

APPENDIX A

Study Advisory Group

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APPENDIX B

Mail Questionnaires

NEW YORK PREVALENCE STUDY OF SEXUALLY EXPLOITED YOUTH

AGENCY QUESTIONNAIRE

Conducted by:

Westat, Inc.
1650 Research Boulevard
Rockville, MD 20850

For:

New York State Office of Children and Family Services
52 Washington Street, Room 313 South
Rensselaer, NY 12144

and

New York State Division of Criminal Justice Services
4 Tower Place
Albany, NY 12203

WESTAT ID _____

TODAY'S DATE: _____ AGENCY: _____

YOUR NAME: _____ POSITION: _____

PHONE NUMBER: _____ E-MAIL: _____

This questionnaire concerns all sexually exploited children and youth, under age 18, who were recently served or seen by your agency. In some places, we also ask about youth ages 18-20 because some of them might have given false ages and actually have been under age 18. The targeted group includes all children and youth for whom at least one of the following was identified during from July 15 through September 15, 2006, regardless of when the exploitation actually took place:

- He or she engaged in, agreed to, offered, or was threatened or coerced to engage in sexual conduct or acts with another person in return for money, food, clothing, protection, drugs, or a place to stay;
- He or she stripped and performed in public or over the Internet;
- He or she was filmed, photographed, or tape recorded engaging in a sexual act; or
- He or she loitered for the purpose of engaging in prostitution.

The perpetrators of the sexual exploitation can be relatives, strangers, acquaintances, or friends, and can be adults or minors. However, we do not include situations where, for example, food or drugs were offered and sexual acts between romantic partners (such as boyfriend/girlfriend) occurred.

For the following questions, it is very important that the answers you provide are as accurate as possible based on your agency's records. Your answers will be used to estimate the prevalence of children and youth in the county who are sexually exploited.

Please return the data form in the enclosed prepaid envelope by September 30, 2006, to:

Frances Gragg
Westat
1650 Research Blvd.
Rockville MD 20850

PART I: AGENCY INFORMATION (or, for New York City only, congregate care facility)

1. Which of the following describes your agency or congregate care facility? (CIRCLE ALL THAT APPLY)

- Runaway and homeless youth shelter 01
- Non-residential service or outreach program for
runaway and homeless youth 02
- Residential treatment center..... 03
- Substance abuse counseling or treatment program 04
- County child welfare agency/local social service district 05
- Group home, residence, or institution for youth in foster
care..... 06
- Child Advocacy Center..... 07
- Youth detention facility 08
- County probation department 09
- Other youth-serving agency 10
(SPECIFY _____)
- Other type of agency 11
(SPECIFY _____)

2. How many children and youth, under age 18 and age 18-20, did your agency or congregate care facility serve or see during July 15-September 15, 2006? Please provide the total number of different children and youth served or seen for any reason.

|_|_|_|_|
NUMBER UNDER AGE 18

|_|_|_|_|
NUMBER AGE 18-20

3. Does your agency or congregate care facility serve or see males only, females only, or both males and females? (CIRCLE ONE)

- Males only..... 1
- Females only 2
- Both males and females 3
- Unknown..... 8

4. For what age range of children and youth do you provide services?

FROM |_|_| TO |_|_| YEARS OLD

5. What services do you provide to children and youth? (CIRCLE ALL THAT APPLY)

Crisis shelter	01
Long-term shelter.....	02
Street outreach services	03
Residential services.....	04
Food	05
Clothing	06
Transportation.....	07
Dental services.....	08
Assessments.....	09
Case management services	10
Substance abuse screening.....	11
Detox or substance abuse counseling or treatment	12
Mental health counseling (including rape crisis counseling).....	13
Medical care (preventive, emergency and other health services)	14
Education services	15
Legal services	16
Advocacy	17
Child welfare/child protective services.....	18
Family reunification.....	19
Other	20
(SPECIFY _____)	
None.....	21
Unknown.....	98

PART II: SEXUALLY EXPLOITED CHILDREN AND YOUTH

Now we want to ask you about sexually exploited children and youth, as defined previously.

- 6. Among all the children and youth under age 18 you served during July 15-September 15, 2006, how many had ever been sexually exploited regardless of when the sexual exploitation was identified?

|_|_|_|_|
NUMBER

- 7. How many children and youth under age 18 did your agency *identify* as sexually exploited (as defined above) during July 15-September 15, 2006? “Identify” means that your agency learned of the sexual exploitation through youth disclosure, police or other agency referral, observation of the exploitation, or some other way. In later questions we ask about when the exploitation was *identified*, as well as when it *occurred*, since it might take some time for youth to reveal the exploitation.

|_|_|_|_|
NUMBER

8. Based on your experiences, what specialized services do sexually exploited youth need? Please describe the services, including who provides them and the limitations to the service or barriers if the service is not provided in the community. (ADD ADDITIONAL SHEETS IF MORE SERVICES ARE NEEDED.)

Services	Who provides? (CIRCLE ALL THAT APPLY.)	Description of service	Barriers/limitations to providing service (such as limited funding, not enough slots, limited availability or access)
1.	1. Your agency 2. Another agency (SPECIFY _____) 3. Not available in community 8. Unknown		
2.	1. Your agency 2. Another agency (SPECIFY _____) 3. Not available in community 8. Unknown		
3.	1. Your agency 2. Another agency (SPECIFY _____) 3. Not available in community 8. Unknown		
4.	1. Your agency 2. Another agency (SPECIFY _____) 3. Not available in community 8. Unknown		
5.	1. Your agency 2. Another agency (SPECIFY _____) 3. Not available in community 8. Unknown		

9. Are there agencies in your community that provide services specifically to sexually exploited children and youth?

Yes 1 [GO TO QUESTION 10]

No, service not available in community 2 [SKIP TO QUESTION 11]

Unknown..... 8 [SKIP TO QUESTION 11]

10. Please name the agency and describe the services provided.

11. For all of the children and youth under age 18 included in Question 7 (those identified during July 15-September 15, 2006 as sexually exploited), please tell how many are males, females, transgender youth, or unknown in each of the age categories, as of that period.

Age and Gender of Sexually Exploited Children and Youth						
Gender	Age					
	<5	5-9	10-11	12-13	14-15	16-17
A. Male						
B. Female						
C. Transgender						
D. Unknown						

12. Please tell how many are (ENTER NUMBER IN EACH CATEGORY):

- A. American Indian or Alaskan Native |__|__|
- B. Asian |__|__|
- C. Native Hawaiian or Other Pacific Islander |__|__|
- D. Black or African American |__|__|
- E. White |__|__|
- F. Multi-racial |__|__|
- G. Other |__|__|
- H. Unknown |__|__|

13. Please tell us how many are (ENTER NUMBER IN EACH CATEGORY):

- A. Hispanic or Latino |__|__|
- B. Chinese |__|__|
- D. Korean |__|__|
- C. Other or Unknown |__|__|

14. Please tell us how many of the sexually exploited children and youth under age 18 are immigrants (whether documented or not). (WRITE "UNKNOWN" IF INFORMATION IS NOT AVAILABLE.)

|__|__|__|
NUMBER

15. Please tell us how many of the sexually exploited children and youth under age 18 identify as gay/lesbian/bisexual/transgender/questioning. (WRITE "UNKNOWN" IF INFORMATION IS NOT AVAILABLE.)

|__|__|__|
NUMBER

Many youth involved in sexual exploitation may lie about their age or carry false identification claiming to be adults (18 or older). In order to get a picture of incidence of sexual exploitation among this older age group (which may include a large number of minors), please provide the following information for young people listed as 18-20 years of age.

16. Number of young people, ages 18-20, served by your agency for any reason during July 15-September 15, 2006:

|_|_|_|_|
NUMBER

17. Number of young people, ages 18-20, identified by your agency during July 15-September 15, 2006, as having been involved in sexual exploitation:

|_|_|_|_|
NUMBER

18. Gender of young people, ages 18-20, identified during July 15-September 15, 2006, as having been involved in sexual exploitation (ENTER NUMBER OF EACH):

- A. Males |_|_|_|_|
- B. Females |_|_|_|_|
- C. Transgender |_|_|_|_|
- D. Unknown |_|_|_|_|

19. Race of young people, ages 18-20, identified during July 15-September 15, 2006, as having been involved in sexual exploitation (ENTER NUMBER IN EACH CATEGORY):

- A. American Indian or Alaskan Native |__|__|__|
- B. Asian |__|__|__|
- C. Native Hawaiian or Other Pacific Islander |__|__|__|
- D. Black or African American |__|__|__|
- E. White |__|__|__|
- F. Multi-racial |__|__|__|
- G. Other |__|__|__|
- H. Unknown |__|__|__|

20. Ethnicity of young people, ages 18-20, identified during July 15-September 15, 2006, as having been involved in sexual exploitation (ENTER NUMBER IN EACH CATEGORY):

- A. Hispanic or Latino origin |__|__|__|
- B. Chinese |__|__|__|
- C. Korean |__|__|__|
- D. Unknown |__|__|__|

For the children and youth under age 18 counted in Question 7, please complete the tables in Part III as follows.

- If your agency identified sexual exploitation for more than five children and youth under age 18 during the period July 15-September 15, 2006, please select the *last* five cases identified during this period and complete the tables in Part III.
- If your agency identified sexual exploitation for five or fewer children and youth under age 18 during the period July 15-September 15, 2006, please complete the tables in Part III for all of them.
- If any child or youth under age 18 had more than one episode of sexual exploitation identified during the period July 15-September 15, 2006, please provide information for the last episode.

**PART III: CHILD-LEVEL INFORMATION
CASE A**

DESCRIPTION OF CHILD/YOUTH

<p>A1. Gender (Check one.)</p> <p><input type="checkbox"/> 1. Male</p> <p><input type="checkbox"/> 2. Female</p> <p><input type="checkbox"/> 3. Transgender</p> <p><input type="checkbox"/> 8. Unknown</p>	<p>A2. Ethnicity (Check one.)</p> <p><input type="checkbox"/> 1. Latino or Hispanic</p> <p><input type="checkbox"/> 2. Chinese</p> <p><input type="checkbox"/> 3. Korean</p> <p><input type="checkbox"/> 8. Other or Unknown</p>	<p>A3. Race (Check all that apply.)</p> <p><input type="checkbox"/> 1. American Indian/or Alaska Native</p> <p><input type="checkbox"/> 2. Asian</p> <p><input type="checkbox"/> 3. Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> 4. Black or African American</p> <p><input type="checkbox"/> 5. White</p> <p><input type="checkbox"/> 6. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><input type="checkbox"/> 8. Unknown</p>
<p>A4. Primary language (Check one.)</p> <p><input type="checkbox"/> 1. English</p> <p><input type="checkbox"/> 2. Spanish</p> <p><input type="checkbox"/> 3. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><input type="checkbox"/> 8. Unknown</p>	<p>A5. Is the youth from New York or from out-of-state? (Check one.)</p> <p><input type="checkbox"/> 1. From New York</p> <p><input type="checkbox"/> 2. From another state or country</p> <p>(specify) <div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></div></p> <p><input type="checkbox"/> 8. Unknown</p>	<p>A8. What services did you refer the youth to, outside your agency? (Check all that apply.)</p> <p><input type="checkbox"/> 01. Crisis shelter</p> <p><input type="checkbox"/> 02. Long-term shelter</p> <p><input type="checkbox"/> 03. Street outreach services</p> <p><input type="checkbox"/> 04. Residential services</p> <p><input type="checkbox"/> 05. Food</p> <p><input type="checkbox"/> 06. Clothing</p> <p><input type="checkbox"/> 07. Transportation</p> <p><input type="checkbox"/> 08. Dental services</p> <p><input type="checkbox"/> 09. Assessment</p> <p><input type="checkbox"/> 10. Case management services</p> <p><input type="checkbox"/> 11. Substance abuse screening</p> <p><input type="checkbox"/> 12. Detox/substance abuse treatment</p> <p><input type="checkbox"/> 13. Mental health counseling</p> <p><input type="checkbox"/> 14. Medical care (preventive, emergency or other health services)</p> <p><input type="checkbox"/> 15. Education services</p> <p><input type="checkbox"/> 16. Legal services</p> <p><input type="checkbox"/> 17. Advocacy</p> <p><input type="checkbox"/> 18. Child welfare services</p> <p><input type="checkbox"/> 19. Family reunification</p> <p><input type="checkbox"/> 20. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><input type="checkbox"/> 21. None</p> <p><input type="checkbox"/> 98. Unknown</p>
<p>A6. Youth's current age <div style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></div></p>	<p>A7. What services did your agency provide to the youth? (Check all that apply.)</p> <p><input type="checkbox"/> 01. Crisis shelter</p> <p><input type="checkbox"/> 02. Long-term shelter</p> <p><input type="checkbox"/> 03. Street outreach services</p> <p><input type="checkbox"/> 04. Residential services</p> <p><input type="checkbox"/> 05. Food</p> <p><input type="checkbox"/> 06. Clothing</p> <p><input type="checkbox"/> 07. Transportation</p> <p><input type="checkbox"/> 08. Dental services</p> <p><input type="checkbox"/> 09. Assessment</p> <p><input type="checkbox"/> 10. Case management services</p> <p><input type="checkbox"/> 11. Substance abuse screening</p> <p><input type="checkbox"/> 12. Detox/substance abuse treatment</p> <p><input type="checkbox"/> 13. Mental health counseling</p> <p><input type="checkbox"/> 14. Medical care (preventive, emergency or other health services)</p> <p><input type="checkbox"/> 15. Education services</p> <p><input type="checkbox"/> 16. Legal services</p> <p><input type="checkbox"/> 17. Advocacy</p> <p><input type="checkbox"/> 18. Child welfare services</p> <p><input type="checkbox"/> 19. Family reunification</p> <p><input type="checkbox"/> 20. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><input type="checkbox"/> 21. None</p> <p><input type="checkbox"/> 98. Unknown</p>	<p>A8. What services did you refer the youth to, outside your agency? (Check all that apply.)</p> <p><input type="checkbox"/> 01. Crisis shelter</p> <p><input type="checkbox"/> 02. Long-term shelter</p> <p><input type="checkbox"/> 03. Street outreach services</p> <p><input type="checkbox"/> 04. Residential services</p> <p><input type="checkbox"/> 05. Food</p> <p><input type="checkbox"/> 06. Clothing</p> <p><input type="checkbox"/> 07. Transportation</p> <p><input type="checkbox"/> 08. Dental services</p> <p><input type="checkbox"/> 09. Assessment</p> <p><input type="checkbox"/> 10. Case management services</p> <p><input type="checkbox"/> 11. Substance abuse screening</p> <p><input type="checkbox"/> 12. Detox/substance abuse treatment</p> <p><input type="checkbox"/> 13. Mental health counseling</p> <p><input type="checkbox"/> 14. Medical care (preventive, emergency or other health services)</p> <p><input type="checkbox"/> 15. Education services</p> <p><input type="checkbox"/> 16. Legal services</p> <p><input type="checkbox"/> 17. Advocacy</p> <p><input type="checkbox"/> 18. Child welfare services</p> <p><input type="checkbox"/> 19. Family reunification</p> <p><input type="checkbox"/> 20. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><input type="checkbox"/> 21. None</p> <p><input type="checkbox"/> 98. Unknown</p>
<p>A9. Does youth identify as gay/lesbian/bisexual/transgender/questioning? (Check one.)</p> <p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2. No</p> <p><input type="checkbox"/> 8. Unknown</p>	<p>A7. What services did your agency provide to the youth? (Check all that apply.)</p> <p><input type="checkbox"/> 01. Crisis shelter</p> <p><input type="checkbox"/> 02. Long-term shelter</p> <p><input type="checkbox"/> 03. Street outreach services</p> <p><input type="checkbox"/> 04. Residential services</p> <p><input type="checkbox"/> 05. Food</p> <p><input type="checkbox"/> 06. Clothing</p> <p><input type="checkbox"/> 07. Transportation</p> <p><input type="checkbox"/> 08. Dental services</p> <p><input type="checkbox"/> 09. Assessment</p> <p><input type="checkbox"/> 10. Case management services</p> <p><input type="checkbox"/> 11. Substance abuse screening</p> <p><input type="checkbox"/> 12. Detox/substance abuse treatment</p> <p><input type="checkbox"/> 13. Mental health counseling</p> <p><input type="checkbox"/> 14. Medical care (preventive, emergency or other health services)</p> <p><input type="checkbox"/> 15. Education services</p> <p><input type="checkbox"/> 16. Legal services</p> <p><input type="checkbox"/> 17. Advocacy</p> <p><input type="checkbox"/> 18. Child welfare services</p> <p><input type="checkbox"/> 19. Family reunification</p> <p><input type="checkbox"/> 20. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><input type="checkbox"/> 21. None</p> <p><input type="checkbox"/> 98. Unknown</p>	<p>A8. What services did you refer the youth to, outside your agency? (Check all that apply.)</p> <p><input type="checkbox"/> 01. Crisis shelter</p> <p><input type="checkbox"/> 02. Long-term shelter</p> <p><input type="checkbox"/> 03. Street outreach services</p> <p><input type="checkbox"/> 04. Residential services</p> <p><input type="checkbox"/> 05. Food</p> <p><input type="checkbox"/> 06. Clothing</p> <p><input type="checkbox"/> 07. Transportation</p> <p><input type="checkbox"/> 08. Dental services</p> <p><input type="checkbox"/> 09. Assessment</p> <p><input type="checkbox"/> 10. Case management services</p> <p><input type="checkbox"/> 11. Substance abuse screening</p> <p><input type="checkbox"/> 12. Detox/substance abuse treatment</p> <p><input type="checkbox"/> 13. Mental health counseling</p> <p><input type="checkbox"/> 14. Medical care (preventive, emergency or other health services)</p> <p><input type="checkbox"/> 15. Education services</p> <p><input type="checkbox"/> 16. Legal services</p> <p><input type="checkbox"/> 17. Advocacy</p> <p><input type="checkbox"/> 18. Child welfare services</p> <p><input type="checkbox"/> 19. Family reunification</p> <p><input type="checkbox"/> 20. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><input type="checkbox"/> 21. None</p> <p><input type="checkbox"/> 98. Unknown</p>
<p>A10. Was the youth referred to you by another agency? (check all that apply)</p> <p><input type="checkbox"/> 01. Police/law enforcement</p> <p><input type="checkbox"/> 02. Child welfare agency</p> <p><input type="checkbox"/> 03. Court/probation agency</p> <p><input type="checkbox"/> 04. Foster Care agency</p> <p><input type="checkbox"/> 05. Detention center</p> <p><input type="checkbox"/> 06. Youth shelter</p> <p><input type="checkbox"/> 07. Runaway/homeless youth program</p> <p><input type="checkbox"/> 08. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><input type="checkbox"/> 09. None</p> <p><input type="checkbox"/> 98. Unknown</p>	<p>A7. What services did your agency provide to the youth? (Check all that apply.)</p> <p><input type="checkbox"/> 01. Crisis shelter</p> <p><input type="checkbox"/> 02. Long-term shelter</p> <p><input type="checkbox"/> 03. Street outreach services</p> <p><input type="checkbox"/> 04. Residential services</p> <p><input type="checkbox"/> 05. Food</p> <p><input type="checkbox"/> 06. Clothing</p> <p><input type="checkbox"/> 07. Transportation</p> <p><input type="checkbox"/> 08. Dental services</p> <p><input type="checkbox"/> 09. Assessment</p> <p><input type="checkbox"/> 10. Case management services</p> <p><input type="checkbox"/> 11. Substance abuse screening</p> <p><input type="checkbox"/> 12. Detox/substance abuse treatment</p> <p><input type="checkbox"/> 13. Mental health counseling</p> <p><input type="checkbox"/> 14. Medical care (preventive, emergency or other health services)</p> <p><input type="checkbox"/> 15. Education services</p> <p><input type="checkbox"/> 16. Legal services</p> <p><input type="checkbox"/> 17. Advocacy</p> <p><input type="checkbox"/> 18. Child welfare services</p> <p><input type="checkbox"/> 19. Family reunification</p> <p><input type="checkbox"/> 20. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><input type="checkbox"/> 21. None</p> <p><input type="checkbox"/> 98. Unknown</p>	<p>A8. What services did you refer the youth to, outside your agency? (Check all that apply.)</p> <p><input type="checkbox"/> 01. Crisis shelter</p> <p><input type="checkbox"/> 02. Long-term shelter</p> <p><input type="checkbox"/> 03. Street outreach services</p> <p><input type="checkbox"/> 04. Residential services</p> <p><input type="checkbox"/> 05. Food</p> <p><input type="checkbox"/> 06. Clothing</p> <p><input type="checkbox"/> 07. Transportation</p> <p><input type="checkbox"/> 08. Dental services</p> <p><input type="checkbox"/> 09. Assessment</p> <p><input type="checkbox"/> 10. Case management services</p> <p><input type="checkbox"/> 11. Substance abuse screening</p> <p><input type="checkbox"/> 12. Detox/substance abuse treatment</p> <p><input type="checkbox"/> 13. Mental health counseling</p> <p><input type="checkbox"/> 14. Medical care (preventive, emergency or other health services)</p> <p><input type="checkbox"/> 15. Education services</p> <p><input type="checkbox"/> 16. Legal services</p> <p><input type="checkbox"/> 17. Advocacy</p> <p><input type="checkbox"/> 18. Child welfare services</p> <p><input type="checkbox"/> 19. Family reunification</p> <p><input type="checkbox"/> 20. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><input type="checkbox"/> 21. None</p> <p><input type="checkbox"/> 98. Unknown</p>

**PART III: CHILD-LEVEL INFORMATION
CASE A**

DESCRIPTION OF SEXUAL EXPLOITATION

A11. What was the nature of the most recent exploitation? (Check all that apply. We ask for further details in Question A29.)

