

Standards for Accredited Member Programs

ADAPTED FOR
VICTIMS of CHILD TRAFFICKING
MARYLAND CHILDREN'S ALLIANCE
CHILD ADVOCACY CENTERS



CHILD TRAFFICKING: ADAPTING NCA PROTOCOLS

TABLE OF CONTENTS

| | |
|--|------------|
| <i>Introduction.....</i> | <i>2</i> |
| <i>Multidisciplinary Teams.....</i> | <i>11</i> |
| <i>FBI MOU</i> | <i>23</i> |
| <i>BCAC MOU Example</i> | <i>32</i> |
| <i>Cultural Competency and Diversity</i> | <i>36</i> |
| <i>Forensic Interviews... ..</i> | <i>46</i> |
| <i>Victim Advocate</i> | <i>61</i> |
| <i>Medical</i> | <i>72</i> |
| <i>Mental Health.....</i> | <i>83</i> |
| <i>Case Review.....</i> | <i>98</i> |
| <i>Case Tracking... ..</i> | <i>104</i> |
| <i>Organizational Capacity... ..</i> | <i>109</i> |
| <i>Child Focused Setting.....</i> | <i>114</i> |
| <i>References and Resources... ..</i> | <i>118</i> |

CHILD TRAFFICKING: ADAPTING NCA PROTOCOLS

INTRODUCTION

There are stories of survival, stories of forgiveness, and stories of triumph over adversity. There are horrific stories with gut-wrenching endings. Some call it modern-day slavery; some call it a public health menace. At the core of each story is a child who is often already vulnerable to negative and dangerous influences, often lured into a seemingly secure relationship or friendship, possibly kidnapped, groomed, trafficked, sexually abused, and misused in a commercial sex act.

In Maryland, child advocacy centers (referred to as CACs) have worked with child victims of abuse, including trafficking, for over thirty years. In the 2019 Maryland legislative session, a law was passed,¹ codifying the Standards of Accreditation for local agencies to call themselves CACs. Now, in collaboration with other partners, we are beginning to understand the depth and breadth of the many problems unique to child trafficking, and the needs of CACs to best serve these victims. In collaboration with federal, state, and local agencies and partners, we are coming

¹ Maryland Code, Criminal Procedure § 11-928 (2019).

together to understand the complexity of the problem from the child victim's vantage point, to work together among the CAC network, to create protocols, and provide trainings to effectuate greater understanding of how best to serve our children.

On August 9, 2018, Governor Larry Hogan announced initiatives to combat human trafficking in Maryland. He declared that, "To ensure Maryland is identifying and providing services to child victims of human trafficking, the Child Advocacy Center Best Practices Workgroup, co-staffed by the Governor's Office of Crime Control and Prevention, the Maryland Children's Alliance, and the Department of Human Services, is researching and developing a protocol to identify and provide services to child human trafficking victims for Child Advocacy Centers. This will broaden the types of services for child victims using a trauma-informed approach."

To meet this goal, Maryland Children's Alliance (referred to as MCA), in partnership with the Governor's Office of Crime Control and Prevention (referred to as GOCCP) and the Department of Human Services (referred to as DHS), has adapted the National Standards for Accredited Members authored by National Children's Alliance (referred to as NCA) to help local CACs and their multidisciplinary team partners meet the unique needs of, and circumstances around, child trafficking victims and cases.

In April 2019, Amelia Rubenstein, MSW, LCSW-C, then with the Child Sex Trafficking Victims Initiative at the University of Maryland School of Social Work, conducted a comparative survey of CACs and Department of Social Services (referred to as DSS) reports of child trafficking cases.² Rubenstein's report provides insights that will help direct trainings and work among CACs and CAC's multidisciplinary teams (referred to as MDTs). The report included these findings:

- (1) From 2013 to 2018, "530+ reports of child sex trafficking [referred to as CST] were screened into LDSS."
- (2) "18 CACs provided services to CST victims, 1 CAC said they did not (although this CAC said they would serve this population, just have not had any cases)." The report did not survey on screening since this is done by different entities across Maryland's CAC network.
- (3) "Most CACs served significantly fewer CST victims than were reported to CPS in their jurisdiction..."

² Amelia Rubenstein, MSW, LCSW-C was the Clinical Research Specialist for the Child Sex Trafficking Victims Initiative (CSTVI) and adjunct professor at the University of Maryland School of Social Work. The Child Sex Trafficking Victims Initiative (CSTVI) is a five- year partnership between UMB School of Social Work and the Maryland Department of Human Resources to address the issue of sex trafficking among youth involved with child welfare.

- (4) “21% of responding CACs (n=4) reported counting/reporting CST cases separately from sexual abuse cases.”
- (5) “44% of responding CACs (n=7) have signed the NCA-FBI MOU...”
- (6) Only 1 CAC has a separate multidisciplinary team (MDT) for this population.

THE STUDY ALSO CONFIRMED WHAT WE EXPECTED TO FIND: **THAT 93% OF RESPONDING CACS BELIEVE THEY CAN USE MORE TRAINING AND PROTOCOLS/PROCEDURES IN ORDER TO BEST SERVE CHILD TRAFFICKING VICTIMS AND MANAGE THEIR CASES.** THESE PROTOCOLS HOPE TO FILL THIS NEED AS A STARTING POINT, WITH THE ADMONISHMENT THAT THROUGH CONTINUED EXPERIENCE, THESE PROTOCOLS WILL EVOLVE AND BE ENHANCED.

There is no one document that could encompass all the various situations and circumstances that a CAC confronts when working with a child trafficking victim. Volumes and treatises have been written about working with this vulnerable population. This is where there is great value in focusing on the National Standards for Accredited Members as the basis for formulating protocols in Maryland for victims of child trafficking. The CACs already rely on and refer to the Standards; now they can do the same for a trafficking case.

Each Standard is discussed independent of the rest so that, if need be, CAC staff and MDT partners can refer to one issue at a time. We began with the Standards as written, and expanded on them with added additional protocols, references, and best practices as needed for working a child trafficking case.³

THESE PROTOCOLS FOCUS ON WHAT HAPPENS IN PREPARATION FOR AND WHEN A CHILD TRAFFICKING VICTIM ARRIVES AT THE CHILD ADVOCACY CENTER:

- (1) Multidisciplinary Team (referred to as MDT): *When a child trafficking case is suspected or disclosed, the MDT meets and includes the additional law enforcement and other partners as appropriate to the case;*
- (2) Cultural Competency and Diversity: *The MDT considers the unique challenges of the adolescent victim as it relates to their culture, language, ethnicity, gender and sexual identity and other factors of diversity;*
- (3) Forensic Interview: *The trafficking case requires the frequent need for multiple and/or extended forensic interviews for child trafficking cases;*

³ Please note the sections in italics is the edited section of the Standard to reflect working with a suspected victim of child trafficking.

- (4) Victim Advocate: *The MDT needs to have sensitivity to how the Victim Advocate's role may change and might even be minimized for trafficking victims who are reluctant to connect with strangers or already have a victim advocate through the FBI or other LE agency;*
- (5) Medical: *The unique circumstances and opportunity to separate the victim from the suspected trafficker for a medical exam;*
- (6) Mental Health: *The opportunity to provide mental health guidance that considers complex trauma and help the victim fully understand that they are not willing participants in the sexual activities;*
- (7) Case Review: *Case review includes the extended MDT partners, specific to the needs of the child and the need for expanded cooperation among and with those additional partners;*
- (8) Data: *The need to differentiate child trafficking cases from child sexual abuse when reporting in DSS and CAC systems;*
- (9) Organizational Capacity: *To build internal staff and MDT capacity to manage these cases;*
and

(10) Child-focused setting: *To provide a safe trauma-focused setting that appeals to child trafficking victims.*

As we complete research, drafts, edits and design, our next steps will be to provide training across the Maryland Children's Alliance network of child advocacy centers. From there, we will share this work with our agency partners.

This compilation was the work of many hands, hearts and minds. Thanks to the following:

Best Practices Workgroup Subcommittee Editing Board:

Jessica Wheeler
Brandi Stocksdaile
Susan B. Hansell
Laurie Culkin
Iona Rudisill
Wendy Myers

Maryland Children's Alliance

Susan B. Hansell

GOCCP Contributors:

Glenn Fueston
Jessica Wheeler
Laurie Culkin

DHS Contributors:

Brandi Stocksdaile
Leanda Welker

Other contributors:

Amelia Rubenstein, University of Maryland School of Social Work
Amanda Rodriguez, University of Maryland SAFE Center
Adam Rosenberg, Baltimore Child Abuse Center
Iona Rudisill, Baltimore Child Abuse Center
Denielle Randall, Baltimore Child Abuse Center
Dr. Wendy Lane, Baltimore Child Abuse Center
Crimson Barocca, Baltimore Child Abuse Center
Julia Knach, Baltimore Child Abuse Center
Krista Trahan, Baltimore County CAC
Baltimore County Human Trafficking Board
Kate Shipley, LACAC
Baltimore City Human Trafficking Collaborative
Thomas Cole Miller, MCA Student Intern, University of South Carolina

A HUGE **THANK YOU** TO OUR MAJOR SPONSORS:



1. MULTIDISCIPLINARY (MDT) TEAMS

1. MULTIDISCIPLINARY TEAM (MDT)

The Multidisciplinary Team is at the heart of the child advocacy model. The CAC MDT is not just about the arrest and prosecutorial process. It is about, with or without disclosure, meeting the needs and caring for the child victim. At a minimum, each CAC MDT should include:

- A. Law enforcement (LE) (local and Maryland State Police);
- B. Forensic interviewer;
- C. Child Protective Services (CPS);
- D. Prosecutors;
- E. Medical professionals;
- F. Mental health providers;
- G. Victim Advocates (VA); and
- H. Other CAC staff as necessary.

The CAC MDT's success is based on a continuous commitment to relationship building between partners through good communication, ongoing training and conflict resolution. Each discipline comes to the case with a particular and unique goal. "The strength of the team is that together, MDT members 'cooperatively develop a safety and service plan with and for each child victim, discuss the investigation ... and help equip survivors to make healthy and safe life choices'."¹ These relationships take time to build and grow, but the children served are the beneficiaries of strong MDTs.

When dealing with child trafficking, the CAC's usual MDT partnerships will expand to include team members specializing in sex trafficking victims and cases. Even before

¹ Rebecca Epstein and Peter Edelman, *Blueprint: A Multidisciplinary Approach to the Domestic Sex Trafficking of Girls.*, (Georgetown Law, 2013), 14.

the CAC's first child trafficking case, CAC staff should know who the additional parties are that will need to join their existing MDT when they have a suspected or disclosed sex trafficking case. The CAC will need to regularly provide specialized training for existing MDT members, partners, and the trafficking MDT members about the unique dynamics surrounding child trafficking victims and cases.

Additional partners including the FBI, Homeland Security (HSI), and other state and local law enforcement partners, like Maryland State Police, will be added, as needed. For cases involving the FBI, the NCA has created an interactive network map with the FBI that shows where CACs are located and provides a link for the appropriate contact information.² Through this national

collaboration, it is not necessary for local CACs to create their own MOUs with their federal partners.

Other partnerships might be needed as referral sources, like DSS Permanency Planning staff for foster care and placement, Department of Juvenile Services, the local school system, and specialists in housing and other agencies specific to the victim and case. In some cases, CACs have the capacity to create a separate child trafficking MDT, including having a specially trained forensic interviewer or Victim Advocate, who only works with child trafficking cases. For many of Maryland's CACs, the existing MDT will expand to include child trafficking partners based on the case.

² CACs can learn more at <https://www.nationalchildrensalliance.org/nca-fbi/>. A

form is included in this document that enables local CACs to share their contact information with NCA for the FBI collaboration.

With each additional discipline coming onto the MDT, other than the FBI, the CAC needs to follow its regular process of creating an interagency agreement, providing orientation about the CAC model and practices for the new MDT members, and opportunities for training. It is not enough that the heads of agencies sign the MOUs; the CAC must create those working relationships within the trafficking MDT to most benefit the victim and, when possible, create a positive outcome of the case.

The value of the CAC MDT is in the coordination of all the parties' response "to increase the investigation's effectiveness and reduce stress for children."³ For sexual abuse cases, the MDT comes together to conduct [CAC forensic interviewer] and

observe [other MDT members] the single interview of the child.⁴ This process has been proven to help minimize re-traumatizing the child. While the forensic interviewer collects information from the child, the rest of the team observes through a one-way mirror or closed-circuit television.

For the child victim of sex trafficking, there needs to be multiple and/or extended forensic interviews at the CAC. The CAC MDT for sex trafficking cases needs to adapt to this reality and plan accordingly. Some characteristics of the child trafficking victim are:

The child or youth may not present themselves as victims in demeanor and attitude. They may not trust the CAC, seeing it, and the staff, as another system that has or will let them down. They may

³ OJJDP Juvenile Justice Bulletin, *Evaluating Children's Advocacy Centers' Response to Child Sexual Abuse*, (Office of Justice Programs, 2008).

⁴ NCA Standards for Accredited Members, (2017), 12.

be in imminent fear of their handler. They may believe they are not victims.⁵

Any of these reasons mean that it may take even the most experienced CAC forensic interviewer additional meetings and time to break through and the MDT needs to be prepared to adapt to these, or other circumstances presented by the victim.

NCA ESSENTIAL COMPONENTS.
SECTIONS REFERRED TO HERE ARE
THOSE UNIQUELY REFERENCED TO
CHILD TRAFFICKING CASES.

A: INTERAGENCY AGREEMENTS:

CACs require written interagency agreements with all their MDT partners. These include the roles and responsibilities of each discipline and outline how they will interact with each other. According to the

NCA National Standards, the CAC's MDT members help create and adapt their protocols. This creates mutual understanding and buy-in by all parties to ensuring that the processes are followed to meet the needs of each discipline and to best care for the victim.⁶

It is important that the CAC create interagency agreements and MOUs with their additional MDT sex trafficking partners so that when a child or youth victim of sex trafficking is brought to the CAC the partners already agree on their individual and collective roles. Additional MDT members for the child trafficking cases include the FBI, HSI, DSS Permanency Planning staff like foster care and placement, Juvenile Department of Services, the local school

⁵ Epstein & Edelman, BluePrint.

⁶ NCA Standards for Accredited Members, (2017), 14.

system, specialists in housing and other agencies specific to the victim and case, and any other parties needed by the local CAC.

It is important to note, however, that the CAC does not need to create an MOU with the FBI since NCA has already completed a Memorandum of Understanding (MOU) with the FBI.⁷ With the national MOU each local CAC can opt in to the national agreement by completing the attached form entitled, “Joining the NCA-FBI Partnership.” This enables the contact information for local CACs to be included on an FBI interactive reference map where the FBI can look at parts of Maryland to identify the available CAC. The marker on the map includes contact information. However, local CACs are encouraged to create connections with FBI agents serving their CAC’s area as soon

as possible. Even in a jurisdiction with few trafficking cases, it is recommended that the CAC know their local, state and federal partners like the local Maryland State Police, and that the CAC and LE partners each know who to call and are familiar with their other MDT partners. Often child trafficking cases extend over multiple jurisdictions, it is important for the CAC and MDT team to know and work collaboratively with all those partners.

B. WRITTEN PROTOCOLS ADDRESS THE FUNCTIONS OF THE MDT AND THE ROLES AND RESPONSIBILITIES OF ALL MEMBERS.

For details about NCA's memo of understanding see <https://www.nationalchildrensalliance.org/nca-fbi/>

A sample of Baltimore Child Abuse Center’s MOU for child trafficking MDTs is included in this document.

⁷ A copy of the FBI agreement with NCA that CACs can sign is attached in the appendix to this document.

C. ALL MDT MEMBERS ARE INVOLVED IN THE ENTIRE PROCESS WITH THE CHILD.⁸

Each member of the child trafficking MDT plays a pivotal role in managing the child's or youth's experiences at the CAC. Child trafficking victims or youth suspected of trafficking victimization will be hesitant to disclose and/or admit what they are experiencing or have experienced. The children or young people who are presumed victims of trafficking have survived horrific trafficking experiences. However, they may also have experienced substantial trauma prior to being trafficked that became vulnerabilities that a trafficker exploited to gain control of the victim. They may be runaways, cycling through the foster care system, addicted to drugs, or in other ways

forced, coerced or defrauded by their trafficker. They may not trust the "system" that is trying to help them. They may fear that without their trafficker, they have nowhere to go.

