JuST Response Council Field Guidance

Justice for Juveniles
Exploring Non-Criminal Response Mechanisms for Child Sex Trafficking
The Trafficking Victims Protection Act (TVPA) clearly defines anyone under the age of 18 induced to perform a commercial sex act as a victim of human trafficking. Since its passage in 2000, 14 states and the District of Columbia have aligned with federal policy by ensuring that their prostitution laws criminalizing the sale of sex do not apply to minors.1 In states that still have the ability to charge children for the crime of selling sex under their prostitution statutes or for other crimes committed while being trafficked, some local jurisdictions have adopted policies prohibiting application of these laws when a minor is the subject. The Uniform Act on the Prevention of and Remedies for Human Trafficking (Uniform Act), which was approved for adoption by the states by the Uniform Law Commission in 2013, also eliminates criminal liability for minors for prostitution and related offenses.

This shift in policy, and in some locations, practice, has led to a widely accepted understanding that commercially sexually exploited children are victims, not perpetrators, of prostitution and trafficking related crimes. This in turn has created a shift in child serving agency responses to identified victims—from directing exploited youth into delinquency proceedings to directing them into trauma-informed services. However, shifting toward a non-criminal response to child sex trafficking victims remains fraught with complicated questions regarding how to protect exploited youth and connect them to services.

Because of the challenges associated with providing services, the field is rushing to find solutions that protect, empower and support youth who have been trafficked. This field guidance will explore implementation of non-criminalization policies and statutes, looking to identify promising trends and avenues to overcome current system challenges and safety concerns. We are grateful to the JuST Response Council members who contributed to this paper and hope it will serve as a resource to those in the field seeking a more robust system that will help juvenile sex trafficking victims avoid the re-traumatization of a misguided system response and connect them instead to a continuum of care that will empower them to achieve a life free from exploitation.

**METHODOLOGY**

In 2015 Shared Hope International released the JuST Response State Systems Mapping Report, building upon the work of Shared Hope’s Protected Innocence Challenge and National Colloquia, which examined different state approaches to avoiding criminalization and directing youth to services. Shared Hope then brought together a group of over 30 experts on juvenile sex trafficking from the areas of policy development, survivor leadership, federal and state child serving agencies and service provision to form the JuST Response Council. Council members reviewed the outline for this field guidance document and provided responses to survey questions which informed the guidance.

The first draft was reviewed at the fourth JuST Response Council Meeting on November 11, 2015. Council members provided feedback based on their specific areas of expertise and made recommendations that would enhance the report’s benefit to the field.

The field guidance document was compiled by Eliza Reock, Shared Hope International Director of Programs, building upon a premise policy document drafted by Christine Raino, Director of Public Policy and Rachel Harper, Policy Counsel at Shared Hope International. It incorporates submissions from the following JuST Response Council members:

Laura Boyd, Foster Family-based Treatment Association
Bethany Brimer Gilot, Florida Department of Juvenile Justice
Nikki Baszynski, Ohio Public Defender
Nancy Baldwin, Hickey Family Foundation
Melissa Snow, National Center for Missing and Exploited Children (NCMEC)
Peg Talburtt, Lovelight Foundation
Margie Quin, Tennessee Bureau of Investigation
Kate Walker Brown, National Center for Youth Law
Lauren Behsudi, Casey Family Programs
Faiza Mathon-Mathieu, ECPAT-USA
Alexandra (Sandi) Pierce, Othayonih Research
Becca C. Johnson, AIM - Agape Int'l Mission
Melissa Brockie, Tumbleweed Center for Youth Development
Lisa Goldblatt Grace, My Life My Choice
Stephanie Holt, Mission 21
Abby Kuzma, Indiana Office of the Attorney General
Yolanda Graham, Devereux Georgia
Leslie Briner, YouthCare
Gretchen Kerr, Northland, A Church Distributed
Jen Spry, Pennsylvania Human Trafficking Task Force
The Hon. Bobbe Bridge, Center for Children & Youth Justice.
The Hon. Hiram Puig-Lugo, District of Columbia Superior Court
Withelma “T” Ortiz Walker Pettigrew, Policy Consultant and Survivor Advocate
Yasmin Vafa, Rights4Girls
Denise Edwards, National Children Alliance in consultation with Susan Goldfarb
Marian Hatcher, Cook County’s Sheriff’s Office
Vednita Carter, Breaking Free

This document and the ongoing JuST Response Council work has also been informed by state procedural protocols and system evaluations along with research by federal agencies and policy advocates. Attachment A provides a list of such resources. While not exhaustive, it provides professionals working with or advocating for trafficked youth some guidance for developing strategies based on protocol and policies already being implemented and assessed in other states. If there are important protocols or procedural documents that you think could help inform the JuST Response Council effort please provide this information to the report authors as the work of the Just Response Council is an ongoing initiative.