- 01. Sexual act for money
- 02. Sexual act for food or clothing
- 03. Sexual act for drugs
- 04. Sexual act for protection
- 05. Sexual act for place to stay

- 06. Stripping/performing in public
- 07. Stripping/performing on the Internet
- 08. Sexual act filmed, photographed, or tape recorded
- 09. Loitering for prostitution
- 10. Other (specify)
- 98. Unknown

A12. Was the youth known to the police (either arrested or reported) during July 15-September 15, 2006? (Check one.)

- 1. Yes
- 2. No
- 8. Unknown

A13. Was force, coercion, or the threat of force used in this sexual exploitation? (Check one.)

- 1. Yes
- 2. No
- 8. Unknown

A14. During July 15-September 15, 2006, was the youth identified as sexually exploited by any other agency? (Check all known agencies.)

- 01. Police/law enforcement
- 02. Child welfare agency
- 03. Court/probation department
- 04. Social service district
- 05. Detention facility
- 06. Youth shelter
- 07. Other (specify)
- 08. None
- 98. Unknown

A15. Where did the exploitation occur? (Check all that apply.)

- 01. Youth's own home
- 02. Exploiter's home
- 03. Other person's home
- 04. Detention facility
- 05. Other correctional facility
- 06. Foster care home or facility
- 07. Outside
- 08. In a car
- 09. Hotel/motel
- 10. Public facility (e.g. restaurant)
- 11. Agency (e.g. shelter)
- 12. Other (specify)
- 98. Unknown

A16. Who were the exploiters associated with the most recent episode? (Check all that apply.)

- 01. Adult: parent or parent substitute
- 02. Adult: family member
- 03. Adult: parent's partner
- 04. Adult: friend or acquaintance
- 05. Adult: stranger
- 06. Minor: family member
- 07. Minor: friend or acquaintance
- 08. Minor: stranger
- 09. Other (specify)
- 10. No exploiter
- 98. Unknown

A17. Was the most recent episode the only one identified or were there prior episodes of sexual exploitation? (Check one.)

- 1. This was the only episode identified.
- 2. There were prior episodes (number if known).
- 8. Unknown

A18. Age at earliest episode
(if known)

PART III: CHILD-LEVEL INFORMATION

CASE A

<p>A19. Has the youth ever been the subject of any of the following child welfare actions? (Check all that apply.)</p> <p><input type="checkbox"/> 01. Child abuse/neglect allegation or investigation</p> <p><input type="checkbox"/> 02. Placement in foster care</p> <p><input type="checkbox"/> 03. Person in Need of Supervision placement or services</p> <p><input type="checkbox"/> 04. Voluntary services or placement (including preventive services)</p> <p><input type="checkbox"/> 05. Juvenile delinquency placement or services</p> <p><input type="checkbox"/> 06. Refugee assistance program</p> <p><input type="checkbox"/> 07. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 08. None</p> <p><input type="checkbox"/> 98. Unknown</p>	<p>A20. Was the youth ever placed in any of the following? (Check all that apply.)</p> <p><input type="checkbox"/> 1. Secure correctional facility</p> <p><input type="checkbox"/> 2. Non-secure correctional facility</p> <p><input type="checkbox"/> 3. Detention center</p> <p><input type="checkbox"/> 4. Halfway house</p> <p><input type="checkbox"/> 5. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 6. None</p> <p><input type="checkbox"/> 8. Unknown</p>	
<p>A21. How was the most recent exploitation first identified at your agency? (Check one.)</p> <p><input type="checkbox"/> 1. Reason for referral</p> <p><input type="checkbox"/> 2. Youth reported during assessment</p> <p><input type="checkbox"/> 3. Youth reported during services</p> <p><input type="checkbox"/> 4. Another youth reported</p> <p><input type="checkbox"/> 5. An adult reported (e.g. during assessment or services)</p> <p><input type="checkbox"/> 6. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 8. Unknown</p>	<p>A22. Did the most recent exploitation occur in New York or out-of-state? (Check all that apply.)</p> <p><input type="checkbox"/> 1. In New York</p> <p><input type="checkbox"/> 2. In another state or country (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 8. Unknown</p>	<p>A23. Youth's age when the most recent exploitation began</p> <div style="border: 1px solid black; width: 100%; height: 30px; text-align: center; margin: 5px 0;"></div> <p>A24. Has the exploitation ended or is it still ongoing? (Check one.)</p> <p><input type="checkbox"/> 1. Ended <input type="checkbox"/> 2. Ongoing</p> <p><input type="checkbox"/> 8. Unknown</p>
<p>A25. Who was the youth living with when the exploitation occurred? (Check one.)</p> <p><input type="checkbox"/> 01. Family of origin or relatives</p> <p><input type="checkbox"/> 02. Foster parents</p> <p><input type="checkbox"/> 03. Group foster care</p> <p><input type="checkbox"/> 04. Unrelated adult</p> <p><input type="checkbox"/> 05. Friend(s) or boyfriend/girlfriend</p> <p><input type="checkbox"/> 06. Spouse</p> <p><input type="checkbox"/> 07. By himself/herself</p> <p><input type="checkbox"/> 08. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 98. Unknown</p>	<p>A26. In what type of housing was the youth living when the exploitation occurred? (Check one.)</p> <p><input type="checkbox"/> 01. House or apartment</p> <p><input type="checkbox"/> 02. Group care facility</p> <p><input type="checkbox"/> 03. Correctional institution or detention facility</p> <p><input type="checkbox"/> 04. Hospital</p> <p><input type="checkbox"/> 05. Shelter/mission/transitional housing</p> <p><input type="checkbox"/> 06. Hotel/motel/rooming house</p> <p><input type="checkbox"/> 07. Detox or drug rehabilitation</p> <p><input type="checkbox"/> 08. Halfway house</p> <p><input type="checkbox"/> 09. Outdoors (street, park, car, boat, barn, etc.)</p> <p><input type="checkbox"/> 10. Military installation</p> <p><input type="checkbox"/> 11. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 98. Unknown</p>	

**PART III: CHILD-LEVEL INFORMATION
CASE A**

A27. Who was the youth living with when the exploitation was identified?
(Check one.)

- 01. Family of origin or relatives
- 02. Foster parents
- 03. Group foster care
- 04. Unrelated adult
- 05. Friend(s) or boyfriend/girlfriend
- 06. Spouse
- 07. By himself/herself
- 08. Other (specify)

98. Unknown

A28. In what type of housing was the youth living when the exploitation was identified? (Check one.)

- 01. House or apartment
- 02. Group care facility
- 03. Correctional institution or detention facility
- 04. Hospital
- 05. Shelter/mission/transitional housing

- 06. Hotel/motel/rooming house
- 07. Detox or drug rehabilitation
- 08. Halfway house
- 09. Outdoors (street, park, car, boat, barn, etc.)
- 10. Military installation
- 11. Other (specify)

98. Unknown

A29. Please describe the current sexual exploitation, the date(s) it occurred, and how it came to your attention. Include details about the setting of the exploitation, whether the youth's family was involved, the use of force or coercion, involvement by other people, and the history of the exploitation. If there were previous episodes or a history of sexual exploitation or abuse, please provide any details on these previous episodes.

A30. Please describe the actions your agency took once the sexual exploitation was identified.

PART III: CHILD-LEVEL INFORMATION		
CASE B		
DESCRIPTION OF CHILD/YOUTH		
<p>B1. Gender (Check one.)</p> <p><input type="checkbox"/> 1. Male</p> <p><input type="checkbox"/> 2. Female</p> <p><input type="checkbox"/> 3. Transgender</p> <p><input type="checkbox"/> 8. Unknown</p>	<p>B2. Ethnicity (Check one.)</p> <p><input type="checkbox"/> 1. Latino or Hispanic</p> <p><input type="checkbox"/> 2. Chinese</p> <p><input type="checkbox"/> 3. Korean</p> <p><input type="checkbox"/> 8. Other or Unknown</p>	<p>B3. Race (Check all that apply.)</p> <p><input type="checkbox"/> 1. American Indian/or Alaska Native</p> <p><input type="checkbox"/> 2. Asian</p> <p><input type="checkbox"/> 3. Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> 4. Black or African American</p> <p><input type="checkbox"/> 5. White</p> <p><input type="checkbox"/> 6. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 8. Unknown</p>
<p>B4. Primary language (Check one.)</p> <p><input type="checkbox"/> 1. English</p> <p><input type="checkbox"/> 2. Spanish</p> <p><input type="checkbox"/> 3. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 8. Unknown</p>	<p>B5. Is the youth from New York or from out-of-state? (Check one.)</p> <p><input type="checkbox"/> 1. From New York</p> <p><input type="checkbox"/> 2. From another state or country</p> <p>(specify) <div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></div></p> <p><input type="checkbox"/> 8. Unknown</p>	<p><input type="checkbox"/> 4. Black or African American</p> <p><input type="checkbox"/> 5. White</p> <p><input type="checkbox"/> 6. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 8. Unknown</p>
<p>B6. Youth's current age <div style="border: 1px solid black; display: inline-block; width: 60px; height: 25px; vertical-align: middle;"></div></p>	<p>B7. What services did your agency provide to the youth? (Check all that apply.)</p> <p><input type="checkbox"/> 01. Crisis shelter</p> <p><input type="checkbox"/> 02. Long-term shelter</p> <p><input type="checkbox"/> 03. Street outreach services</p> <p><input type="checkbox"/> 04. Residential services</p> <p><input type="checkbox"/> 05. Food</p> <p><input type="checkbox"/> 06. Clothing</p> <p><input type="checkbox"/> 07. Transportation</p> <p><input type="checkbox"/> 08. Dental services</p> <p><input type="checkbox"/> 09. Assessment</p> <p><input type="checkbox"/> 10. Case management services</p> <p><input type="checkbox"/> 11. Substance abuse screening</p> <p><input type="checkbox"/> 12. Detox/substance abuse treatment</p> <p><input type="checkbox"/> 13. Mental health counseling</p> <p><input type="checkbox"/> 14. Medical care (preventive, emergency or other health services)</p> <p><input type="checkbox"/> 15. Education services</p> <p><input type="checkbox"/> 16. Legal services</p> <p><input type="checkbox"/> 17. Advocacy</p> <p><input type="checkbox"/> 18. Child welfare services</p> <p><input type="checkbox"/> 19. Family reunification</p> <p><input type="checkbox"/> 20. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 21. None</p> <p><input type="checkbox"/> 98. Unknown</p>	<p>B8. What services did you refer the youth to, outside your agency? (Check all that apply.)</p> <p><input type="checkbox"/> 01. Crisis shelter</p> <p><input type="checkbox"/> 02. Long-term shelter</p> <p><input type="checkbox"/> 03. Street outreach services</p> <p><input type="checkbox"/> 04. Residential services</p> <p><input type="checkbox"/> 05. Food</p> <p><input type="checkbox"/> 06. Clothing</p> <p><input type="checkbox"/> 07. Transportation</p> <p><input type="checkbox"/> 08. Dental services</p> <p><input type="checkbox"/> 09. Assessment</p> <p><input type="checkbox"/> 10. Case management services</p> <p><input type="checkbox"/> 11. Substance abuse screening</p> <p><input type="checkbox"/> 12. Detox/substance abuse treatment</p> <p><input type="checkbox"/> 13. Mental health counseling</p> <p><input type="checkbox"/> 14. Medical care (preventive, emergency or other health services)</p> <p><input type="checkbox"/> 15. Education services</p> <p><input type="checkbox"/> 16. Legal services</p> <p><input type="checkbox"/> 17. Advocacy</p> <p><input type="checkbox"/> 18. Child welfare services</p> <p><input type="checkbox"/> 19. Family reunification</p> <p><input type="checkbox"/> 20. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 21. None</p> <p><input type="checkbox"/> 98. Unknown</p>
<p>B9. Does youth identify as gay/lesbian/bisexual/transgender/questioning? (Check one.)</p> <p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2. No</p> <p><input type="checkbox"/> 8. Unknown</p>	<p>B10. Was the youth referred to you by another agency? (check all that apply)</p> <p><input type="checkbox"/> 01. Police/law enforcement</p> <p><input type="checkbox"/> 02. Child welfare agency</p> <p><input type="checkbox"/> 03. Court/probation agency</p> <p><input type="checkbox"/> 04. Foster Care agency</p> <p><input type="checkbox"/> 05. Detention center</p> <p><input type="checkbox"/> 06. Youth shelter</p> <p><input type="checkbox"/> 07. Runaway/homeless youth program</p> <p><input type="checkbox"/> 08. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 09. None</p> <p><input type="checkbox"/> 98. Unknown</p>	

**PART III: CHILD-LEVEL INFORMATION
CASE B**

DESCRIPTION OF SEXUAL EXPLOITATION

B11. What was the nature of the most recent exploitation? (Check all that apply. We ask for further details in Question A29.)

- 01. Sexual act for money
- 02. Sexual act for food or clothing
- 03. Sexual act for drugs
- 04. Sexual act for protection
- 05. Sexual act for place to stay

- 06. Stripping/performing in public
- 07. Stripping/performing on the Internet
- 08. Sexual act filmed, photographed, or tape recorded
- 09. Loitering for prostitution
- 10. Other (specify)
- 98. Unknown

B12. Was the youth known to the police (either arrested or reported) during July 15-September 15, 2006? (Check one.)

- 1. Yes
- 2. No
- 8. Unknown

B13. Was force, coercion, or the threat of force used in this sexual exploitation? (Check one.)

- 1. Yes
- 2. No
- 8. Unknown

B14. During July 15-September 15, 2006, was the youth identified as sexually exploited by any other agency? (Check all known agencies.)

- 01. Police/law enforcement
- 02. Child welfare agency
- 03. Court/probation department
- 04. Social service district
- 05. Detention facility
- 06. Youth shelter
- 07. Other (specify)
- 08. None
- 98. Unknown

B15. Where did the exploitation occur? (Check all that apply.)

- 01. Youth's own home
- 02. Exploiter's home
- 03. Other person's home
- 04. Detention facility
- 05. Other correctional facility
- 06. Foster care home or facility
- 07. Outside
- 08. In a car
- 09. Hotel/motel
- 10. Public facility (e.g. restaurant)
- 11. Agency (e.g. shelter)
- 12. Other (specify)
- 98. Unknown

B16. Who were the exploiters associated with the most recent episode? (Check all that apply.)

- 01. Adult: parent or parent substitute
- 02. Adult: family member
- 03. Adult: parent's partner
- 04. Adult: friend or acquaintance
- 05. Adult: stranger
- 06. Minor: family member
- 07. Minor: friend or acquaintance
- 08. Minor: stranger
- 09. Other (specify)
- 10. No exploiter
- 98. Unknown

B17. Was the most recent episode the only one identified or were there prior episodes of sexual exploitation? (Check one.)

- 1. This was the only episode identified.
- 2. There were prior episodes (number if known).
- 8. Unknown

B18. Age at earliest episode
(if known)

PART III: CHILD-LEVEL INFORMATION

CASE B

<p>B19. Has the youth ever been the subject of any of the following child welfare actions? (Check all that apply.)</p> <p><input type="checkbox"/> 01. Child abuse/neglect allegation or investigation</p> <p><input type="checkbox"/> 02. Placement in foster care</p> <p><input type="checkbox"/> 03. Person in Need of Supervision placement or services</p> <p><input type="checkbox"/> 04. Voluntary services or placement (including preventive services)</p> <p><input type="checkbox"/> 05. Juvenile delinquency placement or services</p> <p><input type="checkbox"/> 06. Refugee assistance program</p> <p><input type="checkbox"/> 07. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 08. None</p> <p><input type="checkbox"/> 98. Unknown</p>	<p>B20. Was the youth ever placed in any of the following? (Check all that apply.)</p> <p><input type="checkbox"/> 1. Secure correctional facility</p> <p><input type="checkbox"/> 2. Non-secure correctional facility</p> <p><input type="checkbox"/> 3. Detention center</p> <p><input type="checkbox"/> 4. Halfway house</p> <p><input type="checkbox"/> 5. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 6. None</p> <p><input type="checkbox"/> 8. Unknown</p>	
<p>B21. How was the most recent exploitation first identified at your agency? (Check one.)</p> <p><input type="checkbox"/> 1. Reason for referral</p> <p><input type="checkbox"/> 2. Youth reported during assessment</p> <p><input type="checkbox"/> 3. Youth reported during services</p> <p><input type="checkbox"/> 4. Another youth reported</p> <p><input type="checkbox"/> 5. An adult reported (e.g. during assessment or services)</p> <p><input type="checkbox"/> 6. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 8. Unknown</p>	<p>B22. Did the most recent exploitation occur in New York or out-of-state? (Check all that apply.)</p> <p><input type="checkbox"/> 1. In New York</p> <p><input type="checkbox"/> 2. In another state or country (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 8. Unknown</p>	<p>B23. Youth's age when the most recent exploitation began</p> <div style="border: 1px solid black; width: 100%; height: 30px; margin: 5px 0;"></div> <p>B24. Has the exploitation ended or is it still ongoing? (Check one.)</p> <p><input type="checkbox"/> 1. Ended <input type="checkbox"/> 2. Ongoing</p> <p><input type="checkbox"/> 8. Unknown</p>
<p>B25. Who was the youth living with when the exploitation occurred? (Check one.)</p> <p><input type="checkbox"/> 01. Family of origin or relatives</p> <p><input type="checkbox"/> 02. Foster parents</p> <p><input type="checkbox"/> 03. Group foster care</p> <p><input type="checkbox"/> 04. Unrelated adult</p> <p><input type="checkbox"/> 05. Friend(s) or boyfriend/girlfriend</p> <p><input type="checkbox"/> 06. Spouse</p> <p><input type="checkbox"/> 07. By himself/herself</p> <p><input type="checkbox"/> 08. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 98. Unknown</p>	<p>B26. In what type of housing was the youth living when the exploitation occurred? (Check one.)</p> <p><input type="checkbox"/> 01. House or apartment</p> <p><input type="checkbox"/> 02. Group care facility</p> <p><input type="checkbox"/> 03. Correctional institution or detention facility</p> <p><input type="checkbox"/> 04. Hospital</p> <p><input type="checkbox"/> 05. Shelter/mission/transitional housing</p> <p><input type="checkbox"/> 06. Hotel/motel/rooming house</p> <p><input type="checkbox"/> 07. Detox or drug rehabilitation</p> <p><input type="checkbox"/> 08. Halfway house</p> <p><input type="checkbox"/> 09. Outdoors (street, park, car, boat, barn, etc.)</p> <p><input type="checkbox"/> 10. Military installation</p> <p><input type="checkbox"/> 11. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 98. Unknown</p>	

**PART III: CHILD-LEVEL INFORMATION
CASE B**

B27. Who was the youth living with when the exploitation was identified?
(Check one.)

