

**“It’s Like Screaming into the Abyss”: Exploring the Risk Assessment Process as a Dynamic
Relationship for Sexually Exploited Youth in Care**

by

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Dalhousie University is located in Mi’kma’ki,
the ancestral and unceded territory of the Mi’kmaq.
We are all treaty people.

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Dedication Page

This research is dedicated to young people. Young people who are deserving of a care that sees them in their brilliance, in the ways they've survived, and in the ways that they've crafted their own solutions to complex issues. I hope that this research plays a part in pushing us towards more liberatory care: care founded in needs, strengths, and opportunity. This work is grounded in the things that youth and children have taught me about curiosity, hope, joy, empathy, sharing, connection, reciprocity, and love. Youthfulness reminds us, *it doesn't have to be this way*. We can dream a new. We can do better. And, as Henry Giroux notes, "hope expands the space of possible and becomes a way of recognizing and naming the incomplete nature of the present" (2022, as cited by Hayes & Kaba, 2023, p.232).

In the same breath, I dedicate this work to my elders and teachers. Those who have shared equally in my learning and growth, in fostering my exploration and pursuit of depth, and those who have reminded me to take the time to build. My grandmother, in particular, reminds me to continue learning (a teaching I will be eternally grateful for).

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Abstract

This thesis examines the complexities of risk assessment practices concerning sexually exploited youth within child welfare systems. The research explores how risk assessments are employed and impacted by state institutions, social workers/service providers, and the youth themselves. Drawing on qualitative data from 14 interviews with service providers working with this population, this study highlights the deeply relational and interconnected nature of the risk assessment process. Findings highlighted that current risk assessment tools, often driven by a checklist approach, fail to account for the lived experiences, autonomy, and protective factors of youth. They also fail to take into account the ways in which risk reduction practices happen alongside the risk assessment process. At the core of effective risk assessment, is strong relationships between young people and service providers. The thematic analysis revealed how these relationships can either mitigate or exacerbate harm to youth, underscoring the importance of holistic, empathetic, and collaborative approaches in risk assessments. Service providers advocate for the adoption of harm reduction, trauma-informed, and consent-based approaches, emphasizing the need for social workers to engage in shared decision-making and prioritize youth voice and autonomy. Participants challenged prevailing discourses that view youth as passive victims, instead advocating for a perspective that recognizes their agency, autonomy, and survival skills. The conclusion calls for systemic change, including rethinking child protection frameworks and shifting societal attitudes towards sex work, to create safer, more empowering environments for young people. Drawing on abolitionist and transformative justice principles, the study envisions a future where youth are supported not through punitive measures, but through care systems that prioritize their voices, needs, and futures.

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Thank you to my partner, Ash Govers, for always reminding me to take a deep breath, lean into the wisdom in the books that line our bedroom walls, and that we can get through anything, together. Thank you to my friends, family, and roommates: you have put up with my talking about risk assessments and exploitation and child welfare systems for so long – and I am eternally grateful. Thanks for showing up for me, and for reminding me that I can't be in community with others unless I also accept support and care.

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Chapter 1 – Introduction

Across Canada, child welfare agencies, community-based organizations, health agencies, and government departments have been working to better understand and address the complex social issue known as the commercial sexual exploitation of children (CSEC). Throughout this thesis, the term ‘CSEC’ or ‘sexual exploitation’ will be used to refer to youth under the age of 18 who are being sexually exploited, trafficked, or are exchanging sex for goods (Franchino-Olsen, 2021a). CSEC remains a complex and varied issue impacting youth and families across Canada. Child welfare agencies across Canada are often faced with issues of CSEC as they attempt to support youth in their care at the crux of systemic oppressions and life circumstances which increase their risk of exploitation. There are many community-based organizations collaborating with child welfare and public health agencies to best support youth being sexually exploited. While the impacts of CSEC within Canada are widely acknowledged and frequently discussed, the current prevalence rates remain difficult to capture. Williams (2005, as cited by Zulu, 2014) estimates that across Canada there were 11,250 children involved in survival sex and 22,500 children being exploited through the sex industry in 2002. Based on an extrapolation of data collected in Toronto, these numbers have increased steadily over the last 20 years (Zulu, 2014).

Current approaches to understanding and mitigating the possibility of harm of sexual exploitation occurring to child welfare-involved youth has prioritized the use of risk assessment tools. This project sought to explore the usage of sexual exploitation risk assessment tools in Canada to bring forward alternatives and recommendations from those in the field. In doing so, interviews and a focus group were conducted with service providers working with sexually exploited and child welfare involved youth. For child welfare involved youth being sexually exploited, navigating risk assessments and approaches to intervention and treatment poses an

additional layer of nuance and complexity to providing appropriate care within the system. This research project explored the child welfare system's response to the sexual exploitation of children and youth, with a particular emphasis on how the concept of 'risk' is understood, assessed, and operationalized in making decisions. However, rather than taking for granted current approaches to risk assessments and growing on a small critical scholarship suggesting risk assessments are oppressive and perpetuating harm (Brown et al., 2017; Franklin et al., 2018; Green, 2020; Mythen & Weston, 2023; Swift & Callahan, 2009), the project aimed to problematize concepts of risk and, by association, risk assessments.

Service providers quickly pointed to the relational nature of the assessment process. Both in the administration of formal risk assessments and in the desire to use alternatives, participants named relationship as the central tenant to this assessment. Participants described the contributions of the relationship as threefold: the young person (being assessed), the service provider (or social worker), and the state (including the historical and contextual realities as imposed upon this relationship). The state, here, is used as an actor itself within this relationship. To articulate this finding, the analysis and discussion have been formatted within these three categories, each as its own separate chapter.

Understanding the Social Issue

The most recent data about human trafficking indicates that Nova Scotia, Ontario, and Saskatchewan have the highest rates of human trafficking in police-reported cases, and are above the national average (Conroy, 2022). Nova Scotia has the highest reported rates of human trafficking per capita (2.7 incidents per 100,000 population), with Ontario (2.3) and Saskatchewan (1.8) close behind. Of all police-reported cases, 62% were reported in Ontario and 10% were reported in Nova Scotia (Conroy, 2022). These rates are high, considering Ontario

accounted for 39% and Nova Scotia accounted for 3% of the Canadian population in 2021 (Statistics Canada, 2021, as cited by Conroy, 2022). The high concentration of population in urban areas and the coastal location, respectively, may be related to the human trafficking corridors used by traffickers to isolate survivors (Conroy, 2022). It is important to note that this data speaks to human trafficking across all age groups and populations in Canada. This data may include some cases of CSEC, but as mentioned, much of the exploitation occurring remains hidden and underground.

Nova Scotia is considered a “source” location anecdotally among law enforcement and service providers, where individuals are trafficked out of the province and into New Brunswick, Quebec, Ontario, or British Columbia (Gagnon, 2020b). One youth health study out of British Columbia in 2006 surveyed street youth aged 12-18 and found that 30% of them were sexually exploited (Saewyc et al., 2008). Since 2011, 45% of police-reported human trafficking survivors are between the ages 18-24, and 24% were under the age of 17 (Conroy, 2022). These findings are additionally concerning considering how statistics are gathered, as we understand that this is an extremely hidden ‘crime’ and that many do not report their experiences to the police. It is probable that rates are considerably higher than reported due to the clandestine nature of CSEC. The *National Strategy to Combat Human Trafficking 2019-2024* (Government of Canada, 2019) indicated that the only available prevalence rates prior to 2019 came from police-reported incidents of human trafficking, noting the challenges in identifying victims, and the reluctance of survivors to come forward to law enforcement (Government of Canada, 2019). The collection and reporting of accurate data is further complicated when our definitions of human trafficking often include both the labour and sexual exploitation of adults and children; it is not specific to the sexual exploitation of children and youth. Many youth in need of supportive services hide

their activities because of stigma and the risk of criminalization (Benoit et al., 2005; Pheterson, 1990; Pheterson, 1993, as cited by Saewyc et al., 2013). Accessing supportive services are even more difficult when youth are not able to identify that they are being exploited (Ijadi-Maghsoodi et al., 2016). The pathways of entry and recruitment techniques of traffickers and solicitors often include peer networks, in person or online recruitment, grooming, manipulation, or enmeshment techniques used to coerce youth into CSEC (Ijadi-Maghsoodi et al., 2016).

Several studies have documented the adverse effects of CSEC on the health and wellbeing of children and youth. The impact is widespread and includes “violence-related injuries, sexually transmitted infections (STIs), pregnancy, untreated chronic health problems, complications of substance abuse, post-traumatic stress disorder, major depression, suicidality, anxiety, and other mental health problems” (Curtis et al., 2008; Greenbaum & Crawford-Jakubiak, 2015; Macias-Konstantopoulos et al., 2015; Muftic & Finn, 2013 as cited by Barnert et al., 2017, p. 3). CSEC can cause complex trauma and many youth involved in CSEC have previously experienced physical and/or sexual abuse, compounding the mental and physical health risks for youth (Institute of Medicine and National Research Council, 2013 as cited by Barnert et al., 2017). This significantly increases youth vulnerability to exploitation in and of itself, enforcing the importance for early intervention and prevention work. Understanding the rates and reach of CSEC is crucial in better preventing and addressing the impacts of trauma caused by exploitation.

There are an estimated 299,000 children investigated through child welfare agencies in Canada every year, with 59,283 children in out-of-home care (Trocmé et al., 2023). Though high levels of CSEC have been identified in child welfare, there is an absence of accurate prevalence rates (Gagnon, 2020; Panlilio et al., 2022). Those at this intersection are often involved in

multiple systems and are sometimes described as ‘crossover’ youth. Child welfare, health, and justice systems all assess for a variety of ‘risk’: risk factors, risky behaviours, safety risk, etc. Youth ‘at-risk’ of or engaged in sexual exploitation within the child welfare system are evaluated for risk in a variety of settings, using a variety of tools and processes, and by a variety of people. While the ‘risk factors’ which make youth more vulnerable have been explored at length within the literature, understanding how practitioners are currently working to assess risk within the context of experiencing sexual exploitation and the safety concerns associated, is less available. The process of identifying children and young people within child welfare who are at risk of commercial sexual exploitation has been identified as a necessary procedure to ensure youth are able to access the appropriate and necessary physical and mental health care services.

The field of sexual exploitation and human trafficking uses a multitude of terms to refer to similar concepts. These terms are often associated with particular perspectives to this work. In acknowledging the diversity in language, it is notably important to identify and clarify the terms to be used throughout this project. The current project will name youth or adults who have survived or are currently experiencing sexual exploitation as those with ‘lived/living experience’ of sexual exploitation. The term ‘survivor’ will be used in connection to the legal system or in place of the term ‘victim’ to promote a strength-based lens. The term ‘sex industry’ will be primarily used to indicate the multitude of people who profit from the involvement of youth in the sex industry (Christmas, 2017, as cited by Drabble, 2019). ‘Sex work’ will be used in the context of those over the age of 18, who “earn money to perform sexual services or who provide erotic entertainment to clients individually or collectively” (Chateauvert, 2013, p.2).

Use of Risk Assessments for Sexually Exploited Youth

Risk assessments have been deeply interwoven with child welfare systems as a way of attempting to increase the safety of children and youth. The notion of risk “is most closely associated with fear [of harm] and with the efforts that people make to increase their security and safety” (Swift & Callahan, 2009, p.5). This understanding, of risk more conceptually, differs from how risk assessment tools are operationalized. This discussion will continue in Chapter 1, though as we begin to discuss how risk assessments are central to the work with youth at risk of sexual exploitation, it is helpful to note the framing of child protection-based risk assessments. Within child protection systems, the concern of ‘risk’

“...is focused not only on the child but also on the organizational risk of acting or not acting. Within a dominant risk culture, child protection systems determine who will be involved in decision making, invariably confining it to the professional system. This can mean that the potential for families, and particularly extended families, to be engaged in decision making – and thus meaningfully invested as partners in those decisions – is lost” (Morris & Burford, 2017, p.91).

This positions risk as more than just risk to the family or child, but also the risk to the system itself. This positioning limits the work that social workers are able to do, as the system pushes to also prioritize the state. These ideas, rooted in a risk paradigm and a risk-based system, act as a “reactive lens for a system not geared to achieve nuanced understandings of individual outcomes for children and families with complex needs” (Shlonsky & Mildon, 2017, p.125). Shlonsky and Mildon continue that

“...the system itself is built on concerns for child safety, which is an indispensable component of any child welfare system. But in and of itself, it is insufficient for describing the range of needs that must be met if we are to maximize the life chances of vulnerable children” (Shlonsky & Mildon, 2017, p.125).

Risk assessment tools, which vary across provinces and territories, typically screen for well-known risk factors and utilize a point-based scoring system to categorize youth by “level of risk”. Concerns currently exist surrounding both the capacity of standardized risk assessments to

accurately assess levels of risk, and the ability of risk assessments to encapsulate the context surrounding the youth's lived experiences (Vidal et al., 2017). Standardized assessment tools are limited to the individual filling them out and the interpretation then made by others reading the assessment. Some have also identified concerns with utilizing the established risk factors for CSEC within a tool for child welfare-involved youth, as many of these intersect with the risk factors, or situational conditions, of involvement with child welfare system (Vidal et al., 2017; Vidal et al., 2019). In practice, all youth with child welfare involvement are then seen as "at risk" of sexual exploitation. It is worth noting however, that there is significant concern for all child welfare-involved youth to be at risk of sexual exploitation, and this is only amplified when youth reside in group care settings due to the intrinsic living conditions and peer influence present.

In taking seriously the growing critique of risk assessments, this study worked to articulate an approach to risk assessment that could be less harmful. It aimed to offer insight into what an "anti-oppressive risk assessment" model operating within child welfare systems could look like. It explored how practitioners balance the requirement to conduct risk assessments on the youth they support in tandem with the desire to work from an anti-oppressive framework. It wondered how practitioners balance the both/and of managing the legal response paradigm and duty to protect with human rights approaches and their personal and professional ethics of care with their legal liability. Throughout this project, participants explored alternative ways of understanding, assessing, and engaging with notions of 'risk', particularly for those who consider themselves 'critical practitioners' within this field. This research asked *what could an anti-oppressive risk assessment look like?* Following an introduction to several key concepts, applicable historical context, and research methodology, this paper will discuss the findings through the idea of risk assessment as a dynamic and relational experience between the state, the

youth, and the social worker/service provider, as it is influenced by the larger systemic, structural, and social context.

Framing the Research & Theoretical Approaches

This research project was rooted in transformational and naturalistic paradigms, aiming “to address inequality and injustice within society and assum[es] that meaning is constructed within multiple realities” (Guba, 1990, as cited by Karabanow, 2022). This project was constructed under particular theoretical and value frameworks and recognizes that no research can be entirely objective. The current research values that knowledge is situated within the field: “it’s contextual, interactional, and posits that you cannot separate the researched from the researcher... knowledge is exploratory” (Karabanow, 2022). This research was rooted in feminist, queer, anti-oppressive theoretical frameworks. It was also deeply action-oriented, founded in curiosity, passion, and community (Karabanow, 2022). However, the primary theoretical framework which orients and positions this work, is anti-oppressive practice (AOP).

From a personal lens, I come to this work with a background in community work and social work. I come from a place of having worked within the institution, and by extension, as an arm of the state. More recently, I have also worked as a service provider working against and alongside the same systems and structural oppressions, and yet, still limited by them. I also bring with me the privileges of a white settler and experiences as a queer Indigenous person. I have benefited immensely from white supremacy as a white-presenting person, while working to decolonize my own family history, where colonialism and privilege remain entangled. Naming the lenses in which I work is necessary to positioning myself within this research, as this research, and all research, is subjective.

I come to this research from the lens of anti-oppressive practice, which seeks to “center around the reduction of power inequities in the client-social worker relationship with a goal of maximizing client resources and access to resources” (Baines, 2007; Dominelli, 2002; Sakamoto, 2005, as cited by Massaquoi, 2017, p.289). Anti-oppressive practice (AOP) operates as an umbrella term to include many other liberatory-aimed frameworks, working to “disrupt, overturn, and reconstruct oppressive values, definitions, policies, institutions, and relationships” (Massaquoi, 2017, p.289). At the core of AOP, it highlights that we work “within a society that is oppressive” (Massaquoi, 2017, p.289). This is central to this research project: pointing to the urgency in naming our society as oppressive and working to reconstruct systems. This research looks to do so by naming what isn’t working under current colonial systems and providing options for alternatives situated in care and community. Under an AOP lens, and in this work toward liberation, I bring with me abolitionist, queer, Indigenous, disability, critical race, and offer transformative justice theories and approaches to this work. It is from these theoretical and practice approaches that I am able to find a way through: through the hurt, harm, and danger of current oppressive systems and practices. While much of this research necessitates systemic change, we will also discuss what occurs at the micro scale. As described by Ritchie (2023),

“The knowledge that what happens at the small-scale replicates, coalesces into, and shapes larger social structures and systems simply shifts the primary focus of transformation to our relationships, interactions, networks, and communities instead of strategies that rely exclusively on mass mobilization and top-down legislative and policy initiatives. Emergent strategies invites us to act based on shared values and principles at a smaller scale, and to connect our actions across time and space into networks with the power to shape complex systems” (p.10).

Anti-oppressive practice emphasizes the necessity of building a “transformative and politicized social work... to relieve people’s emotional pain and immediate difficulties while simultaneously working to change the larger forces that generate inequity, unfairness, and social

injustice” (Baines, 2017, p.51). We must explore both, simultaneously, if we are working towards an emancipatory and liberatory framework of care. Opportunities to do both are rare within front-line social work practice, which can leave social workers feeling disengaged, distressed, and disheartened by the state of the field.

Coming from an educational background in psychology, sociology, and social work, I hold in my work the nuance that comes from the caring professions and the desire to provide support while also understanding the histories of harm and as they continue to operate today. As described by Fortier et al. (2024), “to understand social work today, we need to see it as part of a lineage of these reinforcing and contradictory practices of care, extraction, support, coercion, collaboration, punishment, healing, gaslighting, help, and policing” (p.3). These contradictory practices are central to this work, and we will turn back to these ideas throughout the findings chapters.

From this context, it is important to note the framing of certain terms throughout this thesis. When discussing “the social worker”, this thesis seeks to recognize the social worker as an extension of the state working within child welfare systems, health systems, school systems, and policing systems. When referring to the service providers who participated in this study, it refers to individuals most frequently working alongside these systems, but often outside of them, in community-based organizations. These types of organizations are often funded by government agencies and are required to work within and alongside the state. While community-based organizations are able to do things slightly against the grain, they are still limited by the institution, governance, and state-level sanctions and organizational policies which are impacted by neoliberal funding obligations and reporting constraints. As most of the participants fall under this category, the strengths and weaknesses identified throughout our findings often come from

this lens, and speak to the ways carers outside the system build in safeguards to protect themselves and others from system harm. When discussing social work as a field, rather than as a role, this thesis points to the overarching system of social work, which was founded in so-called-Canada as a state tool and extension of policing. It is important to highlight that some have pushed the profession towards more liberatory approaches, which acknowledge the oppressive systems and limitations in this work but seek to orient themselves towards the idea of “social working”, an active verb looking to articulate the care work being done through abolitionist and decolonial lenses by some within these systems. Of note, those practicing social working are not exclusively social workers (Fortier, et al., 2024). Fortier et al. (2024) explain that they understand social working through its community orientation, as “a series of actions, groups, events, and practices of care and mutual aid that can overlap or conflict in their intents and purposes with professional social work” (p.2-3).

Methodology

This research project sought to conceptualize and tease apart evaluations of risk. It worked to explore if better alternatives exist to current approaches by discussing with service providers and leaning into alternative theoretical approaches available in the literature. Current literature has begun to identify how current evaluations of risk are not working to adequately support this population (Brown et al., 2017). This thesis sought to integrate existing literature to provide context around participant experiences and accounts.

This project builds upon a pilot study conducted in the spring of 2023. The research pilot was co-created in collaboration with Ashley Govers, Clare Gribbon, and Maggie Hertzberg, and two community partners. The four researchers met with the two community partners, one from a youth residential caring facility and one from an organization working specifically with sexually

exploited youth and youth engaged in sex work. In these meetings, and from our own work experiences, we discussed and explored some of the ways in which policy directly or indirectly impacted risk of sexual exploitation. The pilot study explored specifically child welfare and youth residential care policy and practices and its relation to risk of sexual exploitation for youth involved in their care. The interview and focus group questions for this pilot study are found in Appendix A. The initial findings from the data collected from 10 participants encouraged the continuation and expansion of this work. This initial study yielded a final report as well as a list of recommendations, which can be found in Appendix B.

Following this pilot project, and in hearing the calls to expand this research, the primary researcher interviewed an additional four participants to explore the impacts of the risk assessment process more deliberately and to further discuss some of the nuances pulled from the first set of data collected. In the framing and building of this study, it was constructed based on the experiences and findings from the previous study and my professional experiences in the field. I have worked in the field of child and youth care at a specialized child and youth caring program (CYCP) for youth engaged in CSEC as well as a short-term emergency stabilization centre for youth in care. I have also worked in a community-based organization supporting youth and young adults engaged in sex work, actively being trafficked, or with a history of sexual exploitation. It has been both a rewarding and frustrating experience. Indeed, there are many conditions within the system(s) that limit our ability to provide care to youth experiencing exploitation. These experiences have allowed me to understand the complex and nuanced dynamics that intersect when working with sexually exploited youth. The following project, in responding to current literature in the field and my professional observation, more precisely looked to answer the following questions:

- 1) What is the current state of risk assessment for sexual exploitation in child welfare systems across Canada? Is there a consideration for anti-oppressive practice within current risk assessments?
- 2) From the vantage point of practitioners, what are the challenges and potential ethical dilemmas that arise from the current model of risk assessment?
- 3) What might anti-oppressive assessment of the risk of sexual exploitation look like? And how might this be accomplished?

To help answer these questions, this study recruited an additional 4 service providers working in the field of CSEC, who work to determine ‘risk’ for youth involved in child welfare systems. The interview guide for the additional four service providers can be found in Appendix C.

All 14 participants were purposively sampled from organizations and public domains which indicated contact information and email address publicly online. Possible participants included those working to determine youth placement, those working in child and youth caring facilities, those making decisions whether to place youth in secure care, those working with youth in care at risk of sexual exploitation, and those utilizing risk assessment tools such as the Sexual Exploitation Risk Assessment Framework (SERAF). Participants were recruited for working within Canada or within the Canadian policy and service-delivery context. Recruitment emails were most successful with community-based organizations. Of note, the contact information for specific child welfare social workers is rarely available, and it is unlikely for them to be able to participate in research unless they have direct approval by their departments. To be eligible, participants needed to answer “yes” to the following screening questions:

1. Do you currently work with youth at risk of, or engaged in, sexual exploitation with child welfare involvement? If so, what is the nature of this work?
2. Do you currently design, conduct, use, or engage with risk assessments within your work. If so, what is the nature of this work?

Across all participants, there was a collective 181 years of experience in the field, working within a range of job roles, including child protection, youth outreach, sexual violence prevention, sexual exploitation prevention, harm reduction programming, outreach and street projects, child and youth care, clinical and counselling services, etc. There was a variety of perspectives included, such as those working in community-based programs, government-funded organizations, government departments, etc. Most participants lived in Nova Scotia, other than one participant living and working in British Columbia and one living in Ontario. Participants discussed working in other provinces as well. Participants worked with a variety of populations, and self-disclosed, without prompting, as having experiences being and working with Indigenous, houseless, and queer folx. While this study was limited in time and capacity, this study did not connect with anyone working directly from an African Nova Scotian or disability-focused lens. Due to the overrepresentation of certain populations within child welfare systems, it is understood that these lenses would have been incredibly valuable to this study. To engage with the above-mentioned populations, extra time, funding, and relationship development is needed to engage these communities in a meaningful and ethical way. Participants did frequently name racism and ability as systemic issues and, importantly, discussed actively working to reduce the harms of said oppressive systems in their work with all young people.

