

TN

Department of
Children's Services



Commercial Sexual Exploitation of Minors:

Child Welfare Response to Child & Youth Sex Trafficking
for Caseworkers

Participant Guide

Tennessee Department of Children's Services | CHDE3048 | Ver. 21.10.11



Learning Objectives

- ✓ Gain an understanding of the laws and policies related to protecting children and youth at risk of CSEM
- ✓ Demonstrate how to apply the definition of CSEM to determine if trafficking is occurring
- ✓ Recognize the indicators and risk factors of CSEM and the dynamics of sex trafficking relationships
- ✓ Understand DCS policy for identification, intervention, and reporting of CSEM and case manager tasks
- ✓ Understand the challenges of engaging with trafficked youth and how to use effective strategies
- ✓ Be aware of the impact of CSEM and needs of CSEM survivors
- ✓ Recognize the immediate and long-term health care needs of trafficked youth and be aware of local and statewide resources.



Activity: Changing the Language

Generate as many words, terms, or phrases that they can think of when they see the term at the top of the page



Prostitute

What comes to mind?



Victim of Sex Trafficking

What comes to mind?



Trauma Insensitive Language

**Teen/Child
Prostitute**

- ✓ Places blame on the child rather than recognizing the perpetrator
- ✓ A "bad kid" acting as a delinquent
- ✓ Used as an insult/derogatory term
- ✓ A label with long-lasting stigma
- ✓ Associated with negative stereotypes (drug addict, sexually promiscuous, etc.)
- ✓ Wrongly equated with a "profession" or "choice"



Trauma Sensitive Language

**Child Sex
Trafficking
Victim**

- ✓ Recognizes that a child is not developmentally, legally, or socially able to make the "choice" to become involved in the commercial sex industry
- ✓ Defines what is happening to the child rather than labeling the child
- ✓ A young person who deserves intensive support and services
- ✓ A young person who has been sexually used, coerced, manipulated, and violently controlled for another person's benefit
- ✓ By acknowledging the "victim", this also conveys that there is an "offender" or "perpetrator"
- ✓ Takes into consideration vulnerability of children
- ✓ A victim of child abuse



Language as an Indicator of Sex Trafficking



Automatic: A term used to describe the continued exploitation of a prostituted individual when a trafficker/pimp is out of town or in jail.

Bottom: A person (male or female) within the stable appointed by the trafficker/pimp to recruit and train new victims, supervise, and sometimes even help inflict punishment on others within the stable, and report rule violation.

Branded: A tattoo on a victim indicating ownership by a trafficker/pimp.

Choosing Up: The process by which a trafficker/pimp takes ownership of a victim from another trafficker/pimp. Choosing up can occur by a victim making eye contact with a pimp other than the one currently in control of him or her. The victim then has to give the new pimp all of the money made for the original pimp that evening.

Daddy/Boyfriend: Terms used to refer to a male trafficker/pimp.

Family or Folks: A group of victims under the control of a trafficker/pimp; the trafficker/pimp is attempting to recreate the family environment.

Gorilla Pimp: A pimp who primarily uses violence to recruit and control victims.

Lot Lizard: Derogatory term for a person who is being prostituted at truck stops.

Out of Pocket: Term used when an individual under the control of a trafficker/pimp is not following the rules, or is disobeying or being disrespectful to the trafficker/pimp.

Pimp Circle: Term used when several pimps circle a victim to intimidate through verbal and physical threats in order to discipline the victim.

Posting: The process of taking pictures and posting them to a social networking or online classified ad site to advertise prostitution.

Quota: An amount of money that prostituted victims must provide to their trafficker/pimp every night.

Renegade: A person involved in prostitution without a trafficker/pimp.

Stable: A group of victims who are under a pimp's control.

The Life/The Game: A term describing the situation of being involved in prostitution and/or under the control of a pimp.

Track/Blade/Stroll: A set area known for prostitution-related activity.

Share Hope International.(n.d). INTERVENE: Identifying and Responding to America's Prostituted Youth. Retrieved from <http://sharedhope.org/whatwe-do/prevent/training/>

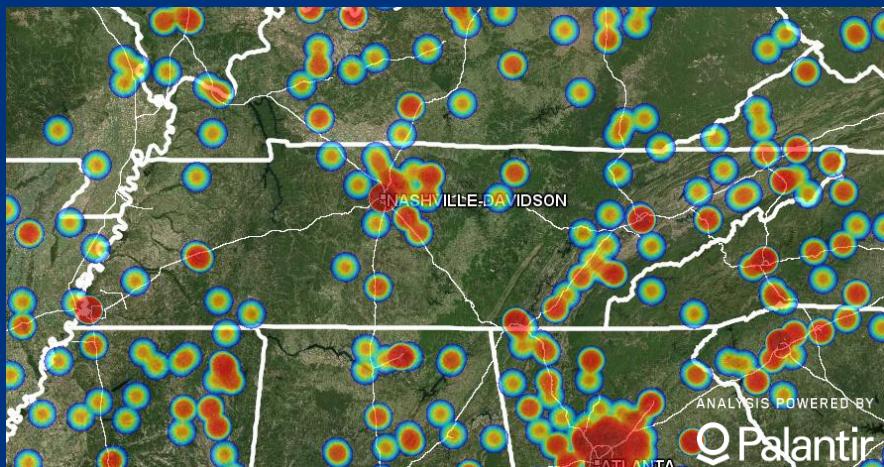
Tennessee Spotlight

2019 National Human Trafficking Hotline Statistics

The National Human Trafficking Hotline provides survivors of human trafficking with vital support and a variety of options to get help and stay safe. The data below do not represent the full scope of trafficking in Tennessee. Lack of awareness of human trafficking or of the National Hotline can lead to significant underreporting, particularly among labor trafficking populations or by certain racial or ethnic groups. However, this information can shed some light on trafficking in Tennessee which can help put traffickers out of business and help survivors find the services they need.

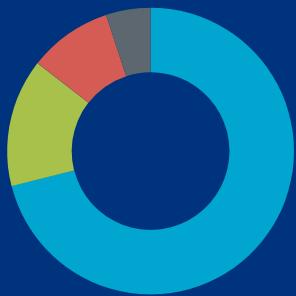
Victims Identified	337	Traffickers Identified	100	Trafficking Businesses	22
--------------------	-----	------------------------	-----	------------------------	----

Locations of Trafficking¹



¹Some cases may involve multiple locations.

180 Trafficking Cases



Sex Trafficking	131 Cases	Sex & Labor Trafficking	4 Cases
Labor Trafficking	27 Cases	Form Not Specified ²	18 Cases

²Cases where trafficking type is not specified are typically a results of callers self identifying as victims or service providers or law enforcement seeking referrals for trafficking victims without providing further details about the presence of forced work or forced commercial sex.

Communication to the National Hotline

Phone Calls
273

Webforms
31

Emails
3

Texts
36

Webchats
9



Polaris

Freedom happens now.

NATIONAL
HUMAN
TRAFFICKING
HOTLINE

The data in this report represents signals and cases from January 1, 2019 through December 31, 2019 and is accurate as of July 30, 2020. Cases of trafficking may be ongoing or new information may revealed to the National Hotline over time. Consequently, statistics may be subject to change as new information emerges.

P.L. 113-183 Child Welfare Provisions Desk Reference



The Preventing Sex Trafficking and Strengthening Families Act, Public Law (P.L.) 113-183 was enacted in September 2014. It takes steps forward in protecting and preventing children and youth in foster care from becoming victims of sex trafficking and makes many important improvements to the child welfare system to help improve outcomes for children and youth in foster care. The sections referenced below are included in the Child Welfare Response to Child & Youth Sex Trafficking curriculum.

SECTION	TITLE	SUMMARY
101	Identifying, Documenting and Determining Services for Children and Youth at Risk of Sex Trafficking	Requires State and Tribal Title IV-E agencies to develop and implement policies and procedures to identify, collect, and report data on the number of identified victims, and determine appropriate services for victims of sex trafficking or those at risk of sex trafficking. Applies only to children who the State/jurisdiction has responsibility for placement, care, or supervision, including children who have an open case but who are not removed from the home, children in foster care who have run away (under age 18 or under age 21 if the State has extended Title IV-E foster care), and children receiving services under the Chafee Foster Care Independence Program. At State option, this group also may include any individual under age 26, regardless of whether the individual is or ever was in foster care.
102	Reporting Instances of Sex Trafficking	Requires Title IV-E agencies to inform law enforcement within 24 hours of receiving information on any child or youth identified as a sex trafficking victim. Title IV-E agencies also must report the total number of children and youth who are sex trafficking victims to the Secretary of the U.S. Department of Health and Human Services (HHS) annually.
103	Including Sex Trafficking Data in the Adoption and Foster Care Analysis and Reporting System (AFCARS)	Requires that the annual number of children in foster care identified as sex trafficking victims (who were victimized either before or while they are in foster care) be included in AFCARS.

SECTION	TITLE	SUMMARY
104	Locating and Responding to Children Who Run Away from Foster Care	<p>Requires Title IV-E agencies to develop and implement plans to expeditiously locate any child missing from foster care; determine the primary factors that contribute to the child's running away or being absent from care; determine the child's experiences while absent from foster care, including screening for whether the child was a victim of sex trafficking; and report such related information to the Secretary of HHS.</p> <p>Within 24 hours of receiving information on missing or abducted children, Title IV-E agencies must: (1) report to the law enforcement authorities so the information can</p>
113	Empowering Foster Children Age 14 and Older in the Development of Their Own Case Plan and Transition Planning for a Successful Adulthood	Requires that children age 14 and older be consulted in the development of their case plan and directs States/jurisdictions to allow youth to invite two other members, identified by the youth, to be part of their case planning team (other than a foster parent or caseworker). A State/jurisdiction has the ability to reject an individual selected by the youth if the State has good reason to believe the individual would not

Implementing the Preventing Sex Trafficking and Strengthening Families Act (P.L. 113 – 183) To Benefit Children and Youth. January 2015

DCS Definition of CSEM

- ✓ Distinguish between sex abuse and CSEM
- ✓ Not all instances of potential trafficking fall under the jurisdiction of DCS even though they may be pursued by law enforcement

The use of any person under the age of eighteen (18) as defined in, numbers one (1) and two (2) of this section in exchange for anything of value either directly or indirectly. Force, threat or coercion is not a factor for Commercial Sexual Exploitation of a Minor
Work Aid 1, Section C, Number 3



DCS Caregiver Definition

Any relative or any other person living, visiting or working in the child's home or an employee or volunteer at an educational, recreational, medical, religious, therapeutic or other such setting where children are present, or any person in any caretaking role with children, such as a babysitter.

