A discussion about child welfare and judicial strategies for preventing juvenile sex trafficking and helping its survivors.
This report highlights the ideas that were discussed and the information and materials that were shared at the 2013 national Colloquium and in a follow-up meeting of child welfare leaders and panelists who participated in the Colloquium. Findings in this report represent the views expressed by participants in the Colloquium and follow-up meeting, and this report serves as a summary of the discussion.
INTRODUCTION

Sex trafficking of children is a crime that deserves national attention. As laws and systems change to identify and recognize sex trafficking as child abuse and victimization, agencies must develop ways to respond adequately to the specialized and complex needs of this population.

Leaders from child welfare and anti-trafficking organizations and the judiciary came together in November 2013 in Washington, D.C., to host and participate in a national Colloquium. The purpose of the Colloquium was to assess the current responses by the judicial and child welfare systems to domestic minor sex trafficking and the opportunities to bring victim-centered services to identified survivors of such trafficking in the U.S., and to identify strategies to reduce the vulnerability of children and youth to trafficking. The Colloquium was hosted by Casey Family Programs, a national operating foundation focused on safely reducing the need for foster care and improving the child welfare system; Shared Hope International, a nonprofit dedicated to eradicating sex trafficking; and the National Council of Juvenile and Family Court Judges. The 2013 Colloquium followed a similar Colloquium hosted in November 2012 about shelter and service responses to domestic minor sex trafficking. The hosts of the 2012 Colloquium were Shared Hope International, ECPAT-USA and the Protection Project at Johns Hopkins University School of Advanced International Studies.
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The goal of the Colloquium was to improve protective responses to identified victims1 of domestic minor sex trafficking by exploring promising policies and practices within the child welfare and juvenile justice systems that:

- Understand and overcome existing policy barriers and gaps to allow broader access to an array of services.
- Reduce trauma.
- Promote collaboration and development of promising practices.
- Provide safe alternatives to juvenile detention.

The structure of the Colloquium consisted of opening remarks on behalf of the three host organizations; remarks by Katherine Chon, senior advisor on trafficking in persons at the Department of Health and Human Services’ Administration for Children and Families; and two panels.

The first panel was titled Response for a Delinquency Identification: Judicial Process Within the Juvenile Justice System. It covered the juvenile court process from the point of identifying a minor as having been trafficked to the disposition of the case by the court. Panelists discussed nonpunitive responses and service delivery, current approaches to overcoming system restraints and limitations, and recommendations for improving the judicial system.

The second panel was titled Collaboration and Promising Practices Between Child Welfare and the Court. Panelists discussed how the child welfare system and the courts are collaborating with each other and other partners to address domestic minor sex trafficking in their jurisdictions and how promising practices are incorporated into their responses.

Participants in the first panel included:

- The Honorable Hiram E. Puig-Lugo, deputy presiding judge of the Family Court, Superior Court of the District of Columbia
- The Honorable Donna Groman, judge, Los Angeles County Juvenile Delinquency Court, Superior Court of Los Angeles County, Calif.
- Angela Lytle, division director of child protection, Arapahoe County Department of Human Services, Arapahoe County, Colo.
- Tina Frundt, executive director/founder, Courtney’s House, Washington, D.C.
- Eliza Reock, director of programs, Shared Hope International (moderator)

1 The term victim is used throughout this report for consistency in cross-agency terminology. We recognize that individuals who have experienced trafficking are survivors at all stages of their abuse and recovery.
Participants in the second panel included:

- The Honorable Lynn Tepper, circuit judge, Sixth Judicial Circuit, Dade City, Fla.
- Dr. Allison Blake, commissioner, New Jersey Department of Children and Family Services, Trenton, N.J.
- Leslie Briner, sexual exploitation training and policy coordinator, YouthCare, Seattle, Wash.
- Ann Wilkinson, coordinator of survivor mentor services, My Life My Choice, a program of the Justice Resource Institute, Boston, Mass.
- Tammy Sneed, director of girls’ services, Department of Children and Families, Hartford, Conn.
- Lauren Behsudi, public policy advisor, Casey Family Programs (moderator)

“I’ve been in some family team decision-making meetings where you have 15 people in the room, where it looks like it is really resource-rich and service-rich… and then I ask a very simple question: ‘Is there anyone in this room that this young person will call when she is in crisis?’ That’s the level of assessment we need to be doing. It is not how many referrals you’ve made. It’s not how many times you’ve tried to open the door. It’s is there a relationship that that young person will reach out to when they need help?