It will take additional time and often multiple and/or extended forensic interviews before the child victim will admit what is happening to them, or what has happened to them, and are willing to be helped out of their nightmare. CAC staff needs to be prepared and to help MDT partners understand the need for patience and continued trust building in order to be most effective. Even in cases where there is no disclosure, the CAC can continue to be available to treat the victim with support services.

⁸ NCA Standards for Accredited Members, (2017), 14.

The CAC's care of child victims and treatment support (therapeutic, mental health, medical, victim advocacy, etc.) can and likely will continue past the DSS 60-day finding/reporting limit.

D. INFORMATION SHARING:

The CACs' MDT model was created to facilitate "efficient interagency communication and information sharing" that enhances "ongoing involvement of key individuals, and support for children and families."⁹ In order for every discipline to meet the needs of the child, as well as the needs for their agencies, it is imperative that the MDT agree to procedures for compiling and sharing pertinent information with the

team. "Regular and effective communication and information sharing minimizes duplicative efforts, enhances decision-making, and maximizes the opportunity for children and caretakers to receive the services they need."¹⁰ The MOU must outline the agreed upon procedures and processes; but equally important is that MDT members agree to and act upon what is written. The MDT agrees on how written documentation is created and stored, ensuring that confidential information can be and is shared but protected.¹¹

It is imperative that this same level of trust exists or is built among and between MDT members working a child trafficking case so that all the information necessary can be shared and discussed, ensuring that the victim is helped in every way possible. All

⁹ NCA Standards for Accredited Members, (2017),14.

¹⁰ NCA Standards for Accredited members, (2017), 14.

¹¹ NCA Standards for Accredited Members, (2017), 14-15.

information that is directly related to the case that provides knowledge that benefits all partners needs to be shared in a safe and confidential manner. The MDT must agree on what type of information is discussed, and how it is or is not recorded in written documentation. Each member of the trafficking MDT must respect the limits of the partner disciplines.

However, there are instances in child trafficking cases when the FBI or Homeland Security are involved in a case in which they might not be able to share as much information as they would in other types of cases. It is important that the relationship between law enforcement and the CAC is open so that when these situations arise, everyone understands and can work within the given parameters to best support the child.

It may be necessary to share information within the MDT that is not to be shared otherwise. Keeping the best interests of the child victim in mind and respecting the victim's rights to privacy are imperative when considering how, when, and with whom to share information related to serving the victim. Another example of the complications around information sharing would be with the medical MDT partner. "Collecting a medical history from a potential victim of trafficking may be difficult, and documentation of this information in the medical record may have legal ramifications ... Depending on the legal climate, entering more or less information in the patient's chart can either be harmful or

helpful.”¹² Medical providers need to work with law enforcement and Maryland States’ Attorney partners to determine how best to handle each case.

E. DOCUMENTATION:

Attention to the language used in documentation of child trafficking cases is imperative. The documentation should be written with the unique lens of “child trafficking.” That means that terms like “prostitution” should not be used and should be replaced with “victim” or “presumed victim.”

One example of documentation for a child trafficking MDT would include the following sections:

- A. Narrative of the case.*
- B. Response or proposed response of the MDT.*
- C. Next steps.*

The child trafficking MDT needs to agree on how details of the case are documented to maximize support to the victim and respect for each discipline represented.

F. MDT FEEDBACK:

The CAC must provide “routine opportunities” and a “formal process” for MDT members to give feedback regarding the operation of the child trafficking MDT.¹³

¹² Protocol Toolkit for Developing a Response to Victims of Human Trafficking in Health Care Settings, (HEALtrafficking.org, 2017), 32.

¹³ NCA Standards for Accredited Members, (2017), 15.

This may be difficult to meet for child trafficking MDTs as the federal partners may not be available with this extra time. However, this can be addressed as a CAC need of the federal or MSP partners when the MOUs are created so that everyone can be clear about this expectation and the need to ensure that the MDT works as effectively as possible for the child's wellbeing and to meet the goals of all the MDT partners.

G. TRAINING:

“Ongoing learning is critical to the successful operation of the CAC/MDTs.”¹⁴ The CAC should provide regular information about trainings or training opportunities for child

trafficking MDT partners about child trafficking and the unique issues these victims bring. The CAC needs to be aware of and provide means for keeping up with current best practices and sharing this information regularly with their staff and MDT partners. Trainings can be from multiple perspectives; for example, the CAC and/or MDT partners can provide cross-discipline training related to trafficking cases. Another example is to enable the Victim Advocate to share with the MDT unique challenges and opportunities to working with runaways where a caregiver is not present.

Trainings can range from CAC planned 15 minutes presentations during the regularly scheduled trafficking MDT meeting,

¹⁴ NCA Standards for Accredited Members, (2017), 15.

webinars, special days set aside for multiple presentations at CAC, statewide, or national symposiums or conferences. Traveling to these trainings as an MDT will help solidify relationships and communication as well as support learning about best practices.

FOR OFFICIAL USE ONLY

MEMORANDUM OF UNDERSTANDING

BETWEEN

THE FEDERAL BUREAU OF INVESTIGATION

AND

THE NATIONAL CHILDREN'S ALLIANCE

PERTAINING TO

THE USE OF CHILDREN'S ADVOCACY CENTERS

IN SUPPORT OF INVESTIGATIONS OF CRIMES AGAINST CHILDREN

I. Purpose

This Memorandum of Understanding (MOU) is between the Federal Bureau of Investigation (FBI) and the National Children's Alliance (NCA). The agreement provides guidance on the FBI's use of Children's Advocacy Centers (CACs) for purposes of conducting forensic investigative interviews. Further, the agreement clarifies use of CAC employees trained in conducting forensic interviews when an FBI interview resource is not available. The MOU also clarifies the disposition of documentation or taping of an FBI lead interview and storage and dissemination of FBI forensic interview materials. Finally, the MOU solidifies a collaborative effort between the FBI and NCA to assure services are provided to victims and their families who require supportive services as a result of victimization.

II. Authority

Authority for the FBI to enter into this agreement can be found at:

Victims' Rights and Restitution Act (VRRRA), 42 USC § 10607 (2006)

Crime Victims' Rights Act (CVRA), 18 U.S.C. § 3771 (2006 & Supp. III 2009)

Child Victims' and Child Witnesses' Rights, 18 U.S.C. § 3509 (2006 & Supp. III 2009)

Federal Guidelines for Treatment of Crime Victims and Witnesses in the Criminal Justice System, 18 U.S.C. § 1512 (1984)

Attorney General Guidelines for Victim and Witness Assistance (effective October 1, 2011, revised May 2012) Economy Act, as amended (31 U.S.C. § 1535(a))

FOR OFFICIAL USE ONLY

FOR OFFICIAL USE ONLY

III. Background

The FBI conducts investigations into a wide array of violations involving crimes against children. The FBI complies with federal law and the Attorney General Guidelines for Victim and Witness Assistance, (effective October 1, 2011, revised May 2012) (hereinafter AG Guidelines) to ensure that investigative (forensic) interviews of child/adolescent victims and witnesses are conducted in a developmentally-sensitive, research-based, and legally defensible manner that also minimizes additional trauma.

The AG Guidelines recognize the potential traumatic impact of multiple interviews of child victims/witnesses. As stated in the Guidelines: "A primary goal of Department personnel, therefore, shall be to reduce the potential trauma to child victims and witnesses that may result from their contact with the criminal justice system. To that end, Department personnel are required to provide age appropriate support services to these victims, and referrals for community based services to parents and guardians as indicated (*See* Article IV.H.)." (AG Guidelines, Article III, L. 1. a (3) at 15).

The AG Guidelines also emphasize resources for protecting children during criminal investigations by emphasizing use of MDTs when feasible, to reduce interviews of child victims or witnesses and to insure services are available when needed (*See* AG Guidelines, Article III, L. 1. e(1) at 18). Finally, the AG Guidelines state: "Whenever possible, interviews of child victims and witnesses should be conducted by personnel properly trained in the techniques designed to elicit truthful information from a child while minimizing additional trauma to the child" (AG Guidelines, Article III, L. 1. e(2) at 18).

FBI

The responsible entities within the FBI for the purpose of this agreement are the Office for Victim Assistance (OVA) and Violent Crimes Against Children Section (VCACS).

The VCACS is responsible for investigation of federal crimes against children to include child sexual abuse, sexual exploitation, pornography, production and distribution or receipt of pornographic images, human trafficking, slavery, physical abuse and neglect.

The OVA is responsible for ensuring that victims of federal crimes investigated by the FBI receive the rights, assistance, information, and services to which they are entitled and which will help them cope with the impact of crime and effectively cooperate with the criminal justice process. The OVA provides oversight of the Child/Adolescent Forensic Interviewers (CAFIs) and the field office-based Victim Specialists (VSs).

FOR OFFICIAL USE ONLY

FOR OFFICIAL USE ONLY

- CAFIs provide forensic interview services to ensure compliance with AG Guidelines for investigation of child victims. Interviews are designed to be sensitive to victim needs, legally defensible, and in compliance with OVA Guidelines for Conducting Forensic Interviews. CAFIs are responsible for conducting victim and witness forensic interviews, providing case consultation and training for the FBI and other federal and local entities. The CAFIs utilize a triage model and will refer interviews to CACs as needed. CAFIs also provide training for VCAC investigators on conducting a forensic interview utilizing the best practice protocols contained in the OVA FBI Guidelines for conducting forensic interviews (2014). The CAFIs are located regionally and provide coverage for the U.S. and internationally.
- VSs are responsible for supporting the forensic interview process and providing information, assistance, referrals, and services to child victims and their families during the course of an investigation.

Currently, the FBI is able to employ only a limited number of CAFIs and far fewer than is needed to cover the child interviewing workload across the FBI. To ensure effective and timely investigative responses to crimes against children and to enhance protection of child victims, it is necessary and advisable for the FBI to collaborate with local agencies and organizations that provide forensic interviewing services and access to a team of multi-disciplinary professionals.

NCA

The NCA (www.nca-online.org) is the umbrella organization for community based CACs, which was founded in 1992 and is today supported by 606 programs nationwide. It is dedicated to developing and supporting an improved system response to child abuse/maltreatment. The NCA is dedicated to promoting a community based multidisciplinary team (MDT) response to allegations of child maltreatment. The NCA is supported by its membership who is in turn supported by long-term investments of partner agencies including social services, law enforcement, legal, medical, mental health, victim advocacy and CAC staff.

A CAC is a child-focused, facility-based program in which representatives from many disciplines to include law enforcement, child protection, prosecution, mental health, medical and victim advocacy work collaboratively to conduct joint forensic interviews and form multi-disciplinary teams to make decisions on investigation, treatment, management and prosecution of child abuse cases. CACs are community based programs designed to meet the unique needs of a community, so no two CACs look exactly alike. They share a core philosophy that child abuse is a multifaceted community problem and no single agency, individual or discipline has the necessary knowledge, skills or resources to serve the needs of all children and their families. They also share a belief that the combined wisdom and professional knowledge of professionals of different disciplines will result in a more

FOR OFFICIAL USE ONLY

FOR OFFICIAL USE ONLY

complete understanding of case issues and the most effective child and family focused system response (Putting Standards into Practice, 2000). NCA in partnership with the four Regional CACs and Chapters provides:

- Training technical assistance and networking for professionals and communities
- Media materials for professional and public education about child abuse and multidisciplinary work
- National standards for CAC programs
- Leadership in the field of multidisciplinary team investigations and other child abuse interventions
- Advocacy for CAC programs on a national level
- Funding support in the form of grants

Local CACs are accredited by NCA utilizing the following established standards for membership.

- Child Appropriate/Child-Friendly facility
- Multidisciplinary Team
- Organizational Capacity
- Cultural Competency and Diversity
- Forensic interviews
- Medical Evaluation
- Therapeutic Intervention
- Victim Support/Advocacy
- Case Review
- Case Tracking

IV. Scope:

The scope and purpose of this MOU is to document the agreed responsibilities and functions of the parties with respect to the Federal Bureau of Investigation (FBI) and the National Children's Alliance (NCA).

This MOU is not intended, and should not be construed, to create any right or benefit, substantive or procedural, enforceable at law or otherwise among or against any of the parties, their parent agencies, the United States, or the officers, employees, agents, or other associated personnel thereof.

V. Applicability

FOR OFFICIAL USE ONLY

FOR OFFICIAL USE ONLY

The terms and services provided under this MOU apply to the following constituent groups: CAC forensic interviewers, FBI personnel, and NCA.

VI. Responsibilities

The FBI and NCA agree to the following:

- a. Establish a working relationship between NCA/CACs and the FBI investigators and forensic interviewers.
- b. NCA will encourage the membership to develop evidence-based forensic interviews in collaboration with FBI investigators when needed, and follow up support services targeted for vulnerable child victims and their families.
- c. All FBI victim cases will be triaged by FBI CAFIs, Agents and/or TFOs in order to identify the best interviewer, location, and time for a forensic interview of a particular case.
- d. FBI CAFIs are to be allowed to utilize CAC space when available and consistent with NCA guidelines as contained in national standards for accreditation.
- e. CACs will provide after hours access for FBI interviews consistent with after hours policy and practices for all law enforcement as contained in national standards for accreditation.
- f. FBI CAFIs will follow the FBI interviewing protocol within the CAC environment which includes, but is not limited to:
 - i. Presenting evidence
 - ii. Interviewing children/adolescents that have not made a disclosure
 - iii. Interviewing compliant children/adolescents
 - iv. Recording interviews
- g. NCA recognizes FBI CAFIs meet NCA national standards for accreditation for NCA standards and FBI Special Agents (SA) and Task Force Officers (TFO) who wish to conduct interviews themselves must demonstrate that they have completed an FBI forensic interviewing class or a nationally recognized training.
- h. CAC forensic interviewer must demonstrate compliance with NCA national standards for accreditation training requirements.
- i. CAC may be permitted to view an FBI interview however the determination will be made by FBI investigators based on legal restraints and case sensitivity.
- j. FBI CAFIs will not conduct an interview without a law enforcement officer present.
- k. NCA will provide a liaison between FBI and local CACs to address concerns regarding FBI led investigations/interviews of children.

FOR OFFICIAL USE ONLY

FOR OFFICIAL USE ONLY

- l. Consistent with NCA national standards for accreditation regarding attendance for case review, FBI cases will not be discussed at case review or an MDT meeting unless the FBI CAFI, Agent or Victim Specialist has been informed or is present.
- m. FBI will provide NCA with updates/information regarding FBI interviewing protocol.
- n. Per the FBI Office of General Counsel no FBI recording (DVD or on a server) can be maintained at a CAC.
- o. Consistent with NCA national standards for accreditation victim advocacy standard CACs or FBI victim specialist will work with CAC staff to make sure services are provided for the family as needed.
- p. CACs who are signatories on the MOU will be provided a copy of the FBI interviewing protocol.

VII. Information Sharing

The Parties to this MOU will comply with the provisions of the U.S. Constitution and all applicable laws, executive orders, and policies.

The Parties acknowledge that the information involved in this MOU may identify U.S. persons, whose information is protected by the Privacy Act of 1974 and/or Executive Order 12,333 (or any successor executive order). All such information will be handled lawfully pursuant to the provisions thereof.

VIII. Implementation

NCA will distribute the MOU to all accredited CACs and those who do not wish to participate will be required to opt out by signature.

NCA will send out the FBI MOU to CACs that are accredited by NCA to see if they would be willing to support this agreement. Those CACs will be identified to the FBI CAFIs and then utilized as a resource for FBI to conduct their own interviews or to have the CACs conduct the interview as needed.

IX. Effect of this Agreement

This MOU does not constitute an agreement for any party to assume or waive any liability or claim under any applicable law.

This agreement is not intended to be enforceable in any court or administrative forum. The parties will seek to resolve any disputes regarding this agreement by mutual consultation.

FOR OFFICIAL USE ONLY

FOR OFFICIAL USE ONLY

X. Parties' Points of Contact

FOR FBI:

Barry E. Moore

Clinical Programs Manager

935 Pennsylvania Avenue NW, Room 3329, Washington DC 20535

(202) 324-5158

FOR NCA:

Teresa Huizar

Executive Director

516 C Street NW, Washington DC 20002

(202) 548-0090

XI. Reimbursement

The FBI will reimburse CACs for fees associated with utilizing forensic interviewing capabilities only if the CAC operates on a fee for service basis with all agencies.

