positioned to support research on topics that are not well-researched (Staiti, 2012). To my knowledge, studies have yet to be conducted with parents about their experiences parenting a child who has experienced exploitation/trafficking and who is also involved in a specialty court for CSEC/DMST; thus, it remains unknown what the fundamental essence of the experience is for parents. Hence, a qualitative phenomenological transcendental approach, rather than a hermeneutic approach, was most suitable for this study since the focus is more on the descriptions of the participants experiences and less on the researcher’s interpretations (Creswell & Poth, 2024).

Community-Engaged Research Approach

As discussed in Chapter 1, this study utilized a CEnR approach built from an academic-community partnership with the CSEC/DMST specialty court. Compared to traditional research approaches, CEnR acknowledges the value of communities and relocates the research into the community itself, re-conceptualizing how power, control, and trust is established and maintained, and redefines who gets to be involved in the research (Isler & Corbie-Smith, 2012). Decades of evidence support that research projects that include the community in the research

process produces a deeper understanding of problems, resulting in more effective and sustainable solutions (Irby et al., 2021). While the degree of community involvement varies within CEnR approaches, the commonality is a commitment to working with community partners to address the community's needs and outcomes (Irby et al., 2021). Given that the larger goal of this study was to provide the court with the findings and recommendations that would aid in future program development, utilizing a CEnR approach was necessary.

Researcher-Community Partnership. The partnership between myself and the court began in 2018 when I was a graduate-level social work intern. The initial idea for this study emerged during my time in the field after observing family dynamics, learning about youth histories, and witnessing parents' participation (or lack thereof) in the program. As the need for more family support became evident, I later spoke with multiple professionals at the court about the possibility of conducting a study with parents. Stakeholders at the court confirmed the need for the study; however, the implementation of the project was delayed due to COVID-19 and my limited research experience. Keeping this need in mind, I pursued my doctoral degree and maintained my partnership with professionals at the court, informing them of my continued interest in conducting the study. In the Fall of 2022, I re-approached the court asking if they still believed there was a need for the study. The court confirmed that this study would be needed and that they would be interested in supporting and collaborating on this project to 1) gain a better understanding of their participants' experiences and 2) explore how the program could better serve parents of their youth, considering that limited research is available for them to reference.

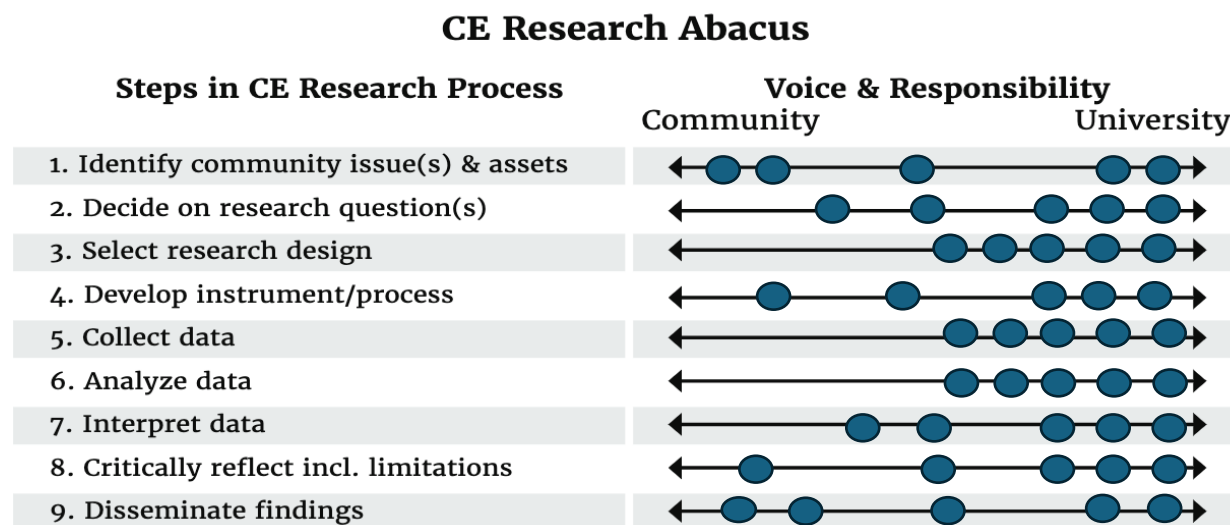
Sharing of Power and Decision Making. Researcher-community partnerships are built on principles of mutual respect and trust, collaboration, and shared-decision making (Irby et al.,

2021). Over two years, I met regularly with stakeholders at the court to discuss the different elements of the study. Stakeholders at the court were highly involved during the design phase, with regular conversations occurring between myself and the court staff around the research goals, interview guide, and recruitment procedures. Given that this study was a dissertation fulfilling degree requirements, I held greater decision-making and assumed responsibility for carrying out most research activities. Specifically, I was responsible for selecting the research design, developing initial research instruments, collecting data, analyzing data, critically reflecting on data, and disseminating the findings. Study findings will be disseminated to all members of the specialty court team in the form of a PowerPoint and one-page report. I will also publish the study and findings in an academic journal. Discussions regarding further dissemination plans will occur with stakeholders after the initial findings are presented. Further explanations and examples of shared decision-making processes can be found in the sections below.

A community-engaged research abacus is shown below to provide a visualization of how stakeholders at the court were involved in the current study. A community-engaged research abacus is a metaphorical tool to represent decision-making power, or voice and responsibility, within a community-university partnership (Doberneck & Dann, 2019). As the creators Doberneck and Dann describe, the abacus includes two vertical sides, horizontal rungs, and beads. The vertical sides represent voice and authority, with the right side representing community voice and the left side representing university partner voice and authority. The nine rungs capture different steps in the community-engaged research process. Multiple beads are placed on each rung, and beads are used to demonstrate who had more voice at each stage of the research process. The side with more beads signifies that the partner had more voice and

responsibility during that stage. Rungs with beads in the middle show that both partners had equal voice and responsibility, and beads to the right signify that the researcher had more voice.

Figure 1
Community Research Abacus



Researcher Positionality

Within qualitative research, researchers are considered an essential instrument in the research process, acknowledging that researchers themselves, along with their biases and values, are inherently apart of the research study (Creswell & Poth, 2024). As such, qualitative researchers must consider and reflect upon how their position relates to the broader social environment, the participants, and the research study (Savin-Baden & Major, 2013). As the primary investigator of this study, I identify as a white, straight, cisgender, emerging adult woman, and I am a first-generation college graduate. I grew up in a middle-class suburb outside a lower-income urban community. I acknowledge that my identity has provided me with unearned privilege, and the systems and structures that surround me are not equitable or just. As such, I have intentionally tried to devote my scholarly work to empowering the voices of those who have been historically marginalized, oppressed, and silenced.

I believe that reality is internal to the knower and acknowledge that my understanding of this phenomenon is from a distance. I approach this study as an outsider, as I am not currently a parent, and I have no previous personal or familial experiences with commercial sexual exploitation or trafficking. My interest in the subject under study emerged during my master's level clinical internship as an intern to a juvenile court officer working in the specialty court. During this time, I worked directly with the specialty court team (i.e., juvenile court officers, judges, counselors, caseworkers), with youth with CSEC/DMST backgrounds, and their families. Throughout this experience, I watched many families struggle with communication, safety, and relationships, and I became interested in knowing more about how to support families as they navigate the struggles related to CSEC/DMST. I pursued my doctoral degree in Couple and Family therapy, where I centered my research around family interventions for CSEC/DMST and conducted this study to fulfill the requirements of my doctoral program and further support the development of the specialty court program.

Although a transcendental approach assumes that the researcher will completely separate themselves from the phenomena under study, I acknowledge that fully removing myself and my biases from the research is not possible (Rossman & Rallis, 2016). I understand and acknowledge that my personal experiences and biases have influenced this study to some extent; however, aligning with a transcendental phenomenological approach, multiple strategies, such as bracketing, journaling, and open dialogue of biases with my research mentors, were continuously employed throughout the research process to acknowledge my role and minimize my biases as much as possible, to focus solely on lived experiences as described by the participants themselves.

Method

Study Setting

This study took place in a CSEC/DMST specialty court housed within a mid-sized midwestern family court. The midwestern county that the specialty court resides in is made up of an estimated 284,900 residents that is 75.3% White, 12.6% Black or African American, 0.6% American Indian/Alaska Native, 6.7 Asian, 0.1% Native Hawaiian/Other Pacific Islander, 4.7% multiracial, and 8.7% Hispanic or Latino (U.S. Census Bureau, 2023). Since the specialty court's inception in 2017, it has served 46 youth aged 12-17. Of these 46 youth, 83% identified as cis-gender female, 7% as non-binary, and 4% as transgender female, 4% as male. Furthermore, 35% identified as Caucasian, 50% as Black or African American, 4% as Hispanic/Latino, and 13% as multiracial. At the time of this study, 9 youths were currently enrolled in the program, and 38 youths had either exited or completed the program. Of the 38 formally involved youth, 55.6% had successfully completed the program.

Since 2017, the CSEC/DMST specialty court under study has been offering specialized support and services to court-involved youth with CSEC/DMST risk or backgrounds. The mission of the specialty court is to provide therapeutic and trauma-informed services that foster healing, resiliency, empowerment, independence, relationships, and stability among the youth. To accomplish this, the specialty court operates on 10 key components, which include: 1) judicial support, 2) court support, 3) mental health services, 4) family services, 5) educational opportunities, 6) life skill opportunities, 7) community partnership, 8) residential care programming, 9) aftercare/prevention, and 10) electronic monitoring. Considering that this study is focused on parent's experiences and involvement, it is important to mention that family services include parent psychoeducation, family therapy, and identification of family strengths.

A multi-disciplinary team approach and active judge involvement are the cornerstones of specialty courts. In this specialty court the interdisciplinary team includes juvenile court officers (JCOs), case workers, attorneys, a mental health therapist, a psychologist, a prosecuting attorney, and a judge, who collaborate to discuss and decide on each youth's programming. The team meets weekly prior to court hearings, to discuss youth's situations and progress.

Youth are referred to the specialty court by court officers, the Department of Health and Human Services, or other private agencies. Youth participation in the specialty court program is voluntary, meaning that youth are given a choice to become involved in the program. Once involved in the program, youth progress through a four-phase system. The four stages include the engagement phase, the stabilization phase, the action phase, and the maintenance phase. Each phase has its own focus, interventions, and expectations, with all stages including varying levels of court, individual, family, school, and community-focused interventions. In all stages, youth are required to have weekly face-to-face contact with their JCO, attend court hearings, and participate in mental health counseling. Youth either receive individual therapy from the CSEC/DMST court appointed therapist or other specified therapists in the community and is specifically focused on topics related to CSEC/DMST (e.g. identification of risk factors, CSEC/DMST psychoeducation, stabilization and distress reduction, trigger identification, emotion regulation skills, trauma processing, etc.).

Progress in the program is defined as fluid, as opposed to linear, as youth may regress and revisit previous stages if necessary. During the early stages of involvement, youth are required to participate in weekly court hearings in front of the judge. As they progress in the program, these hearings become less frequent, moving to bi-weekly, and then monthly hearings. Youth's behavior and progress are addressed during court hearings before the judge and the

specialty court team. In these hearings, youth either receive incentives, praise, and rewards for positive behavior (e.g., verbal praise, gift cards, privileges) or sanctions for non-compliance (e.g., enhanced supervision, earlier curfews, electronic monitoring, youth detention). Overall, the overarching goal of the CSEC/DMST specialty court is to provide youth with a collaborative, respectful, and empowering environment that encourages stability and decreases the risk of future CSEC/DMST involvement.

Sampling

This study used purposive criterion sampling to recruit participants. Purposive criterion sampling refers to recruiting participants who meet pre-established criteria to provide “information-rich” data about the phenomenon being investigated and is a common sampling strategy in phenomenological research (Creswell & Poth, 2024; Patton, 1990). Participants for this study were taken from the population of parents whose child is currently participating or has previously participated in the specialty court within the last three years. For the purposes of this study, the term parents/primary caregivers were used to include any individual who holds caregiving responsibility; this have included biological parents, adoptive parents, foster parents, legal guardians, and relatives (e.g., grandparents, siblings, aunt/uncles). The sampling frame included a total of 21 parents/caregivers.

Inclusion and Exclusion Criteria

To participate in the study, participants had to meet four inclusion criteria. For the purposes of this study, the inclusion criteria were kept broad to ensure that the sample was inclusive and representative, and no specific exclusion criteria was applied. Individuals were eligible to participate if they met the following criteria: (1) they identified as a parent or primary caregiver to a child who is, or was, involved in the specialty treatment court program within the

last three years (2021-2024), (2) they were of 18 years of age, (3) they were proficient in spoken and written English, and (4) they were capable of participating in a 60-to-90-minute English language interview. Participants were excluded from the study if they did not meet all inclusion requirements and/or refused to provide informed consent.

Recruitment Activities

Prior to any recruitment activities or data collection, the study was approved by the Institutional Review Board (IRB) of Michigan State University (STUDY00010111) (see Appendix A). Recruitment activities were performed by the court caseworker who works directly with court-involved youth and their families. In alignment with a CEnR approach, the decision to have the caseworker conduct recruitment was decided based on the court's preference to have caseworkers relay the information to families to protect participants' confidentiality. Moreover, the literature suggests that relying on community partners who work with the population to complete recruitment can aid in gaining access to participants (Ellard-Gray et al., 2015). In this way, the caseworker performed all recruitment activities. The Principal Investigator provided the caseworker with a script to present to participants (Appendix C), along with the recruitment materials. Recruitment materials included a research flyer (Appendix D) and FAQ sheet (Appendix E). The research flyer described the study's purpose, eligibility criteria, compensation, and ways to contact the researcher, while the FAQ sheet included additional information about the study and answers to common questions participants may have about the research processes or findings. The FAQ document was provided as an additional mean to ensure transparency of the study methodology for participants. All recruitment documents are presented in the appendix.

Once the study received approval from the IRB, I notified the caseworker that recruitment materials could be distributed. All documents were sent via email to parents of previous and current members of the specialty court. Furthermore, current program participants were provided with physical flyers and FAQ sheets, which were dispersed to them before their child's court hearings. Recruitment took place over a three-month period, and four rounds of recruitment were conducted. Each round of recruitment entailed the caseworker resending the email that contained the recruitment information.

After recruitment materials were distributed, individuals interested in participating in the study contacted me directly via phone, text, or email. When a potential participant contacted me, I communicated with them to further understand if they met all eligibility criteria. At this time, participants were given more information about the study and asked if their child was a current or previous member of the specialty court. Once participants responded yes to all screening questions and confirmed they were still interested in participating, they were asked which days and times they were available for a 60-to-90-minute interview. Participants also choose whether to conduct their interview in person or online via Zoom. All participants who expressed interest in participating met the eligibility criteria.

Sample Size

Rather than gathering large sample sizes to generate representative results, qualitative research aims to achieve a sample size that encapsulates individual experiences (Creswell & Poth, 2024). However, since qualitative data is subjective, determining a sample size before data collection can be challenging. Accordingly, many qualitative researchers rely on data saturation, which has become the most accepted principle for determining the adequacy of purposive samples (Morse, 2005). Data saturation occurs when no new information, codes, or

themes emerge from the data (Lincoln & Guba, 1985). In other words, new data is redundant of previously collected data, and the additional data being collected does not add sufficient information to lead to any new themes (Morse, 2005). According to many qualitative researchers, once saturation is achieved, the researcher can stop collecting data as it is assumed that the data contributed by the existing participants provides enough information to answer the research questions (Saunders et al., 2018).

After four active rounds of recruitment, the total sample size was seven participants. Morse (2005) emphasizes that the quality of the data is an essential element in reaching saturation, and when more usable data are gathered from each participant, fewer participants are required. Within this study, the seven participants provided rich information and detailed accounts of their experiences. After the seventh interview, it was apparent that data saturation was reached. This was evidenced by the repetition of comments and experiences, leading to data redundancy. At this point, continuing to collect additional data would likely not have provided any new insights. Furthermore, the current sample size is supported by recommendations from qualitative experts Creswell and Poth (2024), who suggest a range of 3 to 15 participants when conducting phenomenological studies. Also, the 7 participants represented 15% of those who had participated in the program, and this level of engagement was excellent for this hard-to-reach population.

Participants

The final sample size included seven participants whose children participated in the CSEC/DMST specialty court anytime between 2021 and 2024. Participants' ages ranged from 35-64 years old, with four participants (57%) reporting to be between the age of 35 and 44, two between the age of 45 to 54 (29%), and one (14%) between the age of 55 and 64. The sample

was predominantly female, with six (86%) participants identifying as female and one participant identifying as male. Over half the sample (57%) identified as Caucasian/European American, along with two participants (29%) identifying as Black/African American and one participant (14%) who preferred not to answer. Most of the sample (57%) reported a high school diploma or equivalent as the highest level of education completed, and three participants (42%) reported that they attended some college. Annual income ranged from less than \$15,000 to \$100,000 per year, with most participants (71%) reporting an annual income of less than \$40,000 per year.

Relating to family structure, all participants identified as the parent of the child in the specialty court. Therefore, for the remainder of this study, parents, rather than parents/primary caregivers, will be used to describe participants. The majority of participants (86%) identified as biological parents, with one participant identifying as an adoptive parent and biological grandparent. All parents identified as being a single parent. Two participants reported living with a significant other but not being married (29%). The number of children across participants varied, ranging from 1 to 5 children. Most of the sample (86%) reported having more than one child. Of the participants who had multiple children, the number of children living in the home ranged from 1- 4; five participants (71%) reported 1 to 2 children living in their home, and one participant reported that 3 to 4 children lived in their home. Furthermore, five of the seven participants reported that the youth involved in specialty court currently lived with them full time. Within this sample, the ages of youth involved in the specialty court ranged from 15 to 19 years old. Demographic data are presented in Table 1.

Table 1*Participant Demographics*

	n	%
Age		
35-44	4	57%
45-54	2	29%
55-64	1	14%
Gender		
Female	6	86%
Male	1	14%
Race		
European American or Caucasian	4	57%
Black or African American	2	29%
Prefer not to answer	1	14%
Education		
Highschool diploma or equivalent	4	57%
Some College	3	43%
Income		
Less than 15,000	2	29%
15,001-20,000	1	14%
20,001-30,000	1	14%
30,001-40,000	1	14%
40,001-50,000	1	14%
75,001-100,000	1	14%
Relationship to youth		
Biological parent	6	86%
Adoptive parent/biological Grandmother	1	14%
Family Structure		
Single parent	5	71%
Single parent living with a significant other, but not married	2	29%
Youth in Specialty Court Living with Caregiver Full Time		71%
Yes	5	29%
No	2	

Table 1 (con't)

	n	%
Number of Children	1	14%
1 child	2	29%
2 children	2	29%
3 children	1	14%
4 children	1	14%
5 children		
Number of Children Living in Home		
0 kids	1	14%
1-2 kids	5	71%
3-4 kids	1	14%

Data Collection

Demographic Survey

Prior to participating in the interview, participants completed a short demographic survey (Appendix G) that asked a series of questions relating to their personal identity and family structure. Participants answered questions about their age, race, gender, educational attainment, income status, parent/primary caregiving status, and family composition. Participants completed this survey via Qualtrics, a secure platform.

Semi-Structure Interviews

To understand the participant's unique experiences, interviews were chosen as the primary source of data collection. Within qualitative research, interviewing participants is one of the most common ways to collect data when researchers are looking to further explore perspectives and experiences (Adeoye-Olatunde & Olenik, 2021). Brinkmann and Kvale (2015) explain qualitative interviews as "an attempt to understand the world from the subject's point of view, to unfold the meaning of their experience, and to uncover their lived world" (p. 3). Within this study, individual interviews were conducted with participants, and as the primary

investigator, I was responsible for conducting all interviews. Conducting individual interviews with parents was the most suitable method for this study, given the sensitive nature of this topic and the objective of capturing the essence of individual experiences.

Focus groups, or group discussions about a topic facilitated by a trained monitor, were considered but were not selected due to ethical concerns, such as confidentiality and anonymity, and the risk of harm. With focus groups, the researcher cannot assure that privacy and confidentiality will be upheld by participants, and it is not always possible for moderators to control the dialog between participants and predict the content of conversations (Sim & Waterfield, 2019). These two factors were specifically concerning for this study because first, parents currently participating in this court program often see each other at court hearings. Thus, with a focus group, parents who participated would know who participated. As such, there was a chance that anonymity and confidentiality would be compromised, which may have prevented participants from participating in the study, or from disclosing intimate details about their experiences. Furthermore, the risk of harm to participants was another concern, given the sensitive nature of this topic. It was expected that discussions about past distressing experiences and events would occur, and within a focus group setting, participants may over-disclose or disclose information that other participants might not want to discuss (Sim & Waterfield, 2019). As a moderator, it is not always possible to control the conversation or what participants choose to share. Therefore, to prevent harm and protect participants' anonymity and confidentiality, individual interviews were selected.

Individual interviews followed a semi-structured format. Semi-structured interviews include a limited number of open-ended questions with probes for follow-up questions (Sim & Waterfield, 2019). Semi-structured interviews were chosen, rather than a formal structured

interview, because they are more participant-led and allow for more flexibility throughout the interview (Creswell & Poth, 2024). Following Kvale and Brinkmann's (2015) recommendation, an interview protocol was designed and utilized during the interview.

I initially developed the interview guide, and it went through multiple revisions based on feedback from court stakeholders and my faculty research mentors. After I developed the first draft of the interview guide, I met with professionals at the court to review and gather feedback. During this meeting, discussions were had regarding the questions themselves, the order, and the phrasing. Based on the stakeholders' feedback, questions were rephrased, added, and removed. After meeting and incorporating feedback from the court, I shared the interview guide with three of my research mentors. Additional recommendations on structure and wording were provided and incorporated. Prior to finalizing the interview, I pilot-tested the interview guide with three of my doctoral colleagues. After pilot testing, an email with the final interview guide was sent out to court staff, with an invitation to send over any additional feedback. At this point, no additional revisions were requested, and the interview guide was finalized.