The focus of this study remained on service providers, to explore their positionality and experiences within this complex system. While this is an important lens, it does leave out the

perspective of those who have direct lived experience with exploitation, child welfare, and risk assessments. Due to the nature of this project, and the limitations in time and funding, this project focused on the service provider experience. However, and in an effort to redress this gap and limitation of the current study, ethics approval was secured to inquire if practitioner participants had any direct experience, as a young person, with child welfare or sexual exploitation. Of those interviewed, four individuals identified lived experience: one of exploitation, one of child welfare involvement, and two undisclosed. The experiences of those participants are highlighted amongst the analysis and point importantly to the necessity for youth to be involved in the decision-making process and to have autonomy, agency, and control where possible. This is a consistent theme that will emerge throughout this thesis, by those with lived experience and by those without.

All fourteen participants were invited to take part in either a virtual semi-structured interview or focus group seeking to explore their personal experiences working in the field and to explore how anti-oppressive risk assessments could be done. Semi-structured interviews were chosen to allow for a conversational approach. This proved especially important, as in one interview, the participant was hesitant to share their experiences until they started to build a relationships with the interviewer. Interviews took between 60-90 minutes, and the focus group was approximately 105 minutes long. Transcripts were anonymized and de-identified to reduce the risk of participants being identified if they are criticizing their employer, workplace policies, or related legislation. Participants were informed about the de-identification and anonymization process prior to their participation. To mitigate possible risk of participant identities being known, names, specific descriptions of people, time periods, and places will be marked by an 'X'. For organization names, a list relating organizations to numbers (organization 1,

organization 2, etc. ...) will be kept in an alternate file and will only be accessed by the researcher to provide context to the quotes. No organization names will be published or included in the data analysis. If the context is important, organizations may be described vaguely (i.e., “government department”, or “child and youth caring program”, etc.).

From the interviews and focus group, qualitative data was collected and thematically analyzed to identify core themes and patterns in the data. The de-identified transcripts were uploaded into NVivo to be coded. This was done by creating codes and sub codes to explore the themes, interpret the information, and provide context to the social issue. The interview questions correlated with the core themes of the study and allowed for new themes and codes to be easily identifiable. The process of analysis began with open coding, followed by the development of codes and sub codes grouped into thematic categories, and then a final coding process to review codes for content, applicability, and consistency. This followed an inductive coding approach, allowing the data to determine the themes. The researcher’s preliminary understandings of, and experience in, the field-supported the reflective analysis process and allowed latent coding to strengthen and deepen the analysis. The data analysis process consisted of a broad thematic analysis followed by a secondary thematic analysis. Following the written analysis, the researcher moved into the knowledge mobilization process, which sought to both return the information collected to the participants, as well as share this research in an accessible way with policymakers, decision-makers, and those at high levels within child welfare agencies in Canada.

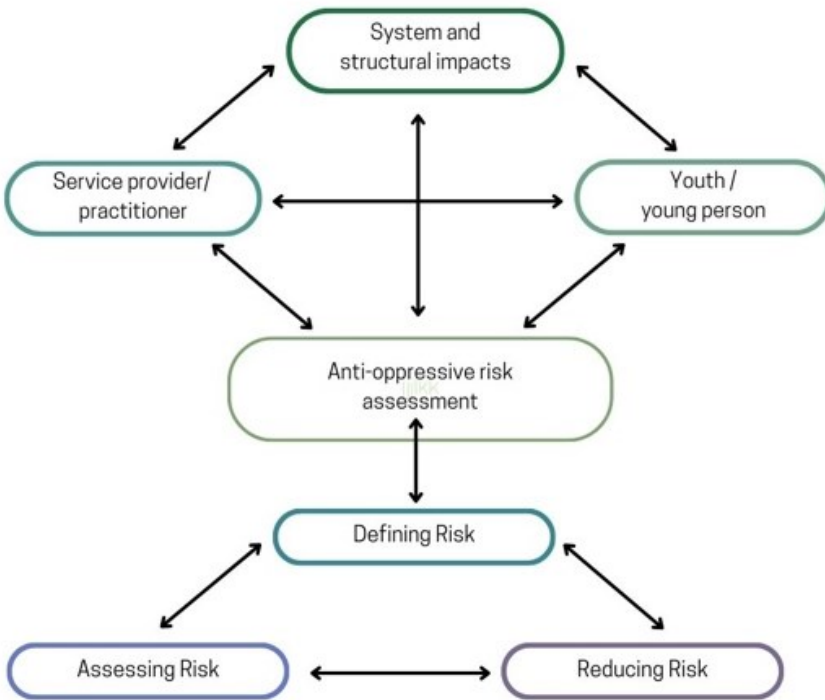
Framing the Findings

Throughout this project, participants emphasized that there were opportunities for engaging in “good” care within “bad” systems, while also championing the need for the current

system to change. Participants often spoke about situations from a lens of a relationship: the person being assessed (the young person), the person doing the assessment (the social worker or service provider), and, engaged equally in this relationship, the state (and the ways in which history and systems directly impact this relationship). The ways in which this was described pointed to a triangular relationship, with each component deeply influencing the others. No component of a risk assessment could simply be examined without also understanding the contextual and layered power dynamics and historical impacts. Here, the state is conceptualized as an actor within this relationship. Participants articulated that the state intervenes in people's lives both through its regulations, and hegemonic expectations, and also through the use of social workers to intervene on the state's behalf. The use of social workers becomes an imperfect tool: they are educated in social justice and come to this work with their own experiences, values, and connection to humanity. They often diverge from the state's true requests/direction in their use of discretion and practice. In turn, they operate somewhat as a mediator between the state and the young people. In this mediation, and in the state's use of the social worker as an actor, the youth question the intentions and motives, seeing social workers as an arm of the state. This triangular relationship is where risk assessment and risk mitigation/harm reduction can occur, but only when trust is built between the young person and the social worker, as a safeguard from the impacts of the state. Through the analysis process, and in trying to further articulate and understand this relationship, the researcher designed a graphic to better articulate how the findings should be discussed (see Figure 1).

Figure 1

Risk assessment as a dynamic and relational experience



Risk assessments operate through a threefold relationship, inevitably impacting each other (see Figure 2). The risk assessment process cannot happen in a genuine and detailed way without understanding the interactions between youth and service provider, service provider and the state, and youth and the state. Discussions with participants also explored how it was not possible to assess risk completely in isolation from the process of understanding, defining, and reducing risk for a young person (see Figure 3). Service providers explained that often, the best risk assessments only occurred through the process of working to reduce the level of risk for the youth. This highlighted that without a constructive, explorative, and profound understanding of each of these components, simply discussing “risk assessments” would not even begin to truly understand how an anti-oppressive risk assessment could be conducted. The following project, then, utilized these concepts to help articulate and explore the findings. The following chapters will take components of the relationship (the state (i.e. systemic and historical context), the individual(s) making the assessment (i.e. the social worker or service provider), and the

individual being assessed (i.e. the youth or young person)) to draw a detailed picture of this dynamic. In each of these chapters, we will discuss topics which may best fall under “defining” or “reducing” risk – this is because participants were unable to separate all three topics from one another. Following those three chapters, we explore in the final findings chapter how current service providers work to repair relationships within current systems and how they dream of alternative caring and assessment systems.

Figure 2
Risk assessment as a relational experience

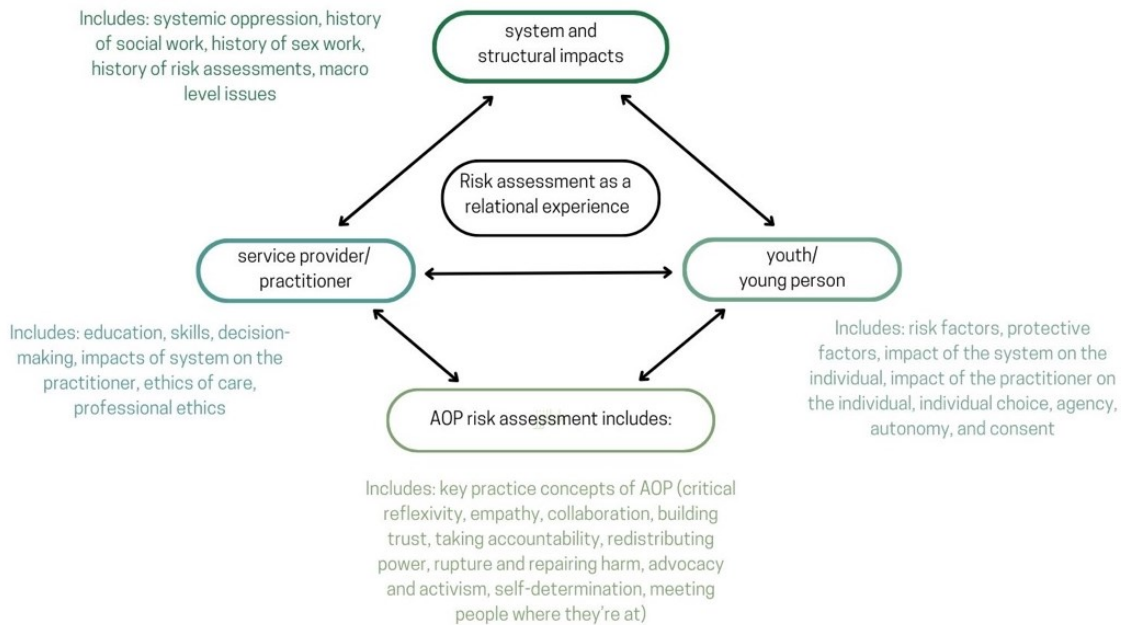
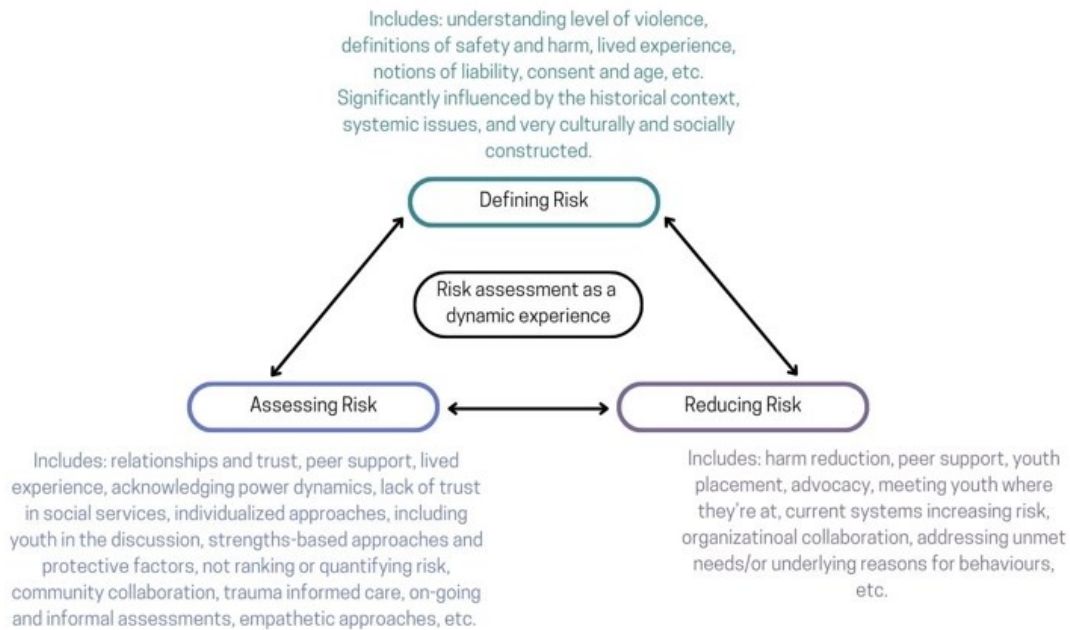
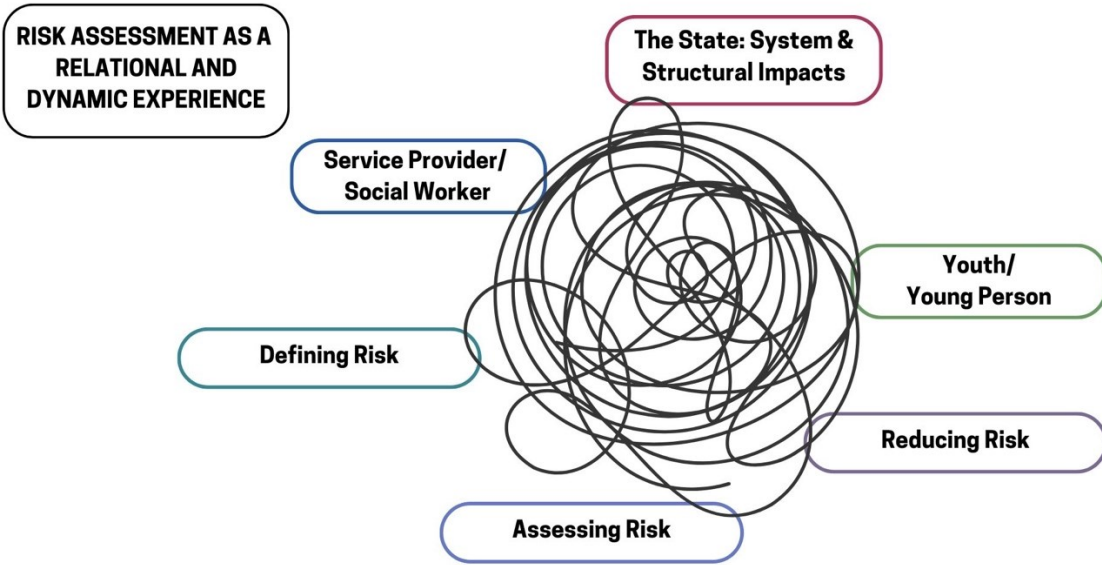


Figure 3
Risk assessment as a dynamic experience



While the above figures help us to sort through quite complex issues, they also simplify the very dynamic, integrated, and messy ways in which these relationships exist. A more accurate image, one that depicts the nuance, complexities, and intricacies, might be seen in Figure 4, however, even this cannot encapsulate it. The visual represents a tangled ball of yarn which we are unable to untangle completely. Ultimately, all three sides (young person, service provider, and state) are deeply interconnected in their comprehension, understanding, definitions, reduction, and assessments of risk. None of which can exist without the others.

Figure 4
The complexities of risk assessment as a relationship



Chapter 2 – Risk Assessment in Relationship: The State

In furthering our discussion surrounding the complexity of providing support in this intricately layered systemic issue, an exploration of how we have arrived at this point in time is necessitated. This chapter will directly explore the historical, contextual, and systemic impacts on the risk assessment process. Through our understanding of the ways that social values and approaches have changed, it allows us to better understand the ethical, legal, moral, and political impacts that have molded the care and intervention we are able to provide. Operating at the state level, laws of consent, approaches to policing, discourses around sex work, and the various models of approaching human trafficking and sexual exploitation have made a significant impact on the ways in which child welfare agencies have attempted and succeeded in providing intervention to reduce the prevalence and impacts of CSEC. These issues are equally impacted by the ways that risk has been defined and operationalized both outside of, and within, the field of CSEC and child welfare, particularly under overarching oppressive systems.

The Sexual Exploitation of Child Welfare Involved Youth

Concepts known as human trafficking and sexual exploitation overlap in both their meaning and their reach. The United Nations (UN) defines sexual exploitation as “any actual or attempted abuse of a position of vulnerability, differential power, or trust for sexual purposes, including but not limited to profiting monetarily, socially, or politically” (Gerassi, 2015, as cited by Fanchino-Olsen, 2021, p.99). Human trafficking is defined as “the recruitment, harbouring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act in which a commercial sex act is induced by force, fraud, or coercion, or in which the person forced to perform such an act is younger than age 18” (Clawson et al, 2009, as cited by Franchino-Olsen, 2021a, p100). At times, definitions of human trafficking extend beyond youth sexual

exploitation to include trafficking of adults for the purposes of labour or other reasons.

In 1990, the United Nations Convention on the Rights of the Child (UN CRC) was signed and ratified by several member nations, including Canada (Saewyc et al., 2013). The UN CRC asserts that all children should be protected from all forms of sexual abuse and exploitation including “coercion of a child to engage in any unlawful sexual activity; exploitative use of children in prostitution or other unlawful sexual practices; exploitative use of children in pornographic performances and materials” (Office of the United Nations High Commissioner for Human Rights, 1989 as cited by Saewyc et al., 2013, p.95). Some researchers and advocates have pushed for sexual exploitation to be labelled as a form of child abuse. Barnert et al., (2017) names child sex trafficking as “a severe form of sexual abuse and a fundamental violation of human rights” (p.2).

Under the Criminal Code of Canada, the sexual exploitation of children is considered akin to human trafficking and is not associated with the sexual abuse of children (Gagnon, 2020). This is interesting, because other organizations in Canada and internationally discuss these two issues in relation to each other. The British Columbia Ministry of Child and Family Development (2007) defines sexual exploitation as “a form of sexual abuse that occurs when a child engages in a sexual activity, usually through manipulation or coercion, in exchange for money, drugs, food, shelter, or other considerations” (p.24, as cited by Saewyc et al., 2013, p.96).

For youth under the age of 18, laws of consent in Canada indicate they are not able to consent to sex when there is a power differential present (Government of Canada, 2023). All forms of CSEC involve a power differential, and therefor are considered exploitation (Gagnon, 2020). For those over the age of 18, consent is possible even with a power differential

(Government of Canada, 2023). This adds nuance to this conversation, inviting in the history of sex work and what has been historically named as prostitution. Sex work is frequently conflated with human trafficking, ultimately making persecution tactics difficult as they can target those working legally and consenting to sex work (Chateauvert, 2013). Sexually exploited youth may be under the impression that they are consenting to the transaction where sexual acts are exchanged for goods, but the laws of consent in Canada do not allow this to be possible. Where youth were engaged in transactional sex prior to turning 18, they sometimes age-into the legal sex work industry afterwards. At times, youth and adults may engage in ‘survival sex’, which is defined as the “exchange of sex for goods required for survival (i.e., shelter, food, drugs)” (Czechowski et al., 2022). Sex workers are “laborers who earn money to perform sexual services or who provide erotic entertainment to clients individually or collectively” (Chateauvert, 2013, p.2). They too, often engage in survival sex. Chateauvert (2013, p.4) notes that

“‘Girls do what they have to do to survive.’ As do homeless boys, undocumented immigrants, transgender people of color, and other marginalized and social undesirables. They hustle, using sex – the one form of labor capital they possess – to obtain food, shelter, clothing, medicine, physical protection, and other necessities. Such trades are survival strategies for a population shut out of other forms of work, in a nation that does not affirm a human right to shelter, food, or health care.”

The sex workers movement has historically advocated against ongoing judgement and slut-shaming. Societal narratives of sex workers and those who have experienced sexualized violence have implied that victims have “‘asked for it’ because they were sexually promiscuous or dressed provocatively... [they] are also expected to hand over their power, allowing others to determine their needs” (Chateauvert, 2013, p.17). Societal stigmatization and shame have crossed over onto youth involved in sexual exploitation, leading to a long history of criminalization, victim blaming, and looking the other way. The varying approaches to CSEC intervention, rooted in societal stigmatization and shame, continue to this day to contribute to the

financialization of the sex industry and the sexual abuse of children and youth.

Sex Work, Stigma, and Socialization

Discourses around sex work, the ongoing stigmatization of sex workers, and the social constructions of sexual deviancy have made this a more complex and difficult issue to address (Baird et al., 2020; O'Brien et al., 2017). These different, and at times conflicting, perspectives across systems are a common concern, particularly between the justice, health, and child welfare systems. This divisiveness ranges from abolition to radical legalization to criminalization. These ideological differences in approach often fragment efforts to address CSEC and trafficking (Gagnon, 2020). Some policing agencies have taken a prosecution approach, seeking to prosecute all involved in exploiting youth, though this has also led to the criminalization of those being exploited. Some organizational approaches have been aimed from a 'rescue' lens, which has been argued for being reductionist and taking power away from those being exploited (Chateauvert, 2009). Other approaches have taken a harm reduction and relational approach to intervention, seeking to keep those being exploited as safe as possible, regardless of where they are in their journey (Hall & Powers, 2023). Some societal narratives also project their perspectives of prostitution towards CSEC, using religion as a foundation of anti-human trafficking organizations, seeking to "save" the individuals involved in trafficking, and reinforcing notions of sexual deviancy among those participating in sex work. These perspectives focus on the coercion-choice binary, which has "historically dominated discussions of sex work and sex trafficking—a binary that has functioned to gloss over the complexities and ambivalences of lived experience" (Connelly, 2023, p.400).

These varying approaches are rooted in a long and entangled history as a nation founded in the values of Roman Catholicism, capitalism, colonialism, sexism, and white supremacy

(Austen, 2021; Connelly, 2023; Friedrichs, 2019). These dominant ideologies converge to create various forms of gender-based violence and sexualized violence which are present today (Friedrichs, 2019). Though Canada is not a secular nation, the involvement of the Roman Catholic church during the establishment of this country through colonization cannot be underscored, and to this day they remain the largest religion in Canada and continue to influence education, healthcare, and politics (Austen, 2021). As one research participant indicated, “the way people are about sex... the stigmatization of sex and sexuality, the Puritan notions that underlie all of our dominant society based on colonization, is harmful”. Sexism, capitalism, and white supremacy are so embedded within our culture, that they can be difficult to notice and pinpoint. Even when they are presenting as discrimination, harassment, violence, assault, or abuse, we allow them to continue. They are a “product of our unjust social system... allowing people to hold these views for many reasons” (Friedrichs, 2019, p.44).

The difficulty to accurately identify and calculate prevalence rates of CSEC, as discussed in the introduction, is compounded by complicated issues surrounding consent and the reality of aging into a legal and consensual, even if exploitative, sex work industry. Indeed, CSEC often operates in the “shadows or margins of society” (Franchino-Olsen, 2021a, p.2). As such, accurate measurements and prevalence rates are more difficult to determine. At once a reflection of this social dilemma and a contributor to the lack of prevalence rates, most research is qualitative in nature to allow for survivor-centered and trauma-informed approaches (Conroy, 2022). Even in the legally sanctioned sex industry, reliable statistics on the number of people engaging in sex work at any given time are “difficult to calculate because of the illegality of some occupations and the stigma associated with even legal forms of sex work” (Chateauvert, 2013, p.3). As explained by a research participant, there are

“... some benefits, and I understand why [its illegal to] purchase sex work. But I think that it puts people in danger. I've heard firsthand stories that if something were to happen, and the John (purchaser) thinks for even a second that that person (sex worker) can report... there's more of a risk of the sex worker reporting things because now they're protected, which is fantastic. But [they get] nervous... Johns (purchasers) end up getting even more aggressive to say, like 'you better keep your mouth shut or this is gonna happen'... So, it's putting [sex workers] at more risk [of violence].”

Several participants pointed to the fact that pro-policing and criminalization of some components of the sex work industry can lead to violence, harm, and danger for those legally able to engage within this field. There are varied nuances to the different approaches taken to combat trafficking and exploitation, and these can implicate real repercussions of violence and harm for those living within these conditions and most impacted by them.

Some community organizations have worked to ensure that service providers are trained, consistent, and committed to continue learning (Gagnon, 2020a). Advocates encourage policy relating to prevention to address the reasons that youth would engage in transactional sex, as well as the cultural, social, and structural underpinnings of sexualized violence (Gagnon, 2020a). Many activists have pushed for a more wholistic understanding of sex work and how a push towards decriminalization and pro sex worker rights (particularly within trans* politics) “isn’t intended as a moral absolution of the client or unethical industry practices” instead, it seeks to recognize that “sex workers exist in a society in which money is necessary for survival, and that sex work is one of a limited number of options available to the marginalized in this society” (Faye, 2022, p.149). Others have noted that sex work is more of a continuum, indicating that “circumstance” should be added in between choice and coercion (Rivera, 2022, p.79). Rivera (2022) describes choice as consent to engage in sex work with the caveat that the individual “can leave for other employment options but chooses to stay”, while circumstance highlights a possibility to consent to the work but would prefer other forms of employment, and the necessity

to meet basic needs (p.79). Even amongst service providers wanting to work to protect young people from exploitation, there was conflicting approaches and definitions used to doing this work. One service provider discussed that at a large interagency working group, it was about “5 years in before we actually started to define who were talking about...”, indicating that

“We had so many different opinions ... [some] were completely against sex work for choice, like completely against it. It was all exploitation. They were all victims and the conversations that would come up in those meetings... we were fighting ourselves, we weren't even getting anywhere”.