XII. Liability

Each party agrees that any civil, criminal, or administrative claim, complaint, discovery request, or other request for information, which may be received by either party or its personnel and which arises from or implicates the performance of FBI or NCA personnel under this MOU, shall be referred to legal counsel for both agencies. Designation of one agency as the responsible agency to handle a particular claim, complaint, or request shall be made, if at all, on a case-by-case basis.

Nothing in this section prevents any party from conducting an independent administrative review of the incident giving rise to any civil, criminal, or administrative claim, or complaint. Nothing in this section should be construed as supplanting any applicable statute, rule or regulation.

This MOU is not intended, and should not be construed, to create any right or benefit, substantive or procedural, enforceable at law or otherwise by any third party against the parties, their parent agencies, the United States, or the officers, employees, agents or other associated personnel thereof.

FOR OFFICIAL USE ONLY

XIII. Effective Date, Administration, and Termination

- a. The terms of this MOU will become effective upon signature by both Parties.
- b. This MOU may be modified at any time upon the mutual written consent of the Parties.
- c. The terms of this MOU, as modified with the consent of both Parties, will remain in effect until either Party upon thirty (30) days written notice to the other Party terminates this MOU.

XIV. Funding

This MOU agreement is not an obligation or commitment of funds, nor a basis for transfer of funds, but rather is a basic statement of the understanding between the parties of matters described herein. Expenditures by each party will be subject to its budgetary processes and to the availability of funds and resources pursuant to applicable laws, regulations, and policies. The parties expressly acknowledge that the language in this MOU in no way implies that funds will be made available for such expenditures.

FOR OFFICIAL USE ONLY

SIGNATURE PAGE

This MOU represent the understanding reached between the FBI and the NCA. By signing below, the Parties have caused their duly authorized representatives to executive this MOU, and the Parties accept the terms, responsibilities, obligations, and limitations set forth in this MOU.

APPROVED FOR FBI:

APPROVED FOR NCA:

 for Kathryn M. Tulman

Karen Joyce-McMahon

Deputy Program Director

Federal Bureau of Investigation



Teresa Huizar

Executive Director

National Children's Alliance

3/11/15

Date

3-11-15

Date

FOR OFFICIAL USE ONLY

Child Trafficking Multidisciplinary Team Memorandum of Understanding

Mission & Purpose

The mission of Baltimore Child Abuse Center's (BCAC) Child Trafficking Multidisciplinary Team (CT MDT) is to provide a process that allows members to effectively and collaboratively respond to victims of alleged child trafficking in Baltimore and their non-offending caretakers. Since these cases are complex with multiple dynamics, the CT MDTs are purposed to provide a forum for members to share knowledge, perspective and expertise regarding individual cases. Also, as part of this team, protocols and procedures are shared so that informed decisions, recommendations and plans of action can be made. This process also promotes communications and coordination between disciplines, as well as mutual support and accountability for a coordinated response to allegations of child trafficking, trauma, and other Adverse Childhood Experiences.

Team Partners

The permanent members of the Child Trafficking Multidisciplinary Team are:

- Baltimore Child Abuse Center (BCAC)
- Baltimore City Department of Social Services (BCDSS)
- Baltimore Police Department (BPD)
- Baltimore City State's Attorney's Office (BCSAO)
- Maryland Department of Juvenile Services (DJS)
- Turn Around

The team may include additional members such as the Federal Bureau of Investigations, Homeland Security Investigations, Baltimore City Health Department, the Baltimore City Public Schools, Maryland State Department of Education, the Mayor's Office of Criminal Justice, Children's Home, Arrows Diagnostic, Mercy Medical Center, University of Maryland Medical System, Johns Hopkins Hospital, Araminta Freedom Initiative, and other agencies and organizations, as needed to address specific cases and issues of protocol.

Goal

A formal process in which multidisciplinary discussion and information sharing regarding the investigation, case status and services needed by the child and family is to occur on a routine basis.

Objectives

1. Holding multi-leveled conference calls and Team Review meetings, as needed, with a minimum of an immediate and follow-up response per case.
2. Having regular participation by multidisciplinary team members in all levels of conference calls and Team Reviews for consistent collaboration and increased victim service provisions.

Child Trafficking Multidisciplinary Team Process

The development and continued expansion of the CT MDT response is in accordance with nationwide best practices, which currently operate in the following format:

1. The CT MDT Coordinator will receive an email from DHS stating that there has been an alleged child trafficking case reported to Baltimore City CPS.
2. After receiving the email, a BCAC CT MDT form will be completed, saved and encrypted. Then the encrypted file is to be emailed, saved with the CPS Child Client ID#, to key representatives from Baltimore City DSS, Baltimore Police Department, State's Attorney's Office, Department of Juvenile Services and other agencies as needed.
3. An initial conference call, within 24 hours will be scheduled with these participants, held at 10:00am the following day, after receiving the referral (unless a different time is requested and agreed upon by all partners). For example, if the report is emailed prior to 9:00pm, a conference call is to be held at 10:00am the following day. If reports are emailed 9:00pm or later, partners will be alerted the following day and a conference call scheduled the day after.
 - The purpose of this call is to have all agencies involved share information and collaborate on a plan with one another in the best interest of the youth.
 - This call introduces the case by having all agencies share how they received the case, what is the current case status, and how other team partners could assist in their next steps.
4. The initial follow-up call is held either 72 hours or one week after the 24 hour call, depending on the needs of the case and partner agreement. The follow-up call will have all the same persons on it, in addition to any professionals who are providing direct service in this case (e.g. cps worker, law enforcement investigator, forensic interviewer, family advocate, representative from anti-trafficking organization {i.e. TurnAround or Araminta}).
5. A Case Review is held at the end of the bi-weekly BCAC MDT Team Review.
6. A brief summary is documented on the BCAC CT MDT form which includes the following sections: 24 hour response, each follow up response, case reviews and updated emails. The summary is sent to all team members involved in the case each time a meeting occurs or new information is provided, within the same business day.
7. The summaries reflect the alleged victimization of the youth, does not use victim-blaming language and does not share identifying information about other individuals involved, except through initials.
8. Team members make a collaborative decision on how often cases are followed up on with a conference call.
9. Placement concerns are brought to the attention of the Placement Directors of Maryland DJS, Baltimore City DSS, and Maryland DHS central office.
10. In order to ensure smooth coordination and continued collaboration, the leadership representatives of each of the CT MDT partner agencies meet quarterly (Standards of Practice or SOP meetings).

*Note: Any immediate safety issues are addressed with CPS, LE, MDT and family at the time of the interview.

*Note: See CT MDT Flow Chart

Child Trafficking Multidisciplinary Team Case Reviews

The multidisciplinary team review panel members discuss each case regarding the following:

1. Interview outcome
2. Medical examinations
3. Progress of criminal investigation
4. Child protection and safety issues
5. Prosecution and court support issues
6. Family's responses to the allegations and the investigation
7. Emotional and treatment needs of the child and non-offending family members
8. Cross-cultural issues are relevant
9. Action plan as needed
10. Criminal and civil (dependency) case disposition
11. Ongoing court support and education

* In addition to review of specific cases, Team Review panel members from each agency discuss their disposition updates and team-related issues.

Child Trafficking Multidisciplinary Team Recommendations

Case discussions are conducted in a way that promote open dialogue, active contribution from each discipline, and sharing of ideas, expertise and knowledge. The Facilitator recognizes that a wide range of factors can contribute to difficult, complex cases. The Facilitator encourages the consideration of how these factors affect each case, and what changes can be implemented to reduce or strengthen the impact of these factors. Factors to consider might include developmental delays or disabilities, mental health issues, medical issues, family dynamics, cultural dynamics, family beliefs and practices, service gaps, financial difficulties, agency intervention, research and best practice, and protocol concerns.

When case review prompts protocol recommendations, these recommendations are discussed and then memorialized in the working document, CT MDT Form.

Confidentiality

Generally, ANY records and information RELATING TO CHILD ABUSE OR NEGLECT INVESTIGATIONS are confidential pursuant to Maryland Code Annotated, Human Services Article §§ 1-201 - 203 and Family Law Article § 5-707. Unauthorized disclosure of records and information BY ANY PERSON, INCLUDING MDT MEMBERS SUCH AS BCDSS, CACS, SAO AND LAW ENFORCEMENT is a criminal offense punishable by a fine of up to \$500.00 and incarceration for up to 60 days or both. However, PURSUANT TO MD CODE, HUM. SVCS. §1-202, CHILD ABUSE records and information may be shared with MDT members. THEY MAY ALSO BE SHARED with a primary care physician or other licensed practitioner, agency, institution or program providing treatment or care to a child who is the subject of a report of child maltreatment, provided that the identity of reporters and individuals whose life or safety may be endangered is not made known to the MDT or its members.

The Partners agree to be bound by, and to require the *ad hoc* participants to be bound by, these confidentiality requirements. The Partners further agree to require all participants at MDT meetings to sign the “Sign-In-Sheet” that contains a confidentiality acknowledgement or complete a one-time confidentiality agreement at the start of their participation in the MDT.

Duration of Agreement

The Memorandum of Understanding becomes effective upon signature by all partners and shall remain in effect for (two) years unless the partners agree in writing to extend its term. The partners may agree in writing to modify the Memorandum of Understanding at anytime. Ninety-days prior to its expiration, the partners shall begin negotiations on a new Memorandum of Understanding

We, the undersigned, have read and agree with this Memorandum of Understanding.

Signatures

NAME, Baltimore Child Abuse Center

Date

NAME, Baltimore City Department of Social Services

Date

NAME, Baltimore City Police Department

Date

NAME, Baltimore City State’s Attorney Office

Date

NAME Department of Juvenile Services

Date

NAME, Nonprofit Agency

Date

2. CULTURAL COMPETENCY AND DIVERSITY

2. CULTURAL COMPETENCY

Helping children and their families feel safe, secure, and willing to talk about their abuse, begins with their first encounter with the CAC. Children respond positively to a warm and kind welcome, a safe and comfortable environment, the focus and attention of the victim advocate and others associated with the CAC. As a matter of best practice, as well as meeting this Standard of Care as defined by the NCA, CACs are already committed to being sensitive to working with victims from all kinds of backgrounds and with all kinds of impairments.

“Disabilities in children may involve physical impairment, sensory impairment, cognitive or intellectual impairment, mental disorder (also known as psychiatric or psychosocial disability), or

various types of chronic disease that can impact a child’s intellectual, social, emotional, and/or physical functioning, as well as their communication skills.”¹

Diversity also include issues of gender identify, ethnicity, race, religion and culture.

It is imperative that CAC staff and MDT partners understand more than just the child and family’s language; they must recognize the differences in their world views, beliefs, norms, religions, family traditions, and acknowledging their unique community support systems.²

FOR CHILD TRAFFICKING VICTIMS, IT MAY BE MORE DIFFICULT TO ASSESS THESE SPECIAL CHARACTERISTICS AND MAY TAKE MULTIPLE MEETINGS WITH THE CHILD – BUT IT IS IMPERATIVE THAT THE ASSESSMENT BE COMPLETE SO THAT HELP AND HEALING CAN HAPPEN.

¹ “Working with Children Who Have Disabilities,” CACTX.

² “Working with Children from Culturally Diverse Backgrounds,” CACTX.

The NCA Standard for Cultural Competency and Diversity requires a “[p]roactive, culturally competent planning and outreach” that positively impacts ‘a client’s experience and perspectives’.”³

Furthermore, this approach should be “accommodated throughout the investigation, intervention, and case management processes.”⁴ CAC staff and MDT partners need to understand and be prepared to accommodate all children who come to the CAC, regardless of background, culture or disability.

“Victims of child trafficking are ... a unique population requiring a highly specialized and coordinated response.”⁵ They can be identified as being part of a “subculture” within the child abuse and neglect environment.⁶ That subculture might include immigrants (often undocumented), missing and

homeless (runaway) youth, and youth identifying as or believed to be LGBTQ. It is often difficult to meet a child trafficking victim “where he or she is” because they are distant, often appear to be angry or belligerent, exhibit fear through aggressive behavior. But in order to engender trust, it is imperative that assessing and being responsive to the unique qualities of the child and their background is a primary goal for successfully connecting with a victim of child trafficking. The CAC needs to anticipate and have resources to work with child trafficking victims from many cultural and diverse backgrounds and with varying disabilities. “It stands to reason that the more an intervention resonates culturally with a specific population, the more likely they are to be willing to engage and participate ... Cultural competence and inclusion require commitment and effort ...”⁷

³ NCA Standards for Accredited Members, (2017), 17.

⁴ NCA Standards for Accredited Members, (2017), 17.

⁵ Human Trafficking of Children Protocol, (Michigan DHS, 2013), 5.

⁶ Human Trafficking of Children Protocol, (Michigan DHS, 2013), 8.

⁷ Teresa Huizer, Giving All Children Equal Access to Hope and Healing, (NCA, 2019)

NCA ESSENTIAL COMPONENTS.
SECTIONS REFERRED TO HERE ARE
THOSE UNIQUELY REFERENCED TO
CHILD TRAFFICKING CASES.

A. The CAC conducts a community assessment at a minimum of every 3 years.

A1. When assessing community demographics, the CAC needs to look for numbers of missing, homeless or runaway youth, school dropouts, those within their local LGBTQ communities, and try to identify other types of marginalized youth in order to understand the potential vulnerabilities in their jurisdiction for child trafficking victims.

A2. CAC client demographics need to include a means of tracking cases

that include high risk factors including, but not limited to, missing, homeless or runaway youth, school dropouts, and those who identify themselves as LGBTQ in order to understand how the CAC is currently accessible and accessed by these populations.

A3. When conducting an analysis of disparities and addressing gaps in services, CACs need to look at their child trafficking cases in comparison to their jurisdiction's other reported cases in order to determine any disparities. If they are not seeing as many cases as are reported to DSS for their jurisdiction, the CAC needs to analyze why these cases are not being referred to the CAC or reported as sex trafficking cases by the CAC.

EACH CAC NEEDS TO ASK ITSELF THESE QUESTIONS:

How can the CAC create the necessary relationships with first responders and others to ensure that the law enforcement partners know about the CAC's capacity and desire to serve these victims?

How can the CAC ensure that local victims of child trafficking are brought to the CAC and that the CAC has the capacity to provide forensic interviews of these cases?

How can the CAC build its internal capacity and community collaborations to ensure quality ongoing care and support from and through the CAC for the trafficking victim?

A. 4. Methods the CAC uses to identify and

address gaps in services *need to include more CAC and MDT training around trafficking, as well as more intentional collaboration with agencies serving potential child trafficking victims who are not yet engaged with the CAC and MDT.*

A. 5. Strategies for Outreach to

unserved or underserved

communities: *CACs need to have or develop resources and strategies for outreach to underserved*

communities that will reach

trafficking victims. Strategies

include:

(1) Trafficked youth or those at risk of becoming trafficking victims know about the CAC;

(2) The CAC shares their expertise with local partners and potential partners, especially law enforcement; and

(3) The CAC and other agencies have agreed upon criteria for screening

currently trafficking and
potentially trafficking
children.

TRAFFICKED YOUTH OR THOSE AT RISK OF
TRAFFICKING KNOW ABOUT THE
CAC.

The CAC, as a “youth service program,” is in a unique position to support at-risk youth, identify youth who have experienced trafficking, connect them to needed services, and advocate on their behalf.⁸

“It is difficult for many individuals who have been trafficked to reach out for assistance, but this is especially true for individuals who fear that they will be mistreated or not believed because of their gender identity or

sexual orientation. Furthermore, gay and transgender youth may not have access to anti-trafficking services because they are unaware of services in their area, the community lacks resources (e.g. bed space, funding), or they are concerned that providers are not LGBTQ friendly.”⁹

The CAC’s resources can be adaptations of materials already used by the CAC but with a sensitivity in photos and language to the “subcultures” of the child trafficking victims. One example is replacing photos of toddlers and younger children with photos or images that will resonate with older child victims.

OTHER LOCAL AGENCIES, INCLUDING
LAW ENFORCEMENT, KNOW OF THE
LOCAL CAC’S EXPERTISE AND

⁸ Sex Trafficking and LGBT Youth,
<https://polarisproject.org/sites/default/files/LGBTQ-Sex-Trafficking.pdf>.

⁹ Sex Trafficking and LGBT Youth,
<https://polarisproject.org/sites/default/files/LGBTQ-Sex-Trafficking.pdf>.

CAPACITY TO SUPPORT THEIR WORK WITH ALL CHILD TRAFFICKING VICTIMS.