Note on Language

Victim/Survivor: A person who has been victimized/survived victimization. This report uses victim and survivor interchangeably to provide consistency with statutory language and cross-agency terminology. We recognize that individuals who have experienced trafficking are survivors at all stages of their abuse and recover and are not defined by their victimization.

Juvenile: Refers to a person who has not reached the age of 18. Juvenile should not be a bad word. The issue of juvenile sex trafficking is not a new phenomenon, but the way it is perceived has been changing rapidly due to the advocacy of leaders and advocates across the country. We have a chance to reform systems broadly because of this shift in perception. With this goal in mind, we also have the opportunity to shift public perception of the word “juvenile” as something negative to what it actually means—a young person whom we as a society have a responsibility to care for and about.*

* The Council recognizes that victimization and service needs extend beyond the age of 17, however for the target audience of this field guidance document along with expertise represented the subject remains limited to this age group.
NON-CRIMINALIZATION AS A CORE PRINCIPLE OF A PROTECTIVE RESPONSE

The criminalization of juvenile sex trafficking victims is unique. No other child sexual abuse victim faces criminalization for his or her own sexual abuse, yet at the time of this publication 34 states can still charge minors with prostitution because their form of sexual abuse involves a commercial exchange. While statutory rape laws recognize that minors are unable to make an informed decision to consent to a sex act, only recently has this concept begun to be recognized in the context of commercial sexual exploitation. However, some states (and some advocates) who recognize the injustice of criminalizing youth for their own exploitation believe at the same time that agencies outside of juvenile justice are ill-equipped to respond to juvenile sex trafficking, so are hesitant to implement a non-punitive response. At the same time, using the delinquency process in an attempt to keep exploited youth safe from their trafficker or other exploiters can undermine efforts to build rapport with victims, may reinforce negative stereotypes used by exploiters to control victims, and for victims who are detained in juvenile facilities where there is risk of violence from other detained youth raises the question of what constitutes safety for juvenile sex trafficking victims.2

CHALLENGES IN IMPLEMENTING A NON-CRIMINALIZATION POLICY

"I wish I would've never said anything. I'm trying to be honest, but every time I tell the truth I just get f***."  
— Survivor expressing frustration to Mission 21 service provider in response to her residential placement

Non-criminalization laws alone do not provide a full protective response. A comprehensive model must include a coordinated and integrated system of supports to help address the circumstances or vulnerabilities that led to exploitation and to provide healing from trauma resulting from abuse incurred before and during exploitation through trafficking. Judges, law enforcement and child advocates often express frustration that without alternative measures a juvenile justice response is the only way to keep a victim safe. However, mental health and service needs specifically targeted towards juvenile sex trafficking survivors are often not available in a detention setting and there is limited data to support the idea that short term detention has any impact on ultimate success in escaping the life of exploitation. Nor is juvenile detention an appropriate venue for providing trauma-informed services to juvenile sex trafficking victims since the detention itself is likely re-traumatizing.

The majority of experts agree that a juvenile justice placement is not an appropriate service response for a child sex trafficking victim. However, the lack of appropriate alternative placement or service options is objectively viewed as equally harmful. Youth who have survived sex trafficking often do not see themselves as victims and may have strong trauma bonds with their trafficker making them likely to resist services intended to support them. Lacking other resources, some professionals see criminalization of exploited youth as the “stick” in a carrot-and-stick approach to engage youth in services. For this reason, many law enforcement representatives and agency officials continue to oppose non-criminalization laws in their state or jurisdiction because they do not believe child serving agencies are able to or willing to provide appropriate services in the absence of a juvenile justice response. In some cases, law enforcement and even some advocates assert that the

2 See Non-criminalization policy paper.
juvenile justice system is better equipped to serve victims if the child is likely to refuse services and may be in danger. Even in states that have implemented non-criminalization laws, instances have been reported where law enforcement has resorted to arresting youth on masking charges to hold the victim due to safety concerns.

"You keep telling me I am a victim, but I feel like I am always being punished."
— A 17-year-old in the Minnesota child welfare system who was first trafficked at 14, expressing frustration during child protection meeting in services at Mission 21

States that enact non-criminalization laws in the absence of a statutory procedure to ensure youth receive a specialized service response may face a situation where child serving agencies are unable to adequately respond, leaving sex trafficked youth with limited service options. First-line responders such as law enforcement and social workers are thus faced with the heart wrenching decision to return a victim to a situation where there is risk of re-exploitation. In many states and jurisdictions child serving agencies may not only be ill-equipped, but may not have laws that explicitly allow for a child welfare response, especially if the trafficker is not a family member or if a trafficker is not identified. Comprehensive non-criminalization laws not only eliminate criminal liability but also incorporate protocols to connect juvenile victims to appropriate services and dedicate resources to make sure these service options are available.

