Psicothema

Risk Factors for Commercial Sexual Exploitation of Children and Adolescents: Results of an International Delphi Panel

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Abstract

Background: Commercial sexual exploitation of children and adolescents (CSECA) is a worldwide problem. The need to improve current detection and intervention protocols motivated this analysis, which aimed to use expert opinion to identify indicators (symptoms, conduct, or behaviors) that may help to predict the risk of suffering CSECA and to detect those who are suffering from it, as well as the type of detection tools and protocols that should be used. **Method:** An international multidisciplinary group of experts in CSECA was invited to take part in this study. A two-round digital Delphi panel was undertaken with 22 experts. An ad hoc questionnaire was created, which included 41 questions about CSECA risk factors and interventions that should be considered during detection. **Results:** The main indicators identified included normalization of dynamics of sexual exchange within the family, family history of sexual exploitation, and sexually transmitted infections. Predictive characteristics included economic extortion, lack of documentation, and family estrangement. Additionally, 95.5% of participants agreed that multiple victimizations in childhood should be considered for CSECA detection. **Conclusions:** This study provides information that may be very useful in the development/improvement of instruments for CSECA detection. With this approach we hope to promote the creation of tools adapted to the Spanish cultural context.

Keywords: Commercial sexual exploitation; children; adolescents; sexual abuse; risk factors; Spain.

Resumen

Factores de Riesgo para la Explotación Sexual Comercial de Niñas, Niños y Adolescentes: Resultados de un Panel Internacional Delphi.
Antecedentes: la explotación sexual comercial de niños, niñas y adolescentes (ESCIA) es un problema mundial. La necesidad de mejorar los protocolos de detección motivó este estudio enfocado a identificar, según la opinión de expertos, las características (síntomas, conductas o comportamientos) que pueden ayudar a predecir el riesgo de ESCIA y/o detectar a quienes lo padecen, así como el tipo de herramientas y protocolos de detección que deberían utilizarse. **Método:** veintidós expertos en ESCIA, multidisciplinarios e internacionales, participaron en un panel Delphi de dos rondas. El cuestionario utilizado preguntaba sobre los factores de riesgo de ESCIA y las intervenciones que deberían tenerse en cuenta para su detección. **Resultados:** los indicadores principales identificados fueron: Normalización de la dinámica del intercambio sexual dentro de la familia, antecedentes familiares de explotación sexual y enfermedades de transmisión sexual. Las características predictivas incluyeron extorsión económica, falta de documentación y alejamiento familiar. El 95,5% de los participantes estuvo de acuerdo en que la victimización múltiple en la infancia debería considerarse para la detección de ESCIA. **Conclusiones:** este estudio aporta información que puede ser de gran utilidad en el desarrollo/mejora de instrumentos para la detección de ESCIA. Con este acercamiento esperamos promover más estudios al respecto.

Palabras clave: explotación sexual comercial; niños; niñas; adolescentes; abuso sexual; factores de riesgo, España.

Commercial sexual exploitation of children and adolescents (CSECA) is a fundamental violation of children's rights. It seriously affects the physical, mental, and social well-being of children and adolescents. Thus, it is an important public health problem (Barnert, et al., 2017; Beckett & Schubotz, 2014).

In the First World Congress Against Commercial Sexual Exploitation of Children, held in Stockholm, Sweden, in 1996, CSECA was defined as sexual abuse committed by an adult,

which involved remuneration, in money or kind, for the child or adolescent or third parties (Mahler, 1997). There are different forms of CSECA: exploitation through prostitution, exploitation through participation in pornography, and trafficking of minors for commercial sexual exploitation (Walker, 2002).

Despite growing awareness of the problem and the current involvement of the institutions, CSECA continues to be a secretive and silenced phenomenon (Bedoe, 2015; Buller et al., 2020). Data on the scale of the problem are scarce, and even less is known about some specific forms of CSECA, for example, the production of images of child sexual abuse (child pornography) or the trafficking of children and adolescents for sexual exploitation (Pearce, 2011). European approaches to this complex social problem have shown that between 1 and 2.5% of girls and between 1 and 2.1% of boys at school in Sweden (Fredlund et al., 2013; Svedin & Priebe, 2007),

Norway (Pedersen & Hegnab, 2003), and Switzerland (Averdijk et al., 2020) reported having been involved in commercial sexual relationships. Beckett et al. (2017) point out that although we do not have reliable data on the prevalence of CSECA, due to low levels of notification and reporting, it can be assumed that this phenomenon is occurring not only within the confines of a specific territory or field but also through the internet, which is an easy access universal tool.