- 01. Family of origin or relatives
- 02. Foster parents
- 03. Group foster care
- 04. Unrelated adult
- 05. Friend(s) or boyfriend/girlfriend
- 06. Spouse
- 07. By himself/herself
- 08. Other (specify)

98. Unknown

B28. In what type of housing was the youth living when the exploitation was identified? (Check one.)

- 01. House or apartment
- 02. Group care facility
- 03. Correctional institution or detention facility
- 04. Hospital
- 05. Shelter/mission/transitional housing

- 06. Hotel/motel/rooming house
- 07. Detox or drug rehabilitation
- 08. Halfway house
- 09. Outdoors (street, park, car, boat, barn, etc.)
- 10. Military installation
- 11. Other (specify)

98. Unknown

B29. Please describe the current sexual exploitation, the date(s) it occurred, and how it came to your attention. Include details about the setting of the exploitation, whether the youth's family was involved, the use of force or coercion, involvement by other people, and the history of the exploitation. If there were previous episodes or a history of sexual exploitation or abuse, please provide any details on these previous episodes.

B30. Please describe the actions your agency took once the sexual exploitation was identified.

[Empty response box for describing agency actions]

PART III: CHILD-LEVEL INFORMATION		
CASE C		
DESCRIPTION OF CHILD/YOUTH		
<p>C1. Gender (Check one.)</p> <p><input type="checkbox"/> 1. Male</p> <p><input type="checkbox"/> 2. Female</p> <p><input type="checkbox"/> 3. Transgender</p> <p><input type="checkbox"/> 8. Unknown</p>	<p>C2. Ethnicity (Check one.)</p> <p><input type="checkbox"/> 1. Latino or Hispanic</p> <p><input type="checkbox"/> 2. Chinese</p> <p><input type="checkbox"/> 3. Korean</p> <p><input type="checkbox"/> 8. Other or Unknown</p>	<p>C3. Race (Check all that apply.)</p> <p><input type="checkbox"/> 1. American Indian/or Alaska Native</p> <p><input type="checkbox"/> 2. Asian</p> <p><input type="checkbox"/> 3. Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> 4. Black or African American</p> <p><input type="checkbox"/> 5. White</p> <p><input type="checkbox"/> 6. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 8. Unknown</p>
<p>C4. Primary language (Check one.)</p> <p><input type="checkbox"/> 1. English</p> <p><input type="checkbox"/> 2. Spanish</p> <p><input type="checkbox"/> 3. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 8. Unknown</p>	<p>C5. Is the youth from New York or from out-of-state? (Check one.)</p> <p><input type="checkbox"/> 1. From New York</p> <p><input type="checkbox"/> 2. From another state or country</p> <p>(specify) <div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></div></p> <p><input type="checkbox"/> 8. Unknown</p>	
<p>C6. Youth's current age <div style="border: 1px solid black; display: inline-block; width: 60px; height: 25px; vertical-align: middle;"></div></p>	<p>C7. What services did your agency provide to the youth? (Check all that apply.)</p> <p><input type="checkbox"/> 01. Crisis shelter</p> <p><input type="checkbox"/> 02. Long-term shelter</p> <p><input type="checkbox"/> 03. Street outreach services</p> <p><input type="checkbox"/> 04. Residential services</p> <p><input type="checkbox"/> 05. Food</p> <p><input type="checkbox"/> 06. Clothing</p> <p><input type="checkbox"/> 07. Transportation</p> <p><input type="checkbox"/> 08. Dental services</p> <p><input type="checkbox"/> 09. Assessment</p> <p><input type="checkbox"/> 10. Case management services</p> <p><input type="checkbox"/> 11. Substance abuse screening</p> <p><input type="checkbox"/> 12. Detox/substance abuse treatment</p> <p><input type="checkbox"/> 13. Mental health counseling</p> <p><input type="checkbox"/> 14. Medical care (preventive, emergency or other health services)</p> <p><input type="checkbox"/> 15. Education services</p> <p><input type="checkbox"/> 16. Legal services</p> <p><input type="checkbox"/> 17. Advocacy</p> <p><input type="checkbox"/> 18. Child welfare services</p> <p><input type="checkbox"/> 19. Family reunification</p> <p><input type="checkbox"/> 20. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 21. None</p> <p><input type="checkbox"/> 98. Unknown</p>	<p>C8. What services did you refer the youth to, outside your agency? (Check all that apply.)</p> <p><input type="checkbox"/> 01. Crisis shelter</p> <p><input type="checkbox"/> 02. Long-term shelter</p> <p><input type="checkbox"/> 03. Street outreach services</p> <p><input type="checkbox"/> 04. Residential services</p> <p><input type="checkbox"/> 05. Food</p> <p><input type="checkbox"/> 06. Clothing</p> <p><input type="checkbox"/> 07. Transportation</p> <p><input type="checkbox"/> 08. Dental services</p> <p><input type="checkbox"/> 09. Assessment</p> <p><input type="checkbox"/> 10. Case management services</p> <p><input type="checkbox"/> 11. Substance abuse screening</p> <p><input type="checkbox"/> 12. Detox/substance abuse treatment</p> <p><input type="checkbox"/> 13. Mental health counseling</p> <p><input type="checkbox"/> 14. Medical care (preventive, emergency or other health services)</p> <p><input type="checkbox"/> 15. Education services</p> <p><input type="checkbox"/> 16. Legal services</p> <p><input type="checkbox"/> 17. Advocacy</p> <p><input type="checkbox"/> 18. Child welfare services</p> <p><input type="checkbox"/> 19. Family reunification</p> <p><input type="checkbox"/> 20. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 21. None</p> <p><input type="checkbox"/> 98. Unknown</p>
<p>C9. Does youth identify as gay/lesbian/bisexual/transgender/questioning? (Check one.)</p> <p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2. No</p> <p><input type="checkbox"/> 8. Unknown</p>		
<p>C10. Was the youth referred to you by another agency? (check all that apply)</p> <p><input type="checkbox"/> 01. Police/law enforcement</p> <p><input type="checkbox"/> 02. Child welfare agency</p> <p><input type="checkbox"/> 03. Court/probation agency</p> <p><input type="checkbox"/> 04. Foster Care agency</p> <p><input type="checkbox"/> 05. Detention center</p> <p><input type="checkbox"/> 06. Youth shelter</p> <p><input type="checkbox"/> 07. Runaway/homeless youth program</p> <p><input type="checkbox"/> 08. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 09. None</p> <p><input type="checkbox"/> 98. Unknown</p>		

PART III: CHILD-LEVEL INFORMATION		
CASE C		
DESCRIPTION OF SEXUAL EXPLOITATION		
<p>C11. What was the nature of the most recent exploitation? (Check all that apply. We ask for further details in Question A29.)</p> <p><input type="checkbox"/> 01. Sexual act for money</p> <p><input type="checkbox"/> 02. Sexual act for food or clothing</p> <p><input type="checkbox"/> 03. Sexual act for drugs</p> <p><input type="checkbox"/> 04. Sexual act for protection</p> <p><input type="checkbox"/> 05. Sexual act for place to stay</p>	<p><input type="checkbox"/> 06. Stripping/performing in public</p> <p><input type="checkbox"/> 07. Stripping/performing on the Internet</p> <p><input type="checkbox"/> 08. Sexual act filmed, photographed, or tape recorded</p> <p><input type="checkbox"/> 09. Loitering for prostitution</p> <p><input type="checkbox"/> 10. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 98. Unknown</p>	<p>C12. Was the youth known to the police (either arrested or reported) during July 15-September 15, 2006? (Check one.)</p> <p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2. No</p> <p><input type="checkbox"/> 8. Unknown</p>
<p>C13. Was force, coercion, or the threat of force used in this sexual exploitation? (Check one.)</p> <p><input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 8. Unknown</p>		
<p>C14. During July 15-September 15, 2006, was the youth identified as sexually exploited by any other agency? (Check all known agencies.)</p> <p><input type="checkbox"/> 01. Police/law enforcement</p> <p><input type="checkbox"/> 02. Child welfare agency</p> <p><input type="checkbox"/> 03. Court/probation department</p> <p><input type="checkbox"/> 04. Social service district</p> <p><input type="checkbox"/> 05. Detention facility</p> <p><input type="checkbox"/> 06. Youth shelter</p> <p><input type="checkbox"/> 07. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 08. None</p> <p><input type="checkbox"/> 98. Unknown</p>	<p>C15. Where did the exploitation occur? (Check all that apply.)</p> <p><input type="checkbox"/> 01. Youth's own home</p> <p><input type="checkbox"/> 02. Exploiter's home</p> <p><input type="checkbox"/> 03. Other person's home</p> <p><input type="checkbox"/> 04. Detention facility</p> <p><input type="checkbox"/> 05. Other correctional facility</p> <p><input type="checkbox"/> 06. Foster care home or facility</p> <p><input type="checkbox"/> 07. Outside</p> <p><input type="checkbox"/> 08. In a car</p> <p><input type="checkbox"/> 09. Hotel/motel</p> <p><input type="checkbox"/> 10. Public facility (e.g. restaurant)</p> <p><input type="checkbox"/> 11. Agency (e.g. shelter)</p> <p><input type="checkbox"/> 12. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 98. Unknown</p>	<p>C16. Who were the exploiters associated with the most recent episode? (Check all that apply.)</p> <p><input type="checkbox"/> 01. Adult: parent or parent substitute</p> <p><input type="checkbox"/> 02. Adult: family member</p> <p><input type="checkbox"/> 03. Adult: parent's partner</p> <p><input type="checkbox"/> 04. Adult: friend or acquaintance</p> <p><input type="checkbox"/> 05. Adult: stranger</p> <p><input type="checkbox"/> 06. Minor: family member</p> <p><input type="checkbox"/> 07. Minor: friend or acquaintance</p> <p><input type="checkbox"/> 08. Minor: stranger</p> <p><input type="checkbox"/> 09. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 10. No exploiter</p> <p><input type="checkbox"/> 98. Unknown</p>
<p>C17. Was the most recent episode the only one identified or were there prior episodes of sexual exploitation? (Check one.)</p> <p><input type="checkbox"/> 1. This was the only episode identified.</p> <p><input type="checkbox"/> 2. There were prior episodes (number if known).</p> <p><input type="checkbox"/> 8. Unknown</p> <div style="border: 1px solid black; width: 50px; height: 20px; margin-left: 100px; margin-top: 5px;"></div>		<p>C18. Age at earliest episode (if known)</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 100px; margin-top: 5px;"></div>

PART III: CHILD-LEVEL INFORMATION		
CASE C		
<p>C19. Has the youth ever been the subject of any of the following child welfare actions? (Check all that apply.)</p> <p><input type="checkbox"/> 01. Child abuse/neglect allegation or investigation</p> <p><input type="checkbox"/> 02. Placement in foster care</p> <p><input type="checkbox"/> 03. Person in Need of Supervision placement or services</p> <p><input type="checkbox"/> 04. Voluntary services or placement (including preventive services)</p> <p><input type="checkbox"/> 05. Juvenile delinquency placement or services</p> <p><input type="checkbox"/> 06. Refugee assistance program</p> <p><input type="checkbox"/> 07. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 08. None</p> <p><input type="checkbox"/> 98. Unknown</p>	<p>C20. Was the youth ever placed in any of the following? (Check all that apply.)</p> <p><input type="checkbox"/> 1. Secure correctional facility</p> <p><input type="checkbox"/> 2. Non-secure correctional facility</p> <p><input type="checkbox"/> 3. Detention center</p> <p><input type="checkbox"/> 4. Halfway house</p> <p><input type="checkbox"/> 5. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 6. None</p> <p><input type="checkbox"/> 8. Unknown</p>	
<p>C21. How was the most recent exploitation first identified at your agency? (Check one.)</p> <p><input type="checkbox"/> 1. Reason for referral</p> <p><input type="checkbox"/> 2. Youth reported during assessment</p> <p><input type="checkbox"/> 3. Youth reported during services</p> <p><input type="checkbox"/> 4. Another youth reported</p> <p><input type="checkbox"/> 5. An adult reported (e.g. during assessment or services)</p> <p><input type="checkbox"/> 6. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 8. Unknown</p>	<p>C22. Did the most recent exploitation occur in New York or out-of-state? (Check all that apply.)</p> <p><input type="checkbox"/> 1. In New York</p> <p><input type="checkbox"/> 2. In another state or country (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 8. Unknown</p>	<p>C23. Youth's age when the most recent exploitation began</p> <div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div> <p>C24. Has the exploitation ended or is it still ongoing? (Check one.)</p> <p><input type="checkbox"/> 1. Ended <input type="checkbox"/> 2. Ongoing</p> <p><input type="checkbox"/> 8. Unknown</p>
<p>C25. Who was the youth living with when the exploitation occurred? (Check one.)</p> <p><input type="checkbox"/> 01. Family of origin or relatives</p> <p><input type="checkbox"/> 02. Foster parents</p> <p><input type="checkbox"/> 03. Group foster care</p> <p><input type="checkbox"/> 04. Unrelated adult</p> <p><input type="checkbox"/> 05. Friend(s) or boyfriend/girlfriend</p> <p><input type="checkbox"/> 06. Spouse</p> <p><input type="checkbox"/> 07. By himself/herself</p> <p><input type="checkbox"/> 08. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 98. Unknown</p>	<p>C26. In what type of housing was the youth living when the exploitation occurred? (Check one.)</p> <p><input type="checkbox"/> 01. House or apartment</p> <p><input type="checkbox"/> 02. Group care facility</p> <p><input type="checkbox"/> 03. Correctional institution or detention facility</p> <p><input type="checkbox"/> 04. Hospital</p> <p><input type="checkbox"/> 05. Shelter/mission/transitional housing</p> <p><input type="checkbox"/> 06. Hotel/motel/rooming house</p> <p><input type="checkbox"/> 07. Detox or drug rehabilitation</p> <p><input type="checkbox"/> 08. Halfway house</p> <p><input type="checkbox"/> 09. Outdoors (street, park, car, boat, barn, etc.)</p> <p><input type="checkbox"/> 10. Military installation</p> <p><input type="checkbox"/> 11. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 98. Unknown</p>	

PART III: CHILD-LEVEL INFORMATION
CASE C

C27. Who was the youth living with when the exploitation was identified?
(Check one.)

- 01. Family of origin or relatives
- 02. Foster parents
- 03. Group foster care
- 04. Unrelated adult
- 05. Friend(s) or boyfriend/girlfriend
- 06. Spouse
- 07. By himself/herself
- 08. Other (specify)
-
- 98. Unknown

C28. In what type of housing was the youth living when the exploitation was identified? (Check one.)

- 01. House or apartment
- 02. Group care facility
- 03. Correctional institution or detention facility
- 04. Hospital
- 05. Shelter/mission/transitional housing

- 06. Hotel/motel/rooming house
- 07. Detox or drug rehabilitation
- 08. Halfway house
- 09. Outdoors (street, park, car, boat, barn, etc.)
- 10. Military installation
- 11. Other (specify)
-
- 98. Unknown

C29. Please describe the current sexual exploitation, the date(s) it occurred, and how it came to your attention. Include details about the setting of the exploitation, whether the youth's family was involved, the use of force or coercion, involvement by other people, and the history of the exploitation. If there were previous episodes or a history of sexual exploitation or abuse, please provide any details on these previous episodes.

C30. Please describe the actions your agency took once the sexual exploitation was identified.

**PART III: CHILD-LEVEL INFORMATION
CASE D**

DESCRIPTION OF CHILD/YOUTH		
<p>D1. Gender (Check one.)</p> <p><input type="checkbox"/> 1. Male</p> <p><input type="checkbox"/> 2. Female</p> <p><input type="checkbox"/> 3. Transgender</p> <p><input type="checkbox"/> 8. Unknown</p>	<p>D2. Ethnicity (Check one.)</p> <p><input type="checkbox"/> 1. Latino or Hispanic</p> <p><input type="checkbox"/> 2. Chinese</p> <p><input type="checkbox"/> 3. Korean</p> <p><input type="checkbox"/> 8. Other or Unknown</p>	<p>D3. Race (Check all that apply.)</p> <p><input type="checkbox"/> 1. American Indian/or Alaska Native</p> <p><input type="checkbox"/> 2. Asian</p> <p><input type="checkbox"/> 3. Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> 4. Black or African American</p> <p><input type="checkbox"/> 5. White</p> <p><input type="checkbox"/> 6. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 8. Unknown</p>
<p>D4. Primary language (Check one.)</p> <p><input type="checkbox"/> 1. English</p> <p><input type="checkbox"/> 2. Spanish</p> <p><input type="checkbox"/> 3. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 8. Unknown</p>	<p>D5. Is the youth from New York or from out-of-state? (Check one.)</p> <p><input type="checkbox"/> 1. From New York</p> <p><input type="checkbox"/> 2. From another state or country</p> <p>(specify) <div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></div></p> <p><input type="checkbox"/> 8. Unknown</p>	
<p>D6. Youth's current age <div style="border: 1px solid black; display: inline-block; width: 60px; height: 25px; vertical-align: middle;"></div></p>	<p>D7. What services did your agency provide to the youth? (Check all that apply.)</p> <p><input type="checkbox"/> 01. Crisis shelter</p> <p><input type="checkbox"/> 02. Long-term shelter</p> <p><input type="checkbox"/> 03. Street outreach services</p> <p><input type="checkbox"/> 04. Residential services</p> <p><input type="checkbox"/> 05. Food</p> <p><input type="checkbox"/> 06. Clothing</p> <p><input type="checkbox"/> 07. Transportation</p> <p><input type="checkbox"/> 08. Dental services</p> <p><input type="checkbox"/> 09. Assessment</p> <p><input type="checkbox"/> 10. Case management services</p> <p><input type="checkbox"/> 11. Substance abuse screening</p> <p><input type="checkbox"/> 12. Detox/substance abuse treatment</p> <p><input type="checkbox"/> 13. Mental health counseling</p> <p><input type="checkbox"/> 14. Medical care (preventive, emergency or other health services)</p> <p><input type="checkbox"/> 15. Education services</p> <p><input type="checkbox"/> 16. Legal services</p> <p><input type="checkbox"/> 17. Advocacy</p> <p><input type="checkbox"/> 18. Child welfare services</p> <p><input type="checkbox"/> 19. Family reunification</p> <p><input type="checkbox"/> 20. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 21. None</p> <p><input type="checkbox"/> 98. Unknown</p>	<p>D8. What services did you refer the youth to, outside your agency? (Check all that apply.)</p> <p><input type="checkbox"/> 01. Crisis shelter</p> <p><input type="checkbox"/> 02. Long-term shelter</p> <p><input type="checkbox"/> 03. Street outreach services</p> <p><input type="checkbox"/> 04. Residential services</p> <p><input type="checkbox"/> 05. Food</p> <p><input type="checkbox"/> 06. Clothing</p> <p><input type="checkbox"/> 07. Transportation</p> <p><input type="checkbox"/> 08. Dental services</p> <p><input type="checkbox"/> 09. Assessment</p> <p><input type="checkbox"/> 10. Case management services</p> <p><input type="checkbox"/> 11. Substance abuse screening</p> <p><input type="checkbox"/> 12. Detox/substance abuse treatment</p> <p><input type="checkbox"/> 13. Mental health counseling</p> <p><input type="checkbox"/> 14. Medical care (preventive, emergency or other health services)</p> <p><input type="checkbox"/> 15. Education services</p> <p><input type="checkbox"/> 16. Legal services</p> <p><input type="checkbox"/> 17. Advocacy</p> <p><input type="checkbox"/> 18. Child welfare services</p> <p><input type="checkbox"/> 19. Family reunification</p> <p><input type="checkbox"/> 20. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 21. None</p> <p><input type="checkbox"/> 98. Unknown</p>
<p>D9. Does youth identify as gay/lesbian/bisexual/transgender/questioning? (Check one.)</p> <p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2. No</p> <p><input type="checkbox"/> 8. Unknown</p>		
<p>D10. Was the youth referred to you by another agency? (check all that apply)</p> <p><input type="checkbox"/> 01. Police/law enforcement</p> <p><input type="checkbox"/> 02. Child welfare agency</p> <p><input type="checkbox"/> 03. Court/probation agency</p> <p><input type="checkbox"/> 04. Foster Care agency</p> <p><input type="checkbox"/> 05. Detention center</p> <p><input type="checkbox"/> 06. Youth shelter</p> <p><input type="checkbox"/> 07. Runaway/homeless youth program</p> <p><input type="checkbox"/> 08. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 09. None</p> <p><input type="checkbox"/> 98. Unknown</p>		