While great success has been seen in several states with the development of formal multi-disciplinary teams or multi-system response protocols, agency collaboration does not always come naturally. Different agencies have different mandates and modes of operation. Confidentiality laws can prevent communication across systems, and when multiple teams are working together, confidentiality challenges grow. Further, licensing regulations for many state residential providers have minimal requirements and do not require specialized clinical or therapeutic staff certifications. While not ideal, state child serving agencies often choose the most affordable and least restrictive placement options due to budget and procedural limitations even when more comprehensive and specialized resources are available. This leaves advocates further challenged to provide effective case management when clients are ordered into inappropriate placements such as unprepared foster homes, group homes and detention facilities.

Even when comprehensive protective policies that include a non-criminalization response to juvenile sex trafficking are enacted and implemented, the involvement of law enforcement remains necessary as they are often first responders involved in identifying juvenile sex trafficking victims. Consequently, law enforcement encountering sex trafficked minors need safe alternatives to arrest. In several jurisdictions around the country, law enforcement agencies report having an internal policy to not arrest juvenile victims for prostitution and instead attempt to work with victim services agencies to find safe placements for youth they encounter. Despite these policies, factors that make juvenile victims vulnerable to trafficking in the first place often involve them in the juvenile justice system, in some cases without clear links to their trafficking experience.

"Current child welfare agencies are so entrenched in historical protocols, they continuously try to ram a square peg into a round hole. This trafficking victim population really doesn’t fit well into current models."
— ASAC Margie Quin, Tennessee Bureau of Investigations
ROLE OF CHILD-SERVING AGENCIES IN PROVIDING A PROTECTIVE SYSTEM RESPONSE WHERE PROSTITUTION LAWS ARE NOT APPLICABLE

Child welfare is often identified as the logical alternative to a juvenile justice response when creating an agency-based service response for juvenile sex trafficking victims. A primary reason for looking to child welfare is its mandate to pursue permanency and normalcy through family-based placements for youth who are in care. However, because the perpetrators of juvenile sex trafficking are often not family members, advocates sometimes express concern that traditional child welfare systems may not be equipped or even statutorily authorized to identify, assess and provide services to trafficked youth unless traditional forms of child abuse and neglect already exist. Many experts support the idea that a formalized community-based response should be created for juvenile sex trafficking victims outside of child welfare, although others view child welfare as the best vehicle to deliver funded services to the child.

While significant gaps in resources, knowledge and training have historically undermined child welfare workers’ ability to identify and respond to child sex trafficking victims and survivors, many state child welfare agencies are beginning to develop a more comprehensive response. Recent changes in federal laws are attempting to address these gaps and support such development. Currently 45 states require that commercial sexual exploitation be reported to child welfare as a form of child abuse.

It is also important to recognize factors that make juvenile victims vulnerable to trafficking often mirror risk factors for juvenile justice system involvement. Juvenile sex trafficking victims may be detained in juvenile justice facilities on charges that do not have a clear connection to their trafficking abuse. Even when non-criminalization laws are enacted, juvenile justice systems should still be equipped to identify exploited youth in their care, provide trauma-informed services and ensure conditions of confinement do not to re-trigger or re-traumatize them.³

Although not all trafficked youth require residential services, residential options that provide the ability to identify and respond to the complex trauma dynamics and service needs of child sex trafficking survivors are a critical component to a comprehensive continuum of care.

While some states, like Florida, have developed a statewide safe home model and have allocated funding specifically to provide a continuum of care that allows for identified trafficked youth in need of residential services to access programs that may be more expensive than traditional group home or foster home placement, this process is very costly and not always replicable.

**DIVERGENT OPINIONS ON MANDATORY SERVICES**

“Sex trafficked youth are rarely ‘nice’ victims willing to trust or rely on authority, and they are particularly resistant to anything that suggests ‘treatment’ to ‘fix’ them.”

— Dr. Sandi Pierce, Othayonih Research

Most JuST Response Council members acknowledged that, while not ideal, there are some instances in which a young person must be placed in a restrictive residential treatment facility, generally in emergency situations, such as if they display suicidal tendencies or are experiencing extreme addiction withdrawal. In these situations, the young person may be held pursuant to a behavioral health hold rather than relying on criminalization to detain the youth. However, even when a young person is held outside of the juvenile justice system, there are diverging opinions as to when (or if) forced services are appropriate in non-life threatening situations, and what safety concerns should be considered life threatening.

Some experts assert that systems should be tiered and if youth continue to refuse or abscond from treatment plans they should receive forced services. Others assert that youth will not succeed in a treatment plan unless they are willing participants and inpatient services are only warranted in cases of extreme mental health emergencies.

