



SOUTHERN AREA CONSORTIUM OF HUMAN SERVICES

Literature Review: Commercial Sexual Exploitation of Children

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Executive Summary

- While various promising program models and strategies for providing services to victims of the commercial sexual exploitation of children (CSEC) have been occurring for over a decade, the lack of a current evidence-base related to prevention, identification and interventions available to inform such programs and practices underscores the need for additional work in this area.
- Currently, federal (*Federal Strategic Action Plan on Services for Victims of Human Trafficking, 2013-2017*) and state (the California Child Welfare Council CSEC Action Team) efforts are underway to strategically respond to the existing gaps in knowledge and practice around CSEC, in order to better identify and meet the needs of victims.
- In the meantime, while not exhaustive this literature review intends to highlight an array of current efforts and components that merit additional attention when considering residential placement types and the provision of services to this vulnerable population.
- The perception that victims of CSEC should be handled in the juvenile justice system as opposed to the child welfare system is changing with evidence supporting the key role child welfare agencies play. Even if child welfare agencies are not currently required to intervene with CSEC victims under the existing California Welfare and Institutions Code (WIC) Section 300, the reality is CWS staff are already working with a significant number of victims and survivors of these crimes, whether or not they recognize them as such. Thus two roles emerge, preventing CSEC among populations already involved in child welfare, and identifying/assisting CSEC victims in their care.
- Understanding the extreme physical, psychological, emotional and social harms associated with CSEC and the stages of change youth experience as they attempt to exit CSE informs the need for a range of victim services across a number of agencies and a continuum of care model to fully address their spectrum of needs. Therefore broad-based multi-sector response including interagency collaborative approaches/community coalitions should be utilized.
- Coordinated communication between service providers is necessary in order to share information on available resources, services and trends which will allow involved systems/agencies/service providers to more efficiently and effectively provide the services needed at any given point in the restoration process.¹
- Based on the literature more support is needed for comprehensive and specialized programs that provide youth with a safe place to stay, positive support networks that address their needs and empower them to make safe choices; and interventions for trauma and behavioral issues that make it difficult for them to function in traditional settings.²
- Components of promising services and strategies identified by providers who serve CSEC victims include safety planning, collaboration across providers, trust and relationship building to foster consistency, culturally appropriate services, trauma-informed programming, and survivor involvement in the development and implementation of programming.³

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- Services for CSEC victims and those at-risk should also be informed by a comprehensive and standardized screening assessment that evaluates particular needs and levels of risk.
- In terms of shelter/housing additional residential placements are needed to specifically serve CSEC with appropriate security features to prevent access by exploiters, clear protocols, allowance to return following runaways, and qualified personnel.
- Several promising models for better understanding and serving CSEC victims via the child welfare system are shared across the nation. Such policies and procedures may provide beneficial for California, particularly to integrate this population into their missions and mandates. Broadly, the main areas include: designating CSEC as a specific form of child abuse to improve case management, requiring reporting to child protective services, raising awareness and building capacity in child welfare, and developing child welfare system guidelines, protocols and tools for working with CSEC victims.⁴
- Additionally in May 2013, the *U.S. Department of Health and Human Services, Administration for Children and Families (ACF)* released as part of their Human Trafficking Briefing Series *Emerging Practices within Child Welfare Responses*, highlighting 10 promising practices already underway in child welfare agencies across the United States.⁵ This is included in Section X of the literature review.
- In addition to the work of child welfare, law enforcement, and other governmental organizations, several nongovernmental and community-based organizations play a key role in providing direct services to victims. These include the 10 programs identified by the *California Evidence-Based Clearinghouse (CEBC) for Child Welfare* in the area of “Commercial Sexual Exploitation of Children and Adolescents: Services for Victims.” While some of these may offer promise for replication locally, at this point none of these ten programs have been given a scientific rating by the CEBC, meaning currently there are not sufficiently published, peer-reviewed research evidence examining outcomes for these programs.
- Recently there has been an emphasis on the importance of expanding outreach to the at-risk population so they can better protect themselves from CSEC and recognize risky situations. Disseminating educational materials and providing training programs to these youth as well as to CSEC victims and service providers will increase awareness of CSEC and the services available to victims. Examples of existing CSEC training and prevention programs are provided in Section XII.
- In conclusion a range of web resources, resource guides, action plans, publications and reports on the topic are offered for additional information and further developments on the topic of CSEC.

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I. Purpose

- At the request of SACHS Directors, this review of the literature will focus on commercially sexually exploited children, specifically the service needs of victims, existing research efforts, promising practices related to placements types and interventions (e.g. specialized services and models for addressing commercially sexually exploited children’s needs and existing programs throughout the state and nationally that support and serve them) as well as responses of state and county child welfare departments.
- While there is an array of additional literature on the topic, such as related to the prevalence of CSEC, risk factors for exploitation, identification of victims, characteristics of victims, experiences of victims, global research, reducing demand, and related international, federal and state legislation, these topics are not a main focus of this literature review. However, the resources listed at the end of the review (Section XIII) provide more information on such topics.
- Various agencies and systems have developed policies, protocols and practices to address the needs of commercially sexually exploited children, including child welfare systems, healthcare systems, education systems, judicial systems, law enforcement and probation systems. To best respond to the request from SACHS Directors this review of the literature will concentrate on the child welfare system.

II. Methods

- A systematic review of the existing literature on the commercial sexual exploitation (“CSE”) of children (“CSEC”), also referred to as domestic minor sex trafficking (DMST), was conducted. The methodology used in this review to locate literature on the topic included a comprehensive examination of: scholarly, peer-reviewed journal articles and published research on CSE and sex trafficking of minors as well as related fields of practice and study (through the San Diego State University Library online journal databases and Google Scholar search engine); federal agencies websites and reports; published county policies and procedures; county reports; online newspapers; books; personal communications (via e-mail correspondence and phone interviews); following up on various resource leads provided by Diana Boyer (Senior Policy Analyst at County Welfare Directors Association of California); participation in available CSEC webinars and trainings; and serving as a member of the statewide *CSEC Specialized Services and Placement Subcommittee* (developed by The California Child Welfare Council). Specific websites and CSEC training materials that provided information on the subject were also examined.
- Please note that this review is not a complete summary of all promising practices related to placement types and interventions for CSEC (most recently new developments including recommendations for working with this population are emerging at a rapid pace). Instead this review intends to highlight an array of current efforts that merit additional consideration when considering the provision of services to this vulnerable population.

- In addition to a multitude of other valuable sources referenced in the endnotes of this literature review, particular acknowledgement and appreciation for four major sources utilized for their valuable research and in-depth analyses pertaining to CSEC in the United States comes from the reports provided by the following four sources:
 - Clawson, H., Dutch, N., Solomon, A. & Goldblatt Grace, L. (2009). *Human Trafficking Into and Within the United States: A Review of the Literature*. Washington, DC: U.S. Department of Health and Human Services. Retrieved from: <http://aspe.hhs.gov/hsp/07/humantrafficking/litrev/>
 - National Research Council. (2013). *Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States*. Washington, DC: The National Academies Press. Retrieved from: <http://www.iom.edu/Reports/2013/Confronting-Commercial-Sexual-Exploitation-and-Sex-Trafficking-of-Minors-in-the-United-States.aspx>
 - U.S. Department of Health and Human Services Administration for Children, Youth and Families (ACYF). (2013). *Guidance to States and Services on Addressing Human Trafficking of Children and Youth in the United States*. Retrieved from: http://www.acf.hhs.gov/sites/default/files/cb/acyf_human_trafficking_guidance.pdf
 - Walker, K. (2013). *Ending the Commercial Sexual Exploitation of Children: A Call for Multi-System Collaboration in California*. California Child Welfare Council. Retrieved from: http://www.youthlaw.org/fileadmin/ncyl/youthlaw/publications/Ending-CSEC-A-Call-for-Multi-System_Collaboration-in-CA.pdf

III. Introduction

A. Background

- Effective January 1, 2006, Senate Bill 1569 (Chapter 672, Statutes of 2006), made human trafficking a crime in the State of California. The new legislation enacted a state-funded victim assistance program, the Trafficking and Crime Victims Assistance Program (TCVAP) and established the California Alliance to Combat Trafficking and Slavery (CA ACTS) Task Force.⁶
- In the only available national-level data on human trafficking investigations, 83 percent of the 1,229 investigations (from 2007-2008) were sex trafficking cases; of those, 63 percent involved U.S. citizens, and almost one-third (32 percent) involved minors.⁷
- CSEC is defined as the sexual abuse of a minor “entirely, or at least primarily, for financial or other economic reasons. The economic exchanges involved may be either monetary or non-monetary (i.e., for food, shelter, drugs).”⁸ Any child (under the age of 18) engaged in commercial sex is a victim of trafficking.
 - The federal Trafficking Victims Protection Act (TVPA) defines sex trafficking as “the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act where such an act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18

years of age.” Thus in the case of sex trafficking of a minor, no proof of force, fraud, or coercion is required, age is the sole determining factor.⁹

- Child sex trafficking, child pornography, stripping, escort services, and child sex tourism are all forms of CSEC. Other forms of sexual abuse, including enticement of children for sexual acts and statutory rape, often lead to CSE.¹⁰
- CSEC can mirror the dynamics of domestic violence with traffickers often using similar power and control tactics batterers use with their victims (See *Human Trafficking Power and Control Wheel, Appendix 1*) and also the need for safe shelter for victims (among other specialized services).¹¹
- Once identified CSEC victims often experience disparate treatment that varies depending on the system they come in contact with, the county they live in, and the level of coordination among the agencies and organizations serving youth in that county. Some counties in California have access to culturally competent and CSEC-specialized providers, while others do not. Currently at the state level, California lacks system protocols and guidance specifically designed to serve and intervene when a youth has been exploited.¹²
- Historically law enforcement and probation have been the primary systems addressing CSEC victims, but this is changing.
 - Since CSEC victims were primarily viewed and processed through the criminal justice system as juvenile delinquents, many CSEC victims end up being arrested for prostitution or a related offense instead of being provided with any specialized services. Therefore, the initial CSEC awareness efforts focused on encouraging law enforcement agencies to view and treat these youth as victims instead of offenders. As a result, we are starting to see a shift toward conceptualizing CSEC as a unique form of child maltreatment.¹³
 - With this growing awareness of CSEC, states have passed new laws that provide tougher punishments for traffickers and exploiters, and victim assistance programs have been established to help CSEC victims.¹⁴
- Appropriate intervention programs for CSEC victims provides critical resources to ensure that these youth can access services to eventually escape exploitative situations.¹⁵

B. Intersection with State/County Child Welfare Systems

- While one of the primary roles of child welfare services (CWS) is to prevent the abuse, neglect, and exploitation of children, this role traditionally has not been applied to extra-familial victimization. Currently in California youth who are commercially sexually exploited by someone other than a parent or family member do not clearly fall under the existing California Welfare and Institutions Code (WIC) Section 300. As a result, reports to Child Protective Services made on behalf of exploited youth may not elicit a response from county child welfare.¹⁶
 - According to the Department of Health and Human Services’ Administration for Children and Families, “in general, child welfare agencies do not intervene in cases

of harm to children caused by acquaintances or strangers. These cases are the responsibility of law enforcement.”¹⁷

- Historically the main reasons for a lack of engagement by State child welfare systems include inadequate training, insufficient resources, high caseloads, and the perception that victims of CSEC should be handled in the juvenile justice system as opposed to child welfare.¹⁸
- Even if California child welfare agencies are not currently required to intervene with CSEC victims, the reality is CWS staff are already working with victims and survivors of these crimes whether or not they recognize them as such.¹⁹ The children who fall prey to exploiters frequently have prior involvement with the CWS, through child protective service investigations or placement in foster care.
 - Studies show that over half, and sometimes as many as eighty-five percent, of the CSE victims have a history with the child welfare system.²⁰
 - Researchers have found that child sexual abuse increases the risk of exploitation and is the most common characteristic of commercially sexually exploited girls. In fact studies show the largest proportion of cases (between sixty and ninety percent) have experienced child sexual abuse before they are first commercially exploited.²¹ In fact most are abused children who run away from home or placements to try to escape sexual abuse and then are recruited into CSE off the street by exploiters or same age peers.²²
- Sex traffickers and exploiters are known to target foster youth because of their unique vulnerabilities and accessibility.²³
 - Out-of-home placements may trigger patterns of running away, which increases youths’ vulnerability to exploiters who target this population.²⁴
 - According to California Child Welfare Indicators Project, as of October 1, 2013 a total of 1,167 youth in California's dependency and delinquency systems were on "runaway status," which comprised 2 percent of the statewide caseload. The largest age group on runaway status is 16 to 17 year-olds (57%), followed by 18 to 20 year-olds (24%), and 11 to 15 year-olds (29%).²⁵
 - Youth who run from their homes, group homes, foster homes, or treatment centers, are at great risk of being targeted by a trafficker and being exploited. Research consistently confirms the correlation between running away and CSEC. Researchers have found that the majority of prostituted women have been runaways.²⁶
 - Exploiters are known to directly seek out the youth at group homes/shelters.
 - Understanding the potential risks related to involvement in the child welfare system can help CWS professionals recognize and address both risk and ongoing or past exploitation among the children and adolescents in the state’s care.²⁷
- Among their differences, child maltreatment cases do bear strong similarities to cases involving CSEC.²⁸

- The foundational premises of family-centered practice (promoting safety, permanency, and well-being) within the child welfare system also apply to developing and implementing a service plan with CSEC victims who come to the attention of CWS, and their families, including: strengths-based engagement; promoting and supporting long-term improved conditions; providing tailored and individualized services; and reunifying or fostering new family systems to provide permanency for the child.²⁹
- The child welfare system's focus on addressing abuse, neglect, and more recently, trauma, seems especially relevant to efforts to meet the needs of victims of trafficking.³⁰ Advocates argue that child welfare agencies therefore should have a responsibility to assist victims and survivors of these crimes as part of their overall charge. Child welfare caseworkers serve an important role as "gateway providers" to supportive services for victims/survivors of abuse.³¹ In this capacity, child welfare professionals can help ensure that victims of CSEC have access to needed services.³²
 - Emphasizing the ability of CWS professionals to participate in the identification and response to these victims is essential to developing an overall national response to CSEC and could significantly streamline services for CSEC victims.³³

C. Overview of Types of Efforts to Serve Victims

- Generally, across the nation a number of current efforts are aimed at providing specialized services to victims and survivors of CSEC. These include:
 - curriculum development and education for at-risk children and adolescents, victims and survivors, and service providers;
 - training for victim and support service professionals (e.g. on how to screen and identify victims, safety planning, case management, appropriate placements);
 - direct care, placements and support services for victims and survivors;
 - outreach and public awareness initiatives;
 - programs designed to prevent CSE of minors; and
 - hotlines (or help lines) for victims and service providers to access resources.

The specific goals, target populations, sources of funding, ideology, and designs of these efforts vary significantly.³⁴

D. Leadership of the California Child Welfare Council

- The California Child Welfare Council was created in by the California Legislature to serve as a multi-agency advisory body responsible for improving collaboration among the broad range of agencies that serve children and youth in the child welfare and foster care systems.³⁵
- In 2011, the Council convened a workgroup dedicated to the issue of CSEC, and comprised of public and private agency representatives from social services, mental health, probation, law enforcement, courts and child advocacy groups.³⁶

- In March 2013, following more than 18 months of collaboration, the CSEC workgroup (CSEC Action Team) released a comprehensive research report (authored by Kate Walker) titled *Ending the Commercial Sexual Exploitation of Children: A Call for Multi-System Collaboration in California*.³⁷
 - Using the report for guidance to design a coordinated and collaborative response, the California CSEC Workgroup next identified a *June 5, 2013 CSEC Project/Action Plan* to pursue its series of recommendations to address CSEC (refer to page 6 of the Action Plan for proposed actions related to *Specialized Services for CSEC*).³⁸
 - The overarching goal of the California CSEC Action Team (co-chaired by Diana Dooley, Secretary of the California Health and Human Services Agency and Leslie Heimov, Executive Director, Children’s Law Center of California) includes overseeing the implementation of the plan/recommendations adopted by The Child Welfare Council in order to improve California’s response to CSEC. This charge includes providing guidance to state and county agencies and their partners on how best to identify, serve, and support CSEC victims and at-risk children.³⁹
 - In order to accomplish this momentous task, the CSEC Action Team has formed four distinct subcommittees (currently meeting regularly) to facilitate implementation of the recommendations across the following four focus areas:
 - ◇ Prevalence and Identification,
 - ◇ Specialized Services and Placement,
 - ◇ Prevention and Training, and
 - ◇ Multi-System and Data Coordination.⁴⁰
- With the guidance of the Child Welfare Council’s CSEC Action Team, “by building on lessons learned from other states, emerging and promising practices, and survivor input, California has the opportunity to dramatically improve outcomes for its commercially sexually exploited youth as well as reduce the number of children who fall victim to exploiters in the future.”⁴¹

E. Lack of Evidence-based Research

- There has been an increase in research on CSEC in the United States over the past several years and some promising practices can now be identified. Yet, CSEC is still an emerging field with victims presenting with extensive and variable needs, thus researchers and practitioners have yet to agree on the most appropriate approach to providing services and supports. Although interventions and strategies have been developed, few have been tested for their efficacy and in addition resources available for the evaluation of services for victims of CSEC have been limited. Consequently, victim and support service providers and programs lack a critically reviewed evidence-base for practice. Presently there is no

consensus on the most effective or efficient model of service delivery that comprehensively addresses the needs of all CSEC.⁴²

- Because this is an emerging area of research, evidence from more than a decade of work within related fields of practice should also be considered. Practice and research in the fields of domestic violence, intimate partner violence, sexual assault, and victims experiencing trauma in general overlap with CSEC in a number of ways (e.g., violence and victimization, trauma, and social isolation, among others). Thus, examining and understanding how victim and support services have addressed these fields of practice through prevention and intervention efforts can be informative.⁴³
- With few exceptions current support services for victims and survivors of CSEC lack the plans and mechanisms needed for evaluation and outcome measurement.⁴⁴ Such gaps in research regarding the effectiveness of existing service delivery strategies for CSEC must be addressed through the establishment of baseline data and rigorous study of these approaches and outcomes. From here, best practices can be identified, scaled, and implemented.⁴⁵
 - Numerous challenges arise in conducting research on services for victims and survivors of these crimes. Some of these challenges include ethical issues (e.g., the assignment of subjects to experimental and control groups), legal issues (e.g., privacy, confidentiality, and autonomy), and practical issues (e.g., the safety and well-being of victims and survivors). As a result, evaluation and other research on services for victims and survivors of CSEC are underdeveloped.⁴⁶
 - A few recent and proposed efforts to evaluate services for victims and survivors of CSEC in the United States are emerging.
 - One example, the National Institute of Justice funded an independent evaluation of LIFESKILLS, an intervention program for victims/survivors of and individuals at risk of CSEC (under age 18) in San Francisco. The authors found that participation in the program reduced contact with the criminal justice system. In addition, participants reported increased self-efficacy, increased educational aspirations, and a more positive attitude toward employment from baseline to follow-up interviews. However, the program was found to have no significant effect on other outcomes of interest, including substance abuse, commitment to school, and social support for participants.⁴⁷
 - Another effort to evaluate programs that serve CSEC is an independent evaluation of three victim and support service's providers participating in the *Office for Victims of Crime's Domestic Minor Demonstration Project* (includes Safe Horizon in New York, Standing Against Global Exploitation-SAGE in San Francisco, and the Salvation Army's Chicago Metropolitan Division). Although not yet available, findings from this research will document components of program implementation among three grantees

serving domestic CSEC victims as well as potentially identify promising practices (e.g., critical elements of the service delivery program, fidelity to program design, and approaches to making services acceptable to program participants).⁴⁸ In addition, the four block grants authorized in the 2013 reauthorization of the TVPA for providing services to victims or survivors of sex trafficking of minors also require an annual evaluation of these programs by an academic or nonprofit institution with experience in issues related to this crime (Violence Against Women Act, sec. 1241).⁴⁹

- On the horizon, the University of Nebraska at Lincoln Center for Research on Children, Youth, Families and Schools faculty Rochelle Dalla recently founded the *Journal of Human Trafficking* (the first of its kind). Published by Routledge, the peer-reviewed, interdisciplinary journal will release its first issue in early 2015 with new issues being published quarterly. The journal aims to help centralize the array of knowledge, information and research studies about human trafficking, with potential to help inform a stronger evidence-base for future practices related to CSEC.

IV. Federal Efforts to Address CSEC

- Over the last decade, the U.S. government has invested resources to strengthen services for victims and survivors of human trafficking (both labor and sex trafficking, and including both adults or children, male, female, or transgender individuals, and U.S. citizens or noncitizens) across multiple federal departments, from increasing victim-centered training for professionals within criminal justice systems to building capacity for specialized services within refugee resettlement, child welfare, and Runaway and Homeless Youth (RHY) systems to enhancing the health care system's response to human trafficking. Numerous federal agencies are charged with and engaged in responding to human trafficking.

A. Federal Strategic Action Plan

- On January 14, 2014, the Department of Health and Human Services (HHS), along with the Departments of Justice (DOJ) and Homeland Security (DHS) and an additional 14 federal agencies (each responsible for different-sometimes complementary or overlapping aspects of human trafficking within its jurisdictions) who are part of the President's Interagency Task Force to Monitor and Combat Trafficking in Persons (created by the Trafficking Victims Protection Act, TVPA of 2000), released the *Federal Strategic Action Plan on Services for Victims of Human Trafficking in the United States, 2013-2017* which lays out a five-year path for expanding and strengthening efforts to develop multi-sector collaboration among public and private entities to prevent, identify, and respond to CSEC in the United States.⁵⁰
 - This Plan describes the steps that federal agencies will take to ensure that all victims of human trafficking are identified and have access to the services they need to recover and rebuild their lives. This includes taking steps to create a coordinated

- victim services network that is comprehensive, trauma-informed, culturally relevant, evidence-based and responsive to the needs of all victims and survivors.
- The Federal Plan lays out four goals, eight objectives, and contains more than 250 associated action items for victim service improvements that can be achieved during the next five years. Federal agencies (HHS, DHS, and DOJ, in coordination with the Senior Policy Operating Group Research and Data Committee, SPOG) will coordinate efforts and work toward each of these goals simultaneously, following the action items detailed in the plan. Actions to improve victim identification are woven through each of the goals. The four goals are:
 - **Goal 1: Align efforts** by promoting a strategic, coordinated approach to the provision of services for victims of human trafficking at the federal, regional, state, territorial, tribal, and local levels.
 - **Goal 2: Improve understanding** by expanding and coordinating human trafficking-related research, data, and evaluation to support evidence-based practices in victim services.
 - ◇ Most relevant to the purposes of this literature review, Goal 2 (*Improve Understanding*) outlines a detailed plan for addressing the lack of current evidence-based research available to inform federal, state, local, and nongovernmental organizations (NGOs) service provision to victims of human trafficking. It proposes strategies to move from the use of lessons learned and promising practices to developing evidence-based approaches. To reach this goal, federal actions fall under two objectives:
 1. *Objective 3: Establishing baseline knowledge of human trafficking and victim service needs through rigorous research and reporting;*
 2. *Objective 4: Supporting the development of effective responses to the needs of human trafficking victims.*(See *Appendix 3* for a detailed list of Goal 2: Objectives 3 and 4 Action Items, including lead agency and timeline for completion)
 - **Goal 3: Expand access to services** by providing and promoting outreach, training, and technical assistance to increase victim identification and expand the availability of services.
 - **Goal 4: Improve outcomes** by promoting effective, culturally appropriate, trauma-informed services that improve the short- and long-term health, safety, and well-being of victims.⁵¹

B. Legislation

- The United States first comprehensive human trafficking bill, the Trafficking Victims Protection Act (TVPA), was passed in 2000.⁵²
- More recently, legislative efforts have centered on responding to the CSE of U.S.-born children, and the harsher punishment of exploiters (e.g. The Prosecutorial Remedies and Other Tools to end the Exploitation of Children Today, PROTECT Act passed in 2003).⁵³

- On December 20, 2013 the Ways and Means Committee of the U.S. House of Representatives released draft legislation with a focus to prevent and address sex trafficking of youth in foster care:
 - The draft legislation includes a number of provisions. It would:
 - Require states to develop procedures for identifying victims of child sex trafficking and for determining the appropriate services for the child;
 - Improve data on child sex trafficking and children living in group homes who are the most at risk of being trafficked;
 - Help youth in foster care lead more normal lives and reduce the number of youth in foster care who runaway to deter sex trafficking;
 - Prohibit states from designating long-term foster care as a goal for a child under age 16; and
 - Require case plans to be developed in consultation with a child who is age 14 or older, and allow the child to select two individuals to be on the case planning team.⁵⁴

C. Other

- Additionally, the various departments of the federal government provide regional training and meetings; outreach efforts to raise public awareness (e.g., the Rescue and Restore Victims of Human Trafficking campaign); funding to service organizations; technical assistance to program grantees who work with victims of human trafficking; employment and job training to trafficking victims, and funding for the National Human Trafficking Resource Center, a national resource for victims of human trafficking and the public.⁵⁵
- Lastly, the federal government also makes federal benefits and services available to victims of trafficking.
 - In 2012, the Department of Health and Human Services developed a guide to federal benefits and services available to victims of trafficking. This resource provides program-by-program information on benefits and services and includes eligibility requirements.⁵⁶
- For additional Federal resources available to combat human trafficking refer to *Section XII. B. Federal CSEC Resources*.

V. Impacts of CSEC and Needs of Victims

A. Physical and Psychological Impacts of CSEC

- CSEC victims experience persistent trauma and stress as a result of their victimization, which typically includes not only sexual abuse but also enduring continuous psychological, physical, and emotional abuse by their traffickers. As a result CSE victims often suffer from serious physical problems and develop lasting psychological disorders.⁵⁷

- In one study, providers reported that CSEC victims were less stable, more isolated, had higher levels of fear, more severe trauma, greater mental health needs, and fewer resources available than other victims of crime.⁵⁸
 - The U.S Department of State cites the level of trauma experienced by CSEC survivors is “in the same range as treatment-seeking combat veterans and victims of state-organized torture.”⁵⁹
 - Refer to Figure 1 below for a summary of findings on the most common impacts CSEC has on children’s well-being.