- LESLIE BRINER, SEXUAL EXPLOITATION TRAINING AND POLICY COORDINATOR, YOUTH CARE, WASHINGTON STATE
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What Is Domestic Minor Sex Trafficking?

Domestic minor sex trafficking (DMST) is the commercial sexual exploitation of American children within U.S. borders and is synonymous with child sex slavery, child sex trafficking, prostitution of children and the commercial sexual exploitation of children. The federal Trafficking Victims Protection Act of 2000 defines severe forms of sex trafficking as:

(a) A commercial sex act is induced by force, fraud or coercion, or in which the person induced to perform such an act has not attained 18 years of age.\(^2\)

Participants acknowledged that youth may be exploited by a trafficker, often referred to as a pimp or madam; through a gang or other forms of organized crime; or by a parent, foster parent or guardian. They also acknowledged that acceptance of something of value by a minor should not be construed as an indicator of a mutually beneficial relationship but rather an indication that there is vulnerability in the youth’s life that is being exploited. The federal definition considers that any youth under 18 who is exploited through commercial sex, where something of value – such as money, drugs or a place to stay – is traded for sexual activity, is a victim of sex trafficking.

Domestic minor sex trafficking is not limited by gender, race or socio-economic status,\(^3\) but research does indicate that children and youth who have experienced abuse and neglect are more vulnerable to sex trafficking.\(^4\)

System Response Process

A recurring theme among Colloquium participants was that youth who have been trafficked often need specialized services to address the complex trauma associated with trafficking.

“This was really an eye-opener for us in New Jersey. The reality was, we were working with them already.”

- DR. ALLISON BLAKE, COMMISSIONER
NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES


Identification

Misidentification of victims is the primary barrier to intervention and access to services for trafficked youth. Misidentification often occurs because the victimization can be masked by other behavior, such as delinquency or status offenses, which is often a direct result of the trauma associated with sex trafficking. A juvenile judge from the Succeeding Through Achievement and Resilience (STAR) Court in Los Angeles County, which identifies and supports minors who have been trafficked, said that 45 percent of youth confirmed as trafficking victims in the court had no previous prostitution-related charges and that 80 percent had a history in the child welfare system. Trafficked youth often do not self-identify for a number of reasons, including pimp control, manipulation, shame, stigma, fear of arrest, fear of violence or retaliation from the trafficker, and trauma bonds with their abusers.

After recognizing that many victims had previous system involvement, a program expert said, several child-serving agencies are building system wide assessment tools to better screen for youth who are, or who are at risk of, being trafficked.

One theme for both panels was that child-serving agencies’ processes for identifying trafficked youth would benefit from being mindful of the trauma involved. Questions such as, “Who was your pimp?” can be invasive and retraumatize victims, reducing the likelihood of a disclosure, one panelist said. Another panelist offered an example of the growing trend of a two-tiered system of identification, which is being used in several jurisdictions. This system allows for a young person to be flagged as high-risk upon initial intake and then evaluated by a trained professional in a setting more appropriate for an abuse disclosure. Maryland was shared as an example by one of the panelists. The Maryland Department of Juvenile Services partners with community-based

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providers TurnAround Inc. and Courtney’s House to provide further assessment once a child has been flagged as high-risk. This allows a young person to be assessed by a caseworker specializing in services for child sex trafficking survivors and to be introduced to an individual who can serve as a core advocate and help the youth navigate multiple systems. More than 25 percent of youth whom the Maryland Department of Juvenile Services flagged as high-risk in the first tier disclosed during a second-tier interview with a trained community provider that they had been or were being trafficked. These screening tools also allowed the agency and providers to identify vulnerable youth for prevention efforts.

Approaches to screening vulnerable youth for trafficking indicators may look different based on characteristics of the populations served, participants noted. An example offered by a service provider was that child-serving agencies in Maryland and New York are including specialized training for the screening of boys and girls because their experiences and methods of disclosure may be gender-specific. The disclosure by children or youth who have been trafficked by a parent or other family member also is likely to be different, participants noted, and understanding the complex dynamics and multiple forms of sex trafficking is critical when developing a response.