While inpatient treatment may provide a safe and therapeutic option for the service provider, for the young person it means having no say in leaving friends, family, home and perceived normalcy. When mandated, even the most therapeutic and trauma-informed services may be perceived as punishment; thus, the desires of the child should remain a priority factor in developing a services plan. The child should be informed about options and service plans should be continuously revisited if the child does not want to participate.

“We know as service providers that it is not a matter of choice but a lack of choices or the belief of no other choice that some stay in the life. So my belief is that intentional programming be required to let young people know that there are other options than the one they know. We can empower individuals by informing them at the very least.”

— Stephanie Holt, Mission 21, referencing the challenging situation of determining the need for emergency placement in extreme safety situations
RECOMMENDATIONS

As recognition grows that commercially exploited children are not criminals but victims of sex trafficking, more states and have established legislation, implemented innovative solutions and built upon existing service structures to connect youth to trauma-informed, victim-centered services. The following recommendations are built upon field examples of emerging promising practices.

**Develop formalized system of care response plan specific to responding to juvenile sex trafficking victims.**

A primary purpose of establishing state agency protocols is the development of a specialized service plan for each identified juvenile sex trafficking victim, regardless of the agency that identified the victim. Effective protocols rely on the involvement of all agencies and organizations that could have a role in the development of a service plan for an identified trafficking victim in order to establish a comprehensive, multi-agency response. The end goal is to provide access for victims of juvenile sex trafficking to appropriate specialized services while avoiding any type of re-traumatization in the process.

Protocols that include clear roles for all agencies and community based care providers involved in a protective response to juvenile sex trafficking, from identification and intervention, to assessment and service provision with and connecting juvenile sex trafficking victims to services are needed to clearly define agency and individual roles, and all multidisciplinary team members require thorough training on the trauma dynamics associated with juvenile sex trafficking. Political climate, education and resources will often shape the designation of a lead agency or organization in leading the response plan and an effort should be made to include all involved agencies in the development of the protocol whenever possible. Emerging juvenile sex trafficking specific multi-disciplinary teams (MDTs) have included both government-led and community based agency led protocols. Plans that are seeing success identify stakeholder engagement from the beginning as critical. These protocols should be developed with sustainability in mind, creating institutionalized positions and training while remaining flexible enough to allow for an individualized, victim-centered response.

---

**Resources: Multi-Disciplinary Team Development**

- According to the U.S. Department of Justice, “It is now well accepted that the best response to the challenge of child abuse and neglect investigations is the formation of an MDT. Protocols based on interagency collaboration not only help to ensure that individual considerations for identification and care for victims are identified and addressed, but also allow for easier access to services across state and local agency programs. The following resources provide guides for developing MDTs:
Examples of State Agency Responses

<table>
<thead>
<tr>
<th>Minnesota No Wrong Door (Department of Behavioral Health)</th>
<th>Connecticut HART (Department of Children and Families)</th>
<th>Kentucky (Cabinet for Health and Family Services)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Minnesota Department of Behavioral Health is the coordinating entity working with the Minnesota Departments of Human Services and Health to implement Minnesota’s No Wrong Door Model. Starting with enactment of the state Safe Harbor Law in 2011, the model ensures that any victim of juvenile sex trafficking, regardless of how they were identified, can be referred to a point of contact in their region, a regional navigator. The Statewide Safe Harbor/No Wrong Door director oversees the program and its eight regional navigators including two tribal navigators connecting youth with services and serving as regional experts for communities. More information available at: <a href="http://www.health.state.mn.us/injury/topic/safeharbor/index.html">http://www.health.state.mn.us/injury/topic/safeharbor/index.html</a></td>
<td>Human Anti Trafficking Response Team (HART) is a multi-disciplinary team within the state of Connecticut’s Department of Children and Families (DCF) that developed a system to respond to juvenile sex trafficking. DCF is charged with “protecting all children under the age of 18 from harm,” so from the beginning of HART DCF approached their protocol to include juveniles that are victims of trafficking as part as a responsibility of the agency. A significant development to HART’s approach to providing a service based as opposed to a punitive response to victims was the creation of specific hotline codes and report to ensure victim identification and data collection. HART has been able to respond to referrals from DCF social workers, law enforcement, congregate care facilities, public defenders, non-governmental organizations and parents. More information about Connecticut’s HART program is available at: <a href="http://www.ct.gov/dfc/cwp/view.asp?a=4743&amp;q=562246">http://www.ct.gov/dfc/cwp/view.asp?a=4743&amp;q=562246</a>.</td>
<td>Kentucky’s Human Trafficking Victims’ Rights Act (HTVRA) enacted in 2013 creates one of the most comprehensive system response laws in the country and includes language that ensures that minors are not charged with state prostitution laws or status offenses that are a result of their trafficking victimization. Victims receive a mandated referral to the Cabinet for Health and Family Services, even if they are identified after a referral to the juvenile justice system. To ensure a trauma-informed response child welfare collaborates with NGO providers to implement a protocol and to train their staff. HTVRA also required training for multiple disciplinary team members. Resource barriers remain a challenge in Kentucky, and ongoing reporting by the Cabinet serves as a valuable resource for states and local jurisdictions looking to implement non-criminalization policies. The Cabinet report is available at: <a href="http://chfs.ky.gov/NR/rdonlyres/26908E11-F99D-41BE-BFB9-4D54C8BD8C46/0/HumanTraffickingReport2014.pdf">http://chfs.ky.gov/NR/rdonlyres/26908E11-F99D-41BE-BFB9-4D54C8BD8C46/0/HumanTraffickingReport2014.pdf</a></td>
</tr>
</tbody>
</table>