This phenomenon remains hidden, silenced. Some authors point out that there are extrinsic, intrinsic, and systematic barriers that hinder the effective detection of CSECA. On the one hand, the exploiters exercise control over the minor and can limit his/her communication with other people (extrinsic barrier). On the other hand, a high percentage of children and young people who are victims of sexual exploitation do not accept that they are being abused, since they perceive that the perpetrator is giving them something they need or want, which leads to not reporting or not communicating it to anyone (intrinsic barrier). Finally, professionals do not have the tools and training to recognize the signs of exploitation. Likewise, public institutions do not have consistent protocols for data collection (systematic barrier) (Eaton & Holmes, 2017; Garg et al., 2020). The lack of a standardized detection tool that can be used in settings where vulnerable children and adolescents are cared for, seriously hampers early detection of victims and the possibility of offering them the specific care required (Greenbaum & Crawford-Jakubiak, 2015; Franklin et al., 2018).

Although the few studies that exist indicate that there are more female than male victims of CSECA and that the average age at which this phenomenon occurs is between 13 and 15 years, no young person is immune from sexual exploitation (Averdijk et al., 2020; Choi, 2015; Digidiki & Bhabha, 2018). There are some particular experiences that are identified as risk factors or vulnerabilities to suffer sexual exploitation, for example, having suffered previous sexual abuse or neglect and family dysfunction (Estes & Weiner, 2002), being in foster care (Franchino-Olsen, 2019), runaways from home or a shelter (Hershberger et al., 2018), substance abuse, truancy, social isolation and/or low self-esteem (Brown et al., 2016), witnessing domestic violence, grooming by a pimp, a need for basic needs to be met, an absent father, a desire to be loved, prostitution in the neighborhood, and teen pregnancy, among others (McCoy, 2019). However, at this moment, the role that each of these factors plays in the prediction and/or detection of CSECA is unknown.

CSECA victims do not always manifest obvious symptoms to health professionals. For this reason, social and health services must have information on the indicators of possible exploitation. This can help the professional to better assess the case and offer the appropriate intervention (Greenbaum & Crawford-Jakubiak, 2015). In this sense, it is necessary to improve the current detection and intervention protocols of CSECA and trafficking for sexual exploitation (Greenbaum, 2020). Particularly in Spain, it is necessary not only to update these types of tools but also to create new reliable and valid instruments.

Certainly, developing a tool to identify the vulnerability of CSECA is not an easy matter. First, because the number of possible risk factors is very wide. Therefore, in order to include them in the tool, those factors that may have a greater implication in the prediction and/or detection of CSECA must be carefully chosen. Second, because there is no consensus on how to position and

validate all the hypothesized risk factors (Franklin et al., 2018; McCoy, 2019).

One way in which an approach to the identification of the main risk factors of CSECA can be made is by directly asking those who are the most knowledgeable concerning the subject, that is, an expert consultation. In this case, the use of the Delphi panel is the right strategy. This methodology is useful in the identification of relevant characteristics. Further, it is especially recommended as a qualitative methodology for the study of small samples. The validity of this technique lies in a careful selection of the informants and the high quality of their contributions in each of the successive rounds during the Delphi process (Lee et al., 2008).

The Delphi method has been widely used in numerous studies and fields of knowledge (Lee et al., 2008; McKee, 2020). The main defining characteristics of this method are (a) confidentiality guarantee for each of the respondents and their opinions, (b) repeated comments (the experts give their opinions in more than one round), (c) controlled feedback (before beginning each new round, the experts are informed of the general opinion of the group on the subject under analysis), (d) response of the group, and (e) the experience of the group members (Hasson et al., 2000; Powell, 2003).

In this sense, it was decided to use the Delphi panel methodology, in the belief that it is the most appropriate to achieve the objective of the current study: to know the opinion of a group of experts on the characteristics (symptoms, conducts, or behaviors) that may help to predict the risk of suffering CSECA and/or identify those who are suffering it, as well as their opinion on the type of detection tools and protocols that should be used.