Assessment

A comprehensive assessment of an identified trafficking victim is a necessary first step in allowing service practitioners to formulate an appropriate, victim-centered and trauma-informed plan for services, a child welfare leader said, adding that an ideal assessment considers and meets a young person’s immediate needs, including safety, food and a medical assessment in a safe and secure environment. To properly identify appropriate services, the child welfare leader said, a litany of indicators needs to be assessed, including physical, medical, family, mental health, social, cultural, safety, and spiritual strengths and needs. The child welfare leader noted that child welfare and law enforcement interviews with children and youth can be long and stressful. She suggested that a nurturing, friendly environment may encourage a victim of DMST to share more information, which ultimately might lead to a more appropriate services option in which the victim is more engaged and committed to the treatment plan.

“We are statutorily and ethically obligated to do a thorough, clinically dynamic assessment.”

- ANGELA LYTLE, DIVISION DIRECTOR OF CHILD PROTECTION, ARAPAHOE COUNTY DEPARTMENT OF HUMAN SERVICES, COLORADO
Other themes raised during the panel discussions were that many jurisdictions and agencies lack the resources to provide safe shelter for victims and that the field lacks an evidence base about all of the resources needed to effectively assess children and youth for experiences in trafficking. Juvenile court judges may feel forced to place a child in detention for assessment due to lack of safe alternative placements, participants in the first panel said. In some cases, a mental health hold may provide a more therapeutic environment for assessment, the panelists noted, adding that some child-serving agencies are using these services in favor of detention, although this may come with its own challenges due to associated stigma.7

In the 2012 Colloquium, participants said that service providers are challenged to provide effective case management when clients are ordered into inappropriate placements, such as unprepared foster homes, group homes and detention facilities, or if they are returned to an unsafe home environment. Timely and appropriate assessments and placement options are needed to respond effectively to this population, participants said. A child welfare leader and juvenile judge participating in the first panel commented that in some cases, courts order child welfare workers to place a confirmed victim of trafficking in a residential treatment or group home program without an opportunity to assess the victim’s circumstances, history or family situation, or even the placement itself.

Access to Immediate and Ongoing Services

Children and youth who have been sexually exploited have unique experiences and require a unique array of services to respond to their individual needs, participants noted, adding that service plans should reflect the individual’s needs and be evaluated continually and adjusted, as appropriate. Connections and relationships between victims of DMST and permanent, loving adults should be identified and supported whenever possible, a service provider said. She further suggested that while formalized systems should be developed, every service plan for a DMST survivor or vulnerable youth should be approached on a case-by-case basis and revisited regularly to ensure that services meet the needs of the child. Ongoing assessment and evaluation of a service plan should be incorporated into court and agency processes, she recommended.

Another theme among participants was that children’s experiences are unique, and so are their immediate and evolving needs, and that state and county agencies need access to a variety of options for placement, treatment and support. Similarly, 2012 Colloquium participants commented that dedicated services are also needed for youth with developmental delays, pregnancy, severe addiction or other physical and mental health issues.8

Providers and programs should be aware that service provision to DMST survivors is still in many ways an emerging field, a child welfare leader noted. It was suggested that constituents and other subject matter experts carefully review training for service providers and agencies and that learning from several sources will be important in creating strong system responses. Meetings of experts and stakeholders and research into programs in other states can help in identifying and building effective service responses to trafficked youth, panelists agreed.

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As a service plan is developed, a key consideration is the capacity of the program to provide appropriate care for the individual youth, said a service provider on the second panel. There is little longitudinal or evidence-based research to assess the quality of programs, she said, making it challenging to determine best practices within services. When referring sex-trafficked youth to services, the provider said, it is important to prioritize programs that are victim-centered, trauma-informed, strengths-based and culturally sensitive. Education and/or an employment preparation plan should be included in a service plan. Although they may be well-intentioned, many programs may not have the knowledge or experience to provide victim-informed, quality care to children and youth who are identified as at-risk or who are confirmed victims of trafficking, the provider said.

Engaging youth in the process of identifying appropriate services will increase the likelihood of their engagement in the treatment plan and reinforce that the services provided are designed to protect and heal, not punish, several panelists noted. Engaging families in a service plan can lead to a better assessment of the victim’s cultural and support needs and strengths and can help to foster a home environment for victims to return to their families, one service provider said. She added that it is important for the family to understand who is working with their child and to be engaged in the process, and that often when a family learns that their child has been trafficked, they will experience trauma and need support. Courtney’s House in Washington, D.C., provides specific group sessions for parents of survivors participating in their program. In some cases, the provider noted, courts can order parents to be involved in the healing process.