Multi-disciplinary team approaches cut across law enforcement, child serving agencies and direct services providers tend to see success not only because of their collaboration, but also because each team member has as specific role to play in the intervention and healing of the trafficking youth. Promising models such as those in Washington, Massachusetts and Los Angeles County require training for all agency professionals who may come in contact with trafficked youth along with more intensive training for MDT members.
### Examples of Formalized Multi-Disciplinary Team Protocols

<table>
<thead>
<tr>
<th>Massachusetts</th>
<th>Washington</th>
<th>Illinois</th>
</tr>
</thead>
</table>
| • The SEEN Coalition in Suffolk County, Massachusetts was formed in 2006 in partnership with several government and local agencies, along with community based agencies including the Children’s Advocacy Center of Suffolk County and My Life: My Choice. The county-based teams begin their collaboration by training together on understanding victims of CSEC and collaboratively develop their multidisciplinary CSEC protocols. The teams are distinguished by their diverse agency composition and centralized case coordination and service delivery. The Support to End Exploitation Now (SEEN) program in Boston, MA has been implementing this model (with a no-arrest policy) for ten years.  
• Success of the SEEN Model has led to the development of similar protocols throughout the state.  
• A flow chart of the SEEN Outline is available on page 53 of the following report: [http://www.suffolkcac.org/assets/pdf/MDT_Response_Model.pdf](http://www.suffolkcac.org/assets/pdf/MDT_Response_Model.pdf) | • The Washington State Model Protocol For Commercially Sexually Exploited Children was developed by YouthCare and the Center for Children and Youth Justice. The protocol promotes consistent statewide implementation of Washington’s laws but with the flexibility to allow for different regional approaches and ongoing assessment and improvement of the protocol.  
• Two teams are intended to be developed at the local level—a multidisciplinary team that is responsible for the immediate response to CSEC victims as well as a longer term follow up by the taskforce. The protocol identifies best practices for working with victims and encourages each region to use the CSEC Screening Interview and to identify a comfortable, welcoming and non-stigmatizing “Reception Center” anytime.  
• A Statewide Coordinating Committee receives annual reports from the local and regional task forces and recommends policy and legislative changes that could improve local CSEC responses.  
• The Protocol also recommends that the CSEC-MDT adopt a Memorandum of Understanding (MOU) so that members’ roles are clearly defined.  
• The Protocol is currently in the process of being piloted in five sites across the state. More information on the Washington State Model Protocol is available at: [http://ccj.org/initiatives/project-respect/](http://ccj.org/initiatives/project-respect/) | • The Cook County Human Trafficking Taskforce received a grant from the U.S. Department of Justice’s Bureau of Justice Assistance and the Office for Victims of Crime for the Enhanced Collaborative Model to Combat Human Trafficking (see Federal policies, pg. 5)  
• One of the task force members includes The Cook County Sheriff’s Office Human Trafficking Response Team (HTRT) which services include an enhancement of the integrated treatment service provision in Sheriff’s Women’s Justice Programs. It includes these 3 survivors of prostitution working with Sheriff’s Police and its Child Protection Response Unit . The program provides an immediate response and referral mechanism available 24/7 and is the only law enforcement agency in the world employing survivors of sex trafficking according to program leaders. Information about the HTRT available at: [http://www.justice.gov/sites/default/files/usao-edwi/pages/attachments/2015/03/06/human_trafficking_response_team_technical_assistance_curriculumrev022315bbhm.pdf](http://www.justice.gov/sites/default/files/usao-edwi/pages/attachments/2015/03/06/human_trafficking_response_team_technical_assistance_curriculumrev022315bbhm.pdf)  
• The Cook County State Attorney’s Office, several NGO entities and the U.S. Attorney’s Office comprise the Core Team of the Task Force, each designating at least one representative to attend meetings who has decision making authority and/or an efficient process for obtaining approval within their respective agencies.  
• The task force also includes a steering committee comprised of nearly 25 agencies and organizations and includes a subcommittee of service providers known as the Coordinated Services Referral Network (CSRN). Membership in the CSRN requires certification in human trafficking training.  