The final interview guide included four main questions and probes for follow-up questions to elicit rich descriptions of participants' experiences. Aligning with an ecological framework, the interview guide focused on three main domains (i.e., the microsystem, mesosystem, and exosystem) to explore the lived experiences of parents, specifically their individual/family circumstances, their parenting/caregiving role, and their experiences in a specialty court program for CSEC/DMST. Using a semi-structured approach, all main questions were asked to each participant. These questions included, "Can you please tell me about your family and about the main events that led you to where you are today?"; "How did you become aware that your child would be participating in the specialty court?"; "Can you talk about your

personal experiences within the specialty court?” and, “What has it been like to parent/caretake for your child during the time they have been in the specialty court?” The main questions were broad and open-ended, designed to give participants the flexibility to respond freely based on their experiences, perceptions, and opinions. Based on participants’ responses, more specific follow-up and probing questions were asked to gather richer descriptions of their experiences. For example, “What were your reactions to finding out your child would be participating in the specialty court? and what were your first impressions?,” and, “Can you briefly describe your life, health, and well-being prior to your involvement in CSEC/DMST specialty court, and how, if at all, this has changed since being a part of the specialty court?” To ensure that I was accurately understanding participants’ responses to the questions, I asked clarifying questions and reflected and summarized their replies and throughout the interview. The final interview guide used in this study can be found in Appendix H.

Semi-structured interviews with participants ranged from 17 minutes to 76 minutes, and on average, lasted approximately 55 minutes. One interview took place in person, in a private room at the courthouse, while the other six interviews took place online via Zoom, a secure web-based conferencing platform. All interviews had an individual link and password, and each interview was audio recorded and transcribed using Zoom’s automatic transcript generator. A description of how data were safely managed and stored can be found below.

Procedures

On the day of the interview, participants received a text message and/or email with their interview time and a Zoom link. The participant who chose to complete their interview in person was given instructions on how to get to the designated interview location at the courthouse. Once participants arrived at their interview, I greeted them and engaged in brief

introductions. Prior to any further conversation, participants were provided with the informed consent document (Appendix F). The informed consent document was on Qualtrics, a secure survey platform, and was sent to participants via the chat feature on Zoom. For the participant in person, the link to the consent form was sent to her via text. Once participants received the consent form, I gave them time to read it, and then I briefly explained/summarized the essential elements (i.e., benefits, risks, privacy and confidentiality, participant rights, and the certificate of confidentiality). Participants were asked if they had any questions or concerns before signing the document. After informed consent was obtained, participants completed the demographic survey and interview. After participants completed their interview, they were thanked for their participation and were provided with a list of resources to mental health services in the area. Additionally, participants were sent compensation within 72 hours of completing their interview.

Data Analysis

Data analysis was conducted using Braun and Clarke's (2006) model of thematic analysis (TA). TA systematically identifies, organizes, and reports patterns of meaning (i.e., themes) within qualitative data (Braun & Clarke, 2006). Within this study, TA was selected and considered an appropriate method because it suits research that intends to explore shared experiences and meaning across participants (Braun & Clarke, 2006). This approach is often used in qualitative research because it is not bound to any specific theoretical or epistemological approach (Braun & Clarke, 2012). Braun and Clarke's (2006) model is a six-step process. To complete the analysis, I led all data analysis procedures with assistance from my undergraduate research assistant while my research advisor reviewed the analysis methods. The following

section provides a detailed description of how data in this study was analyzed following Braun & Clarke's (2006) method.

Step 1: Familiarizing Self with the Data

Gathering an in-depth understanding of the data is the first step to data analysis in TA. During this stage, the researcher immerses themselves in the data by re-reading the transcripts and searching for initial patterns or meanings (Braun & Clarke, 2006). The transcription feature on Zoom was used to generate an initial transcript of the audio interviews. After the initial transcript was generated, my research assistant reviewed, cleaned, and formatted each transcript for my review. Since I did not transcribe or clean the interviews myself, I familiarized myself with the data by re-listening to the audio recording of each interview and verifying the accuracy of the cleaned transcript. After listening to and finalizing the transcripts, I re-read each transcript twice, making annotations and taking notes. Note-taking during this stage is a critical step to begin thinking about how and what the data means (Braun & Clarke, 2012). Note-taking consisted of highlighting significant statements, questioning and searching for meanings, identifying patterns, and writing up brief statements about initial impressions of the data (Braun & Clarke, 2006). In addition to making notes within the data, I kept a separate document where I took notes and wrote about my own experiences engaging with the data. For each interview, I documented my process of reviewing the data and recorded any thoughts, reactions, feelings, and ideas that arose as I read through data. This reflexivity activity, known as memoing, was completed to ensure that I was properly documenting analytic procedures while also acknowledging and bracketing my own biases and experiences (Morrow, 2005).

Step 2: Generating Codes

After familiarizing oneself with the data, the researcher begins the coding process, which entails organizing the data in a meaningful and systematic way; coding can take many forms but is defined as the process of reducing data into smaller and more meaningful pieces (Braun & Clarke, 2006; 2012). During this stage, codes (i.e., labels or phrases) are assigned to text relevant to the research question (Braun & Clark, 2012). To create rich descriptions that best represented the ideas, thoughts, and experiences of participants, I utilized an inductive coding process. An inductive approach, also referred to as a data-driven approach, sticks close to the data by producing codes that emerge from the data itself. In this way, inductive coding is distinct from deductive coding, where codes are pre-determined and driven by a theoretical framework (Bryne, 2022). Using inductive coding was fitting for this study because it prioritized participant's voices and allowed themes to emerge organically, thereby reducing bias.

I began the inductive coding process by reading each transcript and assigning codes to all relevant pieces of text that related to the research question and research aims. Aligning with a transcendental approach, I mostly utilized sematic codes when coding the data. Sematic codes are descriptive and illustrate the content of the data as stated by the participant (Bryne, 2022). Contrary to latent coding, sematic codes do not examine beyond what the participant has stated to interpret or identify hidden meanings and underlying assumptions (Bryne, 2022). While sematic coding was prioritized, some latent codes were included. As Braun and Clarke (2012) assert, coding almost always consists of both descriptive and interpretive codes.

Coding was completed using Microsoft Word (2024). Transcripts were converted into a two-column format so that the transcript was in the left column and corresponding codes were listed in the right column. When coding the interview, I used a color-coding system to help

identify relevant statements that corresponded to the various research questions. For example, if a quote related to the first research question, the quote itself and its associated code were highlighted in green. A color-coding system was employed to better visualize the data and improve the organization and clarity for subsequent stages of the analysis. During this stage, my research assistant also identified significant statements following the color-coding system.

After initial codes were developed for all participants, I reviewed the codes and significant statements with my research assistant. Together, we compared transcripts and discussed the significant statements we identified, and I shared the codes I had created. During this process, we examined discrepancies and similarities, leading me to revise some of my earlier codes to better align with the more developed codes that emerged. This is a common process in TA, as codes are likely to evolve as a researcher progresses through the coding process (Braun & Clarke, 2012). Once all codes were revised, they were reviewed by both my research assistant and research advisor, and I had follow-up meetings with each of them to discuss the final codes and my initial impressions of themes. I concluded this stage by collating all codes and their associated data (Braun & Clarke, 2006).

Step 3: Search for Themes

Step three of TA involves intentionally looking at the data to identify themes. As stated by Braun & Clarke (2006, p. 82), “a theme captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set.” Thus, in this stage, the researcher must look at the codes systematically to identify topics or issues that codes cluster around organize them into categories (i.e., potential themes; Braun & Clarke, 2012).

Once all data were coded, I began to look at the codes and the corresponding data from a broader level to explore areas of similarity and overlap. Once I felt like I had a comprehensive understanding of the codes themselves, I began to cluster and combine codes when I noticed that they shared some unifying feature (Braun & Clarke, 2006). I carried out this step using Microsoft Excel (2004), viewing the codes and categories through a table format. Themes were organized based on the different research questions they addressed. During this process, I met with my research assistant to discuss the themes that I had created to ensure that she felt they were meaningful and reflective of the data.

Step 4: Review Themes

Once the researcher has developed initial themes, the next step is to review and refine them (Braun & Clarke, 2006). In step four, the researcher is responsible for conducting a two-step process, which includes 1) reading the collated data from the themes to consider if they have enough data to support the theme, and 2) considering whether the theme fits with other themes within the larger data set and accurately represent the most important and relevant parts of the data (Braun & Clarke, 2012). I started this stage by reviewing the themes and each of the quotes associated with the theme. I completed this step in Microsoft Excel, where I was able to see all collated data from the participants in a table format. As suggested by Braun and Clarke (2012), I reviewed each theme, asking questions such as, “What is this theme telling me about the data?” and “Is there enough homogeneity among the responses to make up this theme?” During this process, I found that some codes/quotes did not fit within a specific theme and needed to be moved to another theme.

Once I looked within each theme, I explored how each of the themes fit within the larger dataset. At this point, I explored how the theme fit among the others and ensured that each

theme had external heterogeneity, meaning that they were clear and distinctive from one another (Braun & Clarke, 2006; Patton, 1990). After verifying that each theme fit into the data set and helped to tell a cohesive story, I moved on to step five.

Step 5: Define and Naming Themes

In step five, researchers must analyze the themes to produce a detailed description, identifying what aspect of the data the theme captures and how it is relevant to the data set and research question(s) (Braun & Clarke, 2006). In this step, I revisited the codes and corresponding data to develop short descriptions of the themes that captured their essence and described the underlying data items. After themes were described, a name/phrase was given to each theme. To complete this step, I created a codebook within Microsoft Word. The codebook was formatted into a table which included four columns to describe the theme names, theme descriptions, corresponding codes, and corresponding data. When completing this process, I met with my research assistant and advisor several times to 1) discuss the themes and ensure that my description and label of the themes were accurately representing participants' lived experiences related to the research question, and 2) reflect on personal biases and assumptions.

Step 6: Producing the Report

The final step in TA data analysis involves producing the report (Braun & Clarke, 2006). Producing the written report includes a process of presenting themes in a logical and meaningful way that tells a coherent story about the data; the report is expected to go beyond the surface of the data by providing readers with an analytic narrative that helps them understand the validity of the analysis and the argument of the results in relation to the research question (Braun & Clarke, 2012). I was solely responsible for conducting this step of the analysis. The final report is described in Chapter 4 of this dissertation.

Trustworthiness

Within qualitative research, researchers establish trustworthiness to demonstrate the rigor and validity of their findings (Lincoln & Guba, 1985). According to Lincoln and Guba (1985), trustworthiness is established through four criteria, which include credibility, dependability, confirmability, and transferability. To enhance trustworthiness within the current study, strategies within each criterion were employed throughout the research process. The section below offers a brief definition of each criterion along with the corresponding strategies utilized in this study.

Credibility

Credibility refers to confidence in the truth of the findings. In other words, credibility ensures that findings represented by the researcher accurately reflect the reality of the participants' experiences (Lincoln & Guba, 1985). To achieve credibility, I engaged in persistent observation and engagement in the field and utilized reflective journaling.

Prior to data collection, I returned to the court in a researcher capacity, observing pre-court meetings with the specialty court team and attending court hearings. This experience allowed me to maintain relationships with staff and understand in detail the study site and participants. However, to enhance trust with participants, protect their privacy, and reduce my own bias, I stopped attending the court hearings and pre-court meetings six months prior to data collection. To my knowledge, I only witnessed one court hearing of one participant that participated in this study, and it was 6 months prior to the participant participating in the study.

While I stopped attending court hearings, I maintained persistent engagement in the field by continuing to meet with court professionals throughout the full duration of this project. Aligning with a community engaged approach, I actively engaged with my community partners

at the court throughout the duration of this study to gather their perspectives and insights. While I already had experience working within the specialty court, I felt it was important to return to get a better understanding of the current context, climate, and overarching strengths and concerns. In addition to my field notes, I engaged in reflexive writing during the study development, data collection, and data analysis stage to monitor my biases and experiences to ensure that they remained separate from the data.

Dependability

Dependability relates to the stability of data over time and conditions (Lincoln & Guba, 1985). Researchers achieve dependability by documenting their research process in a way that is logical and traceable, otherwise known as an audit trail (Tobin & Begley, 2004). Audit trails enhance trustworthiness by allowing others to observe and evaluate the steps undertaken in the research process (Lincoln & Guba, 1985). Within this study, I maintained a detailed tracking system that documented all methodological decisions and activities. Any changes in relation methodology, were noted in the tracking sheet. This data trail was reviewed by my main research advisor through both an internal and external audit.

Transferability

Transferability refers to the degree to which the findings can transfer beyond the current study (Lincoln & Guba, 1985). While the goal of qualitative research is not to achieve replicability, it is important that thorough information about context is provided so readers can determine if the findings are transferable their setting (Lincoln & Guba, 1985). Thick descriptions are one way to establish transferability, therefore, detailed descriptions of the study site, the sampling method, and sampling procedures are included in this dissertation to bolster transferability.

Confirmability

Confirmability concerns to the level of confidence that findings represent the participants' rather than the researchers' perspectives (Lincoln & Guba, 1985). To establish confirmability in the current study, I employed investigator triangulation and debriefing. Investigator triangulation refers to including more than one researcher in the data collection, analysis, or interpretation process (Stahl & King, 2020). As previously mentioned, during the early stages of data analysis, my research assistant worked closely with the data (i.e., listening to the audio, cleaning and formatting the transcripts) and contributed to the coding processes by identifying significant statements related to the research questions. During the coding phase, we met weekly to discuss the data, share impressions and interpretations, and address any discrepancies. Involving another investigator in the process brings additional perspectives to the data, and in turn, reduces individual influence over the findings (Patton, 1990).

In addition to investigator triangulation, I participated in regular debriefing sessions with my primary research advisor to discuss the data, coding processes, and emerging themes. Peer debriefing involves another researcher providing a critical review of the researchers' methodology, analysis procedures, and findings (Lincoln & Guba, 1985). To further strengthen confirmability, my research advisor reviewed a portion of the transcripts, examined codes and themes as they emerged, and provided feedback on the final report to ensure the findings were not overly biased or subjective.

Ethical Considerations

Participant Retention

One of the biggest challenges identified in CSEC/DMST research is accessing and retaining participants (Clawson et al., 2009). Due to the stigmatized and illicit nature of the

crime, this population and those associated (i.e., parents), are considered *hidden* and *vulnerable* (Barnet et al., 2017; Tyldum & Brunovskis, 2005). Populations are considered hidden when the size of the population is unknown and when public acknowledgement of membership in the population is potentially threatening or embarrassing (Heckathorn, 1997). Furthermore, populations are determined vulnerable when they are disenfranchised or at risk for greater harm if they identify their experiences (Liamputtong, 2006). Within research, hidden or vulnerable populations are considered ‘hard to reach’, as multiple barriers exist in identifying and accessing participants (Shaghaghi et al., 2011). Consequently, researchers working with populations labeled hidden or vulnerable must consider the barriers to accessing participants and employ strategies to overcome such barriers (Ellard-Gray et al., 2015).

In the present study, extra attention was devoted to understanding potential barriers that may influence participation and retention rates. For example, research suggests that three salient barriers to participation in hidden and vulnerable populations are 1) labeling the population (e.g. using “sexually assault victims” on recruitment materials when many individuals who have a history of assault may not identify in this way, see themselves as victims, or want to disclose this information, 2) mistrust of the research process (e.g., historical violations and concern related to who would benefit from study results, and 3) participation risks (e.g., fears about confidentiality, and elevated social, psychological, and physical risks to self-identifying) (Ellard-Gray et al., 2015).

Once barriers were understood, strategies to minimize each barrier were implemented. For example, determining the proper language to address parents was a first step in the recruitment process. Given that youth, and their parents, may not label themselves or their child/family members as a victim of CSEC/DMST, it was important that recruitment materials

did not include the terms “sex trafficking”, “sexual exploitation”, and/or “victim”. To determine the appropriate language, I met with stakeholders at the court to understand how parents see themselves and what language would be most appropriate. Through our discussions, it was decided that “parents/primary caregivers of youth participating in a specialty court” rather than “parents/primary caregivers of children who have been victimized by sexual exploitation or sex trafficking” was a more suitable and honorable way to approach participants.

Rapport building was an additional strategy employed to increase participant trust in the research process. Participant fear and mistrust of the research process have been commonly reported barriers to participation for vulnerable and underrepresented groups (Boneveski et al., 2014). Considering that participants may not trust the research or the researcher, for very good reasons, rapport building techniques were utilized during the screening process and at the beginning of each interview. Rapport building in research involves connecting with potential participants and creating an environment where participants feel comfortable and safe (Boneveski et al., 2014; Tiidenberg, 2020). To accomplish this, I utilized active listening, verbal and nonverbal cues (i.e. nodding, smiling), and demonstrated personal interest by taking time to learn about the participant and ask about their day prior to starting the interview.

Additionally, I used transparency as another way to build trust with participants. As suggested by Ellard-Gray and colleagues (2015), by revealing to participants what they were participating in, what the benefits and risks were, and what the results were going to be used for, was an effective way to enhance trust. Prior to participating in the study, I took time with each participant to thoroughly explain the consent form. Further, I made it clear that aggregated results would be presented to court, but that there was no guarantee about what will happen with the findings. Being transparent and detailed with participants about who will see the findings

and what will be done with the results allowed participants to understand how the findings would be used and that they may not benefit directly from participating in the study.

To mitigate concerns about participant risk and confidentiality, I obtained a Certificate of Confidentiality from the National Institutes of Health (NIH; see Appendix B). A Certificate of Confidentiality protects the privacy of research participants by allowing researchers to refuse disclosing any identifying information about research participants, even subpoenas or other legal proceedings (NIH, n.d.). Because this study was situated within the court setting, it was important to me that participants understood that the information they provided would be protected. Specifics about the protections and limitations of the CoC were included in the consent form and verbally explained to participants during the consent process.

In addition to the above strategies, study reminders and monetary incentives were utilized to enhance retention. After participants completed the screening and an interview time was determined, study reminders were sent reminders on multiple occasions prior to their interview (i.e., one day before, and one hour before). After participants completed their interview, they were compensated \$85 in the form of a VISA gift card, which was sent within 72 hours after the interview.

Data Management and Storage

Multiple strategies were implemented to ensure participants identities remained confidential and that data were properly managed and stored. First, all participants were assigned a participant ID number and all participant data, including their consent form, demographic survey, and interview data, were stored separately to minimize risks of connecting participants to the data. Second, all participant data, demographic data, audio interviews, and transcripts were stored within a protected channel in Microsoft Teams (e.g. a cloud-based

platform used for file sharing, collaboration, and project management) that only my research assistant and I had access to. After an interview was complete, the audio recording and interview transcript generated by Zoom was automatically downloaded to a password protected file on my computer. After the download was completed, I uploaded the transcript and audio recording to an encrypted file on Teams and deleted it from my computer. Utilizing this protected channel and participant ID numbers ensured that the data were de-identifiable and securely stored. Lastly, audio versions of the interview were only kept for a brief period until the interview transcript was finalized.

Sensitivity and Resources

Recognizing the sensitivity of the topic under investigation was a salient ethical consideration that was attended to throughout all stages of the study. Prior to collecting any data, intentional strategies to reduce harm and risk were considered. One potential risk for participants was that they could experience increased discomfort throughout and after the interview. Considering this, three strategies were employed during data collection process to reduce this risk. Before beginning the study, all participants will be informed that questions asked in the interview may evoke psychological responses. At this time, participants were reminded that they could stop the interview at any time and were not required to answer any questions. Providing participants with a trigger warning ahead of time was incorporated because it gave participants an opportunity to emotionally prepare and consider their options from a more logical state of mind. Furthermore, to attend to issues of potential distress, throughout the interview, I built in time for “check-ins”, where I asked participants how they are doing with the interview questions. Additionally, I used my skills as a therapist to continually assess participants’ emotions and reactions during the interviews, paying specific attention to their

body language, tone, and affect. If it appeared that an interview question was eliciting too much distress, I gave participants time and allowed them participant to take the lead, and asked follow up questions if it seemed appropriate. Lastly, after the interview a resource list of mental health services (Appendix I) was provided to all participants. Contact information for therapists in the area, as well as crisis line information, was included. Participants were also made aware that they could contact the researcher or the advisor with any questions if necessary.

Summary

This study utilized a phenomenological qualitative research design and community-engaged research approach to understand the unique experiences of parents of children previously or currently involved in a specialty court for sexual exploitation. This chapter describes in detail the research aims, methods, and analysis procedures. Furthermore, my position as a researcher, a description of the researcher-community partnership, and the research site are discussed. The chapter concludes by discussing the strategies employed to enhance trustworthiness. The following chapter describes the findings of this study.

CHAPTER IV: RESULTS

This qualitative, transcendental phenomenological study aimed to explore the lived experiences of parents of youth involved in a specialty court program for CSEC/DMST. Specifically, this study explored parents' contextual circumstances, parenting experiences, and experiences within the CSEC/DMST specialty court. Understanding the experiences of parents from the parents themselves is critical to enhancing services for sexually exploited trafficked youth in the juvenile justice system.

A sample of seven parents of youth formerly or currently involved in the specialty court participated in this study and participated in semi-structured interviews. Interviews averaged 55 minutes in length and were recorded and transcribed via Zoom. Additional data was gathered from researcher field notes and demographic surveys. Qualitative data were analyzed using Braun and Clarke's (2006) thematic analysis approach. Themes were discovered and developed using field notes, interview data, and participant demographic data. The purpose of this chapter is to describe the experiences of participants using rich descriptions and personal quotes. In this chapter, I present the findings related to each of the three research questions that guided this investigation. The questions are as follows:

RQ1: What health, well-being, and contextual circumstances are present for parents/caregivers prior to and during their child's involvement in the CSEC/DMST specialty court?

RQ2: What are the caregiving experiences of parents before, during, and after (if applicable) their child's involvement in the CSEC/DMST specialty court?

RQ3: What are the experiences of parents in a specialty court for CSEC/DMST?

Sub-question 1: What do parents report as helpful in the specialty court program?

Sub-question 2: What do parents report as challenging in the specialty court program?

Sub-question 3: What do parents believe could be improved within the CSEC/DMST specialty court?

Description of Findings

RQ1: What contextual circumstances exist for parents/caregivers involved in a CSEC/DMST specialty court?

Theme 1: Inconsistent Home and Family Environments

Multiple parents discussed multiple transitions within the home environment that related to changes in housing composition, caregiver changes, and extended periods of separation

Sub-theme 1.1: Extended Periods of Parent-Child Separation and Caregiver Changes. Six out of the seven participants reported prolonged periods of separation between themselves and their children. Reasons for separation varied based on the family's circumstances. During times of separation, youth were cared for by their other parent or family member or placed into residential facilities (i.e., group institutionalized settings).