Method

The Delphi method has been developed as a methodology whereby a consensus among experts in the field can be formally integrated to provide guidelines.

Participants

A multidisciplinary and international group of experts was invited to participate in a Delphi Panel concerning CSECA risk factors and detection tools. For the election of potential international participants, a bibliographic search was conducted in various databases (i.e., Scopus, Web of Science, PubMed, PsycINFO) to identify relevant publications regarding risk factors associated to CSECA. Then, a list of the names and e-mails of all the researchers that had participated in the articles was made. Finally, they were contacted by e-mail and invited to participate in the current study.

In the case of potential national participants (from the Spanish territory), professionals who are well known for their contributions in the field of CSECA were contacted, and then invited to participate in the study. At the same time, these professionals recommended other potential candidates, who were also invited. Contact with professionals was via email or phone.

All the candidates selected to participate in the study had to have at least 2 years of professional experience in the study of CSECA, preferably, or CSA. Furthermore, in the case of international experts (not Spanish), candidates had to have active research activity, accredited by impact publications (JCR or SJR). This second criterion was not required for professionals from the Spanish territory, since their experience could be easily proven by

monitoring their career directly from their work institutions, as well as their participation in conferences, events, and local publications of interest and relevance in the topic.

A total of 81 professionals who met the criteria to participate in the study were contacted and invited (20 from Spain, 61 from other countries). Sixty-four agreed to participate, but only 22 completed the two rounds of the Delphi panel. The sample was very balanced in terms of place of residence and sex. Fifty percent of the professionals were from Spain (nationals) and the rest from another country (foreign). In both cases (nationals and foreign) the percentage of female participants was greater than males (81.8% vs 18.2%, respectively).

Instruments

To deliver the questions to the participants, an ad hoc questionnaire developed by our research group was used. Initially, a Spanish version was created and then an expert translator in psychology translated the questionnaire in order to generate an English version. This questionnaire contains 41 questions about several topics such as family relationships, schooling, consumption, social networks and relationships – friendship, sentimental and sexual – problems with the law, symptoms related to physical and mental health, etc.

Procedure

The questions were uploaded to the SurveyMonkey web platform, and participants were offered two ways to answer the questionnaire: 1) via the web platform; or 2) in Word format by e-mail. Spanish speakers received the Spanish version and the rest of professionals received the English version.

Data analysis

A descriptive statistical analysis was carried out to describe the study population, and Kendall's test was used to identify the coefficient of concordance between responses. All statistical analyses were performed with SPSS software version 26.0. For each feature, participants reported their responses according to the following options: 0 = *I have no criterion*, 1 = *Irrelevant*, 2 = *Significant*, and 3 = *Very significant*. The questionnaires in Round One, were distributed to the Delphi participants, who completed in web. The results of Round One were analyzed according to the research objectives. Participants were given the opportunity to verify that the responses from Round One truly reflected their views, and were given the opportunity to change (n=10) or expand their responses (n=12) from Round One. Finally, the responses of the 22 participants who completed the two rounds were analyzed.

Results

Table 1 shows the relevance of the characteristics that may predict the risk of suffering CSECA and/or help to identify those who are suffering it, according to the participants' opinion. The most relevant characteristic was the "normalization of dynamics of sexual exchange within the family". A total of 54.5% of professionals reported this feature as very significant, only one professional (4.5%) considered it irrelevant. Another relevant characteristic was "family history of sexual exploitation". In this case, 50% of

participants reported it as very significant, the remaining 50% reported it as significant. "Economic extortion" was considered a very significant factor by 40.9% of participants. The characteristics that were reported as very significant by 30-40% of professionals were: lack of documentation, pregnancy, and sexually transmitted diseases. Additionally, 22.7% of participants mentioned the following characteristics as very significant: post-traumatic stress syndrome, possession of expensive clothing or jewelry, and the presence of an unfamiliar adult in visits with professionals. The rest of the factors were considered very significant for less than 20% of participants. It is interesting to mention that there were only six characteristics in which participants considered that they didn't have criteria to assign a degree of relevance. In each of them, only one participant was the one who reported them in that category (*I have no criterion*), see table 1.