Engaging committed foster parents and providing them with specialized training and support to care for survivors of sex trafficking is an emerging approach to respond to the housing and support needs of survivors, panelists said. An example from Kindred Family Services in Minnesota was shared. Kindred Family Services, a private foster care agency, is partnering with the community-based provider Mission 21 to train therapeutic foster families on the dynamics of DMST and to coordinate supplemental support groups for the families, children and youth in their care.

We are going to be really cautious about who it is that can be our experts in serving these populations. We’ve got to get out from behind our desks, climb on planes, go over state lines and find programs that are producing really positive outcomes for our kids.

- Angela Lytle, Division Director of Child Protection, Arapahoe County Department of Human Services, Colorado

When working with families, providers should also be aware of the unfortunate likelihood that some families may be involved in the trafficking, in which case other permanent connections should be sought after and developed.
As new programs and services develop, panelists said, it is important that existing infrastructures for service providers that work with vulnerable youth are also equipped to provide services to trafficked youth. Existing group homes and shelters for runaway and homeless youth can benefit from education about DMST and training about identifying and working with trafficked youth.

Information and experiences shared at the 2012 Colloquium indicated that several attempts to break trauma bonds and equip youth with appropriate coping mechanisms and life skills may be needed before the youth commits to leaving the cycle of exploitation. Victims of domestic minor sex trafficking often display symptoms of traumatic bonding, which may cause them to return to or protect the person responsible for their exploitation, resulting in a proclivity to deny victimization and to run away from treatment in response to this trauma. Participants in the 2013 Colloquium suggested that programs will be more effective when they are prepared to respond to children and youth who run, and then welcome them back to the program upon their return.

Collaboration Is Key

A recurring theme among Colloquium participants was that many public agencies, the courts, community- and faith-based organizations, businesses and families and other individuals touch the lives of DMST victims and can play an important role on their path to healing and empowerment. Participants have observed a growing recognition that an organized, collaborative approach is urgently needed to effectively respond to and prevent the sex trafficking of children.

MELISSA A. SNOW, PROGRAM SPECIALIST, CHILD SEX TRAFFICKING, NATIONAL CENTER FOR MISSING AND EXPLOITED CHILDREN

“
It can’t be 9 to 5. You can’t have social workers that are only available when you come into their office and meet with them. You have to be in the community. There has to be an integrative process with wraparound.”

- MELISSA A. SNOW, PROGRAM SPECIALIST, CHILD SEX TRAFFICKING, NATIONAL CENTER FOR MISSING AND EXPLOITED CHILDREN


A discussion about child welfare and judicial strategies for preventing juvenile sex trafficking and helping its survivors.

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The key to our work over the past few years has been collaboration.

- TAMMY SNEED, DIRECTOR OF GIRLS’ SERVICES, CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES

Collaboration in Development of Systems Process

Collaboration is critical for prevention of DMST, initial identification, assessment and ongoing decision-making and response to victims, one participant in the first panel said. When creating a system response in Maryland, a juvenile court judge noted, the Department of Juvenile Services worked in partnership with TurnAround Inc., a community-based provider, to engage stakeholders at all levels, from administrators, case managers, therapists and intake workers to health providers, community partners and law enforcement. In the District of Columbia, the courts have convened the attorney general’s office, the child welfare agency, probation, community-based organizations and the Department of Behavioral Health to develop a systemic approach to addressing the needs of trafficked youth. Another service provider noted that in Boston, the SEEN Coalition – Support to End Exploitation Now – connects with 25 agencies across the state. They come together regularly to talk about services for this population. In Connecticut and Los Angeles County, panelists noted, youth participate in stakeholder meetings.

Nationally, law enforcement and programs for runaway and homeless youth are often the first to recognize and respond to trafficked youth, panelists noted, although child welfare agencies are increasingly strengthening their capacity to identify and respond to such youth in their care and to reduce the vulnerability of youth to trafficking. A juvenile court judge commented that stakeholders also believe it is critical for education agencies and leaders to be engaged in prevention and intervention.

State domestic violence agencies and providers can also play an important role in responding to DMST, participants said. In some states, youth aged 18-21 who have been commercially sexually exploited may not be eligible to receive comprehensive services from child welfare. The commissioner of the New Jersey Department of Children and Family Services said that in that state, child protective systems, child behavioral health and domestic violence services all fall under the Department of Children and Families and that they play a critical support role for older youth because statutes in New Jersey allow services to young people up to 21. If child welfare placements are not available to these identified youth, the state is able to access services through adult providers and domestic violence shelters, the commissioner said.
The philanthropic community is an important partner in developing and supporting public-private solutions, panelists said. Foundations can bring experts together and support systems as they plan to change their practice, as well as help to fund training, planning and sharing of best practices and lessons from one state to another, they noted.