PART III: CHILD-LEVEL INFORMATION		
CASE D		
DESCRIPTION OF SEXUAL EXPLOITATION		
<p>D11. What was the nature of the most recent exploitation? (Check all that apply. We ask for further details in Question A29.)</p> <p><input type="checkbox"/> 01. Sexual act for money</p> <p><input type="checkbox"/> 02. Sexual act for food or clothing</p> <p><input type="checkbox"/> 03. Sexual act for drugs</p> <p><input type="checkbox"/> 04. Sexual act for protection</p> <p><input type="checkbox"/> 05. Sexual act for place to stay</p>	<p><input type="checkbox"/> 06. Stripping/performing in public</p> <p><input type="checkbox"/> 07. Stripping/performing on the Internet</p> <p><input type="checkbox"/> 08. Sexual act filmed, photographed, or tape recorded</p> <p><input type="checkbox"/> 09. Loitering for prostitution</p> <p><input type="checkbox"/> 10. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 98. Unknown</p>	<p>D12. Was the youth known to the police (either arrested or reported) during July 15-September 15, 2006? (Check one.)</p> <p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2. No</p> <p><input type="checkbox"/> 8. Unknown</p>
<p>D13. Was force, coercion, or the threat of force used in this sexual exploitation? (Check one.)</p> <p><input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 8. Unknown</p>		
<p>D14. During July 15-September 15, 2006, was the youth identified as sexually exploited by any other agency? (Check all known agencies.)</p> <p><input type="checkbox"/> 01. Police/law enforcement</p> <p><input type="checkbox"/> 02. Child welfare agency</p> <p><input type="checkbox"/> 03. Court/probation department</p> <p><input type="checkbox"/> 04. Social service district</p> <p><input type="checkbox"/> 05. Detention facility</p> <p><input type="checkbox"/> 06. Youth shelter</p> <p><input type="checkbox"/> 07. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 08. None</p> <p><input type="checkbox"/> 98. Unknown</p>	<p>D15. Where did the exploitation occur? (Check all that apply.)</p> <p><input type="checkbox"/> 01. Youth's own home</p> <p><input type="checkbox"/> 02. Exploiter's home</p> <p><input type="checkbox"/> 03. Other person's home</p> <p><input type="checkbox"/> 04. Detention facility</p> <p><input type="checkbox"/> 05. Other correctional facility</p> <p><input type="checkbox"/> 06. Foster care home or facility</p> <p><input type="checkbox"/> 07. Outside</p> <p><input type="checkbox"/> 08. In a car</p> <p><input type="checkbox"/> 09. Hotel/motel</p> <p><input type="checkbox"/> 10. Public facility (e.g. restaurant)</p> <p><input type="checkbox"/> 11. Agency (e.g. shelter)</p> <p><input type="checkbox"/> 12. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 98. Unknown</p>	<p>D16. Who were the exploiters associated with the most recent episode? (Check all that apply.)</p> <p><input type="checkbox"/> 01. Adult: parent or parent substitute</p> <p><input type="checkbox"/> 02. Adult: family member</p> <p><input type="checkbox"/> 03. Adult: parent's partner</p> <p><input type="checkbox"/> 04. Adult: friend or acquaintance</p> <p><input type="checkbox"/> 05. Adult: stranger</p> <p><input type="checkbox"/> 06. Minor: family member</p> <p><input type="checkbox"/> 07. Minor: friend or acquaintance</p> <p><input type="checkbox"/> 08. Minor: stranger</p> <p><input type="checkbox"/> 09. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 10. No exploiter</p> <p><input type="checkbox"/> 98. Unknown</p>
<p>D17. Was the most recent episode the only one identified or were there prior episodes of sexual exploitation? (Check one.)</p> <p><input type="checkbox"/> 1. This was the only episode identified.</p> <p><input type="checkbox"/> 2. There were prior episodes (number if known).</p> <p><input type="checkbox"/> 8. Unknown</p> <div style="border: 1px solid black; width: 50px; height: 20px; margin-left: 100px; margin-top: 5px;"></div>		<p>D18. Age at earliest episode (if known)</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 100px; margin-top: 5px;"></div>

PART III: CHILD-LEVEL INFORMATION

CASE D

<p>D19. Has the youth ever been the subject of any of the following child welfare actions? (Check all that apply.)</p> <p><input type="checkbox"/> 01. Child abuse/neglect allegation or investigation</p> <p><input type="checkbox"/> 02. Placement in foster care</p> <p><input type="checkbox"/> 03. Person in Need of Supervision placement or services</p> <p><input type="checkbox"/> 04. Voluntary services or placement (including preventive services)</p> <p><input type="checkbox"/> 05. Juvenile delinquency placement or services</p> <p><input type="checkbox"/> 06. Refugee assistance program</p> <p><input type="checkbox"/> 07. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 08. None</p> <p><input type="checkbox"/> 98. Unknown</p>	<p>D20. Was the youth ever placed in any of the following? (Check all that apply.)</p> <p><input type="checkbox"/> 1. Secure correctional facility</p> <p><input type="checkbox"/> 2. Non-secure correctional facility</p> <p><input type="checkbox"/> 3. Detention center</p> <p><input type="checkbox"/> 4. Halfway house</p> <p><input type="checkbox"/> 5. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 6. None</p> <p><input type="checkbox"/> 8. Unknown</p>	
<p>D21. How was the most recent exploitation first identified at your agency? (Check one.)</p> <p><input type="checkbox"/> 1. Reason for referral</p> <p><input type="checkbox"/> 2. Youth reported during assessment</p> <p><input type="checkbox"/> 3. Youth reported during services</p> <p><input type="checkbox"/> 4. Another youth reported</p> <p><input type="checkbox"/> 5. An adult reported (e.g. during assessment or services)</p> <p><input type="checkbox"/> 6. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 8. Unknown</p>	<p>D22. Did the most recent exploitation occur in New York or out-of-state? (Check all that apply.)</p> <p><input type="checkbox"/> 1. In New York</p> <p><input type="checkbox"/> 2. In another state or country (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 8. Unknown</p>	<p>D23. Youth's age when the most recent exploitation began</p> <div style="border: 1px solid black; width: 100%; height: 30px; text-align: center; margin: 5px 0;"></div> <p>D24. Has the exploitation ended or is it still ongoing? (Check one.)</p> <p><input type="checkbox"/> 1. Ended <input type="checkbox"/> 2. Ongoing</p> <p><input type="checkbox"/> 8. Unknown</p>
<p>D25. Who was the youth living with when the exploitation occurred? (Check one.)</p> <p><input type="checkbox"/> 01. Family of origin or relatives</p> <p><input type="checkbox"/> 02. Foster parents</p> <p><input type="checkbox"/> 03. Group foster care</p> <p><input type="checkbox"/> 04. Unrelated adult</p> <p><input type="checkbox"/> 05. Friend(s) or boyfriend/girlfriend</p> <p><input type="checkbox"/> 06. Spouse</p> <p><input type="checkbox"/> 07. By himself/herself</p> <p><input type="checkbox"/> 08. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 98. Unknown</p>	<p>D26. In what type of housing was the youth living when the exploitation occurred? (Check one.)</p> <p><input type="checkbox"/> 01. House or apartment</p> <p><input type="checkbox"/> 02. Group care facility</p> <p><input type="checkbox"/> 03. Correctional institution or detention facility</p> <p><input type="checkbox"/> 04. Hospital</p> <p><input type="checkbox"/> 05. Shelter/mission/transitional housing</p> <p><input type="checkbox"/> 06. Hotel/motel/rooming house</p> <p><input type="checkbox"/> 07. Detox or drug rehabilitation</p> <p><input type="checkbox"/> 08. Halfway house</p> <p><input type="checkbox"/> 09. Outdoors (street, park, car, boat, barn, etc.)</p> <p><input type="checkbox"/> 10. Military installation</p> <p><input type="checkbox"/> 11. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 98. Unknown</p>	

PART III: CHILD-LEVEL INFORMATION
CASE D

D27. Who was the youth living with when the exploitation was identified?
(Check one.)

- 01. Family of origin or relatives
- 02. Foster parents
- 03. Group foster care
- 04. Unrelated adult
- 05. Friend(s) or boyfriend/girlfriend
- 06. Spouse
- 07. By himself/herself
- 08. Other (specify)

98. Unknown

D28. In what type of housing was the youth living when the exploitation was identified? (Check one.)

- 01. House or apartment
- 02. Group care facility
- 03. Correctional institution or detention facility
- 04. Hospital
- 05. Shelter/mission/transitional housing

- 06. Hotel/motel/rooming house
- 07. Detox or drug rehabilitation
- 08. Halfway house
- 09. Outdoors (street, park, car, boat, barn, etc.)
- 10. Military installation
- 11. Other (specify)

98. Unknown

D29. Please describe the current sexual exploitation, the date(s) it occurred, and how it came to your attention. Include details about the setting of the exploitation, whether the youth's family was involved, the use of force or coercion, involvement by other people, and the history of the exploitation. If there were previous episodes or a history of sexual exploitation or abuse, please provide any details on these previous episodes.

D30. Please describe the actions your agency took once the sexual exploitation was identified.

Empty response box for describing agency actions.

**PART III: CHILD-LEVEL INFORMATION
CASE E**

DESCRIPTION OF CHILD/YOUTH		
<p>E1. Gender (Check one.)</p> <input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female <input type="checkbox"/> 3. Transgender <input type="checkbox"/> 8. Unknown	<p>E2. Ethnicity (Check one.)</p> <input type="checkbox"/> 1. Latino or Hispanic <input type="checkbox"/> 2. Chinese <input type="checkbox"/> 3. Korean <input type="checkbox"/> 8. Other or Unknown	<p>E3. Race (Check all that apply.)</p> <input type="checkbox"/> 1. American Indian/or Alaska Native <input type="checkbox"/> 2. Asian <input type="checkbox"/> 3. Native Hawaiian or Other Pacific Islander <input type="checkbox"/> 4. Black or African American <input type="checkbox"/> 5. White <input type="checkbox"/> 6. Other (specify) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <input type="checkbox"/> 8. Unknown
<p>E4. Primary language (Check one.)</p> <input type="checkbox"/> 1. English <input type="checkbox"/> 2. Spanish <input type="checkbox"/> 3. Other (specify) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <input type="checkbox"/> 8. Unknown	<p>E5. Is the youth from New York or from out-of-state? (Check one.)</p> <input type="checkbox"/> 1. From New York <input type="checkbox"/> 2. From another state or country (specify) <div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></div> <input type="checkbox"/> 8. Unknown	<p>E6. Youth's current age <div style="border: 1px solid black; display: inline-block; width: 60px; height: 25px;"></div></p>
<p>E9. Does youth identify as gay/lesbian/bisexual/transgender/questioning? (Check one.)</p> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 8. Unknown	<p>E7. What services did your agency provide to the youth? (Check all that apply.)</p> <input type="checkbox"/> 01. Crisis shelter <input type="checkbox"/> 02. Long-term shelter <input type="checkbox"/> 03. Street outreach services <input type="checkbox"/> 04. Residential services <input type="checkbox"/> 05. Food <input type="checkbox"/> 06. Clothing <input type="checkbox"/> 07. Transportation <input type="checkbox"/> 08. Dental services <input type="checkbox"/> 09. Assessment <input type="checkbox"/> 10. Case management services <input type="checkbox"/> 11. Substance abuse screening <input type="checkbox"/> 12. Detox/substance abuse treatment <input type="checkbox"/> 13. Mental health counseling <input type="checkbox"/> 14. Medical care (preventive, emergency or other health services) <input type="checkbox"/> 15. Education services <input type="checkbox"/> 16. Legal services <input type="checkbox"/> 17. Advocacy <input type="checkbox"/> 18. Child welfare services <input type="checkbox"/> 19. Family reunification <input type="checkbox"/> 20. Other (specify) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <input type="checkbox"/> 21. None <input type="checkbox"/> 98. Unknown	<p>E8. What services did you refer the youth to, outside your agency? (Check all that apply.)</p> <input type="checkbox"/> 01. Crisis shelter <input type="checkbox"/> 02. Long-term shelter <input type="checkbox"/> 03. Street outreach services <input type="checkbox"/> 04. Residential services <input type="checkbox"/> 05. Food <input type="checkbox"/> 06. Clothing <input type="checkbox"/> 07. Transportation <input type="checkbox"/> 08. Dental services <input type="checkbox"/> 09. Assessment <input type="checkbox"/> 10. Case management services <input type="checkbox"/> 11. Substance abuse screening <input type="checkbox"/> 12. Detox/substance abuse treatment <input type="checkbox"/> 13. Mental health counseling <input type="checkbox"/> 14. Medical care (preventive, emergency or other health services) <input type="checkbox"/> 15. Education services <input type="checkbox"/> 16. Legal services <input type="checkbox"/> 17. Advocacy <input type="checkbox"/> 18. Child welfare services <input type="checkbox"/> 19. Family reunification <input type="checkbox"/> 20. Other (specify) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <input type="checkbox"/> 21. None <input type="checkbox"/> 98. Unknown
<p>E10. Was the youth referred to you by another agency? (check all that apply)</p> <input type="checkbox"/> 01. Police/law enforcement <input type="checkbox"/> 02. Child welfare agency <input type="checkbox"/> 03. Court/probation agency <input type="checkbox"/> 04. Foster Care agency <input type="checkbox"/> 05. Detention center <input type="checkbox"/> 06. Youth shelter <input type="checkbox"/> 07. Runaway/homeless youth program <input type="checkbox"/> 08. Other (specify) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <input type="checkbox"/> 09. None <input type="checkbox"/> 98. Unknown		

PART III: CHILD-LEVEL INFORMATION		
CASE E		
DESCRIPTION OF SEXUAL EXPLOITATION		
<p>E11. What was the nature of the most recent exploitation? (Check all that apply. We ask for further details in Question A29.)</p> <p><input type="checkbox"/> 01. Sexual act for money</p> <p><input type="checkbox"/> 02. Sexual act for food or clothing</p> <p><input type="checkbox"/> 03. Sexual act for drugs</p> <p><input type="checkbox"/> 04. Sexual act for protection</p> <p><input type="checkbox"/> 05. Sexual act for place to stay</p>	<p><input type="checkbox"/> 06. Stripping/performing in public</p> <p><input type="checkbox"/> 07. Stripping/performing on the Internet</p> <p><input type="checkbox"/> 08. Sexual act filmed, photographed, or tape recorded</p> <p><input type="checkbox"/> 09. Loitering for prostitution</p> <p><input type="checkbox"/> 10. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 98. Unknown</p>	<p>E12. Was the youth known to the police (either arrested or reported) during July 15-September 15, 2006? (Check one.)</p> <p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2. No</p> <p><input type="checkbox"/> 8. Unknown</p>
<p>E13. Was force, coercion, or the threat of force used in this sexual exploitation? (Check one.)</p> <p><input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 8. Unknown</p>		
<p>E14. During July 15-September 15, 2006, was the youth identified as sexually exploited by any other agency? (Check all known agencies.)</p> <p><input type="checkbox"/> 01. Police/law enforcement</p> <p><input type="checkbox"/> 02. Child welfare agency</p> <p><input type="checkbox"/> 03. Court/probation department</p> <p><input type="checkbox"/> 04. Social service district</p> <p><input type="checkbox"/> 05. Detention facility</p> <p><input type="checkbox"/> 06. Youth shelter</p> <p><input type="checkbox"/> 07. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 08. None</p> <p><input type="checkbox"/> 98. Unknown</p>	<p>E15. Where did the exploitation occur? (Check all that apply.)</p> <p><input type="checkbox"/> 01. Youth's own home</p> <p><input type="checkbox"/> 02. Exploiter's home</p> <p><input type="checkbox"/> 03. Other person's home</p> <p><input type="checkbox"/> 04. Detention facility</p> <p><input type="checkbox"/> 05. Other correctional facility</p> <p><input type="checkbox"/> 06. Foster care home or facility</p> <p><input type="checkbox"/> 07. Outside</p> <p><input type="checkbox"/> 08. In a car</p> <p><input type="checkbox"/> 09. Hotel/motel</p> <p><input type="checkbox"/> 10. Public facility (e.g. restaurant)</p> <p><input type="checkbox"/> 11. Agency (e.g. shelter)</p> <p><input type="checkbox"/> 12. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 98. Unknown</p>	<p>E16. Who were the exploiters associated with the most recent episode? (Check all that apply.)</p> <p><input type="checkbox"/> 01. Adult: parent or parent substitute</p> <p><input type="checkbox"/> 02. Adult: family member</p> <p><input type="checkbox"/> 03. Adult: parent's partner</p> <p><input type="checkbox"/> 04. Adult: friend or acquaintance</p> <p><input type="checkbox"/> 05. Adult: stranger</p> <p><input type="checkbox"/> 06. Minor: family member</p> <p><input type="checkbox"/> 07. Minor: friend or acquaintance</p> <p><input type="checkbox"/> 08. Minor: stranger</p> <p><input type="checkbox"/> 09. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 10. No exploiter</p> <p><input type="checkbox"/> 98. Unknown</p>
<p>E17. Was the most recent episode the only one identified or were there prior episodes of sexual exploitation? (Check one.)</p> <p><input type="checkbox"/> 1. This was the only episode identified.</p> <p><input type="checkbox"/> 2. There were prior episodes (number if known).</p> <p><input type="checkbox"/> 8. Unknown</p> <div style="border: 1px solid black; width: 50px; height: 20px; margin-left: 100px; margin-top: 5px;"></div>		<p>E18. Age at earliest episode (if known)</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 100px; margin-top: 5px;"></div>

PART III: CHILD-LEVEL INFORMATION		
CASE E		
<p>E19. Has the youth ever been the subject of any of the following child welfare actions? (Check all that apply.)</p> <p><input type="checkbox"/> 01. Child abuse/neglect allegation or investigation</p> <p><input type="checkbox"/> 02. Placement in foster care</p> <p><input type="checkbox"/> 03. Person in Need of Supervision placement or services</p> <p><input type="checkbox"/> 04. Voluntary services or placement (including preventive services)</p> <p><input type="checkbox"/> 05. Juvenile delinquency placement or services</p> <p><input type="checkbox"/> 06. Refugee assistance program</p> <p><input type="checkbox"/> 07. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 08. None</p> <p><input type="checkbox"/> 98. Unknown</p>	<p>E20. Was the youth ever placed in any of the following? (Check all that apply.)</p> <p><input type="checkbox"/> 1. Secure correctional facility</p> <p><input type="checkbox"/> 2. Non-secure correctional facility</p> <p><input type="checkbox"/> 3. Detention center</p> <p><input type="checkbox"/> 4. Halfway house</p> <p><input type="checkbox"/> 5. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 6. None</p> <p><input type="checkbox"/> 8. Unknown</p>	
<p>E21. How was the most recent exploitation first identified at your agency? (Check one.)</p> <p><input type="checkbox"/> 1. Reason for referral</p> <p><input type="checkbox"/> 2. Youth reported during assessment</p> <p><input type="checkbox"/> 3. Youth reported during services</p> <p><input type="checkbox"/> 4. Another youth reported</p> <p><input type="checkbox"/> 5. An adult reported (e.g. during assessment or services)</p> <p><input type="checkbox"/> 6. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 8. Unknown</p>	<p>E22. Did the most recent exploitation occur in New York or out-of-state? (Check all that apply.)</p> <p><input type="checkbox"/> 1. In New York</p> <p><input type="checkbox"/> 2. In another state or country (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 8. Unknown</p>	<p>E23. Youth's age when the most recent exploitation began</p> <div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div> <p>E24. Has the exploitation ended or is it still ongoing? (Check one.)</p> <p><input type="checkbox"/> 1. Ended <input type="checkbox"/> 2. Ongoing</p> <p><input type="checkbox"/> 8. Unknown</p>
<p>E25. Who was the youth living with when the exploitation occurred? (Check one.)</p> <p><input type="checkbox"/> 01. Family of origin or relatives</p> <p><input type="checkbox"/> 02. Foster parents</p> <p><input type="checkbox"/> 03. Group foster care</p> <p><input type="checkbox"/> 04. Unrelated adult</p> <p><input type="checkbox"/> 05. Friend(s) or boyfriend/girlfriend</p> <p><input type="checkbox"/> 06. Spouse</p> <p><input type="checkbox"/> 07. By himself/herself</p> <p><input type="checkbox"/> 08. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 98. Unknown</p>	<p>E26. In what type of housing was the youth living when the exploitation occurred? (Check one.)</p> <p><input type="checkbox"/> 01. House or apartment</p> <p><input type="checkbox"/> 02. Group care facility</p> <p><input type="checkbox"/> 03. Correctional institution or detention facility</p> <p><input type="checkbox"/> 04. Hospital</p> <p><input type="checkbox"/> 05. Shelter/mission/transitional housing</p> <p><input type="checkbox"/> 06. Hotel/motel/rooming house</p> <p><input type="checkbox"/> 07. Detox or drug rehabilitation</p> <p><input type="checkbox"/> 08. Halfway house</p> <p><input type="checkbox"/> 09. Outdoors (street, park, car, boat, barn, etc.)</p> <p><input type="checkbox"/> 10. Military installation</p> <p><input type="checkbox"/> 11. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 98. Unknown</p>	

PART III: CHILD-LEVEL INFORMATION
CASE E

E27. Who was the youth living with when the exploitation was identified?
(Check one.)