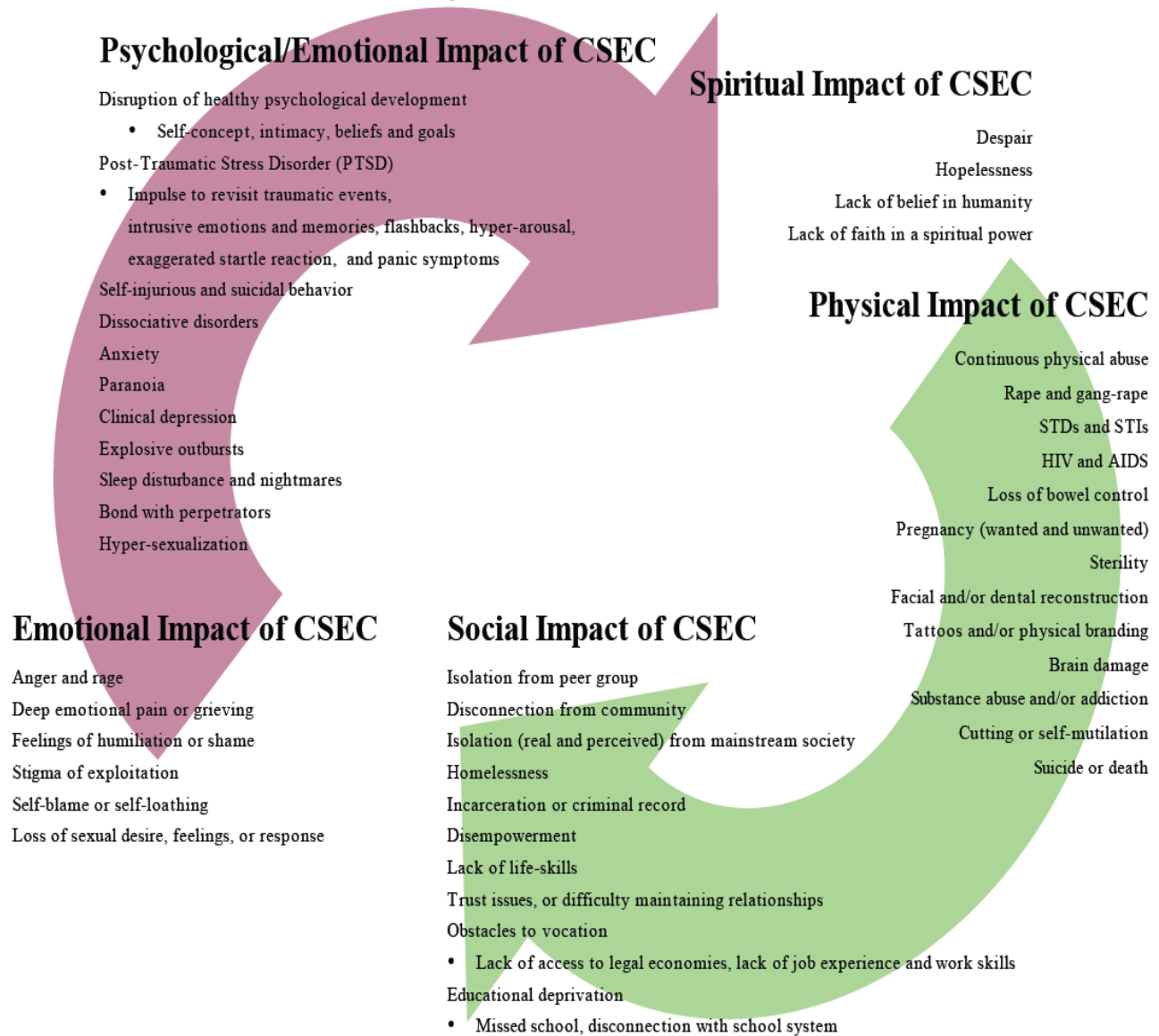


Figure 1: Physical & Psychological Impact of CSEC⁶⁰

- To further complicate matters, CSEC youth may not recognize their exploitation or display symptoms of Stockholm syndrome because of a hyper-dependent traumatic bond some victims develop with their exploiters.⁶¹ This can make it more

- challenging to separate from the persons responsible for their harm, and may cause them to deny they are victims thus refusing services/running away from placements.⁶²
- Studies show symptoms of PTSD remain high regardless of the amount of time since trafficking, indicating that the traumatic impacts of CSEC can endure over time for victims if untreated.⁶³
 - As shown in Figure 1, CSE victims also engage in self-destructive behaviors (e.g., drug/alcohol abuse, suicide attempts).⁶⁴
 - According to Hughes (2005) more than 70 percent of trafficking victims reported using substances. Traffickers may encourage the use, or continued use, of drugs and alcohol as a means of inducing cooperation, which can contribute to the development of substance use disorders. Victims may also use substances as a way to numb their emotions, dissociate, and cope with their situation.⁶⁵
 - WestCoast Children's Clinic's *Sexually Exploited Minors Research-to-Action Project* is a two-year collaborative research and training project intended to leverage the collective knowledge of agencies in and around Oakland, California to better understand the clinical issues (e.g. needs and strengths) faced by sexually exploited minors. The data collected for this project included 113 youth ranging in age from 10 to 24 and receiving services at nine service providers in Alameda and Contra Costa counties. Their study results confirm many CSEC victims demonstrate severe mental health needs, requiring engagement with behavioral healthcare services to help them cope and stabilize their functioning in various life domains. Therefore they recommend that behavioral healthcare systems establish programs specially designed to serve CSEC.⁶⁶

B. Service Needs of CSEC Victims

- The complex presentation of symptoms common among CSEC victims with histories of trauma calls for a thorough assessment of the youth's needs and strengths.⁶⁷ It is critical that domestic CSEC victims receive services specific to their unique form of trauma.⁶⁸ As a result, a precursor to implementing services is an in-depth evaluation of the client. Services should also be trauma-informed, strengths-based, gender-specific, developmentally, culturally and linguistically appropriate, and promote safety, empowerment, and community.⁶⁹
- Following initial assessment, the main focus will be on meeting the basic necessities of CSEC victims. This includes food, shelter, clothing, security and a physical health exam for acute medical problems.⁷⁰ This is crucial since the needs for food, clothing, and shelter are three of the primary barriers to victims leaving their circumstances.⁷¹ Only after these immediate needs have been met can CSEC victims benefit from other services such as treatment for the psychological impacts of the trauma.
 - *Safety Planning:* Research identifies the importance of providing victims a safe and protective shelter environment as foundational to meeting the service needs of CSE

children. Similar to battered women, victims are often at greatest risk for harm by their trafficker during their initial departure since their traffickers are likely to use violence and threats to get the victim to return. The risk can be even more heightened because traffickers may be involved in organized crime, local gangs, or trafficking networks.⁷² Many CSEC victims also distrust the child welfare and judicial systems, and have become isolated from family and friends, thus they require intense supports to help achieve safety.⁷³

- The trauma of CSEC requires a spectrum of appropriate services and thus requires a multidisciplinary approach. According to the U.S. Department of Justice, CSEC victims require specialized recovery programs that offer “shelter, nutrition, and appropriate medical treatment, as well as psychological evaluation, counseling, alcohol and drug treatment programs, education programs and life skills training.”⁷⁴ In general all programming should be strengths-based and assist victims with accessing the inherent skills, abilities and qualities they possess but may not recognize.⁷⁵
 - The following list generally outlines various types of services CSEC cases regularly involve:
 - assistance in accessing government benefits,
 - childcare services (for any dependents),
 - clothing and food,
 - court and daily accompaniment,
 - crisis intervention,
 - emergency, transitional, and long-term housing,
 - emotional support and counseling,
 - employment assistance,
 - financial management,
 - independent living skills,
 - literacy education (school, G.E.D. or other remedial education programs),
 - legal services,
 - medical, dental and mental health services,
 - protection/safety planning,
 - social service advocacy, and
 - transportation.⁷⁶
 - When CSEC victims are first identified they typically have no knowledge of how to begin rebuilding their lives, what their rights are and what benefits and resources are available to them. Intensive case management (to help focus the victim, provide advocacy, coordinate the multiple systems/agencies serving the victim, and to monitor progress) as well medical, mental health, and social services are important for responding to the complex needs of these children and in helping them achieve self-sufficiency.⁷⁷

- Using a case management model, Macy & Johns (2011) developed a service delivery framework that outlines the various immediate, ongoing and long-term needs of CSE survivors (see Figure 2 on the following page).

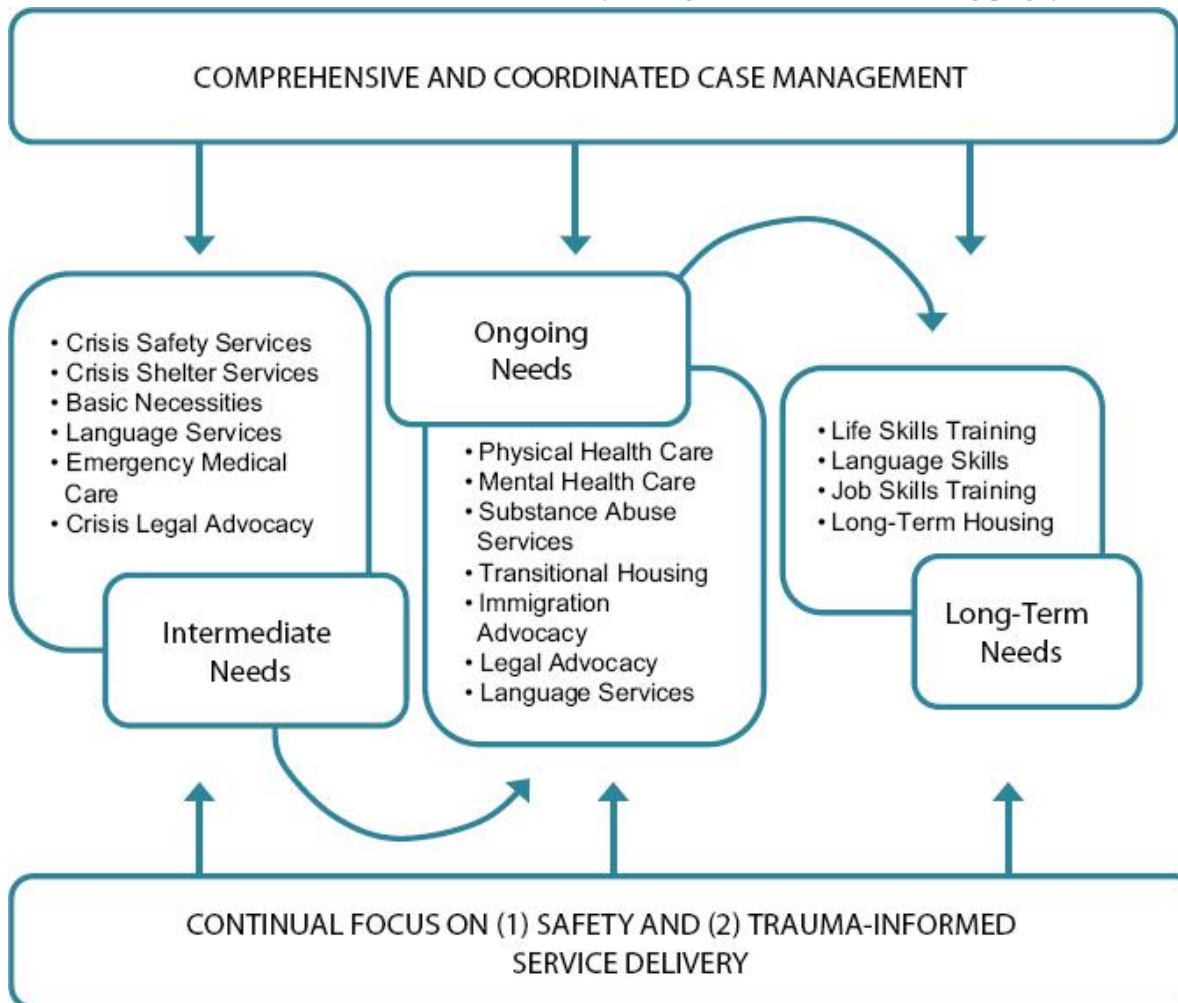


Figure 2: Framework for a continuum of aftercare services to address international sex trafficking survivors' changing needs (Macy and Johns, 2011)⁷⁸

- Additional considerations related to service needs of CSEC victims include:
 - The average age of a minor's first involvement in sexual exploitation is 12–14, while some are forced into sex trafficking as early as age 10.⁷⁹ Thus, many children are enslaved before they have had any opportunity for a formal education. A lack of education and job opportunities leaves some youth to feel they have no choice but to resort to commercial sex activity. Job training and educational programs are therefore essential to allow CSEC youth access to constructive employment opportunities,⁸⁰ to develop their talents and interests, to gain independence and be active members of their communities.⁸¹
 - Many sex traffickers brand CSEC victims with tattoos such as bar codes or property statements. Removing these tattoos is a critical step in survivors

healing and moving towards independence. Providing funds to access tattoo removal services can make a tremendous difference for youth who are no longer being exploited to aid them in their identity restoration.⁸²

- Funding to pay for reconstructive surgeries, including dental work, is also a service need for CSEC victims, since many victims are severely beaten by their traffickers.
- Sealing records and expunging criminal convictions are also emerging as a need for CSE youth. A new Florida law follows New York's model, passed in 2010, allowing victims to petition to have their records cleared. Nevada, Illinois, Vermont, Maryland, Hawaii and New Jersey, enacted similar victim-focused laws allowing for CSE youth to have their criminal records expunged.
 - ◊ A victim's criminal record can be a major impediment in almost every aspect of daily life, whether applying for a job, renting an apartment, or requesting credit.⁸³
- Although many CSEC victims do have legal service needs, these needs may not always entail a specific trafficking-related legal remedy. Instead, many of the victims have more general legal matters, such as housing and debt, which affect their ability to move beyond trafficking.⁸⁴
- Services for long-term needs, in addition to services that address immediate and emergency needs, are critical. Survivors should be provided with tools and opportunities for financial stability that will support their long-term independence.⁸⁵
- Few victim and support service providers work with male victims and survivors of CSEC, thus additional efforts are needed to ensure that gender-specific services are available to meet the needs of male victims.⁸⁶
- Additional needs specific to additional underserved populations such as Native American youth, rural youth, and LGBTQI youth should also be considered.

C. Continuum of Care for CSEC Victims

- In reference to prior Figure 2, CSEC victims have diverse needs and typically require assistance, services and supports over a significant period of time. Thereby researchers and providers collectively stress that youth must be provided with a continuum of care to ensure victims access the services needed throughout their recovery and eventual reintegration.⁸⁷ CSEC survivor needs do not stop at the age of 18 years old.⁸⁸
 - Research shows CSEC victims often relapse to exploitation and the streets many times before they permanently leave their exploiters, and thus providers and interventions must take this relapse cycle into account.
 - The *San Francisco Collaborative Against Human Trafficking* (SFCAHT) states that for a CSE child, the process may involve twenty relapses before she is able to permanently free herself of her exploiter.⁸⁹

- Many existing placement options do not take into account the different stages of exploitation youth experience, which may impact a youth's chance for stable housing and specialized placement options.⁹⁰
 - ◇ To ensure a continuum of care recommendations include extending the amount of time youth can stay in emergency and transitional housing programs and implementing “no reject, no eject” policies to ensure that when CSEC victims runaway or relapse they may return to the same caregiver or placement after an absence.⁹¹
- Stable housing and specialized placement options for CSEC victims are critical to providing an effective continuum of care.⁹²
- Providers have conceptualized a continuum of care for CSE youth as having three phases: (1) crisis intervention and assessment, (2) comprehensive assessment and case management, and (3) social reintegration.⁹³
 - The goal is to help the victim progress along the continuum that begins at crisis or the need for emergency assistance and moves to a position of safety (all within Phase 1). With ongoing assessment and intervention to address existing and emerging needs, the victim can move to stability in Phase 2. Finally, in Phase 3, a victim (now often referred to as a survivor) can integrate into his/her environment and begin to thrive.⁹⁴
 - ◇ The State of Tennessee recommends that core services for transitioning CSEC victims to permanent living arrangements (Phase 3) include: treatment services; community reintegration services; mentorship and adult connections; educational and school services; and families' involvement in treatment (as appropriate).⁹⁵
- The California Child Welfare Council CSEC Action Team's *Specialized Services & Placement Subcommittee* has been charged with developing a specialized services continuum of care model, based on current resources, services already in place and promising practices for CSEC and at-risk children in California (see *Appendix 2*).⁹⁶

VI. Challenges for Child Welfare Systems in Serving Victims of CSEC

- Studies indicate many CSEC victims have a long history of highly destructive families fraught with violence and dysfunction. Many of the youth have been in numerous foster care settings or have lived on the streets or with no permanent home for months and even years. They may have little trust in the child welfare systems that they have encountered in the past.⁹⁷
- Child victims of CSE present unique needs and complexities that require additional attention and support. Walker (2013) highlights the following challenges for Child Welfare Systems in serving this vulnerable population:
 - lack of systematic approach for screening and identifying CSEC and those at-risk, especially LGBTQI youth and boys;

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- inadequate data systems and mechanisms for tracking CSEC;
 - lack of safe and specialized placements (in particular for specific underserved populations such as Native American, rural youth, boys/adolescent males, LGBTQI youth, and homeless youth);
 - lack of specialized placements that include stabilization, support, trauma-informed care, transition planning, and after-care;
 - lack of training for agency staff that interact with CSEC, including schools, health care, hospital emergency rooms, mental health, courts, community partners, faith-based organizations, law enforcement, child welfare, probation, placement providers, youth and families;
 - inconsistency in language used across child-serving systems with respect to CSEC;
 - insufficient cross-system collaboration including information sharing for youth who are multi-system involved (due to concerns related to the protection of client confidentiality, Health Insurance Portability and Accountability Act privacy regulations, legal concerns, and organizational policies);
 - lack of evidence-based prevention and intervention strategies; and
 - inadequate funds (the wide range of services needed by victims are often time-consuming and costly) and funding strategies to leverage existing resources (e.g., funding to maintain placements while youth are missing, or “AWOL” and insurance plans such as Medicaid and others that often placed limits on the number of counseling sessions that could be covered during a particular period which prove insufficient to allow clients to work through their trauma).⁹⁸
- Further obstacles identified by other systems, programs and or providers when delivering services, that may also pose as challenges for child welfare systems include:
 - varying law enforcement knowledge and sensitivity to the issue;
 - victims residing in and crossing multiple jurisdictions (they are frequently moved from county to county by their exploiters);
 - language and communication barriers with victims;
 - cooperation of victims may be difficult to obtain (some victims traumatic bonding to their exploiter making them more likely to deny victimization, try to protect their trafficker from authorities and/or abandon or run away from treatment or placements; other victims have severe behavioral issues, making interactions with providers extremely difficult);
 - dealing with stigma and shame of victims;
 - significant danger and concerns regarding safety for victims and staff (e.g. retaliation from traffickers);
 - severe medical and dental needs;
 - severe social and emotional challenges to normalization;
 - service providers lack of knowledge and understanding of what victim resources are available;

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- inability to provide access to specialized services tailored to the needs of victims that adequately meet these needs for the full length of time it may take to stabilize a victim;⁹⁹
 - supply or availability of needed services is often limited due to long wait lists and associated fees (this was found particularly true for mental health services, substance abuse treatment and housing);
 - finding services that are gender-informed and culturally appropriate, with knowledgeable and caring providers willing to serve CSEC victims who have complex trauma;
 - accessing services and benefits-including obtaining insurance could also be delayed due to a lack of identification (e.g. difficulty obtaining victim birth certificates, missing identification documents);
 - lack of transportation to participate in services;
 - providers having an awareness of state law and policy that may restrict or serve as barriers to a placement that may seem to be most appropriate for CSEC victims;
 - victims having a lack of knowledge of their rights;
 - issues surrounding victims legal status, such as lack of citizenship; and
 - most victims are disconnected youth, isolated and lacking engagement with family or community supports.¹⁰⁰
- *Support for Providers:* Agency staff/service providers working with victims of CSEC may experience negative effects from their support role, also known as vicarious victimization, secondary trauma, or vicarious trauma. One recent qualitative study found that working with victims/ survivors of sex trafficking has an impact on the physical and psychological health of victim and support service providers. Study participants reported experiencing burnout (e.g., compassion fatigue) and secondary traumatic stress (e.g., sleep disturbance). Those involved in efforts to evaluate and provide services for victims and survivors of CSE need to examine the impact of this work on service providers and offer coping strategies, such as debriefing programs to help decrease burnout for staff.¹⁰¹ Agency leaders also need to support providers. This can take the form of making supervisors more available (e.g. provide an on-call supervisor) and facilitating collaborative treatment teams to coordinate services.¹⁰²
 - Similar to other service providers, foster care providers also need extra support to address their own reactions to traumatic material that may result from caring for sexually exploited youth in their homes. They would benefit from participation in support groups with clinicians and providers who are experienced in working with sexually exploited youth. Foster parent mentors can also provide training and support to other foster care providers. Given the high level of needs of CSEC victims, foster parents will also benefit from having respite care available for youth placed in their homes.¹⁰³ Additionally, educating and training foster care families about the dynamics of human trafficking, the needs of victims, and the symptoms of trauma

are also needed to ensure appropriate placement for children in need of homes and increase foster care providers level of understanding about this vulnerable population.¹⁰⁴

VII. Residential Programs/Housing Recommendations for CSEC Victims

A. Gaps/Issues in Current Residential Services

- Multiple researchers highlight that there is a severe lack of shelter and stable housing for domestic CSEC victims in the United States and that finding stable, appropriate placements for these youth is the foundation to their recovery.¹⁰⁵
 - Young victims are held in juvenile detention centers, returned to the homes from which they fled, or placed in non-secure facilities, may mean increased risk of a repeat episode of running away, revictimization of the minor, or interference with a law enforcement investigation.¹⁰⁶
 - Secure emergency, short-term, and long-term housing for victims of CSEC is imperative because exploiters pose a threat even after the trafficking situation is abandoned.¹⁰⁷
 - Victims are extremely vulnerable during their initial exit since their traffickers are likely to exert violence and threats to make their victims return, thus incidents of youth running away from facilities are high. Secure and safe shelter is necessary for a victim to begin to deprogram from the psychological control of the trafficker. Successful removal of a victim from CSEC requires they be placed in a protective shelter environment that offers therapeutic programming specific to their traumatization in order to best stabilize the victims during this most critical time.¹⁰⁸
 - Polaris Project receives hotline calls from and on behalf of human trafficking survivors every day and shelter is the number one referral request. And nationwide California is the top location for callers requesting short-term or transitional shelter.¹⁰⁹
 - A study of 174 residents between 18 and 23 years old at Covenant House New York (New York City's largest provider of services for homeless youth ages 16-21) found 48% of the participants who reported engaging in commercial sex activity explained that a lack of a safe place to sleep was a main reason for their initial entry into commercial sex.¹¹⁰
- In the absence of CSEC-specific shelter options, survivors rely on shelters that serve runaways and homeless youth, domestic violence survivors, at-risk youth, and other vulnerable populations, which are not typically adequate to meet their specific needs.¹¹¹
 - CSEC survivors may not always meet the required criteria to access these services and they also need specialized services that are not always available at these facilities.¹¹²

- Several RHY shelters note challenges trying to house the CSEC population among mixed age and mixed gender populations.¹¹³
- Service providers are challenged with effective case management when clients are ordered to inappropriate placements, such as ill-equipped foster care, group homes and detention facilities, or they are returned to unsafe home environments.¹¹⁴
- The issue of safety for staff, other residents, and the girls themselves is expressed across RHY shelters or state-run group home sites, as the location is often known to the trafficker/exploiter and it also may lack additional security measures to protect its victims. In fact, sexually exploited children may even pose a problem at these non-specialized CSEC shelters, as several sites report cases of victims still being psychologically manipulated by their traffickers and thus are forced back into exploitation and/or into recruiting other children at the shelter into CSEC.¹¹⁵
- Many RHY shelter programs have strict time restrictions on the length of stay imposed by funding sources, thus do not provide for long-term care of children. They typically place these youth in other placements, such as a foster home, within 21-30 days. Staying for only 21-30 days makes it difficult to build trust with the child victims, let alone begin any meaningful treatment. Research shows many of the victims rescued from CSEC have already run away numerous times from a foster family or group home setting and will do so again.¹¹⁶
 - According to the *California Alliance to Combat Trafficking and Slavery Task Force* existing shelters often do not have the funding resources to serve their own target population, much less the capacity to meet the unique needs of victims of sexual exploitation.¹¹⁷
- CSEC survivors who have successfully left their exploitative relationship often identify the emotional connections and trusting relationships they built with caring adults as significant factors in their recovery. In contrast, CSEC survivors identify significant difficulties with living in group homes. For example, in those placements, no one caregiver looks out for their well-being. Without added supports for youth and caregivers, such as increased care rates, crisis and respite care, and “no reject no eject” policies, group home placement will often be unsuccessful.¹¹⁸
- More options for placement are needed to prevent barriers to placement resulting from funding limitations or any one of a number of characteristics of a CSEC victim including: history of running away from another program, altercation within a placement, identification in the middle of the night or outside programs operating hours, lack of identification of vital records, unavailable parent or guardian, low IQ, pregnancy, addiction or severe mental or physical health needs.¹¹⁹
- Laws that mandate, establish and financially support residential and community-based programs providing treatment and case management for CSEC victims across the continuum of care are needed.¹²⁰
- While historically, there have been a limited number of shelters and services available and fewer with the capacity to appropriately treat the severity of problems victims of CSEC

present, there has been a recent trend around the country to open residential facilities designed to better serve this population.¹²¹

B. National Survey of Residential Programs for Victims of Sex Trafficking

- In 2012, modeled after a previous study by *The Polaris Project*¹²² researchers in Illinois conducted a national survey of residential programs for victims of sex trafficking (including victims of any age, not just minors) in order to learn how many residential programs for victims of sex trafficking were in operation. The purpose being to share available programs and services with other jurisdictions to better serve victims of trafficking.¹²³
 - As of August 2012 a total of 37 residential programs in the U.S. were found to be currently operational and exclusive to trafficking victims. Of the 37 programs that were open, eight facilities opened between 2011 and 2012 and 18 facilities opened in the last five years.
 - The types of residential services available to trafficking victims included temporary shelters, long-term residential care facilities or group homes, and transitional living programs.
 - Most of the programs accepted both domestic and international victims (62 percent) and 38 percent were exclusive to victims of domestic sex trafficking.
 - Of the 37 residential programs, there were a total of 682 beds exclusively for trafficking victims, 178 for adults, 438 for minors, and 66 for either minors or adults. The highest number of residential programs for trafficking victims was found in the Western region of the United States making up 59 percent of total beds (n=401). California had the highest number of beds for trafficking victims among all states with a total of 369 beds.¹²⁴
 - Only two facilities indicated they would accept male victims, *Children of the Night* in California and *Grounds of Grace* in Illinois. Several residential programs reported that they will refer male victims to other shelters or programs but do offer them trafficking specific services. Of the surveyed programs, there were fewer than 28 beds for male trafficking victims.
 - An additional 45 beds for trafficking victims were available in residential programs not exclusive to trafficking victims. These 12 additional facilities offered specific residential services to trafficking victims *and* accepted other populations as well (such as domestic violence victims or RHY). These facilities offered certain services to their trafficking victims including specialized counseling services, separate beds, or a longer stay.
 - During the time of the survey many agencies indicated that they were in the process of opening a residential program—a projected total of 27 new programs offering 354 more beds (a 93 percent increase over the current bed capacity). Fifteen of the programs were to open in 2012. All of the residential programs in the process of opening are exclusive to female victims of trafficking.¹²⁵

- While the survey did not seek to measure the quality of the services provided, it did gather detailed information on the breadth of services/areas of program operation for each residential facility open at the time of the survey. A summary of current themes of the 37 operational residential programs exclusive to sex trafficking victims (indicating they do not take other populations and have tailored their programs to specifically serve and meet the needs of trafficking victims) are below.
 - **Hours of Operation:** All residential programs, with the exception of one, offer residential services 24-hours a day, seven days a week. The program that did not offer 24 hour services was open to residents after 10p.m.
 - **Safety of Facilities:** All indicated they were secure and safe facilities. While not all programs were locked facilities, they all employed a variety of safety measures. Nearly all programs indicated that their facility's location was confidential with an unpublished address and unmarked building. Several programs were located in secluded, rural areas. Many of the programs had 24-hour staff on premises, security cameras, alarm systems, and security guards. One program indicated that they had an armed guard on the premises and another had guard dogs on the property. Most programs had a gated or fenced property with a buzzer system to allow access. Other security measures included employee and volunteer background checks, wired or alarmed windows, screened calls, and restricted cell phone and Internet access.
 - **Services Offered:** All programs have some type of case management and all offer counseling services. Fourteen offer both individual and group therapy and five offer more intensive trauma counseling. Twenty-six have educational services for the victims such as home schooling, tutoring, GED programs, and college preparation assistance (depending on the age of the victims). Sixteen have job and vocational training. Twenty-five offer some form of life skills training. Thirteen have specific recreational programs and activities for the victims (e.g. sports, exercise, yoga and Pilates, gardening, swimming, horseback riding, and group outings). Additional types of services in place at the residential programs include: survivor support groups, mentoring, music and art therapy, substance abuse and addictions treatment, medical and dental care, spiritual services, family reintegration and family therapy, relationship and parenting skills, immigration and legal assistance, relapse prevention, youth development training, and diversion skills. Twenty-eight have aftercare services for the victims leaving the residential program (ranging from continued case management to mentoring, alumni groups, financial assistance, support groups, legal assistance, counseling services, education, and relapse prevention). Twenty-two will offer other services to non-resident sex trafficking victims as well (including: drop-in centers, street outreach, case management, counseling

and therapy, life skills, mentoring, victim advocacy, legal assistance, medical care, hotline service, diversion programs, relapse prevention, addictions treatment, education services, and/or vocational training). Several agencies indicated that they hold community awareness events and offer community training and education about human trafficking and CSEC.