Regardless of approaches towards exploitation and sex work (from condemnation or criminalization of clients), “sex workers will still need to sell sex” to survive (Faye, 2022, p.149). Accepting this reality is crucial in adopting a harm reduction model rather than attempting to ‘end demand’. This is where the above-mentioned working group landed, to work from a lens that accounts for notions of consent and choice and worked to advocate towards a harm reduction approach to care and intervention.

How we, as a society, understand, frame, and ignore the commercial sexual exploitation of children and youth represents a significant risk factor for youth generally, but particularly for those with child welfare involvement. One participant explained it was important that social workers and police understand that pushing for charges and arrests should instead be focused on building relationships with youth to foster safety. They continue that “if we can support the youth in healing themselves and getting to a [safer] place, they might be more willing to cooperate with trying to [report the exploiters] when they're not in such a vulnerable place”. The ongoing stigmatization and lack of appropriate systemic and societal response to this issue perpetuates and increases risk for youth across Canada.

Systemic Failures as Risk Factors

In examining the complexities around understanding, identifying, and intervening with

youth at risk and engaged in sexual exploitation, it is equally important to consider the ways that child welfare has attempted to do so historically. Child welfare agencies have been a major pushing factor in the attempts made to quantify, predict, and account for “riskiness” of a behaviour. Perhaps in response to this, research in the field has focused primarily on understanding risk factors and the impacts of sexual exploitation.

Specific risk factors for involvement in CSEC are well documented in the literature, including the particularly concerning relationship between involvement in the child welfare system and risk of sexual exploitation (Zulu, 2014). In 2006, a survey of sexually exploited youth in Canada revealed that 44% of them had previously been in the care of the child welfare system (Saewyc et al., 2008). There are many contributing factors to this, including that youth involved in the child welfare system have often experienced family violence, childhood abuse or neglect, prior sexual assault or abuse, poverty, conflict with parents, etc. (Baird et al., 2023). Participants highlighted how state-level policies and key social issues are often related to the reasons why young people are vulnerable to exploitation. One participant noted that when discussing risk factors, we can see a direct correlation between some policies such as

“...our current income assistance [program] didn't get one single increase in this last budget. So, [we] know people are engaged in sex work and people are trafficking humans because there's money to be made in a capitalist society that seems to want to keep people impoverished to benefit the wealthy”.

A study out of Ontario noted that of those with child welfare involvement who had been trafficked, 100% of them had been recruited as minors. For those without child welfare involvement, just over half were recruited as minors (Baird et al., 2020). Of those with child welfare involvement, 40% of those recruited into trafficking were crown wards (the province was their only guardian), while the other 60% were not in long-term custody of the province but did have child welfare involvement in some capacity (Baird et al., 2020). There remain some

gaps in literature around how certain factors increase or create risk for those involved in child welfare, though some research has noted connections between policies and practices which service providers perceive to impact risk (Baird et al., 2020; Gagnon, 2020b).

Current literature has also only minimally explored the intersections of specific identities with the above-mentioned risk factors, including the intersection between race or queerness with child welfare-involvement (Lillie, 2013). This gap in literature is exacerbated by the inconsistent data collection of identity-markers for youth involved in CSEC and in child welfare across Canada. Of the available data, a 2006 study indicated that in a group of sexually exploited youth in British Columbia, 57% of them were Indigenous, even though at the time only 8% of the population identified as Indigenous (Saewyc et al., 2008; Zulu, 2014). It is widely accepted and recognized that racialized children, particularly Black and Indigenous children, are over-represented as both survivors of CSEC and in child welfare systems (Gagnon, 2020a). Current discourses disproportionately ignore Black and Indigenous youth as survivors of CSEC. Instead, social discourses often portray the exploitation of racialized youth as a prostitution issue where survivors are then criminalized (Sethi, 2007). Advocates have indicated that Indigenous children on reserve are especially vulnerable to exploitation due to the increased exposure to poverty and high rates of child welfare involvement (Zulu, 2014). Racist stereotypes portrayed by the media and pop culture have reinforced colonial violence, racism, and the commodification of bodies to allow for the CSEC industry to thrive and expand (Gagnon, 2020a; Nonomura, 2020).

CSEC is also most often seen as a gendered issue, impacting only women and girls. People who are more likely to experience identity-based oppression are more at risk (Gerassi et al., 2021; Panlilio et al., 2019). This discourse is in part due to historical narratives of who is a ‘perpetrator’ and who is a ‘victim’, as well as outreach organizations focusing on cisgender

heterosexual women (Ijadi-Maghsoodi et al., 2016). Academia and pop culture tend to portray survivors of exploitation as only female, however, males and females are equally likely to be exploited (Saewyc et al., 2008; Saewyc et al., 2013). LGBTQ+ youth are at heightened risk for CSEC due to “their high risk for social marginalization, vulnerability to victimization, and homelessness” (Cochran, 2002, as cited by Ijadi-Maghsoodi et al., 2016, p.12). One study noted that trans women are especially vulnerable to exploitation due to barriers related to stigma and discrimination hampering one’s ability to obtain legal and socially acceptable jobs (Gwadz et al., 2009, as cited by Ijadi-Maghsoodi et al., 2016). Transgender and gender diverse (trans*) people have an “increased likelihood of experiencing family rejection, and homelessness, combined with substantial healthcare costs and a struggle to secure other forms of employment” has led many to engage in forms of sex work (Faye, 2022, p.144). Trans sex workers experience heightened and unique forms of vulnerability, violence, and harm, and as such need to be centered in the conversation and advocacy for safety and support in the fields of exploitation and sex work (Faye, 2022). The gendered discourses also apply to exploiters, where mainstream media characterizes exploiters as mostly male, though in reality, both men and women sexually exploit youth (Saewyc et al., 2008; Saewyc et al., 2013). It is necessary to reflect on how and why certain vulnerable populations experience heightened rates of exploitation and participation in consensual sex work. One participant noted that “if we were able to give young people the things they needed to survive, then they probably wouldn't engage in some of these things”. As Juno Mac and Molly Smith (2018, as cited by Faye, 2022), “the high prevalence of marginalized people in prostitution is seen as evidence for its predatory strangeness, but in reality, it reflects the normalized, systemic failures of mainstream society” (p.148).

Deciding Who’s ‘At Risk’

Understanding who is most impacted, how they are impacted, and why it disproportionately impacts certain populations and identities is deeply intertwined with our understandings of how risk is judged, assessed, and accounted for. Risk assessments have been foundational as our formal care systems increasingly move towards quantifying accountability in line with managerialism and industrialization. The push for an increased usage of standardized assessment tools aligns with the societal narrative around scientific objectivity. This remains contradictory within the field of social work, where “some see objectivity as something to aspire to while others consider it conflicts with the empathic, context-specific, interpretive understanding that informs their practice” (Munro & Hardie, 2019, p.412).

Over time, “risk” as a concept or organizing idea, has evolved from a personal judgement (an evaluation based on experience, education, training, and intuition) to formal clinical and professional assessments (based on identified risk factors and statistical probability). It is often defined most simply as “a probability statement”. Swift and Callahan (2009) explain that all conceptions of risk incorporate past, present, and future: “probabilities of future occurrence are calculated on the basis of what has happened in the past... [increasing] the likelihood of a [specific] outcome in the future” (p.20-21). Risk assessments exist in many fields (including healthcare, criminal-legal, occupational health and safety, child welfare, and more) with the goal of influencing decision-making and reducing the impacts of harmful events. Each field utilizes concepts of risk and assessment slightly differently, yet they continue to be influenced by the growth and push towards objectivity. Many fields look to assess risk concerning children and youth specifically. Within healthcare, the term risk assessment “relates to the physical wellbeing of a child, [within] youth justice it relates primarily to the risk of reoffending, [and] in social work the concept of assessment relates specifically to the safeguarding and welfare of the child”

(Almond, 2012). Lele (2012), writing from the field of occupational health and safety, defines risk assessments as

“...nothing more than a careful examination of what, in our work, could cause harm to people, so that we can weigh up whether we have taken enough precautions or should do more to prevent harm. The aim is to make sure that no one gets hurt or becomes ill” (Lele, 2012).

While this definition is focused on controlling the workplace environment to allow for safer work areas and prevent loss of life, injury, and illness, it can be helpful to understand the basis of how risk assessments are understood. However, as Lele (2012) indicates, “our ability to eliminate or control risks depends entirely on our ability to identify/anticipate them. Risk cannot be managed or addressed unless it is first identified”. For those working within controlled environments, this type of risk management feels considerably more tangible. Most, if not all social services field are not controlled environments, and it is not possible to eliminate or control risks. In these environments, even identifying or predicting possible risks can be difficult, if not impossible. In this uncertainty, there was a large push towards increased research, tools, and objective ways to measure and understand risk. This push towards objectivity has led us to a lengthy history of attempting to use and administer risk assessments through the lens of consistency, reliability, and accuracy. As we further deconstruct the history of risk assessments, we work towards understanding how the contextual history of this process impacts current day approaches, and the difficulties in anticipating, managing, and addressing ‘risks’.

Formal risk assessments were introduced to child welfare systems in the 1990s. Social service workers at the time greeted these assessments with a degree of relief, in the hopes of “bringing order to a disorderly system” (Swift & Callahan, 2009, p.124). Relative to earlier models, risk assessments provided a more routinized method of approaching the often-complicated conditions and relationships activating child welfare intervention. In turn, they

offered a sense of security to service providers and the departments they were accountable to. It provided them with a method to ensure decisions were made according to clear and consistent criteria (Swift & Callahan, 2009, p.124). Consistent case management decisions began to be identified and equated with good professional practice, with the hopes of providing ‘good service’. At the time of implementing risk assessment tools, they were introduced as a tool, not to replace professional judgement, but to guide workers in consistency of approach.

Interestingly, Swift and Callahan (2009) point to contradictions noted by social workers that these assessments “quickly evolved as prescriptive rather than enabling” (p.124). The use of these risk assessments were also said to increase efficiency and decrease costs (under capitalism) and to re-enforce managerial approaches that are concerned with accountability, work ethic, and wrongdoing (under neoliberalism). One thing missing from understandings of risk within child welfare practices, is “how the evidence that taking children into the care of the state puts the children at risk of a wide variety of negative outcomes is balanced with other risks” (Morris & Burford, 2017, p.95). Risk assessments, in this environment, are, at times, at “...odds with the safety and well-being of the child” (Morris & Burford, 2017, p.95).

Under capitalism, the insurance industry has capitalized on establishing “probabilities of risk and the costs of insuring against [them]” (Swift & Callahan, 2009, p.24). The insurance industry does not prevent risks, but rather operates to provide some compensation to address the “costs of harm” (Swift & Callahan, 2009, p.25). Insurance schemes attempt to predict when harm is more likely to occur, under which circumstances and human characteristics, that are more likely to experience said harm. Because of this, insurance companies push for risk assessments that help to identify patterns, make assumptions, and draw conclusions about who, and what, might cost more. Insurance looks to draw connections based on moral judgements, “assum[ing]

negligence, carelessness, or wrongdoing as the fundamental causes of events” and foster assumptions that risk assessments would help validate a need for social control (Swift & Callahan, 2009, p.25). The costs of harm become the focus of our intended approaches under capitalist systems, furthering the development of the financialization of “care”. Under current “care” systems, such as child welfare, these methods of quantifying potential harm have been crucial in both deciding who is liable for the costs of harm and what the costs should entail. This has led to a strong push for assessments and screening tools that can be standardized across government departments.

Some researchers have noted that these formal risk assessments were developed in connection to the increase in society’s need to assign liability. Institutional concern for who holds liability has led to an increased desire for consistency of approach between social workers. To align approaches, ‘tools’ were developed and written into policy to help ensure a level of control over decision-making and the approaches of individual workers. This operated to reduce subjectivity, personal morality, and the impact of individual values on decisions made within the scope of their role. From the lens of insurance, “rationalities of morality assume negligence, carelessness, or wrongdoing as the fundamental causes of events” and foster assumptions that risk assessments would help validate a need for social control (Swift & Callahan, 2009, p.25). The desire for social control can be contrasted with our understanding of ‘deviancy’, or those who go against social norms. Social norms are a tool of the oppressor, used to bolster and maintain our current systems. Other tools include fear, scarcity, dependency, standardization, erasure, moral judgement, competition, laws, conditional love, exclusiveness, the illusion of freedom, internalization, and more (Soon-Jahta, 2024). All of these tools of the oppressor can be seen within child welfare systems in Canada.

Some see risk assessments as a direct tool to reproduce said systems of oppression. A participant explained how “social service professions, whether they be healthcare or social work, were intended to oppress the non-dominant group, so anyone who wasn't white, cis, hetero... and that's also what our current ethical guidelines are grounded in”. They go on to explain that our current approaches, created under colonialism and white supremacy, are “the reason our systems have these gaps. They're the reasons people don't feel connected. They're the reasons people don't continue to access services, or access services in the first place”, and that they allow for ‘professional’ judgement to be clouded by prejudice and bias from the “overwhelmingly white” social work profession. We can see examples of this within the overrepresentation of Indigenous and Black children and families involved in child welfare systems compared to population rates in Canada (Mosher & Hewitt, 2018). When we understand how risk is culturally and historically dependent, we can understand how systems built under certain frameworks can continue to perpetuate harmful decision-making. Importantly, we can see how our systems (child welfare, health, policing, etc.) reproduce a set of conditions in which actors of the state end up surveilling, policing, and monitoring others to ensure they maintain social norms. Our systems were designed to remain stagnant by holding power-over others through things like utilizing standardized risk assessment tools, fear of withholding services, moral judgement on how child rearing occurs or how sex workers access the things required for their survival, etc.

In operationalizing the desire for social control and the desire to standardize child welfare, risk assessment tools were developed. Several screening tools currently exist with the intention of identifying youth at risk of sexual exploitation. Some of the current tools widely used include the Commercial Sexual Exploitation Identification Tool (CSE-IT), the Sexual Exploitation Risk Assessment Framework (SERAF), and the Sexual Exploitation among Youth (SEY) (Basson,

2017 as cited by Panlilio et al., 2022). The Sexual Exploitation Risk Assessment Framework (SERAF) tool is used by child welfare agencies in Nova Scotia and more broadly to assess the risk of CSEC for youth in care. The SEY risk assessment framework was developed in 2006 by individuals with lived experience working with a community organization in Manitoba (Panlilio et al., 2022). These tools were created in considering the social conditions which make youth more vulnerable to CSEC. They have the goal of identifying who is vulnerable to harm, and where safety considerations need to be made. While assessment tools remain best practice within child welfare to communicate and standardize how we talk about risk, many have identified flaws in this practice. Most of these tools use a checklist approach to list indicators, warning signs, or vulnerability factors. The tools vary in the “language used, indicators included, descriptions and categorisation of indicators, methods of scoring or reaching conclusions, the extent to which narrative information describing risk indicators was included, and in the suggested pathways for different risk levels” (Franklin et al., 2018, p.15). Most assessments focus primarily on identifying validated risk factors and scoring youth as ‘risky’ based on this. The level of risk associated with certain behaviours depends on the tool being utilized, and in one analysis of the available tools, they indicated that “most [tools] have not been evaluated or validated” (Franklin et al., 2018, p.15). Once a score has been calculated based on a youth’s circumstances, decisions are made regarding the youth’s placement, the resources they can have access to and referrals to other supports. These youth are then labelled as ‘at risk’ or ‘engaged’ and flagged in the ‘system’. Throughout these formal risk assessments, tools, and checklists, we can directly see how capitalist and neoliberal ideologies permeate throughout the tools, despite the intention being to protect youth and children from harm.

Researchers and participants alike identified that some screening and assessment tools “do not allow or encourage the inclusion of narrative information to explain indicators, risk and protective factors – yet the information contained in such narratives is important in enabling professionals to understand the nature of the risk and protective indicators” (Brown et al., 2017, p.6). They lack considerations for indicators that look more holistically at the young person’s life circumstances and environment. Assessment tools are not geared towards broad conceptualizations of gender, can perpetuate racial stereotypes, and lack protective factors or situational context (Brown et al., 2017). The Sexual Exploitation Risk Assessment Framework (SERAF) was specifically highlighted by a participant for not “asking the right questions” to accurately understand assign a “risk level”. CSEC risk assessments also lack the ability to account for and navigate the ways that society dictates what is considered “risky” and take the perspective of blame and wrongdoing associated with other risk assessments (Swift & Callahan, 2009). These tools have been criticized for conflating risk with harm, noting that they struggle to distinguish between the risk of harm and the factors that indicate CSE is already occurring. Beyond this, ideas of ‘safety’ can also be subjective and rooted in bias. And, as Cheng Thom (2019) delineates,

“Safety is, I believe, an inherently classed, raced, and gendered experience that frequently runs the risk of being used for regressive ends – ironically for restricting the freedoms of the vulnerable, those who are never really safe. Often, we see the call for safety actually reinforce the power of oppressive institutions... When we choose safety over liberation, our movements fail” (p. 22-23).

A service provider expanded on this by discussing risk as “a spectrum” where the harm that could occur ranges anywhere from a scratch on the knee to death, noting that the risk might always be present, but the repercussions and impacts can be mitigated. This made it hard to use formal risk assessment tools at all, because they were mostly built to quantify and label risk, not

distinguish between harm that has already occurred and the likelihood and severity of further harm occurring.

While social workers (as individuals) tend to hold the blame associated with these risk assessments, it's crucial to understand that while social workers can hold some of the responsibility, there are also systemic ideologies and institutions asking for social workers to administer, utilize, interpret, and depend on the risk assessments and tools to make decisions. While harm reduction, trauma-informed, and child-centered practices have been highlighted as key to building the trusting relationships needed to effectively engage with those involved in CSEC, these elements are missing from current formal risk assessments (Hickle & Hallett, 2016; Pearce, 2014; Lefevre et al., 2017; Warrington, 2013). Formal risk assessments do not allow for individuals to embed anti-oppressive, trauma informed, or harm reductive approaches into their work, as they are designed to be utilized exactly as written, without the importance of culturally necessary and appropriate nuance. This has been done deliberately, in relation to the ideas of liability, consistency, and standardization, and under oppressive ideologies promoting one type of family and in considering socially “appropriate” behaviour. This is further complicated by the ways in which risk assessments only look at a portion of the story:

“...child protection workers do not function in a singular-risk environment; they function in a competing-risk environment. Where one risk is potentially mitigated (further parental harm to children), another may become a major concern (risk that being involved in the ‘system’ will be harmful), and these competing concerns are weighed, consciously or otherwise, by the professionals involved” (Shlonsky & Mildon, 2017, p.112).

Social workers are simultaneously expected to operate in a prescriptive way, following instructions and utilizing risk assessments exactly as created: removing personal subjectivity in favour of objectivity. As social workers begin to pull apart the risk paradigm that doesn't allow for the complexities that exist within this system. Inherently, the system then begins to fail:

social workers attempt to act in the ways requested by the state, which is systemically impossible, but nonetheless breaks trust between young people and the caring adults in their lives. Social workers, in turn, begin to see through the ways in which risk assessments, and more broadly, child welfare, was causing harm. The ways that institutions utilize the individual social worker as a tool of the state will continue to be further elaborated upon in subsequent chapters.

It is here that we can begin to understand how perceived risk is culturally and historically determined and is “necessarily [dependent] upon human judgement” (Swift & Callahan, 2009, p.31). Risk assessments, then, can be understood to reinforce cultural norms, “by identifying and blaming ‘deviants’ from those norms” (Swift & Callahan, 2009, p.37). Risk assessments identify populations and individuals deemed as “risky” to society, looking to reproduce social divisions by legitimizing systems of oppression (Swift & Callahan, 2009). We can see this in the societal reach towards ‘risk minimization’, which works towards the goal of eliminating “potential threats to social order” (Muncie & Goldson, 2006, as cited by Almond, 2012). A few participants echoed this idea, with one indicating that “[social workers] want compliance in the system”, discussing the idea that our systems are set up to resist the notions of consent and a youth’s right to say ‘no’. The impacts of a society that rejects consent culture is the exploitation of young people. This will continue to be explored at the micro level, but this ‘risk’ is created at the societal level. The participant continued by explaining that what helps you survive within the systems (being compliant, trying to fit within the socially acceptable mold) is often the opposite skill needed to survive outside the system:

“It’s the critical thought piece, to be able to scan your environment and understand and make choices... and connect different pieces together. That’s not what the systems teach you how to do... [but] outside the systems, that’s what keeps them alive”.

When we utilize risk assessments to identify and support access to appropriate services for those at risk of commercial sexual exploitation, there are layers of systemic oppression seeping into our assessments. While there may be a necessity, or an obligation from the state, to utilize risk assessments, there should be an equally important consideration regarding how these assessments contribute to reproducing social divisions and legitimizing current systems of oppression. In discussing how risk assessments can be done differently, the labelling and stigmatizing use of the term ‘risk’ should also be considered. At the micro level, our systems utilize the scores from risk assessment tools to perpetuate judgements surrounding the youth’s activities, interests, and history. These assumptions can be harmful in limiting the type of care and access to services that youth can access. One service provider noted that

“There is no possible way to actually define risk in a quantitative state that we can indefinitely [label as] fact... risk is not a fact. It is an assumption. It is an observation, and I think when systems use it as a fact, they are hurting the people that they have set out to help”.

In pursuing a thorough understanding of the systemic oppressions that are replicated by the current use of risk assessments for sexually exploited youth, it is necessary to contemplate and ask: Where is the harm occurring? Whose risk are we aiming to reduce? Who is benefiting from the usage of current narratives of “risky” behaviour?

Conclusion

In exploring the notion of risk assessments and how we seek to reduce the harm faced by crossover youth at the intersection of CSEC and child welfare systems, participants were eager to also discuss the relational nature of these assessments. They didn’t explicitly name the state as engaged in this relationship, but much of their contributions spoke to the ways that our systems and structures mold our relationships. Across all participants, it was clear that what impacted their current ability to engage in risk assessments with youth in care was the current structures

and systems. The state of our understanding of sex work and sexual exploitation, including the stigma and desire to push things behind closed doors, greatly limits our ability to engage with the social issue. Throughout the next few chapters, many of the aforementioned topics will continue to be discussed as they impact and interact with the other components of the risk assessment relationship.

Chapter 3 – Risk Assessment in Relationship: The Social Worker

Following the previous chapter, the next two chapters turn to continue exploring how the current systems operate to create limitations to the care that is possible. This chapter looks to discuss this from the lens of the assessor, the component of the assessment relationship most directly restrained by current systems. As an actor and tool of the state, they exist directly in relationship to the conditions which impact the effectiveness of risk assessments. Social workers and service providers often act as mediator between youth and the state, and, at times, as extensions of the state itself. They also directly experience harm and oppressive restraints of their own, limiting their ability to engage in an anti-oppressive practice and furthering the agenda promoted by the state.

In addition to the specifics around the structural limitations and the impacts of assessment tools, participants primarily identified which practices are influential towards the risk assessment relationship. This was discussed in examining the ways our systems set up social workers and service providers for failure, through high turnover and lack of support in these nuanced and complex roles. We will then discuss, in comparison, the direct skills, behaviours, and practices of the person conducting the assessment, the necessity for self-reflexivity and trust building in this work and an exploration of theoretical praxis as it shows up in the administration of risk assessments. Above all, this chapter illuminates the very real impacts of structural and systemic factors and their influence on the service provider's ability to engage in 'good care' within this relational experience.