- 01. Family of origin or relatives
- 02. Foster parents
- 03. Group foster care
- 04. Unrelated adult
- 05. Friend(s) or boyfriend/girlfriend
- 06. Spouse
- 07. By himself/herself
- 08. Other (specify)

98. Unknown

E28. In what type of housing was the youth living when the exploitation was identified? (Check one.)

- 01. House or apartment
- 02. Group care facility
- 03. Correctional institution or detention facility
- 04. Hospital
- 05. Shelter/mission/transitional housing

- 06. Hotel/motel/rooming house
- 07. Detox or drug rehabilitation
- 08. Halfway house
- 09. Outdoors (street, park, car, boat, barn, etc.)
- 10. Military installation
- 11. Other (specify)

98. Unknown

E29. Please describe the current sexual exploitation, the date(s) it occurred, and how it came to your attention. Include details about the setting of the exploitation, whether the youth's family was involved, the use of force or coercion, involvement by other people, and the history of the exploitation. If there were previous episodes or a history of sexual exploitation or abuse, please provide any details on these previous episodes.

PART III: CHILD-LEVEL INFORMATION
CASE E

E30. Please describe the actions your agency took once the sexual exploitation was identified.

NEW YORK PREVALENCE STUDY OF SEXUALLY EXPLOITED YOUTH

POLICE QUESTIONNAIRE

Conducted by:

Westat, Inc.
1650 Research Boulevard
Rockville, MD 20850

For:

New York State Office of Children and Family Services
52 Washington Street, Room 313 South
Rensselaer, NY 12144

and

New York State Division of Criminal Justice Services
4 Tower Place
Albany, NY 12203

TODAY'S DATE: _____ **AGENCY:** _____

YOUR NAME: _____ **POSITION:** _____

PHONE NUMBER: _____ **E-MAIL:** _____

This questionnaire concerns all sexually exploited youth, under age 18, who were recently served or seen by your agency. In some questions, we also ask about youth ages 18-20 because some of them might have given false ages and actually are under age 18. For law enforcement agencies, the focus of the study is on children and youth found in reports and arrests resulting from commercial sex offenses. The targeted group includes all youth for whom at least one of the following was identified from July 15th through September 15th, 2006, regardless of when the exploitation actually took place:

- He or she engaged in, agreed to, offered, or was threatened or coerced to engage in sexual conduct or acts with another person in return for money, food, clothing, protection, drugs, or a place to stay;
- He or she stripped and performed in public or over the Internet;
- He or she was filmed, photographed, or tape recorded engaging in a sexual act; or
- He or she loitered for the purpose of engaging in prostitution.

The perpetrators of the sexual exploitation can be relatives, strangers, acquaintances, or friends, and can be adults or minors.

For the following questions, it is very important that the answers you provide are as accurate as possible based on your agency's records. Your answers will be used to estimate the prevalence of youth in the county who are sexually exploited.

Please return the data form in the enclosed prepaid envelope by September 30th, 2006, to:

Frances Gragg
Westat
1650 Research Blvd.
Rockville

MD

20850

PART I: AGENCY/FACILITY INFORMATION

6. Which of the following describes your agency? (CIRCLE ALL THAT APPLY)

- Municipal Police Agency..... 1
- County Sheriff's Office 2
- State Police 3
- Other type of agency 4
(SPECIFY _____)

7. How many incident reports were received involving children and youth, under age 18, for any reason from July 15th through September 15th, 2006? Also, please provide the total number of different children and youth appearing as suspects or victims in the reports. (IF A CHILD IS REPRESENTED IN MORE THAN ONE INCIDENT REPORT, PLEASE COUNT THE CHILD ONLY ONCE.)

	_ _ _ _	_ _ _ _	_ _ _ _
NUMBER OF:	REPORTS	CHILD SUSPECTS	CHILD VICTIMS

3. How many arrests were made of children and youth, under age 18, by your agency from July 15th through September 15th, 2006 for any offense? Also, please provide the total number of different children and youth arrested. (IF A CHILD IS REPRESENTED IN MORE THAN ONE ARREST, PLEASE COUNT THE CHILD ONLY ONCE.)

_ _ _ _	_ _ _ _
NUMBER OF ARRESTS	NUMBER OF CHILDREN

4. Does your agency provide services to children and youth reported to or arrested by your agency? (CIRCLE ONE ANSWER.)

- Yes, for both arrested and reported youth..... 1 [GO TO QUESTION 5]
- Yes, for arrested youth only..... 2 [GO TO QUESTION 5]
- Yes, for reported youth only 3 [GO TO QUESTION 5]
- No 4 [SKIP TO QUESTION 6]
- Unknown..... 8 [SKIP TO QUESTION 6]

5. What services are provided (PLEASE CIRCLE ALL SERVICES THAT YOUR AGENCY PROVIDES.)

- Food..... 01
- Clothing 02
- Assessment..... 03
- Transportation..... 04
- Mental health counseling 05
- Substance abuse screening..... 06
- Case management services 07
- Other 08
- (SPECIFY _____)
- None..... 09

6. Does your agency refer reported or arrested youth for services? (CIRCLE ALL THAT APPLY)

- Yes, for both arrested and reported youth..... 1 [GO TO QUESTION 7]
- Yes, for reported youth only 2 [GO TO QUESTION 7]
- Yes, for arrested youth only..... 3 [GO TO QUESTION 7]
- No 4 [SKIP TO QUESTION 8]
- Unknown 8 [SKIP TO QUESTION 8]

7. For what services do you refer reported or arrested youth? (PLEASE CIRCLE ALL SERVICES FOR WHICH YOU PROVIDE REFERRALS.)

- Crisis shelter 01
- Long-term shelter..... 02
- Street outreach services 03
- Residential services..... 04
- Food 05
- Clothing 06
- Transportation..... 07
- Dental services..... 08
- Assessment..... 09
- Case management services 10
- Substance abuse screening 11
- Detox or substance abuse counseling or treatment 12
- Mental health counseling (including rape crisis counseling)..... 13
- Medical care (preventive, emergency, and other health services) . 14
- Education services 15
- Legal services 16
- Advocacy 17
- Child welfare services/child protective services 18
- Family reunification..... 19
- Other 20
- (SPECIFY _____)
- None..... 21
- Unknown..... 98

PART II: SEXUALLY EXPLOITED YOUTH SERVED

8. How many children or youth under 18 were involved in reports on sexually exploitive acts that your agency received from July 15th through September 15th, 2006? (PLEASE PROVIDE A COUNT FOR EACH RESPONSE CATEGORY BELOW.)

- _____ A Number of youth reported for engaging, agreeing, or offering to engage in sexual conduct or acts with another person for payment (IF A CHILD IS REPRESENTED IN MORE THAN ONE REPORT, COUNT THE CHILD ONLY ONCE.)
- _____ B Number of youth reported for stripping and performing in public or over the Internet (IF A CHILD IS REPRESENTED IN MORE THAN ONE REPORT, COUNT THE CHILD ONLY ONCE.)
- _____ C Number of youth reported for being filmed, photographed, or tape recorded engaging in a sexual act (IF A CHILD IS REPRESENTED IN MORE THAN ONE REPORT, COUNT THE CHILD ONLY ONCE.)
- _____ D Number of youth reported for loitering for the purpose of engaging in prostitution (IF A CHILD IS REPRESENTED IN MORE THAN ONE REPORT, COUNT THE CHILD ONLY ONCE.)
- _____ E Total number of children and youth reported for sexual exploitation (IF A CHILD IS REPRESENTED IN MORE THAN ONE TYPE OF REPORT, COUNT THE CHILD ONLY ONCE.)

9. How many children or youth under 18 did your agency arrest for sexually exploitive acts from July 15th through September 15th, 2006? (PLEASE PROVIDE A COUNT FOR EACH RESPONSE CATEGORY BELOW.)

- _____ A Number of youth arrested for engaging, agreeing, or offering to engage in sexual conduct or acts with another person for payment (IF A CHILD IS REPRESENTED IN MORE THAN ONE ARREST, COUNT THE CHILD ONLY ONCE.)
- _____ B Number of youth arrested for stripping and performing in public or over the Internet (IF A CHILD IS REPRESENTED IN MORE THAN ONE ARREST, COUNT THE CHILD ONLY ONCE.)
- _____ C Number of youth arrested for being filmed, photographed, or tape recorded engaging in a sexual act (IF A CHILD IS REPRESENTED IN MORE THAN ONE ARREST, COUNT THE CHILD ONLY ONCE.)
- _____ D Number of youth arrested for loitering for the purpose of engaging in prostitution (IF A CHILD IS REPRESENTED IN MORE THAN ONE ARREST, COUNT THE CHILD ONLY ONCE.)
- _____ E Total number of children and youth arrested for sexual exploitation (IF A CHILD IS REPRESENTED IN MORE THAN ONE TYPE OF ARREST, COUNT THE CHILD ONLY ONCE.)

10. How many children and youth under 18 were reported or arrested for sexual exploitation from July 15th through September 15th, 2006. (IF A CHILD IS LISTED IN BOTH REPORTS AND ARRESTS IN QUESTIONS 8 AND 9 ABOVE, COUNT THE CHILD ONLY ONCE IN THIS TOTAL.)

____|____|____|
NUMBER OF CHILDREN
ARRESTED/REPORTED

11. Does your agency have protocols or policies that address interactions between your agency and sexually exploited children? Please describe these protocols or policies. (CIRCLE ONE RESPONSE. IF A WRITTEN COPY OF THE PROTOCOL OR POLICY EXISTS, PLEASE PROVIDE WITH THIS SURVEY.)

Yes 1 (PLEASE DESCRIBE BELOW)

No 2 [GO TO QUESTION 12]

12. Does the protocol vary depending on:

A Age (CIRCLE ONE RESPONSE) Yes1 No2

B Other factors (CIRCLE ONE RESPONSE) Yes1 No2

(Please specify what factors _____)

13. If you answered yes to any of the responses to Question 12, please describe variations to the protocol.

14. Based on your experiences, what specialized services do sexually exploited youth need? Please describe the services, including who provides and limitations to the service or barriers if the service is not provided in the community. (ADD ADDITIONAL SHEETS IF MORE SERVICES ARE NEEDED.)

Services	Who provides? (<i>Circle all that apply.</i>)	Description of service	Barriers/limitations to providing service (such as limited funding, not enough slots, limited availability or access)
1.	4. Your agency 5. Another agency (SPECIFY _____) 6. Not available in community 8. Unknown		
2.	1. Your agency 2. Another agency (SPECIFY _____) 3. Not available in community 8. Unknown		
3.	1. Your agency 2. Another agency (SPECIFY _____) 3. Not available in community 8. Unknown		
4.	1. Your agency 2. Another agency (SPECIFY _____) 3. Not available in community 8. Unknown		
5.	1. Your agency 2. Another agency (SPECIFY _____) 3. Not available in community 8. Unknown		

15. Are there agencies in your community that provide services specifically for sexually exploited children and youth? (CIRCLE ONE ANSWER)

- Yes 1 [GO TO QUESTION 16]
- No 2 [SKIP TO QUESTION 17]
- Unknown..... 8 [SKIP TO QUESTION 17]

16. Please name the agency and describe the services provided.

For the total number of children and youth reported or arrested provided in Questions 8 and 9, please tell us their gender, age, race, and ethnicity.

17. Age and gender for total youth **reported** for sexual exploitive offenses: (ENTER NUMBER OF EACH.)

Gender	Age				
	<10	10-11	12-13	14-15	16-17
Males					
Females					
Transgender					
Unknown					

18. Age and gender for total youth **arrested** for sexual exploitive offenses: (ENTER NUMBER OF EACH)

Gender	Age				
	<10	10-11	12-13	14-15	16-17
Males					
Females					
Transgender					
Unknown					

19. Race (ENTER NUMBER IN EACH CATEGORY):

	REPORTED	ARRESTED
A. American Indian or Alaskan Native	_ _ _	_ _ _
B. Asian	_ _ _	_ _ _
C. Native Hawaiian or Other Pacific Islander	_ _ _	_ _ _
D. Black or African American	_ _ _	_ _ _
E. White	_ _ _	_ _ _
F. Multi-racial	_ _ _	_ _ _
G. Other	_ _ _	_ _ _
H. Unknown	_ _ _	_ _ _

20. Ethnicity (ENTER NUMBER IN EACH CATEGORY):

	REPORTED	ARRESTED
A. Hispanic or Latino origin	_ _ _	_ _ _
B. Chinese	_ _ _	_ _ _
C. Korean	_ _ _	_ _ _
D. Unknown	_ _ _	_ _ _

21. Please tell us how many of the sexually exploited children and youth are immigrants (whether documented or not)? (WRITE "UNKNOWN" IF INFORMATION IS NOT AVAILABLE.)

_ _ _	_ _ _
NUMBER OF REPORTS	NUMBER OF ARRESTS

22. Please tell us how many of the sexually exploited children and youth identify as gay/lesbian/bisexual/transgender. (WRITE "UNKNOWN" IF INFORMATION IS NOT AVAILABLE.)

_ _ _	_ _ _
NUMBER OF REPORTS	NUMBER OF ARRESTS

Many children arrested or reported for sexual exploitation may lie about their age or carry fake identities claiming to be adults (18 or older). In order to get a picture of the incidence of sexual exploitation among this older age group (that may include a large number of minors), please provide the following information for young people listed as 18 through 20 years of age.

23. How many young people, ages 18 through 20, were reported to and arrested by your agency as suspects or perpetrators for any sexually exploitive act that comes to the attention of police? (IF A YOUNG PERSON IS REPRESENTED IN MORE THAN ONE REPORT OR MORE THAN ONE ARREST, COUNT THE PERSON ONLY ONCE FOR EACH CATEGORY.)

_ _ _	_ _ _
NUMBER OF YOUNG PEOPLE REPORTED AS SUSPECTS	NUMBER OF YOUNG PEOPLE ARRESTED

24. Gender (ENTER NUMBER OF EACH):

	REPORTED	ARRESTED
A. Males	_ _ _	_ _ _
B. Females	_ _ _	_ _ _
C. Transgender	_ _ _	_ _ _
D. Unknown	_ _ _	_ _ _

25. Race (ENTER NUMBER IN EACH CATEGORY):

	REPORTED	ARRESTED
A. American Indian or Alaskan Native	_ _ _	_ _ _
B. Asian	_ _ _	_ _ _
C. Native Hawaiian or Other Pacific Islander	_ _ _	_ _ _
D. Black or African American	_ _ _	_ _ _
E. White	_ _ _	_ _ _
F. Multi-racial	_ _ _	_ _ _
G. Other	_ _ _	_ _ _
H. Unknown	_ _ _	_ _ _

26. Ethnicity (ENTER NUMBER IN EACH CATEGORY):

	REPORTED	ARRESTED
A. Hispanic or Latino origin	_ _ _	_ _ _
B. Chinese	_ _ _	_ _ _
C. Korean	_ _ _	_ _ _
D. Unknown	_ _ _	_ _ _

Among the children and youth under 18 counted in Question 10, please complete the tables in Part III as follows.

- If your agency identified sexual exploitation for more than five children and youth during the period July 15-September 15, 2006, please select the *last* five identified during this period and complete the tables in Part III.
- If your agency identified sexual exploitation for five or fewer children and youth during the period July 15-September 15, 2006, please complete the following tables for all of them.
- If any child or youth had more than one incident of sexual exploitation identified during the period July 15-September 15, 2006, please provide information for the last incident.