Being separated from their child after losing custody was an experience shared by two participants. Both participants did not explain the reasons that for their child's removal; however, one parent did briefly state that she lost custody of her children during the time that she was using methamphetamines. Each parent explained that their child was placed into a residential home during the time they did not have custody. Participant #4 reported that her child was immediately put into a residential placement after she was removed from the home at the age of 16, and she remained in residential placements until she was 18. Relatedly, participant #2 stated that her child was initially placed with her ex-partner, the child's

stepparent, after she lost custody, but that he quickly placed her in a residential home. While she did not share how long her child was in the residential facility, she did explain that her child was placed in a different state. This participant stated that she fought for custody for over three years before regaining custody of her children in 2020.

On the other hand, two participants described how their child was placed in an out-of-home facility during the time that they were in their custody. In both cases, the court facilitated placement, and placement was in a city different from the one where the parent resided. This was described by participant #5 who reported that her child went to a substance abuse program for eight months when she was on traditional juvenile probation. This parent shared the difficulties related to seeing her child during this time, as the facility was over an hour away from her home.

Three participants described unique circumstances that led to their child's separation. Related to custody, participant #1 described that separation from their child occurred because of parental conflict and custody issues, explaining that they shared an incorrigible relationship with their ex-spouse and that she refused to comply with visitation agreements. They described the scenario, stating "I filed refusal visitation because my ex-wife stopped sending the kids, and the kids stopped coming. Like, I'm going to pick my kids up and they're not coming, so it ended up where I didn't see my kids for like 6-7 months." The parent disclosed that they had to have various meetings with lawyers and participated in multiple court hearings with Friend of the Court before visitation and parenting time issues were resolved.

Furthermore, one parent shared that she was separated from her child during the time she was incarcerated. The reason for, or duration of, incarceration was not disclosed. However, this parent shared that this separation was made more difficult because she did not have contact

with one of her children (the child that was in the specialty court) during the time she was gone, because her child's father did not allow it. Lastly, participant #7 described that she was separated from her child due to medical reasons. This parent, who was the adoptive parent and biological maternal grandparent of the child in the specialty court, reported that she had to get a major brain surgery that required a long recovery period which limited her ability to fulfill her parenting responsibilities. As a result, her child moved to a different state to live with her biological aunt and mother from the time she was 8 to 11 years old. During this three-year period, her child went back and forth between her aunt's and biological mother's home.

Four out of the five parents discussed their experiences after the separation and stated that their child's problem behavior worsened after returning home to their care. For example, participant #2 shared that her child's problem behavior at home began because she didn't want to return to her care, which was in a different state. This parent reported that her daughter was upset about leaving her residential placement because she was doing well and had formed multiple friendships that she was sad to lose. Adding to this, participant #5 shared that her child's problem behavior intensified after returning home from residential placement, stating, "When she got home, her behavior started getting worse. She wasn't on the tether, so she was leaving, and then she's getting in trouble, and her behaviors... they just kept getting worse". Furthermore, participant #7 shared how she noticed problem behaviors emerge when her child returned home at 11, stating,

I mean, she always had ADHD, and always was high strung, and things like that, but not really bad, but I noticed a change in her when she come back at probably about [age] 11. She was kind of doing good in school for maybe the 1st year, and then she just wasn't doing good in school. She was meeting up with different kinds of friends and skipping school, not doing her homework, not coming home on the bus when she should have. Staying out late at night. This is all about 12-13.

It is possible that additional circumstances and disruptive factors may have occurred within the out-of-home placements; however, participants did not describe these circumstances. To summarize, various experiences and circumstances led to caregiver changes and parent-child separation and for most parents who were separated from their child, their child's problem behaviors emerged and/or escalated shortly after they returned home to their care.

Sub-Theme 1.2: Transitions in Family Structure over Many Years Prior to the Specialty Court. In addition to prolonged parent-child separation and caregiver changes, four parents discussed that during their child's upbringing, there had been many changes in both where the child lived and who they lived with. As discussed above, participant #7's child alternated between her aunt's and biological mother's home for three years. Sharing a similar experience of shifting back and forth between homes, participant #1 described that their children went back and forth between their home and their ex-wife's home after they divorced. This participant further explained that this time was filled with additional instability as there were multiple issues and changes with custody. They also shared that while the children were in their mother's care, the living situation was problematic, reporting that illegal activity would go on, and that there would always be people (e.g., parent's romantic partner, extended family) going in and out of the house.

Transitions with living situations were also described by participant #2, who shared that her child involved in the specialty court had experienced many changes in her living situation, explaining that she had moved back and forth between states multiple times before the age of 12. This parent further described changes within her family home environment and instances of sibling separation. She explained that her other child had been in and out of the home and recently moved back into the home:

My youngest actually just moved back up here like a month ago he was living in [another state]. He actually came back. He came up here in 2021, I think, and then moved back to [another state], the year after. Then, he came back up here a month ago. So, he might be here for good. I don't know yet. We're gonna give it a couple more months, and if he still decides that he wants to go back down to [another state], I'll reconsider."

The separation of siblings was also described by participant #6. Her children were separated from one another when they had to go to live with their other parent during the time she was incarcerated. Experiences shared by these three participants aligned with findings from my observational field notes, where I had noted that multiple youths in the program experienced placement changes before and during the time they were in the specialty court. In addition to placement changes, I noted that there had been multiple transitions of who the youth lived with. For example, in one entry, I had noted that over one month, one youth had moved back and forth from her grandmother's house to her mother's house multiple times. Within both homes, multiple other children were present (e.g., siblings and extended family members) and were also in and out of the home.

Sub-theme 1.3: Illegal Activity within the Family. During two participant interviews, discussion of illegal activity within the family was mentioned. For both participants, illegal activity within the family pertained to the parental level. For example, as previously mentioned, participant #6, described how her incarceration was a difficult event that difficult for her family to recover, reporting, " Yeah, I was previously incarcerated. So, you know, we have been through a lot. We had a lot of different family dynamic issues that needed to be worked on after that."

Another participant (#1) described how his ex-spouse was in a relationship with someone who had a criminal record and how he believed that illegal activities (i.e., selling drugs) were happening in his home while his child was in her care. Further along in the

interview, this participant shared that his ex-spouse currently had a warrant out for her arrest, and that he now has full custody of his children as she was “on the run” fleeing from authorities.

While illegal activity within the home was only discussed by two participants in this study, in the field prior to data collection, I observed that illegal activity within the family, or a family history of criminal justice involvement, was a circumstance that existed for several youths in the program. An excerpt from the field vividly demonstrates this when “during the pre-court meeting, it was described how one particular youth had a family history of court involvement, with the juvenile court officer describing that she previously had her mother on probation when she first was hired in over 20 years ago.”

Furthermore, although this was not discussed by participants, my field notes documented that illegal activity also existing within the sibling subsystem. For a few youths in the program, they had siblings who were either previously or currently involved in the juvenile justice system. In these cases, it was often observed and discussed by court staff how these youth influenced one another and conspired in illegal activity together.

Sub-theme 1.4: History of Exploitation (Sex Trafficking) within the Family. During the interviews, two participants reported that there was a history of sexual exploitation within the family. For example, participant #7, who was the child’s biological grandmother and adoptive mother, stated that this was the second time she was dealing with issues related to risky sexual behaviors stating that her biological daughter had demonstrated these behaviors:

Yeah. It was really hard because that's one of the things that her mother had done when she lost her, and I got her. So, it's just like a repeat of all emotional trauma I went through when her mom was teenager also.

Another participant's story further exemplified this, as she explicitly discussed and stated that she was previously a victim of sex trafficking and that her daughter was directly exposed to the trafficker. This parent shared that she was in a relationship with a man who had her "doing things so he could get things." While she didn't know what was happening to her at the time, her concern arose after overhearing him on the phone state that he wanted to take her daughter to another state. At this point, she detected that it was an unsafe situation that she needed to get her and her daughter out of, so she sent her back to residential treatment. Part of her story is further described below,

I eventually end up taking her back to [state], after I made some phone calls with the previous group home. So, I was able to get her out, but she didn't like it. Then a while after that, I met with an FBI agent, and I was like, Oh, okay, so that's not even real. That [wasn't] the guy's name and that's when I was like oh, so that's what it was he was doing to me. So, I didn't even know that I was involved with the human sex trafficking until after the fact. It was like 8 months down the road when an FBI agent called me. And he's like, do you know this guy? I'm like, yeah, but I don't talk to him anymore. He had a good hour conversation with me, and I was like, oh, my gosh! I was also in a relationship prior to that where the person basically borderline kidnapped me. She [the youth] was not involved with that, she was in the group home at the time. But she knew about it, so yeah, she seen me go through all of that, and then seen me go through sex trafficking.

Sub-theme 1.5: Physical and Mental Health Conditions that Impacted Parent

Involvement. Four parents discussed managing mental and physical health conditions that influenced their caregiving abilities. For two participants, this encompassed pre-existing medical conditions. For example, participant #5 discussed how she has type one diabetes, explaining that managing her condition poses additional challenges on top of everything else she faces. She described this condition as a "whole other job in itself." Participant #7 explained how her caregiving abilities were impacted when she had to undergo serious brain surgery to have two brain tumors removed. This parent described how she was unable to care for her child for an extended period, followed by a description of how challenging parenting was during her

recovery period. Related to physical health, participant #2 discussed how a physical injury limited her ability to manage her child's externalizing behaviors, stating,

I had a broken ankle at the time and my daughter was rebelling on me, and I'm like, I can't deal with her because she would barricade me in my room on my bed and would refuse to let me up and I'm like I can't get out of this. I couldn't really do anything because I couldn't walk

Mental health was not often discussed by participants; however, one participant (#4) did describe that she had been dealing with long-standing mental health issues, stating, "I've struggled with my mental health a lot, even through her time in the specialty court. And I'm still struggling with it."

Parental substance use was another health/mental health-related condition that existed for some parents within the specialty court. This was not something that commonly showed up often in the interviews, however, two parents briefly mentioned a history of parental substance use. For example, one parent shared that the reason she lost custody was due to her addiction to methamphetamines. Furthermore, participant #1 shared that their child's mother had a long history of substance use and that they believed she was still using. Although not mentioned by many interview participants, during my field observations, I observed meetings where caseworkers and treatment team members where it was discussed that parental substance use was prevalent among multiple parents within the program. A severe illustration of parental substance use was documented in my field notes, where I stated,

This week, the specialty court team was made aware that one of the parents had overdosed. The parent had survived but was in the hospital in critical condition. The JCOs discussed how they met with the youth to inform her about her parent's overdose and how the youth, of course, was very distraught and upset. Later that week, the case workers received reports from her group home stating that she had been defiant and destructive.

Theme 2: Single Parents Facing Cumulative Stress

While single parenting in and of itself does not lead to behavioral problems or sexual exploitation, in the case of all participants, it was described how single parenting specifically was an additional stressor that piled on with others, which then accumulated over time.

Sub-theme 2.1: Stress Related to Parental Isolation. Five participants said that they had very few people in their social support systems assisting them with parenting. Social support varied across these participants but were consistently limited in scope of support received. For example, three parents explicitly stated that they do not have a support system, while two other participants shared that they do receive support from their own parents. Speaking to the absence of a support system, participant #2 shared how alone she felt after moving away from her home state, sharing,

Up here in Michigan, I don't have anybody. I moved up here away from everybody that I've ever known. I have coworkers which are my friends I guess but outside of that, there's nobody. I don't have the support system.

Participant #6 shared a similar experience, stating that her support system became non-existent after both her parents passed away:

My mom and my father are both passed away. It's just me and my kids and my grandbaby, so you know, it's just me and my kids like we don't really have like a... good dynamics with the rest of our family.

Offering a similar, yet unique perspective, participants who reported having supportive people in their lives (i.e., their own parents) still described feelings of loneliness and difficulties when it came to being a single parent without an additional support person or caregiver who was in it with them. This was clearly described by participant #5:

And I don't have a support. I mean, I have a supportive family. My mom and my stepdad, but I don't have a like a support partner in this. So, like, I have to kind of just kind of figure it out at home, you know, like it's just tough.

To highlight this further, participant #3, stated, “Well, I have a strong family support system, but I mean being the only parent that these kids have, it’s a lot. It’s a lot on my plate.” For these five participants, a sense of isolation was felt as they did not have a broad system of support.

Sub-theme 2.2: Stress Related to Employment and Parenting Responsibilities. As noted by three parents, navigating employment as a single parent was additionally stressful because they were the only ones providing for their children. For these families, this led to more time away from their children and less financial resources. Two parents discussed that without the income of another parent, they had to work two jobs, which created additional challenges with parenting. For example, participant #1 described that they were the only parent financially providing for the children, and for that reason, they had to work multiple jobs including overtime to make ends meet. A similar circumstance was echoed by participant #2:

I've been working so much. I'm working two jobs and then being a parent, I mean it's hard. And then having a child who is in the specialty court and other children, with disabilities, and being a single parent is even harder, especially when you're not there, because you're working constantly.

As evidenced by these quotes, navigating employment obligations and parenting, as a single parent, presented an additional source of stress for parents.

Sub-theme 2.3: Stress Related to Youth’s System Involvement. In addition to managing parenting and employment responsibilities alone, four parents discussed how abiding by, participating in, and managing their child’s court involvement consumed a lot of their time and energy. Three parents clearly described feelings of exhaustion and burnout when it came to their interactions with the court regarding their child. For instance, one participant shared her experience, describing how she was recovering from a major surgery and transitioning back to work when her child first entered the court, stating,

It was it was a lot. I had to go on back to work, try to hold down a job, recover, and deal with all the different things I had to do for her, like make sure that I was doing the appropriate things, you know, for courts and stuff. So yeah, it was just a lot.

Feeling burdened by court requirements and programming was also described in detail by participant 5, who shared that she been coordinating and communicating with multiple programs over a period of two years before her child had joined the specialty court. Part of her experience is shared below when she stated,

This [meeting with program staff] has been going on for a really long period of time. Like I had meetings with the residential staff on my phone, when my child was there for eight months, you know. So, it's like I really hope, I hope, that this will work cause I'm starting to get a little burned out, and I'm not saying I'm like burned out on like helping my kid or get her better. But it's the programs and the 'let's try this one'. It's kind of like her trying new meds, you know. Let's try this one for a little while. See if it works well. Well, no, it's not working.

As shown in the quotes above, some parents experienced an additional layer of stress when they had to navigate and abide by the multiple demands of court or other programming requirements.

In summary, results from this research question revealed that many different contextual circumstances exist within for participants prior to and during their child's involvement in the specialty court. These circumstances, most commonly, concerned family structure, parental health, and parental stress.

Sub-theme 2.4: Parent Illness as a Result of Stress. Two participants discussed physical illness induced by stress, such as sleep disturbance and appetite suppression. In addition to her pre-existing medical conditions, participant #7 disclosed that she experienced physical health symptoms, such as sleep disorders, anxiety after experiencing such a high level of stress for so long. She stated,

I was always tense before [the specialty court], like really tense. I didn't. I couldn't sleep. I didn't want to eat. I was up all night looking for her, wondering where in the heck she was at when she gonna come home. Is she gonna get in trouble? I mean that was stress

enough. But then, finding out what was happening just before she got involved in the specialty court, I was sick.

To further demonstrate this occurrence, participant #3 also discussed that the stress and worry severely influenced her health, stating, “I got extremely sick for over month because I was so stressed about [youth’s name]. I mean I couldn’t eat, sleep, or drink, just because everything was getting to me. My stress level was at a 10”. These quotes illustrate the relationship between stress, health, and well-being for some parents in the program. Systemically, this stress then impacted the way the parent interacted with their youth.

Research Question 2: What are the caregiving experiences of parents/primary caregivers before, during, and after (if applicable) their child’s involvement in the CSEC/DMST specialty court?

To understand parents’ unique parenting/caregiving experiences, all participants were asked throughout the interview to speak about their experiences prior to and during their time in the specialty court. For the three parents whose child had exited the program, they were asked what parenting was like after they were done. Findings related to this research question are grouped into three categories: before, during, and after the CSEC/DMST specialty court.

Before the CSEC/DMST Court

Theme 1: Overwhelm, Uncertainty, and Fear when Dealing with Youth’s Behaviors

When discussing the experiences that led to the specialty court, a prominent theme that emerged was parent overwhelm, uncertainty, and fear when it came to their child’s behavioral problems at home, which included externalizing and risky behaviors. Additionally, all parents discussed how these challenging behaviors carried over into school related issues.

Subtheme 1.1: Navigating Externalizing and Risky Behaviors at Home. For example, three parents discussed how their child was physically aggressive toward them and/or

their other children. One parent (participant #1) described how their child was physically aggressive toward them, sharing an instance where their child was cussing at them, spitting in their face, and then attacking them, at which point they had to restrain her. Another parent (participant #2) described how her daughter was physically and verbally aggressive toward her and her other children, making threats and displaying physically aggressive behaviors. In both these instances, these parents discussed how they resorted to calling the police because of the aggressive behavior, with participant #2 stating, "Because of the behaviors, because of all of that cussing, screaming, trying to hit us constantly, like we ended up resorting to calling the police."

In relation to destruction of property, three parents described how their child caused physical damage in their home, which consisted of breaking objects, throwing things, and destroying personal items. As participant #7 explained, "Before the specialty court, she would be throwing things at the walls, screaming, yelling, breaking things, smashing things." Two parents expressed how their child's physical destruction led them to a state of withdrawal and avoidance. Participant #2 explained,

She'd just throw things all over the place like, it was to the point where it's like I'm trying to stay in my room, like I don't even want to come out because I don't know what side of my child I'm going to face.

A similar sentiment was described by participant #3, who reported,

There would be times where I would block myself in a room, and she would pound at the door to get in or try to push to get in. She would keep me from going to other areas of the room during an argument or if I tell her no about something, she would just go nuts crazy, explode in anger and that made it really hard to parent her

Along with aggression and destruction of property, four parents shared that their child refused to follow household rules, specifically curfew times. This defiance was further linked to

risky behaviors, such as running away, substance use, illegal activity, and risky sexual behaviors. Highlighting this finding, participant #5 stated

She was just defiant, didn't want to follow rules at home. Didn't want to follow a curfew, wanted to involve herself in smoking and older adult things, and her safety was our biggest concern. It got to the point where, like she wanted to leave, like she would just take off and not give me a location. The first time she ran away was like, was like over a year and a half ago, and she was gone for like 5 days, and I actually hadn't even heard from her for like 4 days like at all like heard nothing, didn't see her on her media. Didn't see her anywhere. And then they did find her. They were able to locate her. She was down in Kalamazoo.

Another participant (participant #7) discussed her how daughter's runaway behavior was connected to her sexual victimization and illegal behavior:

"She started stealing, not going to school, hanging around town with friends and not coming home, running away. She stole my car when she was 14, for 2 days. Then she took off, I think she was about 14- 15 years old. It took us about a month to get her back home then, they [the police and the court] found out she had taken off out of town, and was involved in some things that an older gentleman had her and another girl involved in."

Participant #6 expressed a similar situation, describing, "Well, she was involved in stealing cars and then, she was just running away and just doing a lot of different sexual activities that could cause harm to herself." All participants that discussed their child's risky behaviors expressed the high level of fear and concern that they faced as parents, with participant #5 reporting the scariest of times for her as a parent occurred when her child ran away without communication for multiple days.

Across all the participants, these externalizing behavioral problems caused a great deal of stress and concern. The behaviors escalated to a point where parents felt an intense worry for the safety of their child, themselves, and their other children. Parents felt powerless and unsure as to what they could do to de-escalate and manage their child's behavior.

Sub-theme 1.2: Managing School-Related Issues. In addition to defiance and disruptive behaviors within the home, school issues were another salient experience reported among all participants, and these schooling challenges added to their stress. Youth not attending school was a challenge that all participants discussed. As it pertains to missed school attendance, participants described that their youth's lack of attendance was due to their child's truancy or suspensions/expulsions. This dilemma was captured by participant #3 who stated, "Well it all started with her not going to school like she should and then, when she did go to school, I'm constantly getting phone calls to come take her home." Similarly, participant #7 expressed, "School was a problem because the public school was pretty much done with her at that time, because she had skipped school so much and was very disruptive at school. So, they pretty much expelled her."

Furthermore, some (n=3) participants discussed how youth were intentionally engaging in sabotaging behaviors to get kicked out or suspended from school. Participant #1 described this, sharing that their daughter was repeatedly suspended from school:

She was getting kicked out of school every day She just started doing anything she could like knew what she had to do to get kicked out of school. A lot of it was dress code. She got caught with a vape and then she got suspended. Then she fired up a blunt in the bathroom and got suspended again, and then she came back in she threatened the person that told on her about the vape and then she got suspended again.

Participant #1 went on to describe how their child's lack of attendance went on for multiple years. This parent was one of two parents who described this occurrence, with Participant #2 echoing a similar experience stating, "With the schooling, she just wasn't attending. When she was here, the first year, she went to school 11 days. The second year she went to school 5 days". Participant #1 described how this was his biggest area of concern with his child, and how her lack of attendance had negatively impacted her education, stating "[youth's name] did not go to

school consistently from 2018 to 2022 She's at a 3rd grade level right now. She stopped applying herself in 3rd grade.”

Furthermore, two parents described feeling helpless when it came to their child refusing to go to school, discussing how their work obligations and child's age prohibited them from being able to do more. Participant #2 explained this clearly when stating,

She's wasn't going to school, and like, at a certain time in the morning I have to be out the door. I can't lose my job because my child won't go to school. She's what 15? Like I can't pick you her and take her to school. And I'm not gonna get in trouble because I'm trying to get her to school and she's refusing.

On top of the behaviors they were facing at home, having to manage their child's school issues was an additional layer of stress for parents. When parents were not able to get their child to attend school, they not only worried about their child's education, but were also fearful of and experienced repercussions from external entities (i.e., the schools and court system).

Theme 2: Help Seeking Attempts were Largely Unsuccessful

In response to their child's behaviors and their uncertainty, multiple parents discussed experiences with seeking help. For many parents, this was a process, depicted in three subthemes: 2.1) ineffective experiences with initial support services, 2.2) turning to the court for additional help, and 2.3) continued helplessness and frustration in the traditional juvenile system.