The Child Protection Social Worker

Throughout our conversations, service providers explained that their experiences working with child protection workers (those who most commonly conduct formal risk assessments and

which have decision-making capacity) have provided examples of ways that risk assessments have been used incorrectly and administered poorly. While many critiques focused on the tools themselves, participants also discussed variables influenced by the state which negatively reflected on certain workers. The role of a child protection worker, as described by the Canadian Association of Social Workers (CASW), may include the following responsibilities:

- “Hold individual and family counselling sessions
- Help children and families adapt to transitions
- Conduct risk assessments
- Develop plans for risk reduction interventions based on risk assessment
- Conduct investigations in child protection cases
- Provide a wide variety of intervention services and support to children and families
- Meet with children and families on a regular basis to discuss progress and plan future services and support
- Collaborate with an interdisciplinary team, including First Nations, Inuit and Métis representatives
- Prepare legal documentation and attends Family Court and Criminal Court
- Liaise with agencies, professionals, government officials and the community to offer additional support or augment what already exists
- Advocate for children and families as needed
- Develop and deliver education to families and communities
- Prepare and maintain assessments and statistical reports” (CASW, n.d.)

As indicated, the child protection worker will be responsible for conducting risk assessments (including for the risk of sexual exploitation, but also within the scope of other violence and harm). While we can understand how the above listed responsibilities correlate with the aims of child protection, to maintain the safety and wellbeing of children and youth, it involves a significant skillset to do so from an anti-oppressive, socially just, and equitable lens. Catherine Bryan, et al., (2024) describe the work of a child protection social worker as

“highly technical and relational. In other words, child protection social workers must have the skills to understand, navigate, and operationalize a detailed set of legislated policies while engaging in profoundly relational work, ideally grounded in empathy and meaningful care. This requires a deep capacity—not easily learned in a school setting—to cultivate and sustain trusting relationships in moments of acute crisis” (p.48).

The approach to the above tasks from an equitable lens becomes harder (if not impossible) under the broader context of colonialism, racism, and systemic violence which has been orchestrated both within and by these systems. We cannot discuss the role of a child protection worker without understanding the broader context and histories which have led us to this point in time.

In considering the previous chapter's introduction to the histories of sex work, trafficking, and risk assessments, we look towards the systems upholding these perspectives and approaches to care. We poke at the interwoven systemic oppressions in the field of social work, and particularly within the context of child welfare, which entangles both social workers and families akin in their experiences of oppression from the state. While social workers hold a role in upholding the system which causes harm to children and families, they too are experiencing violence from the institutional level. Balancing the weight of the system (and how it holds power over) with the power held by social workers (over children, youth, and families) becomes enmeshed – we cannot understand one without the other.

Our current systems are not equipped to facilitate the type of risk assessment and risk reduction needed to adequately support youth, and this is reinforced by the cyclical nature and treatment of social workers in the field. Institutional harms towards social workers show up in the ways that our child welfare systems are designed, funded, and structured. Child protection social workers across Canada often face unmanageable workloads, stress, compassion fatigue, vicarious trauma, with little structured support to help mitigate this (CASW, 2018). Within child welfare systems, there is not enough support built in to provide the necessary on-the-job training and mentorship for this field. In one study, 75% of child protection workers noted that the unmanageable workload was a “critical issue” (CASW, 2018, p.5). That study also found that work demands were at the levels that “interfered with personal and family life” and they felt this

to be a “significant issue” (CASW, 2018, p.5). One service provider noted “the social workers at [child welfare agency] are overloaded. That's a systemic problem”. Personal experiences point to a child protection field which is burdened by fast turnover and burnout, leading to employing those early in their career. Research emphasizes this too, as child and family wellbeing, permanency, and level of care may be “negatively affected when agencies are understaffed, when workers are overburdened with high caseloads, when workforces have high turnover, and when the workforce is inexperienced” (Fluke, Corwin, Hollinshead, & Maher, 2016 as cited by Edwards & Wildeman, 2018).

Some social workers and outreach workers administering these risk assessments are new to the field, and their education has not solely prepared them with the skills needed to engage in the relational component of the assessments. Child protection workers are often “fresh out of their BSW’s” and often “don't have a lot of experience in the field”. The child protection worker has become an entry-level position for new graduates of Bachelor of Social Work (BSW) programs. Due to limited career interest in this area, (in part due to the unveiling of system-level harms occurring in the field and the current standards of labour) child welfare agencies frequently hire those fresh out of school with the expectation that their education provides them with the minimum required skills to do this work. However, “there is little empirical evidence to suggest that valued qualifications actually equip workers with the skills and knowledge for effective child welfare practice and that the efficacy of these qualifications are based primarily on assumptions” (Lwin, 2018). This is echoed by participants who explained that child protection workers are often quick to make assumptions, lack the strong relationships needed to truly know the youth they are assessing, require too many barriers to access their care, and generally lack experience or training to make the complex decisions that will impact a youth’s

placement, family relations, peer relations, housing, education, healthcare, and criminal-legal system involvement. One participant identified that they don't believe that child protection positions should be entry-level positions, because of the complexity of decision-making, relationships, and case management required to effectively care for those on their case load. The above-mentioned skills are not technical skills taught through formal education, rather, these skills are most influenced by interpersonal skills that are developed over years of experience, mentorship, and supervision. This is echoed by child protection social workers in Nova Scotia, who noted that their lives were "increasingly characterized by high caseloads, staffing shortages, low wages, insufficient resources, including training, mentorship, and support, and an inability to practice effective, socially just social work" (Bryan et al., 2024, p.3).

Overwhelmingly, participants noted the high levels of moral distress from holding child welfare positions. One participant spoke to the "weight" of this work, of hearing people's stories, and in needing to navigate the current oppressive systems to provide care to these youth. Often, "it's really about the systems [and] the way that they hurt people" that workers are unprepared for. A service provider explained that they "don't think anyone goes into social work with the intent to do harm", and it is important to understand that there are "systematic problem[s] that go way higher up than the people that we're face to face to [with] every day". Other research has pointed to similar experiences:

"It can be heartbreaking when you don't get to something, and something bad happens; you blame yourself, but it's a systemic issue. We can't give people the time that they deserve. And that is something that is very hard to deal with, and it's why a lot of [social workers] leave (the job)" (a participant, as quoted by Bryan et al., 2024, p.32).

"The constant threat of greater liability risk, blame to themselves and fear that the service system will suffer more and more cuts if they 'get it wrong' exert massive pressure on the workforce to accommodate untenable practice conditions and deeply embed a dominant risk paradigm. Fears that they are failing to protect children from trauma make risk

assessment technologies appealing and serve to normalize the distancing of family members, from the immediate household of the child” (Morris & Burford, 2017, p.92).

Youth in care have identified that while child welfare systems often remove children and youth from harmful and abusive environments, these systems end up continuing to perpetuate violence, neglect, and abuse from within the system (Dank et al., 2015). We know that the decisions made by child protection workers ultimately impact a youth’s risk level (O’Brien et al., 2017). This ends up creating a system of cyclical harm. Those assessing risk and making decisions based upon risk level “need to understand their privilege as a professional... [they need to] understand the consequences their actions have on lives”. And yet, those actively experiencing burnout, compassion fatigue, post-traumatic stress, violence, and aggression (without adequate support) are often not able to make decisions that align with their own morals or professional code of ethics. A participant explained that the

“...systems themselves add inherent risk, because everyone is burnt out. Everyone is understaffed. And everyone has too many people to serve... the chronic underfunding of the systems... and the lack of support for employees is creating the cracks, because it takes a lot of emotional labor, to support people going through [traumatic] things... you can't do your job when you're empty”.

Participants frequently linked direct policies and procedures as responsible for increasing risk of exploitation or harm for the very young people they were trying to protect. Noting the contradictions of this ‘care’ system, many social workers have begun to problematize and question the carceral systems to which social work is embedded within.

Protection of whom?

In the past decade, those in the global North have been laid bare the complicity of social work as a “carceral apparatus of the state” (Fortier, et al., 2024, p.1) through the mobilizations of the Black Lives Matter movement, the COVID-19 pandemic, and the push towards Truth and Reconciliation, particularly after the mass graves of children were uncovered, buried during the

era of Residential Schools (Austen, 2022). Following the unveiling of a long history of racism and colonialism deeply rooted in practices of policing, Canadians began to reflect on a larger scale about the historical and present-day implications of racist institutions. Social work, since its inception, has been deeply intertwined with policing (Hon-Sing Wong, 2024). Often, this is under the guise of “public good” or softening the impacts of policing. This can be seen in social works support in removing children from families with Indian Agents, in their collaboration with the criminal-legal system, in their formal involvement in mental health systems, and in their documentation and surveillance of marginalized populations. There has been a “long-standing de facto commitment [from the field of social work] to a carceral society” (Rasmussen, 2024, p.22). This carcerality has been “built upon the mythological hierarchies of humanity: the deserving and undeserving, the good and the bad, the criminal and the innocent” (Rasmussen, 2024, p.20) and entrenched in oppressive and racialized injustices. Child welfare social work, otherwise understood as family regulation systems, was set up to oppress and surveil Black and Indigenous families. The term ‘family regulation system’, used in opposition to the term ‘child welfare’ or ‘child protection system’ is used because this system looks to “variably identify child maltreatment, intervene in child maltreatment cases, remove children, and punish parents” (Williams, 2020, p.14). Rather than the language of care, welfare, security, and protection, the term “regulation” indicates “a process of assessing families’ compliance with these systems of domination” (Williams, 2020, p.15). “State interventions (and the resulting surveillance) yield self-policing, meaning that not only are subjects punished for noncompliance, but they also self-monitor for this compliance, too” (Williams, 2020, p.15), which in turn, further upholds the systems of white supremacy and heteropatriarchy.

Social workers have been complicit in state sanctioned violence, due to their inherent positioning within the system itself. The position of ‘social worker’ has been utilized within carceral systems as ‘soft cops’, working to foster what Jennifer Musto calls “carceral protectionism” (Lam, 2024, p.96). Specifically, from a child welfare lens, the “logic of risk management is being applied to surveillance through the language of ‘helping’” (Lam, 2024, p.96). In turn, the state, through social workers working with sexually exploited or vulnerable youth, “can then use the language of ‘protection’ to surveil, control, arrest, and impose other kinds of punishment on sex workers.” (Lam, 2024, p.96). The notion of ‘safety’ and ‘protection’ are used as “a framework... to justify violence, oppression, and other harms against marginalized communities” (Lam, 2024, p.96). While the societal perspective shifts in the last 4 years have focused on policing, social work has begun to be criticized from both outside and within its own systems as well, acknowledging that “intersections of criminalization, carcerality, and racial domination have always been central to social work” (Rasmussen, 2024, p,18).

Collaboration and Shared Responsibility

Across all participants, collaboration and communication between services, systems, and departments was highlighted as a necessity to effectively working with youth at risk of exploitation. The ways in which systems operate against or in tandem with each other often leads to directly impact both the service provider/social worker and youth alike. Inter-agency communication is often impacted by (and, at times, at the purview of) the service providers. It can depend on individual personality and communication style(s), as well as the relationship between service providers, in how this communication occurs. Effective communication often requires time and relationship, and as well-articulated by both participants and the literature, social workers are often working in a time deficit.

When collaboration and communication are done poorly, it was identified that this can directly place youth at increased risk of harm and causes risk assessments to be less accurate. Participants were quick to identify this and quick to explain possible solutions, indicating that some of the systemic issues within child welfare systems “could be fixed”. Because of the complexity of working with youth at the intersection of child welfare and sexual exploitation, systemic integration and communication between the healthcare, justice, policing, education, and child welfare systems can become essential to manage the various supports needed to adequately support the youth’s complex needs. A participant explained:

“Let's say you have community services, you have the [justice system], you have health, you have education... And there are times when all of these departments are working with the same family, or they have families or children in common, and there seems to be silos within that work where there's not a lot of communication. I'm not allowed [per my agency mandate] to collaborate between those governments despite the fact that we're all working, yes, with the same family. One of the really beautiful things about the practice framework is that this is all about collaboration, shared understanding and shared responsibility for safety and well-being... It's not pitting community services to be the sole department responsible for the protection or safety of children and well-being of the families. It is about having those partnerships with other departments, community service providers, and about establishing that understanding of what it is that community services does.”

This quote speaks to the depth and complexity of many child welfare files, particularly for sexually exploited youth. As mediators between the state and the young people themselves, it can often appear that the social workers are the direct cause of many of the systemic failures. Rather, social workers who go above and beyond to develop strong relationships with the youth on their caseload, do so by building in safeguards to protect youth from system-harms. But this shouldn't be the case. This example signals the importance of shared ownership and creating safe communities, beyond one government department, and beyond one social worker. If we shift from individualist responsibility to collective care, we can dream about the system operating differently where all roles are brought to the table.

Care Work: A Gendered and Racialized Labour

In acknowledging the complexities and vast histories of oppression that intersect with the field of social work, we can also understand the impacts of this on those filling social work roles and engaging in “social working”. As we continue to explore the risk assessment relationship from the perspective of the person conducting the assessment, we must understand the current state of social work(ing) and simultaneously acknowledge that this work is rooted in care. Both the professional and community-based caring fields are overwhelmingly feminized and racialized, and while we can understand that social work itself acts as a tool of the oppressor, this does not negate the oppression happening towards those employed within these systems. Women are often tasked with being both workers and caretakers in our misogynistic care system (Fink, 2022). Both our systems of informal and formal caring are filled with femme caregivers, reinforced by systems of misogyny, racism, capitalism, and more. In the last century, the notion of the nuclear family with two working parents has strengthened, though the distribution of caring tasks remains inequitable. The ideology behind a nuclear family also pushes away informal care webs, extended family member support, and kinship systems which have historically been crucial for disabled, low-income, children, and aging community members. As a tool to reinforce racial capitalism and nuclear families, those with the financial capital to do so often hire low wage, feminized and racialized support persons to provide the care needed within the home (cleaning, childcare, cooking, etc.) (Fink, 2022). The history of settler colonialism and slavery is intricately linked to the fact that the “vast majority of professional care workers are BIPOC women” (Fink, 2022, p.108-109). Hope Hassberg et al. (2022) wrote about shared experiences as femme Black, Indigenous, and People of Colour (BIPOC) working in academic realms associated with caring fields during the COVID-19 pandemic in 2020. They wrote about

their shared “histories of trauma inflicted through structural violence that [they] continue[d] to experience” (Hope Hassberg et al., 2022, p.23) to which was more harshly experienced following the closure of daycares and schools, requiring them to simultaneously work fulltime paid work and fulltime care work. While the pandemic did not start this crisis of care work, “this experience became more visible, urgent, and unworkable” (Hope Hassberg et al., 2022, p.32). Women (in particular) were left leaving the workforce in record numbers due to the unrealistic expectations that fulltime paid labour could be done during this time (Hope Hassberg et al., 2022). Unfortunately, the impacts of this system continue to reinforce the underfunding and exploitative working conditions of care labour, as it remains a field utilized to reinforce social inequities intrinsically linked to our present day welfare systems.

For those working within institutional care systems, such as child welfare systems, these same premises ring true. As women entered the labour force, capitalism saw an opportunity to commodify, capitalize on, and exploit social reproductive care work (Wittock, 2021). Overtime, there was a desire to professionalize the working-class woman, and white affluent women pushed hard to distance themselves from care work outside of the family unit (i.e. ‘domestic’ duties). This continued to reinforce a racialized capitalism, that pointed to BIPOC women filling lower wage care jobs. White women have predominantly filled nursing, teaching, and social work positions. Positions which, while they remain caring fields, began to see a wage increase and a push towards increased training and education requirements to fill such roles. Overtime, as we have begun to challenge racist ideologies and its implications within capitalism, we have begun to see an increased number of BIPOC women in these fields. However, across the board, positions which tend to social reproductive care have remained fields in which the unpaid labour

of women and femme's remains devalued and, often, ignored by the system, the public, and allied professionals (Bryan et al., 2024).

Many social workers within these systems have shared their experiences of harm, from professors, peers, and the structured institutions themselves. The field of social work often positions itself as a social-justice oriented caring field, however others have noted a rupture between the theoretical approaches from their experiences within the field itself (Badwall, 2013; Fortier et al., 2024). As the 'professional' field of social work remains a predominantly white and female workforce (Bryan et al., 2024, p.13), "colonial and imperial constructions of helping (moral superiority and goodness) continue to shape the hegemonic scripts about the role and practices of social work" (Badwall, 2013, p.2), replicating systems of white supremacy within social work knowledge production and care systems. These ideals formulate to replicate harm against those working within the field just as they harm those receiving care and support. Shared by a therapist on Instagram,

"The jobs we take on as clinicians often mirror lived traumatic dynamics and experience [such as] control, power imbalances, manipulation, gaslighting, the need to please, and the deep desire to be seen and acknowledged... When systems reflect these patterns, staying can feel unbearable but leaving can feel just as terrifying. The unknown can feel so scary, and these systems know it" (@healingwithsarah, 2024).

The impacts of racial capitalism and misogynistic labour exploitation invite cycles of harm to occur between coworkers and clients alike.

The Personal is Political: Individual Attempts to Reduce Harm

Amid a field deeply in contradiction with itself, exist individuals with deeply well-intentioned practices and approaches to care. Many social workers within the field acknowledge that child welfare is not a safe system, and that children, youth, and families "must often survive a system intended to support them" (Bryan et al., 2024, p.3). As mentioned, the field is burdened

by moral distress linked to “the political, social and institutional policies and constraints that conflict with their professional values, obligations, and Code of Ethics” (Bryan et al., 2024, p.4). The same systemic issues, such as white supremacy, colonialism, poverty, racism, food insecurity, lack of housing, lack of health care, violence, and trauma, “underpin and shape the conditions of child protection work... [mirroring the conditions that] bring families into contact with the system in the first place” (Bryan et al., 2024, p.4). As such, community members are left asking: who is this system protecting, if the social workers and families alike are experiencing harm?

Throughout the interview process, research participants pointed to several characteristics and skills needed to be able to effectively assess risk levels. These skills were identified as being used to 1) effectively manage the risk assessment tools required of them and 2) to reduce the system-level harms occurring to families, youth, and children. While the individual social worker or service provider cannot be responsible for the harms and barriers enacted by the state, many participants described ways that individuals helped to reduce the barriers to accessing care or shelter youth from the harms of the system. As explained by adrienne maree brown, “what we practice at the small scale sets the patterns for the whole system” (2017, p.53). Often, although not directly named as such, participants expressed a series of skills or traits needed to engage in a risk assessment that directly related to two things: relationship and time. These two components, while deeply interconnected, frame our capacity to demonstrate and engage in many of the other skills necessary to begin reducing system-level harms.

Some of the traits directly named by participants included empathy, flexibility, adaptability, and creativity. They explained these traits as connected to approaches under child-centered, trauma-informed, and anti-oppressive practices. As an example, a participant explained

that they advocated for having a “specific budget connected to keeping the [youth] engaged in the program[ing]...” with few guidelines allowing for care providers to explore alternative ways to connect with youth while addressing their needs. This allowed for flexibility in the program planning and in building relationships with the youth they were working with, demonstrating a method to creatively influence the system restraints. While our program budgets are often rigid and stagnant, creatively adapting to the youth’s needs while building trusting relationships shows a provider’s understanding of how having access to basic needs can directly impact a youth’s current risk of harm. In another example, a service provider demonstrated the need for creativity by collaborating with coworkers to see the risk assessment process as a needs assessment:

“... [those are] needs that are not being met. So, it's a discussion of how we can be creative and meet those needs on a very limited budget with very limited mileage... Because a lot of the youth I work with don't have the privilege of parents being able to like, bring them to me. And when we're on very limited mileage it becomes ‘okay, how can I most effectively go to you? Can I provide you a bus chit and you meet me in the middle? ...how can we make this work? Can I pull in Jordan's Principle, and we'll get your food paid for? Can I pull in Jordans Principle and we'll get you out of your house?’”.

Participants emphasized the importance of those doing the assessment respecting autonomy, effectively managing boundaries and complex needs, showing youth they are valued and respected, and demonstrating the capacity to build strong trusting relationships. All of which are skills that require time, capacity, and experience to carefully craft with each client. They also require a strong understanding of the systems and conditions that impact children, youth, and families, allowing you to better understand the context in which harm could happen. One service provider outlined that

“If you're not able to understand the context in which [their] behavior arises, and you're not able to put yourself in that person's shoes... I don't think that you can actually understand [the] risk... I think you're checking boxes. And I think it's a performative risk assessment. Because unless you really know the person, unless you really care about the person, why would you give a damn about the risk level?”

This was emphasized in the literature, where one author indicates that “where practitioners had listened and sought a reciprocal relationship, the families described a real difference [in the care provided]” (Morris & Burford, 2017, p.98). Relationship, humility, and empathetic listening is crucial to the provision of a care that people deserve.

Participants also acknowledged the importance of understanding the risk factors and vulnerabilities to CSEC, but, most importantly, understanding how these risk factors show up in relation to protective factors. To effectively assess a youth’s level of risk, we must be able to examine the context surrounding both the youth’s intersecting protective and risk factors. This provides more depth and analysis to our understanding of the harm currently occurring or the harm that could occur. While the specific risk factors and unaddressed social issues that impact young people will be further explore in the next chapter, participants emphasized the necessity that service providers have a complex understanding of these dynamics. It was notably important that they also understand how these ‘risk factors’ are managed and protected against by youth and their families, without state involvement.

For those unable to understand the context in which a young person experiences the ‘risk factors’, or for those who lack the time and capacity to spend exploring these, it may seem that all youth with child welfare involvement or who are engaging in creative ways to meet their needs, should be scored and labelled ‘high risk’. One service provider gave an example of a social worker jumping “to the conclusion that youth are engaged when maybe they are only at high risk... [or] they're exposed [to CSEC], but they're not exactly engaged”. The youth’s behaviours might indicate that they “have an unhealthy relationship” or that they have experienced the same life circumstances as other individuals who have been exploited, and instead, a social worker began stating that they must be entrenched in exploitation or sex work.

Social workers (most often due to the lack of on-the-job education and the systemic framing of risk and harm) are often “jumping to the conclusion” that youth are being exploited, without considering that the risk factors for CSEC overlap with the social circumstances of many other social problems. A social worker working from an anti-oppressive lens will seek to address, within their scope, said social problems (such as poverty, family violence, food insecurity, etc.) to preventatively address the risk factors before young people are put in exploitative situations.

Service providers stressed the importance for relationship and trust throughout every stage of the risk assessment and risk reduction process. One person explained that

“If you're gonna sit there and talk to a person with a piece of paper, and do this little checkbox thing, already, the conversation isn't authentic. People feel like they're being scrutinised and they're not going to be honest... it harms a relationship, or the ability to actually foster a sincere, meaningful, genuine relationship, because when we're in relationship with each other, we're not sitting with a checklist [in front of them]”.

The notion of relational practice helps to ground our approaches in community and in our responsibilities to one another, rather than reinforcing the client/therapist binary. This binary seeks to deeply professionalize the therapist and look down upon the client seeking (or being mandated) to access support.

Praxis: A Practice of Relationship

The literature that is accessible regarding anti-oppressive practice with CSEC survivors points practitioners in the direction of interventions and approaches to work with youth. Current approaches typically include interventions that are child-centered, trauma-informed, built on the stages of change framework, and utilise principles of harm reduction (Franchino-Olsen, 2021b; Hall & Powers, 2023; Hickie & Hallett, 2016; Lefevre et al., 2017). Links between these intervention approaches and social work practice typically focus on risk reduction, rather than risk assessment. However, service providers interviewed identified many of these interventions

to be successful in decreasing risk and in building the relationships necessary to accurately assess the level of risk or potential harm a youth is experiencing. Repeatedly, interviews led in the direction of the necessity of authentic relationships and the circumstances needed to build those. Through the analysis of participant responses, it became overwhelmingly clear that a central tenant to anti-oppressive risk assessment was doing so in relationship. As articulated by a research participant, accurate and impactful “risk assessment happens simultaneously [alongside] and through relationship”.