PART III: CHILD-LEVEL INFORMATION CASE A		
DESCRIPTION OF CHILD/YOUTH		
A1. Gender (Check one.) <input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female <input type="checkbox"/> 3. Transgender <input type="checkbox"/> 8. Unknown	A2. Ethnicity (Check one.) <input type="checkbox"/> 1. Latino or Hispanic origin <input type="checkbox"/> 2. Chinese <input type="checkbox"/> 3. Korean <input type="checkbox"/> 8. Unknown	A3. Race (Check all that apply.) <input type="checkbox"/> 1. American Indian/or Alaska Native <input type="checkbox"/> 2. Asian <input type="checkbox"/> 3. Native Hawaiian or Other Pacific Islander <input type="checkbox"/> 4. Black or African American <input type="checkbox"/> 5. White <input type="checkbox"/> 6. Other (specify) <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <input type="checkbox"/> 8. Unknown
A4. Primary language (Check one.) <input type="checkbox"/> 1. English <input type="checkbox"/> 2. Spanish <input type="checkbox"/> 3. Other (specify) <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <input type="checkbox"/> 8. Unknown	A5. Is the youth from New York or from out-of-state? (Check one.) <input type="checkbox"/> 1. From New York <input type="checkbox"/> 2. From another state or country (specify) <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <input type="checkbox"/> 8. Unknown	<input type="checkbox"/> 4. Black or African American <input type="checkbox"/> 5. White <input type="checkbox"/> 6. Other (specify) <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <input type="checkbox"/> 8. Unknown
A6. Youth's age when arrested or reported <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block; vertical-align: middle;"></div>	A7. What services did you refer the children and youth to, outside your agency? (Check all that apply.) <input type="checkbox"/> 01. Crisis shelter <input type="checkbox"/> 02. Long-term housing <input type="checkbox"/> 03. Street outreach services <input type="checkbox"/> 04. Residential services <input type="checkbox"/> 05. Food <input type="checkbox"/> 06. Clothing <input type="checkbox"/> 07. Transportation <input type="checkbox"/> 08. Dental services <input type="checkbox"/> 09. Assessment <input type="checkbox"/> 10. Case management services <input type="checkbox"/> 11. Substance abuse screening <input type="checkbox"/> 12. Detox or substance abuse treatment <input type="checkbox"/> 13. Mental health counseling <input type="checkbox"/> 14. Medical care (preventive, emergency, and other health services) <input type="checkbox"/> 15. Education services <input type="checkbox"/> 16. Legal services <input type="checkbox"/> 17. Advocacy <input type="checkbox"/> 18. Child welfare services <input type="checkbox"/> 19. Reunification <input type="checkbox"/> 20. Other (specify) <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <input type="checkbox"/> 21. None <input type="checkbox"/> 98. Unknown	
A8. Does youth identify as gay/lesbian/bisexual/transgender? (Check one.) <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 8. Unknown	A9. Was this youth arrested or only reported to your agency for the current episode? (Check one.) <input type="checkbox"/> 1. Reported <input type="checkbox"/> 2. Arrested	
DESCRIPTION OF SEXUAL EXPLOITATION		
A10. Date of current arrest or report: <div style="text-align: center; margin-top: 10px;"> ____ / ____ / ____ DD MM YY </div>	A12. Did the most recent exploitation occur in New York or out-of-state? <input type="checkbox"/> 1. New York <input type="checkbox"/> 2. In another state or country <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <input type="checkbox"/> 8. Unknown	A13. Was force, coercion, or threat of force used in the most recent exploitation? (Check one.) <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 8. Unknown
A11. Youth's age when offense occurred <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>		

**PART III: CHILD-LEVEL INFORMATION
CASE A**

<p>A14. What was the nature of the most recent exploitation? (Check all that apply.)</p> <p><input type="checkbox"/> 01. Sexual act for money</p> <p><input type="checkbox"/> 02. Sexual act for food or clothing</p> <p><input type="checkbox"/> 03. Sexual act for drugs</p> <p><input type="checkbox"/> 04. Sexual act for protection</p> <p><input type="checkbox"/> 05. Sexual act for place to stay</p> <p><input type="checkbox"/> 06. Stripping/performing in public</p> <p><input type="checkbox"/> 07. Stripping/performing on the Internet</p> <p><input type="checkbox"/> 08. Sexual act filmed, photographed, or tape recorded</p> <p><input type="checkbox"/> 09. Loitering for prostitution</p> <p><input type="checkbox"/> 10. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <p><input type="checkbox"/> 98. Unknown</p>	<p>A15. Where did the most recent exploitation occur? (Check all that apply.)</p> <p><input type="checkbox"/> 01. Youth's own home</p> <p><input type="checkbox"/> 02. Exploiter's home</p> <p><input type="checkbox"/> 03. Other person's home</p> <p><input type="checkbox"/> 04. Detention facility</p> <p><input type="checkbox"/> 05. Other correctional facility</p> <p><input type="checkbox"/> 06. Foster care home or facility</p> <p><input type="checkbox"/> 07. Outside</p> <p><input type="checkbox"/> 08. In a car</p> <p><input type="checkbox"/> 09. Hotel/motel</p> <p><input type="checkbox"/> 10. Public facility (e.g. restaurant)</p> <p><input type="checkbox"/> 11. Agency (e.g. shelter)</p> <p><input type="checkbox"/> 12. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <p><input type="checkbox"/> 98. Unknown</p>	<p>A16. Who were the exploiters associated with the most current episode? (Check all that apply)</p> <p><input type="checkbox"/> 01. Adult: parent</p> <p><input type="checkbox"/> 02. Adult: family member</p> <p><input type="checkbox"/> 03. Adult: parent's partner</p> <p><input type="checkbox"/> 04. Adult: friend or acquaintance</p> <p><input type="checkbox"/> 05. Adult: stranger</p> <p><input type="checkbox"/> 06. Minor: Juvenile: family member</p> <p><input type="checkbox"/> 07. Minor: friend or acquaintance</p> <p><input type="checkbox"/> 08. Minor: stranger</p> <p><input type="checkbox"/> 09. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <p><input type="checkbox"/> 10. No exploiter</p> <p><input type="checkbox"/> 98. Unknown</p>
<p>A17. At time of report/arrest, who was the youth living with? (Check one)</p> <p><input type="checkbox"/> 01. Family of origin or relatives</p> <p><input type="checkbox"/> 02. Foster parents</p> <p><input type="checkbox"/> 03. Group foster care</p> <p><input type="checkbox"/> 04. Unrelated adult</p> <p><input type="checkbox"/> 05. Friend(s) or boyfriend/girlfriend</p> <p><input type="checkbox"/> 06. Spouse</p> <p><input type="checkbox"/> 07. By himself/herself</p> <p><input type="checkbox"/> 08. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <p><input type="checkbox"/> 98. Unknown</p>	<p>A18. At time of report/arrest, what type of housing was the youth living in? (Check one)</p> <p><input type="checkbox"/> 01. A house or apartment</p> <p><input type="checkbox"/> 02. A group care facility</p> <p><input type="checkbox"/> 03. Correctional institution/detention</p> <p><input type="checkbox"/> 04. Hospital</p> <p><input type="checkbox"/> 05. Shelter/mission/transitional housing</p> <p><input type="checkbox"/> 06. Hotel/motel/rooming house</p> <p><input type="checkbox"/> 07. Detox or drug rehabilitation</p> <p><input type="checkbox"/> 08. Halfway house</p> <p><input type="checkbox"/> 09. Outdoors (street, park, car, boat, barn, etc.)</p> <p><input type="checkbox"/> 10. Military installation</p> <p><input type="checkbox"/> 11. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <p><input type="checkbox"/> 98. Unknown</p>	

PART III: CHILD-LEVEL INFORMATION

CASE A

A19. Were any prior arrests or reports found on this youth? (Check all that apply.)

- 1. This was the only incident identified.
- 2. There were prior sexual exploitation arrests or reports
 Number if known
 Age at time of earliest arrest or report
- 3. There were prior criminal arrests or reports, other than for sexual exploitation incidents
 Number if known
- 8. Unknown

A20. Was the youth ever placed in any of the following? (Check all that apply.)

- 1. Secure correctional facility
- 2. Non-secure correctional facility
- 3. Detention center
- 4. Halfway house
- 5. Other (specify)
- 6. None
- 8. Unknown

A21. Has the youth ever been the subject of any of the following child welfare actions? (Check all that apply.)

- 01. Child abuse/neglect allegation or investigation
- 02. Placement in foster care
- 03. Person in Need of Supervision placement or services
- 04. Voluntary services or placement (including preventive services)
- 05. Juvenile delinquency placement or services
- 06. Refugee assistance program
- 07. Other (specify)
- 08. None
- 98. Unknown

A22. Please describe the current sexual exploitation, the date(s) it occurred, and how it came to your attention. (Include details about the setting of the exploitation, whether the youth's family was involved, the use of force or coercion, involvement by other people, and the history of the exploitation. If there were previous episodes or a history of sexual exploitation or abuse, please provide any details on these previous episodes.

PART III: CHILD-LEVEL INFORMATION
CASE A

A23. Please describe what actions your agency took following the arrest or report.

PART III: CHILD-LEVEL INFORMATION CASE B		
DESCRIPTION OF CHILD/YOUTH		
B1. Gender (Check one.) <input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female <input type="checkbox"/> 3. Transgender <input type="checkbox"/> 8. Unknown	B2. Ethnicity (Check one.) <input type="checkbox"/> 1. Latino or Hispanic origin <input type="checkbox"/> 2. Chinese <input type="checkbox"/> 3. Korean <input type="checkbox"/> 8. Unknown	B3. Race (Check all that apply.) <input type="checkbox"/> 1. American Indian/or Alaska Native <input type="checkbox"/> 2. Asian <input type="checkbox"/> 3. Native Hawaiian or Other Pacific Islander <input type="checkbox"/> 4. Black or African American <input type="checkbox"/> 5. White <input type="checkbox"/> 6. Other (specify) <div style="border: 1px solid black; height: 20px; width: 100%; margin: 5px 0;"></div> <input type="checkbox"/> 8. Unknown
B4. Primary language (Check one.) <input type="checkbox"/> 1. English <input type="checkbox"/> 2. Spanish <input type="checkbox"/> 3. Other (specify) <div style="border: 1px solid black; height: 20px; width: 100%; margin: 5px 0;"></div> <input type="checkbox"/> 8. Unknown	B5. Is the youth from New York or from out-of-state? (Check one.) <input type="checkbox"/> 1. From New York <input type="checkbox"/> 2. From another state or country (specify) <div style="border: 1px solid black; height: 20px; width: 100%; margin: 5px 0;"></div> <input type="checkbox"/> 8. Unknown	<input type="checkbox"/> 4. Black or African American <input type="checkbox"/> 5. White <input type="checkbox"/> 6. Other (specify) <div style="border: 1px solid black; height: 20px; width: 100%; margin: 5px 0;"></div> <input type="checkbox"/> 8. Unknown
B6. Youth's age when arrested or reported <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block; vertical-align: middle;"></div>	B7. What services did you refer the children and youth to, outside your agency? (Check all that apply.) <input type="checkbox"/> 01. Crisis shelter <input type="checkbox"/> 02. Long-term housing <input type="checkbox"/> 03. Street outreach services <input type="checkbox"/> 04. Residential services <input type="checkbox"/> 05. Food <input type="checkbox"/> 06. Clothing <input type="checkbox"/> 07. Transportation <input type="checkbox"/> 08. Dental services <input type="checkbox"/> 09. Assessment <input type="checkbox"/> 10. Case management services <input type="checkbox"/> 11. Substance abuse screening <input type="checkbox"/> 12. Detox or substance abuse treatment <input type="checkbox"/> 13. Mental health counseling <input type="checkbox"/> 14. Medical care (preventive, emergency, and other health services) <input type="checkbox"/> 15. Education services <input type="checkbox"/> 16. Legal services <input type="checkbox"/> 17. Advocacy <input type="checkbox"/> 18. Child welfare services <input type="checkbox"/> 19. Reunification <input type="checkbox"/> 20. Other (specify) <div style="border: 1px solid black; height: 20px; width: 100%; margin: 5px 0;"></div> <input type="checkbox"/> 21. None <input type="checkbox"/> 98. Unknown	
B8. Does youth identify as gay/lesbian/bisexual/transgender? (Check one.) <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 8. Unknown	B9. Was this youth arrested or only reported to your agency for the current episode? (Check one.) <input type="checkbox"/> 1. Reported <input type="checkbox"/> 2. Arrested	
DESCRIPTION OF SEXUAL EXPLOITATION		
B10. Date of current arrest or report: <div style="text-align: center; margin-top: 10px;"> ____ / ____ / ____ DD MM YY </div>	B12. Did the most recent exploitation occur in New York or out-of-state? <input type="checkbox"/> 1. New York <input type="checkbox"/> 2. In another state or country <div style="border: 1px solid black; height: 20px; width: 100%; margin: 5px 0;"></div> <input type="checkbox"/> 8. Unknown	B13. Was force, coercion, or threat of force used in the most recent exploitation? (Check one.) <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 8. Unknown
B11. Youth's age when offense occurred <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>		

**PART III: CHILD-LEVEL INFORMATION
CASE B**

<p>B14. What was the nature of the most recent exploitation? (Check all that apply.)</p> <p><input type="checkbox"/> 01. Sexual act for money</p> <p><input type="checkbox"/> 02. Sexual act for food or clothing</p> <p><input type="checkbox"/> 03. Sexual act for drugs</p> <p><input type="checkbox"/> 04. Sexual act for protection</p> <p><input type="checkbox"/> 05. Sexual act for place to stay</p> <p><input type="checkbox"/> 06. Stripping/performing in public</p> <p><input type="checkbox"/> 07. Stripping/performing on the Internet</p> <p><input type="checkbox"/> 08. Sexual act filmed, photographed, or tape recorded</p> <p><input type="checkbox"/> 09. Loitering for prostitution</p> <p><input type="checkbox"/> 10. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 250px; margin: 5px 0;"></div> <p><input type="checkbox"/> 98. Unknown</p>	<p>B15. Where did the most recent exploitation occur? (Check all that apply.)</p> <p><input type="checkbox"/> 01. Youth's own home</p> <p><input type="checkbox"/> 02. Exploiter's home</p> <p><input type="checkbox"/> 03. Other person's home</p> <p><input type="checkbox"/> 04. Detention facility</p> <p><input type="checkbox"/> 05. Other correctional facility</p> <p><input type="checkbox"/> 06. Foster care home or facility</p> <p><input type="checkbox"/> 07. Outside</p> <p><input type="checkbox"/> 08. In a car</p> <p><input type="checkbox"/> 09. Hotel/motel</p> <p><input type="checkbox"/> 10. Public facility (e.g. restaurant)</p> <p><input type="checkbox"/> 11. Agency (e.g. shelter)</p> <p><input type="checkbox"/> 12. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 200px; margin: 5px 0;"></div> <p><input type="checkbox"/> 98. Unknown</p>	<p>B16. Who were the exploiters associated with the most current episode? (Check all that apply)</p> <p><input type="checkbox"/> 01. Adult: parent</p> <p><input type="checkbox"/> 02. Adult: family member</p> <p><input type="checkbox"/> 03. Adult: parent's partner</p> <p><input type="checkbox"/> 04. Adult: friend or acquaintance</p> <p><input type="checkbox"/> 05. Adult: stranger</p> <p><input type="checkbox"/> 06. Minor: Juvenile: family member</p> <p><input type="checkbox"/> 07. Minor: friend or acquaintance</p> <p><input type="checkbox"/> 08. Minor: stranger</p> <p><input type="checkbox"/> 09. Other (specify)</p> <div style="border: 1px solid black; height: 40px; width: 200px; margin: 5px 0;"></div> <p><input type="checkbox"/> 10. No exploiter</p> <p><input type="checkbox"/> 98. Unknown</p>
<p>B17. At time of report/arrest, who was the youth living with? (Check one)</p> <p><input type="checkbox"/> 01. Family of origin or relatives</p> <p><input type="checkbox"/> 02. Foster parents</p> <p><input type="checkbox"/> 03. Group foster care</p> <p><input type="checkbox"/> 04. Unrelated adult</p> <p><input type="checkbox"/> 05. Friend(s) or boyfriend/girlfriend</p> <p><input type="checkbox"/> 06. Spouse</p> <p><input type="checkbox"/> 07. By himself/herself</p> <p><input type="checkbox"/> 08. Other (specify)</p> <div style="border: 1px solid black; height: 30px; width: 250px; margin: 5px 0;"></div> <p><input type="checkbox"/> 98. Unknown</p>	<p>B18. At time of report/arrest, what type of housing was the youth living in? (Check one)</p> <p><input type="checkbox"/> 01. A house or apartment</p> <p><input type="checkbox"/> 02. A group care facility</p> <p><input type="checkbox"/> 03. Correctional institution/detention</p> <p><input type="checkbox"/> 04. Hospital</p> <p><input type="checkbox"/> 05. Shelter/mission/transitional housing</p> <p><input type="checkbox"/> 06. Hotel/motel/rooming house</p> <p><input type="checkbox"/> 07. Detox or drug rehabilitation</p> <p><input type="checkbox"/> 08. Halfway house</p> <p><input type="checkbox"/> 09. Outdoors (street, park, car, boat, barn, etc.)</p> <p><input type="checkbox"/> 10. Military installation</p> <p><input type="checkbox"/> 11. Other (specify)</p> <div style="border: 1px solid black; height: 30px; width: 150px; margin: 5px 0;"></div> <p><input type="checkbox"/> 98. Unknown</p>	

PART III: CHILD-LEVEL INFORMATION
CASE B

B19. Were any prior arrests or reports found on this youth? (Check all that apply.)

- 1. This was the only incident identified.
- 2. There were prior sexual exploitation arrests or reports
 Number if known
 Age at time of earliest arrest or report
- 3. There were prior criminal arrests or reports, other than for sexual exploitation incidents
 Number if known
- 8. Unknown

B20. Was the youth ever placed in any of the following? (Check all that apply.)

- 1. Secure correctional facility
- 2. Non-secure correctional facility
- 3. Detention center
- 4. Halfway house
- 5. Other (specify)
- 6. None
- 8. Unknown

B21. Has the youth ever been the subject of any of the following child welfare actions? (Check all that apply.)

- 01. Child abuse/neglect allegation or investigation
- 02. Placement in foster care
- 03. Person in Need of Supervision placement or services
- 04. Voluntary services or placement (including preventive services)
- 05. Juvenile delinquency placement or services
- 06. Refugee assistance program
- 07. Other (specify)
- 08. None
- 98. Unknown

B22. Please describe the current sexual exploitation, the date(s) it occurred, and how it came to your attention. (Include details about the setting of the exploitation, whether the youth's family was involved, the use of force or coercion, involvement by other people, and the history of the exploitation. If there were previous episodes or a history of sexual exploitation or abuse, please provide any details on these previous episodes.

PART III: CHILD-LEVEL INFORMATION
CASE B

B23. Please describe what actions your agency took following the arrest or report.