Sub-theme 2.1: Ineffective Experiences with Initial Support Services. Four parents described receiving support from other child serving agencies prior to their child's involvement in the court but expressed that these attempts were unhelpful and led to minimal changes. For two participants, these support services were voluntary and independently initiated. For example, participant #3 and participant #5 discussed that they sought support from the Community Mental Health Agency (CMH). Participant #3 stated that she got her child set up

with a therapist and then participated in a parenting class, “Parenting through Change,” after mentioning to her child’s counselor that she would like additional support. While this parent described the parenting class as helpful and stated that she learned a few things about how to handle teenagers, she reported that her child’s behaviors remained the same. Participant #5 also discussed how she initiated counseling services for her child and subsequently received wrap around family services for herself, but that her child’s challenging behaviors continued.

Two parents involved with the child-welfare system discussed their participation in mandated family services. For participant #1, this included family therapy and for participant #4, this included parenting classes. Both reported having negative experiences with these services, finding them unhelpful. For example, participant #1 reported,

We went to family therapy and that's kind of when everything just went downhill ... I tried to stick with it and eventually I just had it, it just got really bad like therapy was working backwards because the therapist like, like she chose a side and nothing that I said was considered.

Furthermore, participant #4 shared a negative experience with the parenting classes administered by Child Protective Services, expressing,

It was like they were talking to children. Adults, talking to parents of young children, none of it relevant to my case. It was all about what you can do to prevent it. Well, I've already made the problem, I was looking for how can I fix the problem.

These statements capture parent’s unsuccessful experiences with voluntary and involuntary support services prior to their child’s involvement in the court. Programs were not tailored to them or to their situations. Family therapists and parenting programs offered were ineffective, and even though these families made attempts to get help, none of these efforts were helpful or successful.

Subtheme 2.2: Turning to the Court for Additional Support. After unsuccessful therapeutic support services, four parents discussed contacting the court and initiating court-

involvement themselves. Participants #3 and #5 described contacting the court out of a place of concern, recognizing a need for additional support. For example, she described her hesitancy about initiating involvement but went through with it out of fear for her child's safety. She reported,

I really didn't want to, but I was really getting concerned about [youth's name], her education, her wellbeing, and her health, especially with finding out what she was doing it out around the neighborhood, smoking and drinking. There was a point where things were getting out of hand, and I was very concerned so, right when I took her to school, I went straight up to the court and filed for incorrigibility.

Similarly, Participant #5 described how fear motivated her to reach out the court, sharing that the time that her child ran away without contact for four days was when she contacted the court and stated that she needed help.

In a different way, participant #1 discussed that they initiated court involvement by pressing charges against their child after she had physically attacked them, stating,

The last time she attacked me, I said no I'm not gonna press charges and then like when everything got worse, I was like if anything happens again, I'm pressing charges. Cause like it got worse every time, everything got worse. It didn't matter. So yeah, I left there, my shirt was ripped. And yeah, I'm pressing charges.

For these parents, getting their child involved in the court system was a seamless process, however, one parent who did not receive any previous support services, shared a different experience, describing how difficult it was to get help for her child. She reported that her help-seeking attempts eventually led to her family's homelessness. Part of her story is captured in the quote below,

I had no idea of what I was doing. So, I called Department of Children Services and I'm like help. I don't know what to do. I told them I was ready to place her somewhere else. At this point, they said she needed to be involved with the law before they could do anything. I'm like I don't know how to do this, so, like here I am calling the police constantly, everything that she's doing, every threat that she's making at me like so that we have it recorded, and it's also being brought to their attention. And then, after so

many I thought maybe that would get her into this, the court system, so we can get her help, because I don't know which way to go anymore. That didn't work.

So, we end up getting evicted because of all the police calling, they [landlords] said couldn't have that in there in their homes or their community. It's like, okay. So here we are. We are 5 months homeless. But, because of the truancy, I ended up calling truancy on her. And then that's where we began court.

For the remaining parents (n=3), while they did not initiate court involvement themselves, they relied on the court's support when their child was apprehended by the court for truancy or delinquency. For one participant, her child's court involvement began after being identified as truant. For the two other participants, their children were arrested for engaging in illegal activity (i.e., stealing). For all three participants, they described a reliance on the court to identify and address the youth's behavior. This was captured by participant #7 who stated,

She stole my car when she was 14. She went to the court after the time that she stole my car for 2 days. I didn't press charges, but I let them handle it, and all that with the school [her lack of school attendance].

Furthermore, participant #6 discussed how her child was also involved in auto theft in a more organized way. In this instance, this parent looked forward to court interventions, expecting that they would provide sanctions that would reduce her child's involvement in criminal behavior. In essence, all parent's described that either they turned to the court and/or relied on the court's interventions to provide additional support in managing and altering their child's behavior.

Sub-theme 2.3: Continued Helplessness during Traditional Probation. Once youth were in the juvenile court system and on traditional probation, several parents reported feeling a continued sense of helplessness when it came to their child's behaviors. Over half of the participants (n=5) described a lack of progress in the traditional court, expressing that they nor their situation was positively affected by the court interventions and that their child's problem behaviors continued to persist. For example, participant #3 stated, "Before the specialty court, I honestly thought she wasn't taking things seriously. Nothing seemed to change. Even her

perspective, like, she just thought, I'm gonna go through all this and then eventually, I'll just be done with it." Another parent (participant #5) shared similar experience related to a lack of youth progress in the traditional court, stating, "it [traditional probation] didn't make a big difference, you know [youth's name] kind of just does what she wants."

Lack of youth progress resulted in a continued sense of helplessness for some parents.

One participant captured this feeling by stating,

It was just like take her to court, take her to see the probation officer. Go, do this, do this, do what you're supposed to, and you'll be done, and I just would come home feeling just as helpless as one I went in. What do I do with this kid?

Expanding on this point, another parent (participant #7) described that she was reaching out for additional support while her child was on traditional probation, reporting, "She was just in and out of juvenile for a while and the previous probation officer she had was, I felt like not doing as much as needed to be done, so I was reaching out trying to get help". Although participants were relieved to have their child involved in the court system, most parents described a sense of helplessness after joining, expressing how traditional juvenile court processes did not phase their child.

During the CSEC/DMST Court

Theme 3: Parenting Became More Manageable

When asked to describe what parenting was like during the time their child was involved in the CSEC/DMST court, participants reported differing experiences. While some parents described an improvement in their child's behaviors and their parent-child relationship, other parents described a continued sense of stress as their child continued to display challenging behaviors. However, in both cases, parents portrayed how their parenting became more manageable during the time their child was involved in the specialty court because either 1)

their child's behavior improved and their relationship with their child improved, or 2) because the court was there to help them monitor and manage their child's behavior.

Four out of the seven participants described that their child's externalizing and risky behaviors at home lessened when they were in the specialty court. Demonstrating this perspective, participant #2 explained that her child's behavior had improved drastically at home over the past year that she had been in the specialty court, reporting, "There's really no behaviors that we're experiencing at the house. She's doing everything she's supposed to be doing." A comparable experience was shared by participant #3, whose child had been in specialty court program for less time (i.e., four months) stating,

Ever since she started the specialty court program, I think she has done a complete 180. Like she has improved so much. I'm so proud of her. Yeah, I even have this app, [youth's name] put it on my phone actually, which is surprising, but it's the life 360, so when she leaves the townhouse, or she arrives home at the townhouse it will let me know. It will tell me where she's at in case anything happens

In terms of school, multiple participants (n=4) stated that their child's school attendance and/or performance improved while they were in the specialty court. Participants described how the specialty court facilitated a school switch, which consisted of their child transitioning from a traditional public school to a school program operated by the court. Parents explained how this program supported their child's accountability and attendance. For example, participant #1 reported, "Since the specialty court and the accountability through the court, it's been like maybe 2 weeks that she's not missed school." Likewise, participant #7 described how the school had services in place which helped improved her child's attendance:

While she was in the specialty court, I mean because of their rules and regulations, she couldn't just leave the school. It was locked down. There was [were] security guards, for, you know, for the kids. And also, they provided transportation back and forth. that was a big help because the transportation was getting her [to where] she needed to go, or she was gonna have some kind of repercussions.

Furthermore, when it came to school performance, two parents (participants #2 and #3) discussed that in addition to their increased attendance, their child's grades improved drastically while in the specialty court. Participant #2 noted that her daughter now has all A's and B's. She shared that with these grades and the academic programs through the specialty court, her child could potentially graduate by next July.

While some parents reported improvements with behaviors at home and school, other parents (n=3) reported continued challenges when it came to their child's risky behavior and school attendance. Three parents expressed that their child's risky behaviors (e.g., running away and using substances) continued while they were in the specialty court. Participant #5, whose child is currently participating in the specialty court, described how her child still does not follow rules at home, specifically when it comes to curfew and hanging out with older peers. During the time of the interview, her child was in the detention center. This parent reported,

Right now, she is in the detention center. She had an apprehension order because she wasn't charging her tether. She left home without permission and broke many things on her probation list of things she has to follow. She's using vapes and is smoking marijuana. They said she was drinking when she got picked up with the apprehension order, so I guess she's drinking.

A similar pattern was echoed by another parent who had left the program (participant #6), who described that risky behavioral concerns and school issues were still a problem during the time they were in the specialty court, reporting, "I wish she could have graduated. She didn't graduate because she kept running away, yeah, it was a lot she still hasn't graduated." However, although behaviors continued to be persistent, parents reported that it was nice to have additional support which made the parenting more manageable. For example, two parents described how nice it was to have additional people looking for their child during the time they ran away, or caseworkers to talk to their children about their behavior at home.

Regarding the parent-child relationship during the specialty court, most parents (n=5) described improvements in their relationship with their child. This included reduced conflict (i.e., less yelling and arguing) and more open communication. For example, participant #3, described that her and her child had less frequent arguments and now have the skills to de-escalate:

After we started the specialty court, and I tell her no, yeah, we'll have a little argument but we know when to unplug and go somewhere else before things heighten. So yeah, its been a lot easier. Like just any typical mother, daughter relationship.

Additionally, participant #1, who had a longstanding history of family and parent-child conflict, noted improvements within parent-child communication during their time in the specialty court,

It's [the relationship] better, it's better than it has ever been, I wanna say even though like it's still kind, of like you know. But we recently had a long conversation about previous events and our current living situation, and we weren't yelling. She's way more responsive, positively responsive to me. And even though the progress is slow, I wanna say we're getting along better than we ever have but it's just gonna like take time because it was so much damage done before.

This parent attributed this change to the specialty court and changes within the family (e.g., the mother no longer having custody). Furthermore, two parents described feeling closer to their child while in the specialty court. One participant (participant #2) described how her child started communicating with her more openly, stating,

I can talk to her, and she can come up to me about anything, and talk to me about anything no matter what it is. That makes me feel good as a parent. It's like this is really working. This is really helping, like we've come a long way.

In a similar manner, participant #6, described how family meetings, a service offered by the specialty court, helped enhance open communication and closeness between her and her child, reporting,

We had a couple of family meetings to discuss, you know the different issues that we had in our family. And it brought up a lot of hurtful issues, but issues that needed to be brought up. It really got her to open up. It was like a breath of fresh air for me, for her to

finally say things and get all of that off of her shoulders, you know. It ended up bringing me and the kids [including her siblings] a lot closer to each other.

In contrast, one participant reported a different experience, expressing that her relationship and communicating with her daughter is still difficult, describing that her child's substance use is a contributing factor. When asked what the relationship looked like currently, she explained,

It's like I want. I want this. Give me this. Give me this. [She] is only my friend, if, like I let her go to her friend's house, or I take her out shopping. But then, like an hour later, she is screaming and yelling at me and cussing at me, and just ripping me down as a mom, and it's, it's a hard relationship, you know, like I wish that I could just take all the substances and just get them out of this planet.

While many parents described improvements in the relationship, this participant, who had been in the program for less than two months, reported that there were still many challenges with her child and how she wished that they had a better relationship.

Theme 4: Shifts in Parenting after Watching the Specialty Court Approach

When discussing what parenting was like during the time their child was involved in the specialty court, multiple (n=4) participants expressed that some of their parenting practices shifted after receiving the additional support and witnessing the way the court interacts with their child. For example, two parents (participants #2 and #7) described how their involvement in the specialty court had granted them with more patience as a parent. Participant #7 expressed,

It just gave me a little bit more patience. I had more support with her so that helped me have more patience because I wasn't the one having to go after her all the time. And I got more patience because they [the specialty court JCOs] reminded me to let the small things go. I got reminded of that every time, you know, just let the small things go, because it's not that serious and you have to choose your battles.

Furthermore, participant #7 went on to express that the support of the specialty court helped with her confidence as a parent, because she knew she had back up. This was also expressed by

participant #3 who stated that the specialty court and the parenting class she participated in helped her build confidence, reporting,

I just I didn't have a whole lot of... I didn't believe in myself enough. And I've learned to believe in myself, and I've become stronger, wiser, like I wasn't born last night type deal. I would give up on arguments, and cave to what they want. And I've learned not to do that.

Lastly, two parents (participant #2 and #4) explained how watching the specialty court interact with their child taught them to listen to their child more. For instance, participant 2 stated expressed how after seeing everyone at the court listen to her child, she tries listen and be more open to her child's perspective, "like everyone's at the Court is doing". This was echoed by participant #4 who stated, "You know they taught me to listen to her more, listen to what her needs were and that she does have an opinion, she's not just a dumb child."

After the CSEC/DMST Court

Theme 5: Diverse Child Outcomes and Parent-Child Relationships

Similar to the theme above, once youth exited the program, parents reported varying experiences when it came to their child's behaviors and their relationship with their child. To capture these differing experiences, two subthemes emerged: 5.1) letting go and accepting lifestyle, and 5.2) Youth stability and improved parent-child relationship.

Sub-theme 5.1: Letting Go and Accepting Lifestyle. Two of the three parents described how their child's challenging behaviors intensified after leaving the specialty court, ultimately leading to their involvement in the adult system. Accordingly, parents' explained that their feelings of helplessness re-emerged. Participant #6, whose child left the specialty court over a year ago without successfully completed the program, spoke about her current relationship with her child,

It's back to square one. The relationship with her is damaged. I've had to put her on my trespassing list, here at my place because she's caused so much drama that my property manager was getting ready to evict me. So, I had to do what was best for me. She's caused it to where her home is no longer her safe haven, and now she's back in Detroit, in the streets and on probation.

Additionally, participant (#7), whose child did successfully complete the program a year ago, described how her child was quickly incarcerated within the adult system after leaving the specialty court. She is currently on probation. This parent described the time prior to her child getting incarcerated, reporting,

She wasn't home hardly at all, she was running all over the place with different friends, and staying out all night, and being, spending time with criminals. Like bad criminals. She ended up incarcerated for about 6 months. Found out that she was pregnant while incarcerated, I bonded her out and she's going through that process now. Had her baby after she bonded out and is going to be on probation for quite a while.

Dealing with the adult systems and their child's behaviors without the additional support from the specialty court team was a challenging adjustment that parents described. For instance, participant #6 discussed her experiences with the adult court as a parent, sharing a sense of powerlessness and helplessness,

No one's listening to me now really, you know. I went with her to the County Court, and asked them, could they put in her stipulations, to graduate. That was my main thing. I just want her to graduate from high school. They weren't hearing me. They listened to her and there was nothing I could do about it. At least in the juvenile court I was listened to.

Offering further insight into parent helplessness, participant #7 stated,

It's hard, it's hard, because it's back to just me, just me trying to reason with her and you know, tell her she really needs to get her life together. I don't have a backup person to talk to, or anything like that.

Since their child was 18 and now legally considered an adult, both parents discussed how they have had to relinquish control and adjust their expectations if they want to maintain a relationship with their child. In this way, both parents explained how they had to learn to accept

their lifestyle, even if they didn't agree or found it concerning. For example, participant # 6 stated,

[youth's name] is [youth's name], and [youth's name] is going to be [youth's name]. I've learned that I can't change it. She's going to do what she wants to do, so. Granted, she's still making bad choices, but I guess I'm still her mother, but I've had to like give some tough love now ... I just try to stay in touch with her, to see if she's okay, at least once a week I have to hear her voice, you know just to know that she's okay. And she as safe as she's gonna be, you know. She's not safe, but I know she's as safe as she was going to be.

Expanding on the idea of letting go and accepting their child's lifestyle, participant #7 shared,

She's still in and out of the house, staying with friends here, staying with friends there. I wouldn't say as wild. She's not hanging out with any criminals or anything else right now but still not living the way that I would think that she should live with the baby. So, it's frustrating. But she's an adult now. So, you know there's not much I can do. I just give her advice, you know.

Sub-theme 5.2: Youth Stability and Improved Parent-Child Relationship. Contrary to the other two participants, the third participant whose child had exited the program (successfully), described that her child is currently doing well and that her relationship with her child has improved drastically. She stated, “she’s trying start her own life in a different town. She's I mean she's struggling, but who isn't struggling right now. I feel like she's grown up as a great one, young woman.” When asked about their current relationship, she stated,

Oh, it's great! We are a family, we are together, we love each other again. We're not fighting. We may be separated, but we have open communication. Every day I hear from my daughter and before, Judge, I didn't have that with my daughter.

RQ 3: What are the Experiences of Parents/Primary Caregivers in a Specialty Court For CSEC/DMST?

To understand participants overarching experiences in the program, participants were asked questions about their experiences joining and being a part of the specialty court program. Additional experiences in the specialty court, related to beneficial and challenging experiences, are explored in the sub-questions below.

Theme 1: Adjusting to the Specialty Court Approach

Across the interviews, participants discussed transitioning from the juvenile court to the specialty court. All parents in the study reported that their child was involved in the traditional system for a duration of time, either on probation for truancy or delinquency, prior to joining the specialty court. The time in which their child was in traditional juvenile court varied, ranging from 4 months to 1.5 years. Having this experience in the traditional juvenile system allowed parents to quickly observe that the specialty court was drastically different from traditional probation. Given this, parents described a process of adjustment. Within this theme, two subthemes were discovered: subtheme 1.1) navigating uncertainty, and 1.2) gradual understanding and buy-in.

Sub-theme 1.1: Navigating Uncertainty. Participants described that the transition to the specialty court came with various unknowns, which often led parents to feelings of uncertainty and unpredictability at some point during the transition. For some parents, uncertainty arose during the referral process. All participants described that their child was referred to the specialty court by their child's previous JCO or judge. However, different experiences and reactions were described when it concerned the referral. For example, three parents described that they were not a part of the referral process, and therefore experienced feelings of confusion and uncertainty when their child joined the specialty court. This was clearly illustrated by one parent who stated,

I wasn't involved in that [the assessment process]. I'm assuming they [the court] did that [the assessment process] on their own. But I do remember in court, hearing that she was approved for the specialty court and my initial reaction was, oh, gosh! Like, what is this gonna involve? It was scary because I didn't know anything about it.

Lack of involvement in the referral process and uncertainty about the what the specialty court was, was described by another parent who shared that her daughter decided to be a part of the specialty court. She stated,

My daughter was originally the one who told me about it [the specialty court]. She thought it would be good for her and then she talked to me about it. So yeah, it wasn't really my decision. They eventually [the previous probation officer] kind of ran it by me, but I didn't completely understand what it entailed, but I did think it could be good for her.

For these parents, learning about the specialty court was overwhelming and confusing. For example, when I had asked participant #5 what her experience was like learning about the program after her daughter had chosen to participate, she stated,

We had like a team meeting before we got initially the first court date where we were in the courtroom. It was me, my daughter, the previous probation officer, and new probation officers. And there was just so much like stuff, talking about specialty court and like the steps. It was a lot. It was just overwhelming, because I just been through so much before that.

Participant #2 discussed a similar experience, sharing that one of the JCOs from the specialty came out to her house to provide more information about the program. The parent shared that she was very confused after learning more about the program and the stages, and still felt like she didn't know much about what the program would include after the JCO left.

Recounting a different experience, four parents shared that they knew about the specialty court referral well in advance and learned about the specialty court before joining. With this knowledge, these parents shared that they willingly agreed for their child to participate in the program. Furthermore, these parents expressed a level of relief and excitement to receive the additional support. As participant #1 noted,

Yeah, her probation officer at the time was talking about it and telling me about the cause. I'm like anything, we need anything. Anything that was suggested I'm like let's try. I've always been like that cause I feel like it's imperative to, to like utilize all and any resources

Along similar lines, participant #6 expressed, “I actually was excited because they pretty much explained it to me. Like what it involved, and I was like, oh, this would be great for our family.”

However, despite parents knowing what the program consisted of ahead of time, three of the four participants described that feelings of uncertainty emerged once they saw the approach in action. For example, after meeting with probation officers and seeing the way court hearings operated, participant #7, who was initially eager for her child to join the specialty court shared,

When we got to the specialty court, I thought, oh, boy, is this really gonna even work? She's just gonna do the same old things. I just...I wasn't too sure. How it would work, because I thought maybe they would be more lenient on her, and I was trying to be more strict with her.

Furthermore, the two other participants shared similar experiences, explaining that once their child joined the specialty court, they weren't sure if the approach would work for their child.

Both parents described feeling fearful that their child's non-compliance would continue. To illustrate this point, participant #3 reported, “After joining, I honestly thought her behavior was gonna heighten even more because she has an authority issue or did.” Lastly, participant #5, who felt many feelings of uncertainty during the referral phase, echoed these thoughts, expressing

Can I tell you that the first couple of times we were in there, I was like this is a joke. I was like, this isn't gonna work like, how do they think this is gonna change her? She's just gonna do what she wants. Maybe get a couple things, you know, like you can't leave the house for the weekend. Whippity doo.

Sub-theme 1.2: Gradual Understanding and Buy-In. While feelings of uncertainty existed for most parents during the initial stages of the program, some participants (n=4) described that their perspective of the program gradually shifted as they continued to participate. Parents who shared this experience discussed how extended time in the program

allowed them to have a better understanding of the approach, leading to their buy-in or investment. For instance, participant #7, recalled her experience stating,

I wasn't convinced that it was gonna work at first. I just didn't think that they were gonna do much, about anything. It took me about a month or two to see that that wasn't the case. It wasn't true at all. They actually were doing more than what I thought that they were doing. Once I started seeing how it all worked together, then I started feeling a little bit better about it.

This parent went on to share that her buy-in to the program came once she was able to consistently see how the program operated and how the staff interacted with her and her child:

I just had to see how it all worked together, how they all work together. You know, and how they worked with me and with her, and until we got all on the same page with what was going to be happening, I just wasn't convinced.