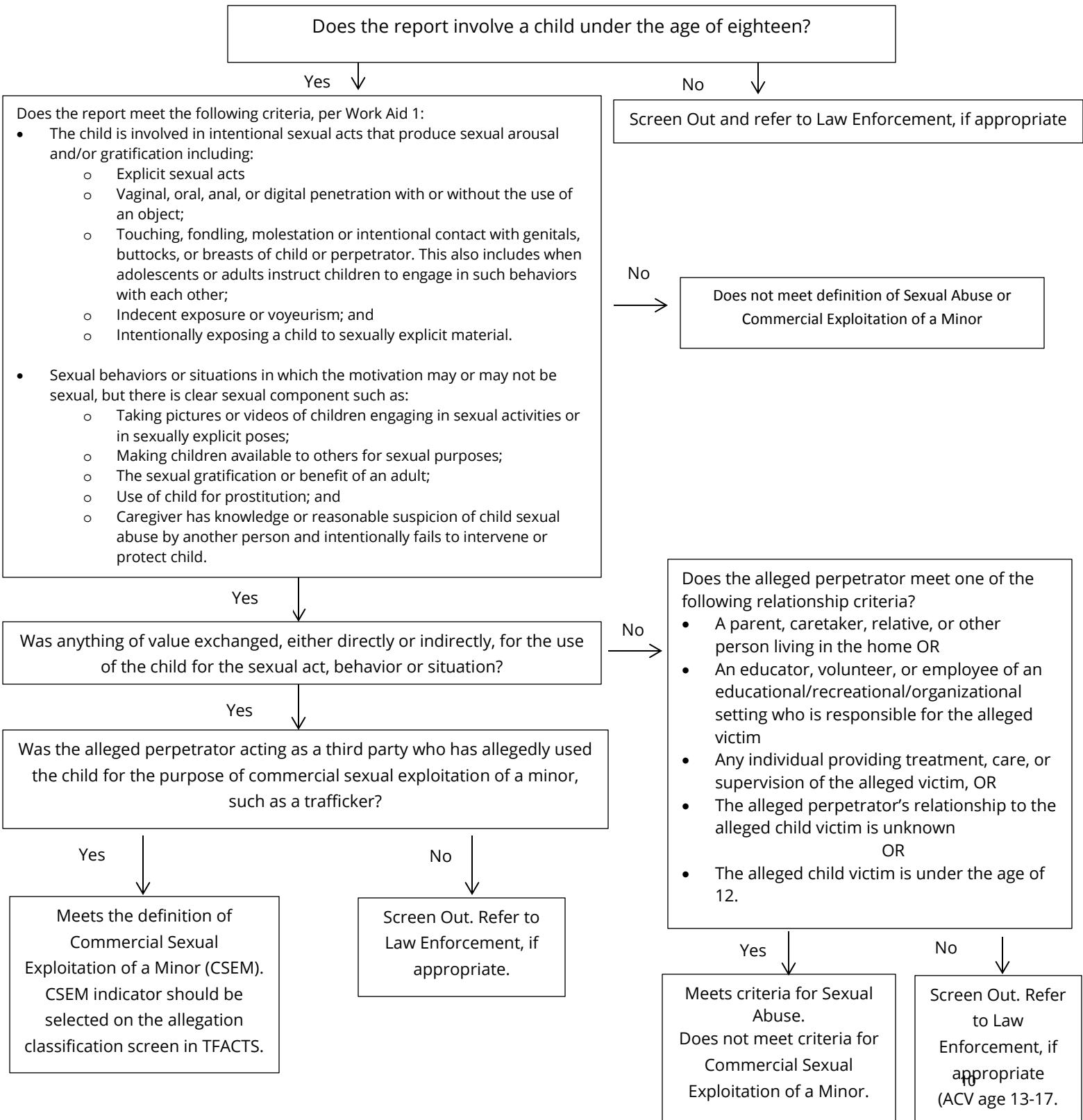
A caregiver may also include a third party who has allegedly used the child for the purpose of commercial sexual exploitation of a minor, such as a trafficker.

Policy 14.1, Glossary



Case Manager Decision Tree to Determining Commercial Sexual Exploitation of a Minor

This tree is designed as a tool to assist case managers in determining if a specific disclosure, report, or referral meets criteria to be identified as a Commercial Sexual Exploitation of a Minor case.



Child Abuse Hotline Cue Questions

When an indication of sex abuse is present, hotline staff will ask the following questions:

- Has the child been made available by the alleged perpetrator to others for purposes of sexual gratification or prostitution?
- Has the victim, the caretaker or any third party (friend, relative, etc.) received money, items or services in exchange to access or sex with the victim?
- If the answer to either question is YES or there are indications that it is happening, PROCEED TO CUE QUESTIONS for Commercial Exploitation of a Minor

CSEM Cue Questions:

- If the child is a runaway, was the child found at a truck stop, service station, hotel or motel?
- Does the child hang around or spend time at truck stops, service stations, hotels or motels?
- Does the child have a history of having older boyfriends?
- Is the child ever alone or is he/she always accompanied by the boyfriend?
- Does the child have recent tattoos or brandings? Bar codes and gang tattoos are the most common.
- Does the child have items or receive services that are expensive or inappropriate for his/her age? (expensive hair styles, manicures/pedicures, provocative clothes, expensive jewelry, purses, or clothing)
- Does the child have a history of frequent runaway?

Where Does Sex Trafficking Occur?



Video: Hidden America



TN Department of
Children's Services

Trafficking or Not?

Activity



- ✓ Did you all agree that the scenario you read was indeed sex trafficking?
- ✓ What information in the scenario helped you decide if was or was not sex trafficking?
- ✓ What else did you discuss in your small group related to this scenario in particular, or about sex trafficking, in general?
- ✓ Did this scenario generate any questions for the group related to CSEM?



Trafficking or Not?

Scenario 1

Jamil is 14 years old and lives with his mother in an apartment. Even though she works two jobs, his mother struggles to make ends meet. Jamil spends a lot of time home alone, and the landlord started asking Jamil to help him with some projects around the building to keep him busy. For the last 3 months, while they are hanging out, the landlord makes Jamil perform oral sex and sometimes takes pictures of him during the sex acts. The landlord told Jamil and his mother that he would not evict them as long as Jamil keeps hanging out with him.

- Does this case fit the DCS definition of CSEM?
- If yes, what components of the scenario align with the DCS definition? If no, what components are missing?

Scenario 2

Ashley is 15 years old. She lives with her 84-year-old grandmother, who also takes care of her four younger siblings. The week before her first day of school, Ashley realizes the family doesn't have enough money to buy her school uniform and supplies. One of her friends suggests she go down to the local gas station and "stand on the corner" to make money. Within 15 minutes of standing on the corner, a man offers Ashley \$50 for an oral sex act. Ashley agrees because \$50 will pay for her school uniform.

- Does this case fit the DCS definition of CSEM?
- If yes, what components of the scenario align with the DCS definition? If no, what components are missing?

Scenario 3

Vanessa just turned 15 years old and is on the run from her foster home when she meets an older girl who says she can get her a job as a stripper. The girl introduces Vanessa to her boyfriend, Ricky, who says he'll operate as her manager. Vanessa gets a job at the club without even interviewing. She's super excited, but at the end of her first night of dancing, Ricky tells her he needs all of her money to cover rent and her dance outfits. When she hands him \$300, he says it's not enough and tells her he needs her to work "overtime" in the back rooms. She feels like she does not have a choice if she wants a place to sleep that night, so she goes in the back and engages in sex acts to earn another \$300 for Ricky.

- Does this case fit the DCS definition of CSEM?
- If yes, what components of the scenario align with the DCS definition? If no, what components are missing?

Scenario 4

An officer in your local law enforcement Vice Unit has contacted you at 11 p.m., following a sting operation where they located a missing 15-year-old youth from another state. The officer found the

youth after responding to an online classified ad posted on websites like Backpage.com and Myproviderguide.com. The child told the police officer that she met "Cream" outside of her group home about a month ago. She keeps referring to "Cream" as her boyfriend and says that they have been on the road, moving from hotel to hotel for about 3 weeks. She's really worried about whether he is in trouble and keeps asking when she will get to see him. Law enforcement is asking for someone to come and take her to a placement for the evening.

- What are some of the risk factors and red flags in the scenario related to potential sex trafficking?
- Does this case fit the DCS definition of CSEM?
- If yes, what components of the scenario align with the DCS definition? If no, what components are missing?

Scenario 5

You receive a case from the court regarding 16 year old Maria, whose mother has filed an unruly petition. The mom says she can't control Maria. In the past month, Maria has run away three times, and when she does come home, it's hardly ever before midnight. The mom says she received a call from the school counselor saying Maria is sleeping through most of her classes. The mom is suspicious that Maria might be getting into drug dealing because she returned from her last run with her nails done and had upgraded her phone, which she's always using. When you sit down to talk with Maria, you notice that she has a notepad from the Red Roof Inn in her purse and several condoms.

- Does this case fit the DCS definition of CSEM?
- If yes, what components of the scenario align with the DCS definition? If no, what components are missing?
- What are some of the risk factors and red flags in the scenario related to potential sex trafficking?

Scenario 6

Liz, who is 17 years old, runs away from her foster home because she hates the other kids placed there. While sitting outside of a local mall she gets a message on a social networking app from Mike, a cute older "boy" (33 years old) who hit her up a few weeks ago and said he thought she was pretty. They've been communicating for weeks and he always contacts her when she's having a rough day. He seems so sweet and asks her about her life and promises to help her achieve her hopes and dreams. Liz quickly falls for him, and when he hears she ran away, he says she can stay at his place. She thinks they are in love. After spending what she considers an amazing month together, he tells her that she is costing him too much money and must earn her keep. When she says she does not want to prostitute, Mike says, "Your uncle has been taking it for free for years, it's about time you got something for it." So Liz agrees because she wants to prove her love for him. Mike takes a couple photos and posts her escort ad online. Within minutes, the first text responses come in, asking to coordinate a location and time for a date, and within the hour, she's already made \$100 for Mike.

- Does this case fit the DCS definition of CSEM?
- If yes, what components of the scenario align with the DCS definition? If no, what components are missing?

Who is Vulnerable to CSEM?

While any child is at risk, child sex trafficking disproportionately impacts children with greater social, economic, and environmental vulnerabilities



TN Department of
Children's Services

The Data

1 in 6 of the more than 26,500 cases of children reported missing in 2020 who had run away were likely victims of child sex trafficking

17% of the children who ran from the care of social services and were reported missing to NCMEC in 2020, were likely victims of child sex trafficking

TN Department of
Children's Services

Men and Boys in Sex Trafficking Overlooked

Key points from three different resources:

Juvenile Justice Information Exchange: <http://jjie.org/trafficked-boys-overlooked-underrepresented/>

- Males remain a largely invisible population within the dialogue on sex trafficking. According to a 2008 study by the John Jay College of Criminal Justice, in fact, boys comprised about 50 percent of sexually exploited children in a sample study done in New York, with most being domestic victims.
- Experts say that the law enforcement's attitudes toward male victims are still weighed down by gender biases in trafficking discourse, which pins females as victims and males as perpetrators.
- Many people also mistakenly associate male prostitution with homosexuality, when a majority of the trafficked youths are not gay, said Steven Pricopio, program coordinator of Surviving Our Struggle, an aftercare center for young male trafficking victims.
- Male victims come from similar backgrounds as female victims, often raised in broken families with a history of neglect and abuse, with at least 70 percent having experienced sexual abuse as children.
- LGBTQ youth, who are more likely to be kicked out of their homes due to their sexual orientation or gender identity, may comprise about one-thirds of this population, according to the John Jay study.
- Once on the streets, young men are often lured into prostitution not only by pimps, but also by friends through peer networks that may stand to earn cash for "helping them out," which confuses the cycle of exploitation.

Human Trafficking Search: <http://humantraffickingsearch.net/wp/invisible-men-male-victims-of-sex-trafficking/>

- Male survivors of sex trafficking are the silent victims of an already hidden crime. Rarely does the public hear about cases of male sex trafficking and due to feelings of shame or humiliation, victims are unlikely to report the crime.
- For male victims of sex trafficking the path to recovery and rehabilitation in the United States is long and full of challenges. Male victims of sex trafficking are less likely to receive support services than female victims.

Human Trafficking Center: <http://humantraffickingcenter.org/posts-by-htc-associates/men-boys/>

- If “male prostitute” is an uncommonly heard term, then “male sex trafficking victim” is rarer still. If you looked at the early literature, legislation and media coverage of sex trafficking, it would appear that the commercial sexual exploitation of men and boys is a relatively new concept, something that did not exist until recent years.
- The mainstream media and well-intentioned but misinformed or inadequately trained professionals within the counter-trafficking movement have perpetuated the image of a young, foreign, female victim. Just as it is easier to believe that a foreigner is a victim of trafficking than a U.S.-born citizen because it helps to externalize the danger onto a separate population, it may also be easier to believe that only the “weaker sex” is victimized. This notion is wrong and it is harmful. While women and girls obviously deserve protection, correcting false perceptions is the first step toward ensuring that boys—and yes, men—are also safe.

Sex Trafficking and LGBTQ Youth

Every year, children and young adults are compelled into sex trafficking in the United States. While trafficking affects all demographics, traffickers frequently target individuals who lack strong support networks, are facing financial strains, have experienced violence in the past, or who are marginalized by society. Without adequate community support, youth who identify as lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ) may be at particular risk for sex trafficking. Service providers who work with LGBTQ youth may be in a position to identify, support, and assist LGBTQ youth who have been trafficked.

WHAT IS SEX TRAFFICKING?

Sex trafficking is a form of modern slavery that exists throughout the United States and around the world. Sex traffickers use violence, threats, lies, debt bondage, and other forms of coercion to compel individuals to engage in commercial sex acts against their will. Under U.S. federal law, any minor under the age of 18 years induced into commercial sex is a victim of sex trafficking—regardless of whether or not the trafficker used force, fraud, or coercion.¹

The situations that sex trafficking victims face vary dramatically. Some victims become romantically involved with someone who then forces or manipulates them into prostitution. Others are lured in with false promises of a job, such as modeling or dancing. Some are forced to sell sex by family members, while others are kicked out by their families, placing them in precarious financial situations in which they must trade sex to survive. Victims of sex trafficking may be involved in a trafficking situation for a few days or may remain in the same trafficking situation for years.