Participants were asked their degree of agreement regarding the protocols that should be used for CSECA detection. The frequency of their answers is reported in Table 2. Most participants agreed with the proposed items.

According to the results, 95.5% of responders agreed that multiple victimizations in childhood are a risk factor for CSECA. Likewise, 81.8% agreed that it is necessary to have a CSECA detection protocol, while 9.1% totally disagreed. Regarding the statement that the implementation of sex education programs focused on the affective sphere from elementary school helps prevent CSECA and that screening protocols help prevent CSECA, 72.7% and 59.1% agreed, respectively, see Table 2.

For the concordance analysis, the characteristics that may predict the risk of suffering CSECA and/or help to identify those who are suffering it were divided into two types: 1) the diagnostic characteristics of CSECA, and 2) the predictive characteristics of CSECA.

Table 3 shows that in the case of CSECA diagnostic characteristics, a high, statistically significant, consensus was found between answers (Kendall's W = 0.167, P < 0.001). In this table, characteristics are positioned by mean rank. The highest score tells us which characteristic was rated most favorably. In this sense, the 10 best-rated characteristics were: normalization of dynamics of sexual exchange within the family, family history of sexual exploitation, sexually transmitted diseases, post-traumatic stress syndrome, pregnancy, hiding information, being a runaway, self-harm, possession of expensive clothing or jewelry, substance abuse at an early age, and a pregnancy test.

Similarly, Table 4 shows that regarding the predictive characteristics of CSECA there is also high, statistically significant, consensus between answers (Kendall's W = 0.171, P = 0.001). In this table, characteristics are also positioned by mean rank. Hence, the 4 best-rated characteristics were: economic extortion, lack of documentation, family estrangement, and distrust of the authorities.

Discussion

The results obtained indicate that the experts consulted considered that the main characteristics that may help to identify children and adolescents who are suffering commercial sexual exploitation are related to the family context, such as the normalization of dynamics of sexual exchange within the family, and a family history of sexual exploitation, and the child him/ herself, such as the presence of sexually transmitted diseases, post-

Table 1
Relevance of characteristics that may predict the risk of suffering CSECA and/or help to identify those who are suffering it, according to the opinion of experts

Characteristics	I have no criterion	Relevance		
		Irrelevant	Significant	Very significant
Running away n (%)	0	1 (4.5)	17 (77.3)	4 (18.2)
Substance abuse at an early age n (%)	0	0	21 (95.5)	1 (4.5)
Wounds or marks of physical violence n (%)	0	2 (9.1)	18 (81.8)	2 (9.1)
Sexually transmitted diseases n (%)	0	2 (9.1)	13 (59.1)	7 (31.8)
Pregnancy test n (%)	0	3 (13.6)	16 (72.7)	3 (13.6)
Pregnancy n (%)	1 (4.5)	1 (4.5)	13 (59.1)	7 (31.8)
Malnutrition n (%)	0	7 (31.8)	13 (59.1)	2 (9.1)
Anxiety n (%)	0	7 (31.8)	14 (63.6)	1 (4.5)
Fears n (%)	1 (4.5)	5 (22.7)	14 (63.6)	2 (9.1)
Post-traumatic Stress Syndrome n (%)	0	1 (4.5)	16 (72.7)	5 (22.7)
Social isolation n (%)	0	3 (13.6)	16 (72.7)	3 (13.6)
Possession of expensive clothing or jewelry n (%)	0	4 (18.2)	13 (59.1)	5 (22.7)
Signs or symptoms of depression n (%)	0	6 (27.3)	15 (68.2)	1 (4.5)
Significant weight loss n (%)	0	8 (36.4)	14 (63.6)	0
Abortion or pregnancy complications n (%)	0	5 (22.7)	14 (63.6)	3 (13.6)
Current or previous history of menstrual problems, such as excessive/prolonged pain or bleeding n (%)	0	9 (40.9)	12 (54.5)	1 (4.5)
Having committed minor crimes n (%)	0	5 (22.7)	16 (72.7)	1 (4.5)
Presence of an unfamiliar adult in visits with professionals n (%)	1 (4.5)	3 (13.6)	13 (59.1)	5 (22.7)
Gang-related tattoos n (%)	1 (4.5)	3 (13.6)	16 (72.7)	2 (9.1)
Providing inconsistent stories n (%)	0	3 (13.6)	16 (72.7)	3 (13.6)
Hiding information n (%)	0	1 (4.5)	17 (77.3)	4 (18.2)
Sexual suggestions during the medical exam n (%)	0	4 (18.2)	15 (68.2)	3 (13.6)
Family history of sexual exploitation n (%)	0	0	11 (50)	11 (50)
Normalization of dynamics of sexual exchange within the family n (%)	0	1 (4.5)	9 (40.9)	12 (54.5)
Suicidal ideations or suicide attempts n (%)	0	4 (18.2)	16 (72.7)	2 (9.1)
Self-harm n (%)	0	2 (9.1)	16 (72.7)	4 (18.2)
Dissociative symptoms n (%)	0	5 (22.7)	14 (63.6)	3 (13.6)
Changes in physical appearance and way of dressing n (%)	0	4 (18.2)	15 (68.2)	3 (13.6)
Truancy n (%)	0	3 (13.6)	16 (72.7)	3 (13.6)
Family estrangement n (%)	0	3 (13.6)	16 (72.7)	3 (13.6)
Hermeticism n (%)	0	3 (13.6)	18 (81.8)	1 (4.5)
Distrust of the authorities n (%)	0	5 (22.7)	13 (59.1)	4 (18.2)
Linguistic isolation n (%)	1 (4.5)	5 (22.7)	15 (68.2)	1 (4.5)
Lack of documentation n (%)	0	3 (13.6)	11 (50)	8 (36.4)
Economic extortion n (%)	1 (4.5)	1 (4.5)	11 (50)	9 (40.9)
Poor living conditions n (%)	0	5 (22.7)	16 (72.7)	1 (4.5)