In addition, many of these models hinge on a memorandum of understanding (MOU) with agencies or organizations allowing them to work with youth irrespective of the youth’s system involvement. (Single Point of Entry)
### Formal MOUs with NGOs

<table>
<thead>
<tr>
<th>TurnAround Inc, Baltimore</th>
<th>Saving Innocence, Los Angeles County</th>
<th>Georgia Care Connection</th>
</tr>
</thead>
<tbody>
<tr>
<td>• In Maryland, through formal public-private partnerships with service providers—such as TurnAround, Inc. in Baltimore—a social service provider is able to work with and advocate for a young person during the entire continuum of ongoing services and support, no matter which agency or individual is providing custodial guardianship, providing the ability to navigate multiple systems. In this partnership first line responders at the Maryland Department of Juvenile Service screen youth for redflag indicators upon intake. If the young person presents as at-risk, a service provider from the NGO provides a second tier screening so that if a young person discloses that they are a victim of sex trafficking, the individual likely to provide their case management receives the disclosure in a trafficking and trauma informed manner.</td>
<td>• Saving Innocence has developed a formal MOU with the Los Angeles (LA) County STAR Court and plays a critical role in providing immediate trauma informed care in partnership with law enforcement and the Department of Children and Families Services. This MOU is part of the LA County First Responder Protocol where Saving Innocence commit to respond within 90 minutes of victim identification by law enforcement or child welfare. While this is a new program, 70% of youth that were identified through the LA County First Responder Protocol were in stable placement within 72 hours. After initial assessment, Saving Innocence is available to provide long term case management, the My Life My Choice Curriculum and victim specialists within the court systems.</td>
<td>• Georgia Care Connection was established by Georgia’s Governor’s Office for Children and Families to serve as a central, statewide hub for victims and survivors of child sex trafficking and for professionals seeking to help them. (Georgia Care Connection Office, 2013.) Currently, Georgia Cares serves as a single, statewide coordinating agency connecting services and treatment care for victims. Staff follow a victim throughout their service plan and agency involvement.</td>
</tr>
</tbody>
</table>

Child advocacy centers provide a well-established protocol for creating MDTs in response to child abuse, and the recently enacted Justice for Victims of Trafficking Act set aside funding for CACs to develop trafficking programs within CACs to better serve as first-responders for these victims.

### Child Advocacy Centers

<table>
<thead>
<tr>
<th>Children’s Advocacy Centers</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s Advocacy Centers provide comprehensive, multidisciplinary services to children suspected of having been abused. Services are provided in a safe, child friendly environment where law enforcement, child protective services, prosecution, victim advocacy, medical and mental health professionals can share information and develop effective, coordinated strategies sensitive to the needs of each unique case and child. At the time this document was released, there were 777 CACs across the country. While not all CACs have been trained in the trauma informed dynamics of serving juvenile sex trafficking victims, federal initiatives to train all CACs are underway and several CACs have already developed specialized programs.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Children’s Advocacy Center of Suffolk County

The SEEN Coalition in Massachusetts was coordinated through the Children’s Advocacy Center of Suffolk County (CAC), an independent, nonprofit organization it was seen as an objective, neutral organization that already had established relationships with multiple agencies that serve children. As the SEEN Coalition continues, the CAC chairs a steering committee composed of a cross-section of several agencies to oversee the coalition. More information about the SEEN Coalition is available at: http://www.suffolkcac.org/assets/pdf/MDT_Response_Model.pdf

### Kristi’s House Project GOLD

Kristi House Project GOLD in Florida served as the lead agency organizing the first Miami coalition of 27 organizations that comprised the Miami-Dade CSEC Working Group. The partnership’s progress has been considerable, with providers participating in ongoing training and bringing it back to their agencies, working in uncharted territory to establish protocols involving large, disparate organizations and supporting Kristi House’s leadership around the issue locally, statewide and nationally with training and advocacy initiatives. The CSEC Working Group was critical to bringing attention to the issue in South Florida. http://www.kristihouse.org/project-gold/
Juveniles and their families should be engaged whenever possible and appropriate in developing their service plan to reinforce their victim status and empower them to embrace the service plan. Survivor advocates have also asserted that applying Team Decision Making (TDM) and Another Road to Safety (ARS) approaches to MDTs formed to serve juvenile sex trafficking victims may be beneficial. In addition, many states are already building upon established protocols to build trafficking related MDT response through their child advocacy centers (CACs).