CACs should work with their child trafficking MDT partners to make sure that those agencies have appropriate CAC brochures and other materials about the dangers of trafficking, and what to do if they suspect a child they know is at risk of or being trafficked. For those agencies that the CAC is not already working with, those agencies need to reach out to their local CAC to acquaint them with the work of the CAC, the National Standards, and the capacity of the CAC to support their partners' work with child trafficking victims and cases.

The CAC needs to provide prevention resources to community partners so that all child-focused agencies and professionals know the at-risk signs of a child becoming a victim of trafficking, as well as the characteristics of child trafficking victims. This is especially imperative for vulnerable populations within the communities at large, with particular emphasis in communities where targets of abusers who traffick children are frequently located. Those populations include the LGBTQ community, blind and deaf populations, developmentally and intellectually disabled populations, and those with cognitive impairments.¹⁰

THE CAC CAN HELP THE COMMUNITY COLLABORATIVELY DEVELOP CRITERIA FOR SCREENING RESOURCES IN THE COMMUNITY.

¹⁰ Iona Rudisill and Sammy Kanekuni, How Human Trafficking Affects Vulnerable Populations: Persons with Disabilities, (Baltimore Child Abuse Center)

Through the CAC child trafficking MDT, the CAC can lead the local discussion on the “need to discuss where, when, and how screening for human trafficking will take place. Regardless of who performs this function, it is important that the professionals conducting screenings are trauma-trained interviewers, ideally trained forensic interviewers.”¹¹

An example of how one CAC and partners is in the Frederick County, MD trafficking protocol. Frederick County partners agreed that high risk victims are identified as juveniles with some or all of the following criteria:

“i. With 3 or more reported runaways within a 12-month period

ii. In runaway status for 30 or more days

iii. Is 12 years old or younger and is reported to be a runaway;

iv. Is a runaway who is recovered in a different jurisdiction;

v. Is a runaway who reports that child abuse or sexual abuse occurred while they were in runaway status; and

vi. With 2 or more sexual assault/abuse reports within a 12-month period.” 12

¹¹ Protocol for Serving Child Victims of Human Trafficking in Ohio, (Ohio, Ohio Human Trafficking Task Force, 2017), 9.

¹² Frederick County Human Trafficking Multi-Disciplinary Response Protocol, (Frederick County, 2018)

THE POLARIS PROJECT CREATED AN EASY-TO-USE TABLE FOR “RED FLAGS FOR SEX TRAFFICKING.” IT IS IMPORTANT FOR STAFF AND MDT PARTNERS TO CONSIDER THAT ANY ONE

OF THESE CONDITIONS OBSERVED IN CHILDREN COMING TO THE CAC MIGHT BE AN INDICATOR OF DEEPER VICTIMIZATIONS INCLUDING TRAFFICKING.

13

| RED FLAGS FOR SEX TRAFFICKING | |
|---|---|
| <ul style="list-style-type: none"> • Is under the age of 18 and engaged in commercial sex, regardless of force, fraud, or coercion • Feels they must provide commercial sex in exchange for food, housing, hormones, or other necessities • Photos of the youth have been placed online for advertising purposes • Movement or communications are monitored • Is hesitant to answer questions; scripted responses • Has been threatened with harm to self or loved ones, arrest, or deportation | <ul style="list-style-type: none"> • Demonstrates mental health concerns like PTSD, anxiety, self-destructive behavior, or depression • Suffers from untreated medical concerns, particularly in relation to sexual or reproductive health • Shows signs of physical or sexual abuse, neglect, malnourishment, or poor hygiene • Has a debt they cannot pay off • Earnings are confiscated or held by others • Frequently moves or travels to new cities with new acquaintances |

The following is a list of other resources for screening tools:

<https://storage.googleapis.com/vera-web-assets/downloads/Publications/out-of-the-shadows-identification-of-victims-of-human->

[trafficking/legacy_downloads/human-trafficking-identification-tool-and-user-guidelines.pdf](https://storage.googleapis.com/vera-web-assets/downloads/Publications/out-of-the-shadows-identification-of-victims-of-human-) Vera Institute of Justice Center on Immigration and Justice “Out of the Shadows: A Tool for the Identification of Victims of Human Trafficking June 2014.”

¹³ Polaris,
<https://polarisproject.org/sites/default/files/LGBTQ-Sex-Trafficking.pdf>

<https://humantraffickinghotline.org/resources/comprehensive-human-trafficking-assessment-tool> National Human Trafficking Resource Center Comprehensive Human Trafficking Assessment Tools.

<http://www.westcoastcc.org/wp-content/uploads/2016/09/WCC-CSE-IT2.0andUserManual-9.22.16.pdf>
WestCoast Children's Clinic screening tool.

Standards B, C, and D in this section all relate to providing care that is respectful and

reflective of the culture and diversity of the child and family being served. For the child trafficking victim, who is more defensive and shut down from adults and government systems due to the extent and duration of the trauma and abuse they have endured, having staff and MDT partners who are able to relate to the lifestyle, as well as language and physical and mental impairments the child may face, is essential to connecting with and serving that child.

3. FORENSIC INTERVIEWS

3. FORENSIC INTERVIEWS

The unique and fundamental qualities of CAC forensic interviews require that they are neutral in tone, fact-finding in purpose, culturally and developmentally sensitive, and legally sound to “support accurate and fair decision making by the MDT within the criminal justice, child protection, and service delivery systems.”¹ Observing the interview is a key to the NCA Standard. “MDT members with investigative responsibilities on a case must observe the forensic interview(s) to ensure” that all MDT members have access to information “throughout the interview and post-interview process.”²

Disclosure during a forensic interview is often not the child’s first statement about the abuse. “The majority of the allegations...arose because the children first told a parent...or other person.” But the forensic interview “allows investigators to make an accurate decision about allegations, to prepare legal and child protection interventions...and to explore the impact of the abuse on the child.”³

While child trafficking victims may not disclose to a parent or caregiver, the forensic interview is still the best place to bring all the CAC team together to create an environment that enables the child to disclose; and with or without disclosure provides for the whole scope of

¹ NCA Standards for Accredited Members, (2017), 20.

² NCA Standards for Accredited Members, (2017), 22.

³ OJJDP Juvenile Justice Bulletin, Evaluating Children’s Advocacy Centers’ Response to Child Sexual Abuse, (Office of Justice Programs, 2008), 4.

interventions available through the CAC and its multidisciplinary partners.

The CAC is the right place for all forensic interviews for child sexual abuse cases, including and especially trafficking cases.

Research proves that the CAC is best equipped to coordinate the interview.

“Overall, communities with CACs showed more evidence of coordinated investigations than comparison communities (Cross et al., in press)⁴

“Forensic interviews of children, as defined in the CAC/MDT’s written protocols, will be conducted at the CAC, where the MDT is best equipped to meet the child’s needs during the interview.” But even on those

“rare occasions” when the interview isn’t or can’t be done at the CAC, “the agreed upon forensic interview guidelines must be utilized.”⁵

This is especially true for child trafficking cases because the CAC is designed to make the victim feel safe, to separate the victim from the abuser or abuser’s allies and to ensure that all the MDT partners are present and participating fully in the FI process.

For the forensic interview for a child trafficking case, the CAC MDT expands to include the federal and state law

⁴ OJJDP Juvenile Justice Bulletin, Evaluating Children’s Advocacy Centers’ Response to Child Sexual Abuse, (Office of Justice Programs, 2008), 3.

⁵ NCA Standards for Accredited Members, (2017), 22.

enforcement specific to trafficking cases.

Where resources permit and the need/number of cases makes it warranted, it is ideal to have an MDT just for child trafficking, practiced in the forensic interview tactics required for trafficking cases.

A question may arise, in child trafficking cases, as to who conducts the forensic interview- the CAC forensic interviewer or someone from one of the Federal or State law enforcement? In Maryland, if cases come through CPS, they are most often sent to the CAC and the CAC interviewer should conduct the interview. But CACs need to be aware that the FBI and other MDT law enforcement partners may have their own

forensic interviewer. The CAC should be the place that most child trafficking cases come to- and should be prepared to manage those cases. This means that CACs need to (1) be prepared to manage these cases and (2) communicate with their local partners about their capacity and desire to handle those cases within the CAC.

In most CAC sexual abuse cases, the goal is to have only one forensic interview in order to prevent re-traumatization by the child through repeatedly telling and retelling what happened.⁶ This single-interview protocol reduces trauma and re-traumatization of the child victim as well as avoiding possible changes in the child's memory and retelling.

⁶ NCA Standards for Accredited Members, (2017), 22.

The child feels safe in the CAC environment and recognizes that the Center is a safe and caring place to share his or her story.

However, for child trafficking victims, it is usual for there to be extended or multiple forensic interviews and the CAC serving that child must be prepared to accommodate this. Each case must be independently analyzed to determine if multiple interviews are needed. If the victim of child trafficking is ready to talk or is a missing or homeless (runaway) youth and might run away before several interviews can be completed, one interview needs to suffice.

Where extended or multiple forensic interviews are required, they should be scheduled within a tight period of one-two weeks, or multiple interviews in one to two

days. Regardless of the schedule of extended interviews, it is recommended that they be conducted by the same interviewer. The child has begun a relationship with one person; the interviewer will be able to pick up where they left off at the last session and more can be accomplished toward disclosure.

**SOME OTHER REASONS THAT
MULTIPLE INTERVIEWS ARE REQUIRED
INCLUDE THE FOLLOWING:**

- 1. The child arrives at the CAC defensive in nature.*
- 2. They don't even identify themselves as a victim, believing that they have chosen this path.*
- 3. They received "gifts" or payments of things they wanted so do not recognize or understand that they have been exploited.*

4. *They may see their trafficking lifestyle as the “lesser evil” to trauma they have experienced as a runaway on the streets, at home, in a foster home, and/or in their intimate, often violent, relationships.*
5. *Child trafficking victims may have past negative experiences being labeled as criminals rather than victims.*
6. *They may not trust any government or quasi-governmental agencies; in their minds putting the CAC in that non-trusted category.* ⁷

For further information about extended forensic interviews, see page 9, An Overview of Extended or Multi-session Forensic

Interview Protocols from 2019 NCAC Forensic Interview Protocol.

The child trafficking victim will most likely maintain defensive and negative behaviors. “Victims’ histories of trauma, their prior negative experience with public systems, and the coping strategies they have developed in response can translate into what law enforcement, judges, and case workers view as recalcitrant, negative, or aggressive behavior...”⁸

Any one of these realities or combinations of them create the need for multiple interviews before the child trafficking victim feels safe enough to disclose. Patience and persistence are required of the CAC and

⁷ Rebecca Epstein and Peter Edelman, *Blueprint: A Multidisciplinary Approach to the Domestic Sex Trafficking of Girls.*, (Georgetown Law, 2013), 4-5.

⁸ Rebecca Epstein and Peter Edelman, *Blueprint: A Multidisciplinary Approach to the Domestic Sex Trafficking of Girls.*, (Georgetown Law, 2013),

MDT. The Forensic Interviewer and MDT need to plan to take the time needed to create a sense of safety for and with the child. It is highly likely that the CAC will need to create an alternative living situation that works for the victim and enables him or her to feel safe from their abuser. It will take time to help the child realize that they are, in fact, victims and not responsible for their situations. The trafficker has taken time to groom the child; the CAC must take the time to connect with that child to create an environment where the Forensic Interview can be helpful.

The CAC needs to make time to ensure that each member of the child trafficking MDT understands and appreciates the value of

the extended forensic interview process in building a strong case for prosecution as well as connecting the child victim to other services that will lead to healthier alternative life choices for the future. An experienced Forensic Interviewer will establish this extended protocol with the MDT, knowing that it is best for the child.

NCA ESSENTIAL COMPONENTS:
FORENSIC INTERVIEW TRAINING
(SECTIONS REFERRED TO HERE ARE
THOSE UNIQUELY REFERENCED TO
CHILD TRAFFICKING CASES)

- A. Forensic interviews are provided by CAC/MDT staff members with specialized training in conducting forensic interviews. The minimum level of instruction is 32 hours including instruction and practice.⁹

⁹ NCA Standards for Accredited Members, (2017), 22.

B. Forensic Interviewers must participate in “ongoing education...consisting of a minimum of 8 contact hours every 2 years.”¹⁰

The actual forensic interview training requirements by NCA Standards are just the start of what makes for a knowledgeable and proficient competent forensic interviewer. It takes continuous and consistent practice, peer and case review and experience with many child victims. The CAC can ensure that multiple people within the community are trained and practiced in forensic interviewing.

But for child trafficking victims, the CAC/MDT should assign their most experienced forensic interviewer to the case. If resources are available and the

projected caseload necessitates, the CAC should have several forensic interviewers specifically training and experienced just for child trafficking cases.

D. MDT members with investigative responsibilities on a case must observe the forensic interviews(s) to ensure necessary preparation, information sharing, and MDT/interviewer coordination through the interview and post-interview process.¹¹

For the child trafficking case, the MDT will expand to include the FBI, Homeland Security, Maryland State Police and other partners identified as essential to the trafficking victim and case. Where the MDT is not specialized in child trafficking cases, it is necessary to ensure that good

¹⁰ NCA Standards for Accredited Members, (2017), 22.

¹¹ NCA Standards for Accredited Members, (2017), 22.

communication and planning are done prior to working together on a trafficking case to enhance the effectiveness of the interview and possibility for disclosure.

For child trafficking cases the preparation should include any known abuse history of the child; and prior experiences with law enforcement and CPS; and whenever possible, any external corroborating evidence.

E. “...[f]orensic interviews are conducted at the CAC, at a minimum of 75% of the time.” This is important because the CAC is “where the MDT is best equipped to meet the child’s needs during the interview.”¹²

Ideally, for cases of child trafficking, the CAC is where the interview should be conducted.

It is important in building trust and a sense of safety that the child feel protected from danger and comfortable there. The CAC has space already appropriate for interviews and designed with older children in mind. While law enforcement and other MDT partners might want to conduct an interview elsewhere, it is important that MDT partners know and respect the protocol that most, if not all, child trafficking victims are brought to the CAC for the forensic interviews. Forensic interviews are most successful when done in the same place and ideally, by the same interviewer.

At the foundation of the CAC model is the recognition that the CAC has created a

¹² NCA Standards for Accredited Members, (2017), 22.

trauma-informed approach and a child-focused environment. CAC procedures are based on the recognition that child victims, including child trafficking victims, suffer from acute or chronic trauma. "If the trauma was of a significant duration, the child most likely began to 'zone out' or disassociate at some time during the experiences."¹³ Consistently using the one CAC location is the best place for the interviews to enhance building rapport and the potential for disclosure.

F. The NCA Standards require structured peer review as an essential part of the CAC forensic interview process. "Peer review serves to reinforce the methodologies

utilized as well as provide support and problem-solving for shared challenges."¹⁴

The purpose of peer reviews for forensic interviewers is to provide forensic interview specialists "and MDT partners with an opportunity to review forensic interviews, discuss specific interview techniques, provide feedback regarding the quality of documentation and review relevant research." This work also includes improving documentation of interviews as well as providing a networking opportunity for forensic interview specialists.¹⁵

Peer review is different than case review.

Case review may include other members of the child trafficking MDT; but for child trafficking cases, Peer Review should be

¹³ Working with Children Who Have Suffered Extreme Trauma, CACTX.

¹⁴ NCA Standards for Accredited Members, (2017), 22.

¹⁵ Midwest Regional Child advocacy center
<https://www.mrcac.org/peer-review/>

conducted by another, more experienced forensic interviewer. The review should include a discussion about how questions were phrased or might have been phrased better. It should focus on best practices in forensic interviewing and extended forensic interviewing (that the MDT may not be acquainted with). If that type of peer review is not available locally, the CAC may create arrangements with other CACs in Maryland or even connect with a peer reviewer within another state's CAC network.

For many of Maryland's smaller CACs, it is a challenge to find good peer review for any sexual abuse cases; therefore, it will be equally challenging for peer review for the subset of child trafficking cases. However, CACs can work with trafficking partners in

their region as well as reach out to larger CACs who see more trafficking cases for peer review. The foundation of the trust between and among partners that participate in peer review is built, tested and solidified when all parties stay focused on helping a child trafficking victim survive the experiences and find a path toward thriving.

G. "The CAC/MDT coordinates information gathering...to avoid duplication."¹⁶ *For child trafficking cases with multiple forensic interviews, it is essential that the CAC work seamlessly with all trafficking MDT partners to ensure that the records are timely, thorough and available to all MDT members. The CAC/MDT must also*

¹⁶ NCA Standards for Accredited Members, (2017), 23.

understand that there might be times that the FBI is prohibited from sharing certain information and account for that in the child trafficking MDT MOU.