HOW DOES SEX TRAFFICKING AFFECT HOMELESS YOUTH?

Too many LGBTQ youth still face significant challenges during adolescence and early adulthood, fighting discrimination, misconceptions, and abuse by peers, family members, and others in their communities.

Up to 40% of homeless youth identify as LGBTQ. Of these:

46% ran away because of family rejection²

7.4x more likely to experience acts of sexual violence than their heterosexual peers³

3-7x more likely to engage in survival sex to meet basic needs,⁴ such as shelter, food, drugs, and toiletries⁵

SAFE HARBOR LAWS

Safe harbor laws are designed to protect minors who are exploited for commercial sex. Safe harbor laws have two main components: legal protection and provision of services.⁶

As of 2015, 34 states had safe harbor laws on the books. These state laws varied greatly, offering immunity, affirmative defense, or pretrial diversion to minors engaged in commercial sex.⁷

Safe harbor also allows a pathway into specialized services, including medical and mental health treatment, housing, education assistance, job training, and legal services.

HOW ARE LGBTQ YOUTH MORE VULNERABLE?

LGBTQ youth face higher rates of discrimination, violence, and economic instability than their non-LGBTQ peers.⁸ When faced with fewer resources, employment opportunities, or social supports, LGBTQ youth who are away from home must find ways to meet their basic needs and may therefore enter the street economy, engaging in commercial sex to meet these needs.

Others may then seek to exploit these vulnerabilities in order to compel youth into commercial sex. Traffickers may seek to meet the youth's needs as a way to build rapport and dependency. They may offer a sense of family, protection, or love to build a sense of relationship and loyalty. This bond may complicate the youth's understanding of their situation and prevent them from speaking out against their trafficker.

It is difficult for many individuals who have been trafficked to reach out for assistance, but this is especially true for individuals who fear that they will be mistreated or not believed because of their gender identity or sexual orientation. Studies have found that LGBTQ youth are overrepresented in detention for prostitution-related offenses and report higher levels of police misconduct than their straight peers.⁹

Furthermore, gay and transgender youth may not have access to anti-trafficking services because they are unaware of services in their area, the community lacks resources (e.g. bed space, funding), or they are concerned that providers are not LGBTQ friendly.

LGBTQ youth service programs may be in a unique position to support at-risk youth, identify youth who have experienced trafficking, connect them to needed services, and advocate on their behalf.

HOW DO I KNOW IF A YOUTH HAS EXPERIENCED SEX TRAFFICKING?

It may not be readily apparent that a youth has been trafficked, and every survivor's experience is unique. The red flags listed here signify common features associated with youth who have been trafficked. If you find that several of these red flags are present for a youth with whom you are working, we recommend you engage them in an honest, safe, and non-judgmental dialogue about their potential involvement in commercial sex.

RED FLAGS FOR SEX TRAFFICKING

- Is under the age of 18 and engaged in commercial sex, regardless of force, fraud, or coercion
- Feels they must provide commercial sex in exchange for food, housing, hormones, or other necessities
- Photos of the youth have been placed online for advertising purposes
- Movement or communications are monitored
- Is hesitant to answer questions; scripted responses
- Has been threatened with harm to self or loved ones, arrest, or deportation
- Demonstrates mental health concerns like PTSD, anxiety, self-destructive behavior, or depression
- Suffers from untreated medical concerns, particularly in relation to sexual or reproductive health
- Shows signs of physical or sexual abuse, neglect, malnourishment, or poor hygiene
- Has a debt they cannot pay off
- Earnings are confiscated or held by others
- Frequently moves or travels to new cities with new acquaintances

WHAT SHOULD I DO IF ONE OF MY YOUTH HAS BEEN TRAFFICKED?

It can be difficult for victims of trafficking to disclose their situation and reach out for help. Many victims do not identify as victims of trafficking, fear the repercussions of reporting their situation, or simply do not know that help is available. It is important to continue to build trust and rapport, while giving them the tools to stay safe. Survivors may need specialized anti-trafficking services, such as criminal justice advocacy, assistance vacating prior convictions, or trauma-informed mental health services.

If you believe you are working with a young person who may be a victim of trafficking, you can reach out to the National Human Trafficking Resource Center (NHTRC) for advice and referrals to local anti-trafficking services. The NHTRC is a national hotline serving survivors of human trafficking and the broader anti-trafficking community. The toll-free hotline is available to answer calls from anywhere in the country, 24/7, in over 200 languages.

The NHTRC and the Polaris BeFree Textline are confidential, non-judgmental places to seek assistance. Call 888-373-7888 or text 233733 to talk to a specially trained Hotline Advocate to get help, connect to local services, or get more information about human trafficking. For more information about these helplines, visit polarisproject.org/get-assistance.

National Human Trafficking
Resource Center Hotline
Call 1-888-373-7888

Polaris BeFree Textline
**Text HELP to BeFree
(233733)**

HOW CAN LGBTQ ORGANIZATIONS GET INVOLVED IN ANTI-TRAFFICKING EFFORTS?

- 1 Join your local human trafficking task force or coalition.** A strong anti-trafficking response requires the expertise and skills of all professions. You have an important role to play in supporting LGBTQ youth in your community.
- 2 Partner with local service providers and law enforcement on training efforts.** Peer-to-peer training not only provides an opportunity to build trust and relationships, but sharing expertise on LGBTQ cultural competency and human trafficking results in a stronger response network when youth do come forward.
- 3 Engage your youth on issues of trafficking and exploitation.** Provide youth with safety planning tips, resources about trafficking, and information on how to get help for themselves or others in abusive or exploitative situations.

Risk Factors for Native Youth

Extreme Poverty

Casinos

Targeted by non-Native American men who may offer them financial resources and gifts

Fracking

Often exclude young people who have left which can make it harder for native American youth to return



Key Indicators of Sex Trafficking

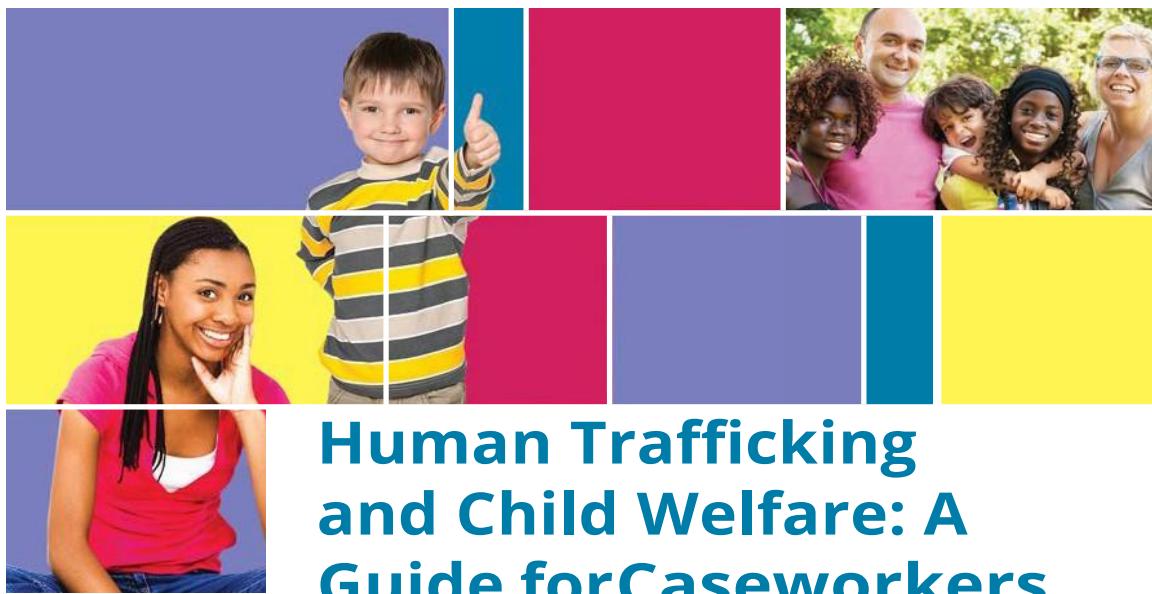


Barriers to Self-identification and Disclosures

- ✓ Lack of trust
- ✓ Due to trauma bonds and manipulation used by traffickers, victims often are unable or reluctant to self- identify
- ✓ Victims are coached on what to say and what not to say to others
- ✓ Shame & guilt
- ✓ Fear of the trafficker
- ✓ Fear of negative consequences of disclosure
- ✓ Fear and forgetfulness are symptoms of trauma
- ✓ Screening is not a definitive tool



July 2017



Human Trafficking and Child Welfare: A Guide for Caseworkers

Child welfare caseworkers can be an invaluable resource in helping communities respond to the human trafficking of children. Children involved with child welfare are at risk for being targeted by traffickers because of their potentially unstable living situations, physical distance from

friends and family, traumatic experiences, and emotional vulnerability. Therefore, it is imperative that child welfare caseworkers be at the forefront of efforts to identify, respond to, and prevent human trafficking. This bulletin explores how caseworkers can identify and support children who have been victimized as well as children that are at greater risk for future victimization. It provides background information about the issue, strategies caseworkers can use to identify and support victims and potential victims, and tools and resources that can assist caseworkers.

Child Welfare Information Gateway developed a companion guide to this publication to assist child welfare agencies in developing and coordinating a response to human trafficking. It includes a detailed discussion of Federal legislation and initiatives to address this issue. *Human Trafficking and Child Welfare: A Guide for Child Welfare Agencies* is available at <https://www.childwelfare.gov/pubs/trafficking-agencies>.

recent years public agencies have strengthened their focus on its identification and prevention as well as treatment for its victims. The following provides information about the definitions of human trafficking, the scope of the problem, the connection with child welfare, risk factors, and the needs of its victims.

Definitions

Both U.S. citizens and foreign national children can be victims of human trafficking within the United States. Federal law generally categorizes severe forms of trafficking in persons into either labor trafficking or sex trafficking.

- **Labor trafficking.** Per the Trafficking Victims Protection Act of 2000 (TVPA), which is part of the Victims of Trafficking and Violence Protection Act of 2000 (P.L. 106-386), labor trafficking is the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud, or coercion in order to subject that person to involuntary servitude, peonage, debt bondage, or slavery. The definition of labor trafficking in the TVPA does not distinguish between children and adults, which means that children also must encounter force, fraud, or coercion to be victims of labor trafficking. Examples of labor trafficking include agricultural or domestic service workers and travelling sales crews that force children to sell legal items (e.g., magazines) or illegal items (e.g., drugs).

- **Sex trafficking.** The TVPA, as amended, defines sex trafficking as “the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of commercial sex.” While adults must be compelled to perform commercial sex by force, fraud, or coercion in order for it to be considered a severe form of trafficking in persons, this is not the case for children. By law, children under the age of 18 who are induced to engage in a commercial sex act are considered victims of sex trafficking. In addition to a minor engaging in a sex act in exchange for money, examples of sex trafficking include a minor engaging in “survival” sex (i.e., the victim engages in sex in order to obtain basic needs such as food, shelter, or clothing, which are considered something of value) and participating in certain types of pornography.

Professionals in child welfare and related fields typically use the words “victims” or “survivors” to refer to individuals who have experienced or were experiencing human trafficking. The use of the term “victim” often has legal implications for foreign nationals in terms of their eligibility for services, legal standing, and rights, whereas the term “survivor” is frequently used to connote the strength and resilience of individuals who were exploited through human trafficking. Although the terms are sometimes used interchangeably in the field, this bulletin uses the term “victim” while still acknowledging the strength and resiliency of those who have been trafficked.

There are several common misperceptions about trafficking (Center for the Human Rights for Children & International Organization for Adolescents, 2011):

- **Myth:** Trafficking always involves transporting the victim across State, country, or other borders. **Reality:** This is not included in the Federal definition of trafficking. An individual can be recruited and exploited for labor or commercial sex without having crossed any borders.
- **Myth:** All human trafficking victims in the United States are from other countries. **Reality:** Trafficking victims may be U.S. citizens or foreign nationals.

- **Myth:** Individuals must be physically restrained or locked up to be a victim.
Reality: While some victims may be physically held by their trafficker, psychological means of control (e.g., trauma bonds, threats, coercion) are far more common.

For more information about how States classify human trafficking, view Information Gateway's *Definitions of Human Trafficking* at <https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/definitions-trafficking/>.