This idea of gradual understanding and buy-in was further illustrated by participant #2, who shared,

It's not until you really get into it [the specialty court]. Like, you may be confused at first, but it's not really until you get into it and involved in it when you realize, like, this is a really good program.

While these statements represent the parents' processes of learning more and buying-into the approach, participant #5's experience clearly demonstrates a parent's early experiences before they are fully on board with the approach. When asked how she currently felt about the program, this parent, whose child has only been involved with specialty court for less than two months stated,

Um, I have good and bad days with it. You know what I mean, like it comes and goes like, sometimes I feel like this is really good. We're getting good accountability, you know. She's doing what she needs to do, and these guys got good ideas, and then sometimes we go. And I'm like that felt like a waste of time. And I don't mean it against the people. It's not that, isn't that really isn't. I just wonder and I'm still wondering, is this gonna work for her? Because I don't know. I'm still, kinda you know, we're still kinda new in this, though, too. So. I'm not, I'm not completely convinced that it's not. But the way things are going right now, I'm not completely convinced that it is.

Additionally, participant #1, whose child has been in the program for 4 months stated, “It’s helped in some ways, but you know, I’m still waiting to see how it all plays out”. In summary, most parents described that they experience or experienced uncertainty in the early stages of the program and that buy in takes time and continual exposure.

Sub-question 3.1: What do Parents Find Helpful During their Time in the Specialty Court?

Theme 1: Increased Access to Support and Resources for the Parents and Youth

When asked what parent’s found most helpful about the program, the majority of parents described that gaining greater access to support and resources was particularly valuable. Within this prevalent theme, three distinct subcategories were identified: *emotional support for parents, practical support and resources for parents and families, and resources for youth.*

Sub-theme 1.1: Emotional Support for Parents. Most parents (n=6) described how helpful it was to have supportive juvenile court officers (JCOs) who were available to listen, validate, and provide guidance. Examples of how the caseworkers provided emotional support to parents was mentioned by multiple participants across the interviews. For instance, participant #5 described a time when the specialty court JCO was there for her during a crisis and explained how meaningful this was to her, stating,

When my daughter was having suicidal issues and I had to take her in, and [juvenile court officer] was awesome. She called me and just walked me, talked me through it. At that point, I felt like she really cared. Do you know what I'm saying? Like it was, it was more than just a phone call, like she stayed on the phone with me. I was crying, she was trying to help me get through it, and it'd been a rough night, and they were really kind about that, like they were supportive, they really were.

Similarly, participant #7 discussed how she felt emotionally supported by the specialty court JCOs because they checked in with her often stating, “It was helpful just to have a really good support system. There were times that I felt more supported [as a parent], then, I felt the

probation was for my child's needs." This notion was further supported by participant #6, who described how the whole specialty court team provided her with additional emotional support, reporting,

You know my mom and my father are both passed away, so it was nice to have like that support from you know the caseworkers, psychiatrists, or probation officer, the judge, you know it was really nice to have that team. To help me. You know, raise her pretty much. You know, it takes a village to raise a child, so it was nice to have a village for change.

As illustrated by this parent, this support was so valuable because they had limited outside support. Additionally, as previously mentioned in previous themes, additional help and support was something they were seeking when their child was on traditional probation.

Sub-theme 1.2: Practical Support and Resources for Parents and Families.

In addition to emotional support, several parents (n=4) reported that the specialty court provided them with practical support which included: financial assistance, food assistance, transportation for their child, and resources/referrals. Two parents discussed how the specialty court provided them with financial support and food assistance, with participant #6 stating, "They gave us gas cards because [youth's name] had appointments at U of M, so they would give gas money for that. They also provided help with food commodities and stuff." When sharing this, this parent expressed her appreciation for the JCO's non-judgmental stance when it came to discussing her family's food shortage.

Furthermore, four parents shared that they felt that one of the most helpful components of the specialty court was that they offered transportation. Transportation included transportation to school, medical appointments, and court hearings, or to other activities. Participants #1 and #7 described how transportation services for school helped with their child's

attendance. Furthermore, participant #2 discussed how the transportation services were so helpful because it made it so she could maintain her employment. She stated,

The most helpful thing as a caregiver would be that the JCO or someone else has been able to provide transportation for my daughter, to be able to get back to school to work, and then transportation to and from doctor's appointments. They've also been able to give me any information from doctor's appointments, or she needs referrals anywhere. They've been able to help me out while I've been able to maintain my job.

Additionally, two participants noted that the specialty court had provided their family with resources and referrals. For participant #3, this included parenting classes, and for participants #5 and #2, this included a referral to individual and family therapy. Furthermore, she shared that the specialty court also provided her with resources for her other children stating,

They gave me resources to certain programs or certain services that I need for my other two children. So yeah, they've been there for me as, as a parent, being able to help as a family, giving me resources not just with her, but as a family

Furthermore, two participants discussed how the specialty court provided them with resources for their family to go do activities in the community together.

Subtheme 1.3: Resources for Youth. Multiple participants discussed how grateful they were for the services and resources that their child had received since being in the specialty court. Parents described that their child gained access to education services, occupational services, mentorship, and activities for youth to do in the community. For example, participant #1 described how the judge had recently asked their child what she was interested in so the court could get her involved in some activities over the summer break. Furthermore, participant #2 explained that her child has had access to many resources through the specialty court:

Since she's been involved in the specialty court, there's been so many programs that she's been allowed to be involved with. There's gardening, that's one of her recent ones. She's getting credits for electives like work Peckham. She's been working at Peckham, and she's really enjoying that. She's making money and getting her credits. They've really

got a lot of programs. They've got mentors. Well, interns that that she's able to go with, and they do fun things together, go to museums, play tennis, you know, keeping her active when she's not in school or not at work, and being able to keep her mind focused on positive things.

Theme 2: Intensive Supervision Model

The third theme, intensive supervision model, captured parent's gratitude for the more engaged and involved child supervision model that was employed by the specialty court.

Multiple parents (n=4) described how this approach increased their child's accountability. This theme was divided into two subthemes: *increased monitoring and engaged JCOs*, and *regular court hearings*, to further describe participants' experiences with the different aspects of intensive supervision.

Sub-Theme 2.1: Increased Monitoring and Engaged JCOs. Increase monitoring and engaged JCOs pertained to parent's appreciation for the close monitoring of youth's behavior. Multiple parents (n=4) described that the specialty court had more structure and that the JCOs consistently checked in with them and the youth to monitor the youth's behaviors. In contrast to their experience in the juvenile court, the specialty court JCOs were more engaged, and supervision was more hands on and intensive. Participants found this element of the specialty court helpful because they noticed that increased monitoring made their child more engaged in programming. For instance, participant #7 stated:

Well, before it was just... she just ran the streets and when it's time to see the probation officer. Yeah, she knew she had to go, she would go, and then she'd just come back home same behaviors. Whereas the specialty court they had more of a handle on it. They would come, transport her, make sure she went to school, got to school, stayed at school, brought her home, make sure she got home, stayed home. And you know, she would get incentives for going like just different gift cards and things like that.

Furthermore, five participants referenced how helpful it was for them, as the parent, to have involved, communicative, and responsive JCOs because they felt like they had more

access and information about their child and the court processes. Participant #4 described that the open communication with the JCOs was what she believed was most helpful about the specialty court. Some parents (n=3) explained that the communication with JCOs in specialty court was such a helpful element because it was not something they had in traditional court probation. For example, participant #6 described how her child's previous probation officer in traditional court was always busy when she tried contacting them about a concern. Participant #7 further illustrated the difference between the parent's communication with JCOs in the specialty court:

I would say a lot more hands on with me, and my child. Whereas just being on regular probation she was just seeing a probation officer, and that was it. In the specialty court, there was always a lot of communication with me and the JCOs. Even if I felt frustrated, I could always call. Call one of them, and there was a lot of text back and forth. And you know, that was really nice to have somebody to do that with that knew, you know, they knew what they were doing. So, the communication helped a lot.

However, one parent (participant #5) expressed a different experience, stating that the frequent check-ins can be exhausting for her as a parent,

Like I said, said they were like checking in like once a week, kind of before the court day, and I was kind of like. Well, this hasn't been a good week, and I gotta tell you all these things that did happen, and I'm supposed to text them every time something happened like, I'm the reporter, you know.

That's the part I don't like. I don't like having to report every single thing, and then I gotta try to remember when it happened, and... I understand, because then that builds a case or whatever [to let them know what's going on at home], but it's another job in itself, like, like I have to remember she did this, and then, you know, especially when she was gone for 5 days, I was like, that's all I was doing was texting, and it was so draining.

Subtheme 2.2: Regular Court Hearings. The greater frequency of court hearings was an additional element of intensive supervision that parents (n=4) appreciated. Similarly to the increased contact with JCOs, increased court hearings were often described in reference to their experience in the juvenile court. Parents discussed that the increase in court hearings was

helpful because it helped their child take court expectations more seriously. For example, participant #1 stated that they appreciated the weekly court hearings, noting that it helped hold the youth more accountable when it came to school attendance. They explained how this was different than the time in traditional court, reporting

We are there every week now, instead of every 3 or 6 months. So, we're checking in, like in the previous court you can miss 60%, or you can miss 40% of school every 6 months, and then they'll be like the attendance was, you know, it wasn't bad and, but I'm like you're cutting her a break man. But now, it's like every week, so if you missed 2 out of 3 days, which is, you know, you went 60% of days that don't look too good if you're doing it every week.

In a similar way, participant #3 discussed how going into the court weekly has helped her child take things more seriously,

Just going into the court to talk with the Judge has been the most helpful. When she was seeing the referees, like I said, I don't think she took it that seriously. But now that we're going to hearings where she does see a judge, she's like, okay things are really serious. If I don't turn this around things are really gonna start happening for me that I don't want.

Theme 3: Specialty Court's Understanding and Empowering Environment

Another helpful element of the specialty court that was described by participants was the understanding and empowering environment. These parents explained how the specialty court was more understanding and compassionate, noting that the judge played a vital role in creating this atmosphere. When asked what they liked about the specialty court, participant #1 stated "the positivity". This notion was further described by three participants, who stated that the empowering approach was one thing they loved about the specialty court. For example, participant #2 discussed the difference between the traditional juvenile court environment and the specialty court environment:

I will say with the previous court that she was in before she went into the CSEC/DMST specialty the Judge made it feel like... she was throwing it at her that everything that she was doing, that she needs to do better and everything and she was putting it like, well, these are your decisions that are leading up to this. With Judge X, she's like, okay,

she's hearing [youth's name] out. She was able to explain to her what she had been through, and being able to have that, its like, okay, now they get to sit back and find out why she was the way she was, where, why, where she came from and be able to figure out a way to be able to redirect her.

This was further explained by participant #4, who stated,

The other was just point blank and didn't give any explanations to you know, if you do this, this is gonna help you this way. Judge X's opened the world to her up by the way, she just explained things...Like Judge X didn't say, oh, you just screwed up, I'm gonna smack your hand. It was what made you do this? You know, why? We talked it through. We found out what her problems were and what she needed.

Furthermore, participant #6 described how the empowering and loving environment of the specialty court was something that her family was missing. When asked what she found most helpful about the specialty court, she responded by stating,

The love and support they gave to [youth's name]. It meant a lot to her like she I feel like even now. If she was to see them, she would run and hug them like all of the people that were on our team like I, I believe that she would run and hug them just because they showed her so much love and care. You know throughout the whole process throughout the program and when she messed up there was, you know, say they were disappointed, but when she did good, they would you know, award her, give her that encouragement, you know, to keep doing good, you know. So, I think that that was like the main thing that we really needed was our, the love and support of someone else.

Sub-Question 3.2: What Challenges do Parents Experience within the Specialty Court?

Theme 1: Work Schedule and Weekly Court Hearings Conflict

While several participants described how helpful the frequent court hearings were, participants (n=3) also described that the most common challenge in the specialty court was related to their work schedule and the time of court hearings (n=3). For instance, participant #2 described how she hasn't been able to make it to all court hearings because they are weekly, but that she tries to take off work for important court hearings, such as when her child is progressing to a different stage. Alternatively, two participants described that they take off work

to be able to attend their child's court hearings. Participant #1 described that they had to sacrifice hours at work and overtime hours to attend court hearings:

The only thing is like I have to leave work early every Tuesday. So, and like everything that has been happening is costing me a lot of time and a lot of lot of financial resources because I have to have it to where I leave work early on Tuesday so just financially it just cost it costs time and money."

Furthermore, participant #5 shared the connection between her work and the court hearings, describing that she is exhausted to attend after working a full day. She further explained that she lived farther away from the court, so driving her daughter there weekly, after a full day of work is exhausting and costs her a lot of time and money. This is a particularly salient concern given that resource shortages were something highlighted by most participants.

Theme 2: Feeling Overlooked/Not Heard at Times

While most participants appreciated the empowering and positive approach, some parents (n=3) described feelings of frustration with the approach at times, expressing that they wished the specialty court would have administered harsher punishments for their child. These specific parents were concerned for their child's health and safety and therefore wanted the court to intervene with more severe sanctions. As a result, these parents expressed that it was challenging when the court did not listen to their concerns. Participant #6 described this when she discussed that she had been asking the court to put her child in the detention center to get her off the streets and how they didn't follow the parent's request, stating,

With the specialty court I will say, I wish they would have listened to me a lot sooner than they did. I wish that they would have, like were several times that I kept saying, can you please just put her in the juvenile. Just put her in. She needs to get off these streets. Cause she's just wild. She was running wild, running away. I mean, you know, speaking out, bringing people in my house like... It was a lot and there'll say oh we're gonna give her this tether, and tether never worked for [youth's name], so I'm like, no she does not need a tether. She needs to go in and sit down. You know. Give her that time to think about what she's done...But a long time, not short time, you know and I felt like they kept giving her chances after chance after chance.

I know my kid, you know. So, I knew what she was capable of. I knew what she was doing to them cause she had been doing it to me for years. You know, manipulating the situation. You know, putting on the little false tears and everybody feel bad for her...They always gave me opportunities to say what I wanted, but it was always up to, you know the judge and her probation officer, and usually they wouldn't do what I asked them to do so.

Furthermore, two parents discussed that they wished the court would have done more to address their child's substance use. For participant #7, she described that she had asked the specialty court to conduct more drug tests with their child:

I had told them a few different times. I knew there was marijuana involved, but there had been other things here and there. That wasn't just her. It was other kids in the school as well that were her friends and stuff, and there wasn't a whole lot of mention of their hands were tied pretty much.

This was further described by participant #5, who explained how her parenting expectations conflicted with the court's expectations when it came to her school attendance and substance use, describing,

Yeah, yeah, cause it was like, okay, so she misses school, isn't she gonna get a strong consequence? Or if she's smoking or they check her, for, you know, smoking, and she is, are they gonna give her consequence? Well, no, they didn't, and I was frustrated because I was trying to keep her sober at home and I didn't know how to keep her sober when they're not trying to keep her sober and I'm trying, and I'm like fighting against a wall kind of.

She didn't do what she did all week, but then they'd hold her accountable for so many days but there wasn't a consequence. But I had to give her consequences at home. But her thing was well, they don't really see that as a you know, bad thing or I'm not gonna like, but you're getting in trouble with that. You're going to get in trouble at home because I'm gonna hold you accountable. So, I was frustrated. I didn't feel like I had the backup, I felt like I had to be this tough mom and keep her accountable. I wasn't sure what team I was on. I want them to slap her on a wrist because I want to stop the cycle. That was the whole thing like I want to stop this cycle, it, it just keeps going and going, and it's just that's all I can say about that

These experiences led to parents feeling dismissed, frustrated, and alone with their concerns.

Theme 3: Powerlessness and Fear After Leaving the Specialty Court

For two out of the three parents whose child had left the program, they described that leaving the specialty court was a significant challenge for them, as they lost additional resources and support. Consequently, parents shared that they felt a great sense of loss when their child had exited the program. Ultimately, this left them feeling fearful and powerless when it came to their child's behaviors and well-being. One participant described how she lost hope and felt helpless once again, stating,

When she ended the program, I had lost all hope. Really. I had like this was the one place that I had to help me, save her you know, and once I lost that, I don't know like [youth's name] went from okay, to worse.

Offering further insight into the loss parent's feel, when asked what it was like leaving the program, the parent shared,

It was horrible! It's, I mean it was uh, for her, I'm sure a relief, for me it was more scary because there was support one day, none the next and that was a bad transition. Bad time, because she went wild. I wouldn't go as far as saying this like losing a family member. But it's definitely like losing a second caregiver, or something like that. Yeah, cause to me, I mean, after (youth's name) was involved in the specialty court for so long, it was almost like the specialty court JCOs became like her surrogate, aunts, or something. And then to go from that to nothing, you know. It's like a loss. It's like a big loss.

Sub-Question 3: What do Parents Believe Could Be Improved within the CSEC/DMST Specialty Court?

To understand what parents, believe could be improved within the program, parents were directly asked to consider suggestions for improvement.

Theme 1: No Improvements

Three participants described that they didn't think the specialty court needed any improvements. This was highlighted by participant #3 who stated, "Nope, I don't think they

need to make any improvements, I think they're doing fantastic how they're doing things in my eyes." Participant #4 offered a similar thought, reporting,

I loved the specialty court; I can't say that enough. I don't think they need any improvements. I think they are doing great. It was very positive on my child. I mean, it seemed to like I said it wasn't like it all clicked instantly, but everything that she was taught and told eventually all came together.

Furthermore, one participant stated that he didn't think he could speak to the question because he hadn't been in the program long enough to make a recommendation.

Theme 2: Listen to Parents More

Theme two, listen to parents more, highlights two parents desire for specialty court to take their voice and preferences more seriously. In this way, they hoped that the court would inquire more about their concerns and then consider and implement their suggestions. For example, one participant stated,

I've already shared it, just wishing that they would hear the parents' voice. Cause it. It could change the, the situation for better, but it also could change it for worse... But at least giving them that opportunity to see if it will change, you know.

Offering a similar perspective, another parent wished that the court would inquire more about her preferences when it came to consequences for her child's behavior. This parent shared that she often did not feel listened to. She explained that this feeling came after the court did not prioritize her child's sobriety, after expressing to them that it was something she was trying to work on at home. Thus, when asked about areas for improvement, she conveyed a preference for the court to check in more and consider her parental expectations.

Theme 3: Administer Harsher Consequences

Along the same lines of listening to parents more, two parents expressed a desire for stricter consequences. When asked what could be improved, two of these parents suggested that the specialty court should enact stricter consequences and have them occur earlier on their

programming. These recommendations came from two of the three parents whose child had left the program. For instance, one participant expressed, "I mean if I if I had to come up with one thing, just one thing I would just say, be a little bit more stern or strict with them". Furthermore, another participant, whose child did not successfully complete the program shared a similar thought, stating how she felt the lack of severe punishments influenced her child's ability to graduate from the program,

I feel like if she had stricter consequences, she might have gotten through the specialty Court. Like she probably would have completed their program if it was a little more stricter consequences from the beginning right out the gate, you know.

Theme 4: Offer More Peer Support for Parents

Given that many parents described a lack of support system, during some interviews (n=4), I asked participants if they were connected to other parent's participating in the specialty court, or if there were a part of any type of parenting group provided by the specialty court. After parent's described that there was no support groups or parenting groups involved in the specialty court, they all went on to discuss how they felt it could be helpful. For example, one parent stated,

Actually, I think that would help a lot, you know, just being able to talk to other parents that are going through similar situations, you know, feeling like their back is against the wall. It may help to just have another parent to talk to and just vent to. Possibly, that parent may be able to get to you through your child better than you. But yeah, I think being able to share and talk to someone. Well talk to another parent in regard to your child, or even in regards to your own feelings, may help a lot more

Furthermore, when one participant described a positive experience with a parenting group administered by CMH, I had asked what she had thought about a parenting group for the specialty court. She replied stating,

I think that would work out if they had that in specialty court. You know, where parents can get together, maybe once a week, you know, in fact, amongst other parents that are

going through the same things. And learn from each other, see what they can do differently. You know. Just like a parenting class.

Theme 5: Increase Support After Dismissal

Lastly, two of the three parents of youth who exited the program expressed a desire for more support as they left and, in the months, following. As previously stated, these participants experienced a profound sense of grief and loss as they left the program, as well as multiple struggles with parenting. Due to these experiences, participants suggested that the specialty court do more check-ins and follow-ups with parents as their child is getting discharged from the program. For example, participant #6 stated,

I wish that they would kind of do follow ups just to check on us you know. See how we're doing, if we, if we would like that, you know.: See if they can help, or you know, just yeah, I think that, yeah, I feel like if they, if more follow-ups.

This notion was echoed by participant #7 who shared,

Yeah, so I wish there could be like, maybe after they age out or graduate out, maybe a transition period of maybe a couple months, or something like maybe once, the couple weeks, or once a month. Check in or follow up, or something like that, that might help, I'm not sure.