**Multidisciplinary teams for youth**

Because professionals from so many public agencies touch the lives of child sex trafficking victims, participants said, the development of multidisciplinary teams is critical, from intake to assessment to service delivery to aftercare. Teamwork among state agencies, law enforcement, community stakeholders, families and the child or youth ensure that each child gets the services she or he needs, which participants indicated may likely be from more than one system.

Members of multidisciplinary teams must have comprehensive understanding of DMST and victim dynamics to adequately identify an appropriate services response, several panelists noted. A service provider from Washington said that state is broken down into regions of multidisciplinary teams in which all members are required to receive 16 hours of training and technical assistance that incorporates education about DMST in partnership with YouthCare, a Seattle-area service provider.

A child welfare leader from Connecticut provided information about the Connecticut Human Anti-Trafficking Response Team (HART), which includes child welfare, psychiatric, legal and medical staff. They meet during the assessment phase for both confirmed victims and those who are believed to be at high risk of trafficking. The goal is seamless service delivery to victims and their families. HART also developed a statewide child welfare response protocol that provides a framework for handling cases outside of normal operating hours. This protocol makes the multidisciplinary teams the first responder when it comes to identifying and providing services to victims.

“Children reach us as respondents in juvenile delinquency, child welfare or persons-in-need-of-services matters. It is not unusual for children to have cases in more than one system.”

- THE HONORABLE HIRAM E. PUIG-LUGO, DEPUTY PRESIDING JUDGE, FAMILY COURT, SUPERIOR COURT OF THE DISTRICT OF CO-LUMBIA
Every DMST case that comes to the attention of the District of Columbia Superior Court begins with the creation of a support network around an identified victim, said a juvenile court judge from the district. The support network includes a probation officer, a guardian ad litem, an educational advocate and a community-based provider that provides direct services to commercially sexually exploited youth.

A juvenile court judge from Los Angeles said that partners with the STAR Court in Los Angeles County are trained specifically to serve youth identified as sex trafficking victims. The partners include prosecutors, victims’ attorneys, specialized probation officers and education attorneys who can help victims recover school credits or be connected with special education. Youth in the STAR Court may also be assigned a job training coach. Victims and their parents and other family members, when appropriate, are also engaged in the services plan, along with an assigned mentor. The STAR Court prioritizes survivor mentors who may be assigned either through community-based providers such as the Mary Magdalene Project or through the emerging STAR Court alumni group.

Formalizing processes and defining expectations can ease friction and help agencies and front-line staff provide more effective, streamlined responses to children and youth, a child welfare leader said. It is important for each member to understand her role and responsibilities to allow each member of a team to serve the young person effectively, she said, adding that it is also critical that someone is available to represent the desires of the family and youth. A service provider commented that many times these teams include the victim, and that there should be a member who provides consistency in the victim’s life.

Formalizing these processes can help build trust and manage expectations, participants said. Connecticut’s HART is committed to responding to any report within two hours, which a panelist from the state’s Department of Children and Families said has strengthened relationships between child welfare and law enforcement. The executive director/founder of Courtney’s House, a provider in Washington, D.C., said they have made a commitment to respond to a Department of Juvenile Services referral within 24 to 48 hours so that the team can be involved in the development of the victim’s service plan and be available from the beginning of the court process.

Community-based providers may play a supportive role to a trafficking survivor as she or he navigates multiple systems or exits agency care, one panelist commented.

**Barriers to Effective Collaboration**

Panelists discussed examples of promising cross-agency practices across the country and commented that agencies face many roadblocks on the way to effective collaboration. Different agencies have different mandates and different ways of operating.

Public agency collaboration does not always come naturally, one service provider noted. Data systems and institutional language may not translate from agency to agency. Confidentiality laws can prevent communication across systems about specific children. When multiple teams are working together, confidentiality challenges grow.
Resources shared at the Colloquium suggest that a significant challenge to child welfare involvement in many states is that they face barriers to intervening without a court mandate. Nearly two-thirds of the states have laws that limit child abuse investigations to parents or caretakers, thus preventing child welfare from initiating custody when the perpetrators are non-familial traffickers. Panelists indicated there is ongoing dialogue about how to care for trafficked minors and about how delinquency courts, juvenile justice and child welfare can work together to assess and serve the unique needs of this population.