The exact number of child victims of human trafficking in the United States is unknown, and trying to determine the number is difficult. The number of exploited children or children at risk for exploitation varies widely from source to source, often due to differences in definitions and methodologies (Finklea, Fernandes-Alcantara, & Siskin, 2015). Challenges to data collection include victims of trafficking not self-identifying due to factors such as complex trauma, trauma bonds, and normalization of victimization. Additionally, victims may fear talking to authorities, distrust service providers, or may have been coached by their traffickers on what to say while talking to others. These factors, among others, often make it difficult for those screening for trafficking victims or collecting data to recognize victims. For a more thorough discussion of the issues surrounding data collection, see Chapter 2 of *Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States*, a product of the National Academy of Science, at <https://www.ojjdp.gov/pubs/243838.pdf#page=58>.

Nonetheless, there are various studies and organizations that provide a glimpse at how many children may be victims of human trafficking.

- The National Human Trafficking Hotline, a resource supported by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS), received reports for 5,544

potential cases of human trafficking in 2015, with 1,621 of those cases referencing minors. For all cases, 75 percent involved sex trafficking, 13 percent involved labor trafficking, and 3 percent involved both types (National Human Trafficking Resource Center, 2016).

- One in six of the more than 18,500 children reported to the National Center for Missing and Exploited Children (2017a) as missing were the victims of child sex trafficking.

It is important to remember that existing national data are not reliable indicators of the prevalence of human trafficking. The true prevalence of sex and labor trafficking is unknown, and most service providers believe that these statistics underestimate the scope of the problem.

Intersection With Child Welfare

Children in out-of-home care are at a particularly high risk of being trafficked. Estimating the number of trafficking victims who are or were involved with child welfare faces similar challenges to determining the overall number of victims, but many studies have shown a strong connection. A 2013 report by the HHS Administration on Children, Youth and Families cited a number of alarming statistics, including several studies showing that 50 to more than 90 percent of children who were victims of child sex trafficking had been involved with child welfare services (HHS, ACF, 2013).

A background of abuse and trauma—coupled with the impermanence of foster care or congregate care—can make children in out-of-home care especially vulnerable. A number of research and newspaper articles have pointed to the fact that traffickers target children in foster care because of their increased vulnerability (see, for example, Menzel, 2013). Traffickers exploit the fact that children in foster care—or those who have run away from care—may not be having their familial, emotional, or basic needs met. The traffickers promise to meet those needs—often using psychological manipulation and financial incentives to woo them—and then use violence or physical control to retain and exploit them (Innocence Lost Working Group, 2010).

Risk Factors

Victims of human trafficking are as diverse a group as another child welfare population. They may be of any race or ethnicity, be U.S. citizens or foreign nationals, or identify with any sexual orientation or gender. Additionally, human trafficking can occur in any type of geography (e.g., rural, urban).

Although there is not a comprehensive set of characteristics that define who will be a victim of human trafficking, there are factors that increase a child's risk (HHS, ACF, Family and Youth Services Bureau [FYSB], 2017; Child Welfare Capacity Building Collaborative, 2016; Greenbaum & Crawford-Jakubiak, 2015):

- History of maltreatment at home, especially sexual abuse
- Involvement with the child welfare or juvenile justice systems
- History of running away
- Homelessness
- Financial problems
- Inadequate family or other relationships
- Self or familial substance use or mental health problems
- Identification as lesbian, gay, bisexual, or transgender
- Unmet intangible needs (e.g., love, belonging, affection, protection)
- Low self-esteem
- Lack of identity

The preceding risk factors are not exhaustive, and a child's experience with one or more of these factors is not a definite indication that they have been or will be trafficked. Additionally, the absence of these risk factors is not an indication that a child has not been trafficked or is not at risk of being trafficked. If your agency does not require screening for trafficking in all cases, you can use these risk factors as an informal way of assessing risk and determining if additional screening or assessment is necessary.

How Victims Are Recruited and Controlled by Perpetrators

There is no single pathway for how children become victims of human trafficking. Victims of human trafficking may be coerced by peers, recruited by traffickers directly in-person or online, abducted, or sold or forced by family members (Ijadi-Maghsoodi, Cook, Barnert, Gaboian, & Bath, 2016). Some may be groomed by perpetrators, whereby the perpetrator seeks vulnerable children and coerces them using a variety of methods, such as gifts and compliments, normalizing the exploitation, providing drugs or alcohol, or establishing intimate "relationships" with them. Caseworkers should remember, however, that no child chooses to be exploited (HHS, ACF, FYSB, 2016). It is a situation into which they have been forced, coerced, or tricked.

Children may be kept in exploitative situations through the use of physical force or violence (e.g., beatings, rape, imprisonment), psychological coercion and intimidation (e.g., fear of violence toward themselves or loved ones), or dependence on the trafficker for housing, money, food, and other basic needs, as well as substances to which the child may be addicted (at times due to the trafficker forcing the child to take them). Additionally, some children may develop an emotional connection with their traffickers, which is often referred to as traumabonding or Stockholm syndrome (Hardy, Compton, & McPhatter, 2013). This trauma bond may cause the victim to support or protect the trafficker, which may make it difficult for child welfare personnel, law enforcement, or other service providers to assist the victim in escaping or receiving services or to prosecute the perpetrator. In some cases, victims who have been removed from their exploitative situations make attempts to re-establish emotional or physical contact with the perpetrator, going so far as running away from their care settings to be with them (West & Loeffler, 2015). When child welfare caseworkers are aware of these types of bonds and work with foster families and other care and service providers to address them, they will be better able to ensure children remain safe in their placements.

Understanding Victim Needs

Children who have been victims of trafficking have many needs similar to those of children who enter the child welfare system because of substantiated abuse or neglect by their parents or caregivers. For instance, children who have been trafficked need health care, mental health services, a safe place to live, help with education, and facilitated reconnections with family members, when appropriate. These are discussed below, along with some of the aspects that distinguish trafficking victims' needs from those of other children receiving child welfare services.

Physical health. Children who have been trafficked often have experienced physical abuse, neglect (including medical and dental neglect), emotional abuse, and sexual abuse. Associated with this abuse, they may suffer from broken bones and other untreated internal and external injuries; sexually transmitted diseases, including HIV; and malnutrition. Their overall health may show the consequences of long periods of poor or no medical or dental care. Child welfare caseworkers can help by ensuring that victims have access to medical screenings and treatment to address both immediate and long-term concerns. Connecting with a trauma-informed health-care provider who has experience with victims of trafficking may also provide reassurance to victims who may be reluctant to seek care.

Behavioral health. Children who have been trafficked often have an array of complex behavioral health needs. Victims may have experienced regular beatings, sexual assault, and other acts of violence. Most children who have been trafficked have a need for long-term, intensive behavioral health services that can help them move forward into a new, healthier life. Studies have identified a number of mental health symptoms associated with trafficking, including posttraumatic stress disorder, panic attacks, obsessive-compulsive disorder, generalized anxiety disorder, major depressive disorder, dissociative disorders, and substance use (Williamson, Dutch, & Clawson, 2010). Screening by qualified behavioral health providers who have experience with youth who have been trafficked can be the first step to getting help. Screening

can help determine the type of therapy that might be most useful, and child welfare workers can facilitate access to treatment providers.

Housing. Children who have been trafficked and come into the care of child welfare almost always have an immediate need for a safe place to live. Their background may make them particularly vulnerable in a traditional foster care setting, and many foster families may be unprepared to parent a child who has been trafficked. Some localities have developed specialized foster home programs or provide training to foster parents about issues affecting victims of trafficking. Additionally, some shelters and group homes may develop their programs specifically for children who have been trafficked.

Education. Children who have been trafficked may require educational screening and may also require remedial services. While some children may feel comfortable in a traditional school, others may prefer more nontraditional education options. Child welfare caseworkers can help by collecting records, exploring education options, and facilitating enrollment.

Employment. Youth who have been trafficked may need assistance obtaining employment, especially if they lack legal work experience or have not acquired a high school diploma or GED. They also may have been arrested for crimes committed while being trafficked, which could prevent them from passing background checks required for employment. Additionally, victims of sex trafficking may have had the experience of making a large amount of money in a short time period and may not view the pay in an entry-level position as a viable option (Lutnick, 2016). Caseworkers can seek out programs in their communities that connect youth with job training, job skills and application support, internships or externships, or other supports.

Legal services. There are a number of circumstances that might require the child who has been trafficked to hire or otherwise secure legal assistance. Children need lawyers if they are charged with crimes as a result of their victimization. They may also need legal counsel to protect themselves from their pimps or traffickers or to establish

their legal identity. Some children involved with the justice system may require an attorney for victim advocacy, while those who are not citizens may require an immigration attorney.

Other needs. Youth who have been trafficked will often need help with basic life skills (e.g., opening a bank account, keeping medical records). For many, having a mentor or someone who is willing and available to provide guidance over the long term is often essential to ensure that the youth is able to pursue a life away from trafficking.

Working With Victims

Victims of human trafficking have already experienced a wide range of trauma and may be hesitant to speak with authorities, provide detailed information about their situations, or even self-identify as victims. To properly determine whether a child is a victim of human trafficking and which services they may need, caseworkers need to be able to build rapport and implement comprehensive screening tools.

Building Rapport

Many of the same techniques and approaches to working with children involved with child welfare are applicable to working with children who are victims of human trafficking, such as active listening, being empathetic, using interpreters when necessary, being nonjudgmental, maintaining open body language, and mirroring the terms used by the child. There are some strategies to building trust and rapport, however, that may be particular to working with children who are victims of trafficking or that should be emphasized when working with them (Vera Institute of Justice, 2014; National Human Trafficking Resource Center, 2011; HHS, ACF, FYSB, 2017):

- Ensure the child feels safe and has his or her basic needs met
- Be prepared to build a relationship with the child over multiple meetings before he or she is ready to divulge details of the exploitation
- Recognize that many victims do not view themselves as victims
- Let the child know if you have experience with similar cases, as appropriate

- Be sensitive to any fears the child may have about retribution by the trafficker toward the child or the child's family
- Ensure the child understands he or she is viewed as the victim and is not responsible for the exploitation or not leaving the situation
- Be aware that children who are victims of trafficking often are provided with a false story to tell authorities and are conditioned not to trust them
- Do not speak negatively about the exploiter, with whom the child may still have a complex relationship

Caseworkers can apply these techniques throughout their time with children who are victims of human trafficking—or who are potential victims—including during intake, screening, investigation, and service provision. Additionally, caseworkers can partner with other organizations and individuals that may already have developed a trusting relationship with the victims, such as drop-in centers, sexual violence advocates, and survivor-led organizations. This may help victims, who may be distrustful of authority figures, develop a rapport with caseworkers.

A potential barrier to caseworkers building rapport is that some victims of human trafficking actively try to avoid contact with the child welfare system. Some victims of human trafficking have had previous negative experiences with child welfare and do not want to be involved again (Gibbs, Walters, Lutnick, Miller, & Kluckman, 2014). Even victims who have no previous child welfare involvement may view it as a system that will not improve their situations (Lutnick, 2016). Some victims may have been instructed by their traffickers to avoid the child welfare system or coached on what to say if they encounter representatives of the system. They may withhold information from child welfare caseworkers or other service providers in order to evade a child maltreatment report or to thwart a child welfare investigation. Similarly, child victims may avoid contact with shelters or other social services so they do not have to provide information that may attract the attention of the child welfare system (Gibbs, Walters, Lutnick, Miller, & Kluckman, 2015). This potential avoidance highlights the importance of caseworkers building trust with victims and assuring them that they can provide help and support.

Resources to Assist With Identifying Victims and Building Relationships

The following resources each offer screening tools applicable to child victims of human trafficking as well as tips for building rapport and interviewing victims:

- Comprehensive Human Trafficking Assessment (National Human Trafficking Resource Center):
<https://humantraffickinghotline.org/sites/default/files/Comprehensive%20Trafficking%20Assessment.pdf>
- Rapid Screening Tool for Child Trafficking and Comprehensive Screening and Safety Tool for Child Trafficking (Center for the Human Rights for Children and the International Organization for Adolescents [IOFA]): <http://www.luc.edu/media/lucedu/chrc/pdfs/BCWRHandbook2011.pdf#page=50>
- *Screening for Human Trafficking: Guidelines for Administering the Trafficking Victim Identification Tool (TVIT)* (Vera Institute of Justice):
<https://www.ncjrs.gov/pdffiles1/nij/grants/246713.pdf>
- *Intervene: Identifying and Responding to America's Prostituted Youth* (Shared Hope International)
<https://www.thresholdglobalworks.com/pdfs/sex-trafficking-guide.pdf>

A more comprehensive list of screening tools is available in the Child Welfare Capacity Building Collaborative publication titled *Identifying Minors and Young People Exploited Through Sex Trafficking: A Resource for Child Welfare Agencies* at <http://go.usa.gov/x92Md>.