PART III: CHILD-LEVEL INFORMATION CASE C		
DESCRIPTION OF CHILD/YOUTH		
<p>C1. Gender (Check one.)</p> <p><input type="checkbox"/> 1. Male</p> <p><input type="checkbox"/> 2. Female</p> <p><input type="checkbox"/> 3. Transgender</p> <p><input type="checkbox"/> 8. Unknown</p>	<p>C2. Ethnicity (Check one.)</p> <p><input type="checkbox"/> 1. Latino or Hispanic origin</p> <p><input type="checkbox"/> 2. Chinese</p> <p><input type="checkbox"/> 3. Korean</p> <p><input type="checkbox"/> 8. Unknown</p>	<p>C3. Race (Check all that apply.)</p> <p><input type="checkbox"/> 1. American Indian/or Alaska Native</p> <p><input type="checkbox"/> 2. Asian</p> <p><input type="checkbox"/> 3. Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> 4. Black or African American</p> <p><input type="checkbox"/> 5. White</p> <p><input type="checkbox"/> 6. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 8. Unknown</p>
<p>C4. Primary language (Check one.)</p> <p><input type="checkbox"/> 1. English</p> <p><input type="checkbox"/> 2. Spanish</p> <p><input type="checkbox"/> 3. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 8. Unknown</p>	<p>C5. Is the youth from New York or from out-of-state? (Check one.)</p> <p><input type="checkbox"/> 1. From New York</p> <p><input type="checkbox"/> 2. From another state or country</p> <p>(specify) <div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></div></p> <p><input type="checkbox"/> 8. Unknown</p>	
<p>C6. Youth's age when arrested or reported</p> <div style="border: 1px solid black; width: 100%; height: 25px;"></div>	<p>C7. What services did you refer the children and youth to, outside your agency? (Check all that apply.)</p> <p><input type="checkbox"/> 01. Crisis shelter</p> <p><input type="checkbox"/> 02. Long-term housing</p> <p><input type="checkbox"/> 03. Street outreach services</p> <p><input type="checkbox"/> 04. Residential services</p> <p><input type="checkbox"/> 05. Food</p> <p><input type="checkbox"/> 06. Clothing</p> <p><input type="checkbox"/> 07. Transportation</p> <p><input type="checkbox"/> 08. Dental services</p> <p><input type="checkbox"/> 09. Assessment</p> <p><input type="checkbox"/> 10. Case management services</p> <p><input type="checkbox"/> 11. Substance abuse screening</p> <p><input type="checkbox"/> 12. Detox or substance abuse treatment</p> <p><input type="checkbox"/> 13. Mental health counseling</p> <p><input type="checkbox"/> 14. Medical care (preventive, emergency, and other health services)</p> <p><input type="checkbox"/> 15. Education services</p> <p><input type="checkbox"/> 16. Legal services</p> <p><input type="checkbox"/> 17. Advocacy</p> <p><input type="checkbox"/> 18. Child welfare services</p> <p><input type="checkbox"/> 19. Reunification</p> <p><input type="checkbox"/> 20. Other (specify)</p> <div style="border: 1px solid black; height: 30px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 21. None</p> <p><input type="checkbox"/> 98. Unknown</p>	
<p>C8. Does youth identify as gay/lesbian/bisexual/transgender? (Check one.)</p> <p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2. No</p> <p><input type="checkbox"/> 8. Unknown</p>	<p>C9. Was this youth arrested or only reported to your agency for the current episode? (Check one.)</p> <p><input type="checkbox"/> 1. Reported</p> <p><input type="checkbox"/> 2. Arrested</p>	
DESCRIPTION OF SEXUAL EXPLOITATION		
<p>C10. Date of current arrest or report:</p> <p>____/____/____</p> <p style="text-align: center;">DD MM YY</p>	<p>C12. Did the most recent exploitation occur in New York or out-of-state?</p> <p><input type="checkbox"/> 1. New York</p> <p><input type="checkbox"/> 2. In another state or country</p> <div style="border: 1px solid black; height: 25px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> 8. Unknown</p>	<p>C13. Was force, coercion, or threat of force used in the most recent exploitation? (Check one.)</p> <p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2. No</p> <p><input type="checkbox"/> 8. Unknown</p>
<p>C11. Youth's age when offense occurred</p> <div style="border: 1px solid black; width: 100%; height: 25px;"></div>		

**PART III: CHILD-LEVEL INFORMATION
CASE C**

<p>C14. What was the nature of the most recent exploitation? (Check all that apply.)</p> <p><input type="checkbox"/> 01. Sexual act for money</p> <p><input type="checkbox"/> 02. Sexual act for food or clothing</p> <p><input type="checkbox"/> 03. Sexual act for drugs</p> <p><input type="checkbox"/> 04. Sexual act for protection</p> <p><input type="checkbox"/> 05. Sexual act for place to stay</p> <p><input type="checkbox"/> 06. Stripping/performing in public</p> <p><input type="checkbox"/> 07. Stripping/performing on the Internet</p> <p><input type="checkbox"/> 08. Sexual act filmed, photographed, or tape recorded</p> <p><input type="checkbox"/> 09. Loitering for prostitution</p> <p><input type="checkbox"/> 10. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <p><input type="checkbox"/> 98. Unknown</p>	<p>C15. Where did the most recent exploitation occur? (Check all that apply.)</p> <p><input type="checkbox"/> 01. Youth's own home</p> <p><input type="checkbox"/> 02. Exploiter's home</p> <p><input type="checkbox"/> 03. Other person's home</p> <p><input type="checkbox"/> 04. Detention facility</p> <p><input type="checkbox"/> 05. Other correctional facility</p> <p><input type="checkbox"/> 06. Foster care home or facility</p> <p><input type="checkbox"/> 07. Outside</p> <p><input type="checkbox"/> 08. In a car</p> <p><input type="checkbox"/> 09. Hotel/motel</p> <p><input type="checkbox"/> 10. Public facility (e.g. restaurant)</p> <p><input type="checkbox"/> 11. Agency (e.g. shelter)</p> <p><input type="checkbox"/> 12. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <p><input type="checkbox"/> 98. Unknown</p>	<p>C16. Who were the exploiters associated with the most current episode? (Check all that apply)</p> <p><input type="checkbox"/> 01. Adult: parent</p> <p><input type="checkbox"/> 02. Adult: family member</p> <p><input type="checkbox"/> 03. Adult: parent's partner</p> <p><input type="checkbox"/> 04. Adult: friend or acquaintance</p> <p><input type="checkbox"/> 05. Adult: stranger</p> <p><input type="checkbox"/> 06. Minor: Juvenile: family member</p> <p><input type="checkbox"/> 07. Minor: friend or acquaintance</p> <p><input type="checkbox"/> 08. Minor: stranger</p> <p><input type="checkbox"/> 09. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <p><input type="checkbox"/> 10. No exploiter</p> <p><input type="checkbox"/> 98. Unknown</p>
<p>C17. At time of report/arrest, who was the youth living with? (Check one)</p> <p><input type="checkbox"/> 01. Family of origin or relatives</p> <p><input type="checkbox"/> 02. Foster parents</p> <p><input type="checkbox"/> 03. Group foster care</p> <p><input type="checkbox"/> 04. Unrelated adult</p> <p><input type="checkbox"/> 05. Friend(s) or boyfriend/girlfriend</p> <p><input type="checkbox"/> 06. Spouse</p> <p><input type="checkbox"/> 07. By himself/herself</p> <p><input type="checkbox"/> 08. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <p><input type="checkbox"/> 98. Unknown</p>	<p>C18. At time of report/arrest, what type of housing was the youth living in? (Check one)</p> <p><input type="checkbox"/> 01. A house or apartment</p> <p><input type="checkbox"/> 02. A group care facility</p> <p><input type="checkbox"/> 03. Correctional institution/detention</p> <p><input type="checkbox"/> 04. Hospital</p> <p><input type="checkbox"/> 05. Shelter/mission/transitional housing</p> <p><input type="checkbox"/> 06. Hotel/motel/rooming house</p> <p><input type="checkbox"/> 07. Detox or drug rehabilitation</p> <p><input type="checkbox"/> 08. Halfway house</p> <p><input type="checkbox"/> 09. Outdoors (street, park, car, boat, barn, etc.)</p> <p><input type="checkbox"/> 10. Military installation</p> <p><input type="checkbox"/> 11. Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <p><input type="checkbox"/> 98. Unknown</p>	

PART III: CHILD-LEVEL INFORMATION
CASE C

C19. Were any prior arrests or reports found on this youth? (Check all that apply.)

- 1. This was the only incident identified.
- 2. There were prior sexual exploitation arrests or reports
 Number if known
 Age at time of earliest arrest or report
- 3. There were prior criminal arrests or reports, other than for sexual exploitation incidents
 Number if known
- 8. Unknown

C20. Was the youth ever placed in any of the following? (Check all that apply.)

- 1. Secure correctional facility
- 2. Non-secure correctional facility
- 3. Detention center
- 4. Halfway house
- 5. Other (specify)
- 6. None
- 8. Unknown

C21. Has the youth ever been the subject of any of the following child welfare actions? (Check all that apply.)

- 01. Child abuse/neglect allegation or investigation
- 02. Placement in foster care
- 03. Person in Need of Supervision placement or services
- 04. Voluntary services or placement (including preventive services)
- 05. Juvenile delinquency placement or services
- 06. Refugee assistance program
- 07. Other (specify)
- 08. None
- 98. Unknown

C22. Please describe the current sexual exploitation, the date(s) it occurred, and how it came to your attention. (Include details about the setting of the exploitation, whether the youth's family was involved, the use of force or coercion, involvement by other people, and the history of the exploitation. If there were previous episodes or a history of sexual exploitation or abuse, please provide any details on these previous episodes.

PART III: CHILD-LEVEL INFORMATION
CASE C

C23. Please describe what actions your agency took following the arrest or report.

PART III: CHILD-LEVEL INFORMATION		
CASE D		
DESCRIPTION OF CHILD/YOUTH		
D1. Gender (Check one.) <input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female <input type="checkbox"/> 3. Transgender <input type="checkbox"/> 8. Unknown	D2. Ethnicity (Check one.) <input type="checkbox"/> 1. Latino or Hispanic origin <input type="checkbox"/> 2. Chinese <input type="checkbox"/> 3. Korean <input type="checkbox"/> 8. Unknown	D3. Race (Check all that apply.) <input type="checkbox"/> 1. American Indian/or Alaska Native <input type="checkbox"/> 2. Asian <input type="checkbox"/> 3. Native Hawaiian or Other Pacific Islander <input type="checkbox"/> 4. Black or African American <input type="checkbox"/> 5. White <input type="checkbox"/> 6. Other (specify) <div style="border: 1px solid black; height: 20px; width: 100%; margin: 5px 0;"></div> <input type="checkbox"/> 8. Unknown
D4. Primary language (Check one.) <input type="checkbox"/> 1. English <input type="checkbox"/> 2. Spanish <input type="checkbox"/> 3. Other (specify) <div style="border: 1px solid black; height: 20px; width: 100%; margin: 5px 0;"></div> <input type="checkbox"/> 8. Unknown	D5. Is the youth from New York or from out-of-state? (Check one.) <input type="checkbox"/> 1. From New York <input type="checkbox"/> 2. From another state or country (specify) <div style="border: 1px solid black; height: 20px; width: 100%; margin: 5px 0;"></div> <input type="checkbox"/> 8. Unknown	<input type="checkbox"/> 8. Unknown
D6. Youth's age when arrested or reported <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div>	D7. What services did you refer the children and youth to, outside your agency? (Check all that apply.) <input type="checkbox"/> 01. Crisis shelter <input type="checkbox"/> 02. Long-term housing <input type="checkbox"/> 03. Street outreach services <input type="checkbox"/> 04. Residential services <input type="checkbox"/> 05. Food <input type="checkbox"/> 06. Clothing <input type="checkbox"/> 07. Transportation <input type="checkbox"/> 08. Dental services <input type="checkbox"/> 09. Assessment <input type="checkbox"/> 10. Case management services <input type="checkbox"/> 11. Substance abuse screening <input type="checkbox"/> 12. Detox or substance abuse treatment <input type="checkbox"/> 13. Mental health counseling <input type="checkbox"/> 14. Medical care (preventive, emergency, and other health services) <input type="checkbox"/> 15. Education services <input type="checkbox"/> 16. Legal services <input type="checkbox"/> 17. Advocacy <input type="checkbox"/> 18. Child welfare services <input type="checkbox"/> 19. Reunification <input type="checkbox"/> 20. Other (specify) <div style="border: 1px solid black; height: 20px; width: 100%; margin: 5px 0;"></div> <input type="checkbox"/> 21. None <input type="checkbox"/> 98. Unknown	
D8. Does youth identify as gay/lesbian/bisexual/transgender? (Check one.) <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 8. Unknown	D9. Was this youth arrested or only reported to your agency for the current episode? (Check one.) <input type="checkbox"/> 1. Reported <input type="checkbox"/> 2. Arrested	
DESCRIPTION OF SEXUAL EXPLOITATION		
D10. Date of current arrest or report: <div style="text-align: center; margin: 5px 0;"> ____ / ____ / ____ DD MM YY </div>	D12. Did the most recent exploitation occur in New York or out-of-state? <input type="checkbox"/> 1. New York <input type="checkbox"/> 2. In another state or country <div style="border: 1px solid black; height: 20px; width: 100%; margin: 5px 0;"></div> <input type="checkbox"/> 8. Unknown	D13. Was force, coercion, or threat of force used in the most recent exploitation? (Check one.) <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 8. Unknown
D11. Youth's age when offense occurred <div style="border: 1px solid black; height: 20px; width: 100%; margin: 5px 0;"></div>		

PART III: CHILD-LEVEL INFORMATION
CASE D

<p>D14. What was the nature of the most recent exploitation? (Check all that apply.)</p> <p><input type="checkbox"/> 01. Sexual act for money</p> <p><input type="checkbox"/> 02. Sexual act for food or clothing</p> <p><input type="checkbox"/> 03. Sexual act for drugs</p> <p><input type="checkbox"/> 04. Sexual act for protection</p> <p><input type="checkbox"/> 05. Sexual act for place to stay</p> <p><input type="checkbox"/> 06. Stripping/performing in public</p> <p><input type="checkbox"/> 07. Stripping/performing on the Internet</p> <p><input type="checkbox"/> 08. Sexual act filmed, photographed, or tape recorded</p> <p><input type="checkbox"/> 09. Loitering for prostitution</p> <p><input type="checkbox"/> 10. Other (specify)</p> <p><input type="text"/></p> <p><input type="checkbox"/> 98. Unknown</p>	<p>D15. Where did the most recent exploitation occur? (Check all that apply.)</p> <p><input type="checkbox"/> 01. Youth's own home</p> <p><input type="checkbox"/> 02. Exploiter's home</p> <p><input type="checkbox"/> 03. Other person's home</p> <p><input type="checkbox"/> 04. Detention facility</p> <p><input type="checkbox"/> 05. Other correctional facility</p> <p><input type="checkbox"/> 06. Foster care home or facility</p> <p><input type="checkbox"/> 07. Outside</p> <p><input type="checkbox"/> 08. In a car</p> <p><input type="checkbox"/> 09. Hotel/motel</p> <p><input type="checkbox"/> 10. Public facility (e.g. restaurant)</p> <p><input type="checkbox"/> 11. Agency (e.g. shelter)</p> <p><input type="checkbox"/> 12. Other (specify)</p> <p><input type="text"/></p> <p><input type="checkbox"/> 98. Unknown</p>	<p>D16. Who were the exploiters associated with the most current episode? (Check all that apply)</p> <p><input type="checkbox"/> 01. Adult: parent</p> <p><input type="checkbox"/> 02. Adult: family member</p> <p><input type="checkbox"/> 03. Adult: parent's partner</p> <p><input type="checkbox"/> 04. Adult: friend or acquaintance</p> <p><input type="checkbox"/> 05. Adult: stranger</p> <p><input type="checkbox"/> 06. Minor: Juvenile: family member</p> <p><input type="checkbox"/> 07. Minor: friend or acquaintance</p> <p><input type="checkbox"/> 08. Minor: stranger</p> <p><input type="checkbox"/> 09. Other (specify)</p> <p><input type="text"/></p> <p><input type="checkbox"/> 10. No exploiter</p> <p><input type="checkbox"/> 98. Unknown</p>
<p>D17. At time of report/arrest, who was the youth living with? (Check one)</p> <p><input type="checkbox"/> 01. Family of origin or relatives</p> <p><input type="checkbox"/> 02. Foster parents</p> <p><input type="checkbox"/> 03. Group foster care</p> <p><input type="checkbox"/> 04. Unrelated adult</p> <p><input type="checkbox"/> 05. Friend(s) or boyfriend/girlfriend</p> <p><input type="checkbox"/> 06. Spouse</p> <p><input type="checkbox"/> 07. By himself/herself</p> <p><input type="checkbox"/> 08. Other (specify)</p> <p><input type="text"/></p> <p><input type="checkbox"/> 98. Unknown</p>	<p>D18. At time of report/arrest, what type of housing was the youth living in? (Check one)</p> <p><input type="checkbox"/> 01. A house or apartment</p> <p><input type="checkbox"/> 02. A group care facility</p> <p><input type="checkbox"/> 03. Correctional institution/detention</p> <p><input type="checkbox"/> 04. Hospital</p> <p><input type="checkbox"/> 05. Shelter/mission/transitional housing</p> <p><input type="checkbox"/> 06. Hotel/motel/rooming house</p> <p><input type="checkbox"/> 07. Detox or drug rehabilitation</p> <p><input type="checkbox"/> 08. Halfway house</p> <p><input type="checkbox"/> 09. Outdoors (street, park, car, boat, barn, etc.)</p> <p><input type="checkbox"/> 10. Military installation</p> <p><input type="checkbox"/> 11. Other (specify)</p> <p><input type="text"/></p> <p><input type="checkbox"/> 98. Unknown</p>	

PART III: CHILD-LEVEL INFORMATION
CASE D

D19. Were any prior arrests or reports found on this youth? (Check all that apply.)

- 1. This was the only incident identified.
- 2. There were prior sexual exploitation arrests or reports
 Number if known
 Age at time of earliest arrest or report
- 3. There were prior criminal arrests or reports, other than for sexual exploitation incidents
 Number if known
- 8. Unknown

D20. Was the youth ever placed in any of the following? (Check all that apply.)

- 1. Secure correctional facility
- 2. Non-secure correctional facility
- 3. Detention center
- 4. Halfway house
- 5. Other (specify)
- 6. None
- 8. Unknown

D21. Has the youth ever been the subject of any of the following child welfare actions? (Check all that apply.)

- 01. Child abuse/neglect allegation or investigation
- 02. Placement in foster care
- 03. Person in Need of Supervision placement or services
- 04. Voluntary services or placement (including preventive services)
- 05. Juvenile delinquency placement or services
- 06. Refugee assistance program
- 07. Other (specify)
- 08. None
- 98. Unknown

D22. Please describe the current sexual exploitation, the date(s) it occurred, and how it came to your attention. (Include details about the setting of the exploitation, whether the youth's family was involved, the use of force or coercion, involvement by other people, and the history of the exploitation. If there were previous episodes or a history of sexual exploitation or abuse, please provide any details on these previous episodes.

PART III: CHILD-LEVEL INFORMATION
CASE D

D23. Please describe what actions your agency took following the arrest or report.

PART III: CHILD-LEVEL INFORMATION
CASE E

DESCRIPTION OF CHILD/YOUTH

E1. Gender (Check one.)

- 1. Male
- 2. Female
- 3. Transgender
- 8. Unknown

E2. Ethnicity (Check one.)

- 1. Latino or Hispanic origin
- 2. Chinese
- 3. Korean
- 8. Unknown

E3. Race (Check all that apply.)

- 1. American Indian/or Alaska Native
- 2. Asian
- 3. Native Hawaiian or Other Pacific Islander
- 4. Black or African American
- 5. White
- 6. Other (specify)
- 8. Unknown

E4. Primary language (Check one.)

- 1. English
- 2. Spanish
- 3. Other (specify)
- 8. Unknown

E5. Is the youth from New York or from out-of-state? (Check one.)

- 1. From New York
- 2. From another state or country
(specify)
- 8. Unknown

E6. Youth's age when arrested or reported

E8. Does youth identify as gay/lesbian/bisexual/transgender? (Check one.)

- 1. Yes
- 2. No
- 8. Unknown

E9. Was this youth arrested or only reported to your agency for the current episode? (Check one.)

- 1. Reported
- 2. Arrested

E7. What services did you refer the children and youth to, outside your agency? (Check all that apply.)

- 01. Crisis shelter
- 02. Long-term housing
- 03. Street outreach services
- 04. Residential services
- 05. Food
- 06. Clothing
- 07. Transportation
- 08. Dental services
- 09. Assessment
- 10. Case management services
- 11. Substance abuse screening
- 12. Detox or substance abuse treatment
- 13. Mental health counseling
- 14. Medical care (preventive, emergency, and other health services)
- 15. Education services
- 16. Legal services
- 17. Advocacy
- 18. Child welfare services
- 19. Reunification
- 20. Other (specify)
- 21. None
- 98. Unknown

DESCRIPTION OF SEXUAL EXPLOITATION

E10. Date of current arrest or report:

____/____/____
DD MM YY

E11. Youth's age when offense occurred

E12. Did the most recent exploitation occur in New York or out-of-state?

- 1. New York
- 2. In another state or country
- 8. Unknown

E13. Was force, coercion, or threat of force used in the most recent exploitation? (Check one.)

- 1. Yes
- 2. No
- 8. Unknown

PART III: CHILD-LEVEL INFORMATION
CASE E

E14. What was the nature of the most recent exploitation? (Check all that apply.)

- 01. Sexual act for money
- 02. Sexual act for food or clothing
- 03. Sexual act for drugs
- 04. Sexual act for protection
- 05. Sexual act for place to stay
- 06. Stripping/performing in public
- 07. Stripping/performing on the Internet
- 08. Sexual act filmed, photographed, or tape recorded
- 09. Loitering for prostitution
- 10. Other (specify)

98. Unknown

E15. Where did the most recent exploitation occur? (Check all that apply.)