AN OVERVIEW OF EXTENDED OR MULTI-SESSION FORENSIC INTERVIEW PROTOCOLS:

The National Child Abuse Center (NCAC) is the oldest CAC in the nation; the “birthplace” of the CAC model. They explain Extended Forensic Interview (EFI) protocols as “a flexible number of interview sessions [that] should be adjusted to the needs of the child; usually varying between two and five sessions. The goal of the EFI is to complete the process with the minimum number of sessions needed to acquire the child’ information. Current literature

recommends that the time lapse between sessions should be short; so, the entire process can be completed within a week or two.”¹⁷

The CAC needs to create or strengthen their extended FI protocols for child trafficking cases with all their MDT partners engaged through an inclusive and intentional debate and discussion. For maximum success, each MDT member/ discipline needs to be heard and their perspectives and timelines included in the adopted protocols for extended forensic interviews of child trafficking victims. The first follow up session should be conducted within 72 hours of the preliminary session and be scheduled before the victim leaves the CAC.

¹⁷ National Child Advocacy Center Extended Forensic Interview, (2014), 1.

FFI Protocols need to include multiple initial sessions for building rapport and trust.¹⁸

But even before sitting down with the child victim, it is essential that the multidisciplinary team for child trafficking do some pre-interview planning.

For child trafficking cases, the CAC needs to bring together their MDT along with special trafficking partners, like additional law enforcement and other investigators.

“Sharing of available information about the child..., all information contained in the reports made to law enforcement and/or child protective services, and any history that the family or alleged offender has with either investigative organization can be helpful, particularly when a child is

reluctant...or has been threatened or influenced in some way.”¹⁹

NCAC HAS PUBLISHED EXTENDED FORENSIC INTERVIEW PROTOCOLS THAT INCLUDE THESE SUGGESTED SESSIONS AND TIMES:

- Foundational Session(s): 1-2 sessions (20-25mins): These sessions explain the process to the child; begin to establish rapport between the child and interviewer; allow the MDT to make developmental observations and expand conversations with the victim about non-abuse topics.²⁰
- Allegation Session: Usually one session (40 mins): *When trafficking is involved, the transition to the*

¹⁸ National Child Advocacy Center Extended Forensic Interview, (2014), 2-4.

¹⁹ Linda Cordisco, Adapted Forensic Interview Protocol for Children and Adolescents when Exploitation and/or

Trafficking is Suspected, (National Children’s Advocacy Center, 2019), 2.

²⁰ National Child Advocacy Center Extended Forensic Interview, (2017), 15.

allegation session can get complicated. There are differences when a child discloses or there is an “outcry” and when there is “no outcry.”

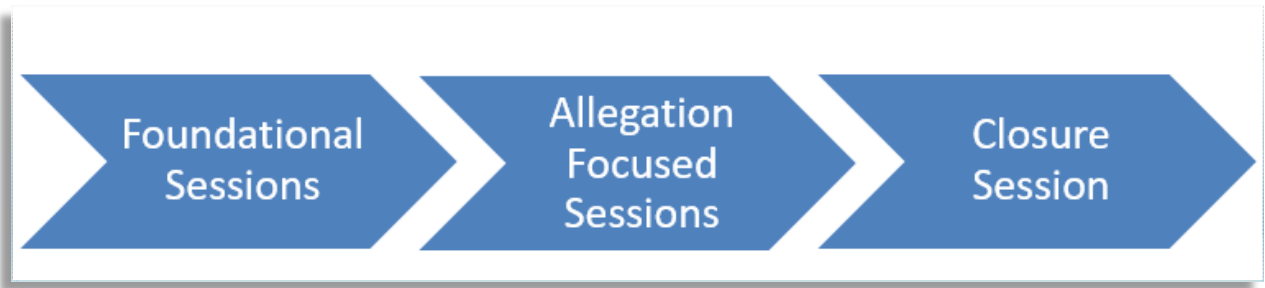
- *When a child discloses trafficking, the FI needs to pay close and constant attention to “the child’s motivation and receptivity to participating in the conversation; Provide support and reassurance as needed; Consider using known reliable information.”*
- *When there is “no outcry” from the child trafficking victim, careful planning*

needs to occur prior to the interview to ensure that there is adequate time to build trust and rapport, to share evidence, and to anticipate and be ready to respond to “blocks that may impact the interview.”²¹

Closure Session: Optional (20 mins):
“Children/adolescents who have become distressed or anxious during the interview may require additional time to recompose...and engage in everyday conversation.” The closure session, as all the sessions, needs to be adapted to the unique needs of the child.²²

²¹ Linda Cordisco, Adapted Forensic Interview Protocol for Children and Adolescents when Exploitation and/or Trafficking is Suspected,(National Children’s Advocacy Center, 2019), 9.

²² Linda Cordisco, Adapted Forensic Interview Protocol for Children and Adolescents when Exploitation and/or Trafficking is Suspected,(National Children’s Advocacy Center, 2019), 11.



²³

²³ Follow-Up FI/Multiple FIs Protocol/EFI, Baltimore Child Abuse Center.

4. VICTIM ADVOCATE

3. VICTIM SUPPORT AND ADVOCACY

Victim Advocates play an essential role within the child advocacy center and on the multidisciplinary team. As the NCA Standards recognize, “Many members of the MDT may serve as advocates for a child within their discipline systems or agencies. However, victim-centered advocacy is a discipline unto itself with a distinct role on the MDT.”¹ The Victim Advocate is a professional role within the CAC and on the MDT with specific obligations, training requirements and expected outcomes for the child and family outlined in the National Standards of Accreditation.

It is daunting for a child and family to navigate all the agencies and services it needs. The CAC Victim Advocate “coordinates and provides services to ensure a consistent and comprehensive network of support for the child and family.”²

CACs are recognized as “an important mechanism for society to address these difficulties...” and to “help coordinate agencies and involve police with child protective services and can facilitate such needed services as medical exams” and mental health support.”³ *The role of Victim Advocate for trafficking youth is focused on the child, rather than the caregiver because*

¹ NCA Standards for Accredited Members p. 25

² “Evaluating Child advocacy centers’ Response to Child Sexual Abuse,” OJJDP Juvenile Justice Bulletin, Aug. 2008, p.9

³ “Evaluating Child advocacy centers’ Response to Child Sexual Abuse,” OJJDP Juvenile Justice Bulletin, Aug. 2008, p.9.

the child often sees themselves as autonomous from family.

It is equally daunting for a child trafficking victim to navigate the services and systems available. Often the child trafficking victim does not have a parent or trusted caregiver with them when they come to the CAC.

Sometimes, it is the abuser, or someone appointed by the abuser to accompany the child. Furthermore, unlike other children brought to the CAC by a trusted care giver or family member and usually grateful for the supportive environment, the child trafficking victim may be brought by CPS or law enforcement, putting the child in a defensive and even antagonistic posture that carries over to CAC staff.

It should be noted that when the child trafficking victim is referred to the CAC via the FBI or HIS who have initiated the case, the FBI or HSI may have already provided

the child with wrap-around services, including a victim advocate working on their case. In those situations, the CAC Victim Advocate may be only nominally involved; for example, to help coordinate the CAC forensic interview.

In some cases, a child comes to the CAC as a result of another type of sexual abuse or sexual assault and may not have disclosed trafficking activities.

Or the child may come to the CAC with a caregiver who discloses that they believe and fear that their child has been a victim of trafficking. In these cases, the CAC Victim Advocate is assigned to work with the child and caregiver.

It is necessary for the CAC Victim Advocate to have special understanding and

appreciation for the risk factors that leads a child into being groomed for trafficking and can adapt his or her world view to incorporate these various self-images. These vulnerabilities of trafficked children often include experiencing homelessness, violence or threats of violence and neglect and developing strong survival skills. Where child sex abuse victims often see the CAC as a place of refuge, the child trafficking victim may see the CAC as another adversary. The role of the Victim Advocate for the trafficking victim is to break through the defense mechanisms the child comes with and build rapport and trust. "Striking a balance between supporting a girl [or boy] in recognizing that she is a survivor of a

*crime and treating her with respect and an appropriate level of autonomy is critical to helping her recover."*⁴

*For child trafficking victims, ideally, the Victim Advocate is the vital CAC professional "trained to support victims of crime. Advocates offer victims information, emotional support, and assistance with finding resources and filling out paperwork....and can be especially valuable for human trafficking survivors when they testify against a trafficker. Victim advocates may also contact organizations, such as criminal justice or social service agencies, to get help or information for victims."*⁵

But the reality of bringing a trafficking victim to the CAC may be very different than

⁴ BluePrint: A Multidisciplinary Approach to the Domestic Sex Trafficking of Girls, Epstein and Edelman, Georgetown Law March 12, 2013 p. 5.

⁵ Protocol for Serving Child Victims of Human Trafficking in Ohio August 2017 p.18.

this ideal and the trafficking case may be very difficult for the CAC Victim Advocate to manage. The Victim Advocate may face an antagonistic victim; may have difficulty getting the child victim alone and away from the abuser or representatives of the abuser. The Victim Advocate may encounter resistance from the unique trafficking MDT partners who may not fully understand the role of the Victim Advocate. For example, in the first encounter with the child trafficking victim, the MDT may want all the available resources shared; but the Victim Advocate knows that the child is feeling backed into a corner and needs time to process all that is happening and all the resources being offered to him or her.

It is important that the Victim Advocate not use terminology of trafficking with the victim unless the victim states it first, because these victims will, most likely, have

been groomed to listen for those phrases and respond as taught, rather than honestly.

The Child Trafficking Victim Advocate must know of unique and additional resources in the community that are needed more frequently by those trafficked, create relationships between those agencies and services with the CAC so that the trafficking victim can have access. For instance, a trafficked child may identify themselves as gay or transgender. They often face “higher rates of discrimination, violence, and economic instability than their non-LGBTQ peers...and may therefore enter the street economy, engaging in commercial sex to meet these needs.” They may be afraid to

seek help or may not be aware of support in their communities. ⁶

The Victim Advocate needs to ensure that the services needed are currently available before the referral is made for the child. The Child Trafficking Victim Advocate should reach out to the needed services on behalf of the child. But he or she needs to make sure there isn't a wait list for a bed if the child is willing to go to the safe facility. Before sharing information with the child about the opportunity to work with a mental health provider, the Victim Advocate needs to ensure that the mental health provider has current availability. The Child Trafficking Victim Advocate needs to know that any barrier or roadblock to the child's

receiving care will often be insurmountable for the child trafficking victim.

The CAC Victim Advocate needs to become acquainted with these additional local, state and national resources to share with the victim. It is important for the Child Trafficking Victim Advocate to understand that the child may not initially want or be open to receiving additional services; but when the child is ready, the Child Trafficking Victim Advocate must be available. In addition, the Victim Advocate will share all information given to the victim with the Department of Social Services (DSS) case worker and other MDT partners.

Where caseloads are higher and resources are available, it is a good idea to have a

⁶ Sex Trafficking and LGBT Youth
<https://polarisproject.org/sites/default/files/LGBTQ-Sex-Trafficking.pdf>, p.2.

Child Trafficking Victim Advocate who is immersed in this work on a daily and continuing basis. Being able to designate one person for the CAC's child trafficking cases ensures the quality of response to trafficking victims as well as the cohesion of the CAC's trafficking MDT.

Whether the CAC Victim Advocate works generally with all sexual abuse cases at the CAC or specializes in just trafficking cases, he or she needs to be prepared for the enormous emotional toll that this work will take. The Child Trafficking Victim Advocate needs to be aware of the vicarious trauma that these cases create and have systems in place to practice self-care.

NCA ESSENTIAL COMPONENTS: VICTIM ADVOCACY (SECTIONS REFERRED TO HERE ARE THOSE UNIQUELY REFERENCED TO CHILD TRAFFICKING CASES)

- A. Specialized training in victim advocacy
- B. Ongoing education

NCA Standards require extensive levels of training of an accredited child advocacy center to ensure that their Victim Advocate is prepared to provide a wide range of services specific to the child and family needs. These training requirements are just the baseline needed; and when coupled with experience with victims create a strong CAC victim advocate.⁷

⁷ NCA Standards for Accredited Members p. 26

communicate any safety or risk concerns with the DSS case worker.

There may be circumstances when the abuser brings the child victim to the CAC.

The Victim Advocate needs to be trained to “recognize the signs of ... trafficking and engage potentially trafficked youth.”⁸

Even more importantly, the Victim Advocate needs to find a way to get the child alone and in a safe environment within the CAC.

The issue of the child’s safety “is always the top priority. Treat each situation as extremely dangerous, until you have evidence that it is safe.”⁹ Because the premise of trafficking is the control the abuser has over the victim, the abuser may resist letting the child out of his sight even

though the abuser has brought the victim into the CAC. In the CAC, separating the abuser from the child for the medical exam and evaluation provides a potential safety net for the child victim.

It is important to note that the abuser may not be the only person accompanying the child. Therefore, when helping a (suspected) child trafficking victim in the CAC, “[D]o not allow anyone in the room while speaking with [the victim] about your concerns: A trafficker may be present or may send another victim to pose as a concerned friend but this person may actually be ‘watching’ them to prevent disclosure.”¹⁰

⁸ Protocol for Serving Child Victims of Human Trafficking in Ohio, Aug. 2017, p. 7.

⁹ Baltimore. Co. HT Work Group, Baltimore. Co. DD and Baltimore Co. CAC.

¹⁰ Baltimore Co. HT Work Group, Baltimore Co. DD and Baltimore. Co. CAC.

It is further recommended that when possible, the Victim Advocate “check the victim for anything on his or her body that could connect them to the trafficker.”¹¹ The Victim Advocate should try to place the child’s cellphone in an area away from the child during the forensic interview, discussions with the Victim Advocate or other CAC staff.

Not every child victim of trafficking comes to the CAC because of a disclosure or knowledge of trafficking. But this is a circumstance where the Victim Advocate plays a key role by listening to the caregiver, asking pointed questions and being able to educate the caregiver about their child’s activities. One example of what a parent or caregiver observes is that the child still lives

at home but sometimes comes home wearing different clothes or makeup than they left home wearing. Or the child may stay out one night a week for several weeks; then several nights a week for several weeks. The Victim Advocate can talk to the caregiver about possible grooming by an abuser and help with a plan to keep the child safer.

¹¹ MD HT Medical Screening Protocol 2015. MD Human Trafficking Taskforce

There are common “red flags” that the Victim Advocate should be aware of and look for when trafficking is suspected in order to provide a complete risk assessment and safety plan.

| RED FLAGS FOR SEX TRAFFICKING | |
|--|--|
| <ul style="list-style-type: none">• Is under the age of 18 and engaged in commercial sex, regardless of force, fraud, or coercion• Feels they must provide commercial sex in exchange for food, housing, hormones, or other necessities• Photos of the youth have been placed online for advertising purposes• Movement or communications are monitored• Is hesitant to answer questions; scripted responses• Has been threatened with harm to self or loved ones, arrest, or deportation | <ul style="list-style-type: none">• Demonstrates mental health concerns like PTSD, anxiety, self-destructive behavior, or depression• Suffers from untreated medical concerns, particularly in relation to sexual or reproductive health• Shows signs of physical or sexual abuse, neglect, malnourishment, or poor hygiene• Has a debt they cannot pay off• Earnings are confiscated or held by others• Frequently moves or travels to new cities with new acquaintances |

12

¹² Sex Trafficking and LGBT Youth
<https://polarisproject.org/sites/default/files/LGBTQ-Sex-Trafficking.pdf>, p.2.

5. MEDICAL

5. MEDICAL STANDARD

“All children who are suspected victims of child sexual abuse are entitled to a medical evaluation by a provider with specialized training. The collection and documentation of possible forensically significant findings are vital.”¹ However, a medical evaluation for a child done through the CAC is equally important in providing an assessment of the child’s overall health for the family or caregiver’s use.

The CAC will need to have “written protocols and guidelines which include the circumstances under which a medical evaluation for child sexual abuse is recommended.”² The CAC’s MDT members

need to create and uphold the agreed upon guidelines so that all parties understand decisions to provide, or not, medical evaluations. It is also important to note that the family may resist the recommendation. However, if the CAC performs a medical exam, all exams must be “performed by experienced, qualified examiners at the appropriate location and time, and minimize unnecessary repeat evaluations.”³

It is not an absolute imperative that every child with a suspected incident of abuse have a medical exam, but it is strongly recommended. The Standards require that “medical evaluations should be prioritized as emergent, urgent, and non-urgent based on specific screening criteria.”⁴ This takes

¹NCA Putting Standards into Practice, (2017), 52.