Identifying Victims

Many screening tools exist to help caseworkers and other professionals determine whether a child is the victim of human trafficking. Screening tools may be standalone and specific to human trafficking (sex, labor, or both), or they may be universal or broader tools that have questions related to trafficking. In a recent study by Casey Family Programs (2014), only 44 percent of respondents indicated their agencies had a policy to address child victims of sex trafficking.

It is also important to know the potential indicators of sex or labor trafficking so that you can be aware of the possibility of a child being a victim even when you are not administering a formal screening. The following are examples of indicators of possible sex and/or labor trafficking (Center for the Human Rights for Children & IOFA, 2011; National Center for Missing and Exploited Children, 2017b):

- Is not allowed to speak while alone or seeks another's approval before answering
- Appears to have been coached about how to speak with law enforcement or other authorities
- Does not possess identification or lies about identity
- Describes inconsistent life events
- Cannot provide evidence of a legal guardian
- Is not enrolled in school
- Works long hours
- Uses terms related to sex work (e.g., "daddy," "the life")
- Possesses hotel keys, large amounts of money, or multiple cell phones
- Describes multiple unexplained trips to other cities or States
- Lives with employer or other "employees"
- Is paid little or nothing for work or services provided
- Mentions that "pay" goes toward a debt to "employer," fees for travel, or housing provided by employer

For a more complete set of indicators, refer to *Building Child Welfare Response to Child Trafficking*, which was developed by the Center for the Human Rights for Children at Loyola University Chicago and IOFA. The publication is available at <http://www.luc.edu/media/lucedu/chrc/pdfs/BCWRHandbook2011.pdf#page=40>.

For a glossary of sex trafficking-related terms that caseworkers may hear when talking with clients, visit the Shared Hope International website at <http://sharedhope.org/the-problem/trafficking-terms/>.

Children Running Away From Foster Care

Children who have runaway, as well as those who are homeless, face an increased risk of becoming victims of trafficking (Countryman-Roswurm & Bolin, 2014). On September 30, 2015, more than 4,600 children in foster care were classified as having run away from placement (HHS, ACF, Children's Bureau, 2016). Caseworkers should be aware of any protocols at their agency regarding steps to take in case a child in care runs away or is suspected of running away. Federal law requires agencies to have procedures in place to locate children missing from foster care and determine what the child experienced (e.g., trafficking) while away from care. It also requires agencies to report to law enforcement, within 24 hours, information on children who have been missing or abducted so it can be entered into the National Crime Information Center database of the Federal Bureau of Investigation.

A study of youth in foster care who had run away found that youth typically run away because they want to be with family or friends or they dislike their placements, often due to wanting more freedom, trust, respect, and fewer rules (Pergamit & Ernst, 2011). The study also reported that youth often do not feel supported by their caseworkers and believed that caseworkers should visit them more and take additional time to talk with the youth and understand their points of view, including why they may be displeased with their current placements.

Caseworkers also can help support foster parents, as well as residential center staff, who care for victims of trafficking. They can ensure care providers are aware of the unique experiences and needs of children who have been trafficked and know how to react if they suspect a child has run away from care.

The National Center for Missing and Exploited Children has a microsite devoted to children missing from care. It includes information about how to report a missing child to the center. To view the site, visit <http://cmfc.missingkids.org/home>.

Connecting Victims With Services

After determining a child is a victim of human trafficking, it is imperative for caseworkers to connect the child with services that can meet their complex needs.

Caseworkers should seek out services and supports within their agencies and in the community that can meet the short- and long-term needs of this population. Two obstacles facing caseworkers, however, are the scant evidence base about how to serve this population and the lack of effective and available services (Institute of Medicine & National Research Council, 2013). Frequently, when services are available in communities, they are not specialized for victims of human trafficking.

The following information may help caseworkers when seeking out available resources or working with service providers to establish effective supports:

- Although trauma-informed services were not necessarily developed for trafficking victims and have not been evaluated thoroughly for this population, many professionals believe they are critical to successful interventions with trafficking victims (Hardy, Compton, & McPhatter, 2013). Caseworkers should ensure that service providers use trauma-informed practices and are knowledgeable of issues related to trafficking.
- Children and service providers may not agree about what are the child's most pressing needs. For example, a provider may view mental health services as the foremost need, but the child may prioritize "survival" needs, such as food, housing, and employment (Lutnick, 2016).
- Children are more likely to utilize services when they are provided in-house (i.e., where the child is placed) or are co-located with other services (Gibbs et al., 2015). This is particularly important because children may leave a service program if the services they desire are not immediately available (Lutnick, 2016).

- Children who have been trafficked often desire independence or view any restrictions placed on them as reducing freedoms to which they may have become accustomed (West & Loeffler, 2015). They may view these restrictions, including those designed to keep them safe, as being punitive, which could increase noncompliance or decreased utilization. One strategy to ameliorate this belief is to empower victims to be partners in their case planning.

Human Trafficking Training for Caseworkers

A variety of training resources about human trafficking, including supporting victims, are available online. The following training resources may be of particular interest to child welfare professionals:

- Capacity Building Center for States: Multiple trainings (free registration required) and webinars on a variety of human trafficking topics (<https://capacity.childwelfare.gov/states/focus-areas/preventing-sex-trafficking/>)
- Florida Center for Child Welfare: Multiple trainings on a range of human trafficking topics (<http://centerforchildwelfare.fmhi.usf.edu/SexualExploitation/SexualExploitation.shtml>)
- National Center for Missing and Exploited Children: Multiple trainings on a range of human trafficking topics (<http://www.missingkids.com/NCMECUUniversity>)
- National Human Trafficking Hotline: Assortment of trainings on issues related to human trafficking (<https://humantraffickinghotline.org/nhtrc-hhs-online-trainings>)
- National Human Trafficking Training and Technical Assistance Center: Training and technical assistance to inform and enhance the public health response to human trafficking (<https://www.acf.hhs.gov/otip/training/nhttac>)
- Postgraduate Institute for Medicine and U.S. Department of Health and Human Services: Links to register for the S.O.A.R. (Stop, Observe, and Respond to Human Trafficking) training (<https://www.acf.hhs.gov/otip/training/soar-to-health-and-wellness-training>)

Working With Other Systems

Preventing, identifying, and responding to human trafficking requires a multidisciplinary, communitywide approach. It is beyond the scope of a child welfare agency to serve all the needs victims of human trafficking may have. Any group or professional that comes into contact with children is a potential partner, but common partners in collaborations addressing the trafficking of children include law enforcement, district attorneys' offices, juvenile justice agencies, court personnel, guardians ad litem, educators, health-care and behavioral health providers, policymakers, and community members, as well as survivors of human trafficking.

Knowing that you will need to coordinate with multiple service providers and agencies, it is important to be familiar with your agency's confidentiality and information-sharing policies. Some jurisdictions have established task forces or other groups to help develop and enhance relationships among staff from multiple agencies and organizations. These teams can help coordinate services for individual cases as well as set up a framework for addressing and preventing trafficking on a community-wide level. The Office for Victims of Crime Training and Technical Assistance Center within the U.S. Department of Justice developed a guide to assist agencies in creating and coordinating human trafficking task forces. The guide is available at <https://www.ovcttac.gov/taskforceguide/eguide/>. Jurisdictions also may use multidisciplinary teams during the investigation of maltreatment, including trafficking, and utilize forensic interviewing techniques to gather information in a legally defensible manner. For more information about forensic interviewing, refer to Information Gateway's *Forensic Interviewing: A Primer for Child Welfare Professionals* at <https://www.childwelfare.gov/pubs/factsheets/forensicinterviewing/>.

Conclusion

The scourge of human trafficking has recently garnered greater attention from social service providers, law enforcement, and the general public. Agencies and communities across the nation have been developing or enhancing their response to human trafficking, and research on the detrimental effects of trafficking and treatments to address them is growing. Child welfare professionals can play an essential role in identifying childvictims of human trafficking and coordinating services that can support them. They can also assist in helping service and care providers better understand victims' experiences and the complex trauma they may face.

Additional Resources

- Human Trafficking (Child Welfare Information Gateway)
<https://www.childwelfare.gov/topics/systemwide/trafficking/>
- Polaris [website]
<https://polarisproject.org/>
- National Center for Missing and Exploited Children [website]
<http://www.missingkids.com>
- Human Trafficking Awareness Month (National Child Traumatic Stress Network)
<http://www.nctsn.org/resources/public-awareness/human-trafficking>

References

- Casey Family Programs. (2014). *Addressing child sex trafficking from a child welfare perspective*. Retrieved from <http://www.casey.org/media/child-sex-trafficking.pdf>
- Center for the Human Rights for Children at Loyola University Chicago, & International Organization for Adolescents. (2011). *Building child welfare response to child trafficking*. Retrieved from <http://www.luc.edu/media/lucedu/chrc/pdfs/BCWRHandbook2011.pdf>
- Child Welfare Capacity Building Collaborative. (2016). *Identifying minors and young people exploited through sex trafficking: A resource for child welfare agencies*. Retrieved from https://library.childwelfare.gov/cwig/ws/library/docs/capacity/Blob/106060.pdf?w=NATIVE%28%27SIMPLE_SRCH+ph+is%27%27Identifying+Minors+and+Young+People+Exploited+Through+Sex+Trafficking%3A+A+Resource+for+Child+Welfare+Agencies%27%27%27%29&upp=0&order=native%28%27year%2FDescend%27%29&rpp=25&r=1&m=1
- Countryman-Roswurm, K., & Bolin, B. L. (2014). Domestic minor sex trafficking: Assessing and reducing risk. *Child and Adolescent Social Work Journal*, 31, 521–538. doi: 10.1007/s10560-014-0336-6
- Gibbs, D. A., Walters, J. L. H., Lutnick, A., Miller, S., & Kluckman, M. (2014). *Evaluation of services for domestic minor victims of human trafficking: Final report*. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/grants/248578.pdf>
- Gibbs, D. A., Walters, J. L. H., Lutnick, A., Miller, S., & Kluckman, M. (2015). Services to domestic minor victims of sex trafficking: Opportunities for engagement and support. *Children and Youth Services Review*, 54, 1–7. doi: 10.1016/j.childyouth.2015.04.003
- Greenbaum, J., & Crawford-Jakubiak, J. E. (2015). Child sex trafficking and commercial sexual exploitation: Health care needs of victims. *Pediatrics*, 135(3), 566–574. Retrieved from <http://pediatrics.aappublications.org/content/early/2015/02/17/peds.2014-4138>
- Hardy, V. L., Compton, K. D., & McPhatter, V. S. (2013). Domestic minor sex trafficking: Practice Implications for mental health professionals. *Journal of Women and Social Work*, 28(1), 8–18. doi: 10.1177/0886109912475172