The concept of relational social work is not new, nor should it be seen as radical. Relationship (and reciprocity) has been central to Indigenous ways of being and knowing in community, central to the development of care pods/pod mapping in the mad and disability communities, central to the organizing and community building in Black and Brown communities, central to harm reduction approaches for people who use drugs (PWUD), and central to the concepts of mutual aid (Ritchie, 2023). A service provider explained that “... working in an Indigenous workplace, even though I'm a white person, puts relationship at the center of everything”. These approaches to care have been around for centuries:

“People have worked together to survive for all of human history. But capitalism and colonialism created structures that have disrupted how people have historically connected with each other and shared everything they needed to survive” (Spade, 2020, p. 7-8).

What occurs in the process of building a relationship allows for trust to be developed, for mutual and collaborative decision-making, and for accountability to be upheld. It’s important to foster the trust-building process through approaches such as harm reduction and in addressing needs before asking questions. This is necessary “when you're dealing with youth who are in extremely vulnerable places where they're just trying to get their needs met” (participant).

Otherwise, youth feel that they need to disclose personal information to you in the form of an intake before they can have their basic needs met. One participant explained that

“...meeting people where they're at and providing harm reduction supports and practical real supports build so much trust. I think about the fact that these girls do reach out to get picked up by a worker when they're in these unsafe situations... like that just to me speaks to the effectiveness of the work done.”

This statement speaks to the ways that risk reduction often needs to happen before, during, and alongside efforts to assess risk. Without working to reduce risk level, relationships might not have been built, and without relationship building, often youth remain private and are less likely to share information needed to accurately understand the complexity of an individual's safety or vulnerability to harm. Morris and Burford (2017) emphasize these ideas, that as a society

“...we have become increasingly rusty in having conversations about help. We are preoccupied by models and techniques concerned with risk management and prediction, and we grow distant from discussions about worries, help and support in protecting children. Such conversations could build different relationships” (p.98).

Interestingly, one participant highlighted that “the system doesn't want people to build relationships”. Pairing this with our understanding of the ways that systems and institutions are designed to replicate and reinforce oppressive systems, we can see how service providers may come to this conclusion. As noted in the literature, “the caseload issue harms the relationship—when you can't call [people] back in a timely manner; when we can't see them in a timely manner, they don't feel like a priority” (Bryan et al., 2024, p.32). This was described by a participant in the high turnover rates for social workers and the rotational nature of police officers (particularly in rural areas). These are both directly related to institutional decision-making and can lead to rapid termination of relationships. This furthers a cycle of harm and disorganized attachment “especially for people who don't trust easily” (participant). This participant continued by explaining their commitment to maintaining relationships with those

they've supporting from a peer support lens, even across provinces: "it is all about relationships". And yet, relationships are antithetical to the system. When service providers and social workers build strong relationships with young people, they do so in opposition to the system.

Necessary to understanding how those currently on the ground are conducting effective risk assessments is understanding that participants are consistently engaging in on-going, critical, self-reflection. This showed up in discussions surrounding the approaches service providers take within the field. One explained the necessity of ongoing education and training because societal narratives (particularly around sex work) are internalized and show up as bias, "impact[ing] how you engage even if you apply [critical reflexivity]". This participant explained that when they first entered the field, they often reacted to stories involving sex work or other exploitative situations with judgement: "I didn't know any better".

Another example of a service provider's self-reflexivity included a discussion of the unique relationship between power and trust. They noted that they are mindful that a strong trusting relationship between a provider and a young person can mean that the young person may actually take your advice and suggestions. They acknowledge that they "don't want to use [their] power and relationship to make [youth] say [or do] something... That's something [they're] always aware of... Some of these kids... if [anyone] asked them to do something, they would do it". This service provider explained that they are cautious when they build a strong relationship with their youth that they don't take advantage of it, knowing that many youth have few positive and trusting relationships with safe adults in their lives, and it is crucial to be able to maintain this trust so that youth have a place to turn to. This was reiterated by another participant who named it as "that's where I have to watch my 'power over' kind of a thing with a youth."

Additionally, one way that service providers identified aligning their theoretical approach with their direct work was through advocacy. Many who were interviewed often found themselves advocating for CSEC and child welfare involved youth, noting that “a huge piece of [their] job is protecting [their] youth and working with [their] youth on what they want, not what they're social workers want for them”. Often, service providers and outreach workers end up acting as advocates for the youth they support. One service provider indicates that youth in care should have someone advocating for exclusively their needs:

“I think that there needs to be an advocate that is looking into the best interests of the child and somebody looking into the best interest of the government, and I think it's extremely biased to have one person looking after [both]... [child protection workers are] looking out for the best interest of the government at the end of the day.”

It is likely that some child protection workers would disagree, but this sentiment remains a representation of how social workers are presented, even to other service providers, as actors of the state.

Conclusion

Throughout their interviews, service providers shared their experiences working in collaboration with youth, child protection social workers, and families both within and against systems and institutions. They discussed the ways that relationship should be utilized as the core tenant of any approach to assessing and reducing risk for crossover youth. Throughout these conversations, and in utilizing available literature and personal narratives, we are able to visualize the entanglement that occurs between the oppression of the ‘social worker’ (as an actor of the state) and youth. As articulated by Richardson,

“...child protection workers exist within a system that may be at odds with their own ethical guidelines: For example, assigning a risk assessment score to a family (often a primary task in this work) does not reflect anti-oppressive critical theories that are central to professional training” (2022, p.15).

This ethical dilemma also speaks to some of the burnout, trauma, and turnover in the field of child protection. Imaging risk assessment processes which are anti-oppressive in nature, ultimately require re-visioning of current systems.

In the following chapter, we will look to further explore the youth's positionality within the risk assessment relationship, to better understand the systemic constraints which seek to limit their likelihood to engage in this process and access support, care, and safety. Through exploring this relationship, and in providing the necessary contextual and historical system restrains, we can begin to see the urgency (and hesitancy from within the system) in co-creating an alternative approach. As detailed by Ritchie (2023):

“It feels riskier to experiment; to reach for different ways of thinking, being, and relating; to imagine and create conditions for something new to emerge. The more pressure we are under, the more urgency, uncertainty, and fear we face, the stronger our instincts are to cling to the familiar. Under pressure, we are more likely to double down on strategies that have largely failed in the past, and turn to the institutions and structures that manufacture, produce, and sustain the current order in the hopes of changing them – or of at least staving off the worst of what's to come” (p.5-6).

Chapter 4 – Risk Assessment in Relationship: The Young Person

In the first two chapters, participant data was read through the scholarship and relevant theoretical approaches to explore how ideas of “risk” have been created and operationalized within the field of child welfare as a means of anticipating and avoiding sexual exploitation. As indicated in the introduction, young people at this intersection (sexually exploited youth involved with child welfare) are a particularly vulnerable group, and as such, it is important that we understand how their vulnerability and the “risk” attributed to them is managed in the field. How we name, assess, and address risk impacts youth, families, social workers, youth care workers, outreach workers, and community-based service providers in different ways, as each person attempts to deliver care within the current social conditions and systems. Critically, these conditions are influenced by those which, historically, have shaped how and when we understand a youth’s risk of exploitation. Revealed through the interviews with front-line workers—those charged with conducting and implementing risk assessment—is the extent to which the relational aspects of risk assessment are undercut by these histories and the systems predicated on them. In the previous chapter, service providers identified, the ways that the ‘assessor’ is limited and influenced by the state, institutional, and social conditions. According to participants, this has a significant impact on the ‘assessor’s’ ability to engage to the extent necessary to truly be ‘in relationship’.

In turn, this chapter explores the last side of this relationship: the young person. In trying to understand this perspective, I explore how young people are impacted by the state, institutional, and social conditions (in comparison to the ‘assessor’ and as impacted by the ‘assessor’). Among them, youth aging out of care, duty to report, interorganizational and system-level collaboration, socialization and hegemonic ideals, worker approaches to care, and

autonomy, choice, and power, were all named as critical to understanding the impacts that systems and policy can have on a youth's risk level. Following an exploration of these specific areas where risk is highlighted, we will move into a discussion of how risk and safety operate not as opposites, but in relation to each other. Importantly, it bears stating that while the participants in this study are all critical practitioners with considerable insight into the experiences of young people involved in this system, they are not themselves youth. As a result, their insights, while important, only tell us part of the story. Future research must, then, include the first-person voices of the young people directly affected by this issue, redressing the key limitations of this study and others. Indeed, while much of the current literature focuses on risk factors associated with sexual exploitation or child welfare involvement, there is little (if any) available literature discussing present or historic experiences of those whose 'risk level' were evaluated.

Youth's Proximity to Power

Understanding the limitations within the care system, how they impact our ability to assess risk, and how they impact a youth's actual and perceived feelings of safety and risk, is an often-neglected component to this conversation. Age is often not included within the exploration of power dynamics, except in the discussion surrounding age of consent for sexual relationships. This power dynamic exists both for youth in relationship with social workers/service providers and with peers, the public, and systems. Power, in the relationship between youth and their access to care, is most often explored through who has access to status, decision-making, economic and financial control, or coercion. Systemic oppressions, which includes racism, sexism, heteronormativity, ableism, colonialism, etc., can be explained "as institutional power plus prejudice" (Pharr, 2021, p.220). While these oppressions remain present and impactful within our current systems (as seen by the high rates of Black, Indigenous, and disabled children

and families involved in child welfare systems, who often share current and historical experiences of poverty and trauma, (Bruhn, 2012; Caldwell & Sinha, 2020; Thomas-Skaf & Jenney, 2021)), we name it as such: systemic oppression. In a Nova Scotian study, “all participants (social workers) reflected on the uneven and potentially brutalizing effect of child protection involvement in the lives of Indigenous, Black, and African Nova Scotian families” (Bryan et al., 2024, p.14). Despite social workers in the child protection field understanding the impacts of this power differential, the impacts of these institutional powers persist. Frequently missed in our analysis of power, is age and the labelling and narratives surrounding “youth”.

Society holds contradictory attitudes towards young people, seeing youth as “a separate group that is either to be protected and mentored to ensure the future – or they are to be vilified and criminalized as enemies of society today” (Pharr, 2021, p.219). If we think about the ways in which our systems operate, there remains a division between youth and adult in the services they can access and the decisions they are “allowed” to make. From the lens of “protection”, societal narratives suggest that youth are unable to live independently, should be surveilled and monitored closely, are highly vulnerable to harm and violence, and are unknowing or unknowledgeable surrounding their own safe keeping (Pharr, 2021). And on the contrary, youth are viewed as violent, predators, members of gangs, thieves, deviant, and ‘out of control’ (Pharr, 2021). We see this in the media depictions of youth such as the CTV News article discussing an action plan for “combating juvenile delinquency and urban violence” (Rowe, 2025). The differences in perspectives here often center “around the idea of young people as sexualized marketing targets and simultaneously – for poor youth especially – as violent predators” (Pharr, 2021, p.219-220). In addition to youth facing poverty, racialized youth frequently face this “adultification”, and are described using language with negative, harsh, and violent connotations.

On the contrary, “white youth are not expected to be fully responsible for their actions...well into their 20s” while Black youth “are often treated as adults by age 13, if not well before, regularly perceived as older, less innocent, and more threatening than their white same age peers” (The Center for Policing Equity, 2023).

Pharr (2021), among others, point to youth (more broadly) as an oppressed group. Youth

“...have no institutional power, and prejudice against them as a group permeates the culture. If one looks at the common elements of oppression, they all apply to the treatment of youth: they lack social and economic equality; they are stereotyped, demonized, and dehumanized; they experience isolation and tokenization, self-blame, societal blame, and internalized oppression; and their sense of powerlessness leads to horizontal hostility, as evidenced in youth viciously bullying and even killing other youth. Overall, they are controlled by violence (often from birth onward) and by lack of economic access and independence” (Pharr, 2021, p.220).

This can be, in some ways, be seen in the high rates of physical and sexual violence against children, high rates of children below the poverty line and accessing social welfare initiatives, and high rates of food insecurity across Canada (Public Health Agency of Canada, (PHAC) 2019a; Pharr, 2021; UNICEF Canada, 2023; Frank et al., 2024). These rates are often compounded when examining them from an intersectional lens, where racialized or disabled youth and families are the most vulnerable to feeling the impacts. When using the term ‘at-risk’, decisions are often “largely based on the logics of economics, a fear that “at-risk” youth will not become productive and contributing members of society” (Conrad, 2004, p.12). Considering the necessity to examine how ideas are constructed, and how youth have been historically stigmatized, we need to look at age as an intersectional identity marker.

Socialization and Hegemonic Ideals

Often, the decisions being made by youth, including the ‘risky’ ones, are influenced by socialization, education, and the socioeconomic state of the community. In a society that normalizes and trivializes sexual assault, we have a

“...culture in which most victims of sexual assault and rape never report it because they fear they won’t be believed – and know that even if they are believed, they’re likely to be mortified and harassed, blamed and shamed, throughout a legal process that ultimately leads nowhere” (Ralston, 2021, p.4-5).

In a state that pushes abstinence and doesn’t have strong sex education, we see high rates of teen pregnancies, sexualized violence, and sexually transmitted infections (Stanger-Hall & Hall, 2011). In a state that vilifies sex work, “the more we marginalize those who participate in it. The more we marginalize any group of people, the more we allow abuse and violence to fester” (Ralston, 2021, p.9).

As discussed in the chapter exploring the historical context which frames how we have arrived at this point in time, with high rates of youth sexual exploitation across the country and mixed approaches to addressing this as a social issue, its complex. Young women, in particular, are “...socialized to be polite, passive, and silent and to always put other people first, being as nonthreatening as possible” (Ralston, 2021, p.37). These types of gender roles often lead to women not feeling able to come forward when they are experiencing abuse, assault, or exploitation. Most of this socialization actually operates as a way to control people through the internalization of values, and it is reinforced by parents, peers, schools, etc. (Ralston, 2021, p.36). One participant emphasized this, explaining that there’s inherent socialization to behave a certain way. They gave the example of

“‘Respect your elders’: Well, in the same context of exploitation, respect your elders means listening to people that are older than you and authority figures. So, by telling my children to respect their elders, if there’s a situation where there’s a teacher or a police officer or, you know, an authority figure of a coach, a religious figure in their lives who is now becoming the exploiter, and they’ve been taught their whole lives to respect their elders, to not question their elders, to, you know, ‘do what they’re told’ ... [now they’re in danger]”.

It is these same socialization and social rules that also reinforce gender roles, whorephobia, and slut shaming. Slut shaming “works as a way to embarrass, humiliate, and

“police” women and girls for real or suspected sexual activity that is not considered socially acceptable” (Ralston, 2021, p.5). As a tool, gender roles and slut-shaming works well “to control and constrain women’s behaviour” (Ralston, 2021, p.5). While used by the public more broadly, gender norms and socialization also operate as a tool for surveillance and control by the state.

Social norms are created because they require little intervention by the state to uphold,

“failure to comply to the norms is solely the fault of the individual [person]; thus, it follows that responsibility for the negative consequences of noncompliance is that of the transgressor alone. The victim, in other words, will have earned her fate” (Fox, 1977, as cited by Ralston, 2021, p.39).

Participants noted that often, when working with youth who have experienced sexualized violence, “you almost have to reteach those things... like it's okay for you to say no, [and] it's okay for you to say yes to this thing”. Reminding youth of their agency, when they’ve been socialized against it, can be lifesaving.

In addition to social norms, society has built child welfare and policing structures around anti-prostitution legislation and policies that have led to a hidden and hard to grasp social issue. Sex workers frequently experience high rates of violence and low rates of reporting and have been shown to have low trust in police (Struyf, 2023). For youth who have been involved in the child welfare system and have added layers of negative experiences with our systems, it is unlikely that they would reach out for help, especially in a society set up to blame the victim.

Historically, many have conflated exploitation and trafficking with sex work. This is in part because “throughout the 2010s, US legislators used the term ‘trafficking’ disingenuously to broadly ban all sex-industry advertising, support sites, and community organizing, blocking sex workers from being able to identify dangerous clients” (Faye, 2022, p.156). All youth engaging in sex work is inherently exploitative, and because youth cannot consent to sex work, we have “fundamentally undermine[d] the bodily autonomy of voluntarily working sex workers... it is

not in abolishing sex work, then, that we will end the stigma but in creating conditions for the work to be done with respect and dignity” (Ralston, 2021, p.9-10). Youth, and adults alike, are deserving of bodily autonomy and self-determination when it comes to decision-making. Especially if we haven’t tackled the systemic issues “that have driven people... into sex work in the first place, criminalization of the purchase of sex work only serves to further disempower the worker” (Faye, 2022, p.154). Even when social workers, service providers, and the state more broadly, begins to understand the complex dynamics at play, it will not

“...have enabled professionals to resolve the dilemma of whether and when to respect a young person’s autonomy and agency, even where this seems to collude with risky behaviours and harmful relationships, or whether they should always treat an exploitative situation as they would any other form of sexual abuse, domestic violence or commercial sex trafficking and protect proactively, even though the young person may well experience this as intrusive and controlling (Brodie et al., 2011; Musto, 2013, as cited by Lefevre et al., 2019, p. 3).

Without Autonomy: Social Work as State Surveillance

As we know, risk “depends on past history to predict the future” (Swift & Callahan, 2009, p.201). Because of the very foundational understanding of the term risk, we know that in order for social workers to attempt to determine, or hypothesize, risk, it must include surveillance of current and historical behaviours. While Swift and Callahan (2009) focus on risk assessments in child welfare more broadly, they explain that

“...risk procedures are a ‘panopticon’, like Bentham’s prison design, a tower from which each individual cell can be viewed. As in the prison design, those in the cells cannot tell when and if they are being watched, and so they learn to monitor themselves as if they are always being observed.... Risk assessment and reduction have sharpened the bureaucratic sense of what is it going on, but they leave the process highly ambiguous for parents. Parents’ sense of being under surveillance never seems to disappear, and apparently for good reasons” (p.200).

Extrapolating from the surveillance of parents through standard child welfare risk assessments, we can see a similar experiences for youth in care whose own behaviours impact their risk level.

Youth in care, much like all people with trauma, learn to look for the signs of danger and act in ways to protect themselves. This quickly develops into a lack of trust in systems and people which have caused harm in the past. After describing a scenario in which a youth was misled by their social worker and a judge regarding a placement decision, a participant stated: “if they're exploited by a person, do you think that they're going to trust that the judge is going to believe them, that child protection services is going to be there for them?”.

Interestingly, this lack of trust in social work (as an institution and as workers of the state) was described by service providers several times. They acknowledge the limitations of this work, that often frontline child protection workers are also exploited just in different ways than youth and families, and yet they remained cautious in when and how they shared information with ‘the system’. Two service providers described similar situations in which they worked with a youth to create a safety plan regarding an issue that the youth didn’t feel comfortable talking to their social workers about.

“One particular time, a youth was at an unsafe placement that was approved by her social worker. She was over the age of 16, so there was no duty to report. I worked with the police on a safety plan and an exit for that youth. The youth did not want her social worker involved in the plan, so we didn't involve the social worker and then when she called us and said ‘Okay, I'm ready to go’ and within 30 minutes, we were in action. We got her out. We got her to a safe space. The following week, my manager is calling me, telling me that I'm under review again because I did a whole list of things... but mainly I had removed a child from an approved placement. Well, no, actually the police did, and that approved placement was abusing that child.”

“One of my youth... she was kind of in psychosis, where she thought bugs were all on her and [she was] really struggling with that. [She] couldn't get that out of her head and she was just really not doing well. I was talking to her, I was trying to get her to go to the doctor, I was trying to do all those things. I'm not immediately going to call 911, because... I know that CPS and police or anything like that is going to escalate that kid so badly and they're not going to come back into this space. They're not going to want to talk to me. And right now, I'm the only person that they are somewhat trying to trust and trying to listen [to]... [it was about] just creating safety for her in that moment... in that example, I didn't call her social worker because I called her doctor and we tried to get her a doctor's appointment to talk about antipsychotic meds and stuff. But then, somebody

else in the drop-in centre ended up breaching that confidentiality and told the social worker. And so, I had to talk to them – [I explained] ‘I’m the key point person on this and... that could have fallen really badly on our relationship.’”

Evidently, participants shared the feeling that youth knew they were being surveilled and did not feel comfortable being vulnerable with their assigned social worker. Youth understood that above care, the state was most interested in supervising and monitoring their risk level based on their behaviours and needs. Above anything else, at the center of decision-making for their individual practice was to build safety and trust for the youth they were working with. Akin to youth, service providers understood that they needed to hold social workers at an arms-length:

“When we work with kids in care, the social workers want to be pretty involved and that can cause like friction between our relationship with youth because a lot of times we're there because youth doesn't want to talk to their social worker.”

Decisions Associated with Labelling Risk

Discussed in the previous chapter, the reliance of the current risk assessment system on a checklist model obscures more than it reveals. At the same time as it overemphasizes risk factors, it downplays their systemic and structural causes. In turn, it avoids meaningful consideration of context and of the social conditions which may impact a young person’s vulnerability to sexual exploitation. It also fails to recognize how this vulnerability might be further complicated by other social and situational components, not the least of which are those brought about through our current systems of “care”. These tools fail to measure and document what young people understand their own needs to be, and where and how they access support. It places all the authority and decision making in the hands of the practitioner, often to the detriment of the young person’s well-being, and in turn, it undermines the establishment of a meaningfully supportive relationship that might otherwise safeguard against or minimize the harms of child welfare involvement. The process of assigning a risk level to youth

simultaneously reduces the young person to a number or category, while also generating connotations and, at times, perpetuating stereotypes, about the young person. These generative stories about young people may not be created by the social worker or service provider working most closely with the youth, but by other professionals or service providers involved in the youth's life. From personal experience, this occurs when youth are assigned a risk "category" and then youth-care workers, physicians, teachers, guardians, or other social workers make assumptions about the youth's behaviours. This can derail the relationship created between youth and any of these providers as the youth's perspective is discredited and devalued. The labelling of risk obscures context and removes power from the youth in telling their own stories.

Currently, the outcomes of risk assessment tools are used to make decisions about the types of support and options available for youth in care. Youth housing and/or placement is one of the decisions most consistently impacted, as described by participants. As an example, the SERAF tool provides a "score" or associated "risk level" on a spectrum from uninvolved, to at risk of involvement, to fully entrenched in CSEC. In Nova Scotia, there are three alternative options for youth who have been scored via the SERAF tool, a specialized foster care bed for those at risk, a group home for entrenched youth (those already engaged in sex work/sexual exploitation), and a group home for youth at risk of or exiting exploitation. One participant explained that youth needed to 'score' a certain level to be placed in any of these options, which, compared to other placement opportunities were more 'prepared' to support youth with unique needs. Here, 'prepared' signals that these placements came with increased funding, staffing, and access to resources. Staff were usually equipped with additional training and supported in approaching youth care from a child-centered, trauma-informed, and harm reduction-oriented approach. If youth are scored incorrectly, this "could increase their risk of exposure or sexual

exploitation” because they are excluded from these supports. This participant further explained that incorrectly labelling youth as “entrenched” could quickly place the youth at risk of actually becoming entrenched due to meeting peers at the group home who might influence or encourage them to become involved in sex work. At the same time, scoring “correctly” could also have negative implications. More broadly, housing is of particular concern because lack of adequate housing is a contributing factor to the need to participate in survival sex (Ijadi-Maghsoodi et al., 2016). As described by one participant,

“My organization... wrote letters to [child welfare agency] saying 'don't put this child there, please don't do this' and they do it anyway. And then the child goes from, maybe at risk, maybe a little bit of knowledge, maybe the desire is there to be involved... but then the minute they put them in that group home... It's extremely dangerous. And maybe [they] wouldn't have become involved in trafficking at all, had they not been put in that group home against our advice.”

Other participants cautioned that these placement options were frequently in vastly different communities from the ones youth grew up in:

“A lot of the times we've seen rural youth sent to the [specialized group home] in the city where it's classified as 'not wanting to exit' and they have little to no knowledge of human trafficking. So, they're put in this group home which ultimately is the beginning of their exploitative journey.”