### Other Types of Multi-Disciplinary Teams

<table>
<thead>
<tr>
<th>Team Decisionmaking (TDM)</th>
<th>Another Road to Safety (ARS)</th>
<th>Family Justice Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Team Decisionmaking is a model created by the Annie E. Casey Foundation to involve not just caseworkers, but foster parents, birth/families, service providers, state agencies and community members in all service plan decisions to ensure a network of support for the child and the adults who care for them.</td>
<td>• ARS in Alameda County is operated under the Department of Children and Family Services in collaboration with Familia Counseling Service and the Prescott-Joseph Center for Community Enhancement, a program for informal family maintenance that provides services and assessments for all family members in the child’s home.</td>
<td>• Family Justice Centers provide multi-agency collaboratives and multi-disciplinary models where victims of domestic violence, sexual assault, elder abuse, human trafficking, and other forms of violence can come to one place. More information available at: <a href="http://www.familyjusticecenter.org">http://www.familyjusticecenter.org</a></td>
</tr>
<tr>
<td>• Team decision making meetings are always held before any petitions are filed with the court and are facilitated by highly trained public agency staff.</td>
<td>• The ARS is comprised of a parent partner, and a family support specialist that work with the family and child welfare to address issues identified by DCFS through programs that include home-based parent support, case management, and resource referrals.</td>
<td></td>
</tr>
<tr>
<td>• This type of MDT has been piloted in Family to Family sites across the nation.</td>
<td>• More information is available at: <a href="http://www.aecf.org/m/resourcedoc/aecf-TeamDecisionmakingInvolvingFamilyP2-2002.pdf#page=5">http://www.aecf.org/m/resourcedoc/aecf-TeamDecisionmakingInvolvingFamilyP2-2002.pdf#page=5</a>.</td>
<td></td>
</tr>
</tbody>
</table>

Create **specialized positions and single point of entries** within agencies and service provider organizations to work specifically with juvenile sex trafficking victims and allow for advocate positions that can provide a consistent role in the victim’s service plan throughout their continuum of care. Research shows that because of indicators and vulnerabilities common to both child maltreatment and juvenile sex trafficking, child serving agencies are likely already serving this population. While more resources are needed, it may be possible to provide more trauma-informed and specialized services through a shift in resource allocations. By having caseworkers specifically trained to identify and respond to juvenile sex trafficking, responses will not only be more trauma-informed, but the caseworker has the ability to identify resources in the community best equipped to serve this population. Funded positions to help coordinate services at the state and local level have been a promising trend to help streamline collaborative approaches.
Equip all potential first line responders with a clear understanding of their roles and responsibilities along with protocols and policies so that a trauma-informed and service-focused response can be implemented upon identification. Identification is a critical component of implementing non-criminalization. When trafficked youth are not being arrested there must be clear mechanisms for responding, but there also must be trained professionals actively looking for them. Statistics reveal that many youth who have been trafficked are already system-involved before this specific type of abuse is disclosed. All professionals working with system-involved and other vulnerable youth should have an understanding of the range of warning signs and dynamics associated with trafficking so they are able to connect youth to an appropriate response before a law enforcement intervention is even warranted. If law enforcement is a first responder during an active exploitation situation, such as an Internet sting or street identification, there should be clear mechanisms for responding with an understanding that it may be challenging to determine if the trafficked youth is in fact a minor.
**Provide Emergency Placement.** Along with long term services, one of the most critical needs on the continuum of care, especially for states and local jurisdictions that have implemented a non-criminalization policy, is to have an immediate safe place for a thorough and trauma informed assessment. Several JuST Response Council members indicated that the ability to hold youth for 72 hours for a CSEC specific assessment would be ideal.

<table>
<thead>
<tr>
<th>State</th>
<th>Description</th>
</tr>
</thead>
</table>
| **Ohio**| The state of Ohio has provided grants to create formalized pilot programs for direct services along with identification, training and prevention efforts. In 2013 the Attorney General’s office partnered with the Ohio Network of Children’s Advocacy Centers (CACs) to create a network of first responders for minors who are suspected to be victims of trafficking. Through a two-year, half-million dollar partnership, 26 child advocacy centers are being trained and equipped to provide specialized and trauma-informed assessments and services for juvenile sex trafficking victims in urban and rural areas throughout the state. The CACs work closely with law enforcement and others in providing a MDT response.  
| **Kansas**| As a key component of its statutory framework, Kansas has taken another approach to providing immediate safe services by establishing a staff-secure facility as a protective custody option for law enforcement to bring sexually exploited youth. This facility is a state-funded residential shelter specifically serving sex trafficked youth. It is statutorily required to limit unauthorized exits by residents as well as limit unauthorized entry to the facility through 24-hour awake staff and “locked entrances and delayed-exit mechanisms.” Regulations for the staff secure safe home were further developed by the Kansas Department of Health and the Environment; the bill recognizes that this emergency placement facility must be trauma informed and mandates the provision of a nurturing and therapeutic environment staffed with providers that have received specialized training on working with juvenile sex trafficking victims.  
| **Florida Housing Assessment**| Florida’s 2014 amendments to the Safe Harbor Act of 2012 allocated $3 million to provide services for identified victims of juvenile sex trafficking. Several requirements were established for allocation of this funding.  
The state established specially certified “safe foster homes” which at the time of this report requires the family has access to extensive wrap around services and be comprised of two parents with one parent available for full time care.  
There are also certification requirements for safe homes which require non-punitive, trauma-informed, therapeutic care.  
Currently there are more victims identified in Florida than available placement options, so not all youth are able to receive services from these specialized homes.  
**Provide an array of service options.** A continuum of care approach is essential for creating individualized services plans. If a young person has options for their treatment plan, they are more likely to remain engaged in services, mitigating safety concerns related to non-criminalization. While approaches differ, experts encourage that trauma-informed, victim-centered, safe shelter/transitional housing, comprehensive case management, mental health services, support for educational attainment and vocational sufficiency must all be available as part of this continuum. These responses should have the ability and flexibility to meet the survivor’s cultural and religious beliefs, ideally by individuals who share these religious or cultural traditions. Other elements noted as critical in a comprehensive service response involve the inclusion of survivor support, avoiding a rescue mentality and not emphasizing safety concerns at the expense of engaging youth.