- Finklea, K., Fernandes-Alcantara, A. L., & Siskin, A. (2015). *Sex trafficking of children in the United States: Overview and issues for Congress*. Retrieved from http://digitalcommons.ilr.cornell.edu/cgi/viewcontent.cgi?article=2395&context=key_workplace
- Ijadi-Maghsoodi, R., Cook, M., Barnert, E. S., Gaboian, S., & Bath, E. (2016). Understanding and responding to the needs of commercially sexually exploited youth. *Child and Adolescent Psychiatric Clinics of North America*, 25(1), 107-122. doi: 10.1016/j.chc.2015.08.007
- Innocence Lost Working Group. (2010). *Commercial sexual exploitation of children: A fact sheet*. Retrieved from http://www.missingkids.com/en_US/documents/CCSE_Fact_Sheet.pdf
- Institute of Medicine, & National Research Council. (2013). *Confronting commercial sex exploitation and sex trafficking of minors in the United States*. Retrieved from <https://www.ojjdp.gov/pubs/243838.pdf>
- Lutnick, A. (2016). *Domestic minor sex trafficking: Beyond victims and villains*. New York: Columbia University Press.
- Menzel, M. (2013). *Foster care sex trafficking: Pimps, labor contractors targeting youth in Florida foster care system*. Retrieved from <http://www.wptv.com/news/state/foster-care-sex-trafficking-pimps-labor-contractors-targeting-youth-in-florida-foster-care-system>
- National Center for Missing and Exploited Children. (2017a). *Child sex trafficking*. Retrieved from <http://www.missingkids.org/1in6>
- National Center for Missing and Exploited Children. (2017b). *Child sex trafficking identification resource*. Retrieved from http://www.missingkids.com/en_US/documents/CST_Risk_Factors_and_Identification_Fact_Sheet_May_2017.pdf
- National Human Trafficking Resource Center. (2011). *Comprehensive human trafficking assessment*. Retrieved from <https://humantraffickinghotline.org/sites/default/files/Comprehensive%20Trafficking%20Assessment.pdf>
- National Human Trafficking Resource Center. (2016). *National Human Trafficking Resource Center (NHTRC) data breakdown: United States report: 1/1/2015 – 12/31/2015*. Retrieved from https://humantraffickinghotline.org/sites/default/files/NHTRC%202015%20United%20States%20Report%20-%20USA%20-%2001.01.15%20-%2012.31.15_OTIP_Edited_06-09-16.pdf
- Pergamit, M. R., & Ernst, M. (2011). *Running away from foster care: Youths' knowledge and access of services*. Retrieved from <https://www.1800runaway.org/wp-content/uploads/2015/05/Part-C-Youth-in-Foster-Care.pdf>
- U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (2016). *The AFCARS report: Preliminary FY2015 estimates as of June 2016* (No. 23). Retrieved from <https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport23.pdf>
- U.S. Department of Health and Human Services, Administration for Children and Families, Family and Youth Services Bureau. (2017). *Bought and sold: Recognizing and assisting youth victims of domestic sex trafficking*. Retrieved from <https://ncfy.acf.hhs.gov/publications/bought-and-sold-recognizing-and-assisting-youth-victims-domestic-sex-trafficking>
- U.S. Department of Health and Human Services, Administration for Children, Youth and Families. (2013). *Guidance to States and services on addressing human trafficking of children and youth in the United States*. Retrieved from https://www.acf.hhs.gov/sites/default/files/cb/acyf_human_trafficking_guidance.pdf

Vera Institute of Justice. (2014). *Screening for human trafficking: Guidelines for administering the Trafficking Victim Identification Tool (TVIT)*. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/grants/246713.pdf>

West, A., & Loeffler, D. N. (2015). Understanding victim resistance: An exploratory study of the experiences of service providers working with victims of human trafficking. *Journal of Applied Research on Children: Informing Policy for Children at Risk*, 6(1), Article 5. Retrieved from <http://digitalcommons.library.tmc.edu/cgi/viewcontent.cgi?article=1231&context=childrenatrisk>

Williamson, E., Dutch, N. M., & Clawson, H. J. (2010).

Evidence-based mental health treatment for victims of human trafficking. Retrieved from <https://aspe.hhs.gov/sites/default/files/pdf/76116/index.pdf>

Suggested Citation:

Child Welfare Information Gateway. (2017). *Human Trafficking and Child Welfare: A Guide for Caseworkers*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau



U.S. Department of
Health and Human
Services Administration
for Children and
Families Administration
on Children, Youth and
Families Children's
Bureau



Video: Human Trafficking Victim



TN Department of
Children's Services



The Process of Pimp Control

Recruitment

- Youth are recruited through lures of love, affection, money, safety, and family.
- Can occur in-person or online/social networking.
- Can occur directly with the pimp, bottom girl, or other victims.

Grooming

- Investment of time, gifts, building of trust and sense of belonging.
- Increased isolation, control, breaking down and rebuilding identity.
- Increased manipulation - testing of sexual boundaries.

“Turning Out”

- This is the point when the relationship fully shifts and the child is exploited through commercial sex.
- This can be gradual where the trafficker promises the exploitation will only happen for a short amount of time or youth can be posted online or put on the street and given a quota.

Human Trafficking Power and Control Wheel



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

Polaris Project | P.O. Box 53315, Washington, DC 20009 | Tel: 202.745.1001 | www.PolarisProject.org | Info@PolarisProject.org

© Copyright Polaris Project, 2010. All Rights Reserved.

This publication was made possible in part through Grant Number 90XR0012/02 from the Anti-Trafficking in Persons Division, Office of Refugee Resettlement, U.S. Department of Health and Human Services (HHS). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Anti-Trafficking in Persons Division, Office of Refugee Resettlement, or HHS.

CSEM IDENTIFYING AND ASSESSMENTS

Policy 14.1

- CSEM included as criterion for investigation
- Definition of caregiver now includes a trafficker
- Gives definition of CSEM



Policy 14.1

DCS Policy 14.7 – Child Protective Services Investigation Track (Section H)

Additional steps for cases involving Commercial Sexual Exploitation of a Minor (CSEM):

1. Notify CPS supervisor immediately
2. TBI Tennessee Human Trafficking Hotline
3. Local non-government organization specializing in commercial sexual exploitation
4. Medical exam (collaborate with CPIT for decision)
5. Victim interview (collaborate with CPIT for decision)
6. Decision on sexual abuse allegation & CSEM indication in TFACTS
7. CSEM cases are **ALWAYS** treated as Severe Abuse & worked in conjunction with child sexual abuse allegation.



Policy 14.7

Policy 31.10

- Created in response to human trafficking of children (CSEM) in Tennessee. This form of abuse is considered a heightened form of child abuse and requires specialized services. Each division of the Department has a responsibility for these cases. The staff responsibilities and safety issues are addressed in this policy.



Policy 31.10

DCS Policy 31.2 – Responsibilities Regarding Runaways, Absconders, and Escapees

- Encourages preventative case management practice for children/youth who may be at risk of running away and to provide procedures for when a youth does leave care and when a youth returns from a runaway episode.
- Case Managers are expected to use developmentally appropriate practices in case planning to identify services and provide a supportive environment to prevent the youth from running away through the Child and Family Team process.



Policy 31.2

Complex Trauma

Attachment and Relationships: <ul style="list-style-type: none"> ▶ Relationship problems with family members, adults, and peers ▶ Problems with attachment and separation from caregivers ▶ Problems with boundaries ▶ Distrust and suspiciousness ▶ Social isolation ▶ Difficulty attuning to others and relating to others' perspectives 	Self-Concept and Future Orientation: <ul style="list-style-type: none"> ▶ Lack of a continuous, predictable sense of self ▶ Poor sense of separateness ▶ Disturbances of body language ▶ Low self-esteem ▶ Shame and guilt ▶ Negative expectations for the future 	Dissociation: <ul style="list-style-type: none"> ▶ Disconnection between thoughts, emotions, and/or perceptions ▶ Amnesia/loss of memory for trauma ▶ Depersonalization (sense of not being in one's body) ▶ Alterations or shifts in consciousness
Physical Health: Body and Brain: <ul style="list-style-type: none"> ▶ Sensorimotor developmental problems ▶ Analgesia ▶ Problems with coordination, balance, and body tone ▶ Somatization ▶ Increased medical problems ▶ Developmental delays/regressive behaviors 	Thinking and Learning: <ul style="list-style-type: none"> ▶ Difficulties with executive functioning and paying attention ▶ Lack of sustained curiosity ▶ Problems with information processing ▶ Problems focusing on and completing tasks ▶ Difficulties with planning and problem solving ▶ Learning difficulties ▶ Problems with language development 	
Emotional Response: <ul style="list-style-type: none"> ▶ Difficulty with emotional regulation ▶ Difficulty labeling and expressing feelings ▶ Problems knowing and describing internal states ▶ Internalizing symptoms such as anxiety, depression, etc. 	Emotional Response: <ul style="list-style-type: none"> ▶ Difficulty with emotional regulation ▶ Difficulty labeling and expressing feelings ▶ Problems knowing and describing internal states ▶ Internalizing symptoms such as anxiety, depression, etc. 	

In Their Shoes: Understanding Victims' Mindsets and Common Barriers to Victim Identification

The following document outlines a wide variety of both physical and psychological reasons why trafficked persons cannot or will not leave a trafficking situation. The list is inclusive of both sex and labor trafficking operations, as well as foreign-born and U.S. citizen victims. Items on this list are not meant to be interpreted as present in all trafficking cases, neither is this list intended to be exhaustive.

- **Captivity/Confinement**
 - Past examples have included victims being locked indoors, held in guarded compounds, or locked in trunks of cars.
- **Frequent accompaniment/guarded**
 - In many trafficking networks, victims' public interactions are mediated, monitored, or entirely controlled. In certain severe cases, victims have been controlled by armed guards.
- **Use and threat of violence**
 - Severe physical retaliation (e.g., beatings, rape, sexual assault, torture) are combined with threats to hold victims in a constant state of fear and obedience.
- **Fear**
 - Fear manifests in many ways in a trafficking situation, including fear of physical retaliation, of death, of arrest, or of harm to one's loved ones.
- **Use of reprisals and threats of reprisals against loved ones or third parties**
 - Traffickers target reprisals at children, parents, siblings, and friends, or other trafficking victims.
- **Shame**
 - Victims from all cultures and in both sex and labor cases may be profoundly ashamed about the activities they have been forced to perform. Self-blame links closely to low self-esteem.
- **Self-blame**
 - In the face of an extremely psychologically manipulative situation, trafficked persons may engage in self-blaming attitudes and blame themselves for being duped into a situation beyond their control. Self-blaming attitudes are often reinforced by the traffickers and can serve to impede the victim from testifying against or faulting the trafficker.
- **Debt bondage**
 - Traffickers create inflated debts that victims cannot realistically pay off. These debts are often combined with accruing interest or small fees to ensure that the victim stays in the debt situation.
- **Traumatic bonding to the trafficker**
 - In many trafficking cases, victims have exhibited commonly-known behaviors of traumatic bonding due to the violence and psychological abuse (a.k.a., Stockholm syndrome).
- **Language and social barriers**
 - Feelings of unfamiliarity or fear of the unknown provide obstacles to leaving a trafficking situation. These feelings are exacerbated by language and social barriers.
- **Distrust of law enforcement or service providers**
 - In many cases, traffickers are known to brainwash victims into a false distrust of law enforcement, government officials, and service providers. Victims also may have had negative past experiences with institutional systems, which also impact trust levels.
- **Isolation**

- Traffickers purposefully isolate victims from a positive support structure and foster controlled environments where the victim is kept in a state of complete dependency. High levels of dependency and learned helplessness often lead victims to 'prefer the hell they know' than face the uncertainty of adapting to a new world of independence.
- **False promises**
 - Traffickers use sophisticated methods of manipulating the human desire to hope through false promises and lies about a future better life. Victims who are children are especially vulnerable to these false promises.
- **Hopelessness and resignation**
 - In the face of extreme control, violence, and captivity, notions of hope may fade over time towards states of hopelessness and resignation.
- **Facilitated drug addiction**
 - In certain trafficking networks, traffickers provide addictive substances to their victims to foster longer-term drug addiction and monetary dependency.
- **Psychological trauma**
 - Many trafficking victims experience significant levels of psychological trauma due to the levels of abuse they have endured. In certain cases, this trauma leads to disassociation, depression, anxiety disorders, and post-traumatic stress disorder (PTSD), which in turn affects daily functioning and levels of agency.
- **Lack of awareness of available resources**
 - Victims may not leave a situation due to a lack of awareness of any resources or services designed to help them. Traffickers purposefully control the information that victims receive.
- **Low levels of self-identifying as trafficking victims**
 - The majority of trafficking victims do not self-identify as victims of human trafficking. They may be unaware of the elements of the crime or the Federal criminal paradigm designed to protect them.
- **Normalization of exploitation**
 - Over a long period of enduring severe levels of trauma, physical abuse, and psychological manipulation, victims demonstrate resilience strategies and defense mechanisms that normalize the abuse in their minds. In a relative mental assessment, what once may have been viewed as abuse may now be experienced as a normal part of everyday life. This changing "lens" on viewing the world impacts the ability to self-identify as a victim.
- **A belief that no one cares to help**
 - Trafficking victims may believe that no one cares to help them, a belief that is reinforced both by traffickers' lies but also when community members do not take a strong stance against trafficking. When the community is silent on the issue, traffickers' power is increased and feelings of hopelessness are sustained.