"The key is to find a champion...Once you talk about who these kids are, they get it. Sometimes you need a survivor to tell them what they need to hear. That is the most powerful."

- TAMMY SNEED, DIRECTOR OF GIRLS’ SERVICES, CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES

Training

A theme among participants was that specific training is needed for those who work with this population and that such training is critical to the development of a stronger and more effective response to victims of sex trafficking. Several panelists said that education and training about DMST and about identifying, assessing and providing services to victims – as well as reducing the vulnerability of children and youth to sex trafficking – should happen at all staff levels across child-serving systems, working groups, task forces and multidisciplinary teams.

This is especially important in agencies with high turnover rates, one provider said, to ensure that all staff working with victims are adequately aware of how sex trafficking presents and how to respond. Many participants suggested that all individuals working with trafficked youth should be familiar with signs of the complex trauma that sex trafficking victims exhibit.

Information shared during the 2012 Colloquium suggested that the level of trauma-informed training for first-line responders can greatly affect the identification and referral process. Initial identification of a trafficked child or youth as a delinquent or a victim largely determines whether the young person will be routed into detention or a service-centered response.13

Tammy Sneed talked about how child welfare leaders in Connecticut took the lead in developing training programs for the wide range of stakeholders who come into contact with minors to identify risk factors of trafficking. All child welfare investigators and those who work with adolescents are required to have the training, which is also open to community providers. In Connecticut, every staff member of the child welfare agency is trained. They also developed a variety of training modules to educate foster parents, law enforcement officials, medical and hospital staff, public defenders and child protection attorneys.

The courts and child welfare officials in many states single out the need for specific trauma-informed training, which includes an understanding of why youth relapse and may return to their trafficker. Highly accredited professionals with relevant experience in working with sexually abused and vulnerable youth indicated that when first developing DMST-specific programs, they simply were not prepared for the complex needs and trauma response of DMST survivors.14

Direct service should be prepared for potential vicarious and secondary trauma that can result from working with DMST survivors, one service provider said. This potential may be greater for program staff who are survivors of trauma, particularly sex trafficking. Sadly, it is not unusual for victims to run away from services or be victimized through re-exploitation, and practitioners should not consider this behavior a failure.

14 Id.
The Need for Comprehensive Data

Efforts to collect national, comprehensive data are necessary to fully understand the scope of DMST and to guide development of a focused policy response, participants said. Currently, there is no nationally recognized collection or dissemination of data and no federal mandate to collect it. One panelist commented that some states and local jurisdictions have begun collecting their own data, but it varies in quality and scope and is not necessarily consistent. In addition, because so many youth are misidentified, current data may be misleading or site-specific.

While efforts to collect data and establish evidence-based practices are being developed, states are learning from each other in their efforts to create systemic responses for trafficked youth. For instance, the commissioner of the state’s Department of Children and Family Services said that much of New Jersey’s child welfare response is being modeled after current practices in Connecticut, including updating hotline coding so that data can better reflect reports involving human trafficking.

Participants suggested that in addition to data from the child welfare and juvenile justice systems and the courts, data from other systems are also useful: behavioral health and public health systems, the schools, shelters for runaway and homeless youth, substance abuse treatment centers and faith-based communities. Foster parents, birth parents, peer advocates, survivors and mentors also can provide information that will help support these children.

Local engagement of providers and child-serving agencies is helping to shape a national response to trafficking, participants indicated. In January 2014, the federal government released “Coordination, Collaboration, Capacity: Federal Strategic Action Plan on Services for Victims of Human Trafficking in the United States (2013-2017),” a five-year collaborative effort across agencies, led by co-chairs from the departments of Health and Human Services, Justice and Homeland Security, to identify victims and provide holistic and comprehensive services to survivors of trafficking. In addition, in the fall of 2013, the U.S. Department of Health and Human Services (DHHS) released “Guidance to States and Services on Addressing Human Trafficking of Children and Youth in the United States.” During the National Colloquium, Katherine Chon, senior adviser to the DHHS, reinforced the importance of ongoing communication and meetings to help continue to inform a policy response.

“We recognize that while limited data exists, the data we have are so very concerning.”

- CHRISTINE CALPIN, CASEY FAMILY PROGRAMS
Policy Barriers

Several barriers to responding effectively to and preventing the sex trafficking of children were noted at the Colloquium. While not an exhaustive list, the barriers presented below are reflective of the barriers noted by Colloquium participants.