Summary of Findings

Table 2

Qualitative Themes and Subthemes

Research Question	Theme	Subtheme
RQ1: What contextual circumstances exist for parents involved in a CSEC/DMST specialty court?	1. Inconsistent Home and Family Environment	1.1.Extended Periods of Parent-Child Separation and Caregiver Changes 1.2.Transitions in Family Structure over Many Years Prior to the Specialty Court 1.3.Illegal Activity within the Family 1.4.History of Exploitation (Sex Trafficking) within the Family 1.5.Physical and Mental Health Conditions that Impacted Parent Involvement
	2. Single Parents Facing Cumulative Stress	2.1.Stress Related to Parental Isolation 2.2.Stress Related to Employment and Parenting Responsibilities 2.3.Stress Related to Youth's System Involvement 2.4.Parent Illness as a Result of Stress

Table 2 (cont'd)

Research Question	Theme	Subtheme
RQ2: What Are the Caregiving Experiences of Parents/Primary Caregivers Before, During, And After (If Applicable) Their Child's Involvement In The CSEC/DMST Specialty Court?	<u>Before Specialty Court</u>	
	1. Uncertainty, Overwhelm, and Fear when Dealing with Youth's Behaviors	1.1 Navigating Externalizing and Risky Behaviors at Home 1.2 Managing School-Related Issues
	2. Help-Seeking Attempts were Largely Unsuccessful	2.1. Ineffective Experiences with Initial Support Services 2.2. Turning to the Court for Additional Support 2.3. Continued Helplessness during Traditional Probation
	<u>During Specialty Court</u>	
	3. Parenting Became More Manageable	
	4. Shifts in Parenting after Watching the Specialty Court Approach	
	<u>After Specialty Court</u>	
	5. Diverse Child Outcomes and Parent-Child relationships	5.1. Letting Go and Accepting Lifestyle Youth Stability and Improved Parent-Child Relationship

Table 2 (cont'd)

Research Question	Theme	Subtheme
RQ3: What are the experiences of parents/primary caregivers in a specialty court for CSEC/DMST?	1. Adjusting to Specialty Court Approach	1.1.Navigating Uncertainty 1.2.Gradual Understanding and Buy-In
RQ3.1: What do parents find helpful during their time in the specialty court?	1. Increased Access to Support and Resources for the Parents and Youth	1.1 Emotional support for Parents 1.2 Practical Supports and Resources for Parents and Families 1.3 Resources for Youth
	2. Intensive Supervision Model	2.1.Increased monitoring and engaged JCOs Regular court hearings
	3. Specialty Court's Understanding and Empowering Environment	
RQ3.2: What challenges do parents experience within the specialty court?	1. Work Schedule and Weekly Court Hearings Conflict	
	2. Feeling Overlooked/ Not Heard at Times	
	3. Powerlessness And Fear After Leaving the Specialty Court	

Table 2 (cont'd)

Research Question	Theme	Subtheme
RQ3.3: What do parents/primary caregivers believe could be improved within the CSEC/DMST specialty court?	1. No Improvements	
	2. Listen to parents more	
	3. Administer harsher consequences	
	4. Offer more peer support for parents	
	5. Increase support after dismissal	

CHAPTER V: DISCUSSION

The overarching purpose of the current study was to explore the lived experiences and perceived needs of parents of youth currently or previously involved in a specialty court program for CSEC/DMST. To achieve this goal, a phenomenological qualitative design was utilized to investigate three main research questions and three sub-research questions. Seven participants, who were parents of current or formerly involved youth in a specialty court for CSEC/DMST participated in this study. Semi-structured interviews were conducted with all participants and data were analyzed using Braun and Clarke's six-step thematic analysis method (2006). Findings from this study helped develop an understanding of the essence of parenting a child involved in a specialty court for CSEC/DMST.

In this chapter, I present and discuss the findings of this study in relation to current literature. Subsequently, I address strengths and weaknesses of the study and suggestions for future research. The chapter then concludes by discussing implications for couple and family therapists and other mental health professionals, and CSEC/DMST specialty courts.

Findings in the Context of the Current Literature

RQ1: What circumstances exist for parents prior to and during their child's involvement in the CSEC/DMST specialty court?

Qualitative findings and field notes revealed that two major circumstances existed for parents of youth in a CSEC/DMST specialty court which included, 1) inconsistent home and family environments and 2) single parents facing cumulative stress. Within each theme, multiple subthemes emerged.

Theme one, *inconsistent home and family environments* highlights participants' experiences of various family transitions and changes. In the present study, all participants

described various familial circumstances that occurred prior to and during their child's involvement in the court, which caused shifts and disruption within the family. These circumstances included *extended periods of parent-child separation and caregiver changes, illegal activity within the family, a history of exploitation/sex trafficking within the family, and transitions in family structure over many years prior to the specialty court.* These shifts and transitions (e.g., losing custody, changing caregivers, children's out of home placements, custody issues) were often stressful for both the parents and youth. Parents described that youth often had a difficult time adjusting after transitions, which led to increased parental stress. Overall, participants reported that multiple transitions and changes happened during the early stages of their child's life, which in turn, resulted in a lack of consistency and stability for both the parent and their child(ren). Consequently, increased instances of child behavioral issues and parent-child conflict occurred.

These findings align with extant literature which shows that disruptive and unpredictable events such as child protective services involvement, a history of out of home placement, witnessed criminal activity in the home, family involvement in sex work, limited parental involvement, and strained parent-child relationships place youth at an increased risk for CSEC/DMST (Franchino-Olsen, 2021). However, unlike previous research, multiple participants in this study also experienced many shifts in their family structure. These included shifts in living situations and changes in who lived in the home. Changes in family composition stemmed from parent-related factors (e.g., incarceration, loss/change of custody, parental divorce/remarriage), family conflict, and parent health concerns. For a subset of parents in this study, substance use, along with pre-existing physical and mental health conditions, led to challenges and limitations in their involvement with their children. The presence of parental

substance use and mental health challenges is consistent with previous literature, where studies have found that parental substance use and mental health problems are linked with compromised parenting, which in turn heightens youth's risk for JJ and CSEC/DMST involvement (Cole & Sprang, 2015; Reid & Piquero, 2016). However, an emerging theme from the data that was not expected was parent's *physical health and well-being* challenges. Within the present study, two parents described that they either managed a serious health condition or suffered from a physical injury which posed limitations to their parental involvement, ultimately leading to their child being placed elsewhere while they recovered. Thus, unlike prior research, these findings reveal that a parent's physical health and well-being, which is often overlooked in the literature, is an additional circumstance that can impact a parent's capacity and availability.

Despite family composition and family structural changes rarely being addressed in the CSEC/DMST literature, a large body of research exists relating to role of family structure and risk of juvenile justice involvement. Results from two meta-analyses (Derzon, 2010; Wells & Rankin, 1991) suggest that disrupted, or "broken" family homes are a salient risk factor for juvenile delinquency. However, as recently noted in a more recent meta-analysis, studies that examine family structure and adolescent risk behaviors most commonly rely on the marital status of parents and whether the youth live with a biological parent (Senkowski et al., 2019). Furthermore, it was found that studies generally assess youth's current household situation, rather than assessing family structure longitudinally. In light of these findings, the authors recommended that research exploring family structure and adolescent risk behaviors should 1) expand their conceptualization of family structure to include other factors such as other's members in the home, parental income status, and parent education level, and 2) increase efforts

to capture changes and stability in family structure over time. Qualitative findings in this study validate the importance of these recommendations, as the results showed that multiple changes in family structure (e.g., parent separation, caregiver changes) and family composition (e.g., who lived in the home with the youth) occurred prior to, and during, youth's enrollment in the treatment court. These results have important implications as it appears that consistent transitions within the family context can impact youth's behaviors and risk for CSEC/DMST specialty court involvement.

The second theme, *single parents facing cumulative stress* explains the multiple layers of stress parents face as it related to their status as a single parent. Participants noted the challenges they experienced when it came to managing multiple roles and responsibilities (i.e., their job, parenting, and court requirements) without an additional support partner. Perhaps the most notable finding was that all parents reported a lack of adequate social support, which was captured in the subtheme *parental isolation*. Half of participants described that they did not have supportive people in their lives that they could turn to and that they frequently navigated their issues with their child alone. For parents who did have support, they described that their support network was limited to their own parents.

Furthermore, multiple parents described the stress associated with *balancing their employment and parenting responsibilities*. As a single parent, it was described how the financial responsibility fell solely on them, which in some cases meant parents had to work multiple jobs and extended hours. This resulted in less financial stability and more stress and challenges because it meant that they were not as available to be home with their children. Furthermore, results from the demographic survey revealed that most parents identified as low-income, adding financial hardship as another stressor parents experience.

A further point of stress parents related to their child's system involvement. Parents discussed how managing and abiding by their *child's court requirements was another layer of stress* as it consumed a lot of their time and energy, which as a single parent, was already limited. Lastly, some parents discussed how *stress related to their child's behaviors severely influenced their physical health*. A couple of parents in this study expressed that they experienced extreme levels of worry about their child's risky behaviors (i.e., running away, using substances, and sexual behavior) leading them to develop physical symptoms, such as not being able to eat, sleep, or drink.

In this study, all parents identified as single parent and reported various levels of familial and extra-familial stress. This finding was not surprising as previous literature has found that single parents face higher levels of stress than married parents, specifically as it relates to lack of support, parenting responsibilities, financial strain, and employment requirements (Caldwell et al., 2006; Cooper et al., 2009). Furthermore, extant literature suggests that parenting stress is positively associated with a child's externalizing behavior, citing that high levels of stress lead to a decrease in parental warmth, inconsistent discipline, lax supervision, and lower positive parent-child communication (Cook et al., 2024; Morgan et al., 2002; Preyde et al., 2015; Webster-Stratton & Hammond, 1997). This association is stronger when parents are of lower economic status and lack additional social support (Cook et al., 2024). Given that the majority of participants in this study reported economically disadvantaged backgrounds and many layers of stress related to their status as single parents, it is possible that parenting stress adversely impacted their parenting practices and parent-child interactions. While these results do not describe a causal relationship, they imply that isolation and the added

stress of single parenting may have been factors that increased their child's vulnerability to exploitation and juvenile justice involvement.

Overall, findings from the first research question suggest that parents of youth in the CSEC/DMST specialty court face complex family environments, economic hardship, and high levels of stress. From an ecological perspective, it is clear to see that parents' experiences and stress levels shift over time and are shaped by multiple familial, social, and environmental factors (Bronfenbrenner, 1979). Contextualizing the findings through Bronfenbrenner's framework sheds light on the social and economic systems that influence health and access to resources (Israel et al, 1998). As such, the results reflect that chrono-level factors (i.e., family structure changes, caregiver changes, parent-child separation), macro level factors (i.e., low socioeconomic status, cultural beliefs and stigma toward single parents), exosystem level factors (i.e., limited resources, low social support, child welfare and juvenile justice laws, work expectations and policies), mesosystem level factors (i.e., interactions between youth and school and interactions between youth and court), all interact and affect parent experiences and parenting stress or, microsystem level factors (i.e., lack of social support, health and functioning, children's behaviors, parent-child relationships, parent relationship with the court), which subsequently influences children's development and behaviors.

Considering that many of the circumstances above encompass interpersonal relationships, attachment theory (Bowlby, 1988) provides another valuable framework for understanding these results. According to attachment theory, parent inconsistency and parental stress disrupts attachments relationships between parents and youth, which in turn, contributes to the development of externalizing and risky behaviors because youth lack a stable caregiver to help them develop emotional regulation skills (Bowlby, 1988). As such, poor attachment to

parents has consistently been associated with juvenile delinquency (Hoeve et al., 2012). From this perspective, the findings suggest that inconsistent family circumstances (i.e., parent-child separation, caregiver changes, criminal activity in the home, parent health) and parental stress compromise parent's ability to foster secure attachment relationships thereby leading to youth's externalizing behavior and parent-child conflict, which increases the risk for CSEC/DMST and court involvement (Bowlby, 1988).

The application of these frameworks highlights the importance of both the immediate and extended environments of youth, shedding light on how stress and external circumstances can adversely impact parents' health and well-being, which in turn impacts the parent-child relationship. These findings have broad implications. First, the findings suggest that recognizing and attending to parent's/family's social location (i.e. SES, family structure, past familial experiences, and parent stress) is critical when considering interventions with youth and their families. As such, CSEC/DMST courts should frequently assess and discuss with parents/families' current stressors and circumstances, using this information to contextualize concerns, identify ideas of need, and develop individualized support strategies.

Furthermore, the findings imply that enhancing access to financial assistance, community resources, and social support networks should be a key component of family services offered in CSEC/DMST programs, as these resources could reduce parental isolation and stress while promoting greater stability. To accomplish this, CSEC/DMST courts should partner with various community agencies (i.e. financial assistance offices, food banks, housing organizations, health clinics, career counseling, mental health programs, support groups) and establish internal referral processes for parents in their program. Gaining access to these

resources would offer parents more economic stability and less isolation, which in turn could help improve their health and well-being and parent-child relationship.

Research Question 2: What are the caregiving experiences of parents before, during, and after (if applicable) their child's involvement in the CSEC/DMST specialty court?

Findings related to this research question are grouped into three categories: before, during, and after the CSEC/DMST specialty court.

Before the CSEC/DMST Court

Prior to their child entering the specialty court, two central themes emerged. The first theme, *uncertainty, overwhelm, and fear when dealing with youth's behaviors*, highlighted parent's experiences and feelings related to their child's behavioral issues. All participants described how *navigating child's externalizing and risky behavior at home*, and *managing their child's issues with school* was incredibly challenging. Across all the participants, their child's behavioral problems (i.e., aggression/destruction, defiance, substance use, running away) caused a great deal of stress and concern, and escalated to a point where parents felt an intense worry for the safety of their child, themselves, and their other children. Parents further discussed how these behaviors carried over into a school-setting, leading to additional distress and worry for parents. Consequently, all parents expressed a sense of uncertainty, as previous failed attempts to monitor and discipline their child left them feeling helpless in de-escalating and managing their child's behavior.

Instances of youth engaging in risky behavior and displaying externalizing behaviors was not surprising, as previous research suggests that aggressive behaviors, running away, substance use, and low school attendance and achievement are common risk factors for

CSEC/DMST and JJ involvement (Choi et al, 2015; Franchino-Olsen, 2021). However, parents' feelings and reactions to these behaviors are notable, as no study has investigated parent's reactions related to CSEC/DMST risk behavior.

While research has yet to explore parent reactions to risky behaviors displayed by CSEC/DMST youth, there have been studies on parent reactions to youth externalizing behaviors. In fact, the finding that parents experience increased stress and worry in response to youth's externalizing behavior, is consistent with previous research which has found that parents' levels of worry intensify when their child's problem behavior increases (Kerr et al., 2008; Kerr & Station, 2003). While parents' feelings aligned with the previous literature, their reactions to the stress and heightened problem behaviors differed from those observed in previous studies, which reveal that parent's commonly responded to increasing problem behavior by reducing parental monitoring and support (Huh et al., 2006; Kerr et al., 2008; Kerr & Statin, 2003). On the contrary, the majority of parents in this study described how they sought help when their child's externalizing and risky behavior escalated. Consequently, this finding suggests that the level of severity of problem behaviors and presence of risky behavior may influence parent's help-seeking behavior. Participants in this study reported substantial levels of externalizing and risky behaviors. Thus, it is possible that that children who exhibit severe exhibiting risky behaviors, specifically risky sexual behavior, experience higher levels of stress and concern about their child's safety, leaving them without the option to relinquish control and forcing them to take immediate action to keep their child safe.

Accordingly, the second theme, *help-seeking attempts were largely unsuccessful*, reflects the process and hardships parents faced when they pursued help. Most parents expressed multiple unproductive attempts, describing *ineffective experiences with initial support services*,

turning to the court for additional support, and continued helplessness during traditional probation. Receiving insufficient services throughout these attempts resulted in continued feelings of helplessness for parents.

Unfortunately, parents' inability to access supportive services is no surprise as research shows that evidence-based mental health interventions specific to CSEC/DMST still not exist (O'Brien et al. 2022). Consequently, this means that service providers in community agencies and child-serving systems must adapt existing services from other high-risk populations and often are often not equipped to address the specific needs of CSEC/DMST youth (O'Brien et al. 2022). Parents' narratives in this study speak to this gap in services, describing how these systems failed to offer services that meet their needs, which resulted in a continuation of youth's behaviors and exacerbated their personal feelings of helplessness and worry. While these experiences may hold especially true youth with CSEC/DMST backgrounds, previous research has found that parents involved in the juvenile justice system perceive a significant mismatch between the services they require and services that are delivered (Benner et al., 2009).

During the Specialty Court

While their child was participating in the specialty court, participants expressed that, a) parenting felt more manageable, and b) the specialty court influenced their parenting behaviors. The theme, *parenting felt more manageable*, reflects parent's reduced feelings of worry, overwhelm, and stress. Parents described that parenting felt more manageable because either their child's behaviors improved, the parent-child relationship improved, or because they had additional support to help manage their child's behavioral concerns. Furthermore, parents expressed that the *specialty court influenced parenting behaviors*, reporting that they made [positive] adjustments in their parenting after witnessing how the specialty court staff interacted

with their child. For instance, a few parents expressed that they began listening to their child more after seeing that the specialty court team made it a priority to speak to directly to their child and ask questions about their feelings and perspectives.

The two findings suggest that when parents and youth received specialized services (i.e., the specialty court) that facilitated positive change, parent's stress levels and the parent-child relationship conflict decreased. Furthermore, parents were able to learn specific skills to help maintain these improvements. Since there are no current studies examining the effects of CSEC/DMST specialty courts on parenting and parent-child relationship, these findings can be compared to the literature on juvenile diversion programs, which share many overlapping goals with specialty courts (e.g., reduce recidivism, address underlying youth problems, and utilize mental health interventions to address the behaviors). The results above align with findings from Magidson and Kidd's (2021) study, who explored parent's experiences in a juvenile diversion program and found that parent involvement positively influenced parent-child bonds. Parents described that their participation in the program offered them with opportunities to learn and connect with their child, discuss family dynamics, and gain a deeper understanding of the juvenile justice system. The results in the current study build on this previous finding, suggesting that this CSEC/DMST specialty court had a similar impact on parents and the parent-child relationship.

After Specialty Court

For the three parents whose child was no longer participating in the specialty court, it was found that post-specialty court, parents had one of two distinctly different experiences; they either experienced continued challenges with their child or their child continued to improve, which is described by the theme: *diverse youth outcomes and parent-child relationships*. For

two parents, it was discussed how their child's behaviors returned and/or intensified after leaving the program, and that they quickly entered the criminal justice system. Since their children was over the age of 18 and considered adults in the eyes of the legal system, parents were no longer able to be involved in their child's court supervision. This classification led to returned feelings of helpless, as their child also took this distinction seriously and began disregarding their rules and expectations. As a result, both parents expressed that the relationships with their child was fractured, but that they have had to learn to *let go and accept their lifestyle*, if they wanted to maintain any form of a relationship. On the other hand, one parent described that the relationship between her and her daughter, and her daughter's behavior, had improved since leaving the program, which is captured by the subtheme *youth stability and improved parent-child relationship*.

Given the absence of studies related to the experiences of parents, youth, and the parent-child relationship after their involvement in CSEC/DMST specialty courts, these results can be contextualized by examining related literature on intensive aftercare programming (IAP) for high-risk youth in the juvenile justice system (Altschuler & Armstrong, 1994). Studies in this area highlight the importance of the continuity of care following correctional and juvenile treatment programs, indicating that high-risk youth often experience a difficult time transitioning back into the community and consequently, re-offend (Altschuler & Armstrong, 1994). To help youth successfully transition back into communities and reduce rates of recidivism, IAP programs have been developed and provide supervision and other services, such as educational and job training, mental health services, family services, to youth during the transition and post-release periods (Altschuler & Armstrong, 20020. While previous literature emphasizes the need for aftercares services for youth to reduce recidivism, there is a lack of

attention given to parent's challenges post juvenile-justice involvement. Therefore, the findings from this study add a unique perspective to the literature, suggesting that families in CSEC/DMST courts want and need more support post-programming, and that IAPs, specifically IAPs that incorporate family-based services, may be a feasible and appropriate method to enhance services to youth and parents post CSEC/DMST specialty court.

Overall, results from this research question demonstrates that parenting court-involved youth with CSEC/DMST backgrounds is stressful and overwhelming for parents due to the intensity of their child's externalizing and risky behaviors. This stress becomes even greater for parents when they don't have the resources or support to handle these behaviors. When parents joined the specialty court and received tailored support for both them and their child, parenting became more manageable. Consequently, it appeared that in some cases that parent-child conflict decreased. However, these benefits were short lived for some parents, as two out of the three parents described that their youth's behaviors and parenting challenged resurfaced after their child exited the specialty court.

From an ecological and attachment perspective, these findings offer a better understanding into the interconnected relationship between specialty courts, parenting stress, and parent-child interactions. Using these frameworks, the findings suggest that support provided by the specialty court can reduce parenting stress and alter youth behavior, which in turn helps the parent-child relationship. However, while this finding highlights the notable influence of court support, it appears that these shifts in relationships occur as an indirect outcome of the program's framework. In other words, rather than actively or directly targeting the parent and/or the parent-child relationship, specialty courts influence the parent-child

relationship by providing individual and community level interventions. Consequently, when services end, parents and youth have a difficult time maintaining progress.

Taken together, the results from this question suggest that integrating family-level interventions (i.e., family therapy, parenting classes, psychoeducation) that target the parent-child relationship may be the missing piece that would facilitate positive sustained outcomes for youth and their parents involved in a CSEC/DMST treatment court. As previously stated, research supports that family-based interventions effectively reduce symptoms across a wide range of youth mental health conditions (Wittenborn & Holtrop, 2022). Therefore, CSEC/DMST courts should consider how to integrate family-level services into treatment. Furthermore, given that 1) youth who affected by CSEC/DMST often present with complex attachment histories and 2) secure attachments help buffer against the symptomology of C-PTSD, CSEC/DMST courts should center family-based services that focus on rebuilding attachment relationships between youth and their parent(s).

RQ 3: What are the experiences of parents in a specialty court for CSEC/DMST?

Adjusting to the specialty court approach was the overarching theme that emerged from this research question. Most participants in this study expressed that transitioning to the specialty court was an adjustment that came with a lot of uncertainty. Many participants noted how they had to *navigate uncertainty* regarding both the court processes, and whether the approach would be effective for their child. Accordingly, it was described how adapting to the specialty court came with *gradual understanding and buy-in*. That is, once parents were in the program for longer periods of time, and better understood the specialty court approach, they were more on board and believed that it was beneficial for their child.

While no studies exist concerning parent's experiences transitioning to a DMST/CSEC court, these findings can be compared to research has explored parent's perceptions and experiences in the juvenile court system. First, parent feelings of uncertainty with juvenile justice processes aligns with results from a national survey produced by Justice for Families (2012), which explored 1,000 parent's experiences in the juvenile court system and found that families often feel scared, anxious, and overwhelmed when they do not understand the court system. Furthermore, the findings about gradual understanding and buy in speak to the process of parent's acquiring knowledge about specialty courts procedures and how this understanding shapes their engagement and commitment to the program. This finding supports Cavanagh and Cauffmans' (2017) results, which indicate that parent's legal knowledge significantly impacts their participation in their child's legal processes. That is, when parents understand more about the system, they are more likely to participate in their child's legal processes. The findings in this study builds on the current literature by describing how time spent in a specialty court enhanced parent's knowledge and understanding of the legal approach, which in turn, fostered their buy-in and engagement. This finding is particularly important as previous research has shown that family buy-in is associated with increased commitment to treatment goals and enhanced youth and family outcomes (Child Welfare Information Gateway, 2017).

Sub-question 3.1: What do parents find helpful during their time in the specialty court?