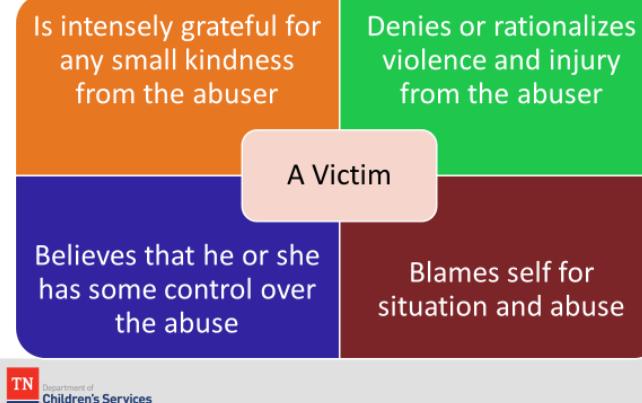
In addition to all the above-stated reasons, numerous additional factors contribute to the difficulty of trafficking victim identification. These factors include:

- The **frequent movement of victims** fosters a **low likelihood of multiple encounters** with law enforcement or service providers. Victims may not be in one place long enough for a meaningful intervention.

- Victims may be **trained to tell lies or canned stories** to the organizations that are there to help them.
- Victims **rarely come into contact with institutional systems**.
- **Untrustworthy or corrupt interpreters** may impact the course of effective service provision.

Polaris Project works to empower and mobilize people from diverse backgrounds and of all ages to take meaningful action against human trafficking. Register with www.polarisproject.org/signup to receive regular updates on human trafficking in the United States.

Indicators of Trauma Bonding



Things you can do to engage survivors

- Create a safe space
- Create a safe process
- Use a survivor-centered approach
- Ensure cultural awareness



TN Department of Children's Services

Understanding the Impacts of Child Sex Trafficking

Psychological Impact of Child Sex Trafficking (CST)

- ▶ Disruption of healthy psychological development
 - Self-concept, intimacy, beliefs, and goals
- ▶ Posttraumatic Stress Disorder (PTSD)
 - Impulse to revisit traumatic events, intrusive emotions and memories, flashbacks, hyper-arousal, exaggerated startle reaction, and panic symptoms
- ▶ Self-injurious and suicidal behavior
- ▶ Dissociative disorders
- ▶ Anxiety
- ▶ Paranoia
- ▶ Clinical depression
- ▶ Explosive outbursts
- ▶ Sleep disturbances and nightmares
- ▶ Bond with perpetrators

Emotional Impact of CST

- ▶ Anger and rage
- ▶ Deep emotional pain or grieving
- ▶ Feelings of humiliation or shame
- ▶ Stigma of exploitation
- ▶ Self-blame or self-loathing
- ▶ Loss of sexual desire, feelings, or response

Physical Impact of CST

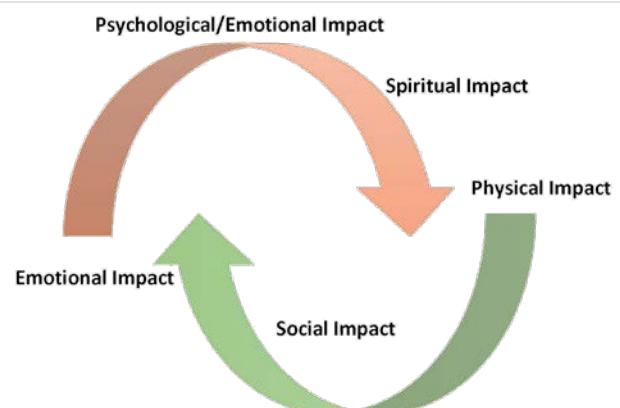
- ▶ Continuous physical abuse
- ▶ Rape and gang-rape
- ▶ Sexually transmitted diseases (STDs) and infections (STIs)
- ▶ HIV and AIDS
- ▶ Loss of bowel control
- ▶ Pregnancy (wanted/unwanted)
- ▶ Sterility
- ▶ Facial and/or dental reconstruction
- ▶ Tattoos and/or physical branding
- ▶ Brain damage
- ▶ Substance abuse and/or addiction
- ▶ Cutting or self-mutilation
- ▶ Suicide or death

Social Impact of CST

- ▶ Isolation from peer group
- ▶ Disconnection from community
- ▶ Isolation (real and perceived) from mainstream society
- ▶ Homelessness
- ▶ Incarceration or criminal record
- ▶ Disempowerment
- ▶ Lack of life skills
- ▶ Trust issues or difficulty maintaining relationships
- ▶ Obstacles to vocation
- ▶ Lack of access to legal services, lack of job experience and work skills
- ▶ Educational deprivation
- ▶ Missed school, disconnection with school system

Spiritual Impact of CST

- ▶ Despair
- ▶ Hopelessness
- ▶ Lack of belief in humanity
- ▶ Lack of faith in a spiritual power



Things You Can Do to Engage Survivors

Understanding the unique ways individuals respond to the events that occur in their lives will help inform how we approach our work with them. We need to ensure that our approach engages and does not retraumatize or further isolate the individual with whom we are working.

Create a safe space:

1. Reassure the potential victim.
2. Hold conversations in a neutral location where the potential victim can feel safe.
3. Allow the individual time to acclimate to the meeting space/environment.
4. One-on-one interviews are preferred.
5. Keep in mind emotional/psychological safety.

Create a safe process:

6. Introduce yourself and your role. Explain what you can and cannot do, and explain confidentiality and duty to report.
7. Introduce the process. Let the child know what to expect, give options, and encourage decision-making and self-regulation.
8. Use a trauma-informed approach. Avoid re-traumatization from frequent retelling, minimize the number of interviewers, be alert for symptoms of trauma and coping mechanisms, and make the interaction conversational.
9. Use an adolescent-friendly approach.

Use a survivor-centered approach:

10. Help identify child/youth strengths rather than weaknesses.
11. Build on strengths.
12. Focus on short-term goals and “quick wins” to help lay the foundation for larger goals.
13. Praise successes and focus on resiliency,
14. Empower by providing as much information as possible.
15. Encourage child/youth involvement in the process.
16. Work toward goals.
17. Ask lots of questions to “help me understand.”
18. Clarify what you need to know now and what can wait.
19. Seek answers to questions you need to know only.

Ensure cultural awareness:

20. Explore the meaning of “culture” to the individual.
21. Explore the impact of culture on the experience of being a victim of sex trafficking.
22. Encourage discussion of differences.
23. Recognize and combat stereotypes and myths.
24. Step out of your own cultural boundaries and see other ways of doing things.
25. Utilize nonjudgmental and inclusive questions.

When engaging with lesbian, gay, bisexual, transgender, queer, and/or questioning (LGBTQ) youth:

26. Acknowledge and recognize gender identity and sexual orientation. If you are working with an LGBTQ youth who has attempted to access services before and felt disappointed, validate the youth’s disappointment and highlight how you intend to help instead.
27. LGBTQ youth often are denied access to services and thus rely on commercial sex to sustain themselves. Ensure that you are prepared to validate that experience for them as well as help them in locating services that will assist in providing a venue to exit the work.
28. Be prepared to step outside of the box when LGBTQ youth, or any youth, tell you they are engaging in commercial sex to “live” their gender or sexual identity.
29. Cultural competence is an important element in the work we do. Workers should ensure they understand how specific cultures view sexuality, especially how gender and sexuality manifests in different cultures.

When engaging with Native American youth:

30. Engage youth with open-ended questions that explore their connection to their Tribal culture and community. Is there a positive or negative association and history?
31. Engage youth with community resources and encourage them to participate in community events.
32. Promote healing. Provide culturally based healing that addresses the youth’s broad range of needs. Begin by asking if the youth believes accessing a Tribal healer or Native ceremonies would be helpful: “Is there a ceremony you think would help you at this time: cleansing, blessing, or sweat lodge ceremony?”
33. If possible, engage with the youth over a meal. Eating together is a culturally effective engagement strategy. Offer a sandwich, burrito, or something to share. At a time when survival is the youth’s priority, the simple act of eating with someone may have been denied a long time.
34. Provide victims with an advocate from their Tribe or a cultural representative.
35. Work across systems and between systems to ensure a collaborative effort (involve appropriate and available Tribal agencies).
36. Provide clear communication that if youth do not feel safe that they can reach out (and give reliable resource information).

Understanding the Impact



What is a Multi Disciplinary Team?

- ✓ Used to enhance and improve investigations and responses for children and families
- ✓ Represent a variety of disciplines that interact and coordinate efforts to:
 - Diagnose
 - Treat
 - Plan



Health Needs and Risks Activity

Health Conditions, Injuries, Disorders	Health Services



CASE STUDIES

Debbie

DCS history on Debbie* dates to 2003 when she was 4 ½ years old, and her mom left her with a friend for 4 days without staying in contact. Sometime within the next 2 years, Debbie's adult sister was given custody of her along with her brother who was approximately 7 years older. Debbie's sister, Ann* also had 3 biological children and ultimately, there were 9 cases involving Ann's family. Ann was unmarried and there were at least 2 different boyfriends cited as alleged perpetrators in most of the cases. There was domestic violence present and allegations of lack of supervision, drug exposure, and environmental neglect over a 10-year period.

The first sexual abuse allegation was levied in 2010 against Ann's boyfriend whom Debbie, then 12 years old, and Ann's daughter Terri*, also 12, disclosed in a forensic interview had "rubbed" on them while lying down. The boyfriend alleged Ann encouraged the girls to accuse him because he and Ann were in a custody battle over their children.

There were several more cases (5) between the first sexual abuse case and the next one in December 2015 when Debbie was 17 years old. The interim cases highlighted Debbie's difficult relationship with Ann and Ann's children. Terri, who was the same age as Debbie, blamed Debbie for the problems in her family. Debbie and Ann had physical fights and Terri said Debbie refused to obey any rules and was promiscuous. Debbie had gotten into a fight at school, and Terri felt Debbie deserved the beating she got from the girls at school.

Counseling services were initiated in the home, and Debbie's behavior seemed to improve. However, Debbie failed to come home after school one day and was posting on social media when a probationary court order for truancy prohibited it, so Ann filed an unruly petition which was granted by the court. Debbie entered DCS custody 1/5/2015.

Debbie was able to return to Ann's house on a trial home visit in the summer of 2015 and was released from DCS custody in September 2015. While there were still in-home services being delivered, two more DCS cases were initiated with one specifically related to Debbie running away and getting into physical fights with Ann. Ann admitted not reporting the runaway episodes because she did not want Debbie to return to DCS custody.

On December 2, 2015, the second sexual abuse referral was called into DCS. This referral specifically mentioned sex trafficking although Debbie denied sexual activity. Her story was that she met a couple through her adult boyfriend that were supposed to take her home, but they took her to a hotel instead where she watched them do drugs, drink alcohol, and have sex. Debbie maintained she did not have sex with them. This couple then took her to Kentucky where she met another woman who took her to a small Tennessee town and met still another woman named Claire*. Debbie stayed at Claire's house and Claire's boyfriend was instructed not to say any names in front of her. Claire bought Debbie some clothes and encouraged her to smoke marijuana. When Claire found out that Debbie was a runaway, she drove her home. Debbie's intelligence was obvious, but it was also obvious that she was very gullible in not recognizing risks to her personal safety. She was placed in a foster home, and the sexual abuse charge against Debbie's adult boyfriend was unsubstantiated. There was no forensic medical exam after Debbie's return from her runaway episode, but she remained in DCS custody with a request to another state for a study of Debbie's mom's home for possible placement. Debbie will be 18 in October 2016.

Kaitlyn

Kaitlyn,* a 16-year-old from St. Louis, Missouri, lived with her mother; but she had an older boyfriend that captured a lot of her attention. Kaitlyn was in the 11th grade and was an honor roll student before being suspended due to a weapons charge. She began experiencing behavioral problems in school and at home and ultimately ran away from home, in May 2015. Kaitlyn moved in with her 33-year-old boyfriend, Roger.*

Kaitlyn was enamored with Roger—he made her feel safe. Kaitlyn disregarded her mother's warnings and concerns about Roger's prior sexual abuse convictions. Kaitlyn planned to spend the rest of her life with Roger until the day she witnessed his murder. They were walking down the street when someone shot and killed him. Kaitlyn immediately fled the scene. She began roaming the streets, refusing to return home. Kaitlyn quickly met Steven.* Steven showed Kaitlyn concern for her recent tragedy and seemed to understand her situation. Steven offered Kaitlyn a trip out of her hometown along with the opportunity to make quick money. Desperate from the loss of Roger, Kaitlyn accepted and rode a bus to Jackson, TN, with Steven, where she met a 21-year-old female, Alexa.* Alexa introduced Kaitlyn to two men at a hotel, with the offer of exchanging sex for money. Kaitlyn was uncomfortable with the situation but knew she had to make some money. Fortunately, the two men were undercover law enforcement officers working in conjunction with a prostitution sting, who revealed their identity once money had been exchanged.