²NCA Standards for Accredited Members, (2017), 33.

³NCA Standards for Accredited Members, (2017), 33.

⁴NCA Standards for Accredited Members, (2017), 30.

collaboration and cooperation between and among MDT partners, especially between the CAC and medical partners.

provider could potentially play a pivotal role in identifying and supporting the child trafficking victim.

In a 2014 study, entitled “The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities” it was reported that 87.8% of trafficking survivors reported accessing healthcare services during their trafficking situation.⁵ For child trafficking victims, “the health care provider is [often] the only professional person that victims or survivors of human trafficking see outside of their abusive environment.”⁶ Due to of the time the child victim may spend with the health care provider, the CAC medical

NCA ESSENTIAL COMPONENTS.
SECTIONS REFERRED TO HERE ARE
THOSE UNIQUELY REFERENCED TO
CHILD TRAFFICKING CASES.

- A. Medical evaluations are conducted by health care providers with specific training in child sexual abuse that meets one of the National Standards of Accreditation training and eligibility standards.⁷

⁵ Annals of Health Law/ Loyola University Chicago, School of Law, Institute for Health Law 23(1):61 · January 2014 from Recognizing and Responding to Human Trafficking in a Healthcare Context, National Human Trafficking Resource Center.

⁶ “The Growing Business of HT and the Power of the Emergency Room Nurse to Stop It,” Karen Peters, *International Nursing Journal of Emergency Nursing*, vol. 39, issue 3 (May 2013) at 280.

⁷ NCA Standards for Accredited Members, (2017), 30.

B. Continuing education requirements.⁸

At the present time, NCA does not require specific additional hours of training for medical providers handling child trafficking cases, but it is strongly recommended these providers take advantage of trainings specific to trafficking. This continuing education should include not only the unique needs of the child victim of trafficking, but also provide information about self-care for the secondary trauma that might occur for the medical provider.

The following is a list of some resources for medical professionals working with trafficking victims:

<https://www.acf.hhs.gov/otip/training/nhttac>
The National Human Trafficking Training and Technical Assistance Center.

<https://www.acf.hhs.gov/otip/training/soar-to-health-and-wellness-training> Provides access to SOAR(Stop, Observe, Ask and Respond) Health and Wellness Training.

<https://healtrafficking.org/wp-content/uploads/2018/04/Essential-Components-for-a-Health-Professional-Trafficking-Training.pdf>

<http://humantraffickingmed.stanford.edu/>
Includes a one-page flow chart for Health Professionals and otherhandouts.

https://www.acf.hhs.gov/sites/default/files/otip/soar_resources_for_health_care_providers.pdf

<https://sharedhope.org/what-we-do/prevent/charli-training/> Shared Hope provides customized trainings for medical professionals through i:CARE, Training Healthcare Providers to Recognize and Care for Domestic Minor Sex TraffickingVictims. I:Care is an interactive, self-paced e-learning course designed to improve identification and response to victims of sex trafficking within various health care settings.

⁸ NCA Standards for Accredited Members, (2017), 30.

D. Specialized medical evaluations for the child client are available on-site or with other appropriate agencies or providers through written linkage agreements.⁹

“In addition to the typical elements of a medical history, information may be sought regarding whether the youth has a regular source of medical care of a medical home and his or her immunization status, reproductive history ... history of inflicted injuries related to CSEC, physical abuse or dating violence, substance use, and history of mental health signs/symptoms.”¹⁰

Additionally, referrals can be made to include vision, dental health, nutritional status, current mental health needs and contraceptive options.

E. Specialized medical evaluations are available and accessible to all CAC clients regardless of ability to pay.¹¹

F. The CAC/MDT’s written protocols and guidelines include access to appropriate medical evaluation and treatment for all CAC clients.¹²

When child trafficking victims come to the CAC, the medical team needs specific protocols and guidelines to best serve the child victim, and to meet the needs of the

⁹ NCA Standards for Accredited Members, (2017), 32.

¹⁰ Jordan Greenbaum and James Crawford-Jakubiak, Child Sex Trafficking and Commercial Sexual Exploitation: Health

Care Needs of Victims, (Issue 3 American Academy of Pediatrics Clinical Report, 2015), 5.

¹¹ NCA Standards for Accredited Members, (2017), 32-33.

¹² NCA Standards for Accredited Members, (2017), 33.

MDT partners. For example, it is important to include in CAC protocols how to support and evaluate the adolescent victim. At the start, there should also be a plan in place to try and review prior medical records of the child or teen. This may be a challenge if the child is a runaway or outside of their family's control.

Unlike younger victims, the trafficking victim may present in a belligerent, angry, defensive manner to all CAC and MDT partners, including those providing the medical evaluation. Therefore, when possible during the medical exam, the CAC should "designate specific [medical] staff to serve as interviewers of patients ..." specifically, professionals practiced in and

used to this type of behavior.¹³ These specially trained medical staff will better understand the unique temperament and needs of the child trafficking victim, the special issues around safety, and the best ways to conduct the medical evaluation. In some cases, it may be appropriate for a "staff chaperone," a trusted staff person, to be present to ensure the child feels completely safe. It is strongly recommended that this option be included in the CAC's written protocols and procedures.¹⁴

It is recommended that those medical providers working with child trafficking victims have specific strategies for interviewing the patient alone, specifically, without anyone who comes in with the child,

¹³ Protocol Toolkit for Developing a Response to Victims of Human Trafficking in Health Care Settings, (HEAL Trafficking, 2017), 23.

¹⁴ Greenbaum and Crawford-Jakubiak, Child Sex Trafficking, 6.

or an individual whom is familiar with the victim. “Assess the power dynamics between the patient and accompanying person(s). Assess patient’s ability or desire to speak freely about things that may be bothering them.”¹⁵ The primary concern should always be weighing the child’s safety, not only during, but also after the medical exam has taken place, and after the child leaves the CAC.

It is recommended that the protocols include “who is to do the separation” among the CAC, medical staff or MDT partner. In order to separate the child victim from the person(s) who have accompanied them, the medical personnel or CAC team member can ask “the potential controlling person to step

outside of the examination or labor and delivery room to assist with paperwork, a phone call to schedule a laboratory visit, or medical referral.” However, sometimes this separation cannot happen because of risks to the child victim or because of the temperament of the person accompanying them. “The benefits vs. harms of working with a patient in the presence of a potential exploiter must be evaluated on a case-by-case basis.”¹⁶

G. The CAC/MDT’s written protocols and guidelines include the circumstances under which a medical evaluation for child sexual abuse is recommended.¹⁷

¹⁵ Protocol Toolkit for Developing a Response, 25.

¹⁶ Protocol Toolkit for Developing a Response, 26.

¹⁷ NCA Standards for Accredited Members, (2017), 33.

Alleged victims of child trafficking should, whenever possible, receive a medical evaluation, but for the CAC medical provider of a suspected trafficking victim, the issue of the child's safety is always the top priority. Therefore, safety concerns for the victim and the providers should be a part of the written protocols and guidelines under which an evaluation is recommended.

"Treat each situation as extremely dangerous, until you have evidence that it is safe." ¹⁸ The premise of trafficking is the control the abuser has over the victim. In response, the abuser may resist letting the child out of his or her sight, even though he or she has brought the child in for medical care. In the CAC environment, separating the

abuser from the child for the medical exam and evaluation provides a potential safety net for the child victim.

It is important to note that the abuser may not be the only person with the child. Therefore, when helping an identified or suspected child trafficking victim in the CAC, "do not allow anyone in the room while speaking with your patients about your concerns. A trafficker may be present or may send another victim to pose as a concerned friend but this person may actually be 'watching' them to prevent disclosure."¹⁹

It is further recommended that the medical provider "check the victim for anything on his

¹⁸ Identifying and Reporting Human Sex Trafficking: Tips for Medical Providers, (Baltimore Co HT Work Group, Baltimore Co. Commission for Women, 2019).

¹⁹ Identifying and Reporting Human Sex Trafficking: Tips for Medical Providers, (Baltimore Co HT Work Group, Baltimore Co. Commission for Women, 2019).

or her body that could connect them to the trafficker. Place the patient's cellphone in the bathroom or another area away from the exam if possible and if the patient gives permission.”²⁰ In cases of child trafficking that require language interpretation, it is important to “not utilize the services of any person present with the patient to interpret or anyone known to the patient.”²¹ Only CAC staff, multidisciplinary team members and/or trusted agency partners should interpret for the patient to ensure the child's safety and the security.

Medical protocols should include a statement about the limits of the medical interview. Best practice is to “Ask only what you really need to know. Be judicious with

the information you request from patients, particularly about traumatic events...”²² The details of events should be left to the forensic interview process. *However, if a victim does exhibit warning signs of potential trafficking through the exam, the medical provider would share that with the MDT.*

During the medical exam and in conversation with the child trafficking victim, the provider wants to learn about the degree of consensual sexual activity. For the adolescent victim, a question like “are you interested in becoming pregnant in the next year?” is a good tool and phraseology to begin the conversation about the risks of unprotected sex, birth control, the need for STI testing, and the need for treatment. It

²⁰ Maryland Human Trafficking Medical Screen Protocol, (MD Human Trafficking Task Force, 2015), 31.

²¹ Maryland Human Trafficking Medical Screen Protocol, (MD Human Trafficking Task Force, 2015), 41.

²² Protocol Toolkit for Developing a Response, 25.

does not immediately focus on the issue of forced sexual activity, or the relationship to the abuser, but focuses on the victim's needs.

During the interview and medical exam, the providers should always focus on the victim's rights to privacy. *This is particularly important with trafficking victims because "victims know better than anyone the potential risks involved with seeking help or beginning the process of leaving the trafficking situation."*²³

*I. MDT members and CAC staff are trained regarding the purpose and nature of the medical evaluations.*²⁴

The additional MDT partners to a child trafficking case need to experience training around the purpose and nature of the medical evaluations. Similarly, the medical staff conducting the exam and evaluation need to understand the specific kinds of information required by all MDT partners to ensure that the needs of the child victim are met, as well as the successful determination of the case.

*J. Findings of the medical evaluation are shared with the MDT in a routine, timely and meaningful manner.*²⁵

It is important to the child's safety and collaboration of the MDT partners, that where possible, medical evaluation

²³ Protocol Toolkit for Developing a Response, 31.

²⁴ NCA Standards for Accredited Members, (2017), 34.

²⁵ NCA Standards for Accredited Members, (2017), 34.

deadlines for cases are known, agreed to, and met in advance of each case. *For child trafficking victims, a memorandum of understanding should be developed to include agreements on sharing medical evaluations with the additional child trafficking partners like federal law enforcement, Maryland State Police, Department of Juvenile Services, and other anti-trafficking service providers.*

6. MENTAL HEALTH

6. MENTAL HEALTH

Essential to the CAC experience is “evidenced-based, trauma-focused mental health services, designed to meet the unique needs of the children and caregivers.” For every CAC, providing opportunities for mental health services works “to foster healing by minimizing potential trauma to children...For these reasons, an MDT response must include a trauma history, screening and assessment of trauma and abuse-related symptoms, and evidenced-based, trauma-focused mental health services for child victims and caregivers.”¹

For child trafficking victims, it is essential that the CAC and its’ mental health provider

understand that, “The trauma experienced by youth who are exploited is considered complex trauma, which ‘describes both children’s exposure to multiple traumatic events, often of an invasive, interpersonal nature, and the wide-ranging, long-term impact of this exposure’ (Cook et al., 2005; Ford 2017).”²

Complex traumatic experiences may include a combination of prior abuse or neglect, homelessness, substance abuse, gender identity issues and other circumstances that make the child vulnerable to the risk of exploitation. “The most common presentations for victims of child sexual exploitation are substance-related disorders, dissociative disorders, impulse control, conduct disorder, attention-

¹NCA Standards for Accredited Members, (2017), 35-36.

²Psychotherapy for Commercially Sexually Exploited Children: A Guide for Community-Based Behavioral Health

Practitioners and Agencies, (WestCoast Children’s Clinic, 2018), 13.

deficit/hyperactivity disorder, antisocial personality traits, and most or all of the AIX IV psychological and environment problems. Mood and anxiety disorders such as obsessive-compulsive disorder and PTSD are also common...”³

As a result of repeated negative circumstances, the child trafficking victim often exhibits “behavior responses that may inhibit their ability to reach out for or trust in the support being offered. Special care must be taken devising programs that will draw youth in....”⁴. There are other characteristics of the child trafficking case that make providing mental health a greater challenge than for other sexual

abuse victims. Some challenges faced by the mental provider are:

(1) The victim may not be ready to accept the help that is offered by a mental health provider.

(2) The child trafficking victim May be more mobile than other child sexual abuse victims and does not stay in Proximity to access the CAC’s mental health support.

(3) The child victim may feel disloyal to their abuser if they agree to connect with another adult.

“Indeed, trafficked girls often do not initially self-identify as victims.”⁵ It is

³ Erin Williamson, Nicole Dutch and Heather Clawson, Evidence-Based Mental Health Treatment for Victims of Human Trafficking, (US Dept of HHS and Office of the Asst. Secretary for Planning and Evaluation), 8.

⁴ Linda M. Williams & Mary F. Frederick, *Pathways Into and Out of Commercial Sexual Victimization of Children: Understanding and Responding to Sexually Exploited Adolescents 19* (2009) *supra* note 7, at 62 and *Blueprint: A MDT Approach to the Domestic Sex Trafficking of Girls*

⁵ Rebecca Epstein and Peter Edelman, *Blueprint: A Multidisciplinary Approach to the Domestic Sex Trafficking of Girls.*, (Georgetown Law, 2013), 5.

important to realize that and plan for those circumstances.

Due to the complex trauma experienced, the child trafficking victim may not have the capacity to trust anyone in an authority position- even the CAC's caring provider of emotional and mental health support.

Child sex trafficking "by definition, occurs during critical stages of a young person's development, is often chronic or repeated, is related to ruptures or lack of safety in the young person's primary caregiving system, and involves multiple types of trauma..."⁶

The child has been forced into adult-like activities and situations, creating their own

individual survival techniques. They may feel threatened by and reject the systems now trying to help them- including the CAC and its MDT.

The CAC needs to understand these complexities. The CAC needs to have staff or have identified community-based trained and experienced mental health providers who can meet the unique mental health needs of the child trafficking victim.

NCA ESSENTIAL COMPONENTS
(SECTIONS REFERRED TO HERE ARE
THOSE UNIQUELY REFERENCED TO
CHILD TRAFFICKING CASES)

- A. Required training for trauma-focused, evidence-supported,

⁶ Psychotherapy for Commercially Sexually Exploited Children: A Guide for Community-Based Behavioral Health Practitioners and Agencies, (WestCoast Children's Clinic, 2018), 12.

mental health treatment- The accreditation standards for the CAC require 40 contact hour CEUs “from specific evidence-based treatment for trauma training.” Furthermore, the mental health provider must meet specific degree, licensure and certification standards in a mental health field.

- B. Mental Health clinicians for CAC clients must also demonstrate a minimum of 8 contact hours every 2 years in continuing education.⁷

For CAC mental health providers working with child trafficking victims, more and

specific training around trafficking needs to be a priority. Introductory trainings are available in Maryland through the School of Social Work at the University of Maryland
<https://www.ssw.umaryland.edu/pari/trainings/>.

Amelia Rubenstein served as the Human Trafficking Coordinator for the CSTVI Initiative and their trainings.

⁷NCA Standards for Accredited Members, (2017), 36-37.

⁸ “The **Engaging Child Victims of Sex Trafficking: The Role of the Child Welfare Worker** is facilitated by PARI staff through the Child Welfare Academy. This mandated training satisfies the federal requirement for all DHS staff to receive training about child sex trafficking. The 8-hour training is designed for all local DSS staff affiliated with the Department of Human Services. The development and implementation of this training is supported through the CHILD SEX TRAFFICKING VICTIMS INITIATIVE (CSTVI). CSTVI is a five-year partnership between UMB

School of Social Work and the Department of Human Services, with funding from the Department of Health and Human Services (Children’s Bureau). Currently, the training is offered through the Child Welfare Academy and can be accessed by the Child Welfare Academy LearnCenter at <https://sswumb.learn.taleo.net/login.asp?lcid=178410&secure=true>.”