Not only can their placement offer them increased risk level through peer association but transitioning in and out of placements for child-welfare involved youth is of particular concern. Studies have noted that the frequency of placement changes is linked to increased risk of exploitation or other forms of harm (O'Brien et al., 2017). Where a youth is placed and whether the housing adequately meets the youth's needs can also be linked to high rates or “runaway” youth or youth experiencing homelessness. Decisions of taking youth into care or placing them in group caring facilities more broadly should not be made solely from the results of a risk assessment:

“Children who are placed in out-of-home care tend to be highly vulnerable to a wide range of poor outcomes (Courtney et al., 2011; Doyle, 2007), and the focus on safety (as defined by the system) ignores a host of other risks, including the risk that the system itself poses to the child and family (Gambrill & Shlonsky, 2001)” (as cited by Shlonsky & Mildon, 2017, p.117).

Often, we turn to labels and categories to be able to more efficiently communicate between service providers. We see this in most social service fields, where service providers categorize or score people based on their histories, current behaviours, or risk factors.

Unfortunately, labelling someone as “high risk” or “high acuity” can also lead to a reduction in services. One participant noted

“Putting people in [a specialty group home] and the castaway kind of policy that they have around, oh well, you don’t want access [support to exit exploitation? Then], you’re going to the throwaway house. I think that needs to be revisited.”

Some programs are hesitant to provide support for youth who are scored as a high risk, as many are turned away from child and youth caring programs, inpatient programs, or foster homes because they believe they won’t be able to provide care to them. While the ability to provide the necessary provision of care may be a relevant component of their decision to accept a youth’s placement, often these decisions are influenced by a desire to not be held liable for harm to the youth themselves or others involved. At times, youth are pushed between different residential placement options because of the idea that someone else is more equipped to support the youth’s behaviours or that another agency should hold the liability if harm occurs. And while this may be true, it can also lead to stigmatization and isolation of youth who may be labelled ‘difficult to support’ by their care providers.

While some participants cautioned against rating anyone highly, due to concern of increasing risk, another participant specifically indicated that they believed all youth in care were deserving of the approach, funding, and resources being allocated to these programs. Another

participant, who works in an outreach capacity for sexually exploited youth also indicated that these risk assessment ‘scores’ were often used to decide whether or not a child protection worker would make a referral to their program. Being able to access potentially life-changing resources are often limited to those who have scored “highly”, while others who may not yet have built the necessary relationships with caring adults needed for these assessments to be made may slip through the cracks. Many of these reasons that youth may be involved with the child welfare system overlap with well understood risk factors of CSEC, including childhood abuse and maltreatment (Bagley, 1999; Senn et al., 2008), prior sexual abuse or assault (Saewyc et al., 2008; Senn et al., 2008), adolescent sexual victimization (Gidycz et al., 2008), witnessing family violence (Zulu, 2014), caregiver strain, substance use, peer influence, difficulty in school, conflict with parents, poor mental health or view of self, and involvement in the justice system (Franchino-Olsen, 2021a). This list of risk factors speaks to the ongoing and unaddressed systemic issues within our society, and the way that youth with child welfare, justice, and health system involvement often fall through the cracks, not receiving the necessary supports and services (Baidawi, 2020; O’Brien et al., 2017; Vidal et al., 2017; Vidal et al., 2019).

Several participants pointed to the list of ‘risk factors’ and the stark resemblance to the child welfare system more broadly, indicating that all youth involved in this system are already at risk of sexual exploitation. In response to a discussion about referrals of “at-risk” youth to their program, one participant explained that

“...we would never ever argue somebody’s not at risk because I could argue a case that any youth is at risk, no matter how well supported they are, no matter what type of background they have, no matter where they are in their life, I can make an argument that they’re at risk if I needed to. When we look at the vulnerabilities and when we look at the things that make people more at risk, it’s everybody. It’s every youth out there. Even as adults, we have our vulnerabilities that make us at risk as well. It’s just that as adults, more of us recognize our vulnerabilities than children or youth do [or can].”

Another noted that every vulnerable and oppressed individual without their basic needs met who is interacting with our ‘care’ systems is at risk of exploitation: “...I recognise every single person is at risk of some level of exploitation, including sexual exploitation, when they are without their basic needs.” This complicates how we communicate risk, particularly because the tool itself doesn’t account for the risk created by being involved in the child welfare system.

Too Old for “Care”, Too Young to Make Decisions

Across Canada, the ages that youth are covered under the child protection legislation differs by province. Broadly speaking, the provincial and territorial protection legislation offers three main ages. The first, described typically as the “protection” age, is used to describe when the state will fully interfere, sits between 16-19 years old and under. The second, “youth service agreement” age, which is used to describe voluntary requests for support from the youth themselves is around 16-19 years old (older than 16 and younger than 19, though these ages can differ). And lastly, the ages for support and financial assistance can be up to the age of 26 (PHAC, 2019b). Each of these different age caps differ by province, but many provinces/territories end up having gaps in care between the end of one service and the opportunity to access another service. Using Nova Scotia as an example, the age of protection remains 19, however youth can only be ‘taken into care’ “if a protection proceeding was commenced prior to their 16th birthday” (PHAC, 2019b). Service agreements (for voluntary services) are available for those between the ages of 16-19, and at the time of publishing this report in 2019, there were no provisions for support or financial assistance (though this has since changed as of January 1st, 2024, where financial assistance is now available through the PATH program) (Government of Nova Scotia, n.d.; PHAC, 2019b). To be eligible to access income assistance in Nova Scotia you must be 19, unless you apply for exemption, leaving youth

between the ages of 16-19 who opt to not want or who are ineligible for voluntary services, without state support. This same gap is seen across many other services, where most programming for youth requires child welfare involvement or they are unable to access it. Services which are available for youth not involved in child welfare are slim, many lack the necessary resources to support complex youth. Most adult programming doesn't allow service provision for those under 19. Several participants discussed some of these ideas, including the participant who described the following situation for a youth they worked with:

“There's nowhere for her, for anyone like her. If you're 16, 17, or 18 years old, the only places that are available for you are the youth places, which are all cesspools for recruiting and sexual exploitation. There's no protection. Even our safe house does not take people underage. So even though we have set out to fix that gap, we still actually have not managed to be able to bridge it.”

For youth exiting care at 19, there remains a gap in transitional services to support young, vulnerable, and “at-risk” youth. In the years after leaving care, youth are more likely than their peers to experience under-employment, unemployment, homelessness, or housing instability, have police involvement, and have children at a young age (Courtney et al, 2001; Courtney & Dworsky, 2006; Goldstein et al., 2009), all of which are many of the compounding circumstances why young people continue engaging in the legal sex trade. Available literature indicates that youth agree that smoother transitions out of care are also necessary, as they often lack access to resources to adequately support themselves post-care (Dank et al., 2015). Participants identified stress around having to navigate youth transitioning out of care and how outreach workers and youth care workers are often left to traverse these gaps with the youths. This includes discussions around how the youth are often discharged directly into homelessness with no ‘soft handover’ into adult services, service providers felt that “the amount of kids we've had age out of care into homelessness from [the group caring facility since the] mandate changed

is wild.” Service providers emphasized that services and policies to support older youth (including the 16-19 age bracket and beyond) were crucial in reducing the impacts of sexual exploitation. A service provider stated,

...if a 16-year-old is involved in sexual exploitation, I would really like to see this as a [child welfare] issue. Like yes, maybe you can't take them into care, but you can't just leave them on the streets, they're still minors... you're saying they're not old enough to be adults, but they're too old to be kids? That's not okay. Who does that fall on? That doesn't fall on us as a nonprofit. That falls on [the government].

As youth transition into adulthood, and are simultaneously assigned contradictory assumptions and stereotypes, it's crucial that we provide opportunities for youth to make decisions about things that directly impact them. However, these decisions should be made while they have support from caring adults if they make a mistake. The barriers faced by youth are the same

“...barriers which keep large portions of the population from having access to economic and social justice, from being able to participate fully in the decisions affecting our lives, from having a full share of both the rights and responsibilities of living in a free society” (Pharr, 2021, p.336).

If our interest is liberation, its crucial to remember that “like power, liberation cannot be given; it must be created. [It requires] fostering both individual freedom and mutual responsibility for others” (Pharr, 2021, p.337). Young people are both confined by stereotypes and boxes and unable to access the materials, resources, and mentorship needed to succeed, and expected to act and behave in “socially acceptable” ways.

As members of the social support system for young people at risk of exploitation, participants emphasized the inequitable treatment of young people holding these contradictions. This requires us to contemplate the risk assessment process, which often mirrors and reifies these ideologies: holding high expectations for behavioural decisions but not involving young people in the decision-making process about their lives. It is here that we also begin to move away from harms associated with institutional and systemic barriers in the risk assessment process, towards

the harms which also happen through the rupture of relationships. In a risk assessment relationship, where trust and mutual understanding have been built, young people are seen as capable, responsible, independent, and knowledgeable beings deserving of agency and self-determination, even if they make a mistake.

Duty to Report or Duty to Care?

The term “duty to report”, or mandated reporting, is often used to explain the idea of reporting information to the state when there is “any reason to believe that a child is in need of protection or is at risk of harm” (Ontario Association of Children’s Aid Societies, 2022), if there are adults “in a situation of significant risk of self-neglect, or experiencing abuse or neglect by others which results in serious harm to the person and their inability to protect themselves” (Nova Scotia Health, 2019), and lastly, there is a “duty to report or warn when an adult is at an imminent risk of serious harm” including to self or from another person (Mountford & Bryce, 2015, p.6). Mandatory reporting often holds stress, concern, and at times, shame, for all parties involved, and can lead to breaking of relationships, termination of voluntary services, and lack of trust.

The idea that duty to report can break trust was repeated by many participants. They explained that the nature of doing complex relational work often meant hearing deeply vulnerable pieces of information about the youth’s experiences shared with them. Disclosing any information shared confidentially to the state can end up breaking trust – key to maintaining the strong relationships needed to succeed in this work. Once trust is broken,

“it can be hard to repair... [and then] the consequences of that can be varied, dependent on who’s on the receiving end of the report, where that report goes, [and] where the investigation goes... [its] completely out of our control [and that] can do further damage as well”.

Following the report, if there is police involvement or certain family members find out, it can lead to increased “vulnerability and lack of safety in some situations for the individual that was actually at-risk [of being] harmed [initially]”. This is especially of concern when the behaviour that was causing the youth harm, or the reason the youth remained in the environment causing harm, was “a mode of survival... [if its] the only way that they will have a roof over their head”. Disclosure can lead to youth losing access to resources (such as food and housing), further physical, sexual, or emotional harm, or the withdrawal/removal of services and supports. A service provider described it as having to walk a “tightrope... because of all those implications of having to report that information”.

Across Canada, duty to report differs based on the ages of service provision and the capacity of the state to investigate and make decisions. Because of the impacts of who is eligible for support and who is not, it can limit the support that youth gain in exiting exploitation or other potentially harmful situations. As a participant advocated,

“We really need to examine how we do this duty to report, specifically for those 16 and up, those who are of age to consent but not of age to be sexually exploited or assaulted... It doesn't matter what age you are, it's a crime to be sexually exploited, it's a crime to be trafficked, so none of those like that age piece shouldn't freaking matter anyway. [Currently, for those over the age of 16, in most provinces, duty to report] is harmful right now and prevents a lot of people, I think, from actually speaking their truth. And being able to problem solve and get safe.”

Another described working with expectant mothers between the ages of 16 and 18,

“... who have been through child welfare system themselves [and are] trying to break the cycle and then being told, ‘we have to investigate’ and the investigation sometimes leads to the youth being denied for income assistance because, technically, they could live at home, even though it's not a healthy situation for them, or there's not much room for them. There's just a lot of things happening there, so I think policies... as they are right now, it is definitely putting youth at risk because if they are not living at home between the ages of 16 and 18 and get denied from income assistance, they're looking for other ways to make money. And oftentimes, you know, if something's dangled in front of them that ‘you can make a lot of money doing this’. They're more likely to engage in sex work, so I definitely see a high risk there.”

The gaps in service provision and state protection for those between the ages of 16-19 (and beyond) are complicated and confused by laws of consent and the legal sex trade. The age of consent across Canada depends on the age of both partners, but generally, 16-year-olds and older are able to consent to sexual activity. However, if “their sexual partner is in a position of trust or authority”, they are “dependent on their sexual partner for care and support”, or “the relationship between the young person and their sexual partner is exploitative” (Government of Canada, 2023), then a 16- or 17-year-old are not legally able to consent. This doesn’t align with the duty to report and provision of care ages, where 16–19-year-olds across the country are unable to access some services, and yet mandated reporting is still required. Further, “at the age of 18, [power differentials and exploitation] doesn't even matter anymore, in terms of our federal laws, so already when you [must report exploitation, but nothing can be done] that’s a barrier”. This ends up limiting who and what information is shared with caring adults, as those

“...who have experienced any kind of violence, but sexualized violence in particular, don't want to lose power and control over their situation. They've already lost power and control. That's what violence does to people, particularly intimate partner violence, sexualized violence, sexual assault, and sexual exploitation, you lose power and control over yourself, and you don't want to lose it again. So, by way of somebody talking about what's happened to them... automatically, they've lost control of their situation. We're causing harm to individuals and we're creating barriers... then people go ‘actually, I don't want to lose control of my situation’. They won't talk about it and therefore they have nowhere to start to brainstorm possible solutions.”

In seeking to offer protections from the relational harm that can occur throughout the duty to report process, participants were able to name several strategies that they use. One participant explained that prior to offering services, they talk “to youth about duty to report beforehand”. However, determining what qualifies under the professional duty to report can be “complex”, especially in “figuring out when we have to report and when we don’t”, and sometimes youth, even when explained, don’t quite understand what is included or the

implications of reporting. Another described a tool where they explain duty to report to young people, and offer the option of discussing situations anonymously, stating “you can tell me about your friend, I don’t know your friend”. This participant continued that they are

“... very clear. If you give me any identifying information, I will see that as a call for help. If you indicate [that] this is you, in any way, then I will see that as a call for help because then I don't know if they're actually asking about their friend or if they're asking about themselves. But then [young people are able] to see what resources and options might be available to help problem solve without them potentially losing control of their situation.”

This type of creative alternative when working with service-resistant and highly vulnerable young people is crucial, because it maintains both the relational nature of the work and highlights opportunities for youth autonomy and control. Highlighting creative alternatives to the issues brought by the miss use of mandated reporting is key: it provides us with an alternative beyond ‘this is how it’s always been done’, or ‘we just have to’. Both of those outlooks are responses to the managerialism and liability-focused lens to risk assessment, and they remove all aspects of care. Service providers have been legislated to report when harm is happening so that we as a community can ensure something is done to mitigate future harm. In reality, we’ve strayed so far from this idea that service providers see it as something that’s part of the checklist and families are not seeing the benefits. As we move through this chapter, the implications of removing autonomy, choice, and control from youth and families, in the ways that ‘duty to report’ can, becomes clear: it harms relationships.

Rather Than ‘At Risk’: In Survival

Youth in care, particularly those who have been exploited, often end up in ‘survival mode’: decisions made are made out of habit, necessity, and for survival. Young people who are trying to figure out how to feed themselves, how to stay warm overnight, or how to avoid violence from partners and pimps alike, will make the decisions needed to do so. As we know,

the sex work continuum ranges from choice – to circumstance – to coercion. Often, it is not always clear if youth are engaging in sex work because of circumstance or full coercion. Either way, they are trying to have their survival needs met.

Mirrored in the available literature, several participants expressed concern about the impact of “care” or child welfare involvement on the very level of risk experienced by young people. Indeed, as Sikka (2009), Zulu (2014), and others note once in care, youth often lack adequate social, emotional, physical, or financial supports to address the ongoing traumatization and stressors which are experienced when placed in out-of-home care. This often leads youth to attempt to address their needs by running away or becoming more street-involved (Dank et al., 2015). As indicated by a participant, the “systems themselves add inherent risk”. Many street-involved or frequently homeless youth are involved in CSEC and survival sex (Tyler, 2009; Walls & Bell, 2011). While the direction of this correlation is unknown, 1 in 3 street-involved youth have been sexually exploited in British Columbia (Saewyc et al., 2008). Among these street-involved youth under the age of 18, only 20% were living at home when they were first sexually exploited (Saewyc et al. 2008). One study estimated that 70% of youth living on the street engaged in survival sex to meet basic needs (Estes & Weiner, 2002, as cited by Ijadi-Maghsoodi et al., 2016). Those who are street-involved have often fled unsupportive or abusive environments and may seek financial support through possibly dangerous pathways (Ijadi-Maghsoodi et al., 2016). This population of youth is vulnerable to exploitative techniques due to a lack of social and financial capital. This was echoed by most participants, who all discussed various ways in which the current care systems often create the social conditions in which youth are placed at increased risk. Youth in care often turn to peers or those in the community for support and to have their needs met, making them extremely vulnerable to recruitment into

sexual exploitation as they could be provided with opportunities to engage in transactional or survival sex. It's crucial that risk assessment processes include a nuanced understanding of how a youth's protective and risk factors intersect as they attempt to have their needs met. Without a strong understanding of what youth perceive as their needs, social workers often hold skewed beliefs about why certain behaviours are arising. One participant noted that

“It starts with understanding what needs are being unmet, because [if] they're being referred to the outreach program, [its] because they have either a need not being met, or... actually, it's just needs not being met, that are leading them to be in what people would deem a high risk or a higher risk position in their life.”

Several participants identified this and discussed the importance of incorporating risk reduction strategies throughout the risk assessment process.

In the same vein as unmet needs, some young people may place themselves in perceived “risky situations” as a tool for self-protection. Sometimes, youth will recruit peers into the realm of sex work. Often, to survive the systemic and interpersonal violence of the child welfare system, exploited youth become exploiters themselves: “that's self-survival or self-perseverance”. Youth who have been labelled as “recruiters” are no longer able to access services designated for survivors of sexual exploitation, making it even harder to escape the violence. This is known as the ‘double bind’, where those most harmed by a system participate in the system to reduce their own danger. As Rivera (2022) explains, “understanding and honoring survival is necessary to create programs and policies that address and prevent violence and exploitation including human trafficking. Without the struggle to survive, people would rarely encounter or engage in exploitative situations” (p.72).

Approaches in Caring

Systemic and relational harms are often deeply interwoven. In the risk assessment relationship, the relationship can be safeguarded from systemic harms. Often, it is when

safeguards fail, or were never put in place, that relational harms occur. The ways in which practitioners approach these relationships, can make a significant difference in the ways that young people reciprocate the relationship. As identified in the ‘assessor’ side of this relationship, the approaches that social workers and service providers take can operate as ways of doing ‘good care’ in an otherwise broken system. In continuing this conversation, and in centering the ways that harm reduction, non-judgemental, youth-centered, and anti-oppressive approaches can foster safety, we would be misguided to not consider how these approaches may directly impact youth and their ability to engage in the risk assessment process.

Service providers interviewed described a series of scenarios in which they were able to apply or work from a theoretical lens which aligned with their morals and skill set. One youth outreach worker spoke about an individual she supported to highlight the way that a non-judgemental, harm reduction orientation to building relationship is often the only way to support uniquely complex youth:

“One of my clients. I keep thinking about her... She's been on the streets doing sex work and stuff since she was 12. She's 18 now, almost aging out [of care]... the conversation with people [in her support network still center's around] ‘you know you should try detox’... and it's like, she's injecting an insane amount of dope. She's been doing this for so long, she's branded by multiple pimps. She's been attached to people who are murderers... We have to start with a smaller step. Even me coming to bring her smokes on like the block here, you know, and she'll give me the nod. Then she'll come over and things like that. That's already her trying to connect. We can't bring up the same things we would for youth who's, like, just starting to use [substances] and still has a family home... those things are going to look so different. [If I were to say] ‘you should try some detox right now’... that's like a slap in her face. She's not even thinking about that. She's just trying to make it through another day.”

We can start to pull apart what it means to ‘meet youth where they’re at’ through this example. To build a relationship that might allow for intervention, we first have to start by acknowledging that youth need their basic needs met, and for youth experiencing addiction, this will mean access to substances. For youth with chronic and complex trauma, building a trusting

relationship may take years, it may never be built. Our current systems must allow and encourage social workers and service providers to react and respond to the unique needs of each youth in a way that is validating, informed, and seeks to provide youth with autonomy and agency, even if this means providing fresh gear and talking to them about the substances they are using. This is how we keep people alive, and it's how we build relationships with youth who, otherwise, would never engage in services which operate from a lens of judgement.

Harm reduction, while born from the people who use drugs (PWUD) community, has been applied to working with youth (and adults) involved in sex work or being exploited. Harm reduction practices “set the client, or service user, as central to effective practice. The emphasis is on the client’s values and their ability to make personal decisions, based on their individual (and perceived) needs” (Hickle & Hallett, 2016, p.303). This approach deeply aligns with the United Nations Convention on the Rights of the Child (UNCRC), by “allowing service users who are children and young people to define their needs and recognise their right to both provision and participation” (Hickle & Hallett, 2016, p.303). While critiques of harm reduction often point to prolonged exposure to possible harms, harm reduction posits itself as a tool “to plan for short-term safety and long-term positive change with young people who have a right to participate in making decisions about their lives” (Hickle & Hallett, 2016, p.310). This is in line with anti-oppressive stances to youth work which acknowledge young people as whole beings entitled to make decisions as best they know how, rather than beings to be surveilled, unable to have autonomy and self-determination. Participants described the importance of providing education regarding harm reduction in the field as necessary to continuing to do this work,

“A lot of people struggle with personal values, morals, differences of opinion and philosophies because harm reduction really can challenge you [in terms of what your own personal beliefs may be]. So, to be able to provide a level of education and support for staff, for example, to kind of increase their awareness of what it is and understand [is so

important]. There's a lot of misperceptions of what harm reduction is. That it's a 'permissive' approach that actually supports, for example, engagement in sexual exploitation or substance use when it actually does the exact opposite. I would see [harm reduction] as one of the proactive approaches that are being used.

Of course, building unique relationships and centering youth in decision-making doesn't always mean handing out harm reduction gear and talking to them about safer sex. Prior to getting to know a youth, service providers often do some guesswork in determining a youth's values, perspective, and needs. Participants, at times, noted the difficulty in navigating systems while "balancing those conflicting needs". They continued that

"It also depends on what system you work in. Because if I were working in the group home setting, it would look a lot different too, and it also looks a lot different depending on what level of child welfare involvement that you have, as well."

They spoke to the necessity of developing strong and secure relationships with the youth they worked with, and the time needed to do so. One service provider explained that

"When you learn to understand the nuance of risk, and therefore the nuance of liability, it looks different. Because I think when you go too far, and you don't lean enough into your relationship, to be able to ask the questions [and] to gather the necessary information to make those risk assessments appropriately... If I don't know my youth, and it's the first time I meet them, and they say, 'I'm gonna kill someone', [I] would be a lot more concerned than if it's a youth [that] I work with [who] I know does that when they're frustrated".

Without the time to build the necessary relationships, understand the youth's humour, or know how the youth copes with distress intolerance, a service provider might understand that comment as a threat of violence and respond 'accordingly', by unnecessarily criminalizing youth.

Due to the nature of working within CSEC, there is a level of involvement or interaction with the police. The impacts of social workers and service providers not having time to build relationships, systems of accountability, and not having the tools to mitigate harm in more appropriate ways, often leads to the over criminalization of youth involved with sexual exploitation, and increased criminal charges for the youth which can cause a further increase in

risk. This is a self-reinforcing cycle. Youth sexual exploitation has been identified as an important community safety issue and the negative impacts on young people are well documented, as discussed in the introduction. However, it has proven to be difficult for the police to identify young people who are at risk of victimization and challenging to develop the trust necessary to gather information needed to support investigations, arrest perpetrators, and provide safety to survivors. In response to these challenges, law enforcement are increasingly partnering with child welfare and service provider stakeholders to improve responses to CSEC in local communities (Farrell et al, 2020). Perspectives on police involvement differ, and one service provider outlined concerns with this, stating

“They (police) want us to help for the end game of charges. You know, getting through court, prosecution, etc. So, there's times that we have to be that, kind of, force to protect a youth against that system... because a lot of the times, we as a society, for the most part, we trust these systems to be righteous and [we expect that] they would not harm a child or put a child in harm's way.”