- **Location of Victims:** The majority of the residential programs reported that they would accept victims from anywhere in the United States. A few reported that they preferred to serve local victims that were in need. However, other residential programs indicated that they preferred to accept victims from out of the area. They reported that accepting victims from out of state reduces their likelihood of running away and keeps the victims farther away from their traffickers.
- **Funding Sources:** The sources of funding for the residential programs varied depending on the type of facility. There are a number of faith-based residential programs primarily funded from churches and private donors. Other residential programs receive state and federal funding, as well as grants and donations. Several programs indicated they operate solely on private donations and fundraisers. A lack of funding was a common barrier for the residential programs that are in the process of opening. Several programs reported that they have delayed opening due to insufficient funding. Operating budgets for the surveyed residential programs range from under \$10,000 to over \$100,000 depending on the program and location.
- **Staffing:** The number of employed staff at each program varied depending on the program size. The number of staff ranged from two full-time staff members to 25 full-time employed staff. The average number of staff at the facilities was seven. Six of the programs reported that they had part-time staff and shift workers. The average number of staff at the facilities was seven. Several programs indicated they had a 4:1 or 3:1 resident to staff ratio. In addition, 16 of the 37 operational programs reported that they had volunteers at their program.
- **Staff Training:** All of the programs reported that staff received training prior to working with victims. The type of training offered and the length of training varied depending on the residential program. The length of trainings ranged from two hours to six weeks of initial training. Several programs required continued trainings, monthly or yearly. Some programs reported that they received assistance training staff from other non-profit organizations or used pre-developed training models such as *Hands that Heal Curriculum*, *Sex Workers Addressing Treatment (SWAT)*, or *Mending the Soul*. The topics of training included commercial sexual exploitation of children, human trafficking, stages of change, crisis intervention, de-

escalation, youth development, conflict mediation, trauma, stress management, CPR, and first aid.¹²⁶

C. Residential Programs for Victims of Sex Trafficking in California

- The *Illinois National Survey of Residential Programs for Victims of Sex Trafficking* identified the following residential facilities in operation that are exclusively designated to provide safe and secure housing for sex trafficking victims in California.

Residential Program	Domestic or International	Age Range	Max. Length of Stay	# of Available Beds	Website
Bilateral Safety Corridor Coalition (BSCC)	Domestic & International	16-18, 18 +	2 yrs	10	www.bsccoalition.org
Children of the Night	Domestic	11-17	Until 18	24	www.childrenofthenight.org
Coalition to Abolish Slavery and Trafficking (CAST)	Domestic & International	18 +	2 yrs	10	www.castla.org
Courage House	Domestic	11-17	Until 18	6	www.couragetobeyou.org
F.A.C.E.S.S. of Slavery (Freeing American Children from Exploitation and Sexual Slavery)	Domestic	Under 18	No limit	250	www.faces.org
Freedom House	Domestic & International	18 +	18 mo.	8	www.freedom-house.us.com
GenerateHope	Domestic & International	18 +	No limit	10	www.generatehope.org
Mary Magdalene Project	Domestic & International	18 +	6 mo.- 1 yr	6	www.mmp.org
Project Hope-LA Dream Center	Domestic & International	18 +	No limit	35	www.dreamcenter.org
San Francisco Safe House	Domestic & International	18 +	18	10	www.sfsafehouse.org

Table 1: State of California- Residential Programs Offering Services Exclusively to Trafficking Victims and/or Women Escaping Prostitution (as of August 2012).¹²⁷

Notes: (a) Only the four highlighted CA residential programs provide shelter beds for CSE minors (the others are exclusively for the adult population, 18+); (b) This matrix does not depict the full range of services provided by each organization, it only indicates whether they provide exclusive shelter serves to sex trafficking victims.

- Other California shelters including *Dream Catcher*, *Emergency Youth Shelter* (Oakland, CA), *Fresno Economic Opportunities Commission Sanctuary for Youth* (Fresno, CA), *Next Door Solutions to Domestic Violence* (San Jose, CA), *Operation Safehouse* (Riverside, CA), and *San Diego Youth and Community Services* (San Diego, CA), do make shelter beds available to CSE minors (under 18) however unlike the exclusive residential facilities included in Table 1,

they do not only provide to this population (meaning they serve sex trafficking survivors in addition to other populations) and most do not reserve beds specifically for this population either.¹²⁸ In addition, this is likely not a comprehensive summary as there may be additional shelter programs exclusively serving CSEC that were not able to be identified during the course of this research, that have opened recently, or that are currently in development. Lastly there are numerous other California RHY shelters that serve CSEC victims daily, however these are not highlighted in this literature review, since research indicates specialized services to meet the unique needs of this population are key to improving their outcomes.

D. Additional Considerations for Residential Programs Serving CSEC Victims

- New England has one of the few evaluated residential treatment programs (Acknowledge, Commit, Transform-ACT)¹²⁹ for female victims of CSEC, which shows promising results.
 - New England's ACT program integrates individual survivor mentoring, a warm residential environment, culturally competent treatments, a staged process of starting victims in a more restrictive, on-campus program before moving them to a less restrictive group home, and a voluntary admissions process that required acknowledgement of exploitation and some desire to benefit from the services offered.
 - Compared with an earlier treatment program at the same facility, during its first year of operation ACT had a 78% decrease in the number of young women who failed to complete treatment goals due to running away, hospitalization or incarceration. Furthermore when evaluated with two other residential treatment programs that treated teenage girls for sexual exploitation (with different program titles, different staff, and different approaches of practice) the results demonstrated ACT had a 15% drop out rate of commercial sexually exploited girls while the two other programs had a 65% and 69% drop out rate.
 - Reasons for these higher success rates are likely related to their specific practice methods. ACT uses the Transtheoretical Model of Change to guide admission decisions (ACT believes in only taking in youth who are ready and willing to change/able to commit-thus decreasing the number of more resistant participants who are likely to run), and their practice of admitting youth to a more-restrictive on-campus program before moving them to a less-restrictive group home.
 - While a more rigorous evaluation with a much broader number of youth victims is needed, these elements could be considered by other programs designing residential services for this population.¹³⁰
- For CSEC victims needing residential placement, social workers should seek placements that are staffed with or have regular access to medical and case professionals who can effectively assist the CSEC victims with trauma-informed care. In addition, training in trauma-informed care should extend to all staff members, as well as host families or foster families that may open their homes to CSEC survivors.¹³¹ Research shows placements that

are also able to provide clients with access to case management services, educational opportunities, community and family reentry assistance, and life and job skills training are also beneficial.¹³²

- Decrease the risk of retraumatization by ensuring that the intervention methods and residential location do not reflect the trafficking experience.¹³³
- It is critical for states to have processes and protocols in place not only for tracking CSEC victims them while they are “on the run,” but also for responding to youth when they return from being on the run. Appropriate assessments of physical and mental health needs and, if appropriate, legal needs should be completed within a very short timeframe following return.¹³⁴
- There is an ongoing national debate related to the controversy surrounding the level of security residential programs for victims of CSE should provide, specifically whether they should utilize more restrictive, secured facilities (e.g. lockdown) in efforts to reduce runaways or instead opt for a more open safe house model. For more information on this issue refer to *Appendix 4*, a newspaper article highlighting the deliberation in the State of Florida (publicized in a June 2013 grand jury report) as child welfare administrators and legislators respond following the closure of Florida’s first short-term safe house model (Kristi’s House) after repeated runaways.¹³⁵
 - Advantages to a two-step housing program are also being discussed among advocates and providers. In this case, similar to the New Jersey ACT Program, for the first phase victims would initially be placed in a more isolated, closely monitored, higher security facility to stabilize the victim of CSEC before moving into the second phase that offers a more homelike setting/family environment and possible foster home placement focusing on readjustment into society, therapeutic care and long-term healing.¹³⁶
 - While some advocates still argue that placement in juvenile hall detention may help victims of CSEC by offering increased protection, access to a structured environment, reduced intimidation by exploiters and pimps, and cooperation in the criminal prosecution of exploiters,¹³⁷ research supports the negative consequences of treating these victims as criminals, and that with other placements available there are more appropriate environments for these vulnerable victims to stay.
 - One reflective quote from *The Stolen Ones* (A Herald-Tribune Special Report) states, “Safety, isn’t imprisoning children to keep them from running; it’s convincing them that they don’t have to run at all.”¹³⁸
- Based on a jointly developed set of recommendations related to practices and standards from four of The Administration for Children and Families (ACF) RHY grantees with experience serving CSEC the population the ACF suggests that systems and providers consider the below factors in providing shelter/residential services to CSEC victims. These recommendations can be integrated in whole or in part into existing policies, programs, and services in RHY shelters and other residential and non-residential services.¹³⁹

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- Training of providers (on topics such as the dynamics of exploitation, manipulation, common behavioral issues, and Stockholm syndrome) to best meet the needs of this population served and provide more meaningful engagement with victims
- Providing support and advocacy to help youth navigate the multiple systems and services that are necessary to meet their trafficking-related needs
- Clear staff protocols for ensuring a safe environment and appropriate security features at the facility to reduce risks so that victims can recover in a safe environment.
- Age-appropriate housing for younger victims so that the space is developmentally appropriate.
- As with all child welfare and RHY services, it is critical that shelters and programs for victims of trafficking provide services that are trauma-informed, strengths-based, and culturally, gender, and developmentally appropriate.
- Victims of CSEC should be supported and invited to participate meaningfully in decision-making for their own service planning, and in the development of broader anti-trafficking policy and program strategies.¹⁴⁰
- Street outreach programs can facilitate training for outreach staff and volunteers to spot victims of trafficking and follow appropriate local protocols when victims are identified. In their contacts with youth experiencing homelessness, outreach programs could include street education to improve young people's prevention and refusal skills for encounters with recruiters.
- Coordination with local law enforcement can support targeted outreach in locations with high concentrations of commercial sex recruitment.
- Coordination with service providers (e.g., hospitals, schools, and community-based organizations, mental health providers) can help meet the comprehensive needs of victims.¹⁴¹
- In reference to CSEC victims that have not yet been identified, staff at emergency shelters are encouraged to play a key role in assessment. A young person's entry into an emergency shelter is a crucial opportunity to identify whether he or she has been sexually exploited. Enrolling workers in training programs for human trafficking and trauma-informed care can help them sensitively probe for answers that may not come up in a basic assessment of young people's situation and needs. Staff who recognize the signs of CSEC and know how to respectfully gather information can better identify sexually exploited youth and direct them to the right services, including specialized residential placements. Enrolling workers in training programs for human trafficking and trauma-informed care can help them sensitively probe for answers that may not come up in a basic assessment of young people's situation and needs¹⁴²

VIII. Promising Practices: To Inform Service Provision for CSEC Victims

A. Multi-sector Collaboration

- Due to their complex needs described prior, victims of CSEC require interaction with different levels of government (local, county, state, and federal) and with a number of agencies and professionals among various sectors, such as law enforcement, social services, probation, mental health, schools, public health, courts, RHY services, and nongovernmental/community-based organizations to effectively create a system of care.¹⁴³
 - Ensuring that these youth receive all the services they need requires communication and coordination among various victim and support service providers. Unfortunately, mechanisms that support information sharing and communication may not exist among the various service providers and systems of care that interact with CSEC victims.¹⁴⁴
 - Multi-sector collaboration can address challenges requires multi-system information-sharing and communications which will allow involved agencies and providers to better prevent, identify, and provide CSEC victims the services needed at any given point during their restoration process.
 - Coordinated efforts can also lead to improved data collection (tracking factors such as demographics and background of CSEC victims, high-risk areas, victim needs, referrals/services provided, and outcomes). Such data can inform more targeted and effective intervention strategies for CSEC victims.¹⁴⁵
- Collaboration can engender intervention at various levels, such as awareness-raising, prevention, victim identification, resource-sharing, data collection, and coordinated responses.
 - Noting the promise of multi-sector and interagency collaboration, the literature shows the growing emphasis on the design of multi-sector and interagency collaborative approaches.
 - These approaches may range from multidisciplinary teams, to formal relationships based on memorandum of understandings (MOUs), to building upon and using existing Child Advocacy Centers, to ad hoc and case-by-case arrangements drawing on networks of informal personal contacts.¹⁴⁶
 - In support of multi-sector collaboration, the Department of Justice has provided funding for communities to establish anti-human trafficking task forces, which include state and local law enforcement, investigators, victim service providers, and other key stakeholders.¹⁴⁷
 - ◇ The *Federal Bureau of Investigation's Innocence Lost National Initiative* has resulted in the development of 66 Child Exploitation Task Forces and working groups across the U.S. since the initiative began in 2003 (see Section XIII. A. for California's Regional Anti-Human Trafficking Task Forces). Many of these task forces involve collaborations with CWS and RHY agencies, which have played

critical roles in helping law enforcement target their investigations and in helping rescued sexually exploited children recover. The FBI has full-time dedicated Victim Specialists in every field division to work with minor victims. Over 85 percent of FBI Victim Specialists have a master's degree in social work or are licensed clinical social workers and are skilled in crisis intervention, assessment, and identifying or obtaining appropriate resources. To date, this initiative has resulted in the recovery of more than 2,700 children and 1,350 convictions of facilitators of child sexual exploitation nationwide.¹⁴⁸

- Locally in California, Alameda, Los Angeles, San Bernardino and San Francisco Counties have developed multi-sector responses to serve CSEC victims, leveraging sectors including: child welfare, probation, mental health, public health, education, law enforcement, the courts and/or community-based providers that specialize in serving the CSEC population.
- Leadership to improve multi-sector collaborations are in process via both the *Federal Strategic Action Plan on Services for Victims of Human Trafficking in the United States* (see Goal 1: Align Efforts; Objective 2: Coordinate victim services effectively through collaboration across multiple service sectors)¹⁴⁹ and the California Child Welfare Council's CSEC Action Team's *CSEC Multi-System and Data Coordination Subcommittee's Scope of Work* (Goal: Establish and support a systematic approach to multi-systems coordination, including strategies to improve service delivery to CSEC and at-risk children and enable the collection and sharing of data).¹⁵⁰

B. Training for CSEC Providers

- One barrier to effective prevention, identification, and intervention for children and adolescents who are at risk for or are victims of CSEC is a lack of training. Lack of training assumes added significance when a problem requires that a range of sectors work together. It is critical for professionals in all agencies and sectors that serve youth to be adequately prepared to identify and assist victims of CSEC and training is an essential element of such preparation.¹⁵¹
 - Victim and support service providers working with vulnerable youth who lack an understanding of CSEC may not recognize youth in their care who are at risk of or are victims/survivors of these crimes. As a result, they fail to connect youth in need to appropriate and timely services.
- For effective intervention, professionals must possess an understanding of the background of CSEC victims, and reasons for their involvement in commercial sex activity¹⁵² as well as how to deal with the trauma symptoms and behavioral health issues these victims are presenting.
- As mentioned in Section VII, for service providers working in residential facilities/shelters where CSEC victims are housed additional training related to the topics of safety and

security are needed. Providers must be equipped to identify and respond to internal security risks, such as victims' high flight risk, potential for self-harm, harm to others or internal recruitment. All staff and volunteers must be trained to recognize and de-escalate behavior leading to internal security risks and recognize that these are often symptoms of trauma that require a therapeutic response.¹⁵³

Targeted Training for Child Welfare Services (CWS) Staff

- In the State of California, since currently county CWS typically do not get involved in CSEC cases unless a parent or caregiver is involved in the sexual exploitation, most of the existing CSEC trainings have focused on the criminal justice system's response to CSEC (a CSEC training program developed for law enforcement officers and prosecutors).¹⁵⁴ Thus in most states there has been no comprehensive, systemic training procedure for CWS.¹⁵⁵
 - The key to prosecuting CSEC cases and assisting victims, however, is being able to identify the victims. Since research shows a significant percentage of CSEC victims have a history of involvement with CWS prior to entry into CSEC, these staff are in a unique position to identify CSEC victims as well as children 'at risk' for CSEC. Although CSEC victims and other sex trafficking victims regularly come into contact with human service agencies, including child welfare agencies, many of the service providers may fail to identify these individuals as victims due to a lack of awareness.¹⁵⁶
 - Therefore, it is important for CWS employees to receive effective training that will provide them with the knowledge necessary to identify CSEC victims and link them to appropriate specialized services.
 - In response, more recently, some CSEC awareness efforts have been focusing on State child welfare agencies and training academies, in consultation with expert advocacy organizations, providing CSEC awareness trainings for CWS employees (focusing on the identification of victims, conducting comprehensive needs assessments, knowledge of trauma/impacts, promising approaches to serving CSEC victims, and on accessing available benefits/resources available to them). As the social worker is already involved in the lives of these youth, it is important for all CWS agencies to train personnel on the specific CSEC risk factors to look for because this can have a significant impact along the continuum of prevention and intervention services. Although child welfare agencies in a handful of states such as Massachusetts, Florida, Georgia, Illinois, and Connecticut, have led the way in training their social service staff to screen for CSEC, this process has not been adopted by all state child welfare agencies.¹⁵⁷
 - To highlight one example of a CWS CSEC training program that has been evaluated, in 2012 the Georgia Department of Family and Children's Services (DFCS) mandated specialized training for all social service staff in the state so that child welfare personnel would be aware of the risk factors and pathways into CSEC as well as the laws and services in place to address the needs of victims.¹⁵⁸

- ◇ The results of an evaluation study by McMahon-Howard & Reimers (2013) found that the 90-minute web-based CSEC training for Georgia's CWS employees significantly improved their CSEC beliefs and knowledge, including their ability to identify the risk factors for entry into CSEC, increased their knowledge of local laws and services regarding CSEC, and increased their self-reported willingness to refer CSEC victims and children 'at risk' for CSEC to specialized services. Therefore, the researchers recommend that child welfare agencies utilize a similar training as a preliminary step to improving CWS employees' knowledge of CSEC and willingness to refer CSEC victims to specialized services.¹⁵⁹

For more on specific training programs targeted to service providers, including CWS staff, refer to Section XII A.

C. Screening and Assessment Tools

- There is an obvious need to identify victims of CSEC, and those who are at risk of being exploited as well as their specific service needs, as soon as possible. To identify victims, current literature finds some agencies utilize motivational interviewing techniques, multi-disciplinary teams, systematic screening and assessment, cross-systems protocols, and centralized databases. Outreach, education and training also facilitate the identification of victims.¹⁶⁰
 - Use of standardized assessment processes and validated screening tools can generate more reliable knowledge of factors associated with CSEC, and will allow for better detection of victims as well as more efficient connections to needed resources for this vulnerable population.
- Nationally, currently there are various client screening tools developed by government agencies and private organizations identified for use with CSEC victims (see *Appendix 5* for examples of such tools); however, at this point few have been formally evaluated to establish the impact of these tools.
 - An example of one scientifically validated screening tool, *Human Trafficking Interview and Assessment Measure-14 item* (HTIAM-14)¹⁶¹ was developed by the *Covenant House New York* (CHNY) to better identify victims of trafficking among homeless youth.
 - Another promising tool comes from *WestCoast Children's Clinic* (Oakland, CA), who collaborated with eight partnering agencies to design and implement the first SEM mental health assessment tool by creating a SEM-specific Child and Adolescent Needs and Strengths (CANS) instrument, namely the *CANS-Commercial Sexual Exploitation (CANS-CSE)*. The CANS is a widely used, valid and reliable trauma screening tool¹⁶² that organizes clinical information collected during a behavioral health assessment to guide treatment decisions, measure outcomes, and improve communication among those involved in planning care for children and their

- families. The CANS-CSE version goes further to identify and measure the unique needs of and risks to sexually exploited youth.¹⁶³
- Partnering with a set of diverse local stakeholders, the *New York City Trafficking Assessment Project* (NYCTAP) also developed a screening tool to identify likely victims of trafficking and an accompanying toolkit for service providers to support the administration of the screening tool. Through the VERA Institute of Justice the NYCTAP established the face validity of the screening tool to help preliminarily gauge the tool's reliability and validity. This process included interview simulations, agency review sessions, field applications, administrative case file applications, and agency de-briefing sessions. Following formal validation NYCTAP's tool could provide standardized screening for victims of trafficking.¹⁶⁴
 - Compton, Hardy, & McPhatter (2013) also identify the *Polaris Project* as providing a comprehensive assessment measure, ranging from safety to trafficking experiences, to evaluating the needs of individuals. Such criteria include the location in which to assess the potential victim, awareness that the individual may not self-identify as a victim of human trafficking, and an exploration of safety dynamics. The *Polaris Project* also includes assessment questions to measure the components of force, fraud, and coercion.¹⁶⁵
 - Screening tools that assess a child's level of *risk for involvement* in CSEC in addition to identifying CSEC victims may be particularly helpful for child welfare systems to administer at group homes, foster care homes, etc. A risk assessment tool could be used to develop alternative programs, treatments and interventions to prevent youth from becoming victims. Therefore there is a need for valid and reliable screening/assessment tools, ideally that can be used across various agencies (law enforcement, health care providers, and social service organizations) to identify CSEC victims *and* those at risk. To respond to this need currently there are both federal and state responses underway.
 - The *Federal Strategic Action Plan on Services for Victims of Human Trafficking in the United States* Goal 2, Objective 4 includes that "DOJ's National Institute of Justice will publish a client screening tool and user guide that were tested and evaluated by the Vera Institute of Justice to improve victim identification across diverse populations for use by victim service providers. DOJ's Office for Victims of Crime will provide the electronically published screening tool to all trafficking victim assistance grantees and the field." Following this, "HHS will leverage the work of DOJ's National Institute of Justice to identify targeted screening tools for human trafficking for specific use within medical and health systems (including community clinics and emergency rooms), child welfare systems, mental health and substance abuse treatment providers, providers of services to homeless populations, human services programs, and other systems likely to encounter potential victims."¹⁶⁶
 - Additionally the California Child Welfare Council CSEC Action Team's *CSEC Prevalence and Assessment Subcommittee* is also focusing on a short-term strategy of "identifying the best available screening/assessment tools, undertaking an initial

effort to disseminate their use among child-serving systems, and gather information regarding needed adaptations and improvements” and a longer-term strategy of “implementing screening and assessment tools to properly identify all CSEC and at-risk children and address their needs on an ongoing basis.”¹⁶⁷

- In addition to trauma and social-emotional screening and assessment, physical health screening is also especially pertinent for victims of CSEC, who have high susceptibility to sexually transmitted infections and other health-related concerns.¹⁶⁸
- Lastly, agencies who adopt specific screening tools need to ensure that staff who conduct these assessments have the adequate skills, training, supervision, and supports to appropriately do so.