When parents were asked what aspects of the program were particularly helpful, participants addressed three specific areas: *increased access to support and resources for the youth, the intensive supervision model, and the specialty courts understanding and empowering environment.*

The first theme, *increased access to support and resources for the parents and the youth*, highlights parent's descriptions of how the program provided them with more support and resources. More specifically participants valued the additional *emotional support, practical support, and the resources for their child*. Participants shared stories about how caseworkers provided support to them during times of crises, how the program had given them financial resources and helped them with transportation, and discussed how their child is now actively participating in multiple community programs. Unlike Benner et al. (2009), who found that parents experience a mismatch between family needs and services, and a lack of information and access to resources in the juvenile justice system, the results in this study revealed the specialty court provided participants with an abundance of services and catered to the specific needs of youth and their families.

A similar, yet distinct theme that emerged was parents' appreciation for the *intensive supervision*. Parents described how *increased monitoring and engaged JCOs* benefitted both them and their child. As it relates to their child, parents discussed that frequent check ins allowed JCOs to better monitor the youth's whereabouts, which helped their child remain more accountable and responsible. Not only did this help ensure that their child was better supervised, parents also discussed how they were included and JCOs often frequently checked in with them. This gave parents a sense of security and support, as they had an open line of communication with the JCOs, allowing them to discuss their child's behaviors and gain clarity on the court's plan of action. Furthermore, parents discussed how *regular court hearings* were helpful because they helped their child remain more accountable, engaged in programming, and didn't let time go by without being in front of a judge. Finding intensive supervision and support provided by juvenile court officers helpful is consistent with previous studies, which indicate that parents

find the probation process more challenging when probation officers provide inconsistent support and limited information about their child's procedural processes (Osher & Shufelt, 2006; Vidal & Woodlard, 2016).

Another aspect that parents found helpful was the *specialty court's understanding, compassionate, and empowering environment*. Multiple parents shared how the environment of the specialty court differed from the traditional juvenile court; it was reporting that parents liked how the judge in the specialty court was more positive, compassionate, and understanding, compared to previous judges who were more distant and deficit based. Participants provided examples from their experiences during court hearings, describing how the judge specifically addressed and spoke directly to their child, always coming from a place of curiosity and understanding when it concerned their behaviors. Further, several participants described that they appreciated that the specialty court was offered more leniency for youth's mistakes, focusing on areas for growth and rewarding positive behaviors. Parents observed how this approach positively impacted their child, and expressed their gratitude for the approach, appreciating that the specialty court saw their child's potential and treated them with respect. These findings align with those of Davidson et al. (2011), who found that parents of youth involved in a girls' court valued the consistency of court hearings, the investment of the judge, and the nurturing encouragement of the specialty court.

Taken together, findings from the three themes illustrate that parent's value the specialty court approach, the use of trauma-informed principles, and the judge's involvement in the specialty court. Parent's responses demonstrate that the specialty court implements several trauma-informed approach principles and family involvement (SAMSHA, n.d.; Branson et al. 2017). While parents did not explicitly identify these approaches, stories shared by participants

explain that youth and parents recognize, feel, and benefit from various aspects of the specialty court and the multiple trauma-informed strategies employed. Furthermore, these findings speak to the important role of judges in specialty courts and align with previous research indicating that a positive rapport between specialty court judges, youth, and families impacts outcomes for participants (National Council of Juvenile and Family Court Judges; NCJFCJ; 2016). Overall, the insights gained in this study add to the literature by explicitly demonstrating increased support, trauma-informed principles, and a specialty court approach help youth and their parents feel more secure and at ease when it came to their interactions with the court.

Sub-Question 3.2: What challenges do parents experience within the specialty court?

When parents were asked to describe what challenges they faced in the specialty court, three themes emerged: *work schedule and court hearings conflict*, *feeling overlooked/not heard*, and *powerlessness and fear after leaving the specialty court*.

While parents appreciated the regular court hearings because they helped keep their child more accountable, *conflict between work schedule and court hearings* was a theme that was described by several participants. Parents discussed how they had to either take time off work, go into work late, or miss out on overtime to make their child's court hearing. Furthermore, some parents described that they couldn't attend all their child's court hearings because of their work schedule and their need for the financial resources. This finding is supported by results in the Justice for Families report (2012), which explored parents' experiences in the juvenile justice system. In a survey of 1,000 parents, two out of three parents reported had to miss work or forfeit pay to attend court-related activities for their child. The findings further align with a previous study result, which suggests that parents of youth who have

been incarcerated are over-extended, due to economic pressures and/or parenting obligations, when it comes to court-mandated obligations (Amani et al., 2018).

The second theme, *feeling overlooked/not heard* relates to parents expressing preferences and them not being attended to by court staff. A few parents shared stories about how their concerns about their child's behavior were disregarded by the court. For example, two parents described that they clearly stated that they wished the court would have done more (i.e., administer harsher consequences and more frequent drug testing) to address their child's substance use, as this was an alarming behavior that parents were hoping that the court would help them address and resolve. Overlooked concerns, particularly when it pertains to youth substance use, are in line with previous research that has identified that parents believe substance use goes untreated while youth are in the juvenile justice system (Benner et al, 2009). Furthermore, previous studies have shown that parents often feel like they are excluded from decision-making processes and with that they could be more involved (Justice for Families, 2012; Vera Institute for Justice, 2014).

Lastly, the third theme, *powerlessness and fear after leaving the specialty court*, is a theme that captured parent's experiences after the specialty court. For two parent's that left the program, it was described how difficult of a time this was for them because their child reoffended and was transferred to the adult system, making them ineligible participate in their supervision plan since they were now over the age of 18. Furthermore, these parents reported that losing the support from the specialty compounded the difficulties of their situation. As stated before, to my knowledge, no studies have examined how parents' feel when their child is dismissed from a specialty court or intensive juvenile justice programming. Given that there are not any studies that explore parenting experiences after youth dismissal from intensive juvenile

justice programming, this study brings new insights into the existing body of literature, shedding light on parent's unique experiences post-programming.

Sub-question 3: What do parents believe could be improved within the CSEC/DMST specialty court?

Lastly, parents were asked to describe what improvements they believed the specialty court could make. From this question, five themes emerged: *no improvements*, *listen to parents more*, *administer harsher consequences*, *offer more peer support for parents*, and *increase support after dismissal*. Several parents expressed a high level of satisfaction with the approach, noting that they didn't think any improvements were necessary. This response reflects parents of youth who made sustained improvements since being in the specialty court, suggesting that when youth do well, parents are less likely to recommend improvements, or that they do not know what else would be more helpful. The second theme, *listen to parents more*, was a recommendation provided by two parents who felt like the court could enhance efforts to prioritize parent's concerns and perspectives. The third theme, *administer harder consequences* was noted by parent's whose child either was not currently doing well in the program or had since left the program. These parent's felt like if harsher punishments were administered, their child may be/have been more successful. *Offer more peer support for parents*, was something parents discussed when it came to their limited support network and their experiences of alienation when it came to concerns regarding their child's behaviors. Parents believed that it would be helpful if the court organized supportive networks for parents. Lastly, parents described they wished would that the court would increase support after dismissal. Parents expressed that the transition out of the treatment court was challenging, and they would suggest that the courts implement some type of to support families and youth.

These five findings hold significant value, as previous research has yet to examine what parents would find helpful when it concerns their involvement in a specialty court program for CSEC/DMST. Parent suggestions related to peer support, aftercare services, and elevating the voices of parents in treatment, do however, reflect three of the five principles of family outlined by the Campaign for Youth Justice and OJJDP. These three principles emphasize that, 1) families should be supported before and after challenges arise, 2) families should have access to peer support during and while they exit the system, and 3) families should be involved in decision-making processes at the individual, program, and systems level (Burke et al., 2014). Thus, findings in this study support these recommendations while also offering novel insights to the field, as these specific suggestions for family engagement in CSEC/DMST specialty courts come directly from parents themselves.

Overall, the results from research question three, 3.1, 3.2, and 3.3, indicate that parents notice significant differences between the specialty court and traditional juvenile probation. While this contrast was an adjustment for parents over time, they came to appreciate the specialty court and overall, reported mostly positive experiences. In some cases, parents highlighted specific challenges they faced with the approach at times, addressing the power-imbalances felt when the court disregarded their perspective and the struggles they faced after losing support from the program. Collectively, these findings suggest that this specialty court is engaging families and involving parents/families in their services, however, efforts could be strengthened if the specialty court offered additional peer and after care support, and worked more collaboratively with parents, making them more of an equal partner that can make decisions about their child's supervision.

Strengths, Limitations, and Suggestions for Future Research

This study is characterized by several key strengths. First, a major strength of this study is that it offers insights into the experiences of parents and families of CSEC/DMST youth, filling a critical gap in the CSEC/DMST and CSEC/DMST specialty court literature. Second, another strength of this study is the use of a qualitative methodology. To my knowledge, this will be the first study to explicitly explore parent's unique experiences parenting youth who have experienced CSEC/DMST and are involved in CSEC/DMST specialty court. Existing research within CSEC/DMST specialty courts have utilized quantitative methods with administrative or secondary data (Bath et al., 2020a; Bath et al., 2020b; Godoy et al., 2022). While quantitative data comes with many strengths, a limitation is that it can miss the complexity and nuances of the human experience.

Using a phenomenological approach to understand the essence of the parent's experiences, from the parents themselves, offers a new perspective to the discourse surrounding CSEC/DMST courts and family involvement in the juvenile justice system. Current research conducted with this population has focused the youth themselves and familial risk factors, frequently viewing the family in a deficit-based lens. Consequently, parents' experiences and voices have been overlooked and understudied. Therefore, employing a qualitative methodology in this setting was a major strength as it facilitated a deeper understanding of parent's experiences by capturing contextual influences and detailed information about past experiences. This study highlights the importance of giving attention to parents and families' experiences.

An additional strength of this study lies in the community-based approach and transferability of the findings. In contrast to traditional approaches, where there is a gap between knowledge and the application of findings, community-based approaches are known to

accelerate the translation of research findings (Barkin et al., 2013). By actively engaging and collaborating with stakeholders, this study ensured that the findings in this study will lead to actionable outcomes, addressing the unique needs of participants. Furthermore, providing rich and detailed descriptions of the data and the methods employed allows audiences to assess how the findings may apply to other contexts. While this study centers on a specific CSEC/DMST court, the application of ecological and attachment theory, along with the depth of the information gathered, provides valuable insights that can be utilized by other specialty courts. Other courts can use the information found in this study to contextualize parent's experiences, see the importance of parent/family engagement, and advocate for the inclusion of parents' feedback in programming.

While this study addressed significant gaps in the literature, I acknowledge that there are limitations. First, some aspects of participants experiences were intentionally underexplored to uphold ethical integrity. To foster a trauma-informed environment and trusting relationship with participants, I chose not to probe deeper into participants traumatic experiences, allowing participants the autonomy to share only what they felt comfortable disclosing. For example, when one participant shared that she was previously incarcerated, I did not ask many follow up questions, such as how long she was incarcerated, what she was incarcerated for, or the impact she believed this experience had on herself or her children. Having awareness that incarceration can be very traumatic for individuals and families, I did not pursue further inquiry and gave her the autonomy to disclose. Thus, a limitation in this study is that more in-depth information could have been gathered from participants in specific areas, however, to minimize harm to participants and honor participant's autonomy and well-being, I refrained from doing so and prioritized my ethical obligation as a researcher.

Second, another limitation is that the study's sample was restricted to only a subset of the CSEC/DMST specialty court population. The specialty court serves youth involved in the juvenile justice system, child-welfare system, and dually involved youth. Despite multiple attempts to gain approval for the study within the child-welfare system, accessing parents of youth who were dually or sole supervised by the child-welfare system was not possible. This is a limitation of the current study as it could have provided further insights into parents intersecting experiences with the specialty court and child-welfare system. Consequently, critical information that could have helped the specialty court gain a broader picture of all participants experiences, rather than just parents of youth involved in the juvenile justice system, remains unexplored.

Considering the study's strengths and limitations, there are multiple suggestions for future research. First and foremost, future research should continue to explore and examine the unique experiences of parents. Because this study left certain areas unexplored, future research should continue to investigate parent experiences utilizing mixed methods approaches. Mixed methods approaches could provide deeper and more comprehensive insights into parent's experiences, as they integrate and combine qualitative and quantitative participant results. In addition to qualitative methods, future research should utilize standardized assessments, such as the Parental Stress Index (PSI; Abidin, 1983), Trauma History Questionnaire (THQ; Hopper et al. 2011), Short Form Health Survey (SF-12; Ware et al., 1996), Perceived Stress Scale (PSS; Cohen et al., 1983), to further assess parenting stress, trauma history, physical and mental health, and overall contextual stressors.

Given that the results demonstrate that parents had various experiences after the program, further research should explore the longitudinal outcomes of youth involved in

specialty courts, specifically looking at how the parent-child relationship and youth behaviors evolves after youth are dismissed from a court's jurisdiction. Furthermore, since this investigation as not able to obtain participants in the child-welfare system, future research should target parents of specialty courts who are also involved in the child-welfare system. Lastly, future research should include other perspectives, such as those from the youth and court stakeholders. For example, gathering the youth's perspective as it pertains to their relationship with their parents and their experiences of their parents' parenting approach could have provided additional information to help better understand the complexities and nuances of the parent-child relationship.

Study Implications

Overall, the results in this study shed light on the importance of engaging parents in CSEC/DMST courts and utilizing their experiences to further develop family-based services. Furthermore, these findings highlight that additional mental health services for parents/families of youth impacted by DMST/CSEC are needed. As such, these findings have important implications for couple and family therapists and other mental health professionals, and CSEC/DMST specialty courts.

Couple and Family Therapists and other Mental Health Treatment Providers

Important implications for couple and family therapists and other mental health therapists working with families and youth can be drawn from this study. Current findings reveal that parents of sexually exploited/trafficked youth need more tailored mental and behavioral health interventions that meet the complex needs of their child and family prior to and after the specialty court. Based on these results, it critical that mental health therapists

working with families learn and become more equipped with skills that can address these multifaceted needs of CSEC/DMST affected families.

As such, there are multiple implications for therapists. First, all therapists working with families should advance their training on CSEC/DMST to become more familiar with CSEC/DMST indicators and consequences, complex trauma, and unique barriers to service engagement. Since specific interventions for CSEC/DMST remain underdeveloped and under evaluated, therapists planning to work with these families should identify and become proficient in interventions that have found to be effective for youth with similar presenting problems, such as Multi-Systemic Therapy or Functional Family Therapy (O'Brien et al., 2022). While administering these interventions, therapists should incorporate mechanisms to gather feedback from families, to ensure that services are tailored to the specific needs related to CSEC/DMST risk or backgrounds.

Furthermore, more specifically, family therapists should partner with courts to provide services to families impacted by CSEC/DMST during and after they are involved with the court. Services could include family therapy or group family therapy. These services should financially be accessible for parents, or therapists should be compensated by the court. Given that families in this study described limited support networks and limited resources, therapists should work with families to identify potential sources of social support and connect them to community-based services that can provide further access to other types of support. Additionally, these services should focus on building communication, de-escalation, active listening, problem solving, and crisis-management skills.

CSEC/DMST Specialty Courts

The findings of this study also have significant implications for CSEC/DMST specialty courts. First, parents' participation in this study demonstrate that parents are often willing to, and want to, discuss and share their experiences in the juvenile justice settings. As found in this study and previous research, it is not uncommon for parents to feel overlooked while in the juvenile justice system. In light of these results, specialty courts should implement ongoing feedback systems, where parents can regularly share their experiences with the CSEC/DMST treatment team. In this way, both parties benefit, as parents feel more seen and acknowledged, while CSEC/DMST specialty courts gain valuable insight that help tailor their programming to meet the specific needs of families. This recommendation is supported by the Council of State Government Justice Center (n.d.), who also suggest that juvenile justice systems should create formal feedback loops to assess family engagement, satisfaction, and recommendations.

Second, results related to parent's limited support system, low economic status, and high levels of stress highlight the need for specialty courts to consider families context, current situations, and capacity levels when engaging families in programming. This is supported in the literature by Amani et al. (2018) and Brown et al. (2018), who suggests that considering context is critical, as economic insecurities, fewer resources, and parenting stress may make parents less capable of meeting probation demands and less available to participate in programming.

Third, based on findings that parents lack adequate social support and have a desire for more peer and post-programming support, CSEC/DMST specialty courts should determine ways to incorporate parent-support (e.g. parent support programs, parent mentors) and family after-care services into their programming. This is supported by previous research that suggest

that peer support and aftercare services are important components for family-based services in the juvenile justice system (Burke et al., 2014; OJJDP, 2018).

Lastly, while the results demonstrate that parent-child relationships were influenced by the CSEC/DMST court during the time their child was involved, it is likely that these changes would be stronger and more sustainable if specialty courts were to implement evidence-based family interventions and aftercare services. Thus, CSEC/DMST specialty court should consider incorporating evidenced based family interventions, such as Multi-Systemic Therapy (Henggeler, et al., 1992) and Functional Family Therapy (Alexander & Parsons, 1992), into their programs. These specific evidence-based interventions have been implemented in the juvenile justice system, with a recently meta-analysis revealing that both interventions have modest, but long-lasting, effects on youth's anti-social behavior and other youth outcomes (Dopp et al., 2017).

Furthermore, although not yet documented as an intervention implemented in the juvenile justice system, Attachment-Based Family Therapy (ABFT; Diamond et al., 2014), is another evidence based-intervention that CSEC/DMST courts should consider incorporating. ABFT is a brief family intervention that utilizes an emotion-focused experiential approach to improve the quality of adolescent-parent attachment relationships (Diamond, et al., 2010). Research shows that ABFT has been effective in reducing adolescent depression, suicidal ideation/behavior, anxiety, eating disorders, trauma, and negative family functioning (Diamond et al., 2014). In conclusion, findings from and Dopp and Colleagues (2023) and Diamond and colleagues (2014) show the potential of utilizing evidence-based family interventions in a CSEC/DMST specialty court.

Conclusion

The current phenomenological study explored the experiences of parents of youth involved in a specialty court for CSEC/DMST. This study specifically aimed to understand the overall essence of parents' experiences, focusing on parenting experiences and involvement in the CSEC/DMST court program. Seven participants from a local CSEC/DMST court were interviewed via Zoom. Using Braun & Clarke's (2006) analysis method, a total of 17 themes were found across the research questions. Key findings reveal that parenting youth affected by CSEC/DMST is extremely challenging, that CSEC/DMST specialty court offers parents with the needed assistance to support their child, and that CSEC/DMST courts can do more to improve parent engagement.

Results from this study add depth to the current literature by highlighting the circumstances parents face and shows parent's efforts, patience, and care when it concerns their child. Previous research has captured the correlation between family instability, negative parent-child relationships, and CSEC/DMST specialty court involvement. However, these findings often do not explicitly describe the intimate details of family's experiences or learn from families what these experiences are like. Without context, negative assumptions related to parents and family occur, often leading to blaming parents and attributing their child's exploitation and juvenile justice involvement to their parenting inefficiencies.

This study challenges the existing narrative by providing context and insight into parents' unique lived experiences, emphasizing the systemic challenges parents (i.e., lack of resources, lack of work-life balance, lack of support, economic hardships) parents navigate while their child is involved with the court. Overall, findings suggest that specialized services for CSEC/DMST youth and families are needed and that CSEC/DMST courts should

integrate specific family-level interventions into treatment. Future research should continue to explore the unique experiences of parents to effectively develop culturally attuned services for CSEC/DMST youth and their families.

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APPENDIX A: IRB APPROVAL LETTER

MICHIGAN STATE UNIVERSITY

Initial Study APPROVAL Revised Common Rule

March 27, 2024

To: Adrian J Blow

Re: **MSU Study ID:** STUDY00010111
IRB: Social Science / Behavioral / Education Institutional Review Board
Principal Investigator: Adrian J Blow
Category: Expedited 7
Submission: Initial Study STUDY00010111
Submission Approval Date: 3/21/2024
Effective Date: 3/21/2024
Study Expiration Date: **None; however modification and closure submissions are required (see below).**

Title: A Phenomenological Needs-Assessment of Caregivers of Youth involved in a Specialized Treatment Court for Commercial Sexual Exploitation (CSE).



**Office of
Regulatory Affairs
Human Research
Protection Program**

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This submission has been approved by the Michigan State University (MSU) SIRB. The submission was reviewed by the Institutional Review Board (IRB) through the Non-Committee Review procedure. The IRB has found that this study protects the rights and welfare of human subjects and meets the requirements of MSU's Federal Wide Assurance (FWA00004556) and the federal regulations for the protection of human subjects in research (e.g., 2018 45 CFR 46, 21 CFR 50, 56, other applicable regulations).

How to Access Final Documents

To access the study's final materials, including those approved by the IRB such as consent forms, recruitment materials, and the approved protocol, if applicable, please log into the Click™ Research Compliance System, open the study's workspace, and view the "Documents" tab. To obtain consent form(s) stamped with the IRB watermark, select the "Final" PDF version of your consent form(s) as applicable in the "Documents" tab. Please note that the consent form(s) stamped with the IRB watermark must typically be used.

Expiration of IRB Approval: The IRB approval for this study does not have an expiration date. Therefore, continuing review submissions to extend an approval period for this study are not required. **Modification and closure submissions are still required (see below).**

Modifications: Any proposed change or modification with certain limited exceptions discussed below must be reviewed and approved by the IRB prior to implementation of the change. Please submit a Modification request to have the changes reviewed.

APPENDIX B: CERTIFICATE OF CONFIDENTIALITY



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
Bethesda, Maryland 20892

www.nih.gov

CERTIFICATE OF CONFIDENTIALITY

Number:
CC-OD-24-5547

Issued To
Michigan State University

conducting research known as
A Phenomenological Needs-Assessment of Caregivers of Youth involved in a Specialized Treatment Court for Commercial Sexual Exploitation (CSE)

In accordance with the provisions of section 301(d) of the Public Health Service Act, 42 U.S.C. 241(d), this Certificate is issued to *Michigan State University* to protect the privacy of subjects in the above named research study, which is collecting or using identifiable, sensitive information. *Adrian Blow* will serve as principal investigator. If there is a discrepancy between the terms used in this Certificate and section 301(d), the statutory language will control.