But that’s not always true. This participant continued to describe a scenario where they were supporting a youth in court, and, in trying to have a youth act as a witness against another crime, they were asking the youth to incriminate themselves under oath. The service provider explained this as manipulation, coercion, and entrapment, because the youth didn’t know better.

“It was horrific to me that the police officer, the crown attorney, the social worker, were all about to let this youth do this so that they could get a charge against this person at the cost of potentially this other youth’s life... you're her legal guardian. You're the closest thing to a parent. You're the legal authority, you know better.”

Across Canada, prosecution still remains the focus for many working with sexually exploited youth, and while service providers agree that “we [don’t want people] doing these [harmful] things to people”, however, child welfare and policing systems often put getting the arrest above supporting the survivors. You cannot access supports through victim services

“unless you make a formal report... which again puts the youth in a tricky situation if they’re not at a point where they want to report”. This provider continued,

“I see both sides... but coming from a client centered lens, I want to support the youth however they want... and if we can support the youth in healing themselves... they might be more willing to [work with the police] when they’re not in such a vulnerable place”.

As we saw in previous chapters, social workers are often unable to work in the ways that align with their ethics because of the labour conditions. One study explained that “while the language in formal policy documents (i.e., “trauma-informed care”) reflected what is commonly understood as “best practice” in social work, workers felt they did not have the tools, skills, or time to learn about (let alone provide) such care” (Bryan et al., p.47). The impact of a lack of time to foster strong relationships can mean social workers lean into the ‘bare minimum standards of care’. Most importantly, the ‘bare minimum standards of care’ can’t protect youth from over-criminalization, systemic racism, mistreatment in the health system, and the systemic oppressions facing them at every turn; “we’re not protecting them... it’s like screaming into the abyss”.

Conclusion

The previous examples brings nuance and complexity to the idea that risk assessments have an impact on a youth’s risk level. In discussing these contradictions with service providers, all agreed that the impacts of labelling and categorizing youth based on a scoring system were detrimental to the youth’s own risk of harm (both to, and from, exploitation, as well as harm in other contexts). Specifically, the policies and procedures mandated at the institutional level can significantly impact a youth’s risk to experiencing harm broadly and as it relates to sexual exploitation, and the dynamic relationship between risk assessment and risk reduction practices can be seen across a wide variety of risk factors linked to youth care planning.

Without understanding why youth make decisions, we can't begin to understand or predict how much risk or vulnerability they may experience. It is in building strong, reliable, trusting relationships that youth will begin to share with us their experiences. It is necessary that in our programs, policies, and procedures, we move away from systems of judgement and surveillance, towards systems of care and shared decision-making. Throughout this chapter, and in using the preceding chapters, we can understand the relationships between risk reduction and risk assessment happen in tandem, influencing the other in every decision made. Beyond this, the ability to assess risk is a deeply relational skill, and without the capacity, skills, and insight into the nuances of risk, we may not be able to ever accurately understand a young person's risk of exploitation. So, how might service providers in the field propose that risk assessment is done differently? And, is this something that remains possible within the current system, or must we dream outside of it? As Purnell (2021) notes, "just because I did not know an answer didn't mean that one did not exist" (p.8).

Chapter 5 – Safeguarding the Protective Relationship, Imagining the Future for Sexually Exploited Youth in Care

Throughout the three previous chapters, it has become clear that service providers care deeply about this population and the care they deserve to have access to. In every conversation about risk assessments, participants could not separate the assessment process from the process of providing care – and they shouldn't. Aligning with all participants values and the desire to engage in an anti-oppressive practice, participants were eager to discuss the ways they have begun already to push back on systems currently causing harm to young people and their families. This was evident in their discussions of going against the grain, working in the grey areas, building strong and trusting relationships, collaborating and shifting power, and the necessity of advocacy within their roles. And it was these practices that also seemed to push slightly beyond that 'bare minimum standard of care'.

Illuminated by service providers were the practices that didn't work: standardization and managerialism of risk assessment, numerical scoring and the quantification of risk, poor labour standards of social workers, and the focus on liability rather than reducing harm in a risk society. All of which have been created and reinforced under colonial and capitalist agendas. They also talked about the impacts that social conditions and systemic oppressions have on the young people and those working in these systems. What was harder for service providers to tease apart, was dreaming of a new way forward. Even though participants were directly asked to explore what a new system could look like, participants struggled to identify what this might tangibly look like. This is difficult, as we know that thinking outside of the systems which we are bound to can seem impossible. What was evident, was the need for care to look differently. We must see the gaps, "these 'failures of care'[, as] more complicated than simple oversight or system

overload; they are emblematic of how the system operates as intended, producing and reproducing inequality while undercutting alternative, emancipatory forms of kinship and community” (Bryan, 2024, p.68).

As one author notes, “if we continue to deny the need for care, how can we possibly rethink it? Only by embracing our disability lineages, which necessarily include care and caretakers, can hope to create less oppressive care structures” (Fink, 2022, p.105). In acknowledging that care is both necessary and requiring re-thinking, we look towards Black, Indigenous, queer and trans*, and disabled people who have been providing care ‘outside’ of the system for decades. We turn to abolitionist frameworks, to understand transformative justice and anti-oppressive practice as ways forward, beyond ‘good care in bad systems’, and beyond survival. Gumbs (2020) points us to the idea that “survival already means to live beyond. Beyond disasters, systemic and interpersonal. Beyond the halted breathing of our ancestors. Beyond yesterday. And five minutes ago. Beyond that” (p.1).

Deciding whether to approach system change from within or outside of systems is highly contested. Many believe that the way our current systems must be completely transformed, and as Audre Lorde (2017) notes, “the master's tool will never dismantle the master's house. They may allow us temporarily to beat him at his own game, but they will never enable us to bring about genuine change” (p. 19). Many point to transformative justice as the way out, as a way “to address violence without relying on police or prisons. These approaches often work to prevent violence, to intervene when harm is occurring, to hold people accountable, and to transform individuals and society to build safer communities” (Dixon, 2020, p.16).

However, some believe that “we can practice transformative justice while simultaneously reducing the harm from the state” (Dixon, 2020, p.24). This approach seeks to authenticate that

current systems are causing present-day harm. And, necessary to creating more just frameworks, abolishing child welfare and policing systems, and providing the level of care our communities deserve, is surviving our current systems. Both are necessary: to identify ways of surviving the present while actively creating alternatives for the future. In combing through participant responses surrounding how they dreamt of assessing risk for young people with CSEC and child welfare involvement, participants frequently pulled back to their personal experiences of what worked as directions for future engagement. In placing emphasis on the urgency of both surviving the present and pushing for new systems, their responses were divided accordingly.

Surviving the Present and Safeguarding the Relationship

In our analysis, service providers highlighted many examples of ways that they operate to safeguard their relationships and the young people they work with from the harms of the state (both institutional and systemic harms). They demonstrated how they worked to address gaps in risk assessments and, by association, risk reduction. Through the process of the pilot study, an initial list of recommendations was developed (Appendix C). The following list of recommendations, then, expands on this initial list and pretends that our systems will continue as is; there will still be quantitative risk assessments and screening tools, conducted by overworked, under prepared, new-to-the-field social workers, on youth impacted by the social conditions of racism, colonialism, gendered socialization, and a sex industry still criminalized and largely underground. Participants responses when asked how they wished to engage in risk assessments, embedded within and expanding upon our other findings, included the following recommendations:

Address labour conditions for child protection social workers to meet anti-oppressive practice standards, and decrease turnover, burnout, and cyclical harm faced by youth and families involved in child welfare systems.

Social workers and adjacent service providers are directly embedded within the risk assessment relationship. Currently, the labour conditions for child protection workers proliferates the harms happening to children and families. To be able to engage authentically, and to practice from an anti-oppressive lens, practitioners require more time to build trusting relationships with the young people they work with. One participant noted that “social workers actually getting to know their youth is at the core of [engaging in the risk assessment process].”

Child protection workers and other service providers are both acutely aware of the impacts of current systems, with “an awareness of systemic forms of exclusion, and an understanding of the structural origins of that exclusion” and the ways in which they become “integrated within those systems and structures as frontline workers, becoming, themselves, a source or instrument of harm” (Bryan et al., 2024, p.11). Understanding how they play into systems of surveillance and oppression to marginalized community members, child protection workers experience parallels between how they are treated and how they are meant to treat others. They themselves “have a sense of being watched, given that they must complete forms, repeat risk assessments, and face audits, censure, and even dismissal” (Swift & Callahan, 2009, p.201-202). In their dedication to this work, many work beyond their capacity in attempts to provide care congruent with anti-oppressive values and ethics. Service providers disclosed that when doing this work, they “...can feel devastated, because not only are [they] working with children that are being violated and victimized, [which is] gross in itself, but [they’re] also working with systems that are so broken...”, and even when they felt they were doing their best, they were “never going to make everybody happy”. This research affirms existing literature’s call for change to the child welfare sector, and points to the essential labour changes needed for the child protection worker to be able to effectively engage in the risk assessment relationship.

Current use of risk assessments should be adapted. When mandated to use risk assessments, service providers and social workers should complete risk assessments in collaboration with as many people (including the youth themselves) wherever possible and in considering the implications of labelling young people as “at risk”.

Many participants had experience with workplaces utilizing screening and assessment tools (such as the SERAF tool) and highlighted that if these types of assessments must be used, they should be used differently than they are currently. In responding to the concerns brought forward about the current state of risk assessments in Canada, participants offered some approaches to mitigate harms caused to young people. One participant clearly indicated that “[they] don't think the tool should be used, but if the tool were to be used, it should be used by someone who sees that youth every single day and by multiple people” in collaboration. Almost all participants echoed this feeling, noting it “shouldn't be one person or one person's perspective making the decision on a risk assessment... another way we could assess risk [is] through conversation [and collaboration]” and that “the roundtable approach with different perspectives is very important when we, when we talk about this kind of work, you know ... having people that are from different places in the system” can be helpful in filling gaps that one person or organization might not see or be able to support. This is echoed in the literature, which notes that “narrowing risk assessment to the judgement of workers closes out the insights of children and their families and local communities” (Pennell, 2017, p.161). Consent and youth choice in this collaboration remains crucial, as

“...sometimes youth aren't comfortable with their supports talking to each other, so that's a different story. But when youth give consent and allow that [collaboration in] coming up with that care plan together is really important for the youth to feel supported without feeling overwhelmed.”

As we move away from using risk assessments in the ways they have been, we must consider the values and philosophies that underscore the risk assessment process. Participants

recommend that practitioners explore their own understandings of ‘risk’, ‘safety’, and ‘harm’. As explained by a participant, “risk is not the opposite of safety”. They continued by examining the idea that often, individuals do not define or identify what “safety” looks like within their role or within the specific individual context of each youth they support. Frequently, service providers conflate danger with discomfort. The same research participant explained that in their work, they “try instead of grounding what [they] do in risk, to ground [their work] in context, with risk as the sidenote or risk as the accompanying factor but not risk as the star of the show”. This lets them consider the importance of safety and reducing harm, without making decisions solely surrounding notions of liability. This change in perspective aids in reducing the amount of bias and oppressive perspectives that seep into their decision-making, focusing on individualizing their care based on the client and the scenario. Decisions which relate to the care of young people should not be based solely in the ‘score’ given on an assessment tool, and should be decided based on the context, histories, relationships, and protective factors available to the young person.

Current systems should begin to explore more extensive research on the impacts of duty to report, in engaging youth, families, service providers, and social workers.

Concerns regarding duty to report policies were mentioned by a majority of research participants, particularly as it relates to the increased risk that mandated reporting can cause on youth. Some of the implications of mandated reporting included fracturing relationships, breaking trust, interrupting current safeguards and safety strategies, reduction in accessibility of basic needs, and placing young people even further into the social situations which may lead to exploitation or survival sex.

Service providers offered safeguards to this primarily by encouraging others to provide young people with informed consent regarding their limitations to confidentiality. One service

provider noted that “they all know the confidentiality [spiel]” especially for those who’ve been in care since a young age but explaining some of the nuances to young people allows them to consent to reporting. One option is to provide young people with the option to discuss topics anonymously, to allow for the young person to hear the options available for support, how those options might play out, and what might be involved, prior to making the decision to share who the situation is about. When the duty to report is clear, participants pointed us in the direction of open and transparent reporting to provide young people with all the information and the opportunity to collaborate. As an example, a participant explained:

“[I will often be like] 'OK, this is really concerning this guy’s holding you in a tent for five days... you've told me his name. I do want to tell somebody else about that'. [I work to be] very honest with [youth] too. I never want to lie to my kids and say I'm not gonna report that for you. I always will be like ‘okay, what you're saying this that makes me really concerned. I am going to tell somebody’.”

Further research into this area, the implications of duty to report legislation, and the perspectives of those with lived experience is crucial to providing recommendations on how these policies should be interpreted and used. We should continue to explore this topic area in expanding on this literature in future research.

Current systems should begin to explore more extensive research on the age gaps between child protection services, in engaging youth, families, service providers, and social workers.

Similar to the discussion on duty to report, future research in the area of age, access to services, and the transition out of child welfare services should be prioritized. As described by participants, this remains a huge concern and policy area that directly impacts a young person’s risk of harm related to exploitation and beyond. There remain major variances across the country regarding the age of protection, age of voluntary services, and the age for financial supports for youth in need of support, especially for those engaged in or at risk of sexual exploitation. There also remains discrepancies between the ages of consent, the laws surrounding duty to report, and

the legal sex industry. As described by a participant “our federal laws [around the age of consent]... that's a barrier. The duty to report piece doesn't line up very well with the ages of consent” and this impacts the ability to support young people both consenting to sex work and being exploited.

Current systems should offer more extensive education, training, and mentoring to child protection workers and service providers working with youth in care.

Imperative to changing the social conditions in which practitioners are able to engage in this care work, is the space and time to engage in further learning, education, and mentorship. One participant explained that “at the core of my own anti oppressive practice... is learning.”. Other participants affirmed this as well, pointing teachings coming directly from those with lived experience of marginalization, urging that alongside a willingness to learn,

“...you need to be rooted in community, you need to work for community, you need to stand by community, and you need to learn to leverage your own privilege. You need to learn to have uncomfortable conversations. And if you can't do those things, you can't be anti-oppressive.”

Important to this conversation, is social work education and training. As Bachelor of Social Work (BSW) students enter into child protection roles upon graduation, schools should consider expanding current topics of child welfare to better support this work, build advocacy skills, and foster culture change. Education can offer as a place to safeguard the workers entering this field, by preparing them with specific tools and skills needed to survive these systems. Examples of how to engage in relationships building and safeguarding would be especially helpful, such as in the example provided by a participant indicating they offer those they support with the “tell me about your friend” option, as to ensure consent is balanced with the duty to report. While this operates as a harm-reductive approach to our current harmful systems, it could aid in safeguarding the relationships between young people, families, and social workers.

Literature has pointed us in the direction of education being a tool towards liberation for decades. Freire (2017) indicates liberatory education should look to unveil oppression, encourage practitioners to commit themselves to transformation through praxis. In the process of unveiling the oppressive systems that exist, we should equip individuals with teachings surrounding harm reduction, consent, autonomy, trauma-informed care, and cultural humility. This allows individuals to yield strategies to reducing harms occurring to the youth in their care, while working towards this collective liberation. Our next steps should always include a liberatory, community-based lens to education.

Service providers and social workers should continue acting as advocates for young people against systemic constraints and oppressive policies, particularly as it lends to risk assessment.

Necessary to both the risk assessment relationship and the wellbeing of youth in our communities, is the advocacy by those in proximity to institutional and societal power. Using themselves as an example, one participant indicated that

“There [were] a lot of times in this work that we had to fight and we had to fight to the people who were supposed to be fighting for this youth, because they weren't... or we would get told, ‘oh, what's the point? They're just gonna go back... You know it'll be the same next week or why bother?’, well because it's our jobs. Because we're human. Because this is a child [deserving of support]”.

Discussed amongst participants was the moral obligation to engage in advocacy, to acknowledge and access the power and privilege to not accept the low standards of care for the young people in our care. A participant indicated that field of social worker demands that social workers engage in “... advocacy. I don't think you can be an ethical practitioner, if you don't advocate for the people that you serve, if you don't advocate for society's most marginalized, and if you don't understand that everyone's liberation is tied together”. This closely aligns with the social justice training and ethical obligations of social workers.

Service providers and social workers should also continue acting as advocates towards the development of new risk assessment process that center care and anti-oppressive practice. As the research participants have so clearly articulated in the first few chapters, many are aware of the disparities and harms caused directly by current risk assessment processes. In the process of forging an alternative, it will require pressure from both outside and within current systems and structures. It is necessary to hold this advocacy alongside our individual attempts to address and minimize harm, because “it’s not just social workers doing what they ‘need to do’ that’s going to fix this problem. Its fundamental systems change that’s needed” (Bryan et al., 2024, p.67).

Envisioning the Future

Beyond the strategies currently being used, and recommended, by participants to minimize the potential harms to young people and safeguard the risk assessment relationship, participants looked to alternatives outside of our current system. Dreaming outside of our current systems requires creativity and experience contemplating and actualizing alternative responses. To this, the following recommendations look to those with lived experience operating as caretakers within their communities, existing outside of current systems. Many of the recommendations made in line with participants are built upon within existing literature.

An alternative to current risk assessment processes must be constructed, in engaging youth, families, service providers, and social workers, that values the relational process.

In line with the growing literature which acknowledges that current risk assessment frameworks reinforce oppressive systems, we need to disregard current quantitative and prescriptive approaches to risk assessment. The current study has identified for us that regardless of the paperwork, risk assessment exists in relationship between the state, the social worker, and the young person. When paired with our understanding that risk assessment calls for

simultaneous risk reduction, this concept directs us away from current models. Participants were firm in this:

“You can't measure risk... I've been having this conversation for over 10 years. There is no possible way to actually define risk in a quantitative state that we can indefinitely, you know, put fact behind like we cannot risk is not a fact. It is an assumption. It is an observation, and I think when systems use it as a fact, they are hurting the people that they have set out to help.”

“We don't want to close the door to people at risk. We don't want to stop using the terminology, we just have to stop treating it like it's a fact. If we do that and we start evaluating, especially youth, on where they are at in that moment, not where their families at, not the way that they were raised, and not on a numbered system... if we start listening to youth on what they need and start looking at services and placements that are based on that, I think we will see a huge change in the amount of youth are exploited whereas see a huge change in all straight across the board... I think that we would see the numbers [of sexually exploited youth] drastically drop if we started actually looking at this differently.”

The two above statements reveal an urgency to this work: we must begin building new ways of understanding, intervening, and reducing risk. When asked what this should entail, participants exclaimed

“I think community would be more involved. And that could also mean community in a lot of different ways... I think that what [a risk assessment] could look like is [similar to] a shared decision-making model that acts as a guideline but isn't constructive... that talks about the key points to touch on but [allows for context and for the team to make the decision]... that allows room [for the assessment] to be individualized, that's what it would look like.”

“I think [it would happen] through relationship and conversation, from multiple points of view... [that] would be the simplest and most straightforward way to put it”.

This project operates as an introductory exploration of what this process could look like, in any formal development or model we must engage those with direct lived and living experience of these systems and who are or have been engaged in sexual exploitation as a youth in care. These recommendations from participants align with a model named “Decision-Making Ecology” used within child protection to understand decisions made (Baumann, Fluke, Dalgleisch & Kern,

2011; Baumann, Fluke, Dalglesch & Kern, 2014, as cited by Shlonsky & Mildon, 2017, p.113). This model incorporates 4 factors: case factors (type(s) of maltreatment, income, age, etc.), organizational factors (agency culture, training, policies, etc.), external factors (legislation and laws, resources, values, beliefs, etc.), and decision-maker factors (personal experiences, skills, etc.) (Baumann, Fluke, Dalglesch & Kern, 2011; Baumann, Fluke, Dalglesch & Kern, 2014, as cited by Shlonsky & Mildon, 2017, p.113). While the current research project was limited in time, scope, and ethics approval, future research and development must directly engage, adequately compensate, and provide voice to those currently and historically involved in these systems and experiencing the harms mentioned by service providers.

Sex work should be legalized, accompanied by the development of labour rights for sex workers.

In discussing with service providers, most identified that the current social discourses surrounding sex work, the influence of policing, and the legal constraints relating to age, consent, and the sex industry, posed a very real threat to their work. Providers discussed and highlight the direct risk caused by societal narratives, gender roles, slut-phobia, and the criminalization of sex work. Dawn (2021) explains that “criminalization, full or asymmetrical, and other systemic barriers that prevent sex workers from working together and freely sharing information amongst ourselves puts our health at risk” (p.124). The majority of service providers pushed for changes related to these ideas to be able to operate more in line with trauma-informed and harm reduction-based approaches and allowing holistic and preventative care.

These approaches, when examined in the literature, point us in the direction of legalizing sex work and equipping workers with the necessary legislation to safeguard workers in this field. As thoughtfully articulate by Ralston (2021):

“I am not arguing that all clients are good or that pimps don’t exist or that exploitation in the industry doesn’t exist. It does. And these conditions do tremendous harm to some women. But by ignoring the experiences of those who have chosen sex work and believe that selling sex has been a good experience for them, we are not able to sort out what makes sex work a better (or worse) job than a minimum wage job, for instance. We are not able to figure out what conditions would make sex workers safer or how the stigma and criminalization of the work is a real problem for many women working in the sex trade. And we won’t understand how the negative treatment of women selling sex affects all women” (p.20-21).

More than anything, we know that pushing sex work underground makes it more difficult to build the necessary relationships for the risk assessment and reduction process to occur. We should look to sex workers, advocates, and those with lived experience to lead the way in policy development.

Youth should be seen as independent beings, capable of engaging in the decision-making process as it relates to their risk of exploitation or other harms.

One of the primary recommendations from participants, which acted as both a safeguard to the relationship and as a transformative new practice, was to implement a risk assessment and child welfare model which centered shared decision-making, autonomy, agency, and collaborative approaches. As one participant explained, “I think there's a lot of things about the system that need to change for [effective risk assessments] to happen, but I think that shared decision making is at the core of it”. Another explained that risk assessments and decisions that impact youth, “should be done with youth. Youth should have a say in their lives and their futures, and if there’s certain things that a youth needs to do... they should be a part of that conversation”. Among current risk assessments, service providers identified that within current systems, integrating components of this into their practice allowed them to work more in line with their values (such as AOP). The above participant continued that if there were behaviours or actions that were limiting their placements, resources, or access to services, “why can’t they be part of that conversation, if they can be?”.

As explained by a participant, there are

“... other ways we could assess risk, [such as] being in conversation, bringing people to the table who you might not normally talk to those sorts of things, [and asking] ‘how do we get different perspectives on the situation?’ Then [we can] collaborate to learn more.”

Another participant pointed to an example of how they incorporate shared decision-making and collaboration with community, friends, and family members by trying to

“...to get my youth as involved as possible. [I think to myself, ‘who] do we pull in’? I’ve had youth try to explain things going on in their lives before to me where they’ll FaceTime a friend and we’ll have a conversation with the three of us. Some of my youth will FaceTime their supports: One of my youth got really bad news while they were with me and they were like, ‘I understand you’re here to support me. But what I want to do right now is FaceTime my sister’. And I’m okay with that. There’s an extent where like caregivers, guardians, social workers have to be involved. But like, it should really be the people that have the best relationship with the youth...because powerful professionals don’t necessarily have [the only] valuable insight [into the youth’s needs].”