D. Summary of Components for Promising Services and Strategies

- Intervention efforts are guided by several overarching goals, which include safety and shelter, care by a nurturing adult, treatment and services to address physical and emotional trauma resulting from exploitation, and changes in behavior.¹⁶⁹
- Additionally, while victimization via CSEC is damaging, for some youth it can be part of their survival-focused coping/micro-control.¹⁷⁰ This partnered with a lack of trust or sense of worthlessness may lead victims of CSE to be extremely resistant and/or run away from assistance and supports offered. Thus extra care must be taken to devise specialized services that will draw youth in rather than recreating for them the distinct feeling that they are once again being abused, neglected or violated.¹⁷¹ (For *Tips on Appropriate Engagement with CSEC Victims* refer to *Appendix 6*).
- While little evidence exists to support the effectiveness of specific interventions it is possible to identify certain components of promising services and strategies based on the observations and experiences of service providers, researchers, and advocates working with victims of CSEC.
 - Polaris Project advocates the most successful programs have shown three ingredients that are especially useful in the protection and recovery of CSEC victims:
 - placement separately from other children who have not experienced the same form of abuse and who may stigmatize these victims because of their past involvement with commercial sex;
 - mentorship by survivors of the same crime or, when that is not possible, by other caring professionals who are familiar with the special trauma associated with CSE; and
 - protocols that ensure immediate placement of these victims in appropriate, pre-identified locations, without undue questioning from untrained law enforcement officers or other officials.¹⁷²
 - The following components (most of which have already been introduced) have been recognized in the literature as promising services and strategies that should be included in any integrated strategy to serve CSEC victims.¹⁷³ The six components

outlined below are also demonstrated in the examples of promising practices and specialized services for CSEC victims highlighted throughout this literature review.

- **Safety planning for both the clients and the staff serving them;**
 - ◇ Physical and emotional safety is a theme throughout the various programs serving victims of CSEC. Agencies must ensure that they are maximizing the safety of victims and that providing or referring to services does not further jeopardize victims' physical well-being. Providers must be equipped to identify and respond to internal security risks, such as victims' high flight risk, potential self-harm, harm to others or internal recruitment. All staff and volunteers must be trained to recognize and de-escalate behavior leading to internal security risks and recognize that these are often symptoms of trauma that require a therapeutic response. Providers should have a response plan in place for external security threats. Law enforcement should be aware of the program's operation and available to respond if an emergency situation arises. Clear communication of shelter rules (e.g., use of telephone, disclosure of location, precautionary measures for entering and leaving facility) and strict enforcement of those rules are necessary for the safety of everyone.¹⁷⁴
- **Collaboration across the multiple systems and agencies;**
 - ◇ Because CSEC victims' needs are complex and extensive, it is impossible for a single agency to respond effectively to this population. Many services needed by victims can only be obtained through collaboration with other providers. Collaboration among law enforcement, juvenile and family court judges, child protection services, health care, and youth shelters (among others) is a promising and necessary practice for identifying and meeting the needs of these child victims. The establishment of coalitions and task forces has found to increase the availability of services for all victims. Several service providers report establishing formal memorandum of understandings among agencies can also be helpful.¹⁷⁵
- **Trust and relationship building to foster consistency;**
 - ◇ Making connections and building relationships have proven to be crucial first steps for helping these victims. Many victims may not trust the provider and may not understand or believe the provider is willing to help. This relationship-building requires consistency over time, coupled with a nonjudgmental approach and significant perseverance on the part of providers. Considerable time and repeated contacts may be necessary before a relationship has been built sufficiently for a girl to accept services. Providers and victims also report that having a consistent case manager from identification

through case closure is a promising practice in developing trust. Turnover, especially among case managers or other key providers, can cause setbacks in a victim's recovery. A central case manager with knowledge of all aspects of a victim's situation can also save time and resources.¹⁷⁶

- **Culturally competent and appropriate service provision;**
 - ◇ To deliver culturally appropriate services and support, providers must be aware of cultural differences and develop an understanding of culture.¹⁷⁷
- **Trauma-informed programming among the youth they are serving; and**
 - ◇ All victims of CSEC share the experience of trauma. While each victim may respond differently, trauma is a constant among all victims and therefore should be considered in any comprehensive service plan.¹⁷⁸
- **Survivor involvement in the development and implementation of programming.**
 - ◇ Survivors of CSEC should be encouraged to participate as leaders. Stated as one of the Core Values of the *Federal Strategic Action Plan on Services for Victims of Human Trafficking in the United States*, "Survivors play a key role in elevating understanding and awareness of human trafficking, improving service delivery, and informing policy. Meaningful engagement with survivors in all aspects of program development, implementation, and evaluation is critical in order to develop effective service networks."¹⁷⁹ Survivors of CSEC are positive role models who are uniquely positioned through shared experiences to build rapid trust, create stronger relational bonds, and provide appropriate counseling to CSEC victims. Opportunities for public advocacy or policy change in relation to the treatment of victims provide CSEC survivors with opportunities for empowerment and civic engagement.¹⁸⁰

E. Evidence-based Therapeutic Models and Mental Health Interventions

- Currently no single best therapeutic model of restorative care for CSEC victims has been established through evidence-based research. Until more studies are done to provide such data the majority of the therapeutic models and mental health treatments for working with victims of CSEC, are based on models and interventions found to be successful with other victims of trauma. While many treatment models seem promising, a formal, thorough evaluation to determine their efficacy with CSEC victims in particular is warranted.¹⁸¹
- Since the needs of victims may vary considerably a uniform method of treatment is not applicable to every identified CSEC victim, and the treatment environment required will change to the extent the victim embraces the healing process.¹⁸²

- A **victim-centered approach** includes responses that are attuned to the needs of the individual victim. The priority is on the victim's safety and security and on safeguarding against policies and practices that may inadvertently retraumatize victims. For example, it seeks to minimize trauma associated with the criminal justice process by providing the support of victim advocates and service providers, empowering survivors as engaged participants in the process, and providing survivors an opportunity to play a role in seeing their traffickers brought to justice.¹⁸³ It is important that service providers acknowledge the utility of **empowerment-based approaches** in working with CSEC victims.¹⁸⁴
- Providers also need to understand and assess the role that culture plays in resiliency, utilizing **culturally appropriate treatments** and the importance of community resources as potentially mediating the trauma experience, especially for foreign-born victims.¹⁸⁵
- Several treatment approaches have been developed for complex trauma specific to adolescents such as using **group therapy** to address skill development, affect regulation, interpersonal connections and competence and resiliency building.¹⁸⁶
 - These interventions all emphasize the relationship between symptoms and the traumatic experience, the development of concrete coping skills in managing symptoms, and the use of peer support groups to increase normalization, build healthy interpersonal relationship skills, and establish social supports.¹⁸⁷
- Treatment plans should be designed to lead to self-sufficiency, identifying services that will allow the CSEC survivor to transition towards independence. Once involved in services, working through issues of attachment and developing goals of gaining positive social support should be a key focus of treatment.¹⁸⁸ Conversations and formulation of exit plans are necessary to ensure that CSEC survivors understand the value of progressing towards independence.¹⁸⁹

Therapeutic Models

- Walker (2013) introduced three therapeutic models that take into account the complex needs of CSEC victims and aims to address the harms that arise as a result of exploitation. Details on these models, as described in her report are outlined below:¹⁹⁰
 - The **Stages of Change Model** (SCM) was designed to help physicians and clinicians facilitate change in patients and clients with addictions. SCM accounts for "patient readiness to make change, appreciating barriers to change and helping patients anticipate relapse." The SCM is divided into five stages: pre-contemplation, contemplation, preparation, action and maintenance, and relapse prevention.¹⁹¹
 - *Girls Educational and Mentoring Services* (GEMS), a survivor-led empowerment organization for exploited girls and young women in New York, adapted the SCM to address the behaviors associated with CSE.¹⁹² GEMS connected this theory to advocacy-based counseling methods used with child victims of CSE. GEMS's adaptation of the SCM includes detailed information on how a child might typically present at each stage. It provides

goals for counselors, stage-by-stage, direct quotes from victims, and statements of encouragement that counselors may employ. Handouts outlining GEMS's adaptation of the SCM are publicly available.¹⁹³

- The **Harm Reduction Model** (HRM) has been used for CSEC victims because relapse and return to the street and their exploiters are common and the dangers and health risks are significant. The HRM was originally designed for individuals who use psychoactive drugs and are unable to stop. The model focuses on (1) the prevention of harms associated with a particular behavior rather than prevention of that behavior and (2) the individuals who continue to engage in the problematic behavior despite the harms. A HRM for a CSEC victim should educate the youth about the common myths regarding safe sex and protection. The model should “build on [sexually exploited children’s] own strategies, value their distinctive differences, not conflict with their culture and tradition, and increase their options for self-determination, autonomy, and control.”¹⁹⁴
 - Some of the most compelling voices raised in support of the Harm Reduction Model are CSE victims themselves. Exploited girls advocating for implementation of HRM argue that it “would allow them to care for each other safely and empower them to make safe choices.”¹⁹⁵
- A **Public Health Model** (PHM) explores the root societal causes of CSEC, factors including, but not limited to: individuals who buy, sell and are sold for sex; societal views of prostitution; hyper-sexualization of youth portrayed in the media; and community factors. Once potential causes of the problem are identified, the public health approach develops evidence-based strategies, maintaining a prevention focus, addressing public views or behaviors that cause or aggravate human trafficking, and engaging key stakeholders to address these issues.¹⁹⁶ Targeted intervention strategies for the victims, perpetrators, families, and communities aim to change societal views of CSE.¹⁹⁷
 - Proponents of the PHM argue the law enforcement-centric approach of the past decade has made little progress toward the goal of eliminating human trafficking, and that the PHM may be more effective.¹⁹⁸

Mental Health Interventions

- One of the most common elements across all forms of human trafficking is the experience of trauma by the victim. While the level of trauma and the victim’s reaction to the trauma may vary, trauma is present in all cases. According to service providers, when victims have access to **trauma-informed care, trauma-specific treatment** or **trauma-focused services**, they recover from the trafficking experience more quickly and are better able to work on other aspects of their lives, such as obtaining an education or seeking employment.¹⁹⁹ Therefore, advocates, victim and support service providers, governmental and nongovernmental entities, and other groups that work with CSEC in the United States increasingly are calling for the use of trauma-informed care for victims of CSEC.²⁰⁰

- A trauma-informed approach includes an understanding of the physical, social, and emotional impact of trauma on the individual.²⁰¹
- According to the *Substance Abuse and Mental Health Services Administration* (SAMHSA), the design of trauma-informed systems is based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization. Trauma-informed systems focus on the strengths and resilience factors of the survivors, rather than traditional deficit approaches to treatment.²⁰²
- Trauma-focused treatment, involves moving through phases that include symptom stabilization, building relationships/establishing safety and trust, focusing on the traumatic experience in order to create an integrated narrative of the experience and identify dissociative aspects, and preparing survivors for the future.²⁰³ In addition, evolving trauma-theory specific to complex trauma emphasizes that treatment should address developmental and relationship difficulties in addition to PTSD symptoms.²⁰⁴
- The variety of trauma-specific techniques may include grounding techniques to help manage dissociative symptoms; desensitization therapies to help make painful images more tolerable; and certain behavioral therapies which teach skills for coping with post-trauma effects.²⁰⁵
 - **Trauma-focused cognitive behavioral therapy (TF-CBT)** is the most extensively studied and most widely accessible of these kinds of therapies. Evidence indicates the effectiveness of TF-CBT in reducing trauma symptoms among children who have experienced sexual abuse²⁰⁶ and youth who have experienced other forms of complex trauma.²⁰⁷
 - ◇ Specific trauma symptoms effectively reduced by TF-CBT include depression, anxiety, low self-esteem, sexual risk behaviors, and unhealthy beliefs about sexuality.²⁰⁸
 - ◇ Because parental involvement, trauma-based narratives, and gradual exposure may prove to be problematic for CSEC victims, modifications would likely need to be made by program planners in child welfare, mental health, and education who work with CSEC victims to assure that practices allow victims to be empowered and to receive supportive treatments.²⁰⁹
- The **Adolescent Community Reinforcement Approach (A-CRA)** has been tested with RHY, in addition to a more general at-risk youth population. While it focuses primarily on substance abuse and co-occurring disorders, it also impacts social stability (education, employment) and linkages to and participation in continuing care services.²¹⁰
- Other evidence-based interventions recommended for further study regarding their effectiveness for use with CSEC victims include:

- **Child Parent Psychotherapy (CPP), Cognitive Processing Therapy for Rape Victims, Eye Movement Desensitization and Reprocessing for Children and Adolescents (EMDR), Mindfulness-Based Stress Reduction (MBSR), Multisystemic Therapy (MST), Prolonged Exposure Therapy for Adolescents with PTSD, Seeking Safety for Adolescents, Structured Sensory Therapy for Adjudicated Adolescents in Residential Treatment (SITCAP-ART), and Trauma Affect Regulation: Guide for Education and Therapy for Adolescents (TARGET).**²¹¹

F. Use of Technology

- Human trafficking for both labor and sexual services has been shifting from the streets to online venues as digital technology advances (e.g. online classified sites used to post advertisements of victims and social networking sites used in the recruitment of victims and customers).²¹² However, service providers for CSEC victims can also use electronic media and social networking to their advantage, such as to reach youth and provide them with information on where to find support, how to keep in touch with staff as well as to share CSEC prevention materials with at-risk youth.²¹³
 - The *University of Southern California's Annenberg Center on Communication Leadership and Policy (CCLP)* in coordination with *State Department's Office to Monitor and Combat Trafficking in Persons* launched the *CCLP Technology & Trafficking Initiative* in June 2010. One their products is a report identifying areas where both the public and private sector can improve data collection and tracking of sex trafficking victims and exploiters.²¹⁴
 - At the *San Francisco Collaborative against Human Trafficking Conference* in August 2013, recommendations for using recent advances in technology to locate missing CSEC victims and to track consumers and traffickers were discussed. Suggestions included utilizing face-identifying technology to scan trafficking sites and locate missing youth and to involve programmers in developing software to combat trafficking of youth online (via tracking buyers and sellers of CSEC).
 - Out of the current technologies, online advertisement scanning using facial recognition software such as Microsoft's PhotoDNA, the Asymmetric Threat Response and Analysis Program (ATRAP) graph analyzing software, FBI's Special Technologies and Applications Office software called FANTOM, and internationally shared anti-trafficking databases seem to be the most promising for locating at-risk youth.²¹⁵
 - Microsoft was recently awarded six grants to research teams at universities across North America interested in better understanding the role technology plays in CSEC. The groups will share funding from Microsoft to advance deeper understanding of the technologies involved in the advertising, selling and purchasing of children for sex. Ultimately Microsoft wants to then be able to develop technologies to help thwart the activities of child traffickers and those who do business with them.²¹⁶

- One proposal is for the creation and maintenance of an international database to track the location of prosecuted sex traffickers (similar to the sex offender registry in the United States) as a means to deter and decrease sex trafficking, raise public awareness, and provide an effective apparatus for law enforcement agencies to prevent and prosecute sex trafficking.²¹⁷
- In 2012, Google awarded a \$3 million grant through its foundation, Google Giving, to support the development of a Global Human Trafficking Hotline Network. This grant is designed to support collaboration and information sharing among three antitrafficking organizations: Polaris Project (in the United States), Liberty Asia (in Southeast Asia), and La Strada International (in Central and Eastern Europe). Each organization operates a human trafficking hotline, provides assistance to hotline callers, and collects data related to the calls received by the hotlines. Traditionally, this information has been siloed from organization to organization, and region to region. Therefore, the stated goal of the Global Human Trafficking Hotline Network is to aggregate global data to help anti-trafficking organizations assist more victims of human trafficking and to identify larger, global trends that can inform broader strategic intervention.²¹⁸

IX. Nationally-Examples of Legislation/ Statewide Responses to CSEC

A. State Legislation

- In combination with the establishment of an effective and adequate statewide specialized service system for CSEC victims many states have passed or are moving to pass legislation that decriminalizes CSEC, expunges records of crimes related to exploitation that were adjudicated as a minor, and put into place safe harbor provisions that divert minors from the juvenile justice system and into the specialized services they need.
- A total of 18 states—Arkansas, Connecticut, Florida, Illinois, Kansas, Kentucky, Louisiana, Massachusetts, Michigan, Minnesota, Nebraska, New Jersey, New York, North Carolina, Ohio, Tennessee, Vermont, and Washington—have enacted statutes providing some measure of safe harbor protection to minor victims of human trafficking and CSE. These statutes vary in scope, with 12 states having “full Safe Harbor” laws. Illinois, Nebraska, and Tennessee have enacted the most protective statutes in this regard.²¹⁹
 - Shared Hope International has also provided an overview report (2013) of the statutory structure of most of these state’s service and placement responses to domestic CSEC,²²⁰ following their Report Cards that graded the states on the strength of their laws in combatting CSEC.
 - The passage of Safe Harbor laws creates a new population in need of services provided by local governments. However, several states safe harbor laws address only the delivery of services for CSEC victims but not the funding of them; instead they direct local governments to make plans for how they will address these victims’ needs. Arkansas, Florida, Illinois, Kansas, Kentucky, Louisiana, and Washington, however, do include such provisions, which could serve as models for other states.

Illinois and Washington create steep fees for impounding the cars of exploiters who have been arrested for solicitation. Florida takes a broader approach, fining all “Johns” \$5,000 for violating prostitution laws, whether their cars were impounded or not. Approximately \$4,500 of that fee will be deposited in the Operations and Maintenance Trust Fund of the Department of Children and Family Services for the sole purpose of funding safe houses and services.²²¹

- For more on decriminalization and Safe Harbor laws, including New York State’s laws which served as the catalyst for the passage of similar laws in other states, along with legislative recommendations specific to California please refer to the adjunct *SACHS Research Brief: CSEC-Issues Related to Possible Changes in the Welfare and Institutions Code* (2014).

B. Statewide Policies and Practices to Address the Needs of CSEC

- The State of **Georgia** was the first state to develop a statewide approach to addressing the needs of CSEC. The Georgia Care Connection is a statewide effort established by the Georgia Governor’s Office for Children and Families. Its purpose is to serve as “a central hub” for victims/survivors of CSE and for professionals (e.g., law enforcement personnel, school personnel, child welfare professionals, health care providers) seeking assistance for them.²²²
- The 2013 legislature in **Minnesota** State approved a \$2.8 million appropriation which will fund what is believed to be the nation’s first statewide director of child sex-trafficking prevention, as well as six regional coordinator positions and up to 12 beds providing safe shelter and treatment.²²³
- In 2013, the **Tennessee** Department of Human Services developed a comprehensive plan for the delivery of services to human sex trafficking victims. This was developed in accordance with Public Chapter 963, which tasked the Tennessee Department of Human Services with developing a services coordination and service delivery plan for victims of human trafficking, in partnership with the Department of Children’s Services (DCS), Department of Health, Department of Intellectual and Developmental Disabilities, Department of Mental Health and Substance Abuse Services, and the Tennessee Bureau of Investigation. The plan includes six strategic goals related to the identification of victims, identification of services, provision of information regarding access to benefits, coordination for the delivery of services and information available to victims, preparation and dissemination of educational materials, and reunification (refer to *Appendix 7* for a draft flowchart Tennessee developed to illustrate how they respond to a suspected CSEC victim).²²⁴
- In November 2012, with a two year grant from the *Children’s Justice Interdisciplinary Task Force*, **Washington** State released a statewide *Domestic Minor Sex Trafficking (DMST) Protocol* for responding to cases of CSEC. The victim-centered protocol was developed with input from nearly 200 stakeholders throughout Washington State, including judges,

juvenile court representatives, law enforcement representatives, representatives of the Department of Social and Health Services' Children's Administration, service providers, and community advocates, among others. With leadership from *The Center for Children & Youth Justice*, a Seattle-based nonprofit organization, the remainder of the grant funding is being used to provide technical assistance and training to communities in adapting the model protocol to localities throughout Washington State, to establish structures for ensuring continuous improvements to the protocol, to collect data, to monitor emerging best practices, and to propose needed statewide policies.²²⁵

- Among other components the protocol calls for the identification of key CSEC responders in the community including a clear definition of their roles and responsibilities; the screening of all vulnerable youth for sexual exploitation upon entry into any system (particularly juvenile justice and youth services) using a simple, standardized tool demonstrated effective in identifying risk factors for CSEC; the use of multidisciplinary teams to provide immediate consultation on cases of CSEC as they arise and to participate in meetings to share information and collaborate in the management of each ongoing case; and a consistent community-based advocate assigned to each youth upon entry and who may remain with the victim throughout the child's involvement with the "system."²²⁶

X. Nationally- Emerging Best Practices/Policy Directives in CWS Response

A. Response of State Child Welfare Systems to CSEC

- As previously stated child welfare systems are well-positioned to assume two important roles: preventing CSEC among populations already involved in child welfare, and identifying and assisting victims of these crimes in their care.²²⁷
- Related to these two roles several promising models for better understanding and serving CSEC victims via the child welfare system have occurred across the nation. These include: designating CSEC as a specific form of child abuse to improve case management, requiring reporting to child protective services, raising awareness and building capacity in child welfare, and developing child welfare system guidelines, protocols and tools for working with CSEC victims.²²⁸

Designating CSEC as a Specific Form of Child Abuse

- Several states, including **Connecticut, Florida, Illinois** and **Oregon**, have taken the step of including sexual exploitation or sex trafficking as a reportable offense under the mandated reporting guidelines (as a specific abuse allegation).²²⁹ This triggers a child protective response where victims can receive improved access to specialized services.
 - Child welfare system's case management efforts can also be more clearly defined as workers in these states are now able to classify CSEC cases under a specific allegation of harm. This helps ensure that suspected cases of CSEC are categorized

within *National Statewide Automated Child Welfare Information Systems (SACWIS)* as “human trafficking,” as opposed to other reported types of child maltreatment. In addition, the specific allegation helps officials collect and analyze state-level data and better coordinate case management for victims.²³⁰

Requiring Reporting to Child Protective Services

- In **Connecticut** law requires police to report to Connecticut Department of Children and Families (CDCF) when a child is detained on a prostitution or prostitution-related offense.²³¹ Connecticut has an internal executive directive that requires that all reports of human trafficking be accepted for immediate response via their child abuse hotline (Careline) within two hours.²³²
- In **Illinois**, an officer must refer any CSEC case to the Illinois Department of Children and Family Services as soon as he realizes that a person charged with prostitution is a minor.²³³
- In **Massachusetts**, all suspected cases of CSEC must be referred to the Department of Children and Families.²³⁴
- In **Tennessee** once a child trafficking victim is identified by the “first identifier” (the first person to encounter the victim and to report the crime), it is reported to the Tennessee Human Trafficking Hotline. The Hotline then contacts the appropriate law enforcement agency based on where the crime occurred and evaluates the need to take the case and/or to involve other federal agencies. At the same time, the Hotline will refer all cases involving children to Tennessee Department of Children’s Services (DCS). Upon receiving the CSEC case from the Hotline, DCS will involve the Child Protective Investigative Team, and the DCS Central Victim Services Coordinator.²³⁵
- For each of these states, a report to child welfare services then prompts referral to a case coordinator or worker, which in turn activates a comprehensive, timely, coordinated response to the victim.

Raising Awareness and Building Capacity in Child Welfare

- The **Illinois** Department of Children and Family Services partnered with *The International Organization for Adolescents (IOFA)* and *The Center for the Human Rights of Children at Loyola University Chicago* to design *ChildRight: Illinois* a pilot project which led to the development of a statewide child trafficking response (including: a blueprint, action plan, policies and protocols, a scientifically validated screening tool, data collection, and training/technical assistance)²³⁶ and the development of a comprehensive handbook—*Building Child Welfare Response to Child Trafficking Handbook*²³⁷ to help child welfare agencies meet their responsibilities of identifying and serving CSEC victims as required by the Illinois Safe Children Act.²³⁸
- Similar to Illinois, in January 2013, the **New York** Office of Children and Family Services (OCFS) partnered with the IOFA to design *ChildRight: New York Building Child Welfare Response to Child Trafficking* to help professionals combat the sexual exploitation and other trafficking of youth across New York State. This initiative is aimed at making sure CSEC victims will receive the benefits and support to which they are entitled under the New York

State Human Trafficking Law and the Safe Harbor Act. It also addresses systemic gaps in knowledge, policies, and procedures around child trafficking responses by developing a comprehensive response (including: a blueprint, action plan, policies and protocols, data collection, and training/TA) for New York's county administered child welfare system.²³⁹

- **Florida's** Department of Children and Families (FDCF) created a Human Trafficking Working Group. FDCF has developed and implemented training for workers at the Florida Abuse Hotline to screen for potential CSEC cases and initiate investigations based on allegations of exploitation. They also implemented a training track for child protection workers through the Center for the Advancement of Child Welfare Practice.²⁴⁰ All documents related to Florida's Statewide Human Trafficking Task Force are also posted on the FDCF website to allow openness and accountability to the public and to fulfill the commitment of the FDCF related to transparency.²⁴¹ FDCF also co-hosted a statewide, interdisciplinary Human Trafficking Summit in October 2009 to promote awareness and education on CSEC.
- To improve capacity in child welfare, **Connecticut** Department of Children and Families (CDCF) designed a systems response that provided awareness and education on CSEC, established indicators for identifying victims, and created specialized services for this population. CDCF's various efforts to promote an improved understanding of CSEC have garnered additional support and partnerships to provide services for victims. Due to a lack of any additional funding to serve this specialized population there are no child welfare staff positions dedicated solely to CSEC cases thus CDCF has provided basic training on CSEC to all of its workers (including intake/hotline staff and workers handling investigations and substantiated cases) to accept, screen for, investigate and/or respond to, as well as track CSEC in its child welfare data system.²⁴² A summary document, *A Child Welfare Response to Domestic Minor Sex Trafficking* includes all of CDCF's CSEC child welfare system capacity-building efforts focusing on three categories: identification and response; awareness and education; and restore and recovery.²⁴³

Developing State Child Welfare System Guidelines, Protocols and Tools for Working with CSEC Victims

- The State of **Florida's** Department of Children and Families (FDCF) has developed specific guidelines to assist child welfare and child protection professionals with reporting and responding to CSEC. When a CSEC case is brought to the Department's attention, a FDCF operating procedure requires a collaborative approach on human trafficking cases by stating that each case must be staffed by a multi-disciplinary team, which can include law enforcement, child protection investigators, case management staff and refugee services. In addition FDCF also developed an *Information Kit: Protections for Child Victims of Human Trafficking* (with information on awareness and identification, appropriate procedures, and Florida and National Laws and linkages) to assist DCFS child protection investigators in identifying and working with victims of human trafficking.²⁴⁴
- **Connecticut** Department of Children and Families (CDCF) uses an assessment tool integrated into its standard screening procedure to screen every child who enters its

system as a potential CSEC victim. CDCF has developed written protocols in their *Human Trafficking Practice Guidelines* (this is a living document-since 2008 it has been revised over 60 times). Also refer to *Appendix 8* for draft flowcharts that Connecticut State and CDCF have developed to illustrate their coordinated responses to suspected CSEC victims.²⁴⁵

- The **Illinois** Department of Children and Family Services (IDCFS) have prepared a detailed *Policy Guide for the Human Trafficking of Children* to inform practice.²⁴⁶
- A statutory change for CWS to include children when a perpetrator is a third-party²⁴⁷ facilitated **Oregon** Department of Human Services, Child Welfare Services to revise their child abuse reporting policies to include allegations of CSEC. As a result The *Oregon Department of Human Services Child Welfare Practices for Cases with Child Sexual Abuse Manual* (specifically Section VIII) provides detailed guidance and protocols on CSEC cases to increase consistency in statewide CWS assessment and response (including factors to consider in understanding, identifying, engaging, and safety planning for CSEC victims).²⁴⁸

B. Summary of Emerging Practices within National Child Welfare Responses

- In May 2013, the *U.S. Department of Health and Human Services, Administration for Children and Families (ACF)* released as part of their Human Trafficking Briefing Series the below *Emerging Practices within Child Welfare Responses*, highlighting 10 promising practices already underway in child welfare agencies across the United States, with accompanying examples.²⁴⁹ Additional national promising practices for each area have also been incorporated as found in the literature (with citations noted for non-ACF examples).