Table 2
Experts' degree of agreement regarding protocols that should be used for CSECA detection

Item	Totally disagree	Disagree	Neither agree nor disagree	Agree
	n (%)	n (%)	n (%)	n (%)
It is necessary to have a CSECA detection protocol	2 (9.1)	1 (4.5)	1 (4.5)	18 (81.8)
Screening protocols help prevent CSECA	3 (13.6)	4 (18.2)	1 (4.5)	13 (59.1)
Multiple victimizations in childhood is a risk factor for CSECA	1 (4.5)	0	0	21 (95.5)
The implementation of sex education programs focused on the affective sphere from elementary school helps prevent CSECA	1 (4.5)	3 (13.6)	2 (9.1)	16 (72.7)

traumatic stress syndrome, pregnancy, hiding information, being a runaway, self-harm, possession of expensive clothing or jewelry, substance abuse at an early age, and a pregnancy test.

These risk factors coincide with those reported by other authors (Brown et al., 2016, 2018; Hershberger et al., 2018; McCoy, 2019), although in the case of runaways, Klatt et al. (2014) found that it

Table 3
Concordance analysis of CSECA indicators

Indicators	Mean rank	Min.	Max.
Normalization of dynamics of sexual exchange within the family	20.93	1	3
Family history of sexual exploitation	20.82	2	3
Sexually transmitted diseases	18.25	1	3
Post-traumatic Stress Syndrome	17.43	1	3
Pregnancy	17.36	0	3
Hiding information	16.89	1	3
Running away	16.30	1	3
Self-harm	16.23	1	3
Possession of expensive clothing or jewelry	16.02	1	3
Substance abuse at an early age	15.68	2	3
Pregnancy test	15.55	1	3
Providing inconsistent stories	15.27	1	3
Presence of an unfamiliar adult in visits with professionals	15.25	0	3
Wounds or marks of physical violence	15.20	1	3
Truancy	15.16	1	3
Changes in physical appearance and way of dressing	14.84	1	3
Social isolation	14.70	1	3
Sexual suggestions during the medical exam	14.61	1	3
Abortion or pregnancy complications	14.16	1	3
Suicidal ideations or suicide attempts	13.91	1	3
Dissociative symptoms	13.80	1	3
Gang-related tattoos	13.66	0	3
Fears	13.02	0	3
Having committed minor crimes	12.98	1	3
Signs or symptoms of depression	12.32	1	3
Malnutrition	12.00	1	3
Anxiety	11.70	1	3
Significant weight loss	10.64	1	3
Current or previous history of menstrual problems, such as excessive/prolonged pain or bleeding	10.32	1	3