**Resources for Identifying Victim-Centered, Trauma-Informed Juvenile Sex Trafficking Service Plans**

"All too often we fail to recognize that victims have often been without healthy adult or family support for most of their lives, and they have been highly resourceful in getting their basic needs met. Any model used for minor victims needs to be strength-based and build (in a healthy way) upon the victim’s existing efforts to develop autonomy and self-sufficiency."

— Dr. Sandi Pierce, Othayonih Research

**Evaluate and assess:** Existing system responses should be evaluated and assessed as part of creating a non-criminalization response. No single state or jurisdiction has devised a perfect model—however good it may be—that is entirely transferrable, so documented program outcomes are incredibly valuable. Each model should strive for consistency, sustainability and development of a healthy relationship between the victim and survivor advocates or other trusted adults. This will provide not only important stable connections for the young person, but also provide a way to individually assess the youth’s success and appropriateness of placement through multiple stages of his or her service plan.

States like Ohio, Kentucky, and Florida have executive mandates from the governor’s office or legislative requirements that agencies report on plans and outcomes for responding to juvenile sex trafficking. These states are able to assess deliverables and revisit protocol components that may not be best serving the juvenile sex trafficking survivors in care.

**Resources: CQI Toolkit**

- The Children’s Bureau at the Department of Health and Human Services’ Administration of Children and Families provides a continuous quality improvement (CQI) toolkit to support efforts by systems of care to self-evaluate and assess outcomes “to consistently improve services and supports for children and families, and to ensure that [systems of care] are making the most effective use of your resources.”

Available at: https://www.childwelfare.gov/topics/managemenrt/reform/soc/communicate/initiative/ritaec/soctoolkits/continuous-quality-improvement/#phase=cqi.
It has been well recognized that in many ways we are “building the plane as we fly it,” as we shift away from punitive responses to juvenile sex trafficking victims and develop system and services responses that recognize the specific type of trauma as well as the unique needs, hopes and capabilities of the victims. This field guidance document is a piece of ongoing work and intends to continue to capture promising practices and emerging trends for the benefit of those jurisdictions working to address the deficiencies and complexities present in current systems. This will take resources and will require a shift in the dialogue around commercial sexual exploitation providing even stronger solutions to implementing non-criminalization laws until we have a process that truly meets all the underlying needs of victims and survivors.
Attachment A: State and Local Human Trafficking or Child Sex Trafficking Reports and Protocols

**California**


**Connecticut**

**Florida**

**Georgia**
Georgia Care Connection overview is available at: [http://www.gacares.org/our-work.html](http://www.gacares.org/our-work.html)

**Illinois**

**Kansas**

**Kentucky**

**Massachusetts**

**Minnesota**
[http://www.health.state.mn.us/injury/topic/safeharbor/index.htm](http://www.health.state.mn.us/injury/topic/safeharbor/index.htm)


**Ohio**

---

*The following list is far from exhaustive. For suggestions on relevant research please contact us at: justresponse@sharedhope.org*
Washington

Wisconsin

U.S. Government and National Organizational Reports


U.S. Department of Health and Human Services Administration for Children, Youth and Families (ACYF) Guidance to States and Services on Addressing Human Trafficking of Children and Youth in the United States:
https://library.childwelfare.gov/cwig/ws/library/docs/gateway/Blob/88109.pdf?t=NATIVE%28%7CSIMPLE_SRCH%7CPH%7Cis%25%27%27Guidance+to+States+and+Services+on+Addressing+Human+Trafficking+of+Children+and+Youth+in+the+United+States.%25%27%27%29&upp=0&rpp=25&order=native%28%2Fyear%29FDescend%27%29&r=1&m=1

https://www.ovcttac.gov/taskforceguide/eguide/4-supporting-victims/resources-4-supporting-victims/