Criminalization

Most states still have laws that criminalize trafficked youth, often resulting in arrest, prostitution-related charges and placement at a juvenile detention center. It is counterproductive and confusing to retain state statutes that permit minors to be charged and prosecuted for prostitution, participants commented.

Judges may order detention for trafficked children, before and after their court hearings, often because they believe it will keep them safe from their traffickers or because a safe alternative placement does not exist, a service provider said. She added that detention may guarantee separation from traffickers but that it does not necessarily guarantee safety and rarely offers trauma-informed services. Research has shown that in some cases, traffickers use threats of violence or retaliation against a victim’s family and that appropriate investigations and measures to address these concerns must be taken to provide an adequate service response that would give family court judges safe alternatives to detention.15

Research has indicated that a juvenile delinquency record can be a barrier to a survivor of sex trafficking. While juvenile justice records generally are not publicly available in the same manner as adult convictions, juvenile records can still prevent survivors from staying in school, obtaining academic scholarships, obtaining professional licenses, securing certain employment or working with children.16

Lack of a Child Protection Response

A child welfare leader said that child welfare can play an important role in reducing the vulnerability of the children and youth in their system to sex trafficking by reducing the use of residential treatment and group homes (i.e., congregate care facilities), promoting permanency and addressing trauma that children and youth who enter foster care have experienced. Recognizing trafficked children as victims of crime – as opposed to offenders – warrants a child protective response, a juvenile court judge said, adding that child welfare agencies are often best-equipped with social workers trained in understanding and assessing complex trauma in children and youth.

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Barriers to Child Welfare Investigation

The mission of child welfare is to protect children from abuse or neglect by their parents or caregivers. The legal definition of caregiver does not generally include traffickers, despite the fact that sex trafficking is child abuse. Participants commented that this legal definitional contradiction is a major barrier in many states to accessing child protective services for children who are being trafficking by someone other than their parent or legal guardian.

If the commercial sexual exploitation of children is not clearly defined as child abuse and neglect at the state level and/or if the definition of caregiver is not broad enough to apply to traffickers, participants said, it is unlikely that a child protective services investigation and protection will be possible. However, states are taking steps to get around this hurdle.

Lack of Existing Infrastructure to Respond

Efforts to increase awareness and improve system responses may increase the likelihood of victim identification, a service provider said, but with limited service options, trusted service providers are reaching capacity. Research suggests that in the absence of appropriate services, child-serving agencies are constrained. These limitations are further limited when it comes to specialized services for boys and LGBTQ youth.

A necessary first step is to have in place a clear statutory mechanism for ensuring prompt identification, followed by appropriate access to specialized services, participants said. Without this, children remain at risk for either a punitive response or an inadequate child protective response that may allow for victims to return to the conditions that led to their trafficking.

I think the problem for us is to run fast enough to develop the services that are needed.

- DR. ALLISON BLAKE, COMMISSIONER, NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILY SERVICES


Funding Barriers

Participants pointed out a host of funding barriers that limit the ability of agencies and providers to reduce the risk factors to trafficking of vulnerable children and youth and to provide timely services to children and youth. While government agencies are beginning to direct money toward addressing the problem, funding is inconsistent and unpredictable. States may find creative ways to reallocate and use the resources they have, but reliable, ongoing funding streams are needed to develop and sustain a comprehensive and effective response. The range and intensity of services needed for children and youth who have experienced trafficking may be high and may require a commitment of several months or years.20

Providers surveyed for the 2012 National Colloquium listed various funding mechanisms for their programs, including funding from the Office of Refugee Resettlement, county juvenile probation contracts, state child welfare contracts, runaway and homeless youth departments, Office of Violence Against Women, state governor’s office, Office of Victims of Crime, Office on Violence Against Women and the Victims of Crime Act, along with traditional forms of fundraising within the private sector.21 A juvenile court judge commented that several jurisdictions are formalizing partnerships with state mental health agencies, which can open up access to Medicaid-funded services and other funding streams.22 However, participants also cautioned that involuntary psychiatric holds and mental health services bring with them their own set of stigma concerns, that service plans must be assessed on a case-by-case basis and that mental health holds and placements be granted with careful discretion.23

Specific funding obstacles identified and discussed by Colloquium participants include:

- In most states, the federal government provides the largest share of funding for child welfare services through Title IV-E of the Social Security Act. Title IV-E funding is dedicated to foster care placements. Residential treatment and other forms of group-care agencies (i.e., congregate care), are overused for many youth, especially those with behavioral or developmental challenges. This can increase the vulnerability of youth to trafficking because it does not provide a loving and caring family-like environment. It is also the most costly out-of-home care option. Colloquium participants commented that several victims have been recruited from these group-care facilities.

