



National Colloquium

2012 FINAL REPORT

◀ Executive Summary ▶

**An Inventory and Evaluation of the Current Shelter and
Services Response to Domestic Minor Sex Trafficking**

MAY 2013

➤ Executive Summary

Shelter and services for identified victims¹ and survivors of domestic minor sex trafficking (DMST) are critical for their recovery and success. What has not been immediately available is insight into the actual experience of the individuals and organizations that are attempting to respond to the need, and their insight about possible ways to navigate the obstacles. While a few excellent scholarly articles and manuals on how to implement service provision have recently been published, the noticeable missing ingredient is documentation of lessons learned, success factors and gaps by those on the ground doing the work. To that end, the National Colloquium: Shelter and Services Evaluation for Action was conceived and executed by Shared Hope International, ECPAT-USA and The Protection Project at Johns Hopkins University School of Advanced International Studies, a triumvirate that has in the past cooperated on related research, notably the 2006 Mid-Term Review on the Commercial Sexual Exploitation of Children (CSEC) in America in preparation for the World Congress Against CSEC. Three surveys were designed to capture information that will serve as the foundation for the continuing research, site assessments, and discussions among stakeholders to develop and formalize the shelter and services response for DMST victims. Through these surveys and the subsequent colloquium, knowledge from a growing body of experts with first-hand experience was gathered and shared about the actual provision of restorative services to domestic trafficking victims, with all of its successes and setbacks.

In July 2012 an Advisory Board and a Practitioners Working Group were convened to review project goals for the National Colloquium and vet the survey that would solicit a response from providers across the nation during the upcoming three months. At the same time, survivor leaders developed and administered their own survey instrument to capture the unique experiences and perspectives of individuals who have survived sex trafficking. On November 30, 2012, the National Colloquium: Shelter and Services Evaluation for Action was held, representing a first-ever opportunity for service providers and survivors to hold a structured conversation about the extraordinarily complex and challenging work of DMST victim and survivor care. Acting Assistant Secretary George Sheldon of the Administration for Children and Families, U.S. Department of Health and Human Services, delivered the keynote address that framed the panel discussions that took place. Based on their experiences in the field, participants addressed emerging trends and barriers in three areas: placement for identified youth, licensing and maintaining residential facilities and programmatic and therapeutic approaches. A range of promising practices along with barriers to success were examined through panel discussion and observer interaction.

In addition, in coordination with the Congressional Caucus for Victims' Rights and the Congressional Caucus for Women's Issues, a congressional briefing called "Identifying Sustainable Solutions for Shelter and Restorative Care for Victims of Domestic Minor Sex Trafficking" was held to discuss funding for shelter and services for DMST victims, a priority concern noted by advocacy and funding experts that responded to a third survey designed for this group of stakeholders. The panel for this briefing consisted of human trafficking experts from government, philanthropy, survivor leadership and non-governmental organizations who brought visibility to the critical importance of the funding issue.

¹ **Although the term "victim" is used throughout this report, we recognize that persons who have experienced trafficking are survivors at all stages of their abuse and recovery.**

Approximately 185 participants filled the U.S. Capitol hearing room and over 500 more attended via a live webcast in order to be part of this unique event. While information exchange was the stated purpose, a collateral benefit for many was the opportunity for providers and survivors to meet and network with others doing similar work in this limited field.

Surveys

In preparation for the National Colloquium three national surveys—for providers, for survivors, and for advocates and funders—were crafted, distributed and completed by over 100 identified expert individuals and organizations.

National Colloquium Provider Survey

Forty-one organizations providing direct care to DMST victims responded to a 93 question survey on service areas, including therapeutic, medical, educational and vocational services provided, licensing and staffing structure, funding mechanisms, capital and operating costs and safety and security. A full survey summary can be found in Appendix C of the full report.

National Survivor Survey

Thirty-three survivors of domestic trafficking responded to a survivor designed and developed survey describing their personal experiences with services and recommendations for service provisions. A full survey summary can be found in Appendix D of the full report.

National Advocate and Funder Survey

Eighteen advocacy and funding experts in the area of human trafficking, especially DMST, provided insight to trends, research and funding priorities for shelter and services for DMST victims. A full survey summary can be found in Appendix E of the full report.

Reports from U.S. Government Agencies

In order to gain a complete understanding of the efforts underway by those federal agencies involved with responding in any way to juvenile sex trafficking in the United States, a short list of questions was crafted to provide these agencies with the opportunity to explain their activities. The complete, unedited responses are contained in Appendix F of the full report. These responses assisted with the discussion at the National Colloquium and provide insight into the scope of federal agency activity.

> Recommendations

The following recommendations are derived from the discussion at the National Colloquium and serve as the beginning of a framework of core principles in developing shelter and services for victims of domestic minor sex trafficking.