The Maryland Human Trafficking Task Force along with additional Task Force partner agencies provides a HT 101 training as an introduction to working with survivors of human trafficking, followed by an advanced HT 201 and HT 301 Training for direct service Mental Health providers. Clinicians who participate in all three trainings will have the opportunity to join an ongoing peer support collaborative. This cohort of trained mental health providers will be included on a referral list of trained providers that will be distributed to the Maryland Human Trafficking Task Force partner agencies. The advanced HT 201 will include the following as the HT 301 is still in development at the time of this writing:

- Understand and identify mental health risks associated with trafficking and barriers to treatment for survivor*
- Understand neurobiology of trauma and how it relates to treatment expectations*

- Understand how traumatic bonding impacts the therapeutic alliance and ability to form and maintain new and healthy relationships*
- Understand how abuse and the impact of poly-victimization for survivors of trafficking impacts their ability to engage in mental health therapy*
- Learn Trauma-Informed interventions to address safety, build rapport, manage emotional dysregulation, build skills and process grief*
- Be able to acknowledge the role of self-care, system collaboration and transparency of decision making in mental health treatment with survivors of trafficking*

This opportunity provides licensed counselors and social workers with professional development and a chance to expand their agency's clinical services. Participation in this training series will help counselors gain task force referrals, identify at-risk clients, and provide a much-needed service for those involved in human trafficking.

For further questions regarding this opportunity contact Chelsea Haverly, LCSW-C (Owner/Therapist of Anchored Hope Therapy,

LLC: 443-291- 8090:

www.anchoredhopetherapy.com
or
tweet @AnchoredHopeTherapy)

Nationally, trainings are available through the National Criminal Justice Training Center of Fox Valley Technical College (NCJTC) <https://ncjtc.fvtc.edu/training/> . Specific training requests can be made through their website- ncjtc.org/#request.

The Office of Trafficking in Persons, An Office of the Administration for Children and Families offers child sex trafficking trainings as well. "The SOAR training equips professionals with skills to identify, treat, and respond appropriately to human trafficking." Training are delivered online or in-person.

<https://www.acf.hhs.gov/otip/training/soar-to-health-and-wellness-training>

C. The services provided by the CAC, on-site or through referrals, must be evidenced-supported, trauma-focused that include standardized assessments, individualized treatment plans that are appropriate for the child-client and other family members, reflect child engagement in treatment and periodic reassessments to determine effectiveness.⁹

Currently, "There are no established therapeutic models that specifically address the symptoms and other needs arising from child sex trafficking. Instead, providers adapt evidenced-based modalities that have demonstrated efficacy with populations experiencing child or adolescent complex

⁹ NCA Standards for Accredited Members, (2017), 37.

trauma victimization...”¹⁰ Each CAC mental health provider needs to be trained in multiple modalities and experienced enough to be able to combine methods to meet the child’s needs.

At the present time, NCA supports only evidenced-based practices of mental health. Modalities like Trauma-Focused Cognitive Behavior Therapy (TF-CBT), Child and Family Traumatic Stress Intervention and Eye Movement and Desensitization and Reprocessing (EMDR) are three of the NCA approved modalities for CAC mental health work. *Other modalities that are evidenced-based to treat post-traumatic stress (including child trafficking) are:*

(1) Exposure Therapy and Stress

Inoculation Training. Exposure Therapy “aims to reduce anxiety and fear through confrontation of thoughts...or actual situations...related to the trauma.”

(2) Stress Inoculation Training

“combines psycho-education with anxiety management techniques such as relaxation training, breathing retraining and thought stopping.”¹¹

Before introducing the mental health assessment and treatment plan, the mental health provider and CAC must ensure safety for the child. The child’s safety considerations need to include stabilizing

¹⁰ Psychotherapy for Commercially Sexually Exploited Children: A Guide for Community-Based Behavioral Health Practitioners and Agencies, (WestCoast Children’s Clinic, 2018), 15.

¹¹ Erin Williamson, Nicole Dutch and Heather Clawson, Evidence-Based Mental Health Treatment for Victims of Human Trafficking, (US Dept of HHS and Office of the Asst. Secretary for Planning and Evaluation), 5.

the child- something that can take considerable time depending on the complexity of the traumas and the child's life and living situations or barriers to receiving care. "Establishing physical and psychological safety is a prerequisite in working with trafficking victims with trauma history."¹² As a member of the CAC MDT, the mental health provider has a role in creating the safety plan for the child trafficking victim.

However, it is important to note, that the reality of the trafficking victim's demeanor, fears and continued reliance on their abuser may make it difficult for these plans to be implemented with success. The mental health provider may face an antagonistic victim, may face a child who is a runaway,

has multiple missing persons' reports, or may deal with a child who is potentially returning to the alleged abuser. Even when the child agrees to mental health support, he or she may feel backed into a corner and resist the healing process. The mental health provider and the CAC need to give the child time to process all that has and is happening as well as all the resources being offered to him or her.

Once the child feels safe, the mental health service process can begin. Any treatment plan needs to address "attachment work, interventions to reduce distress, attention to the social context, and attention to secondary trauma stress experienced by therapists."¹³

¹² Office for Victims of Crime Human Trafficking Task Force e-Guide: Strengthening Collaborative Responses, <https://www.ovcttac.gov/taskforceguide/eguide>, p. 2.

¹³ Psychotherapy for Commercially Sexually Exploited Children: A Guide for Community-Based Behavioral Health

Treatment modalities that have been adapted for child trafficking come from experiences with other victims of abuse who exhibit post-traumatic stress symptoms.

“Empirical evidence on the treatment of PTSD increasingly supports the use of cognitive-behavioral therapy...Cognitive-behavioral therapy [CBT] combines cognitive therapy, including cognitive restructuring, with behavioral interventions such as exposure therapy, thought stopping, and breathing techniques.”¹⁴

Trauma-Focused Cognitive Behavior Therapy (TF-CBT) is also a useful treatment model. “TF-CBT explains that hurtful

experiences result in distressing memories that can be overcome by learning ways to manage anxiety and facing rather than avoiding those memories.”¹⁵

Other types of mental health treatments for child trafficking victims include:

Dialectical Behavior Therapy (DBT) - “adapted to treat children who are exploited” as exemplified by Project Intersect at the Georgia Center for Child Advocacy and the CAARE Diagnostic and Treatment Center at the UC Davis Children’s Hospital, the Resiliency Interventions for Sexual Exploitation (RISE) Project at the

Practitioners and Agencies, (WestCoast Children’s Clinic, 2018), 15.

¹⁴ Erin Williamson, Nicole Dutch and Heather Clawson, Evidence-Based Mental Health Treatment for Victims of Human Trafficking, (US Dept of HHS and Office of the Asst. Secretary for Planning and Evaluation), 4-5.

¹⁵ Psychotherapy for Commercially Sexually Exploited Children: A Guide for Community-Based Behavioral Health Practitioners and Agencies, (WestCoast Children’s Clinic, 2018), 15.

Santa Barbara County Dept. of Behavioral Wellness.

Integrated Treatment for Complex Trauma (ITCT)- “combines the emotion regulation focus of DBT and trauma focus of TF-CBT, emphasizing individualized skill building for each client.”¹⁶

Peer-to-Peer Support- “Victims are often more comfortable with peers who understand and experienced similar pain and exploitation in a nonjudgmental, empathetic way. It is also a way to help survivors build a new identity and remove feelings of isolation.”¹⁷

Expressive therapies should be considered as the right “first step” for victims of trafficking. “Creative-based interventions are especially powerful with sex trafficking clients because they provide opportunities for clients to make choices..[T]he presentation of choices and sense of control may represent an exciting and difficult challenge...Counselors can integrate the use of creative and expressive interventions...art mediums to support clients in promoting openness while providing a sense of structure.”¹⁸

Regardless of treatment or combinations of treatments offered, attention needs to be

¹⁶ Psychotherapy for Commercially Sexually Exploited Children: A Guide for Community-Based Behavioral Health Practitioners and Agencies, (WestCoast Children’s Clinic, 2018), 15.

¹⁷Office for Victims of Crime Human Trafficking Task Force e-Guide: Strengthening Collaborative Responses, <https://www.ovctac.gov/taskforceguide/eguide>, p. 2.

¹⁸ Stacy Litam, Human Sex Trafficking in America: What Counselors Need to Know, (The Professional Counselor, 2017), 54-55.

paid to the length of time the child trafficking victim may remain in treatment. Instability in the child's living situations, their loyalty to their abuser, returning to their abuser, and other negative influences make it difficult to keep a child trafficking victim connected to the CAC long enough to complete a treatment plan.

Therapy for these children must strike a balance between not being so short-term and symptom-driven that it misses children whose symptoms present later, and not being excessively long and keeping children in therapy beyond the point at which they benefit.”¹⁹

- D. Mental health services are available and accessible to all CAC child clients regardless of ability to pay.
- E. The CAC/MDT's written protocols and guidelines include access to trauma-informed mental health assessment and treatment for all CAC clients.
- F. The CAC/MDT's written protocols and guidelines the roles and responsibilities of the mental health professionals on the MDT.
- G. The CAC/MDT's written protocols and guidelines include guidelines for sharing mental health information and how client confidentiality and records are protected in accordance with applicable laws.²⁰

¹⁹ Erin Williamson, Nicole Dutch and Heather Clawson, Evidence-Based Mental Health Treatment for Victims of Human Trafficking, (US Dept of HHS and Office of the Asst. Secretary for Planning and Evaluation), 8.

²⁰ NCA Standards for Accredited Members, (2017), 37-38.

*The provider of mental health services to child trafficking victims should be someone specialized in serving child trafficking victims. The role of the mental health provider needs to be a key part of the CAC's MDT, responsible for all issues relevant to child trauma and evidence-based treatment. Just like the mental health provider for child sexual abuse cases, the mental health providers for child trafficking victims "serve the child and the MDT by ensuring that the child's needs and treatment are monitored, assessed, and taken into account as the MDT makes case decisions."*²¹

²²The CAC MDT needs to supplement the mental health process with additional resources and opportunities for positive and

age-appropriate growth of the victim including education, employment, healthy recreation and other areas as indicated by the victim. Whether these resources come from the mental health provider or the Victim Advocate or other MDT partner, they need to be specific, currently available and appropriate for this child victim at this time.

H. The CAC must provide supportive services for caregivers to address the safety of the child, the impact of the allegations and trauma, risk of future and continued abuse and issues or distress that allegations may trigger. ²³

²¹ NCA Standards for Accredited Members, (2017), 38.

²³ NCA Standards for Accredited Members, (2017), 38.

Unlike child sexual abuse victims who are most often brought to the CAC by a nonoffending caregiver who is committed to the child's healing process, the child who is a victim of trafficking may be brought to the CAC by the alleged trafficker or someone who is a part of the trafficker's network. Or, the child is removed from the alleged abuser's domain and put in a new and often isolating temporary living arrangement without a trusting relationship with the temporary caregiver. These realities require extra focus and effort by the CAC MDT to create a plan for the child that provides mental health support in order to reduce the trauma and distress for the child.

- I. Clinicians need to participate in ongoing clinical supervision/consultation.²⁴

Ongoing mental health supervision and consultation related to child trafficking cases may be available locally. But if it isn't readily available from local resources, the CAC mental health provider can reach out to an extended case review team of consultants from across the CAC network, both in Maryland and nationwide.

For child trafficking work, the consultation and supervision need to intentionally include constant and consistent assessment of the mental health provider's secondary trauma. Providers may feel and need to recognize anger and frustration when the victim doesn't relate well to them.

Providers may experience and need to

²⁴ NCA Standards for Accredited Members, (2017), 39.

recognize feelings of helplessness in being unable to overcome the control the abuser continues to have over the child victim.

Suggestions for identifying and managing mental health providers' stress may include "diversifying the provider's clinical responsibilities, such as having a mixed caseload that includes non-exploited clients," or program structure "to help providers decrease isolation, increase peer support and team collaboration, promote consultation and case conceptualization, manage feelings of connections to clients and a tendency to over-promise, and promote provider well-being."²⁵

²⁵ Psychotherapy for Commercially Sexually Exploited Children: A Guide for Community-Based Behavioral Health

Practitioners and Agencies, (WestCoast Children's Clinic, 2018), 34.

7. CASE REVIEW

7. CASE REVIEW

Essential to maximizing the work of the child advocacy center and its MDT is the strength of the collaborative and ongoing discussions by the CAC's MDT members about the investigation, case status, and the services required by the child and family. Case review is formalized to ensure that each MDT partner's expertise is considered for each child's case so that "Informed, collective decisions are made" that best serve the child and family and meet the needs of all the partners.¹

"CASE **REVIEW**" DOES NOT IMPLY THAT THE CONVERSATIONS HAPPEN **AFTER** THE CASE IS COMPLETED; RATHER, CASE REVIEW IS **NECESSARY** AND **IMPERATIVE** THROUGHOUT THE DURATION OF THE CAC'S WORK WITH THE CHILD AND FAMILY.

If a CAC has strong and collaborative relationships with its MDT partners, the case review process will be a strong and collaborative process that will result in representation and accountability by each MDT discipline for the child's well-being. *For child trafficking cases, the MDT has expanded to include other partners like law enforcement, such as FBI, MSP, or HSI. The dynamics of the original MDT will change with these additional partners. It is important that their input throughout the child trafficking case review process needs to be collaborative and focused on the wellbeing and safety of the child.*

¹ NCA Standards for Accredited Members, (2017), 41.

NCA ESSENTIAL COMPONENTS.
SECTIONS REFERRED TO HERE ARE
THOSE UNIQUELY REFERENCED TO
CHILD TRAFFICKING CASES.

- A. The CAC/MDT's protocols and guidelines include criteria for case review and procedures.²

Due to the intense emotional and unusual nature of child trafficking cases and the continued threat of the abuser's presence in their lives, the MDT may absorb this additional stress, and case review may become contentious and frustrating. Therefore, the written and agreed upon protocols and guidelines for trafficking case review need to include conflict resolution. With those agreements in mind, when conflict occurs, there are practiced means, "based on mutual respect and recognition that [trafficking] investigations are complex,

*demanding, and frustrating [,] but that they are also important, meaningful, and rewarding."*³

The written memos of understanding created within the CAC's child trafficking MDT need to include detailed documentation around:

- (1) Frequency of meetings;*
- (2) Designated attendees;*
- (3) Case selection criteria;*
- (4) Process for adding cases to the agenda;*
- (5) Designated facilitator;*
- (6) Distributing agenda and cases to be discussed;*
- (7) Procedures for follow-up; and*

² NCA Standards for Accredited Members, (2017), 41.

³ Rebecca Epstein and Peter Edelman, Blueprint: A Multidisciplinary Approach to the Domestic Sex Trafficking of Girls., (Georgetown Law, 2013), 11.

(8) Meeting location and time.

Many of these criteria will be dependent on the additional child trafficking partners, their timeline and needs, as well as the often-precarious nature of the child's living conditions, such as risk and/or history of runaway, involvement in the foster care system, and continued communication with abuser.

B. At least once a month, a meeting is held to review cases. ⁴

C. MDT partners are identified for participation in case review. ⁵ *For child trafficking, frequency will be determined by the number of child trafficking cases seen by the CAC. For CACs with a limited number of child trafficking cases, familiarity with the additional MDT*

members will be difficult because of the infrequency of working cases together.

One possible solution is to make time between specific cases to bring the child trafficking MDT together for training and/or updates on each agency's work.

Another suggestion is to include a training activity or update that enables team members to recognize the value of every other member of the MDT prior to beginning work on a new case. Even a ten minute introduction to an article or new report on child trafficking or an update on a past, resolved case can help MDT partners focus on their common goal.

⁴ NCA Standards for Accredited Members, (2017), 42.

⁵ NCA Standards for Accredited Members, (2017), 42.

D. Case review is informed decision-making.⁶

All MDT members need to be recognized and heard during MDT meetings so that no one agency dominates the discussion. *In child trafficking cases, there may be times when law enforcement's activities need to dominate the activities. However, the well-being of the child is still the primary consideration of the CAC, and it will be important to ensure that those MDT members working with the child's physical and mental health share their reports. In this way, they will give and receive valuable and valued input from all MDT partners.*

E. One person must take responsibility to coordinate, facilitate and communicate the case review meeting findings.⁷

For child trafficking cases, the case review facilitator may be someone with more child trafficking case experience than the person who runs the usual MDT case review meetings. Good communication and group facilitation skills will help ensure that the case review meetings are collaborative, serve all the MDT agencies' needs and benefit the child victim. The child trafficking MDT might consider flexibility identifying the case facilitator based on the specific case.