Research data and biospecimens containing identifiable, sensitive information collected or used during this study are covered by the Certificate beginning on the later of the approval date of this Certificate or the commencement of the project, until the collection or use of identifiable, sensitive information concludes. Identifiable, sensitive information protected by the Certificate and all copies thereof are protected for perpetuity.

The recipient of this Certificate shall comply with all requirements of subsection 301(d) of the Public Health Service Act. This Certificate does not represent an endorsement of the research project by the Department of Health and Human Services.

02/08/2024

ANGELA Chambers

Approval Date

NIH Certificates of Confidentiality Coordinator
Office of Extramural Research
National Institutes of Health

APPENDIX C: RECRUITMENT SCRIPT FOR PROVIDERS

Hello _____,

I would like to share an opportunity for you to participate in an upcoming research study that is supported by the CSEC/DMST specialty court. This study is led by Morgan Titus, a doctoral student researcher at Michigan State University. The goal of this study is to understand CSEC/DMST specialty court caregivers' experiences both within and outside of the CSEC/DMST specialty court, with the intention of using this information to inform future programming. In the entire study, 8-15 caregivers who are, or have been, a part of the CSEC/DMST specialty court are being asked to participate. Since your child/family member [is currently involved or has been involved] the CSEC/DMST specialty court, I think you would be a great candidate!

If you decide to participate in the study, you will:

- Take part in a 60-to-90-minute individual interview that will be audio/video recorded. The interview will be led by Morgan and will take place via zoom or in person. During the interview, you will be asked about your personal and caregiving experiences within and outside of the CSEC/DMST specialty court. The atmosphere will be casual, friendly, and conversational – it will be a time for you to share your thoughts and provide feedback about your experiences!

Participants will receive a \$85 virtual pre-paid debit card for participating in the interview.

It is important to note that participation in this study is voluntary. If you choose to participate, your identity as a participant will remain confidential during and after the study. If you choose not to participate, it will not affect the services you or your child/family receive in any way.

Next Steps

If you are interested or would like more information, please reach out to Morgan Titus via call/text at (517) 798-4054 or email at titusmor@msu.edu saying, “Hello, I am interested in participating in the _____ Caregiver Study or I would like to know more about the _____ Caregiver Study ” From there, Morgan will reply confirming she received your message and will respond accordingly.

Thank you so much for considering participating in this important project!

Figure 2

Research Flyer

The flyer is titled "COURT PARENTS/ CAREGIVERS, WE WANT TO HEAR FROM YOU!" in large, bold, white letters on a dark green background. Below the title, the text explains the study's purpose: to understand court caregivers' experiences and inform future programming. It then details what participants will do (a 60 to 90 minute interview with Morgan Titus), compensation (\$85 virtual debit card), and eligibility requirements (18 years or older, English speaking, caretaker of a child in Phoenix Court, able to participate in a 60 to 90 minute interview). Finally, it provides contact information for Morgan Titus via email or phone.

COURT PARENTS/ CAREGIVERS, WE WANT TO HEAR FROM YOU!

We are looking for parents/caregivers of youth previously or currently involved with Phoenix Court to participate in a research study. The goal of this study is to understand Court caregivers' experiences both within and outside of Court. The purpose is to use this information to inform future programming.

WHAT YOU WILL DO

You will participate in a 60 to 90 minute interview with Morgan Titus, a researcher from Michigan State University. Interviews will be conducted virtually or in-person.

COMPENSATION

Participants will receive a \$85 virtual debit card for their participation

TO PARTICIPATE YOU MUST BE

- 18 years or older
- English speaking
- A caretaker of a child who is in, or has participated in, Phoenix Court
- Able to participate in a 60 to 90 minute interview

INTERESTED?

Please contact Morgan Titus by email at titusmor@msu.edu or by call/text at (517) 798-4054

APPENDIX E: STUDY FAQ SHEET

What is this study about?

The purpose of this study is to explore the experiences and perceived needs of the CSEC/DMST specialty court caregivers. The goals of this study are to explore:

- 1) How caregivers describe their health and well-being during the time their child is participating in the CSEC/DMST specialty court
- 2) Caregivers' experiences of caretaking for a child involved in the CSEC/DMST specialty court
- 3) Caregivers' experiences in the CSEC/DMST specialty court
- 4) Caregivers' views on the benefits and potential improvements within the CSEC/DMST specialty court

How will participants sign up?

Caseworkers will inform caregivers about the chance to participate in a research study, during which, they will relay information about the study and distribute the research study flyer. If caregivers are interested, they will be instructed to contact the researcher through text, phone call, or email.

When an interested participant reaches out, the researcher will provide a brief overview of the study and information about the potential benefits and risks of participation. If an individual agrees to participate, they will be asked which days and times they are available for a 60-to-90-minute interview. During this time, participants will also choose whether to conduct their interview in person or online via zoom.

What kind of questions will participants be asked?

Participants will be asked questions about their individual and caregiving experiences within and outside of the CSEC/DMST specialty court.

Example questions include:

- How did you feel about your child/family member joining the CSEC/DMST specialty court?
- What's it like, as a caregiver, to be a part of the CSEC/DMST specialty court?
- What has it been like to caretake for your child/family member during the time that they have been in the CSEC/DMST specialty court?

What if participants do not want to answer a question?

Participants are not required to respond to any questions they do not feel comfortable answering.

Where will the interviews be held?

Participants can complete the interview online via Zoom or in person. If participants choose Zoom, a HIPPA compliant, password protected link will be sent in advance. In person interviews will take place in a private room at the Courthouse or at the County Family Center.

How long will the interviews take?

Interviews are expected to last anywhere from 60 to 90 minutes.

Will the researcher remind participants about the interview?

After an interview date has been set, the researcher will send study reminder messages on three separate occasions. These reminders will be sent one week, one day, and one hour before the interview is scheduled.

Will participants be compensated?

Each person who participates will receive a \$85 virtual pre-paid debit card that will be sent via email.

What will happen with the interviews?

All audio/video interviews will be transcribed into written form. Once the transcript is cleaned of all identifying information, the voice recording will be deleted and destroyed. The written transcript of the interview will be stored in an electronic, double password protected, file. The typed version of the interview will be attached to a participant ID number, rather than a name.

What happens when all interviews are completed?

Once all interviews are completed, the data provided by caregivers will be analyzed and presented to the CSEC/DMST specialty court Treatment Team. Findings will be presented in a *summary* format, meaning that only general themes from all interviews will be shared. Although findings will be shared to support future development of the CSEC/DMST specialty court Program, there is no guarantee that participants in this study will receive any direct benefits.

APPENDIX F: INFORMED CONSENT

Research Participant Information and Consent Form

Researcher and Title: Morgan Titus, Doctoral Candidate

Department and Institution: Human Development and Family Studies, Michigan State University

Contact Information: titusmor@msu.edu

Research Advisor: Adrian Blow, Ph.D; blow@msu.edu

BRIEF SUMMARY

You are being asked to participate in a research study of caregivers who are a part of the CSEC/DMST specialty court. In the entire study, 8-15 caregivers who are, or have been, a part of the CSEC/DMST specialty court are being asked to participate. Your participation in this study will take around 60 to 90 minutes.

Prior to beginning the study, researchers are required to provide a consent form to inform you about the research study, to convey that your participation is voluntary, to explain risks and benefits of participation including why you might or might not want to participate, and to empower you to make an informed decision. You should feel free to discuss and ask the researchers any questions you may have.

The most likely risk of participating in this study is experiencing emotional discomfort during or after the interview. It is possible that some of the questions asked in this study may evoke uncomfortable feelings or feelings of uneasiness. If this occurs during the interview, you can stop the interview and take a break, or you can withdraw from the study at any time with no consequences.

Participating in this study may not benefit you directly. However, your participation may contribute to the understanding of caregiver's unique experiences of caretaking for a child that is involved in a specialty court.

PURPOSE OF RESEARCH

The purpose of this study is to explore the lived experiences and perceived needs of caregivers who are supporting a child who is participating in, or has participated in, a specialty court. This study aims to explore 1) how caregivers describe their health and well-being during the time their child is participating in the CSEC/DMST specialty court, 2) caregivers' experiences of caretaking for a child involved in the CSEC/DMST specialty court, 3) caregivers' experiences in the CSEC/DMST specialty court, 4) caregivers' views on the benefits and potential improvements within the CSEC/DMST specialty court.

WHAT YOU WILL BE ASKED TO DO

If you agree to participate in the research, you will participate in an interview that will take about 60 to 90 minutes. The interviews will be conducted via Zoom or in person. You are not required to answer all the questions. **You can decline to respond to questions that make you feel uncomfortable.** The responses you provide will remain confidential to the extent allowable by law. In any report or other product derived from the data, there will be information that will make it possible to identify you as a

research participant. Research records and interview transcripts will be stored securely through a password protected file and will only be accessed by members of the research team.

POTENTIAL BENEFITS

You may not benefit personally from being in this study. However, it is hoped that in the future, the information gathered from this study will help achieve the understanding necessary to inform future court programming.

POTENTIAL RISKS

A potential risk to participating in this study includes feelings of emotional upset or discomfort during or after your participation. It is possible that some of the questions asked in this study may evoke feelings of emotional discomfort or stress during your participation, or a later time. If this occurs during the interview, please remember that you can withdraw from the study at any time with no consequences. After the interview you will be provided with resources for mental health services in the area. If you find that you are experiencing distress after the interview, you may use these sources to seek support. If you need additional support getting connected to services, you are also encouraged to contact the researcher, Morgan Titus, LMSW at titusmor@msu.edu or the principal investigator, Dr. Adrian Blow, at blowa@msu.edu.

An additional risk is that you, as the participant, may feel pressured to participate in the interview based on your child's status in the court. This study is not tied in any way to your child's status in the court process and will have no bearing on their court involvement (e.g. your participation will not result in your child progressing through the court program faster).

PRIVACY AND CONFIDENTIALITY

To protect your confidentiality, the researcher will assign you a participate ID code so that none of your responses are linked to your name. All interviews will be digitally recorded through a HIPPA compliant Zoom session (which is a secure video conference platform) that will automatically type and transcribe the interview. Once the transcript is cleaned of all identifying information and checked for accuracy by the research team the voice recording will be deleted and destroyed, and the written transcript of the interview will be stored via electronic double-password protected files. The typed version of the interview will be attached to your participant ID, not your name. Only the research team and the Principal Investigator will have access to these files. After you have been properly compensated, your name, email, and phone number will be deleted from our records.

Information that identifies you will be removed from the interview. After such removal, the interview data information could be used for future research studies or distributed to another investigator for future research studies without additional informed consent from you. Once all identifiable information has been removed from the interviews, the data could also be used for future publications and presentations.

The interview data will be kept confidential to the maximum extent allowable by law. The data will be accessible only to the researchers and Human Research Protection Program. The research team will keep the transcribed interviews for at least three years after the project closes and these will be stored on a password protected computer.

YOUR RIGHTS TO PARTICIPATE, SAY NO, OR WITHDRAW

You have the right to say no to participating in the research. You can stop at any time after it has already started. There will be no consequences if you stop, and you will not be criticized. You can withdraw from this study by telling the researcher that you would no longer like to continue the interview. Please note that your choice to participate, choice not to participate, or choice to withdraw from this study will not impact on your child's/family member's status in the CSEC/DMST Program and will not make any difference in your child's treatment by the CSEC/DMST specialty court.

COSTS AND COMPENSATION FOR BEING IN THE STUDY

There are no costs of participating in this study. If you meet the study eligibility criteria and participate in the interview, you will be compensated \$85 through a virtual pre-paid debit card.

CERTIFICATE OF CONFIDENTIALITY

This research is covered by a Certificate of Confidentiality from the National Institutes of Health. This means that the researchers cannot release or use information, documents, or samples that may identify you in any action or suit unless you say it is okay. They also cannot provide them as evidence unless you have agreed. This protection includes federal, state, or local civil, criminal, administrative, legislative, or other proceedings. An example would be a court subpoena.

There are some important things that you need to know. The Certificate **DOES NOT** stop reporting that federal, state or local laws require. Some examples are laws or MSU policy that require reporting of child or elder abuse, some communicable diseases, and threats to harm yourself or others.

Researchers may release information about you when you say it is okay. For example, you may give them permission to release information to insurers, medical providers or any other persons not connected with the research. The Certificate of Confidentiality does not stop you from willingly releasing information about your involvement in this research. It also does not prevent you from having access to your own information.

CONTACT INFORMATION

If you have concerns or questions about this study, such as scientific issues, how to do any part of it, or to report an injury, please contact the lead researcher Morgan Titus, at titusmor@msu.edu.

For administrative questions or concerns, please contact the Principal Investigator, Adrian Blow Ph.D., Human Development & Family Studies, 552 W. Circle Drive 7D Human Ecology, East Lansing, MI, 517-355-7680, email blowa@msu.edu. If you have questions or concerns about your role and rights as a research participant, would like to obtain information or offer input, or would like to register a complaint about this study, you may contact, anonymously if you wish, the Michigan State University's Human Research Protection Program at 517-355-2180, Fax 517-432-4503, or e-mail irb@msu.edu or regular mail at 4000 Collins Rd, Suite 136, Lansing, MI 48910.

DOCUMENTATION OF INFORMED CONSENT

Your signature below means that you voluntarily agree to participate in this research study.

Signature

Date

The interviews will be audiotaped. This is a requirement of the study. The tapes will be stored on a secure encrypted, password protected computer. The tapes will be erased immediately following transcription. Transcription will be stored for three years. Your signature below means that you voluntarily agree to participate in this research study.

Signature

APPENDIX G: DEMOGRAPHIC FORM

The responses you provide below will be stored separately from your consent form, and thus will not be attached to your name.

1. How old are you?

- ☐ 18 - 24 years old
- ☐ 25 - 34 years old
- ☐ 35 - 44 years old
- ☐ 45 - 54 years old
- ☐ 55 - 64 years old
- ☐ 65 - 74 years old
- ☐ 75 years or older

2. Which of the following best describes your race? Check all that apply

- ☐ Indigenous (American Indian, Alaskan Native, Pacific Islander, First Nations People)
- ☐ Asian
- ☐ Asian American
- ☐ Black or African American
- ☐ Hispanic or Latino/a/x
- ☐ Caribbean American
- ☐ European American or Caucasian or White
- ☐ MENA (Middle Eastern and North African)
- ☐ Prefer not to answer

3. What is the highest level of education you have completed?

- ☐ Some High School
- ☐ High School diploma or equivalent
- ☐ Some college
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ Doctoral degree

4. What is the annual income for your household?

- ☐ Less than \$15,000
- ☐ \$15, 001-\$20,000
- ☐ \$20,001-\$30,000
- ☐ \$30,001-\$40,000
- ☐ \$40,001-\$50,000
- ☐ \$50,001-\$75,000
- ☐ \$75,001-\$100,000
- ☐ \$100,001-\$200,000
- ☐ More than \$200,000

5. Which of the following best describes your relationship the youth involved in the CSEC/DMST specialty court? Check all that apply

- ☐ Biological Parent
- ☐ Adoptive Parent
- ☐ Foster Parent
- ☐ Legal Guardian
- ☐ Sibling
- ☐ Grandparent
- ☐ Aunt or Uncle
- ☐ Other Relative
- ☐ Other, please describe

6. Which of the following describes your current family structure? Check all that apply

- ☐ Married, two parent home
- ☐ Living with significant other, but not married
- ☐ Single parent
- ☐ Divorced, full custody of kids
- ☐ Divorced, anything other than full custody of kids
- ☐ Foster family
- ☐ Sex/same gender family
- ☐ Grandparent family
- ☐ Step-family
- ☐ Polyamorous family
- ☐ Prefer not to answer
- ☐ Prefer to self-describe _____

7. How many children do you have?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8+

8. How many children currently live in your home?

- ☐ 0 kids
- ☐ 1 – 2 kids
- ☐ 3 – 4 kids
- ☐ 5 – 6 kids
- ☐ 7 – 8 kids
- ☐ 9+ kids

9. Does the youth in the CSEC/DMST specialty court currently live with you?

- ☐ Yes
- ☐ No

10. Does you have any other children in the court system?

- ☐ Yes
- ☐ No

APPENDIX H: INTERVIEW GUIDE

The CSEC/DMST Specialty Court Caregiver Study: Interview Guide

Thank you so much for taking time out of your day to participate in this interview with me. My name is Morgan Titus, and I am a doctoral student researcher from Michigan State University. Over the past few months, I have been working with the court on a research project and you may have seen me around the courthouse.

The interview you are participating in today is an extension of that project and you were invited to participate because your child is a part of the CSEC/DMST specialty court. The goal of this interview, and the overall study, is to gain a better understanding of the CSEC/DMST specialty court Caregiver's personal and caretaking experiences to help the court better serve the CSEC/DMST specialty court families. The information you and other caregivers provide will be summarized and will be provided to the CSEC/DMST specialty court treatment team to support future development of the CSEC/DMST specialty court Program. (To clarify, this means that only general findings will be reported, and the responses you share in the interview will never be attached to you or your family's name).

Before we start the interview, I want to give you more information about the study, go over the consent form, and review your rights as a participant. We will start by pulling up the consent form [Researcher will pull up consent form and go through the different sections with the participant. The researcher will leave time for questions. At this time, the participant will also fill out demographic information via Qualtrics].

Great. Thank you so much for completing that. Next, there are some additional things I want to make sure I emphasize and make you aware of:

1. As mentioned in the consent form, there are several steps I have taken, and will continue to take to protect your confidentiality. This research is covered by a Certificate of Confidentiality from the National Institutes of Health. This means that I cannot release or use any information that may identify you in any action or lawsuit unless you say it is okay. This protection includes federal, state, or local civil, criminal, administrative, legislative, or other proceedings (for example, a court subpoena). Essentially, this means that if a court order or subpoena was presented to me, I would not share any information about you or what you shared in the interview unless you provide me with your consent to do so.

With this certificate, however, there are still some federal, state, and local laws that require reporting. For example, laws that require reporting include child or elder abuse or neglect, some communicable diseases, and threats of harm to yourself or others. Thus, if any unreported suspected abuse and neglect of a child or vulnerable adult is mentioned during the interview, I am required to report that to the Michigan Department of Health and Human Services (MDHHS). Additionally, I am required to report if you or someone else is in life-threatening danger. I would like to encourage you to please keep this in mind throughout our interview.

In this interview, I will be asking questions about your experiences of caretaking for a child who is involved in the CSEC/DMST specialty court. During this interview, I will be asking you questions about 1) your experiences in the CSEC/DMST specialty court 2) your views on the benefits and potential improvements within the CSEC/DMST specialty court, 3) your experiences of caretaking for a child in The CSEC/DMST specialty court and 4) your health and well-being during the time your child/family member has is participating in the CSEC/DMST specialty court. If any of these topics are too overwhelming or sensitive to you during the interview, please tell me, and we can pause and then resume the question, skip the question, or discontinue the interview.

2. Following that point, I want to remind you that this is a voluntary interview. You are not mandated or required to complete the interview and are welcome to stop the interview at any time. There are no consequences for stopping the interview early or not answering questions. You will still be compensated for your participation.
3. Lastly, there are no right or wrong answers. I am hoping to hear from you about your unique experiences and want this to be a space where you feel safe and comfortable. If you have a question along the way, please stop and tell me. Also, please tell me if you are confused or do not understand a question. I am more than happy to repeat or rephrase it.

Now that we have gone through the technical parts of the interview, I want to open it up to you to see if you have any questions or concerns.

[Create space for questions]

Awesome. So, then at this point I will begin the recording. As a reminder, this recording will be stored in a secure place on my computer and will be deleted once I convert the audio recording to written text. Once this happens, your interview will only be identified through a participant ID number and your name will not be attached. All identifying information will be removed from the transcript. Do you have any last questions before we begin?

Grand Tour 1: Please tell me about yourself and who you consider to be a part of your family. As briefly as you can, can please tell me about the main events in your life that led you to where you are today? Give me the big picture of your life.

- a. When it comes to the child you are caregiving for, to your knowledge and comfort, can you describe how they identify?
2. As I have previously mentioned, you are participating in this interview because you are a caregiver of a youth in the CSEC/DMST specialty court. So, I'm wondering, if someone were to ask you, how would you describe the CSEC/DMST specialty court and what it is?
 - a. How long has your child/family been involved in the CSEC/DMST specialty court?

Thank you for that insight. In this next set of questions, I'm hoping to learn about how your child/family began participating in the CSEC/DMST specialty court.

Grand Tour Question 2: How did you become aware that your child would be participating in the CSEC/DMST specialty court?

- a. Were you a part of your child becoming involved in CSEC/DMST specialty court? If so, how and what was this experience like?
- b. What, if anything, did you know or understand about CSEC/DMST specialty court before your child was involved?
- c. How did you feel about your child/family member joining CSEC/DMST specialty court?
- d. What were your first impressions of the program when your child started participating?
- e. What was it like supporting your child when they joined CSEC/DMST specialty court?

Grand Tour 3: Please tell me about *your* personal experiences with the CSEC/DMST specialty court [Prompt/Follow up: What's it like, as a caregiver, to be a part of this court program?]

- a. Briefly describe your life, health, and well-being prior to your involvement in CSEC/DMST specialty court?
- a. How, if at all, has your child's participation in the program affected your health or overall wellbeing? (this can include physical, mental, emotional, spiritual, and
- b. What support, services, or referrals have you and/or your family received from the CSEC/DMST specialty court? What were these experiences like?
- c. Based on your experiences, what parts of the CSEC/DMST specialty court do you find most helpful as a caregiver?
- d. How could the CSEC/DMST specialty court offer more support to you and your family? What about other families similar to yours?
- e. Is there anything we haven't talked about in this interview that you feel is important for me to understand about your experiences with the CSEC/DMST specialty court?

Thank you so much for your insights. Now, I'm wondering if you can talk more about caregiving and your relationship with your child.

Grand Tour Question 4: What has it been like to caretake for your child during the time that they have been in the CSEC/DMST specialty court?

- a. How would you describe your current relationship between you and your child/family member? [Prompts: What does the relationship between you and your child/family member look like? How are you getting along?]
- b. How do you and your child communicate with each other? [Prompt: Can you describe any communication patterns you have noticed?]
- c. Can you tell me about challenges or difficulties you've had while caregiving throughout the CSEC/DMST specialty court process?
- a. How have you navigated these challenges?
- d. Can you describe some of the strengths you have discovered in yourself while caregiving during this time?

- e. Is there anything we haven't talked about in this interview that you feel is important for me to understand about your experience's caregiving?