Kendall's W = 0.167; P < 0.001

decreases the odds of becoming involved in sexual exploitation. Therefore, being a runaway may act as a protective factor as opposed to a risk factor. This is quite contradictory to our findings and those published by Hershberger et al. (2018) aand McCoy (2019). This contradiction may be related to the fact that this factor has not yet achieved predictive validity published in the literature, since it depends on whether the child is running away from a risk context or from a protective context. Systematic reviews have shown that sexual risk behaviors, previous trauma, and exposure to sexual violence are key factors associated with sexual exploitation in children (Laird et al., 2020).

In the case of the main predictive characteristics (vulnerabilities), concordance was found in the participants' answers. Economic

extortion, lack of documentation, and family estrangement have been also reported by other authors as risk factors for CSECA (Ijadi-Maghsoodi et al., 2016; Ramiro et al., 2019). Although some of the resultant characteristics may apply to a wide variety of pathologies, circumstances, or conditions, participants in this study considered that the role of these factors in CSECA diagnosis is highly significant, and that they should be taken into account for the development of detection instruments.

Economic extortion exists when victims are trafficked from other countries, as they acquire a debt with their exploiters, with victims remaining in debt and thus enslaved to their abusers well into adulthood (Klimley et al., 2018). Lack of documentation is particularly related to migration, and young migrants, especially those who travel as unaccompanied minors, are inherently vulnerable to all types of exploitation (Ijadi-Maghsoodi et al., 2016). Conflicts with parents are another very relevant risk factor, as found in systematic reviews on this area (Franchino-Olsen, 2019). Clearly, young people who are without care and recognition from protective adults are vulnerable to CSE (Hallet, 2016).

Regarding protocols, it is interesting that two participants (9.1%) reported that it is not necessary to have CSECA detection protocols. Furthermore, three participants (13.6%) did not think that screening protocols help prevent CSECA. It is possible that these professionals consider that other methods are more effective for prevention. However, we do not know the reasons for their answers. This could be another interesting line of investigation. Nevertheless, the publication of protocols and guidelines is never enough to fight against CSECA. These tools also need their quality and validity to be reviewed and their usefulness tested through evaluation. This is critical to ensuring that the pathways of action are effective at reducing the likelihood of risk of CSE and also supporting children, young people and their families (Franklin et al., 2018).

Limitations

Certainly, having chosen specific indicators is a limitation of this research. However, these factors were chosen after a comprehensive review of the literature. The intention was to include widely reported characteristics and also some not so well-explored. It was practically impossible to study all the factors that have been reported as potentially risky; therefore, the number of factors studied is another limitation that should be noted. These limitations have motivated further research on this important topic. Besides, they expose the breadth and complexity of the detection and prevention of CSECA.

Table 4
Concordance analysis of CSECA risk predictive indicators

Indicators	Mean rank	Min.	Max.
Economic extortion	4.84	0	3
Lack of documentation	4.77	1	3
Family estrangement	4.05	1	3
Distrust of the authorities	4.00	1	3
Hermeticism	3.70	1	3
Poor living conditions	3.43	1	3
Linguistic isolation	3.20	0	3

Kendall's W = 0.171   P= 0.001

Conclusion

The early identification of children suffering from CSECA is an urgent necessity. Current detection tools are not effective enough to make a positive impact on the fight against CSECA. The great variety of indicators shown by the people affected is an important handicap. In addition, the personal attitudes of professionals related to the diagnosis of CSECA play a fundamental role, since it is possible to overestimate or underestimate the presence/ frequency of CSECA in children and adolescents (Davey & Hill, 1995; González Ortega et al., 2012). This study reports important information on some of the characteristics that should be considered in order to predict the risk of suffering CSECA and/or detect those who are suffering it. This information is very valuable for the development of new detection tools. Further, it can contribute to the strengthening and improvement of current diagnostic and preventive instruments. Accurate detection of CSECA may prevent this type of sexual violence occurring to adolescents and/or provide opportunities for intervention and recovery.

Acknowledgements

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