- Funding from the Runaway and Homeless Youth Act, the primary mechanism for programs for runaway and homeless youth across the country, is not to be used toward services for youth who are otherwise involved in the child welfare or juvenile justice system. Because many trafficked youth are homeless or have run away, pilot programs are being set up at runaway and homeless youth centers specifically to serve this population. However, even in these target programs, and with data reinforcing that many trafficked youth have been involved in the system, youth who run away from probation or a child welfare placement are ineligible to receive these funded services, and RHYA programs must scramble to braid together alternative funds.

21 Id.
Funding barriers are not limited to direct service needs, participants noted. Everyone who works with these children, from the police to the local service provider, would benefit from trauma-informed training. Funding for research and evaluation of promising practices and programs also is needed. Currently there appear to be no evidence-based programs specifically tailored for children and youth who have been trafficked in the U.S., participants noted. New or special treatment programs may not be needed for these victims and their families, they said, but careful adaptations of existing evidence-based programs and more sophisticated research are needed to inform the design of prevention programs.

**Interstate Compacts**

When trafficked youth are taken across state lines, child welfare participants said, it introduces jurisdictional complications in finding them, bringing them home and getting help for them. Interstate compacts are federal contracts among states designed to help state agencies work together when victims are identified across state lines. Generally, the Interstate Compact on the Placement of Children applies to out-of-state child welfare placements, and the Interstate Compact for Juveniles applies to the return of youth when they have run away or were on probation or parole.\(^24\) Trafficked youth identified in a state other than the state of residence will require special permission to stay and receive services in a recommended placement outside of the state of residence or will need to be returned pursuant to the Interstate Compact for Juveniles.\(^25\) Identification and authorization can be especially problematic if the child has not self-identified as a victim or if there is concern that the child will run when brought back home, a child welfare leader said. It may also be a challenge to get a trafficked child back from another state in order to provide services and reconnect her or him with family and community.

A panelist offered an example from Maryland, where state officials used the interstate process to help ensure a child protective response to youth, explaining that they do not respond to minors charged with prostitution. This action forced the referring state to re-examine its policies, and the child was transferred to child welfare custody and transferred through interstate compact.

Federal agencies such as the FBI and the National Center for Missing and Exploited Children can be important partners with state agencies navigating interstate barriers, a child welfare leader said, because they may have access to information from multiple states. A panelist from the National Center for Missing and Exploited Children further recommended that youth always be reported to its hotline as well, because the center has resources to respond to youth who are trafficked across state lines.


Leaders engaged in the effort to end sex trafficking are developing and encouraging their peers to develop a multi-tiered strategy that better identifies and assesses children and youth, provides an array of services to meet the unique needs of the victim, and reduces the vulnerability of children and youth to trafficking. Collaboration across law enforcement and child-serving agencies – as well as providers, community members, businesses and others – will help support the development and implementation of strategies. An expansion of data collection and evidence-based practices also will contribute to a strengthened response. Reliable and flexible funding will be critical to support and maintain the development and implementation of a comprehensive response, as well as to reduce the vulnerability of children and youth to trafficking. Success will require a fundamental change in practice and policy, and developing system responses to address that process is a national priority.

Children and youth exploited through sex trafficking have survived extreme abuse and trauma and are victims of crime. They are survivors at all points of their abuse and recovery. Adults who interact with these young people have an opportunity to support them on a journey to safety and independence. Systems and provider responses should be modeled to recognize survivors’ resiliency, strength and potential.
I’ve been in some family team decision-making meetings where you have 15 people in the room, where it looks like it is really resource-rich and service-rich…and then I ask a very simple question: ‘Is there anyone in this room that this young person will call when she is in crisis?’ That’s the level of assessment we need to be doing. It is not how many referrals you’ve made. It’s not how many times you’ve tried to open the door. It’s is there a relationship that that young person will reach out to when they need help?

- LESLIE BRINER, SEXUAL EXPLOITATION TRAINING AND POLICY COORDINATOR, YOUTHCARE, WASHINGTON STATE
Casey Family Programs
Casey Family Programs is the nation’s largest operating foundation focused entirely on foster care and improving the child welfare system. Founded in 1966, we work to provide and improve—and ultimately prevent the need for—foster care in the United States.

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