1. Institute Mandatory Screening

- The **Connecticut** Department of Children and Families screens every child who enters its system for CSE. Each region has an appointed Human Trafficking Liaison to oversee human trafficking cases, collect and report data and coordinate communications. In addition their Trafficking Clinical Team of licensed clinicians assesses victims within 72 hours.
- **Multnomah County** in Oregon has a six person (5.5 FTE) CSE-specific unit within its child welfare system that coordinates on all cases identified across the county. There is a designated point person within the Department who can respond to and collaborate with other partners on active cases within their jurisdiction.

2. Place Specialized Advocates in Child Welfare Centers

- **Alameda County's** Department of Children and Family Services in California developed a strategy to better engage suspected victims of CSE by housing two advocates from a local organization devoted to serving child sex trafficking victims (Motivating Inspiring Supporting and Serving Sexually Exploited Youth, MISSSEY) in its 23-hour assessment center (ACAC), a facility where most children are taken when they are first removed from their homes due to abuse or neglect. MISSSEY staff is on site daily to talk to any youth who come into the center and they provide internal referrals to MISSSEY and link youth to other providers, as needed. MISSSEY advocates who engage with exploited children at the ACAC frequently follow-up with caregivers and child welfare workers for up to 120 days after

placement. They also provide trainings to the center's staff, foster parents, and group home workers.²⁵⁰

3. Coordinate with the Department of Juvenile Justice and County Courts

- **Florida's Victim Identification Pilot Project** trains staff at the Department of Juvenile Justice (DJJ) Assessment Centers to use a research-based, trauma-informed tool to identify victims as soon as they enter the facility. Once victims are identified, DJJ staff reports them to the Florida Abuse Hotline and an alert is entered into DJJ's data system to track the child and ensure they receive appropriate services. The tool lists indicators of CSEC and provides tips on how to interview and talk to children about sex trafficking.
- Some county probation systems have coordinated with CWS to create specialized programs directed toward CSEC victims to provide more treatment-centered responses to exploitation and to divert exploited youth from traditional delinquency facilities.²⁵¹
 - **Alameda County's Girls Court** in California is a collaborative effort between the Public Defender's Office, the District Attorney, the bench, social services, probation, and a number of community-based agencies. The *Girls Court* establishes a gender-specific approach to girls entering the juvenile justice system, and consists of CSEC victims and other minors who are in need of more wrap-around services and closer supervision. The mission of the Girls' Court is to provide a non-adversarial, trauma-informed courtroom that is focused on addressing the trauma, healing, and empowerment of young women through comprehensive case plans that address each young woman's unique challenges.²⁵²
 - The **Los Angeles** Department of Children and Family Services coordinates with the County's Probation Department which operates the *STAR (Succeeding Through Achievement and Resilience) Court* working with youth who have been commercially sexually exploited. STAR Court, receives referrals from the entire county, specifically for children who have been sexually exploited. Two dedicated probation officers oversee all cases, each with a caseload of twenty-five youth.²⁵³

4. Train Case Workers

- The **Connecticut** Department of Children and Families (CDCF), trains its own staff using a three-day certification program to raise awareness, increase understanding about the perpetrators, and implement trauma-informed practices using the Stages of Change Model.²⁵⁴ CDCF trains foster care parents and caseworkers in care facilities and other therapeutic settings on warning signs of CSEC, its dangers and risks, and ways to facilitate engagement with youth. In addition, CDCF trains all child abuse hotline staff on how to respond to reports and track cases. CDCF has also worked with community providers to train judges, court staff, nurses, doctors, teachers, and law enforcement. By educating these individuals about the issue, CDCF has found that they are notified more frequently and accurately about possible exploitative situations.
- The **Georgia** Department of Family and Children's Services (DFCS) makes CSEC training mandatory for all social service staff in the state. The purpose of the training is to ensure

that child welfare personnel are aware of the risk factors for CSEC, the “red flags” for CSEC victimization, and the laws and services that are in place within the state to protect those who have become victims.²⁵⁵

- **Alameda County** Department of Children and Family Services (DCFS), in California, provides identified victims of CSEC with a trauma-informed service response by providing ongoing education to social services agency staff and caregivers to increase their ability to successfully engage and assist foster youth impacted by CSE.

5. Participate in a Broad Coalition

- The Governor’s Office for Children and Families (GOCF) in **Georgia** leads the CSEC Task Force to work collaboratively across seven work groups based on the seven goals of the Task Force, comprised of state, local, federal government, law enforcement, child welfare, service providers, and non-governmental organizations. The Task Force collaborated with the Georgia Care Connection (GCC) office to provide services for girls ages 11-17 through a multi-disciplinary team of agencies and providers. The GCC provides a single point of entry to coordinate services for victims of CSEC. The system developed by the GOCF now tracks CSEC entering the juvenile justice and child welfare systems, provides assessments, links to treatment and aftercare services, and has been increasing capacity for providing services.²⁵⁶
- With funds from a federal grant received in 2009, *Illinois Rescue and Restore* is a coalition between the **Illinois** Department of Human Services (DHS) and the federal government to combat labor and sex trafficking in Illinois. It includes a partnership with law enforcement, social service organizations, healthcare, and advocacy groups across the state. It seeks to strengthen local anti-trafficking collaboratives and grassroots organizations to raise community awareness about trafficking, identify victims, and rescue victims.²⁵⁷
- **Alameda County**’s Department of Children and Families Services (ACDCFS) works with an established network of various community and systems providers and partners to identify victims of CSE and address their needs. This interagency taskforce launched CSEC specific community-based/system-linked services (i.e. outreach, crisis response, advocacy, case management, clinical case management, and case review).
- In **Los Angeles County** when the Board of Supervisors created a CSEC Task Force in November 2012, they established the importance of responding via a multi-disciplinary approach between Probation, Department of Children and Family Services (DCFS), law enforcement agencies, stakeholders, community based-organizations, and CSEC survivors. They are currently in the process of developing this comprehensive approach.
- In California, **San Bernardino County**’s *Coalition Against Sexual Exploitation (CASE)* is a coordinated community response through a partnership of public and private entities (including eight County departments: Behavioral Health, Children & Family Services, Children’s Network, District Attorney, Public Defender, Probation, Sheriff’s Department, and Superintendent of Schools as well as community organizations, service providers and the faith-based community) who have joined together to develop resources in the county to educate, prevent, intervene and treat children involved in CSE as victims instead of criminals. A Steering Committee consisting of one representative from each of the eight

departments meets on a monthly basis to oversee program operations, review and approve expenditures and receive reports from a full-time CASE Coordinator regarding program updates. Formal MOUs are in place to identify areas of agreement and responsibility for members of the Steering Committee.

- Additionally, in 2010, the County's Department of Behavioral Health received funding through the California Mental Health Services Act Innovation component to support the formation of a CASE multi-disciplinary team (MDT) including the following professionals: Juvenile Probation Officer, Children & Family Services Social Worker, Department of Behavioral Health Clinician, and Public Defender Social Worker. The MDT is overseen by a full-time CASE Coordinator who works for the San Bernardino County Children's Network. The Coordinator's role is to oversee and organize the efforts of the program as well as to serve as the main point of contact. The CASE Coordinator also takes a lead role in delivering training, education and outreach to the community. In addition to the funded coordinator, there are a funded Children & Family Services Social Worker, a Juvenile Probation Officer and a Behavioral Health Clinician all working with CSEC in the dependency and delinquency courts. The full-time CASE Children & Family Services Social Worker and Juvenile Probation Officer carry reduced caseloads that include only children who have been commercially sexually exploited.²⁵⁸
- **San Francisco's** Department of Children, Youth and their Families (DCYF) is a member of the *San Francisco Collaborative Against Human Trafficking* (SFCaHT) which includes over 30 agencies representing a broad array of nongovernmental organizations, government agencies, law enforcement agencies, service providers, educators, and community members. SFCaHT is committed to ending human trafficking through collaboration, education, outreach, advocacy, and supporting survivors of human trafficking by taking a zero tolerance stance on exploitation, violence, and human trafficking and building a strong group of anti-trafficking advocates and experts in San Francisco.²⁵⁹
- In **Miami, Florida**, the State of Florida Department of Children and Families is one member of a coalition of 27 organizations that comprise the *Miami-Dade CSEC Working Group*. The partnership's progress has been considerable, with providers participating in ongoing training and bringing it back to their agencies; working in uncharted territory to establish protocols involving large, disparate organizations; and supporting leadership around the issue locally, statewide and nationally with training and advocacy initiatives.²⁶⁰
- In 2008 **Multnomah County**, Oregon initiated a coordinated multi-sector response to CSEC. Additional funding from local, state, and federal sources, allowed the county to formalize and enhance its response to CSEC. Enhancements included hiring staff, establishing a steering committee and work groups, engaging community partners, and aggressively training professionals and groups across systems to identify and assist minors who are at risk of or victims/survivors of CSE. Specific work groups focus on legislation, assistance for victims and survivors, law enforcement practices and physical and mental health care. Steering committee members include law enforcement; the District Attorney's office; the

Departments of Health, Community Justice, and Human Services; survivors; and nongovernmental service providers. The county created a special unit within the state child welfare agency (with 5.5 FTE) for victims of CSEC and uses a multi-disciplinary team approach to address CSEC cases. Finally, the county has created a vision for a multi-sector approach to “youth in need”—children and adolescents who are at risk of or are victims of CSEC.²⁶¹

- **Suffolk County** in Massachusetts formed a coalition to fight CSEC utilizing a county-wide response. The *Support to End Exploitation Now* (SEEN) is a public-private partnership between more than 35 agencies, including law enforcement, child welfare, medical, street outreach, social service providers, schools and survivors. The goal of SEEN is to have a coordinated multi-system to provide comprehensive services to victims as well as at-risk youth and to protect the community against the traffickers exploiting children. To facilitate collaboration and communication among coalition members, SEEN established formal relationships and protocols, including a steering committee and advisory group, a multidisciplinary teams of professionals, and a Case Coordinator who serves as the central point of contact for all reported victims of CSE and sex trafficking (see *Appendix 9* for a flowchart of SEEN’s multidisciplinary response model).

6. Centralize Listing of Victim Services

- **Florida** Department of Children and Families features on their website, a *Resource Directory of Florida Organizations that Assist Human Trafficking Survivors* which includes an extensive list of service providers (with contact information and services provided) who assist CSEC victims. These services were identified by Florida law enforcement agencies, non-governmental organizations, and anti-trafficking task forces throughout the state. The list is user-friendly, divided by area and maintained and updated by Florida State University’s Center for the Advancement of Human Rights.²⁶²
- The **Connecticut** Department of Children and Families (CDCF), along with its partners, are in the process of developing a detailed, centralized, online resource guide that will be available on CDCF’s website, providing easily accessible information for victims, CDCF staff and other service providers.

7. Coordinate with Local Children’s Hospitals and Child Advocacy Centers

- The **Connecticut** Department of Children and Families (CDCF) works with the Connecticut Children’s Medical Hospital as the designated Emergency Room for victims in acute situations needing medical and psychiatric assessment.
- **Suffolk County** in Massachusetts coordinates response to child trafficking cases with its Child Advocacy Center (CAC), including the ability to conduct forensic interviews of victims at the CAC.
- Kristi House, a Child Advocacy Center in **Miami, Florida** is an example of how the structure and resources of an established CAC can be leveraged to provide services to victims and survivors of CSEC. In 2007, Kristi House created Project GOLD (Girls Owning their Lives and

Dreams) to provide links to health services, case management, and therapy services specifically for victims of CSEC.²⁶³

8. Coordinate with Local Rape Crisis and Sexual Assault Centers

- **Multnomah County** in Oregon coordinates countywide responses to CSEC with the local Sexual Assault Resource Center (SARC), where licensed clinicians are available 24 hours a day (via Crisis Line) to conduct initial assessments of potential victims and provide safety planning. SARC has five full-time staff members that respond exclusively to CSEC cases. Instead of arresting a suspected CSEC, law enforcement immediately makes a referral to both the child welfare agency and SARC. SARC also takes referrals from victims, families, the Department of Human Services, and other community providers. SARC provides case management, culturally-specific and survivor-informed interventions, as well as work with law enforcement to devise realistic safety plans.²⁶⁴

9. Coordinate on Data Collection

- The **Connecticut** Department of Children and Families (CDCF) created a centralized database system for the identification and tracking of the CSEC victims in Connecticut and as a result are able to analyze how many children are repeat victims, which cities have the highest rates of trafficking, victimization while on AWOL status, and congregate care settings with multiple victims. CDCF also created the ability for their child abuse hotline (Careline) to track reports of CSEC as child protection cases without the identification of a guardian or entrusted person listed as a perpetrator.
- The State of **Georgia** Governor's Office for Children and Families (GOCF) now tracks CSEC entering the juvenile justice and child welfare systems and has been collecting data on the youth it serves to ensure continued program improvements and the identification of service gaps.²⁶⁵
- The **Illinois** Department of Children and Family Services (IDCFS) collects data on reports of human trafficking and innovatively tracks indicators of human trafficking based on seven different databases. IDCFS has also developed a mechanism for coordinated referrals through its service network. Another IDCFS promising practice, in order to streamline access to services IDCFS categorizes victims into pre-identified service pathways based on demographics and specific needs.²⁶⁶
- While Massachusetts does not at this time maintain a statewide centralized database on CSEC, the SEEN database, established in 2005 and maintained at the Children's Advocacy Center of Suffolk County, facilitates case management and provides a statistical profile on the girls that have been served by the SEEN Coalition (consisting of more than 35 agencies in **Suffolk County, MA**).²⁶⁷ This SEEN database contains records for every girl who is referred to the Case Coordinator along with information on demographics, selected background events (i.e. exploitation status, arrests for prostitution, trafficked out of state, homeless/runaway, maltreatment report regarding exploitation filed with CWS, and if they have current or prior involvement with Department of Children and Families), and the services that the child is or will be receiving.²⁶⁸

- The State of **Tennessee** requires mandatory data collection of all human trafficking cases (both labor and sex trafficking). The *Tennessee Human Trafficking Services Coordination and Service Delivery Plan* describes their approach to data collection.²⁶⁹
- **Multnomah County** in Oregon collects quantitative and qualitative data and analyzes trends among CSEC victims in the Portland Metro Area. The goal of their data collection is to help to establish the scope of the problem in this geographic region, determine trends common among victim profiles, pinpoint characteristics of alleged perpetrators, and provide information regarding treatment and recovery options. A report analyzing data from 2009-2013 CSEC cases (n=469) is currently available.²⁷⁰

10. Provide State Guidance for Child Protective Services Investigations

- **Florida, Connecticut, Illinois** and **Oregon** CWS now include CSEC as a form of maltreatment under the child abuse mandated reporting guidelines, outlining how to identify victims, collect evidence, and follow investigation procedures.²⁷¹
- The **Georgia** Child Fatality Review Panel at the Office of the Child Advocate created State Model Child Abuse Protocols, issuing guidance to all counties. The model protocol includes CSEC as a form of abuse and includes information on how to identify signs of victimization.

XI. Promising CSEC Victim Services Providers-NGOs/CBOs

- In addition to the work of law enforcement and other governmental organizations, nongovernmental organizations (NGOs) and community-based organizations (CBOs) contribute a great deal to the fight against human trafficking. NGOs/CBOs serving victims and survivors of CSEC include specialized direct service providers, faith-based organizations, service providers and community resources that serve other populations, advocacy organizations, and private foundations, among others. Some NGO/CBO efforts to address CSEC are integrated into broader service portfolios, while others focus exclusively on these crimes. Some NGOs/CBOs efforts are national or international in scope, while others focus their efforts regionally or locally. Finally, some NGOs/CBOs focus on all forms of human trafficking (e.g., labor and sex) and the range of populations affected (e.g., minors and adults), while others focus on specific subpopulations.²⁷²

A. CSEC Programs identified by the California Evidence-Based Clearinghouse

The *California Evidence-Based Clearinghouse (CEBC) for Child Welfare*²⁷³ has reviewed the following 10 programs in the area of “Commercial Sexual Exploitation of Children and Adolescents: Services for Victims” (youth aged 17-years old and younger).

- **The Bridge Program (YouthCare)**
 - Location: Seattle, WA
 - Website: <http://www.youthcare.org/our-programs/services-sexually-exploited-youth#.UvFFuj1dUrA>

- **Children of the Night**
 - Location: Van Nuys, CA
 - Website: <http://www.childrenofthenight.org>
- **Courtney's House**
 - Location: Washington, D.C.
 - Website: <http://www.courtneyshouse.org/>
- **GEMS (Girls Educational and Mentoring Services)**
 - Location: New York, NY
 - Website: <http://www.gems-girls.org>
- **Hope House**
 - Location: Asheville, NC
 - Website: <http://www.oewm.net>
- **Motivating, Inspiring, Supporting, and Serving Sexually Exploited Youth (MISSEY)**
 - Location: Oakland, CA
 - Website: <http://www.missey.org/>
- **My Life My Choice (MLMC)**
 - Location: Boston, MA
 - Website: <http://www.jri.org/mylife/>
- **Standing Against Global Exploitation (SAGE)**
 - Location: San Francisco, CA
 - Website: <http://www.sagesf.org/>
- **Support to End Exploitation Now (SEEN Coalition)**
 - Location: Boston, MA
 - Website: <http://www.suffolkcac.org/programs/seen/>
- **youthSpark Voices**
 - Location: Atlanta, GA
 - Website: <http://www.youth-spark.org/>

At this point in time none of these programs have been given a scientific rating by the CEBC, meaning currently there are not sufficiently published, peer-reviewed research evidence (as specified by the CEBC's Scientific Rating Scale) examining outcomes for these programs (such as changes in youths' symptom levels, behaviors, and functioning). However, these programs (most are outpatient, day treatment, and residential services in individual and/or group formats) have been identified as promising practices that specifically target youth who have experienced CSE. All of these programs were also referenced as promising by at least one other source among additional literature reviewed for this report. Thus it is recommended that these programs are evaluated further for potential replication.

B. California's Promising NGOs/CBOs Serving CSEC

- Based on the recommendation of other states, a promising practice for child welfare systems is to partner with successful treatment programs in NGOs/CBOs that work with CSEC. A variety of targeted programs exist throughout the state of California to provide

specialized services to CSEC victims. NGOs/CBOs provide a range of services to victims including shelter, legal aid, immigration status assistance, medical and health services, interpretation services, and mental health counseling. In some cases, County departments already contract with these organizations to provide key services for CSEC victims such as identification and assessment services, mental health counseling and treatment, medical care, and training for law enforcement, case workers and care providers. This developing network of service providers serve as an important resource for County departments in caring for CSEC victims.²⁷⁴

- A brief overview of such programs in California (with additional details provided on unique program components or available outcomes, as appropriate) includes:
 - **Banteay Srei (Southeast Asian Women and Girls)** (Oakland, CA); *Services:* Court advocacy, family services, referrals for housing, health services, peer support and translation services; www.girlsempoweringthemselves.com
 - ◇ Its culturally appropriate programming includes innovative leadership development and youth advocacy for Southeast Asian CSEC and young women at risk of CSE
 - ◇ It runs Self-Reliant and Empowered Individuals (SREI), a weekly program that provides participants with a safe space to identify, learn, and explore reproductive justice through a self-empowerment lens.
 - **Bilateral Safety Corridor Coalition (BSCC)** (San Diego, CA); *Services:* Advocacy for girls, men, and women who have been prostituted/ trafficked. Wrap-around services for victims including case management, housing, legal advocacy, and immigration relief; www.bsccoalition.org
 - ◇ Administers a 24/7 Trafficking Hotline and Trafficking Emergency Response Team to assist victims, service providers, and law enforcement in immediate need.
 - ◇ Delivers comprehensive services to pre-certified victims of trafficking through a network of partner agencies. Services range from emergency response, to long-term case management including: housing, mental health services, immigration relief, legal advocacy, interpretation and translation services, etc.
 - **Children of the Night** (Van Nuys, CA); *Services:* Structured residential program for children ages 11-17, emergency intervention, shelter, case management, psychological care/counseling, medical/healthcare, education/GED, court advocacy; www.childrenofthenight.org
 - **Courage House Northern California** (Rocklin, CA); *Services:* State-licensed, long-term residential level 12 group home for six girls (who have been rescued out of CSEC). Provides focused trauma therapy, an on-site school, dance/music/arts studio, equestrian and riding program, as well as a variety

of classes in social and life skills; <http://courageworldwide.org/courage-house/courage-house-norcal/>

- ◇ Plans to build ten cottages on the 50-acre rural, undisclosed property to accommodate sixty girls in the future.
 - ◇ Program is designed to provide a long-term home for girls.
 - ◇ Comprehensive, holistic approach unique to each child, which encompasses physical, emotional, educational, psychological, and spiritual needs.
- **Dreamcatcher Youth Shelter and Support Center** (Alameda, CA); *Services:* Emergency shelter for RHY, at-risk and CSEC victims (age 13-18), case management/crisis counseling, life skills, job training, peer support, family mediation, outreach, and transportation/bus passes.
 - ◇ <http://www.xanthos.org/index.php?id=8>
 - **GenerateHope** (San Diego, CA); *Services:* Long-term, comprehensive, individualized housing and recovery program to young women (18+) who were victims of CSE; <http://www.generatehope.org/>
 - ◇ Support is extended until the women reach the ability to live independently.
 - **George P. Scotlan Youth & Family Center: Sexually Exploited Minors Program** (Oakland, CA); *Services:* Mental health counseling/referrals, education, life skills training and mentoring; www.acgov.org/icpc/sem/scotlan.htm
 - **Motivating, Inspiring, Supporting, and Serving Sexually Exploited Youth (MISSEY)** (Oakland, CA); *Services:* For CSEC and youth at high risk of CSEC (female 11-18) provides direct services including case management, the Safe Place Alternative (SPA) drop-in recovery center, resource specialists for TAY, foster care youth advocacy, mentorship for at-risk youth and a year-round employment training and worksite placements, and additional recovery and transition services.; <http://www.misseey.org/>
 - ◇ Survivor-informed and survivor-lead empowerment model with many members of MISSEY's staff being program alumni.
 - ◇ Mentoring services to children who have been exploited and those who are at-risk for exploitation were enhanced in 2011 through a \$500,000 grant from the federal Office of Juvenile Justice and Delinquency Prevention. Referred to as *Lasting Links Mentorship Program* (LLMP), MISSEY collaborates with *The Mentoring Center, Girls, Inc. of Alameda, Project Reconnect, and Alameda County Juvenile Probation* to provide group mentoring and intensive one-on-one mentoring to girls age 12-18 who are survivors of, or at high risk for CSE. The girls are matched with volunteer mentors from their communities that meet with them weekly to provide guidance and

- support, and help mentees to form healthy relationships with adult role models.
- ◇ Also provides local and national specialized training, workshops , technical assistance on the issue of CSEC for social service agencies, law enforcement, and members of the community.
 - ◇ Promising program elements: flexibility; consistency; survivor leadership; family-like program components; collaboration; job training; expanding services to populations at-risk of CSEC.
 - ◇ Youth outcomes based on MISSSEY Sexually Abused Commercially Exploited Youth/Safe Place Alternative (SPA) individual client case review (2006-2009):
 - 65% reduction in drug and alcohol consumption
 - 75% access stable housing
 - 90% re-enrolled in school
 - 80% increase school attendance
 - 60% complete their probation
 - 50% not re-arrested
 - 90% connect with therapeutic mental health services
 - 60% not re-victimized.²⁷⁵
- **Operation Safehouse** (Riverside); *Services*: Shelter/housing-provides two separate 21-day emergency shelters for exploited minors, RHY and at-risk youth (males and females) and a Transitional Living Programs for homeless, TAY (ages 18-22) and their children for up to 2 years. Also provides a personal case manager, medical and dental, mental health, translator services, immigration and legal services, advocacy, education, life skills, job training, mentors and survivor support groups, substance abuse program, family counseling and parenting classes, anger management/coping skills groups, recreation, follow-up/aftercare/referrals;
<http://operationsafehouse.org/>
- ◇ SafeHouse serves as co-chair of the Riverside County Anti-Human Trafficking task force offering service to both labor and sex trafficking victims, as well as U.S. citizens to foreign nationals.
 - ◇ Shelter is accessible for free on public transit for easy access by youth
 - ◇ Links with local business with SafeHouse so youth can access services at multiple locations
 - ◇ Leads two outreach programs. One is a “street outreach” that is geared to street youth; the other is a “peer to peer outreach,” a prevention service empowering TAY to create events and trainings to provide support/informational groups to at-risk youth (age 16-25 years).