1. Placement and Services for Identified Youth

- 1.1 A uniform method of treatment is not applicable to every identified DMST victim, and the treatment environment required will change to the extent the survivor embraces the healing process. Providers must assess the individualized need of the DMST victims and place them into the most suitable emergency or long-term services, always with a plan in place to assist them to full restoration and independence.
- 1.2 Coordinated communication between service providers is necessary in order to share information on available resources and services which will allow involved agencies and providers to provide the services needed at any given point in the restoration process.
- 1.3 Information pertaining to the services available to DMST victims must be made easily accessible to all the involved parties including first line responders, law enforcement, and the service providers.
- 1.4 Placements could range from congregate care and foster care to community based care depending on the specific need and condition of the DMST victim. Treatment and services are not uniform and must be taken on an individualized, case by case basis.
- 1.5 More diverse options for placement are needed to prevent barriers to placement resulting from funding limitations or any one of a number of characteristics of a DMST victim including: history of running away from another program, altercation within a placement, identification in the middle of the night or outside programs operating hours, lack of identification of vital records, unavailable parent or guardian, low IQ, pregnancy, addiction or severe mental or physical health needs.
- 1.6 First line responders, law enforcement, social workers, therapists, and other stakeholders must be trained to identify and respond to DMST in a trauma-informed and victim-centered manner.

2. Licensing and Maintaining Shelter and Programs

- 2.1 Licensing agencies should review and amend or enact regulations as necessary to alleviate barriers or restraints that may dissuade or prevent service and shelter providers from serving particular youth.

- 2.2 Licenses must be made available for all types of congregate care facilities to meet the diverse needs of the DMST victim population. This includes emergency, restorative, long term and transitional housing.
- 2.3 Providers need to work closely with licensing authorities to establish realistic licensing and funding contracts for populations served. License parameters often prohibit or fail to encompass vital components of a DMST treatment program, e.g., survivor mentors may be prohibited from serving on staff if they have a criminal record; license may not include the ability to attach to other necessary supports such as education or mental health resources.
- 2.4 Laws that mandate, establish and financially support residential and community-based programs providing treatment and case management for DMST victims across the continuum of care are needed. Service providers are challenged with effective case management when clients are ordered to inappropriate placements, such as ill-equipped foster care, group homes and detention facilities, or they are returned to unsafe home environments.
- 2.5 Service providers who consider offering residential services should engage an individual that has expertise in the regulatory and compliance aspects of licensing. Residential services providers must have staff who are knowledgeable about the state and local child welfare and juvenile justice policies and practices.

3. Identifying Sustainable Resources

- 3.1 Donors and the general public must be educated on the issue of juvenile sex trafficking as distinct from other social problems affecting minors and why it deserves attention and funding. Such education must come from many sectors of society including providers, law enforcement, advocates and the concerned public.
- 3.2 Potential funders must be led to understand why services for DMST victims tend to be expensive due to the complex and often lengthy healing process.
- 3.3 Shelter and services providers need to establish measurable indicators that are both realistic and quantifiable to demonstrate good stewardships to donors and encourage new investment.
- 3.4 Shelter and services providers must diversify funding. Relying solely on government reimbursements or one major funder does not ensure secure sustainable funding.
- 3.5 When securing funding to support services for DMST victims, utilizing or braiding funds from several sources can help support the cost of high quality and appropriate care, rather than limiting service providers to offering just those services covered by a single source.
- 3.6 Residential services providers must have staff who are knowledgeable about the state and local child welfare and juvenile justice policies and practices. If government contracts provide funding for the services, this knowledge can leverage and enhance these revenue streams.

4. Programmatic/Therapeutic Response

- 4.1 Age, socioeconomic status, culture, personality, and other associated factors require that each victim have tailored treatment plans. This necessitates flexible and adaptive programming. Each individual case is unique and must be treated as unique.
- 4.2 Residential facilities need to be staffed with or have regular access to medical and case professionals who can effectively assist the DMST victims through trauma-informed care. In addition, training in trauma-informed care must extend to all staff members, as well as host families or foster families that may open their homes to DMST survivors.
- 4.3 Survivors demonstrating that it is possible to overcome exploitation should be involved in and take leadership roles in programs and mentorship for sex trafficked youth. This involvement will be an example to the newly liberated survivors that they too can turn their experience into assistance for others or powerful advocacy for the cause.
- 4.4 Programming must be strengths-based and assist survivors with accessing the inherent skills, abilities and qualities of character they possess but may not recognize. Educational and vocational opportunities are critical to helping them develop their talents and interests, gain independence and be active members of their communities.
- 4.5 Treatment plans should be designed to lead to self-sufficiency, identifying services that will allow the DMST survivor to transition towards independence. Conversations and formulation of exit plans are necessary to ensure that DMST survivors understand the value of progressing towards independence.
- 4.6 Community and/or family participation is necessary to help in the ultimate success and independence of DMST survivors. Therefore, educational programs, including family counseling, to assist these support systems is imperative.
- 4.7 Service providers should offer the opportunity for the DMST survivor to have spiritual needs met as well as mental, physical and social health needs.

5. Safety and Security

- 5.1 Providers must be equipped to identify and respond to internal security risks, such as victims' high flight risk, potential self-harm, harm to others or internal recruitment. All staff and volunteers must be trained to recognize and de-escalate behavior leading to internal security risks and recognize that these are often symptoms of trauma that require a therapeutic response.
- 5.2 Providers should have a response plan in place for external security threats. Law enforcement should be aware of the program's operation and available to respond if an emergency situation arises.