- 01. Youth's own home
- 02. Exploiter's home
- 03. Other person's home
- 04. Detention facility
- 05. Other correctional facility
- 06. Foster care home or facility
- 07. Outside
- 08. In a car
- 09. Hotel/motel
- 10. Public facility (e.g. restaurant)
- 11. Agency (e.g. shelter)
- 12. Other (specify)

98. Unknown

E16. Who were the exploiters associated with the most current episode? (Check all that apply)

- 01. Adult: parent
- 02. Adult: family member
- 03. Adult: parent's partner
- 04. Adult: friend or acquaintance
- 05. Adult: stranger
- 06. Minor: Juvenile: family member
- 07. Minor: friend or acquaintance
- 08. Minor: stranger
- 09. Other (specify)

10. No exploiter

98. Unknown

E17. At time of report/arrest, who was the youth living with? (Check one)

- 01. Family of origin or relatives
- 02. Foster parents
- 03. Group foster care
- 04. Unrelated adult
- 05. Friend(s) or boyfriend/girlfriend
- 06. Spouse
- 07. By himself/herself
- 08. Other (specify)

98. Unknown

E18. At time of report/arrest, what type of housing was the youth living in? (Check one)

- 01. A house or apartment
- 02. A group care facility
- 03. Correctional institution/detention
- 04. Hospital
- 05. Shelter/mission/transitional housing
- 06. Hotel/motel/rooming house
- 07. Detox or drug rehabilitation

- 08. Halfway house
- 09. Outdoors (street, park, car, boat, barn, etc.)
- 10. Military installation
- 11. Other (specify)

98. Unknown

PART III: CHILD-LEVEL INFORMATION

CASE E

E19. Were any prior arrests or reports found on this youth? (Check all that apply.)

1. This was the only incident identified.

2. There were prior sexual exploitation arrests or reports
Number if known

Age at time of earliest arrest or report

3. There were prior criminal arrests or reports, other than for sexual exploitation incidents

Number if known

8. Unknown

E20. Was the youth ever placed in any of the following? (Check all that apply.)

1. Secure correctional facility

2. Non-secure correctional facility

3. Detention center

4. Halfway house

5. Other (specify)

6. None

8. Unknown

E21. Has the youth ever been the subject of any of the following child welfare actions? (Check all that apply.)

01. Child abuse/neglect allegation or investigation

02. Placement in foster care

03. Person in Need of Supervision placement or services

04. Voluntary services or placement (including preventive services)

05. Juvenile delinquency placement or services

06. Refugee assistance program

07. Other (specify)

08. None

98. Unknown

E22. Please describe the current sexual exploitation, the date(s) it occurred, and how it came to your attention. (Include details about the setting of the exploitation, whether the youth's family was involved, the use of force or coercion, involvement by other people, and the history of the exploitation. If there were previous episodes or a history of sexual exploitation or abuse, please provide any details on these previous episodes.

PART III: CHILD-LEVEL INFORMATION
CASE E

E23. Please describe what actions your agency took following the arrest or report.

APPENDIX C

Qualitative Interviews

Agency Name: _____

Respondent Name: _____

Phone Number _____

**New York Prevalence Study of Sexually Exploited Children
Agency Qualitative Interview**

Westat is conducting a legislatively mandated study for the NY State Office for Children and Family Services on commercially sexually exploited children and youth. Your agency was referred to us as a model for programs targeting these children. We would like to ask you some questions about your agency and its approach, services, and experience working with these children. The results of this interview will be included in a report to the NY legislature. The interview will take approximately one hour. Is now a good time or would you like to make an appointment. **[If requested, feel free to e-mail or fax a copy of this interview.]**

[Before beginning the interview, read the following:]

The interview will last approximately one hour. You may terminate the interview at any time. As a model agency, we would like to identify your agency by name in our report. However, any opinions, interpretations, or direct quotes will not be attributed to identifiable individuals. However, in cases where Westat believes the information may be attributed to you, Westat will submit that section of the report to you for approval. Findings from these interviews will be included in a Final Report to OCFS and the legislature.

[If the agency completed an agency questionnaire, transfer the information from that questionnaire to this one on questions indicated by an asterisk and then just confirm the responses.]

I. Agency Information [Skip Questions 1-3 if a government agency]

1. *Which of the following describes your agency or congregate care facility? (CIRCLE ALL THAT APPLY)

- Runaway and homeless youth shelter01
- Non-residential service or outreach program for
runaway and homeless youth02
- Residential treatment center03
- Substance abuse counseling or treatment program04
- County child welfare agency/local social service district05
- Group home, residence, or institution for youth in foster care.....06
- Child Advocacy Center07
- Youth detention facility.....08
- County probation department.....09
- Other youth-serving agency10
(SPECIFY _____)
- Other type of agency11
(SPECIFY _____)

Agency Name: _____

Respondent Name: _____

Phone Number _____

2. How long has your agency been in existence?

3. What was the original mission? Has that changed from what you do now? How?

4. *What services do you provide to children and youth? (CIRCLE ALL THAT APPLY)

- Crisis shelter01
- Long-term shelter02
- Street outreach services03
- Residential services04
- Food.....05
- Clothing.....06
- Transportation07
- Dental services08
- Assessments09
- Case management services10
- Substance abuse screening11
- Detox or substance abuse counseling or treatment.....12
- Mental health counseling (including rape crisis counseling)13
- Medical care (preventive, emergency and other health services)...14
- Education services15
- Legal services16
- Advocacy.....17
- Child welfare/child protective services18
- Family reunification19
- Other20
- (SPECIFY _____)
- None21
- Unknown98

Agency Name: _____

Respondent Name: _____

Phone Number _____

5. Who makes up your service population?

- a. *Age Range From _____ To _____

- b. *Gender (CIRCLE ALL THAT APPLY)
 - Males only1
 - Females only2
 - Both males and females.....3
 - Unknown8

- c. Other characteristics (foster children, abused children, runaways, glbt) (CIRCLE ALL THAT APPLY)
 - Sexually exploited children/youth.....1
 - Other (foster children, abused, runaways, glbt)2Specify:

6. When did your agency first begin working with (or separately identifying) sexually exploited youth (SEY)?

7. In your community what is the mechanism for handling SEY cases that come to the attention of your agency? Is there a protocol in your community for dealing with SEY?

- Yes (please describe protocol below).....1
- No.....2

Describe protocol:

Agency Name: _____

Respondent Name: _____

Phone Number _____

II. Defining and Identifying Sexually Exploited Youth (SEY)

8. For this study, Westat has defined commercial sexual exploitation as all children and youth under 18 who have engaged in the following:

- He or she engaged in, agreed to, offered, or was threatened or coerced to engage in sexual conduct or acts with another person in return for money, food, clothing, protection, drugs, or a place to stay;
- He or she stripped and performed in public or over the Internet;
- He or she was filmed, photographed, or tape recorded engaging in a sexual act; or
- He or she loitered for the purpose of engaging in prostitution.

How does your agency define sexual exploitation?

9. In your experience, does a child's history of sexual exploitation follow a common pattern or are there multiple patterns? Is there a precipitating factor that leads to exploitation?

Agency Name: _____

Respondent Name: _____

Phone Number _____

III. Providing Services to SEY

14. Which of the services offered by your agency are targeted for (or most typically used by) sexually exploited youth? Do you provide these services, or refer youth to another agency? [IF QUESTION 5C INDICATES ONLY SEY CHILDREN SERVED, THEN USING QUESTION 4 INDICATE WHETHER THE SERVICE WAS PROVIDED BY THEIR AGENCY OR THE REFERRED AGENCY]

Services	Check if SEY Services	*Check if provided by agency	*Check if provided by referred agency
a. Crisis Services			
b. Long term shelter			
c. Street outreach services			
d. Residential services			
e. Food			
f. Clothing			
g. Transportation			
h. Dental services			
i. Assessments			
j. Case management services			
k. Substance abuse screening			
l. Detox or substance abuse counseling or treatment			
m. Mental health counseling (including rape crisis counseling)			
n. Medical care (preventive, emergency, and other)			
o. Education services			
p. Legal services			
q. Advocacy			
r. Child welfare/CPS			
s. Family Reunification			
t. Other (specify)			
u. Other (specify)**			
v. Other (specify)**			
w. None			
x. Unknown			

**If the respondent completed an agency questionnaire, pull other services from Part 1, Question 8.

Notes to table:

Agency Name: _____

Respondent Name: _____

Phone Number _____

15. What services are needed by these youth but not available?

IV. Approaches to Working with Sexually Exploited Youth

Next, I would like to discuss your overall approach in working with sexually exploited youth?

16. How do you approach them or how do they find out about your services?

17. How do you learn of the sexual exploitation?

18. Do staff assigned to work with these youth receive special training ?

Yes (please describe training below).....1

No2

Describe special training:

Agency Name: _____

Respondent Name: _____

Phone Number _____

19. Do these staff have particular backgrounds or similar experiences with the sexually exploited youth?

20. How long do SEY stay with your agency? Where do they go next? Is there any followup with SEY after they leave your agency?

21. What kind of outcomes does your agency hope to achieve for:

a. Victims of sexual exploitation? [**Probe for both immediate and long-term outcomes**]

b. Children at-risk of sexual exploitation?

Agency Name: _____

Respondent Name: _____

Phone Number _____

22. What is the most difficult/challenging aspect of working with SEY?
23. What do you consider the key constraints in your agency in handling sexual exploitation cases/youth? [**Probe for budget cuts, operating under court orders.**]
24. Have there been any recent changes/improvements in how your agency works with SEY (improved training, increased funding, increased staffing, redefined mission statement, etc.)? What precipitated these changes?

V. Collaboration with Other Agencies

25. Other than referring youth to other agencies for services, do you work with other agencies when assessing or working with SEY? (Probe for receive referrals from other agencies, attend meetings on the issues of SEY, share training materials)

Agency Name: _____

Respondent Name: _____

Phone Number _____

26. Looking across the current community systems and practices targeting/providing support to SEY, what are the greatest strengths?

27. The greatest weaknesses? What are the risk factors of SEY that need to be addressed in your community?

28. Is there any sort of community collaboration/task force/meetings to discuss issues around SEY? Do agencies share information on this target population? Are there any barriers to sharing this information?

Agency Name: _____

Respondent Name: _____

Phone Number _____

29. What changes do you think are needed to prevent sexual exploitation or to improve services for or community response to SEY?

a. Are changes needed in State law? Are you familiar with the proposed legislation Safe Harbor for Exploited Children Act (availability of safe house or other placement for short and long-term placement, determination of number of SEY annually in programs, changing PINS to include 16 and 17 year olds engaged in prostitution, and excluding children under 16 engaged in prostitution offenses from juvenile delinquent status)?

b. Are changes needed within specific agencies (such as police, juvenile and adult courts, child welfare, other)

c. Are changes needed across agencies (improved communication, consistent response, improved information sharing)?

Agency Name: _____

Respondent Name: _____

Phone Number _____

**New York Prevalence Study of Sexually Exploited Children
DSS Qualitative Interview**

Westat is conducting a legislatively mandated study for the NY State Office for Children and Family Services on commercially sexually exploited children and youth. Your Commissioner suggested we talk to you. We would like to ask you some questions about your agency's experience working with these children and recommendations for working with these children. The results of this interview will be included in a report to the NY Legislature. The interview will take approximately 30 minutes. Is now a good time or would you like to make an appointment. **[If requested, feel free to e-mail or fax a copy of this interview.]**

[Before beginning the interview, read the following:]

The interview will last approximately 30 minutes. You may terminate the interview at any time. The information will be compiled with other interviews to describe the community context for agencies working with sexually exploited children. Any opinions, interpretations or direct quotes will not be attributed to identifiable individuals. Findings from these interviews will be included in a Final Report to OCFS and the Legislature.

1. For this study, Westat has defined commercial sexual exploitation as all children and youth under 18 who have engaged in the following:
 - He or she engaged in, agreed to, offered, or was threatened or coerced to engage in sexual conduct or acts with another person in return for money, food, clothing, protection, drugs, or a place to stay;
 - He or she stripped and performed in public or over the Internet;
 - He or she was filmed, photographed, or tape recorded engaging in a sexual act; or
 - He or she loitered for the purpose of engaging in prostitution.

How does your agency define sexual exploitation?

2. In your community what is the mechanism for handling cases of sexually exploited youth that come to the attention of your agency? Is there a distinct protocol in your community for dealing with SEY?

Yes (please describe protocol below).....1
 No.....2

Describe protocol:

Agency Name: _____

Respondent Name: _____

Phone Number _____

6. What services are provided or needed in your community for sexually exploited children?
Please indicate if provided, provided but more is needed, or not provided.

Services	Provided in community	Provided in the community but need more	Not provided in community
a. Crisis Services			
b. Long term shelter			
c. Street outreach services			
d. Residential services			
e. Food			
f. Clothing			
g. Transportation			
h. Dental services			
i. Assessments			
j. Case management services			
k. Substance abuse screening			
l. Detox or substance abuse counseling or treatment			
m. Mental health counseling (including rape crisis counseling)			
n. Medical care (preventive, emergency, and other)			
o. Education services			
p. Legal services			
q. Advocacy			
r. Child welfare/CPS			
s. Family Reunification			
t. Other (specify)			
u. None			
v. Unknown			

Notes to table:

Agency Name: _____

Respondent Name: _____

Phone Number _____

There is proposed legislation (Title 8-A Safe Harbor for Exploited Children Act) that has a number of recommendations regarding working with exploited children. While the legislation did not come to vote, we expect certain elements may reappear in future legislation. I would like to ask you about certain aspects of that proposed legislation.

13. a. Does the county social services agency have the capacity to count the number of SEY in need of a placement in long-term safe house with supportive services available (far away from perpetrators)?. Could this information be integrated into the annual county plan?

b. If not, what kind of help would the County DSS need to get this information?

c. Who would you need to work with to get this information:

- Local law enforcement1
- Runaway/homeless youth program providers2
- Runaway/homeless youth program coordinators3
- Local probation departments4
- Local law guardians.....5
- Presentment/referring agencies6
- Child advocates7
- Service providers.....8
- Other (specify _____).....9
- Would not need to work with other agencies10

APPENDIX D

FOCUS GROUP PROTOCOL

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<p style="text-align: center;">NEW YORK PREVALENCE STUDY OF SEXUALLY EXPLOITED YOUTH: FOCUS GROUP PROTOCOL</p>

Planning the Session

- Plan for the discussion to last about an hour.
- Select up to 10 young people who are in a similar age group, have had personal experience with sexual exploitation, and are likely to be participative and reflective. It often helps if the youth don't know each other. They may be more likely to answer openly if they feel they may not see these kids again. However, agencies should use their discretion regarding the dynamics of the youth they work with.
- Arrange for refreshments popular with youth (pizza, cookies, sodas, etc.).
- Hold the session in a conference room or other setting with adequate air flow and lighting. Configure chairs so that all participants can see each other. Provide name tags for all participants.
- Invite potential participants to the meeting. Send (or hand) them a follow-up invitation with a list of discussion topics and session time and place. Contact each participant prior to the session to remind them to attend.
- Either plan to record the session with an audio or audio-video recorder, or have a co-facilitator there to take notes.

Facilitating the Session

- Cover the introduction and purpose of group (script is later in the protocol). Be sure to explain how the session will be recorded (audio or audio-video recorder, or note-taker).
- After asking a question, allow the group a few minutes to reflect on the question.
- During the discussion, mentally sort out what is important, the implications of what is being said or left unsaid, ambiguous behavior or statements, new ideas and insights, themes, etc. Listen between the lines of what is being said. Using probes is a judgment call; probes can take up a lot of the allotted hour, but sometimes are necessary.
- Take the discussion beyond polite chit-chat, game-playing (bluffs, one-upmanship, role-playing), and defensiveness (evasion, denial, rationalization). Avoid inflexible formality; be relaxed and non-judgmental. Create a supportive, safe atmosphere so that the participants can be open and candid, and are genuinely in touch with their thoughts and feelings.
- After each question is answered, carefully summarize what you heard. The note-taker might do this.
- Ensure even participation. If one or two people are dominating the meeting, then call on others. Consider using a round-table approach, which involves going in one direction around the table (or room), giving each person a minute to answer the question.

After the Session

- Make notes on your written notes to clarify anything that is illegible, ensure that pages are numbered, fill in where notes do not make sense, etc. Indicate the date of the focus group and the number of youth participating.
- Write down observations made during the discussion; for example, what was the nature of participation in the group? Were there any surprises during the session?

Script

INTRODUCTION AND PURPOSE OF GROUP

Hi everyone. Thanks for being here today to participate in our discussion. My name is _____ and I work for **[Agency Name]**. We are conducting a study about sexually exploited youth in New York State. Our goal is to understand the needs of the youth and how well the service system addresses the needs, as well find out how many youth are affected.

We would like to talk with you today to understand what happens to sexually exploited youth and to get ideas for how to help them. Your thoughts, opinions, and ideas are very important to us. Any idea you have is welcome, so please feel free to share your thoughts with us.

Things we would like to talk about include how sexual exploitation gets started, whether it is usually just one incident or lots of incidents, how it might be prevented, and what services you found or would find most useful. We define sexual exploitation of youth as any of the following:

- Engaging in, agreeing to, offering, or being threatened or forced to engage in sexual conduct or acts with another person in return for money, food, clothing, protection, drugs, or a place to stay; or
- Stripping and performing in public or over the Internet; or
- Being filmed, photographed, or tape recorded engaging in a sexual act; or
- Loitering/hanging out for the purpose of engaging in prostitution.

We will be talking with you for about an hour today, so let me go over some ground rules that will help us accomplish as much as possible in that hour.

- I will ask questions to get your thoughts, opinions, and ideas about a topic. Please speak one at a time, so I and others can hear your comments; this will make it easier for the note-taker(s) to take notes of our discussion. **[INTRODUCE NOTE-TAKER(S) IF PRESENT.]**
- We will summarize this group discussion in a short report. The only information we will include in the report are suggestions, recommendations, etc. Nobody's name will be included in any written summary of this group discussion. The note-taker(s) and I will not discuss any of the comments made here with anyone else except with each other when we prepare the summary report.
- Please respect comments made by others today. Feel free to disagree with others in the group – we welcome different opinions and points of view. But if you disagree with a comment, please respond only to the comment made, rather than to the person. This will keep the discussion respectful and useful.
- Participation in the discussion is completely voluntary, but I would really like to hear from each of you throughout this discussion. I might call on you to try to make sure that happens. Since we are only here for about an hour, please keep your comments brief and to the point. If we go off-topic, I will bring us back to the topic of our discussion.

Any questions for me before I start asking questions?

I want to thank you for participating today. Please enjoy some refreshments while we talk.

Let's start by going around and giving **only** your first name and one fact about yourself that you want others to know.

DISCUSSION QUESTIONS

Now I will start asking the discussion questions.

1. First, what do you feel is the most common type of sexual exploitation that youth in New York experience? **[PROBE:]** What do you think of when I say "sexual exploitation of youth"?
2. Do you think sexual exploitation differs by sex, age, race, ethnicity, or other characteristics of the youth, such as homeless or runaway?
3. What makes a youth get involved with sexual exploitation? **[PROBE:]** For example, problems at home, such as....People taking advantage of them, or no other way to get money.
4. What happens to youth as a result of this exploitation? **[PROBE:]** What kinds of problems are caused by the exploitation? What do they do about these problems, or how do they handle them? Do you think one type of exploitation leads to another type?
5. Would you tell us about all the exploitation that you experienced? Some of the questions we'd like you to address are: How old were you when it started, how did it start, who was involved, were you living at home, and what happened? Did it happen once or more than once? Did it involve one type of exploitation, or more than one type? Is it still going on? If not, when and how did it stop? Were other young people also being exploited by the same perpetrator(s), or were you the only one? **[MAKE SURE EVERYONE SPEAKS OR IS INVITED TO SPEAK.]**
6. Did you receive any type of help from anyone, during or after this exploitation, which helped you deal with it or stop it? If so, what was that help? Who provided it, and what did they do for you? Are you still getting help? Did you tell anyone else, who didn't help you deal with it or stop it? Why didn't they help you?
7. What type of help or service would you have liked to get, but didn't? Did you have contact with any agency that might have helped but didn't? Did this contact occur before the exploitation happened, or after? Why did you not receive the help or service? **[PROBE:]** Was it not available, or were you not eligible for it, or did you not

know about it? Did you feel there were strings attached to the help (if yes, what type of strings)?

8. Looking back, do you think that anything could have prevented the exploitation from happening? Why or why not?
9. Is there anything else that you think we should know or do about the sexual exploitation of youth?

CLOSING

I think we are just about out of time today. You all have been very helpful to us in understanding these important topics. Thank you all very much for your time and the great discussion.