These processes, of meaningful involvement, collaboration, and sharing the ‘weight’ of the caring, is not new. Many Indigenous communities have pulled ceremonial and traditional practices, such as sharing circles, into their work. As an example, Family Group Conferences (FGC) have worked well in child welfare-spaces to provide meaningful engagement in care planning between the ‘professionals’, the youth, their family members, and chosen supports such as Elders or peer support workers. The involvement of FGC’s into the child welfare system was led by Maori leadership, in New Zealand, and has extended into child welfare systems across Turtle Island. As described by Scheiber (1995, as cited by Desmeules, 2007) “the roots of FGC trace back to traditional Aboriginal cultures, in which the care and decision making for children was considered the natural responsibility of the extended family and community as a whole” (p.170-171). One of the goals of FGC was described as “bring[ing] us from harm to harmlessness as best that can be accomplished within that relationship” (Desmeules, 2007, p.179). These models

“...build on relational approaches to assessment that also include an assessment of risk but do so in a partnership model where families are involved in both safety planning and in crafting possibilities for those families to realize and achieve their own visions of family life and well-being for their children” (Morris & Burford, 2017, p.92).

Crucial to building the relationship needed for the deeply relational work that is the risk assessment and risk reduction process is shared decision-making, collaboration, voice, empowerment, and community-led problem-solving. Programs like the FGC model have been successful, and demonstrate many of the tenants central to how service providers and social workers are currently building ‘safeguards’ for youth from our current systems.

The social and structural determinants which place young people at added risk should be addressed, rather than continue to contribute to the reasons why we are faced with this social issue.

Necessary to envisioning a new way forward, is to address current systemic oppressions which operate to reinforce the social divisions required under capitalism. For many youth, “involvement in the child welfare system [is] closely intertwined with the situations that left them – either voluntarily or as a means of survival – on the streets and ultimately trading sex” (Dank et al., 2015, p.94-95). If we do not seek to address the structural determinants which have been studied time, and time again, we will not be able to reduce the risk of youth sexual exploitation. A participant explained that “the reason that we don't do things should never be because we don't have enough places or we don't have enough money... because that's not the child's problem. That's the systems problem, and that should never fall on a child”. Youth have the “right to [live] in a safe group home, where they're not being revictimization or recruited or blackmailed.” Participants clearly explained that they believed that our current systems,

structures, policies, and social issues are directly linked to much of the increased risk that youth face once they are already involved with child protection systems.

Under capitalism, the state will continue to enforce practices that attempt to maintain social order and oppression. As Purnell (2021) describes, “capitalism [is] a political and economic system that categorizes groups of people for the purposes of exploiting, excluding, and extracting their labour towards the profit of another group. Those categories can consist of race, gender, disability, sexuality, immigration status, and much more” (p.9). If we work to address the harms and structural determinants directly linked with the social conditions and risk factors linked to child welfare and youth sexual exploitation, we might have a chance to address current rates of exploitation.

An alternative to current child welfare systems must be constructed, in engaging youth, families, service providers, and social workers, that prioritizes harm reduction, autonomy, and safeguarding relationships.

Policies and practices within current child welfare frameworks have been named by participants as linked to the creation of increased risk of harm for sexually exploited youth. Participants, in line with current literature, also highlight that a system built to exploit Indigenous, Black, and racialized communities will perpetuate cycles of harm. We see this is in the negative treatment of social workers, which ends up reinforcing the oppressive treatment of children, youth, and families, mandated to engage with them.

One participant identified that they “don't like to call [themselves] a social worker... [that's not] a title [they] claim to because most social workers that [they] have been educated with, and that [they] have practiced with, do not understand the legacy of harm of social work, and they do not understand the continuing harms of social work”. This same participant continued to emphasize that the field of social work has a lot to learn from peer support workers,

outreach workers, and those with lived experience doing this work. This statement aligns with our discussion throughout this research which explored how the field of social work needs a change. The literature points to this too:

“Most practitioners, managers of services and academics working in child protection agree that the bureaucratization of child protection has created a more challenging environment for workers, without an appreciable improvement in service delivery to vulnerable children and families. Rather than redesigning aspects of service delivery systems, then, the argument for cultural change – shifting beyond the risk paradigm – has become a rallying cry in child protection” (Connolly, 2017, p.xi).

Participants emphasized that they often experience moral distress related to this work and their involvement in the current child welfare systems. As explained by child protection workers in Nova Scotia, this distress was linked to recognizing “that their role within a risk-based system is fundamentally incompatible with the anti-oppressive/social justice ethical values that define their professional identity (and legal responsibilities) as social workers” (Bryan et al., 2024, p.65). We cannot simply reform and change our approaches within current systems, but rather our current systems must be re-developed in line with different values.

Social systems which interact with child welfare (such as the criminal-legal system, health care system, and policing systems) should be re-imagined alongside the child welfare system.

Necessary to the recommendations made above, is the re-imagining of other systems alongside the development of alternative child welfare models. This, as an idea and as a goal, is frightening for most. But abolitionists point us in the direction of those who have been engaging in community safety practices and methods of accountability outside of current legal, policing, and health systems. And, as identified by participants, all of these systems are deeply entangled in the risk that young people experience. In the re-imagining of our systems (including child welfare), we should explore the involvement that the state has. Instead of a state or institution which looms above, surveilling and policing citizens, the state could instead provide a solid

foundation for which relationship, partnership, and collaboration could happen in a meaningful, genuine, empathetic, and humble ways.

In following anti-oppressive practices, Barnoff (2020) notes that social workers aren't able to engage in AOP from within organizations unless they were built directly in line with these practices and ways of engaging with the world. Baines (2007, as cited by Barnoff, 2017) states that "organizations closer to the state power and coercion such as the correctional system, welfare provision, and child welfare services are particularly challenging for practitioners who seek to implement AOP" (p.173).

We must be cautious of the desire to reform current systems: Even when changes are made to the policies of an organization, which may appear positive, "there are acute dangers when such discursive shifts are not accompanied by significant changes to the grossly inadequate material conditions whereby the needs of children, families, and child protection workers remain unmet", and it can be incredibly harmful to "acknowledge existing system limitations and engage pro-equity, anti-racist and anti-oppressive language ... if the tools and mechanisms of the system remain the same (i.e., duty to report legislation, standardizes risk-based assessments, coercive relationships with children and families, etc.)" (Bryan et al., 2024, p.70). The process of engaging in restructuring and re-imagining systems that have existed for centuries remains scary, but that does not mean it shouldn't happen. As Purnell (2021) reminds us, "abolition requires resistance, risk, and experimentation" (p.11).

Chapter 6 – Conclusion

In the organizing of this project, I sat with my own experiences and understandings of risk. I reflected on times that I had been involved in the formal “risk assessment” process, times when I had made my own judgements about possible harm and safety, and how these things had impacted the people I was supporting. I wondered, how could this be different? The service providers interviewed spoke candidly about their experiences, sometimes as mediators between young people and the state, and sometimes as interpreters of the state or young person. Fourteen participants all shared similar feelings, that *it doesn't have to be this way*.

In the analysis from the data collected, we understood responses through the model of a relationship. As both a tool to discuss the findings, and as a direct finding itself, this project explored three different sides to the risk assessment relationship: the state, the social worker, and the young person. Inevitably, all three components of the relationship interact and are impacted by one another. Participants were clear, the relationship could operate to reduce harm or protect from harm to the young person just as the relationship could also increase, or directly cause, additional harm. Thinking more broadly, this relationship speaks to the ways that social workers within child protection operate as street-level bureaucrats, acting on behalf of the state, with a complex relationship to discretion and judgement. Without understanding the complex dynamics of the state and social worker, young people often see social workers as nothing more than an actor of the state.

In exploring the state-side of the relationship, participants were clear that issues relating to the age of consent, the laws around sex work, and the state of policing were directly linked to both our approaches and interventions, capacities to reduce harm, and limited the relationship between the young person and service provider. Service providers also discussed the current

discourses, stigmatization, and the hegemonic socialization that leaves young people feeling isolated, ashamed, and labelled as ‘deserving’ of harm related to sex (regardless of its connection to exploitation or consensual sex work). Alongside an increase in concern regarding objectivity, the desire to assign liability, and the managerialism of social work, our current social discourses and hegemonic ideals are linked to the development of risk assessment tools. Said risk assessment tools, currently being used with this population, attempt to quantify risk using a checklist, placing heavy emphasis on predetermined risk factors. These types of tools ignore historical and situational context, lived experiences, youth voice, and protective factors already safeguarding the youth.

These considerations, which operate at the institutional or societal level, have a direct impact on the social workers ability to engage in the risk assessment and risk reduction process. Social workers, particularly child protection social workers, are often tasked with completing the paperwork necessary to communicate within the sector about a young person’s risk. This communication, the scores from the assessment tool, is used to discuss and ‘allow’ youth access to resources, make decisions relating to residential placements, and provide risk-related intervention. At the core of these assessments, participants named that if the person filling out the assessment does not have a holistic and comprehensive relationship with the youth, they will not be able to give the young person an adequate score. Moreover, even when an adequate score is given, this score can have detrimental impacts that can place the youth at even more risk of sexual exploitation.

In turn, social workers and service providers working within this system seek to build in ‘safeguards’ to protect the young person from both the relational, systemic, and physical harms which can occur as a result of this process. Some of these relational harms occur through the

operationalization of institutional policies such as the duty to report, the transition out of care systems, and the approaches to caring from others, institutions, and social workers. Importantly, these things can also cause harms in other ways too, including impacting the social conditions in which young people are more likely to lean on survival sex to meet their needs. Social workers and service providers, though different in their connection to the state, both attempt (in the ways they know how) to protect young people from violence, on interpersonal and systemic levels. Most of the service providers who participated in this study explained that in building the relationships necessitated by the desire to safeguard the youth, required developing a strong, trusting relationship. Many of the approaches discussed, including harm reduction, trauma-informed, and consent-based approaches, were used simultaneously in direct practice with the young people and as a method of safeguarding the relationship. The risk assessment, which depends greatly on the quality of the relationship, was most impactful under the conditions of humility, empathy, creativity, and skilled practitioners. Some of the skills identified were effective communication between services and institutions, the use of shared decision-making and collaboration, as well as providing choice, autonomy, and informed consent whenever possible.

When discussing age as an identity marker experiencing oppression, rarely are children and youth included in these discussions. Importantly, this research speaks to the lens of the young person from an AOP perspective, naming the lack of power and access to resources that young people have. Considering age from an intersectional lens, youth involved in child welfare systems remain a largely oppressed and marginalized group. Throughout the analysis of the first three chapters, we see how the current state of systems, institutions, policies, and personal experiences operate to subjugate the young person's ability to made decisions regarding their

own care. Youth are frequently impacted from conflicting stereotypes: simultaneously too young to know how, and too old to make mistakes. Because of their circumstances, youth are often pushed to engage in ‘risky’ behaviours to meet their needs. Participants placed emphasis on the need for young people to survive the system designed to care for them. Social workers seeking to build relationships with young people should first start by addressing unmet needs and providing the resources and information needed to reduce harms of survival techniques.

Limitations in this work currently exist regarding the engagement of frontline child protection workers, as their voice remains small within this research. In seeking to address this, the analysis included voices and perspectives found in recent literature to help accentuate and offer lived experiences from the lens of child protection. Similarly, the young person’s side of the relationship is currently explored through the perspective of service providers, who undoubtedly care about the young people they support. However, the direct perspective of the young person remains missing from this discussion. Further research, particularly in the creation of new systems or assessment processes, must include lived and living experiences and youth voice. We often forget that people have been surviving together for centuries. This includes youth, sex workers, and those experiencing exploitation. As one youth states:

“I want adults to understand that young people in the sex trade and street economy are the shit. We survive. Were in the middle of the pandemic and folx are able to just do what they need to do to make it happen for themselves. I want young people to know that they are in control of their own lives, that they are powerful” (McKinney, 2022, p.236).

Beyond the calls to action from service providers to alter the ways that social workers engage in risk assessments, was the necessity of system change. “In order to move beyond the risk paradigm, the system needs to support individual decision making that considers a range of outcomes,” (Shlonsky & Mildon, 2017, p.125), which necessitates large scale system changes. This system change includes education and changes in the way we discuss and criminalize sex

work, because the practice of othering sex workers is a “mindset that pervasively allows negative perceptions of sex workers to be openly asserted” (Dawn, 2021, p.119) and directly impacts the ability for those experiencing sexualized violence to receive support. Service providers also called for changes to child protection and child welfare systems. This must be thoughtfully and fiercely dreamt in order to create the systemic change required:

“If we don’t imagine something different then all we have is this, and we are just going to reconfigure it... We’re gonna just keep building the same thing, slightly reconfigured, if we don’t take the space and time, make the leap” (Ritchie, 2023, p.227).

To build something new, we should lean into abolition and transformative justice to point us in the direction of sustainable change, grounded in the voices, experiences, and wisdoms of those pushed to the outskirts. In naming the system is working, we are creating tension. We must simultaneously push from within and outside of these systems, to address the social and structural determinants which create the ‘risk factors’ linked to the harms experienced from exploitation. We must look to sex workers and those who’ve experienced exploitation to better understand how to engage productively without conflating the two experiences. As we notice the tensions that exist within child welfare, and more broadly, our caring systems, “the moments of tension are actually an opportunity for more to be born than the notion that there is a particular destination we are all moving toward” (Ritchie, 2023, p.226).

As we begin to curate and construct alternatives to community safety, intervention, and care provision, we must look to harm reduction to temper the impacts of current systems. Harm reduction is “all about having ownership and autonomy over ourselves. It gives young people in the sex trade, street economy, and sex work the power to make the decisions that they need to make for themselves in those moments” (McKinney, 2022, p.235). Young people must be

engaged in the decision-making in the present, and in the planning for the future. As we dream of new collective practices, we must remember that,

“...it is profoundly human to want to move toward joy, pleasure, connection, and hope, and it is profoundly demobilizing to operate exclusively from the cold numbness of fear or the quick fire of anger rather than the long, slow burn of love. Love is what gets us to what is transformative, resilient, and helps us create new possibilities we cannot otherwise imagine” (Ritchie, 2023, p.233).

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Appendix A

Interview and Focus Group Guide – Pilot Study

- How long have you worked with this population?

In thinking about existing policies...

- Are you aware of any policies/policy changes that impact risk relating to sexual exploitation?
- Can you think of any that could directly impact a youth in care's risk of being involved in sexual exploitation? Can you tell me more about them?
- Can you think of any that could indirectly impact a youth in care's risk of being involved in sexual exploitation? Can you tell me more about them?
- How does your organization try to reduce risk for youth in care relating to sexual exploitation?
- In your practice, how do you try to reduce risk for youth in care relating to sexual exploitation?

In thinking about what's missing from current policies...

- Can you think of any gaps or oversights? What are they?
- Does your organization attempt to fill these gaps? If so, how?
- In your practice, how do you try to fill these gaps? If so, how?

In thinking about how we could move forward...

- How could organizational practices be better reflected in policy?
- How could what you implement in practice be better reflected in policy?

Appendix B

Policy and Practice Recommendations (from the pilot study)

These policy recommendations have been put together based on the knowledge gained about risk and its relation to policy and practice in the context of this research project. Some of these policy recommendations are direct suggestions from service providers and others are based on information provided by service providers. Please consider the following recommendations acknowledging that all people deserve care.

1. **Re-develop the Sexual Exploitation and Risk Assessment Framework assessment.**

The current assessment being used to determine a youth's involvement in CSEC (at risk, engaged, entrenched, exiting), is out of date and purely quantitative. A more updated tool must be developed and in addition to number ratings, it should have a narrative section that allows for context on the ratings, so youth are placed at the appropriate placement and connected to the appropriate services for their needs.

2. **Harm reduction practices should be embedded in all education, programming, practice frameworks and policy.**

This should be in organizational and governmental policy as well as required for all foster parents, adoptive parents, and child and youth caring facilities in the province.

3. **Relational practice approaches should be prioritized in child and youth caring settings and in training for adoptive and foster parents, organizations, and government.**

This involves lower caseloads for employees, so they have a chance to actually form a relationship with the youth they are working with and better working conditions for less turnover of social workers.

4. **Evaluate current child welfare policies and develop specific policies for those being sexually exploited.**

There are currently many generic policies governing decision-making and they are not conducive to frameworks of harm reduction or relational practice. The purpose of these policies must be evaluated in terms of control and reinforcing colonial, capitalistic, industrial, and institutional models of caring. More specific policies and support must be developed for youth involved with child welfare who are involved with CSEC. There is currently a lack of policies beyond mandates for specialized foster homes and specialized child and youth caring facilities.

5. **Examine current mandates for specialized foster homes and Child and Youth Caring Programs.**

It's important to consider how these programs are conceptualized and how they evaluate risk and safety. Many of these programs may stigmatize youth, affecting their ability to get future placements or increasing risk through youth re-engagement. Mandates should include practice frameworks regarding harm reduction approaches to substance use and sex work, pathways towards independent living, fostering autonomy and choice, and creating non gendered spaces.

6. Collect data on CSEC survivors regarding child welfare involvement, the place where they were trafficked from, and race.

These statistics are incredibly important in understanding CSEC and its intersections with race and child welfare. Collecting data on where folx have been trafficked from allows a better picture of true trafficking rates compared to collecting data on the location where survivors exited or were identified.

7. Develop services for youth who have both perpetrated and victimized.

Many spaces do not acknowledge that youth can hold both of these roles simultaneously and these youth require specific supports. Create treatment programs and approaches for perpetrators. Approaches to perpetrators that are purely carceral and not rehabilitative fail to address the reasons people are perpetrating and do not prevent them from perpetrating again. Specific resources and interventions are necessary to address this gap.

8. Value and uplift lived/living experience and the voices of those who have been sexually exploited.

To engage ethically, these experiences should be valued and leveraged in a way that is not tokenized. They should be adequately compensated for their knowledge at the rate of at least a living wage, anything less is exploitation. Service providers who are working on the frontlines should also have their knowledge taken into consideration in the same way.

9. Education about CSEC, sex work and trafficking must happen.

Lack of public education in this area was highlighted by several service providers, who outlined the importance of multi-systemic education regarding recruitment and entry, grooming, risk-factors, exiting, and current data from the field.

It was highlighted that this should be embedded into public school curricula, in professional development for medical professionals, teachers, and youth care workers, and should be included in pre-service training for professionals who work directly with the population (i.e. police officers, youth care workers, social workers, etc.). This education should be current, grounded in lived and living experience, and should not reinforce current social discourses which stigmatize and criminalize.

10. Remove carceral approaches to “care” whenever and wherever possible.

Notions of safety must be understood in their racist, colonial, patriarchal contexts. Removing autonomy is a known barrier to exiting and receiving services.

11. Decriminalize sex work and prioritize autonomy and choice.

Criminalization only increases harm. All facets of sex work should be decriminalized. The criminalization of behaviours related to CSEC involvement must also be evaluated as many of these behaviours may be a result of survival or the trauma from sexual exploitation and child welfare involvement.

All services, approaches, programming, and policies that affect those who have lived at the intersections of child welfare and CSEC must prioritize choice and autonomy. CSEC and child welfare involvement often removes these things and youth are known to have better service engagement and success when their autonomy and choice is supported. Punishing youth for behaviours deemed “risky” or “unsafe” puts them at further risk. This risk is created by damaging relationships and creating further trauma in carceral settings where they feel criminalized, and their attachment is affected.

12. Preventatively address poverty and family violence.

Poverty and family violence are two major risk factors that are often linked with the third primary risk factor of child welfare involvement. Poverty must be addressed multi-systemically. Strategies for addressing poverty may include working towards lowering the wage gap, a guaranteed livable income, affordable housing and rent caps, and decriminalizing poverty. Family violence requires preventative supports and early intervention. Access to family violence support should be as low-barrier as possible and aim to keep families together. Currently, the fear of losing one’s children to the system prevents folx from reaching out.

Social workers should be advocating for the increase in funding amounts for income assistance, disability support program, and post care and custody agreements to a rate where folx can afford housing. This must be paired with affordable housing, rent control, and a housing first model. Safe, affordable, and appropriate housing decreases risk for CSEC.

13. Increase community and system collaboration and involvement.

Service providers identified that strong communication with systems that interact with that good relationships with police helped youth reach out when things went wrong because when they saw a police car it did not induce a fear response. A large barrier to exiting for racialized youth is police involvement and this begins to create a positive relationship with police. VICE outreach is also important.

14. Develop both a practice and policy framework when working with sexually exploited youth.

All practice and policy frameworks should be youth-centered and grounded in youth voice and autonomy. Practice and policy should be rooted in two-eyed seeing approaches that value approaches to service and healing. Service providers identified that the current system of fitting youth into “pretty little boxes” does not work. TESS has begun to create policies and practice

that embody this recommendation through collaboration. These practice and policy frameworks, as well as associated resources should have permanent funding and practical strategies to address CSEC in rural areas.

15. Make all programming and organizations as low-barrier as possible.

Programming and services should be as culturally, financially, and locationally accessible as possible. To do this, programs must recreate themselves to center disability justice, anti-racism, de-colonizing and Indigenizing practice, and queer knowledge into the core of all they do. Policy and practice developments to address systemic discrimination require the rebuilding of programs so that it is no longer the case that “every time you find an “ism” you find a barrier. The developments must be meaningfully and intentionally created and executed.

16. Address the age 16-19 gap in child welfare.

Voluntary involvement with Child & Family Well-being does not correlate to no risk for CSEC or no need for support. Youth ages 16-19 still require support even if they refuse voluntary involvement with the Department of Community Services.

Appendix C

Interview/Focus Group Facilitation Guide

*The following interview guide has been developed in contemplating the research question, **what could an anti-oppressive risk assessment look like?** This research guide serves as a tool with which the research will engage in a conversation with participants, seeking to hear about their experiences working in the field engaging with concepts of risk, and reflecting on how this could be done better. The following interview guide will be adapted slightly for those with lived experience of sexual exploitation and/or child welfare involvement.*

The term ‘**sexual exploitation**’ will be used throughout the interview to indicate any form of sexual abuse that occurs when a child engages in a sexual activity, usually through manipulation or coercion, in exchange for money, drugs, food, shelter, or other considerations for those under the age of 18.

Because of the nature of this study, we will be referring exclusively to youth who have child welfare involvement and are either at risk of or engaged in sexual exploitation. We will refer to this as ‘**this population**’ throughout the interview. The interview questions will ask about your experience conducting risk assessments, making decisions based on ‘levels of risk’, and labelling youth ‘at-risk’. The interview questions will also explore how you understand and conceptualize ‘risk’ and how you engage with youth regarding their own ‘risk’.

As I am asking you questions, I invite you to add thoughts to the mind map attached, using sticky notes. This mind map will be used to foster an added layer to the results and will be used in both the analysis of results and in sharing the results found from this study. Participation in this mind map is completely voluntary, as is your participation in the interview. You can ask to take a break or end at any time.

Interview Questions:

- 1) How long have you worked with this population?
- 2) In what capacities have you worked with this population?
- 3) Do you have lived experience of youth sexual exploitation or child welfare involvement as a young person?
- 4) How have your current or historic work experiences interacted with concepts of ‘risk’ with this population?
- 5) How do you understand the risk of sexual exploitation in your workplace?
- 6) How do you assess risk of sexual exploitation within your workplace?
 - a. Do you use a specific risk assessment tool? (i.e., the SERAF, etc.)
- 7) How do risk assessments impact your plan of care for youth?
- 8) What about these processes work? What about these processes don’t work?
- 9) What ethical and theoretical approaches frame your work in this field?
 - a. How do these impact your practice?
- 10) Do you consider yourself an anti-oppressive practitioner? Do you attempt to be anti-oppressive in your practice?

- a. If yes, how?
- 11) How do you balance conflicting needs within the system and your ethical practice?
- 12) How do you wish that risk was defined?
 - a. Are there words that could be better used to identify and refer to this phenomenon?
- 13) How do you wish that risk was assessed?
- 14) How could decision-making regarding risk be made differently?
- 15) If you had a magic wand, how would you dream to assess risk differently?
 - a. Who would it involve? Where would it occur? How would it occur?

The following questions will be asked only if the participant identified having lived experience of sexual exploitation or child welfare involvement during question number three:

- 16) How do you think your lived experience impacts the way you engage with risk assessments?
- 17) Was your 'level of risk' evaluated by child welfare or other systems?
- 18) Do you wish that the process of assessing your own risk had been evaluated differently?
 - a. What could this have looked like?