There may be times when it is appropriate for law enforcement to lead the case review, and the CAC and other MDT partners need to adapt to that person or agency's style. There may be times when the CAC staff leads on the logistics of the case review meeting, but law enforcement or another partner may lead

⁶ NCA Standards for Accredited Members, (2017), 42.

⁷ NCA Standards for Accredited Members, (2017), 43.

the meeting. All these variables should be considered and included in the MOU.

It is the goal of each case review to maximize identifying and understanding of the needs of each child victim, and then collaboratively ensuring that needs are met. “Child trafficking demands a specialized and coordinated response by child welfare professionals to ensure the safety of the victim, to pursue appropriate child protection proceedings, and to initiate criminal proceedings against traffickers.”⁸

This can and is accomplished when the MDT case review team has established and practiced these guidelines, works collaboratively, and keeps the interests of the child as the focus of its work.

⁸ Human Trafficking of Children Protocol Michigan, (Dept. of Human Services, 2013), 28.

8. CASE TRACKING

8. CASE TRACKING

In order to ensure that a child's case is managed well, it is important to collect data and information about each individual case. This data helps the CAC and MDT keep track of its progress.

It is equally important to have a system(s) to gather and aggregate the data within each Maryland CAC's service area, and for the state as a whole. This includes client demographics, investigation progress, intervention, and outcomes. This collective data helps educate government organizations, partners, and the public about the work done in Maryland's CACs. This data also provides a basis to analyze possible gaps

in services around the state, and to work to fill those gaps in needs and services.¹

*In the winter of 2019, Maryland's CACs were surveyed to determine the number of cases CACs identified as child trafficking versus those reported in the same jurisdictions to Child Protective Services. With 20 of 23 CACs completing the survey, it became clear that the MCA and our CACs need to focus on establishing agreed-upon criteria for how to report child trafficking cases within their CAC work to the proper state agencies. Regardless of what data collection systems are used by a Maryland CAC, it is important that child trafficking cases be reported separate from child sexual abuse cases. **It is possible that what starts as a child sexual abuse case may result in a disclosure of***

¹ NCA Standards for Accredited Members, (2017), 45.

trafficking, and each CAC needs to have a way of displaying the number of cases within their data system.

Awareness is growing around the extent of child sex trafficking across Maryland. CAC organizational partners and funders look to our local CACs and the MCA to provide accurate information about child trafficking cases, the services provided by the CACs to trafficking victims, and gaps in services that can be identified and filled by CACs, their MDT partners or other community agencies. Data also helps frame efforts by the CACs and MCA to educate the public, especially children and families, around misconceptions about trafficking.

For instance, in Maryland, people may think that child trafficking is only a problem in

urban areas like Baltimore. This is a misconception; data shows that trafficking cases are seen throughout Maryland, from the western counties across the Bay and throughout the Eastern Shore. Ensuring that CACs and the MCA are collecting and sharing data is an imperative to be able to use and share the information to best serve our victims and to prevent future victimization.

NCA ESSENTIAL COMPONENTS.
SECTIONS REFERRED TO HERE ARE
THOSE UNIQUELY REFERENCED TO
CHILD TRAFFICKING CASES.

A. The CAC/MDT's written protocol and guidelines include tracking case information through final disposition.

B. The CAC tracks and can retrieve NCA Statistical Information.²

Tracking and being able to retrieve data on sex trafficking cases are equally important as general CAC data. As with other Standards, the additional child trafficking MDT partners' MOUs need to include this action and designate who is responsible.

C. .An individual is identified to implement the case tracking process.³

Depending on the size and staff capacity of the CAC, the CAC may assign specific child trafficking staff to ensure the consistency of input and data collection of child trafficking cases within the CAC's case tracking system. If this is not possible due to limited staff, it is helpful to designate one CAC staff on the child trafficking MDT responsible for

reviewing and discussing the case tracking data with the MDT on a case by case or broader context.

D. CAC/MDT's written protocols and guidelines must outline how MDT partner agencies access case specific information and/or aggregate data for program evaluation and research purposes.⁴

This component of the MOU is important for trafficking cases so that the additional trafficking partners' activities relevant to the child's wellbeing are included in the case management.

E. CAC has a mechanism for collecting client feedback to inform client service delivery.⁵

² NCA Standards for Accredited Members, (2017), 45.

³ NCA Standards for Accredited Members, (2017), 46.

⁴ NCA Standards for Accredited Members, (2017), 45-46.

⁵ NCA Standards for Accredited Members, (2017), 45-46.

NCA's Outcome Measurement System is one system used to get feedback from clients. CACs report that they are not comfortable asking a non-offending caregiver who is emotional and worried about the child in their care to complete a survey. *In child trafficking cases, it is highly likely that there may not be a reliable nonoffending caregiver to provide feedback.*

9. ORGANIZATIONAL CAPACITY

9. ORGANIZATIONAL CAPACITY

Child Advocacy Centers need to have the capacity to create and support a multidisciplinary approach to child sex abuse cases and to meet the National Standards of Accreditation in order to best serve the child victims. Every local CAC in Maryland reflects the unique needs of its communities, whether headquartered in a local DSS office, led by law enforcement, or a private not-for-profit agency. The value of examining organizational capacity as one of the National Standards ensures that each CAC has developed and implemented a system for managing and monitoring the progress of each case and each child victim that

incorporates all the multidisciplinary team members and their agency needs and goals.¹

NCA ESSENTIAL COMPONENTS. SECTIONS REFERRED TO HERE ARE THOSE UNIQUELY REFERENCED TO CHILD TRAFFICKING CASES.

The Essential Components include:

- A. The CAC's organizational structure;
- B. The maintenance of appropriate liability insurance, including where appropriate, Directors and Officers liability;

¹ NCA Standards for Accredited Members, (2017), 48.

C. Written administrative policies and procedures;

D. An annual audit or financial review (where appropriate);

E. Compliance with written staff policies for hiring, managing and training; and

F. Succession plan to anticipate an orderly transition in leadership.²

The CAC, by using and upholding these National Standards of Accreditation, has the advantage of already having many, if not all, of these processes and procedures in place for their cases, including child trafficking cases. The CAC is designed to serve these victims.

G. The CAC has implemented a strategic plan to guide its work.³

For the CACs in Maryland who may not yet see any or many child trafficking cases, this standard serves as a reminder to create a goal within their strategic plan to become prepared, or better prepared, to handle child trafficking cases. With this concerted and intentional effort, the CAC will want to share this goal with its' MDT partners, and reach out to those agencies that the CAC would engage specifically for child trafficking cases. Specific agencies like the FBI, Homeland Security, and the CAC MDT will create ongoing dialogue around how the CAC's jurisdiction will serve child trafficking victims through the CAC and its MDT partners. This standard reminds local CACs to connect with their local human and/or child trafficking

² NCA Standards for Accredited Members, (2017), 48-49.

³ NCA Standards for Accredited Members, (2017), 50.

task force, to become acquainted with the Maryland Human Trafficking Task Force, ⁴ and to take advantage of trainings for CAC staff and MDT partners on child trafficking issues as CACs begin to grow local capacity within the CAC to best serve these victims.

TWO EXAMPLES OF LOCAL RESOURCES INCLUDE THE FREDERICK COUNTY HUMAN TRAFFICKING MULTIDISCIPLINARY RESPONSE PROTOCOL AND THE CECIL COUNTY HUMAN TRAFFICKING TASK FORCE-MDT CREATED IN CONJUNCTION WITH THE NATIONAL CRIMINAL JUSTICE TRAINING CENTER, FOX VALLEY TECHNICAL COLLEGE.

H. The CAC promotes well-being with training regarding vicarious trauma including techniques to build resiliency and organizational capacity; and

I. The CAC promotes well-being of the MDT partners.⁵

It is particularly important that the CAC be aware of the unique emotional strains for staff of working with child trafficking victims and cases. Stress in these cases comes from often working with and on behalf of angry, resentful, belligerent child victims. The stress of the negative feedback from the client can be wearing on the CAC and MDT providers, from the law enforcement partner who may first bring the child to the CAC, to the forensic interviewer who may have to work through rejection and distrust from the client, to the CAC victim advocate who finds resistance rather than appreciation for the help he or she can offer the child victim. Additional

⁴ Maryland Human Trafficking Task Force, www.mdhumantrafficking.org

⁵ NCA Standards for Accredited Members, (2017), 50.

stress for the CAC and MDT partners also may arise when child victims are not present for scheduled services at the CAC.

Each member of the MDT working with child trafficking victims will experience secondary trauma unique to them. In sharing the collective experience, understanding and relationships can be fostered within the child trafficking MDT that enhance the well-being of all involved and create a supportive environment, not only for the victim, but also the team of professionals serving the victim and working the case.

10. CHILD FOCUSED SETTING

10. CHILD-FOCUSED SETTING

“The child-focused setting is comfortable, private, and both physically and psychologically safe for diverse populations of children and their family members.”¹

While every center looks different than the next because each reflects its local community, resources and capacity, there are common elements that each center needs to take into consideration in order to meet the Standard. Every center must keep victims from alleged offenders, must be physically accessible, allow for live observation of interviews that accommodate the MDT and provides separate meeting and consultation spaces for staff and MDT partners.²

These considerations are even more important and sometimes more difficult to achieve when a child trafficking victim and case are involved. The CAC space, which may be more-often designed for younger children, needs to be comfortable for adolescents.

NCA ESSENTIAL COMPONENTS.
SECTIONS REFERRED TO HERE ARE
THOSE UNIQUELY REFERENCED TO
CHILD TRAFFICKING CASES.

A The CAC is a designated, task-appropriate facility which aligns to specific criteria including physical and psychological safety for child and family; constant observation of victims by CAC staff and/or MDT partners.³

¹ NCA Standards for Accredited Members, (2017), 51.

² NCA Standards for Accredited Members, (2017), 52-54.

B. The CAC has written policies and procedures to ensure separation of victims from alleged offenders.⁴

The physical safety of a child trafficking victim can be difficult. He or she may be at risk of running away or of going missing. The child or adolescent may be brought to the center by the alleged trafficker who will not disclose their role and will not want to be separated from the child. He or she may be brought by a “friend” or “relative” who is only posing as such to report back to the alleged abuser. “Treat each situation as extremely dangerous, until you have evidence that it is safe.”⁵

It is critical that the child trafficking MDT partners discuss and agree on additional and specific policies and procedures about how they will ensure the child’s safety, along with that of other children at the CAC, the staff, and MDT partners. Also, the child trafficking victim may exhibit aggressive behavior rather than being accommodating and appreciative. Therefore, it can be challenging to ensure that the child trafficking victim, and the people who come with them to the CAC, are observed and supervised. It is vital that all the parties involved with trafficking cases are separate from other child victims and families that the CAC serves to ensure safety of all children

³ NCA Standards for Accredited Members, (2017), 52.

⁴ NCA Standards for Accredited Members, (2017), 53.

⁵ Baltimore. County. Human Task Work Group, Baltimore County DD and Baltimore. Co. CAC.

being served at the CAC, CAC staff, and other individuals at the CAC.

As the number of child trafficking cases grow, the CAC may need to consider how to provide separate facilities for these usually older clients, how to ensure greater degrees of safety and separation from the alleged abuser or their representatives, and how the environment of this area enhances the victim's sense of self, safety and security.

Standards for Accredited Member Program Adapted for Maryland Children's Alliance
Child Advocacy Centers
July 2019

Adapted Forensic Interview Protocol for Children and Adolescents when Exploitation and/or Trafficking is Suspected. Jan. 2019/. Linda Cordisco Steele, M.Ed., LPC, 2019 National Children's Advocacy Center.

Blueprint: A Multidisciplinary Approach to the Domestic Sex Trafficking of Girls. Rebecca Epstein and Peter Edelman. Center on Poverty and Inequality. Georgetown Law. Based on the Conference "Critical Connections: A multi-systems Approach to the Domestic Sex Trafficking of Girls", Georgetown Law, March 12, 2013.

CAC Survey, Amelia Rubenstein, Child Sex Trafficking Victims Initiative (CSTVI), Ruth Youth Center, University of Maryland School of Social Work, April 2019

Cecil County Human Trafficking Task Force-MDT, Cecil Co. MD and Fox Valley Technical College

Child Sex Trafficking and Commercial Sexual Exploitation: Health Care Needs of Victims. Jordan Greenbaum, James E. Crawford-Jakubiak, COMMITTEE ON CHILD ABUSE AND NEGLECT. Pediatrics March 2015, Vol. 135/Issue 3 from the American Academy of Pediatrics Clinical Report. [Pediatrics.aappublications.org/contact/135-3-566](http://pediatrics.aappublications.org/contact/135-3-566)

Commission, the Ohio Network of Children's Advocacy Centers, and the Ohio Network of Anti-Trafficking Coalitions

Evaluating Children's Advocacy Centers' Response to Child Sexual Abuse., Office of Justice Programs, OJJDP Juvenile Justice Bulletin, August 2008

Evidence-Based Mental Health Treatment for Victims of Human Trafficking, Erin Williamson, Nicole M. Dutch and Heather J. Clawson. US Dept of HHS and Office of the Asst. Secretary for Planning and Evaluation

Frederick County Human Trafficking Multi-Disciplinary Response Protocol. SA office, Frederick PD, Frederick Co. Sheriff's Office, MSI, FBI, Frederick County DSS, Frederick Memorial Hospital, MSP, CAC, DJS, Heartly House. July 25, 2018

From the Director's Desk, Aug. 13, 2018, Teresa Huizer, NCA. What Cultural Competency Means

From the Director's Desk, Feb. 19, 2019, Teresa Huizer, NCA. Giving All Children Equal Access to Hope and Healing

From the Director's Desk, March 4, 2019, Teresa Huizer, NCA. Adjusting Treatment to Meet the Needs of Youth Runaways

From the Director's Desk, March 11, 2019, Teresa Huizer, NCA. The Importance of (Mis)perceptions About Trafficking

How Human Trafficking Affects Vulnerable Populations: Persons with Disabilities. Iona Rudisill, LMSW, Anti-Trafficking and Exploitation Program Mgr., BCAC and Sammy Jo Kanekuni, LCSW-C, Forensic Interviewer, BCAC

Human Sex Trafficking in America: What Counselors Need to Know, Stacey Diane A. Litam, The Professional Counselor, Vol. 7, Issue 1, pp. 45-61, <http://tpcjournal.nbcc.org> 2017

Human Trafficking of Children Protocol Michigan. Dept. of Human Services. Aug. 2013

Human Trafficking Task Force e-Guide: Strengthening Collaborative Responses, Mental Health Needs. OJP, OVC, BJA. ovcttac.gov/taskforceguide/eguide

Identifying and Reporting Human Sex Trafficking: Tips for Medical Providers. Balto. Co HT Work Group, Balto. Co. Commission for Women, DHS, NCA, Balto. Co. DSS, Balto. Co. CAC. 2019

Maryland Human Trafficking Medical Screen Protocol. MD Human Trafficking Task Force. 2015

National Child Advocacy Center Extended Forensic Interview Training, Jan. 24, 2014

National Child Advocacy Center Extended Forensic Interview Training, 2017

Protocol for Serving Child Victims of Human Trafficking in Ohio. August 2017. Developing in collaboration by Gov. Kasich's Ohio Human Trafficking Task Force, AG Mike DeWine's HT

Protocol Toolkit for Developing a Response to Victims of Human Trafficking in Health Care Settings. Hope for Justice, HEAL Trafficking, HEALtrafficking.org. 2017

Psychotherapy for Commercially Sexually Exploited Children: A Guide for Community-Based Behavioral Health Practitioners and Agencies. A collaborative publication of WestCoast Children's Clinic, National Center for Youth Law, and Center for Trauma Recovery and Juvenile Justice. 2018

State of Louisiana Child Sex Trafficking Project Report. Prepared by Cathy Delapaz, AMBER ALERT Training and Technical Assistance Program National Criminal Justice Training Center Fox Valley Technical College

The Neglect of Children and Culture: Responding to Child Maltreatment with Cultural Competence and a Review of *Child Abuse and Culture: Working with Diverse Families*. Theresa Hughes. St. John's University School of Law, Legal Studies Research Paper Series, Paper #06-0053 Sept. 2006