Child Protective Services (CPS) was called and made immediate response to the hotel. CPS contacted Kaitlyn's mother who agreed to pick her up the next morning. Kaitlyn was transported to a local hospital that evening for a forensic medical exam, but she refused the exam once there. Afterwards, Kaitlyn was detained overnight at the local juvenile detention center. During the forensic interview the next day, Kaitlyn admitted to having sex multiple times with the man who brought her to TN (Steven), prior to meeting Alexa. She also disclosed sexual abuse by cousins at the age of 7 or 8 and being raped at age 15 by an unknown man. Additionally, Kaitlyn was interviewed by a Missouri detective concerning the murder of her boyfriend, Roger, but disclosed no information in regard to witnessing this crime.

Kaitlyn's mother, Rebecca,* arrived in TN and stated she was unaware of the cause for Kaitlyn's recent behavioral problems and run-away episodes. Rebecca reported Kaitlyn had been admitted to a children's ward recently due to these issues, but she was discharged due to lack of cooperation. Rebecca further reported Kaitlyn had been in a relationship with a 33-year-old man that was out on bond for the rape of 13-year-old children (referring to Roger). Kaitlyn returned home with her mother and was admitted to an adolescent hospital to address behavioral concerns. Upon her release, she obtained gainful employment and continued to participate in family and individual counseling. The case was presented to the Child Protection Investigations Team (CPIT) and classified as substantiated. The evidence obtained supported the allegation of Sexual Abuse, as the Alleged Perpetrator took Kaitlyn to meet a male in order to exchange sex for money.

*names have been changed



Tennessee Department of Children's Services

Protocol for Health Services for Trafficked Youth

Supplemental to DCS Policy: 14.7, Work Aid 9, 20.7 attachment, 31.2

The needs of victims of trafficking are among the most complex of crime victims, often requiring a multidisciplinary approach to address trauma, medical, mental health, and safety needs.

1. Consent and Refusal

It's important to obtain the youth's consent for the various processes associated with the examination and testing when possible and to respect his or her wish to decline the procedures if there would be no immediate danger to the youth's health or other compelling reason to proceed.

If the youth refuses, provide information about the time frame for evidence collection and prophylactic treatment for STDs and pregnancy in case they want this evaluation in the future.

2. Health conditions may include:

- a) Exposure to STDs, HIV and gynecological diagnoses associated with sexual violence and rape.
- b) Unwanted pregnancies.
- c) Forced, unsafe abortions.
- d) Reproductive health problems and fertility issues.
- e) Blood-borne infections from tattoos or brandings.
- f) Self-injurious behavior such as cutting, suicide ideation.
- g) Physical problems associated with beatings and rapes including cuts, cigarette burns, untreated fractures, bruises, lacerations, mouth injuries, and skin injuries that may be hidden by clothing.
- h) Untreated chronic medical conditions (asthma, diabetes).
- i) Mental health issues including PTSD, depression, anxiety, aggression, and ADHD.
- j) Substance abuse either forced by the trafficker or used to cope with trauma and abuse.
- k) Somatic complaints (headaches, chronic pain) associated with stress and trauma.
- l) Malnutrition (may be thin or obese).
- m) Poor dentition or chronic lack of dental care, broken teeth.

3. Situations requiring an urgent medical evaluation

An urgent evaluation is indicated in any of the following circumstances:

- a) Youth has a history of acute sexual assault meeting criteria for an evidence collection kit or prophylaxis for pregnancy and STDs (can be up to 120 hours but is determined on a case by case basis)
- b) Youth complains of medically urgent symptoms (e.g., anal and genital pain, abdominal or pelvic pain).
- c) Youth has anal/genital injury or vaginal bleeding.
- d) Youth has suspicious injuries or injuries that may require surgical intervention.
- e) Youth has any injuries that may require documentation.
- f) There are urgent mental health or safety issues.
- g) To recover forensic evidence or document injuries that may heal quickly.

4. Situations appropriate for a non-urgent medical evaluation

- a) The last episode of sexual assault is remote (>120 hours).
- b) The victim is asymptomatic.
- c) There are no urgent mental health or safety concerns
- d) Follow-up medical care can be assured.

5. The forensic medical evaluation

The forensic medical evaluation includes a medical screening for physical and sexual assault, as well as unmet medical and mental health needs. It may include collection of forensic evidence from the victim's body, documentation of injuries, and prophylaxis for STDs and pregnancy.

The evaluation should be performed in an emergency department or a sexual assault center by a doctor or nurse trained to collect forensic evidence or by a sexual assault nurse examiner (SANE). A sexual assault evidence kit may be obtained if an assault has occurred within the past 120 hours but is determined on a case by case basis.

6. Injuries by use of force

Signs of sexual assault by use of force and/or lack of consent can include:

- a) Wounds caused by forceful genital penetration
- b) Presence of blood
- c) Contusions
- d) Lacerations
- e) Abdominal trauma
- f) Joint dislocation
- g) Mechanical back pain

Anal and genital injuries typically heal quickly, within days to a few weeks, and scarring is very unusual. Although visible injury may be present, it is not unusual to have a normal or nonspecific anal and genital examination.

Inflicted trauma may be suspected when injuries are noted in protected areas of the body (torso, genitals, neck, inner thighs), when they have a patterned appearance, or when the explanation provided by the patient is incongruous with the injury.

7. Infectious disease, STD and pregnancy testing

Testing for HIV, hepatitis B and C, syphilis, common STDs, and pregnancy should be performed in this high-risk population. Other testing may be considered (e.g., hepatitis D, herpes simplex virus).

8. STD testing

There is no single test for every STD; tests are specific to each infection.

Gonorrhea, chlamydia and trichomonas tests are done with a sample of urine or a swab of the cervix (in women) or urethra (in men). Testing for oral or rectal gonorrhea is done with a swab.

A hepatitis panel is a blood test to detect current or past infection by hepatitis A, B or C.

Subject: Protocol for Health Services for Trafficked Youth

For HIV there are 3 broad types of tests available: antibody tests, combination or fourth-generation tests, and nucleic acid tests (NAT). Tests may be done on blood, oral fluid, or urine.

Testing for HPV is done with a swab from the cervix and is usually done if there is an abnormal Pap Smear. There is no genital HPV test for males. There are oral tests for HPV of the mouth and throat for both men and women. There are blood tests for syphilis and herpes, but they may not be conclusive.

9. Prophylactic Treatment for STDs

Gonorrhea, chlamydia, and trichomonas – antibiotics orally or by injection

Syphilis - intramuscular injection of long acting antibiotic

HPV - for unvaccinated youth, the first vaccine dose or any missed doses are given.

Hepatitis A - human normal immunoglobulin (HNIG) and/or hepatitis A vaccine is given

Hepatitis B - for unvaccinated youth, the first or any missed vaccine doses are given; for vaccinated youth, a vaccine booster dose is given. Hepatitis B immune globulin may also be given.

Hepatitis C - currently no accepted prophylactic regimen

Herpes virus – currently no accepted prophylactic regimen

Tetanus booster may be given if the youth has open wounds.

10. Follow-up care for STDs

Testing for STDs may be recommended in 1-2 weeks if the youth did not take preventive treatments at the initial evaluation. Follow-up testing is also recommended if there is concern that the first test was a false negative because not enough infectious agents were present. Testing should also be provided if the youth develops symptoms of an infection or would like to be tested.

11. Prophylactic Treatment for HIV

HIV Post-exposure prophylaxis (PEP) must be started within 72 hours. PEP is the same as the antiretroviral regimen used for AIDS. It typically lasts 4 weeks and requires close compliance. It can have unpleasant flu-like side effects. PEP is effective in preventing HIV, but not 100%.

12. Follow up care for HIV

Testing for HIV is usually repeated at 4-6 weeks, 3 months, and 6 months after the exposure. In some cases, it takes up to 6 months for the blood test to become positive.

13. Emergency contraception (See *Note below)

Emergency contraception (EC) works best when taken within 3 days of unprotected sex but can help to prevent pregnancy up to 5 days. EC is not an abortion pill and will not cause an abortion. It does not work if pregnancy has already occurred. EC pills may work less well for obese females ($BMI \geq 30$).

There are three types of emergency contraception:

1. Progestin only (Levonorgestrel) pills
2. Progestin and estrogen (combined birth control pills)
3. Ulipristal acetate

Subject: Protocol for Health Services for Trafficked Youth

Progestin only (Levonorgestrel) is available without a prescription for youth of any age and can be purchased by both females and males. Not all drug stores have EC pills and some stores keep it behind the counter so you will need to ask for it at the pharmacy.

Combined birth control pills contain both estrogen and progestin. Taken in higher-than-usual amounts, they can be used for EC. A gynecologist or pharmacist can tell how many pills should be taken for the type of birth control pills already prescribed. This is the least effective of the EC pills.

Ulipristal is available only by prescription. When taken as directed, Ulipristal is more effective in preventing pregnancy than progestin-only or combined EC pills. It should not be given if there is a suspected pregnancy.

14. Intrauterine device (IUD)

The copper IUD is a plastic and copper device inserted into the uterus by a physician and can be used for emergency contraception. It is more effective at preventing pregnancy than the pills.

15. Follow-up Care for emergency contraception

Testing for pregnancy is recommended 4 weeks after the initial examination if the youth took EC. If the youth did not take EC and misses a menstrual period, a pregnancy test is recommended.

16. Medical and mental health follow-up

After the initial examination, follow-up examinations provide an opportunity to:

- a) Detect new infections acquired during or after a contact/assault;
- b) Continue hepatitis A, B and HPV vaccination, if indicated;
- c) Complete counseling and treatment for other STDs;
- d) Monitor side effects and adherence to post exposure prophylactic medication if prescribed.

17. Medical history

A medical history is important to determine the youth's physical status and health history, past or present mental health symptoms, substance use, history of inflicted injuries related to physical or sexual abuse, and their reproductive history (STDs, pregnancy, abortions, sexual partners, birth control, etc.). This information helps determine testing and referrals and anticipatory guidance.

18. Schedule an EPSDT medical examination

- a) Assess and treat acute and chronic medical conditions;
- b) Reassessment of suspected or confirmed genital injury if indicated.
- c) Any additional testing for pregnancy, STDs, hepatitis and HIV
- d) Assess overall health, nutritional status, and hydration
- e) Assess dental health and care
- f) Assess for mental health issues
- g) Offer contraceptive options, in particular long-acting reversible contraception (LARC)
- h) Arrange ongoing reproductive health care with a gynecologist

19. Schedule a mental health/trauma assessment

A mental health assessment may be especially important, because many victims experience PTSD, major depression, anxiety, and signs/symptoms of other emotional disorders. The provider may ask about past thoughts or actions related to self-harm, current suicidal ideation, and current symptoms, such as intrusive thoughts, nightmares, dissociation, and panic attacks.

20. LGBTQ

Youth may not appear to be LGBTQ or initially self-identify, this detail may come out over time. In addition to a traditional approach to trauma treatment, consider peer-to-peer counseling. They may be more comfortable with LGBTQ peers who understand and have had similar pain and exploitation.

For all victims, always be mindful during all interactions:

Explanations, Confidentiality and Privacy, Safety, and Permission

***Note: Tennessee Conscience Clause**

[Tennessee Code Ann. 68-34-104 \(5\)](#) allows physicians or any agent of such an entity to refuse to offer contraceptive services, supplies, or information if it interferes with a moral or religious belief. It further states that physicians or other agents may not be held liable for this refusal.

If you are refused emergency contraception at a pharmacy, you can find out where to obtain EC by calling 1-888-668-2528 or by visiting www.not-2-late.com.

Non-Governmental Organizations for CSEM

Community Coalition Against Human
Trafficking www.ccaht.org
865-263-1046



End Slavery
Tennessee
www.endslaverytn.org
g615-806-6899, ext. 2



Restore Corps
www.restorecorps.org
g901-410-3590
Ext: 101 (during office hours)
Ext 104 (urgent / after office hours)



Second Life Chattanooga
www.secondlifechattanooga.org
rg423-994-4857
423-310-3932 (urgent)



New practice to implement