- ◇ All staff assigned to residential have received training on Human Trafficking and trauma-informed services.
- ◇ Provides a continuum of care offering the ability to transition 18+ youth from SafeHouse to the Transitional Living Program.
- ◇ In accordance with Riverside County's Anti-Human Trafficking Program offers trauma-informed care services within the 3 phases of healing for victims (time period varies from client to client): "Relief" (crisis intervention phase, 3-6 months); "Re-Engagement" (intermediary phase 6 months-2 years); and "Restart" (the resource phase 3+ years).²⁷⁶
- **The Standing Against Global Exploitation (SAGE) Project** (San Francisco, CA); *Services*: Referrals for shelter, medical assessment/care, case management, peer support, day treatment programs, counseling, assistance with accessing benefits, legal advocacy, life skills, job training, and other needs for youth in the delinquency and dependency systems, TAY, and CSEC victims.; www.sagesf.org
 - ◇ Services are survivor-focused and incorporate principles of harm reduction.
 - ◇ SAGE provides an individualized service plan and services based on the client's readiness and needs, and builds upon strengths.
 - ◇ Plans focus on all domains including: safety; residential/housing stability; psychological/emotional growth; health; family relationships; social skill mastery; education; vocational preparation; and dependency and/or delinquency system objectives and milestones.
 - ◇ SAGE also provides training and support for health care providers, law enforcement, domestic violence shelters, rape crisis centers; first responders, students, other social service agencies, and the general public as well as technical assistance for agencies wishing to build a response to human trafficking.
- **Surviving Together, Achieving & Reaching for Success (STARS)** (San Diego Youth & Community Services, SDYS) (San Diego, CA); *Services*: Shelter, case management, individual/group counseling, medical/healthcare, legal advice, life skills, expressive art therapy (the CSEC H&nds Project), referrals for female victims (age 12-24); www.sdyouthservices.org
 - ◇ STARS collects outcome data on participants and existing data available highlights the program's effectiveness.
 - ◇ In 2011 SDYS (collaborating with SDYS' Counseling Cove) implemented an Aftercare/ Survivors program for STARS graduates and victims for whom a less-structured, drop-in group better matched their needs. This survivor-led peer group supports victims

in their recovery and aftercare utilizes Seeking Safety (an evidenced-based practice per SAHMSA). Recent funding from an Office for Victims of Crime grant expands intensive case management to all SDYS victims (versus only STARS), supports additional counseling groups, adds Spanish services, and provides stipends to survivors participating in community trainings.

◇ For more detailed information on the program's design, refer to *Appendix 10* for the *STARS/Aftercare Continuum Client Flowchart*

- **WestCoast Children's Clinic (WCC): C-Change Program** (Oakland, CA); Services: C-Change clinicians provide intensive community-based therapy, crisis intervention, and case management to address the complex mental health needs of CSEC victims; <http://www.westcoastcc.org/>
 - ◇ Services are responsive to the unique needs of sexually exploited youth and those at-risk of exploitation.
 - ◇ Developed an assessment tool, the *Child and Adolescent Needs and Strengths-Commercial Sexual Exploitation* (CANS-CSE), in order to better understand the needs and strengths of exploited youth and the interventions that help them.
 - ◇ WCC also engages in legislative advocacy and provides clinical training and technical assistance throughout the state.
- **Examples of other California NGOs/CBOs offering services for CSEC victims:**
 - ◇ Asian Women's Shelter (AWS) (www.sfaws.org)
 - ◇ Center for Young Women's Development (<http://www.cywd.org>)
 - ◇ Community Solutions (www.communitysolutions.org)
 - ◇ Jewish Family and Children's Services (www.jfcs.org)
 - ◇ La Casa De Las Madres (www.lacasa.org)
 - ◇ Larkin Street Youth Services²⁷⁷ (<http://www.larkinstreetyouth.org/>)
 - ◇ Love Never Fails: (<http://www.loveneverfailsus.com/>)
 - ◇ New Day for Children (www.newdayforchildren.com)
 - ◇ Stars Behavioral Health Group (<http://www.starsinc.com/>)
 - ◇ Voices for Justice/Operation Silver Braid (<http://www.silverbraid.com/>)

C. Examples of Promising NGOs/CBOs in Other States Serving CSEC

- A few examples of promising NGOs/CBOs serving CSEC victims in other States, along with a brief overview of such programs (with additional details provided on unique program components or available outcomes, as found/appropriate) includes:
 - **Girls Educational and Mentoring Services (GEMS)** (New York); *Services:* Provides housing, basic needs, holistic case management, short-term and crisis care, court advocacy, counseling, survivor-led mentoring, medical screening, educational

initiatives, youth leadership, life skills and job training for female CSEC victims (age 12–24). Offers two housing programs, a Transitional Independent Living Program and a Supportive Housing Program. Also provides various prevention and outreach efforts.; <http://www.gems-girls.org>

- A survivor-led organization, the six core values of GEMS Programming are: gender-responsive, trauma-informed, developmentally grounded, strengths based, social justice oriented and culturally competent.
- GEMS' Youth Outreach Team conducts peer-led facility-outreach workshops in residential and detention facilities. GEMS' staff provides trainings, technical assistance, workshops, and conference presentations to numerous organizations and institutions throughout the US.
- **Letot Girls' Residential Treatment Center** (opening in Fall 2014) (Texas); *Services:* Residential program exclusively for runaways and CSEC victims (ages 13 to 17). Offer specialized, wrap-around services including intensive case management, specialized trauma therapy, life skills, education and employment training and paid internships; <http://letotgirlscenter.org/>
 - The 55,000-square-foot facility will accommodate 96 girls and will be the largest of residential facilities across the nation. It will include a gym, an art room, a kitchen large enough for a culinary program, a courtyard and an outdoor track.
 - The Dallas County Juvenile Department will provide for the center's estimated \$2.25 million annual operating budget and building maintenance. Dallas County currently places girls requiring long-term treatment with contracted service providers around the state because there are no local treatment facilities for them.
 - To enhance security, all living quarters will be on the second floor of the Girls' Center and look out upon the central courtyard. Because privacy is very important for teen girls, six residential units each contain eight bedrooms which surround a central activity room. Girls requiring a low level of care will be in a relatively normal environment, whereas beds and desks will be fixed in place in units serving girls who need a high level of specialized care.²⁷⁸
- **Salvation Army's STOP-IT Program** (Illinois); *Services:* Provides services including individualized service plans for victims and provides referrals for shelter and housing, transportation, legal services, medical care, mental health services, education, and employment services to victims of human trafficking (both adults and minors and both male and female who are victims/survivors of sex and labor trafficking in 11 counties in Illinois); <http://sa-stopit.org/>
- **Wings of Shelter** (Florida); *Services:* Rescue, Restore and Long-term Rehabilitation Safe Houses for minor female CSEC victims (age 6-18 years). Also assists others trying to open shelters; <http://wingsofshelter.com/>

- offer a "non-punitive system rehabilitation model" and a family style model Safe House (DCF Licensed) with caregivers trained in victims-centered responses.
- Utilizes Wings extension rehabilitation Safe Houses for longer term care.
- Provide training to federal, state and county agencies as well as other victim service agencies.
- **YouthCare's Bridge Continuum of Services for Sexually Exploited Youth** (Washington); *Services*: Provides dedicated beds in emergency shelter to CSEC victims (ages 13 to 17), as well as dedicated beds in transitional living programs to minors and young adults fleeing this abuse. Offers specialized, wrap-around services including intensive case management, specialized trauma therapy, life skills, education and employment training and paid internships;
<http://www.youthcare.org/our-programs/services-sexually-exploited-youth#.UwG7pGJdUrB>
 - The model is informed by research commissioned and funded by the City of Seattle Human Services Department Domestic Violence and Sexual Assault Prevention Division.
 - Provides education at the nation's first public school developed for sexually exploited youth.
 - Open to all victims including males and transgendered youth.
 - Offers an in-house mental health therapist and chemical dependency specialist.
 - Life skills program requires youth complete a designated number of productive hours that may include school, internships, employment, and a community service learning project.
 - Has also trained hundreds of community members, law enforcement officials, government employees, service providers, and others on how to identify, respond to, and engage CSEC victims.

XII. CSEC Training and Prevention Programs

- The development and dissemination of educational materials and training programs is central for building the capacity to identify children and adolescents at risk of victimization by these crimes and thereby prevent them from occurring. The recognition of prevention efforts as equally important as intervention efforts is necessary in order to stop exploitation and abuse before they begin.²⁷⁹
- Current prevention efforts focus on:
 - general awareness campaigns about CSEC;
 - informing at-risk populations (including those involved with the child welfare system, homeless and runaway shelters, and the juvenile justice system) about the realities of CSEC; the tactics used by traffickers to lure victims, strategies for avoiding victimization, and efforts to deter and eliminate demand including

promoting victim- and survivor-centered law enforcement strategies and laws; and strategies that directly targeting exploiters (e.g., traffickers and purchasers) to reduce the demand for CSEC.²⁸⁰

- The California Child Welfare Council CSEC Action Team's *Prevention and Training Subcommittee* is currently charged with "making CSEC training available (how to identify CSEC and at-risk children, how to refer to/provide CSEC services, etc.) for professionals in child welfare, juvenile justice, and other child-serving systems" and as a longer term goal the "establishment of statewide and local prevention programs that will reduce the number of vulnerable children that are exploited."²⁸¹
- Because virtually all children are involved in the education system, some agencies and CBOs have focused on the school setting as a useful place to identify children who are being subjected to CSE or who are at-risk of CSE. School staff members also have access to the youth's family or guardian, which allows the engagement of family or relatives. Grossmont Union High School District in San Diego, California serves as a model in this arena with their extensive school staff training model and protocol for teachers and administrators to identify youth who may be victims of CSEC.²⁸²

A. Examples of CSEC Training Programs for Agencies

- *Girls Educational and Mentoring Services* (GEMS), a survivor-led empowerment organization for exploited girls and young women in New York, has developed and implemented (in partnership with *The Salvation Army*, *Bilateral Safety Corridor Coalition* and *Polaris Project*) two curricula for organizations working with victims/survivors of these crimes.
 - First, the Office of Juvenile Justice and Delinquency Prevention's **Commercial Sexual Exploitation of Children Community Intervention Project (CCIP)** Train-the-Trainer three-day curriculum, is "CSEC 101" designed to provide an overview of issues related to CSEC for victim and support service providers, law enforcement personnel, health care professionals, child welfare professionals, legal professionals, school personnel, and first responders. Specific topics include prevention and identification strategies, assessment and counseling techniques, and investigation and interviewing strategies, among others.²⁸³
 - The University of Southern California evaluated the CSEC CCIP (pilot sites included Atlantic City, NJ; Chicago, IL; Denver, CO; San Diego, CA; and Washington, D.C.) and found the trainings showed substantial increases in participants' CSEC-related knowledge, skills, and attitudes across the multidisciplinary audience trained.²⁸⁴
 - Second, the more advanced **Victim, Survivor, Leader™** curriculum is designed to assist organizations interested in developing and providing "specialized services" for female victims and survivors of CSE. Its foundational principles include survivor leadership and transformational relationships.²⁸⁵

- Examples of organizations that indicate they are available to conduct prevention and education training for victim and support service providers/agencies (among other sectors) across the nation include: Bilateral Safety Corridor Coalition; Breaking Free; Love146; GEMS; Motivating, Inspiring, Supporting, and Serving Sexually Exploited Youth (MISSEY); Polaris Project; Shared Hope International; and Standing Against Global Exploitation (SAGE).

B. Examples of CSEC Training Programs for At-Risk Youth

- For those in foster care, early prevention and intervention strategies that process issues of attachment and target runaway behaviors may be helpful in preventing CSEC.²⁸⁶
- Founded in 2002 by Justice Resource Institute, co-written by a clinician and a survivor, **My Life My Choice Curriculum (MLMC)** is a nationally recognized and tested 10-week (presented in weekly 1.25 hour modules) prevention-driven curriculum/group model designed to educate vulnerable adolescent girls (whether or not they exhibit risk factors) about CSE, address sexual health issues, substance abuse, improve self-confidence, facilitate peer camaraderie through “prevention groups” and facilitate the development of skills to access resources and to recognize potential exploiters. MLMC is administered in a wide variety of settings but best suited for settings where the provider has access to the children for longer periods of time-including group homes, residential treatment centers, juvenile justice facilities, NGOs/CBOs and middle and high schools.
 - MLMC is led and facilitated by trained staff, typically a licensed clinician and participants hear both written and live testimony by CSEC survivors. MLMC also provides trainings on the administration of the curriculum to CBOs and agencies, as well as training to help service providers identify victims.²⁸⁷
 - Initial participant feedback on the MLMC group work component and results from pre- and posttest training evaluation measures has shown a positive impact on the young women involved.
 - MLMC is currently used in more than 20 states, including cities in California.
 - ◇ The LA Probation Department began implementation of MLMC to target at-risk girls in the county. As of March 2013 about 300 participants had been through the program, with approximately 90% coming from the child welfare system. The MLMC Exploitation Prevention Curriculum has also been added to the training required for all wraparound service providers in the L.A. County.
- A four-module prevention curriculum called **Fair Girls “Tell Your Friends** introduces the concepts of CSEC, risk factors, healthy and unhealthy relationships, and victimization through an interactive format (using video, drawing, and song). Designed to educate and empower high-risk girls and boys and for use in middle and high school classrooms, after-school programs, youth shelters and group homes (can be used in shorter stay settings) it identifies community resources to keep youth safe from CSEC. It also provides training and

support for teachers and staff to help facilitate the identification of at-risk and exploited youth.²⁸⁸

- In Atlanta, Georgia, **Project P.R.E.V.E.N.T. (Promoting Respect, Enhancing Value, Establishing New Trust)** is a research-based, interactive curriculum, developed using the Participatory Culture Specific Intervention Model (PCSIM) (paying careful attention to cultural variables, participant input, and local norms in developing its approach to prevention), and created to promote the healthy growth and development of adolescent girls. Project P.R.E.V.E.N.T. provides girls with tools to enhance their personal strengths and promotes critical-thinking skills, supporting the development of sound decision-making skills in conditions of emotional arousal.²⁸⁹ Currently Project P.R.E.V.E.N.T. is targeted to Georgia schools in areas with a high number of juvenile and adult prostitution arrests, where a large proportion of people live below the poverty line and receive public assistance, and that have a high number of single parent households headed by females.²⁹⁰
- In Seattle, Washington, **Powerful Voices** program targets female youth between 10 and 17 years of age to promote positive relationship skills and reduce vulnerability to intimate partner violence and CSEC.²⁹¹

C. Examples of Anti-Demand Approaches

- Prepared for the U.S. Department of Justice, *A National Overview of Prostitution and Sex Trafficking Demand Reduction Efforts (2012)*²⁹² summarizes the use of anti-demand interventions throughout the United States to combat commercial sex and provides practitioners with actionable information to assist them in starting, improving, or sustaining initiatives.

Male-Focused Prevention Programs

- In 1995, a partnership between the San Francisco District Attorney's Office, the San Francisco Police Department, and a local San Francisco nonprofit Standing Against Global Exploitation (SAGE) Project led to the development of the **First Offender Prostitution Program (FOPP)**.²⁹³ It is now a national diversion/restorative justice program model designed to educate males arrested for the first time as solicitors of CSE.²⁹³ Eligible arrestees are given the choice of paying a fee and attending a one-day class (known generically as the "John school") that provides lectures by health experts, law enforcement and former sex workers in exchange for cleared arrest records if they are not re-arrested within a certain period of time. Fees paid by offenders cover the costs of the program and classes.
 - A study evaluating the program's effectiveness cites that the San Francisco's FOPP reduced the rates of recidivism among participants by approximately 30 to 50 percent.²⁹⁴ However, Lovell & Jordan (2012) refute these results, noting serious flaws in the research design used in the San Francisco study, concluding it fails to prove that recidivism rates decreased this significantly as a result of the FOPP.²⁹⁵

- As of 2012, fifty-one jurisdictions are operating similar “Johns schools” in an effort to reduce demand for commercial sex and to educate men about CSE.²⁹⁶ Therefore further studies/analyses of “Johns schools” are recommended.
- The Chicago Alliance Against Sexual Exploitation (CAASE) developed the **Empowering Young Men to End Sexual Exploitation Curriculum** for high school boys. The curriculum educates young men about the harms and realities of CSE and how social pressures can affect their decisions to engage in these activities. The program is designed to raise awareness about CSEC, underscore the role of men in driving demand for the commercial sex trade, and challenge misconceptions that perpetuate and normalize these crimes.²⁹⁷
- With its partners at the Juvenile Training School, Connecticut Department of Children and Families developed a program called **Man UP: A Youth Series to Transform the Male Perspective of Women and Its Impact on Sexual Exploitation**. The series challenges the boys to end the demand that perpetuates sexual exploitation of women and children by defining and reshaping what manhood means to them.
 - Although the Man UP program was only recently implemented as a pilot project in May of 2012, it has demonstrated promising results. It is currently being evaluated for transferability to other sites by Arizona State University’s Office of Sex Trafficking Intervention Research (STIR).²⁹⁸

XIII. Additional Resources

A. California’s Regional Anti-Human Trafficking Task Forces²⁹⁹

- California's regional anti-human trafficking task forces employ a comprehensive, victim-centered approach and are made up of law enforcement and local, state, and federal prosecutors, as well as other governmental leaders and nongovernmental organizations. As part of their work to combat human trafficking, the task forces also provide training to a variety of audiences on how to identify and respond to the crime. There are currently a total of nine Regional Anti-Human Trafficking Forces, who have received funding from a variety of sources, including the U.S. Department of Justice (U.S. DOJ) and the California Emergency Management Agency (Cal EMA). California’s nine regional anti-human trafficking task forces include:
 1. *East Bay Human Trafficking Task Force*
 - Lead Law Enforcement Agencies: Oakland Police Department and Alameda County District Attorney’s Office HEAT (Human Exploitation and Trafficking) Unit
 - Lead NGO: Bay Area Women Against Rape (<http://bawar.org/>)
 2. *Fresno Coalition Against Human Trafficking*
 - Lead Law Enforcement Agency: Fresno Police Department
 - Lead NGOs: Marjoree Mason Center (<http://mmcenter.org>) and Fresno County Economic Opportunities Commission (<http://fresnoeoc.org/>)
 3. *Los Angeles Metropolitan Area Task Force in Human Trafficking*
 - Lead Law Enforcement Agency: Los Angeles Police Department

- Lead NGO: Coalition to Abolish Slavery and Trafficking (CAST) (<http://castla.org>)
- 4. *Orange County Human Trafficking Task Force*
 - Lead Law Enforcement Agency: Westminster Police Department
 - Lead NGO: Community Services Program (Santa Ana) (<http://cspinc.org/Human%20Trafficking>)
- 5. *Riverside County Anti-Human Trafficking Task Force*
 - Lead Law Enforcement Agency: Riverside County Sheriff's Department
 - Lead NGO: Operation Safe House (<http://operationsafehouse.org>)
- 6. *Sacramento Innocence Lost Task Force*
 - Lead Law Enforcement Agency: Sacramento County Sheriff's Department & FBI
 - Lead NGO: Courage Worldwide/Courage House, Rocklin (<http://courageworldwide.org>) and Sacramento Rescue & Restore Coalition (<http://sacramentorescueandrestore.net>)
- 7. *San Diego North County Anti-Trafficking Task Force*
 - Lead Law Enforcement Agency: San Diego Sheriff's Department, Vista Substation
 - North County Lifeline, Vista (<http://nclifeline.org>)
- 8. *San Francisco North Bay Area Human Trafficking Task Force*
 - Lead Law Enforcement Agency: San Francisco Police Department
 - Lead NGOs: Asian Anti-Trafficking Collaborative (<http://apilegaloutreach.org/trafficking.html>) and SAGE Project (Standing Against Global Exploitation) (<http://sagesf.org>)
- 9. *San Jose Human Trafficking Task Force*
 - Lead Law Enforcement Agency: San Jose Police Department
 - Lead NGO: Community Solutions for Children, Families and Individuals (<http://communitysolutions.org>)

B. Federal CSEC Resources

Web Resources

- The U.S. Department of Health and Human Services, *Administration for Children and Families (ACF) End Trafficking Webpage* www.acf.hhs.gov/programs/endtrafficking
- The U.S. Department of Homeland Security (DHS) *Blue Campaign* unifies the DHS components to more effectively combat human trafficking through enhanced public awareness, training, victim assistance, and law enforcement investigations. <http://www.dhs.gov/topic/human-trafficking>
- The U.S. Department of Health and Human Services, ACF *Children's Bureau Express* (CBX) spotlights news, issues, and trends of interest related to Child Welfare and Human Trafficking. <https://cbexpress.acf.hhs.gov/index.cfm?event=website.viewHomepage&issueID=148>

- The U.S. Department of Health and Human Services, ACF *Child Welfare Information Gateway* compiles updated information on *Responding to Human Trafficking of Children*, providing a listing of resources offering information on the topic, including state and local examples. http://www.childwelfare.gov/responding/human_trafficking.cfm
- The *Department of State's Office to Monitor and Combat Trafficking in Persons* was created by the Trafficking Victims Protection Act (TVPA) of 2000 and leads the United States' global engagement in the fight against human trafficking. <http://www.state.gov/j/tip/>
- The *U.S. Department of Health and Human Services' Grants Forecast* is a database of planned grant opportunities proposed by its agencies (search trafficking). Each Forecast record contains actual or estimated dates and funding levels for grants that the agency intends to award during the fiscal year. <http://www.acf.hhs.gov/hhsgrantsforecast/index.cfm>
- The U.S. Department of Health and Human Services, ACF funds the *National Human Trafficking Resource Center* (NHTRC), a national, toll-free hotline, available to answer calls nationally, 24/7. Operated by Polaris Project it provides referrals for local service providers and related resources. To report a tip, connect with anti-trafficking services in your area, or to request training and technical assistance, call 1-888-373-7888 or text HELP or INFO to BeFree (233733), or visit <http://www.traffickingresourcecenter.org>
- The U.S. Department of Health and Human Services, *Office of the Assistant Secretary for Planning and Evaluation* (ASPE), published a series of 10 informative reports and issue briefs to inform several aspects of serving victims of human trafficking. <http://aspe.hhs.gov/hsp/07/humantrafficking/>
- More broadly, states and service providers can refer to The U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration's (SAMHSA's) *National Child Traumatic Stress Network* (NCTSN, <http://www.nctsn.org>) and *National Registry of Evidence-based Programs and Practices* (NREPP, <http://www.nrepp.samhsa.gov>) for useful training, technical assistance, and information on trauma-informed care and specific screening and assessment tools and interventions to help address the behavioral health needs of CSEC victims.

Resource Guides/Action Plans

- The *Directory of Training and Technical Assistance Resources for Anti-Human Trafficking Task Forces and Service Providers*, developed by the Office for Victims of Crime Training and Technical Assistance Center (OVC TTAC) and the Bureau of Justice Assistance, is a resource for practitioners and task forces seeking to expand and enhance their knowledge of anti-human trafficking practices. Includes a directory of available trainings by method of delivery (distance learning and in-person scheduled training) and technical assistance resources. https://www.ovcttac.gov/downloads/TTADirectory/HT_TTA_Directory_508c_12-5-12_FINAL.pdf
- The *Federal Strategic Action Plan on Services for Victims of Human Trafficking in the United States, 2013-2017* is a collaborative, multi-phase effort that lays out goals, objectives, and associated action items service improvements for victims of trafficking that can be achieved over the next five years.

<http://www.ovc.gov/pubs/FederalHumanTraffickingStrategicPlan.pdf>

- The U.S. Department of Health and Human Services, ACF released *Guidance to States and Services on Addressing Human Trafficking of Children and Youth in the United States (2013)*, its first official guidance to States child welfare systems and runaway and homeless programs addressing human trafficking of children and youth based on current research and emerging practices.
<http://www.acf.hhs.gov/programs/cb/resource/human-trafficking-guidance>
- From the U.S. Department of Justice, *A National Overview of Prostitution and Sex Trafficking Demand Reduction Efforts* reviews anti-demand approaches/ interventions throughout the United States to combat commercial sex and provides recommendations for practitioners.
<https://www.ncjrs.gov/pdffiles1/nij/grants/238796.pdf>
- From the U.S. Department of Health and Human Services, ACF, the *National Resource Center for Permanency and Family Connections (NRCRFC)* at the Hunter College Silverman School of Social Work offer a Hot Topic Webpage with resources and publications on Trafficked and Exploited Children and Youth, including a webinar (2013) on *Child Welfare Response to Human Trafficking*
www.nrcrfc.org/is/trafficked-and-exploited-children-and-youth.html
www.nrcrfc.org/teleconferences/2013-09-09.html
- The U.S. Department of State's *Trafficking in Persons Report (2012)* analyzes countries from around the world by looking at what the governments are doing against modern slavery. It does so through the 3P paradigm, prevention, protection, and prosecution.
<http://www.state.gov/j/tip/rls/tiprpt/2012/>
- The U.S. Department of Health and Human Services released *Services Available to Victims of Human Trafficking-A Resource Guide for Social Service Providers*. This resource provides program-by-program information on benefits and services and includes eligibility requirements that victims of human trafficking may be eligible for.
http://www.acf.hhs.gov/sites/default/files/orr/trafficking-services_0.pdf
- The California Department of Justice, Office of the Attorney General releases an annual report, *The State of Human Trafficking in California*, which reflects the work of representatives from law enforcement, victim service provider, non-governmental organizations, technology companies and academic institutions.
<http://oag.ca.gov/sites/all/files/pdfs/ht/human-trafficking-2012.pdf>
- The California Department of Justice, Office of the Attorney General highlights a list of *Non-Governmental Organizations (NGOs) Working with Victims of Human Trafficking in California*. In addition to the work done by law enforcement and other governmental organizations, NGOs throughout California provide a range of services to the victims of human trafficking. At this website, a list of key NGOs (and their websites/contact information) in California who offer support specifically for victims of human trafficking (not all provide services to minors) <http://oag.ca.gov/human-trafficking/help>
- The U.S. Department of Health and Human Services, ACF, Family and Youth Services Bureau sponsors the *National Clearinghouse on Families & Youth* which includes various federal news and research related to the topic of CSEC including services for runaway and homeless victims of human trafficking
<http://ncfy.acf.hhs.gov/tags/sex-trafficking>

C. Other CSEC Resources

Web Resources

- *Arizona State University-Office of Sex Trafficking Intervention Research (STIR)*
<http://ssw.asu.edu/research/stir>
- *Bilateral Safety Corridor Coalition (BSCC)*
<http://www.bsccoalition.org/>
- *Breaking Free*
<http://www.breakingfree.net/>
- *Child Sex Trafficking: A Day in the Life-A San Francisco Survivor's Story (Video)*
<http://www.youtube.com/watch?v=35AErgcBoqI>
- *Coalition to Abolish Slavery and Trafficking (CAST) Resources and Training*
<http://www.castla.org/reports-issue-papers>
- *Covenant House*
<http://www.covenanthouse.org/homeless-teen-issues/human-trafficking>
- *ECPAT-USA*
<http://ecpatusa.org/wp/>
- *Girls Educational & Mentoring Services (GEMS)-Training, Technical Assistance & More*
<http://www.gems-girls.org/get-trained>
- *International Organization for Adolescents (IOFA)*
<http://www.iofa.org>
- *Love 146*
<http://love146.org/>
- *National Center for Missing and Exploited Children- Child Sex Trafficking Team and Campaign Against Sexual Exploitation*
<http://www.missingkids.com/CSTT>
<http://www.missingkids.com/CASE>
- *National Children's Advocacy Center's Full-Text Open-Access Publications: Trafficking and Worldwide Abuse* (updated regularly with new publications)
<http://www.nationalcac.org/calio-library/full-text-open-access-publications.html#world>
- *New York State Office of Children and Family Services-Human Trafficking Webpage*
<http://www.ocfs.state.ny.us/main/humantrafficking/>
- *Polaris Project*
www.polarisproject.org/human-trafficking/
- *Polaris Project-State of California Local Organizations and Referrals for Victims of Human Trafficking*

<http://www.polarisproject.org/state-map/california>

- *The SAGE Project Training and Technical Assistant/Capacity Building Resources*
<http://sagesf.org/training-and-technical-assistance-capacity-building-resources>
- *Shared Hope International*
<http://sharedhope.org/resources/>
- *The Trauma Center at Justice Resource Institute-Project Reach*
(best practice framework for framing a specialized program for CSEC victims)
http://www.traumacenter.org/clients/reach_svcs.php
- *Unicef Child Trafficking*-Offers free Online Modules for Youth (by grade level 6-8 or 9-12) on the topic of Human Trafficking and *Resources for Educators* (free guides, activity sheets and lesson plans)
<http://teachunicef.org/explore/topic/child-trafficking>
- *VS. Confronting Modern Slavery in America's Library for Policy Makers*
<http://www.vsconfronts.org/library/policy-makers/1/?sort=source&order=asc>
- *Wings of Shelter* (provides TA to others interested in opening CSEC safe houses)
<http://wingsofshelter.com/>

Publications/Reports

- *Building Child Welfare Response to Child Trafficking*: Developed by the Center for The Human Rights For Children, Loyola University Chicago & International Organization For Adolescents the goal of this project is to inform child welfare agencies throughout the United States about methods of responding to the needs of minors who were sex trafficked.
http://www.luc.edu/chrc/pdfs/Building_Child_Welfare_Response_to_Child_Trafficking.pdf
- *Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States*: This report by the Institute of Medicine and National Research Council offers critical insights into risk factors, legal frameworks, health care, education, victim services and collaboration for commercial sexual exploitation and sex trafficking of minors in the United States.
<http://www.iom.edu/Reports/2013/Confronting-Commercial-Sexual-Exploitation-and-Sex-Trafficking-of-Minors-in-the-United-States.aspx>
- *Ending the Commercial Sexual Exploitation of Children: A Call for Multi-System Collaboration in California*: Written by Kate Walker, this comprehensive report provides a summary of existing research and promising practices related to CSEC, along with a recommendations for immediate action by the California Child Welfare Council to slow the growth of this problem, and ultimately to prevent youth from being exploited.
http://www.youthlaw.org/fileadmin/ncyl/youthlaw/publications/Ending-CSEC-A-Call-for-Multi-System_Collaboration-in-CA.pdf
- *Homelessness, Survival Sex and Human Trafficking: As Experienced by the Youth of Covenant House New York (CHNY)*: Developed by Covenant House New York and Fordham University this study (2013) includes results from the development of an assessment tool that will enable RHY service providers to better identify victims of trafficking; and to gain essential information regarding the trafficking experiences of CHNY youth in order to enhance services and

practices to better prevent trafficking among homeless youth and assist survivors of trafficking and to provide empirical data in the anti-human trafficking field to inform policy. <http://www.covenanthouse.org/sites/default/files/attachments/Covenant-House-trafficking-study.pdf>

- *Human Trafficking and Exploitation of Children and Youth in the United States: Outcomes Document*: Summarizes the presentations, discussions, and reflections during the 2010 national conference, “Human Trafficking and Exploitation of Children and Youth in the United States,” sponsored by the Center for the Human Rights of Children. Conference. http://www.luc.edu/chrc/pdfs/Conference_Outcome_Document_2011.pdf
- *Meeting the Legal Needs of Child Trafficking Victims: An Introduction for Children’s Attorneys & Advocates*: Developed by The American Bar Association to serve as resource for *children’s attorneys and advocates* in their practice representing child trafficking victims. http://www.americanbar.org/content/dam/aba/migrated/domviol/pdfs/Child_Trafficking_authcheckdam.pdf
- *National Colloquium 2012 Final Report: An Inventory and Evaluation of the Current Shelter and Services Response to Domestic Minor Sex Trafficking*: Written by Shared Hope International, ECPAT-USA and The Protection Project at Johns Hopkins University School of Advanced International Studies this report provides results from three national surveys (completed by over 100 providers) highlighting emerging trends, lessons learned and barriers encountered in attempting to secure restorative shelter and services for CSEC victims. <http://sharedhope.org/wp-content/uploads/2013/05/National-Colloquium-2012-Report-B.pdf>
- *National Plan to Prevent the Sexual Abuse and Exploitation of Children*: Developed by the National Coalition to Prevent Child Sexual Abuse and Exploitation this report focuses on primary prevention and positive youth development—actions that take place before child sexual exploitation has been perpetrated <http://www.preventtogether.org/Resources/Documents/NationalPlan2012FINAL.pdf>
- *National Survey of Residential Programs for Victims of Sex Trafficking*: Prepared by Jessica Reichert and Amy Sylwestrz, this report summarizes the total number of operational residential programs for victims of sex trafficking across the United States. The purpose was to share available programs and services with other jurisdictions to better serve victims of trafficking. http://www.icjia.state.il.us/public/pdf/ResearchReports/NSRHVST_101813.pdf
- *2013 State Ratings on Human Trafficking Laws*
Polaris Project has rated all 50 states and the District of Columbia based on 10 categories of laws that are critical to a basic legal framework that combats human trafficking, punishes traffickers and supports survivors. In 2013, 39 states passed anti-trafficking laws and 32 states are now ranked in Polaris Project’s top Tier 1 category-up from 21 states last year. Two states have successfully fulfilled all rated categories: Washington and New Jersey. <http://www.polarisproject.org/what-we-do/policy-advocacy/national-policy/state-ratings-on-human-trafficking-laws/2013-state-ratings-on-human-trafficking-laws>.
- *Research to Action: Sexually Exploited Minors Needs and Strengths*:

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WestCoast Children's Clinic first research brief (2012) is based on data from their work with CSEC in Oakland and Alameda County and includes the needs and strengths of CSEC, recommendations for prevention/treatment, and a policy agenda.

http://www.westcoastcc.org/wp-content/uploads/2012/05/WCC_SEM_Needs-and-Strengths_FINAL.pdf

- *The Rise of Mobile and the Diffusion of Technology-Facilitated Trafficking*
Researchers at the USC Annenberg Center on Communication Leadership & Policy (CCLP) explore how digital technologies such as mobile phones, social networking sites, and the Internet are utilized for CSEC. It also explores how counter-trafficking efforts will need to integrate technology as a central tool in the prevention of CSEC.
<https://technologyandtrafficking.usc.edu/files/2011/08/HumanTrafficking2012.pdf>
- *Ten Essential Steps-Developing Housing Programs for Survivors of Human Trafficking:*
Written by Katherine Chon, Co-Founder of Polaris Project, this toolkit is a peer-reviewed resource to a guide for local communities developing housing and aftercare programs for survivors of human trafficking in the United States. The guide was designed for new community efforts, expansion of existing programs, as well as for the volunteers, organizational leaders, and funders supporting the development of stronger housing and aftercare services.
<http://www.traffickinghousingtoolkit.org/>

XIV. Appendices

Appendix 1: Human Trafficking Power and Control Wheel



Source: Polaris Project. (2010). *Human Trafficking Power and Control Wheel*. Washington, DC. Available at:

<http://www.amsa.org/AMSA/Libraries/Committee Docs/HT Power Control Wheel.sflb.ashx>

This wheel was adapted from the Domestic Abuse Intervention Project's Duluth Model Power and Control Wheel, available at www.theduluthmodel.org

Appendix 2: CSEC Action Team-Specialized Services & Placement Subcommittee Charter (DRAFT-1/17/2014)

(Note: This is a living document and amendments will be made to it as needed)

California CSEC Action Team

Co-Chairs:

Diana Dooley, Secretary of Health and Human Services
Leslie S. Heimov, Executive Director, Children’s Law Center of California

Overarching Goal: Set California on a path to ending the commercial sexual exploitation of children. Provide guidance to state and county agencies and their partners on how to prevent the commercial sexual exploitation of children. Identify, serve, and support commercially sexually exploited and at-risk children through a coordinated and collaborative response.

Specialized Services & Placement Subcommittee

Co-Chairs:

Allison Newcombe, Attorney/ Skadden Fellow, CSEC Program, The Alliance for Children’s Rights
Rita McCabe, Assistant Division Chief of Mental Health Services Division, Department of Health Care Services

Description:

The purpose of the Specialized Services & Placement Subcommittee is to provide guidance to the Action team on expanding California’s capacity to provide specialized services and placement options for CSEC that are trauma-informed, gender-responsive and culturally sensitive. Guidance will focus on identifying promising practices and institutionalizing CSEC services by building on existing county efforts.

Scope of Work:

- Identify current resources throughout the state that are currently serving, or could be utilized to serve the CSEC population.
- Review emerging models of service, in both California and other states, and assess the effectiveness and scalability of these models.
- Develop a specialized services continuum of care model, based on current resources and promising practices, for CSEC and at-risk children in California.
- Ensure that the policies and protocols for those working with CSEC children include a focus on understanding and respecting victims’ culture, gender and sexual orientation.
- The subcommittee will establish measurable objectives and continue to track our progress and re-assess our work plan.

Committee and Member Expectations:

- Hold Meetings every 6 weeks, or 2 before each full Action Committee meeting. Meeting notes must be taken and shared on cloud sharing site. Committee members will rotate the role of note taker.
- Participate in assigned tasks in between committee meetings.
- Develop goals, action steps and a timeline for deliverables over the next year.
- Coordinate with Kate Walker and other committee chairs on any issues which may overlap with other subcommittees work (Prevalence & Assessment, Multi System & Data Coordination, Prevention & Training).
- Develop proposals for major decisions that are to be approved by the CSEC Action Team.

Appendix 3: Federal Strategic Action Plan on Services for Victims of Human Trafficking in the United States. 2013-2017

OBJECTIVE 3: ESTABLISH BASELINE KNOWLEDGE OF HUMAN TRAFFICKING AND VICTIM SERVICE NEEDS THROUGH RIGOROUS RESEARCH AND REPORTING.							
AGENCY	ACTION	FY13	FY14	FY15	FY16	FY17	BEYOND
RESEARCH HUMAN TRAFFICKING IN THE UNITED STATES							
SPOG Research and Data Committee	Share information on U.S. Government-funded human trafficking research projects	X	X	X	X	X	X
NIJ	Release two studies on labor trafficking in the United States	X	X				
NIJ	Complete a study on the United States' unlawful commercial sex economy		X				
NIJ	Release a study of the effectiveness of interventions with foreign national human trafficking victims		X				
NIJ	Release a study that assesses the effectiveness of state human trafficking legislation		X				
NIJ	Conclude a study on the underreporting of trafficked minors in Illinois				X		
ACF	Examine the results of a 2-year pre-employment services pilot program for human trafficking victims		X				
OJJDP	Complete a study on the prevalence of CSEC, including sex trafficking, in the United States			X			
OJJDP	Release a study on CSEC in the United States, including recommended strategies	X					
OJJDP	Assess the characteristics and needs of LGBTQ and young men who have sex with men populations involved in commercial sex			X			
OVW with NIJ	Study the impact of the population boom in western North Dakota and eastern Montana on domestic violence, dating violence, sexual assault, stalking, and human trafficking				X		
IDENTIFY RESOURCE GAPS							
OVC with BJA and HSTC	Provide federal agencies with GIS mapping of services and collaborations and investigations to identify gaps		X	X	X	X	X
OJJDP and OVC	Conduct informal assessment of grant-funded Task Forces		X				
OVC, OVW, and ACF	Gather information on the needs of trafficked AI/AN women and girls and promising practices for service delivery		X				

Source: U.S. Departments of Justice, Health and Human Services, & Homeland Security [in partnership with the member agencies of the President’s Interagency Task Force to Monitor and Combat Trafficking in Persons and other federal organizations]. (2014). *Federal Strategic Action Plan on Services for Victims of Human Trafficking in the United States 2013 – 2017*. P. 51. Available at:

<http://www.ovc.gov/pubs/FederalHumanTraffickingStrategicPlan.pdf>

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AGENCY	ACTION	FY13	FY14	FY15	FY16	FY17	BEYOND
OVC, OVW, and ACF	Gather information on the needs of trafficked boys and men, LGBTQ victims, and minor victims of labor trafficking	X	X	X	X	X	X
OVW	Explore providing funds to law enforcement and victim service providers in western North Dakota and eastern Montana	X	X				
ESTABLISH NEW DATA COLLECTION MECHANISMS							
FBI	Build a data collection application for all civil rights investigations to include human trafficking cases		X				
OJJDP	Assist Internet Crimes Against Children Task Forces to report data on trafficking cases	X	X	X	X	X	X
OVW	Include human trafficking in grantee and subgrantee report forms and in Congressional reporting			X			
OVC	Revise draft grantee and subgrantee data collection forms for VOCA Assistance and Compensation Programs to include human trafficking, where appropriate			X			
NIJ	Host an expert working group to tackle barriers hampering data collection and research on human trafficking		X				
HSTC	Convene an interagency working group to explore sustaining data gathering and analysis		X				
EEOC	Explore ways of tracking data on human trafficking in its internal data collection systems			X			
ACF	Explore ways to better collect data to uncover specific risk factors among children who experienced abuse or neglect and runaway and homeless youth						X
ACF	Explore possibilities for coordinating data collection on human trafficking across agency programs		X				
HHS	Explore strategies for compiling estimates on the prevalence of human trafficking in the United States		X				
HRSA	Consider adopting action from the HHS Action Plan to Reduce Racial and Ethnic Health Disparities to establish data standards related to victims of human trafficking			X			
SHARE DATA AND REPORTS							
HSTC	Share a Human Trafficking National Assessment with relevant federal agencies to identify hotspots, trends, and patterns in victim recruitment and exploitation in the United States		X				

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Source: U.S. Departments of Justice, Health and Human Services, & Homeland Security [in partnership with the member agencies of the President’s Interagency Task Force to Monitor and Combat Trafficking in Persons and other federal organizations]. (2014). *Federal Strategic Action Plan on Services for Victims of Human Trafficking in the United States 2013 – 2017*. P. 52. Available at: <http://www.ovc.gov/pubs/FederalHumanTraffickingStrategicPlan.pdf>

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OBJECTIVE 3: ESTABLISH BASELINE KNOWLEDGE OF HUMAN TRAFFICKING AND VICTIM SERVICE NEEDS THROUGH RIGOROUS RESEARCH AND REPORTING.							
AGENCY	ACTION	FY13	FY14	FY15	FY16	FY17	BEYOND
HSTC	Share lessons learned and best practices of data collection and compilation from the process of creating the Human Trafficking National Assessment		X				
HSTC	Make structured and cleansed data sets available to relevant federal agencies		X				
OVC	Create and disseminate annual aggregate data report		X	X	X	X	X
DOL	Collect and share publicly available labor enforcement data regarding labor exploitation	X	X	X	X	X	X
USCIS and HSI VAP	Consolidate data on victims of human trafficking and immigration benefits and publish on DHS Blue Campaign Web site		X	X	X	X	X
ACF	Release a report analyzing anti-human trafficking grantee data		X				
ACF	Disseminate analysis of human trafficking trends		X				

OBJECTIVE 4: SUPPORT THE DEVELOPMENT OF EFFECTIVE RESPONSES TO THE NEEDS OF HUMAN TRAFFICKING VICTIMS.							
AGENCY	ACTION	FY13	FY14	FY15	FY16	FY17	BEYOND
EVALUATE SCREENING AND TRAINING TOOLS							
NIJ and OVC	Publish a validated screening tool and user guide for use by all trafficking assistance grantees and the field		X				
HHS	Identify targeted screening tools for various systems		X				
ACF	Explore the development of standardized health care protocols						X
IMPROVE THE QUALITY OF EVALUATIONS							
OVC and ACF	Identify common, effective performance measures for victim service outcomes			X			
OVC and ACF with NIJ	Explore ways to develop technical assistance guides, tools, and templates for evaluation				X	X	
ACF	Explore ways to evaluate effectiveness of training curricula for child welfare and runaway and homeless youth systems						X
DOD	Gauge effectiveness of human trafficking training through the Status of Forces Survey	X					

Source: U.S. Departments of Justice, Health and Human Services, & Homeland Security [in partnership with the member agencies of the President’s Interagency Task Force to Monitor and Combat Trafficking in Persons and other federal organizations]. (2014). *Federal Strategic Action Plan on Services for Victims of Human Trafficking in the United States 2013 – 2017*. P. 53. Available at: <http://www.ovc.gov/pubs/FederalHumanTraffickingStrategicPlan.pdf>

Appendix 4: Florida Controversy Regarding Safe Houses Versus Secured Facilities for CSEC

Miami Herald

Posted on Thu, Aug. 08, 2013

How a plan to help sexually exploited girls went awry

By Katia Savchuk/ Miami Herald Staff
ysavchuk@MiamiHerald.com

When Kristi House opened the state's first temporary "safe house" for sexually exploited children on April 1, many hoped it would be a model for others around the state. The shelter closed just two months later.

In a cozy one-story home in Miami, six twin beds dressed in bright prints stand empty. Yoga mats and art supplies are packed away in the living room, and a tire swing in the backyard hangs still.

Until early June, this was a refuge for six teenage girls who were victims of sex trafficking. Run by the nonprofit Kristi House, it was the state's first short-term "safe house" for sexually exploited children, founded in the wake of new, highly touted legislation that allowed victims to be treated in specialized shelters rather than confined as if prostitutes. When it opened April 1, many hoped it would be a model for safe houses around the state.

Yet the shelter suspended operations just two months later, after girls housed there repeatedly ran away. One reported being raped while on the loose. The incidents, publicized in a June grand jury report, have prompted child welfare administrators and legislators to consider whether child sex trafficking victims should be locked up for their own good, at least temporarily. Advocates say this would be a step backward in helping children who fall prey to the sex trade.

The victim, a girl in her early teens under the care of the Department of Children & Families, reported being sexually assaulted after running away from the shelter 10 days after it opened, according to the child welfare agency. She was trying to return to the safe house, and an older man refused to drive her there unless she had sex with him, said Kristi House Executive Director Trudy Novicki. Shelter therapist Tabitha Gallerani reported the rape, which she said took place "very far" from the safe house.

"She didn't know it was rape. She had no idea. I really sat with her and spent time to see what was going on," Gallerani said.

It's common for children in foster care to run away, and child welfare authorities can't legally detain them unless they face imminent harm because of mental illness. In addition, experts say young sex trafficking victims — many of whom have suffered past abuse — often develop a "trauma bond" that draws them back to their traffickers.

Kristi House decided to retool its residential program, and by early June the girls were moved to alternative placements. The group planned to reopen in August after hiring more staff, adding

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mental health techs, consulting experts and adding security features to discourage running, such as fencing.

But the incident prompted many to advocate a tougher alternative to the safe house model.

In mid-June, DCF said it was considering moving toward a secured short-term facility for victims and would stop referring all but a select few girls to the safe house, Novicki said.

“I’m not sure an intervention where we lock them down for a period of time is an answer,” said DCF interim secretary Esther Jacobo, “but a short-period evaluation time might be something we all want to look at.”

Without further measures, safe houses may be a good option only for girls who are low flight risks, she said.

Our Kids, the agency that DCF contracts to oversee foster care in Miami-Dade and Monroe counties, is advocating legislative change that would allow involuntary confinement of child sex trafficking victims.

“Maybe the law fell short. Maybe foster care is not a place you lock someone up, but these are such special circumstances that we have to change the law for this discrete segment of kids,” said Our Kids CEO Fran Allegra. “These kids are engaged in behavior that could easily kill them.”

Detention for 30 days could be a “detox” or “cooling-off period” to begin treatment, Allegra said.

DCF’s decision to rethink the safe house model came as the agency faced intense scrutiny for a spate of deaths among children who’d previously come to the attention of child protective investigators. It also came a week before a Miami-Dade grand jury released its report advocating for a locked-down option and arguing that incidents at Kristi House “vividly demonstrate the deficiencies presented by the use of this safe house model.”

Novicki, a former assistant state attorney, argues that victims of sex trafficking require a more compassionate touch. Novicki, who authored the 2012 Safe Harbor Act that diverted these victims from the criminal justice system, says detention is the wrong approach.

“The lockdown approach protects public agencies from risk but does nothing to increase the well-being of children. With this population, it’s gentleness, not speed or feigned toughness that cuts through the trauma,” she said.

Legal tools already exist for confining children with dangerous mental illness, such as the Baker Act and the Statewide Inpatient Psychiatric Program, and these can be expedited for chronic runaways, suggested Novicki. There’s no research to support that short-term detainment breaks victims’ bonds to traffickers, but studies show that detaining young people increases the risk of problematic behavior later on, she said.

“Progress takes time,” Novicki said. “It’s not like you switch on a light and everything is going to change for these children. It’s more like kindling a fire.”

For the most part, the Kristi House model was working, Novicki said. Although there are no

evidence-based studies on how best to treat victims, the group drew on its experience working with sexually exploited girls since 2007 and studied similar programs around the country. Girls at the shelter had individual and group therapy, homeschooling, linkages to medical care and training in life skills. They took cooking classes, watched movies and did interpretive dance.

Shelter staff saw it as a sign of progress that girls who left usually returned, often within 24 hours.

Wings of Shelter, a long-term safe house for sexually exploited children near Fort Myers, said it has managed to discourage girls from running away without locking them up. Only two girls have left since the shelter opened nearly five years ago, largely because they aren't allowed to return if they bolt, and a volunteer accompanies girls on all outings, according to co-founder Sally Senitz.

State legislator Erik Fresen, who co-sponsored the Safe Harbor Act in the House, said he'd consider proposing to amend the law to allow involuntary confinement, but only if there was a consensus among experts that statutory change was required.

"I'd like to see the debate take place and all the experts weigh in before I have a knee-jerk reaction and say in this case we lock down, while it's been common practice for decades that we don't," Fresen said.

With future referrals up in the air, Kristi House decided to indefinitely suspend operating the safe house on July 1. Only two other safe houses exist in the state: Wings of Shelter and Place of Hope near West Palm Beach, both long-term residences with limited space.

Gallerani, the Kristi House therapist, said girls who stayed at the shelter keep sending her texts and emails asking when it will reopen. One girl who didn't realize the safe house was closed waited outside the gate for more than an hour, she said.

"It breaks my heart that all these kids out there aren't being served the way they need because we're not operating right now," Gallerani said. "They called it home."

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Source: Savchuk, K. (2013, August 9). *How a plan to help sexually exploited girls went awry*. Miami-Herald. Retrieved from: <http://www.miamiherald.com/2013/08/08/3551415/how-a-plan-to-help-sexually-exploited.html>

Appendix 5: Potential Assessment/Screening Tools Identified for CSEC

(Note: The *Federal Strategic Action Plan on Services for Victims of Human Trafficking in the United States* and the California Child Welfare Council's CSEC Action Team's *CSEC Prevalence and Assessment Subcommittee* Scope of Work both include efforts to identify, test, adapt and approve screening/assessment tools for use with CSEC)

- Asian Health Services- Banteay Srei
 - CSEC Screening Procedures and Guideline
- APSAC Practice Guidelines: The Commercial Sexual Exploitation of Children: The Medical Provider's Role in Identification, Assessment and Treatment
 - Potential Questions for Medical Interview of Possible CSEC Victim
- Bernardo Children's Services (UK): Sexual Exploitation Risk Assessment Framework (SERAF)
- Building Child Welfare Response to Child Trafficking, Center for the Human Rights for Children, Loyola University Chicago and International Organization for Adolescents (IOFA):
 - Child Trafficking Indicator Questionnaire
 - Child Trafficking Safety Assessment Form
 - Comprehensive Screening and Safety Tool (CSST) for Child Trafficking
 - Rapid Screening Tool (RST) for Child Trafficking
- Department of Health and Human Services Human Trafficking Screening Tool
- Covenant House New York (CHNY): Human Trafficking Interview and Assessment Measure-14 item(HTIAM-14) (Validated Tool)
- State of Florida Department of Children and Families-Human Trafficking of Children Indicator Tool
- Girls Education and Mentoring Services (GEMS)
 - Sample Questions for CSEC Victims
- International Organization for Adolescents
 - Rapid Screening Tool for Child Trafficking
 - Comprehensive Screening and Safety Tool for Child Trafficking
- Native American Health Center, Inc.; Mt. Sinai Adolescent Clinic
 - Home, Education/employment, peer group Activities, Drugs, Sexuality, Suicide/depression (HEADSS) with integrated CSE questions
- Ohio Human Trafficking Task Force Human Trafficking Screening Tool
- Polaris Project
 - Comprehensive Human Trafficking Assessment includes:
 - Domestic Servitude assessment
 - Domestic Violence and Sexual Assault
 - Educator assessment
 - Medical assessment
 - Runaway and Homeless assessment
- Portland State University CSEC Screening Questionnaire
- Rescue & Restore Screening Tool (includes Tips for Identifying & Screening Questions for

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Health Care Providers, Social Service Organizations & Law Enforcement Officers)

- SAGE (Standing Against Global Exploitation) Project (San Francisco) Universal Screening Tool (under development)
- San Bernardino County CASE Program Screening Tools
 - Child Adolescent Needs and Strengths (CANS) Assessment
 - Massachusetts Youth Screening Instrument
- San Francisco : Screening Tool for Sexual Exploitation (in development)
- San Mateo County screening tool
- Shared Hope International
 - INTERVENE: Identifying and Responding to America's Prostituted Youth
 - The Rapid Assessment Methodology and Tool: Domestic Minor Sex Trafficking in the United States (developed by Shared Hope International and funded by Department of Justice. The Rapid Assessment Methodology employed three factors commonly used as measures of response to combating sex trafficking worldwide: Prevention, Prosecution, and Protection)
- State of Maryland screening tool (used in juvenile justice system)
- Surviving Together Achieving and Reaching for Success (STARS program, SDYS) Screening and Intake Tools
- Vera Institute of Justice, New York City Trafficking Assessment Project (NYCTAP) pre-validated victim screening tool and trafficking screening toolkit
- YouthSpark
- WestCoast Children's Center-Child and Adolescent Needs and Strengths (CANS)-Commercial Sexual Exploitation (CANS-CSE)

* Examples of valid and reliable trauma screening tools include the *Child and Adolescent Needs and Strengths (CANS) Trauma Version*, the *Child PTSD Symptom Scale*, the *Trauma Symptom Checklist (TSC)*, and the *UCLA PTSD Index*.³⁰⁰

Appendix 6: Tips on Appropriate Engagement with CSEC Victims (CSEC Training 101, Module 4, Handout 4.3)

(**Source:** CSEC Community Intervention Project Training Institute as developed by GEMS, Polaris Project, Dept. of Justice, The Salvation Army and the Bilateral Safety Corridor Coalition to facilitate a community wide response to the CSEC.)

DO put into practice your knowledge of risk factors, pathways to CSEC, and techniques for victim identification when identifying and engaging with youth.

DON'T rely on stereotypes to identify or engage with sexually exploited children.

DO provide a safe place for engagement.

DON'T question or engage a sexually exploited child at a location where they feel threatened or unsafe.

DO be nonjudgmental when listening to a sexually exploited child.

DON'T react verbally or physically in a way that communicates disgust or disdain. Refrain from displaying a shocked face or talking about how “awful” the child’s experience was. This may shut the child down.

DO work to build trust with a sexually exploited child.

DON'T expect immediate gratitude for your efforts.

DO pay attention to your body posture. Face the child and make eye contact. Show interest, empathy, and understanding through verbalizations, nods, and facial expressions. Speak in a calm and even tone.

DON'T act or appear to be distracted, disinterested, or disapproving. Do not use intimidation tactics like interrogating the child or standing over the child.

DO keep physical contact to a minimum. When there is physical contact, let a child know exactly what you are doing and remind the child that you are not there to hurt them.

DON'T use physical contact where it is not appropriate. Physical contact as a comforting response should be initiated by the child.

DO be familiar with street language and slang that children and youth might use.

DON'T try to use street language and slang out of context when talking with children and youth.

DO use language and terms that are appropriate and sensitive to a child’s experience as a victim.

DON'T expect youth to always phrase their experiences in language that is appropriate or to refer to themselves as victims. Do not use inappropriate language, derogatory terms, shame, or belittlement when discussing the child's experiences.

DO recognize the various symptoms of trauma exhibited and coping mechanisms used by a CSEC victim that may not be those one typically associates with victims.

DON'T use strategies that switch intermittently between treating the child as an offender, then as a victim.

DO recognize the child as a victim and a survivor of severe child abuse.

DON'T treat the child as a perpetrator by prosecuting the child and not using statutory rape, sexual abuse, and trafficking laws to prosecute pimps, johns, traffickers, and recruiters.

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DO help a child “slow down” and debrief if they seem overwhelmed or disconnected when telling their story. Limit the amount of information you ask them to disclose.

DON'T expect or push every child to disclose all the details of their abuse. Sometimes heavy information will need to be gathered in stages.

DO keep the child talking and make them feel comfortable.

DON'T dispute facts or comment on a child’s motivation. This is likely to stop the flow of information.

DO take sexually exploited youth seriously.

DON'T diminish the seriousness of their experiences or concerns.

DO meet a sexually exploited child where they are and on their terms, and try to meet the needs they present.

DON'T expect a child to recognize their situation as exploitative or to present themselves as a victim in need of immediate intervention or rescuing.

DO apply sensitivity and attention to a child’s cultural background.

DON'T draw conclusions based on stereotypes of a child’s culture, race, ethnicity, class, gender, or sexual orientation. Do not impose actions that are culturally inappropriate or insensitive.

DO continually process your own experiences, feelings, and judgments concerning the issues surrounding sexual exploitation.

DON'T ignore signs of vicarious re-traumatization or burnout fatigue.

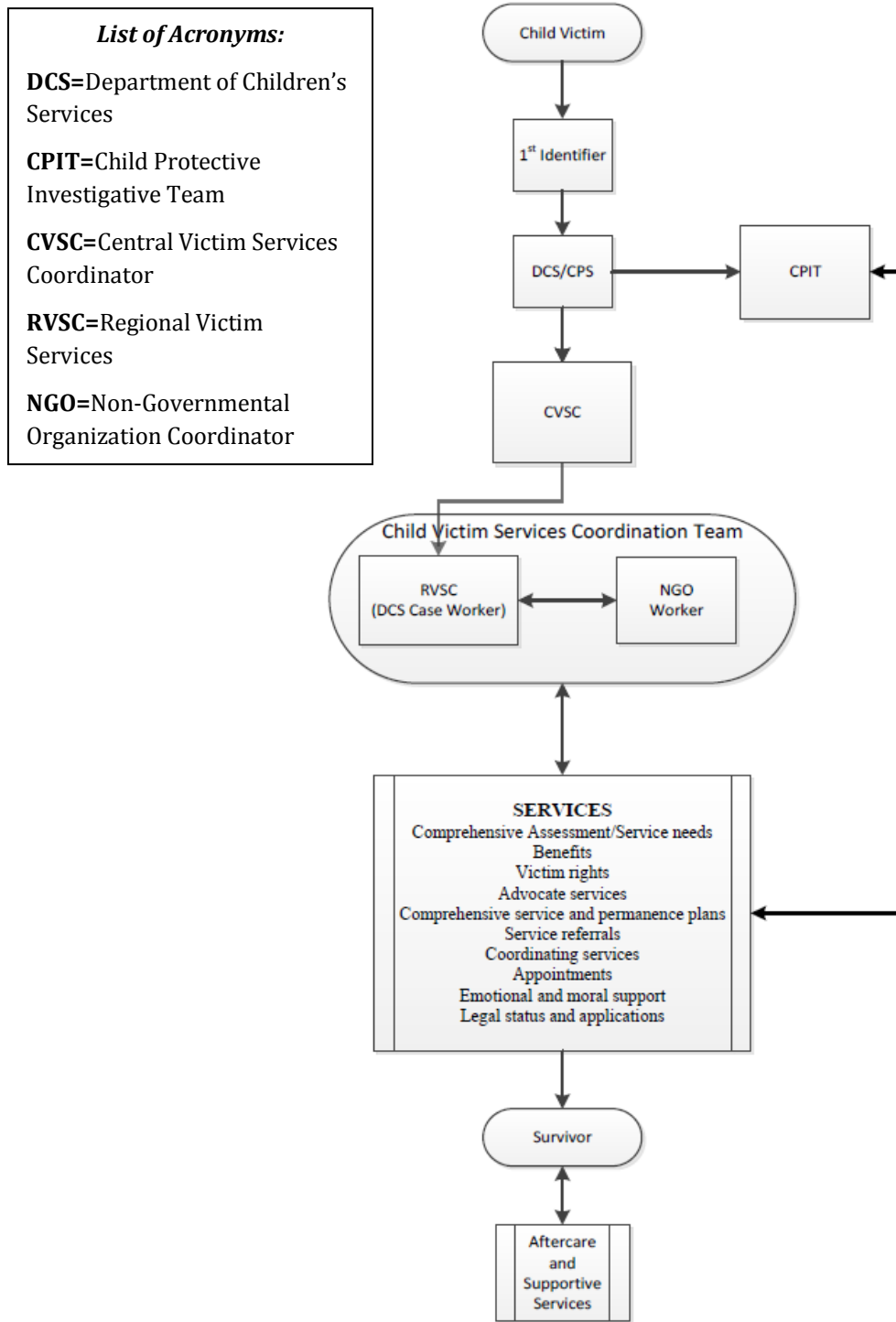
DO improve a systemic response to CSEC by creating inter-agency relationships to comprehensively meet victims’ needs.

DON'T assume sole responsibility for meeting the myriad and complex needs of a CSEC victim.

DO collaborate with local experts and survivors of sexual exploitation to engage with victims or to work for policy change.

DON'T marginalize the experiences or voices of survivors in a community response to CSEC.

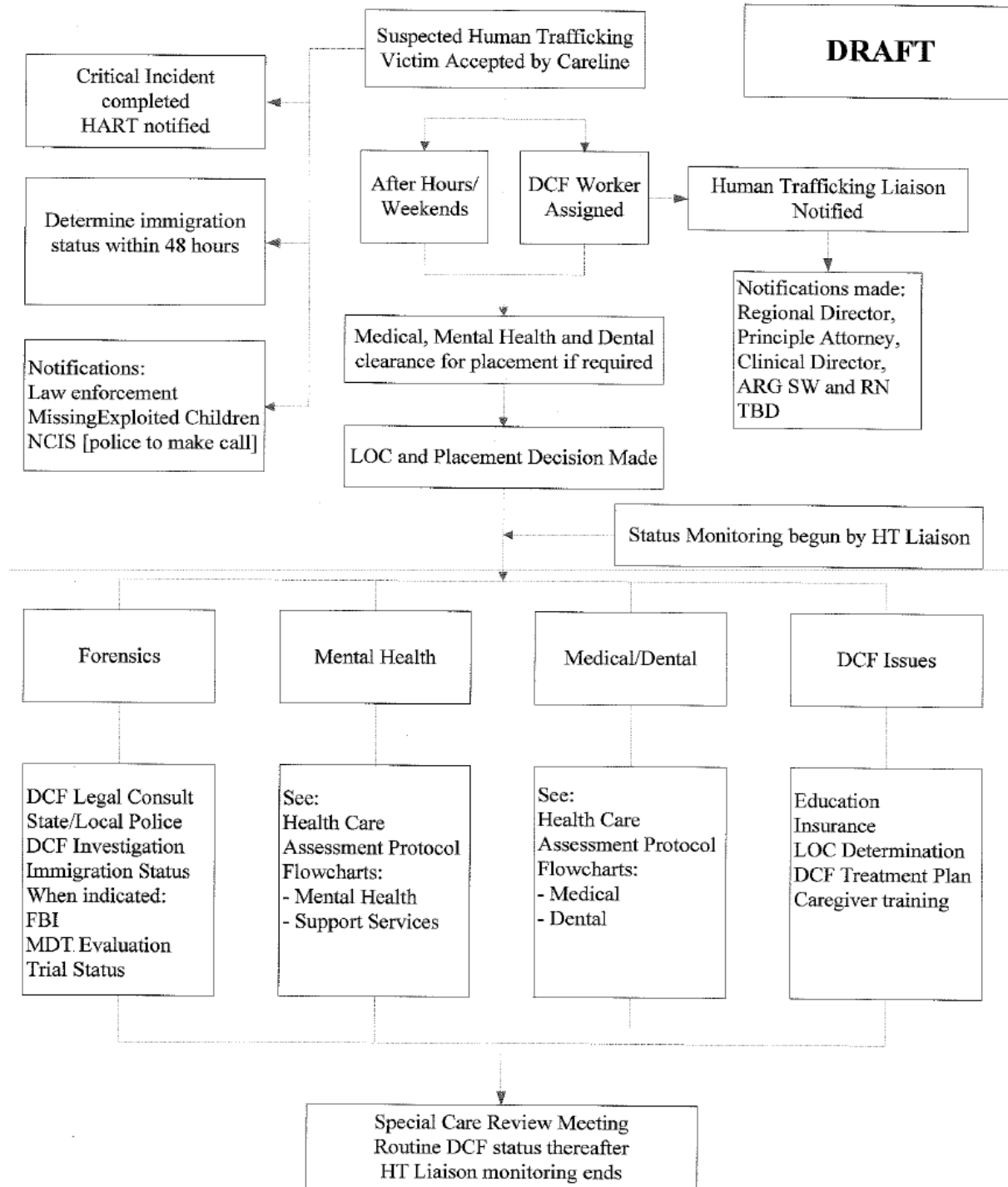
Appendix 7: State of Tennessee Dept. of Children’s Services Standardized Coordinated System of Service and Information Delivery to CSEC Victims



Source: Tennessee Department of Human Services. (2013). *Tennessee Human Trafficking Services Coordination and Service Delivery Plan*. Nashville, TN: State of Tennessee. Available at: <http://tn.gov/humanserv/adfam/TDHS-2013-HT-Plan.pdf>

Appendix 8: State of Connecticut and Connecticut Dept. of Children and Families (DCF) Human Trafficking Framework Flowcharts

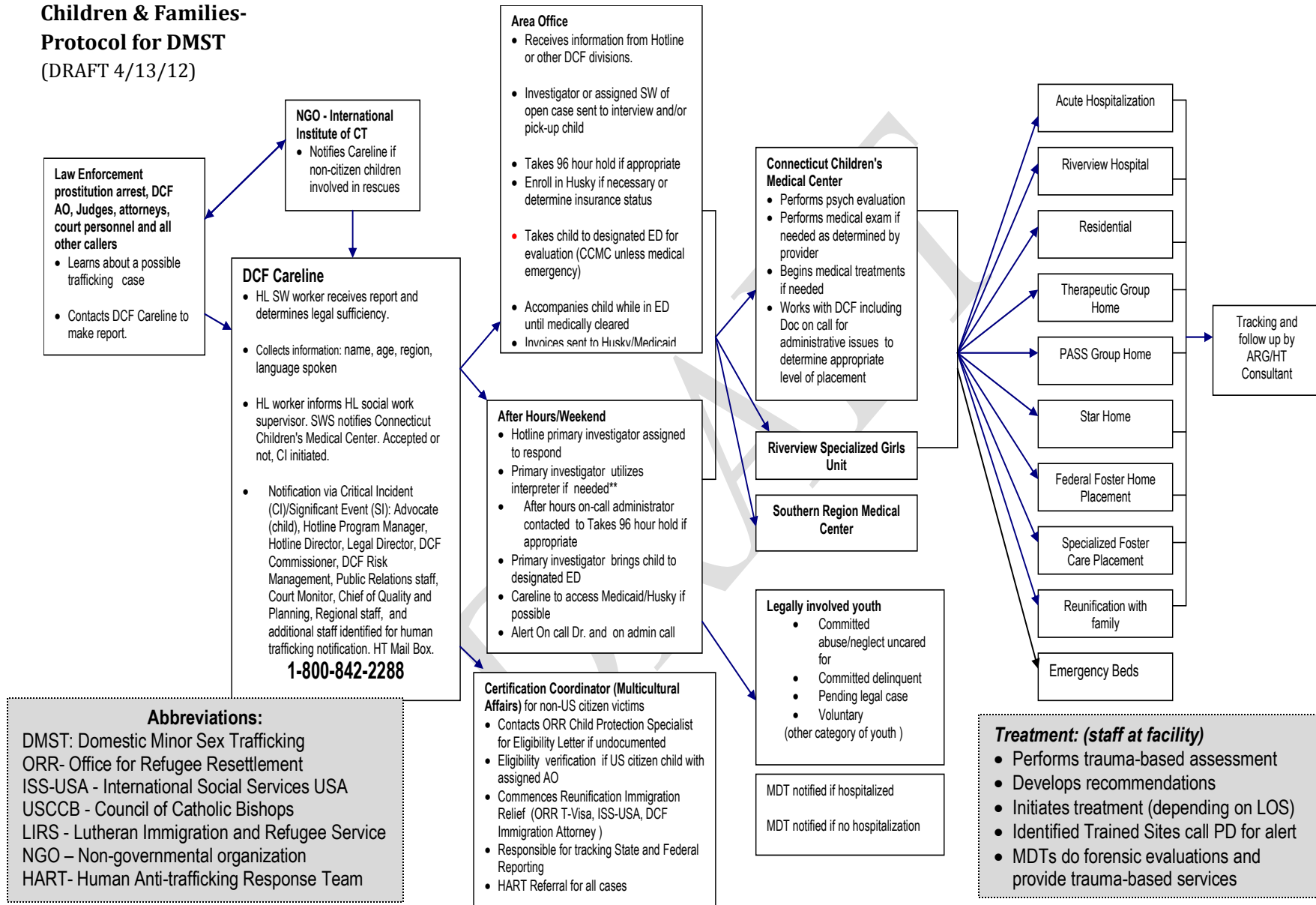
Human Trafficking Framework Flowchart



Source: Harris, J. (2012). *Human Trafficking Practice Guidelines-Draft*. State of Connecticut. Available at:

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Connecticut Dept. of Children & Families- Protocol for DMST (DRAFT 4/13/12)

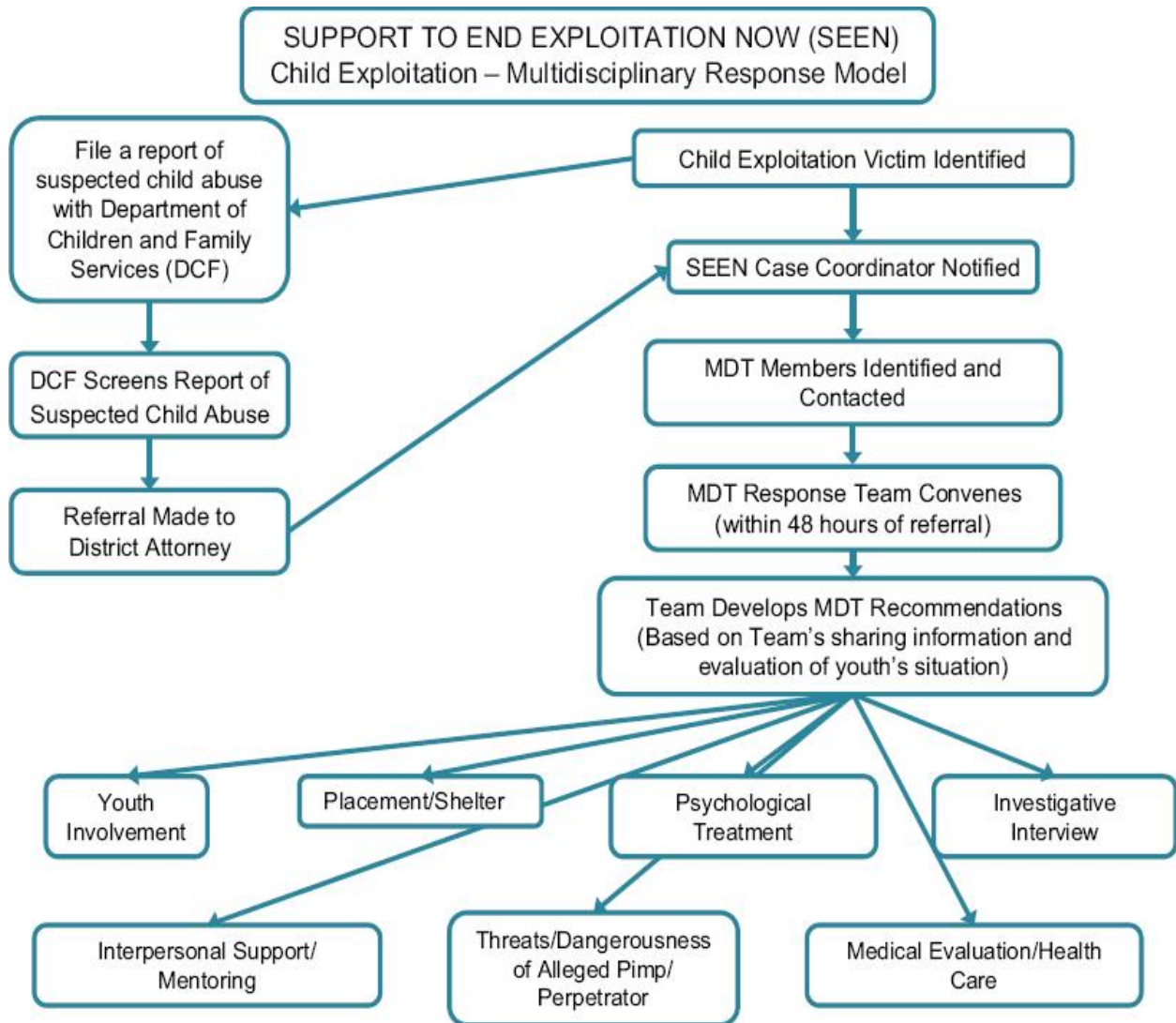


Source State of CT, Department of Children and Families (2012). *A Child Welfare Response to DMST*. Available at:

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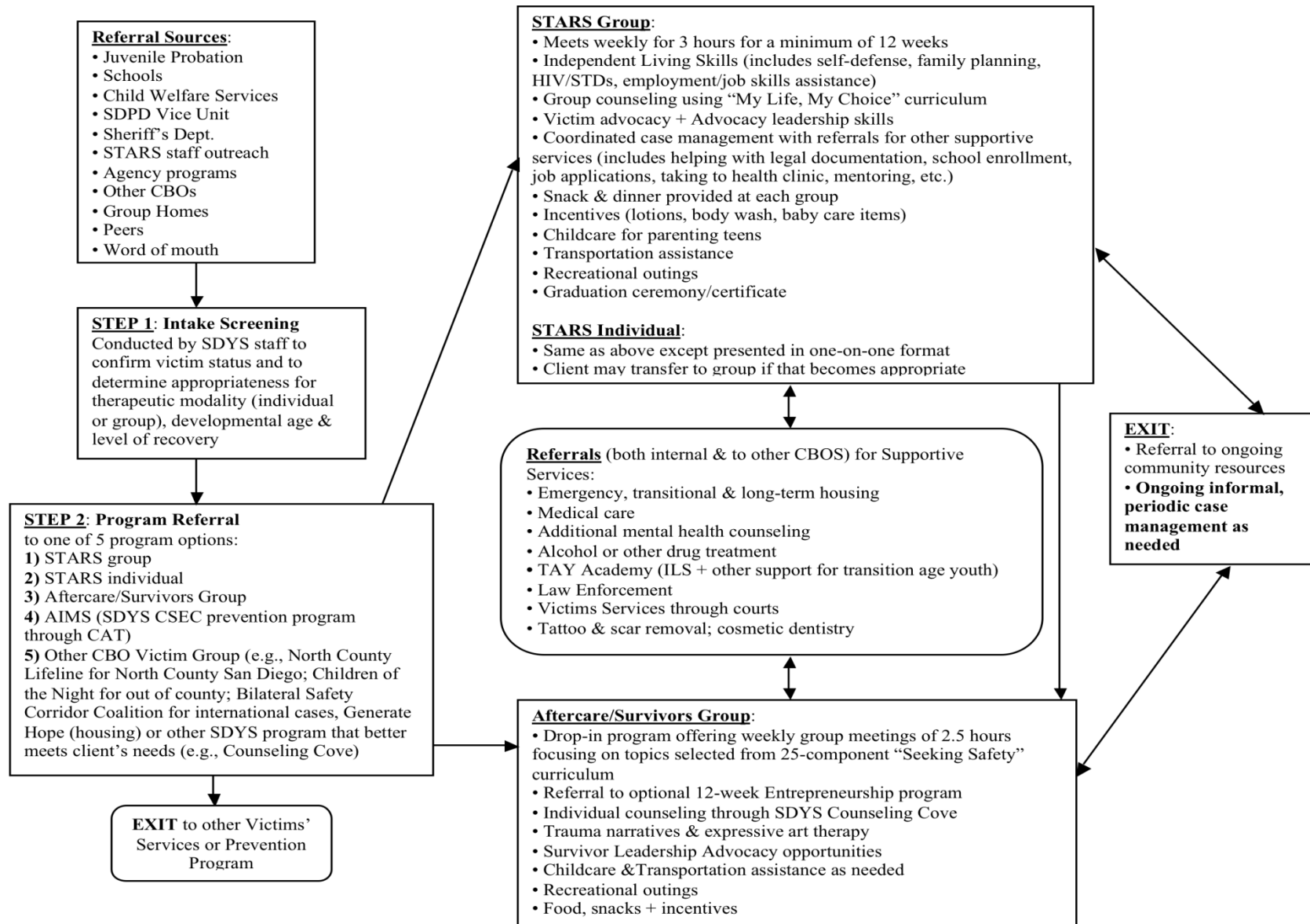
Note: The language used here has since been modified in the latest revision of the state's *Human Trafficking Practice Guidelines*, which was not yet publicly released at the time of this Literature Review.

Appendix 9: The Support to End Exploitation Now (SEEN) Coalition Flowchart
 (A multidisciplinary response model for addressing CSEC in Suffolk County, Massachusetts)



Source: National Research Council. (2013). *Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States*. Washington, DC: The National Academies Press. P. 355. Available at: <http://www.iom.edu/Reports/2013/Confronting-Commercial-Sexual-Exploitation-and-Sex-Trafficking-of-Minors-in-the-United-States.aspx>

Appendix 10: San Diego Youth Services STARS/Aftercare Continuum Client Flow Chart



Source: Laura Beadles, Behavioral Health & Community Services Division Director, San Diego Youth Services

Endnotes

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