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Commercial Sexual Exploitation and Sex Trafficking of Foster Children and Youth

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Every day in the United States, children and adolescents become victims of commercial sexual exploitation and sex trafficking. Children and youth who have experienced maltreatment are more likely to be trafficked (U.S. Department of State, 2016). Although the consequences to victims are often serious and long-term, efforts to prevent, identify, and respond to this issue are hindered due to limited knowledge, support, and coordination. Related to this issue is the tendency for society to see commercially sexually exploited youth as delinquent, rather than as victims. Typically, child welfare services (CWS) research addresses the type of maltreatment, but the usual categories (i.e., physical abuse, neglect, sexual abuse, emotional abuse) are not mutually exclusive and sex trafficking is difficult to determine exactly. This chapter outlines the issues as they relate to the disproportionate involvement of youth who were maltreated as children as victims of commercial sexual exploitation and sex trafficking; and includes a framework for developing an effective child welfare response.

Commercial Sexual Exploitation of Children and Sex Trafficking

Commercial sexual exploitation of children (CSEC), also referred to as child sex trafficking or domestic minor sex trafficking, is a severe form of child maltreatment defined as any sexual acts performed for an adult by a minor under the age of 18 in exchange for anything of economic value (Albanese, 2007). These victims have been forced, coerced, or otherwise manipulated to perform sex acts, becoming engaged in prostitution, stripping, or pornography (Bounds, Julion, & Delaney, 2015; Estes & Weiner, 2002). Commercial sexual exploitation of children is one of the most destructive forms of child sexual abuse. Victims of CSEC have been found in trafficker-controlled situations (street prostitution, pornography, etc.); trafficked in families and intimate partner relationships; recruited from networks of other runaway and homeless youth; in gang-related trafficking; and recruited within institutions and programs (e.g., by already trafficked youth in an after-school program) (U.S. Department of Health & Human Services [henceforth, USDHHS], 2013).

There are numerous risk factors for CSEC and child sex trafficking which include any set of experiences that may lead to increased emotional or physical vulnerability. These experiences include a history of neglect or abuse, homelessness, low self-esteem, poverty, and foster care placement. Youth of all gender identities, sexual orientations, and from a variety of racial, ethnic, and socioeconomic backgrounds are at risk for sex trafficking (Dank, 2011). These vulnerable youth may be lured into a sex trafficking situation using promises, psychological coercion, alcohol and/or

substance use, threats, and violence. Females are more likely to be identified as trafficked, but males and transgender youth are also vulnerable (Boxill & Richardson, 2007; U.S. Department of State, 2016). Youth in foster care are characterized by their limited connections to family members and caring adults, exposure to sexual abuse, maltreatment, and other forms of violence, and limited skills to identify and access necessary resources (Finigan-Carr et al., 2015). This history of chronic trauma results in youth in the child welfare system being significantly more vulnerable to traffickers who manipulate a young person's unmet needs to coerce them into commercial sex.

Children who are victims of sex trafficking and/or CSEC are vulnerable to immediate harm while involved in the trade as well as suffering long-term damage, even after they have left the situation. Both those who are trafficking children as commodities and those who purchase the opportunities to use them, physically, mentally, and sexually, abuse these children and adolescents daily. There are immediate risks which include beatings, rape, and torture; as well as long-term damage in the form of potential substance addiction, sexually transmitted diseases including HIV/AIDS, and numerous mental illnesses such as depression and self-injurious behaviors (Barnitz, 2001). Children and adolescents in child welfare with experiences of interpersonal trauma and family instability are already a vulnerable population. Being trafficked exacerbates these vulnerabilities and can potentially have even more detrimental long-term effects.

Prevalence and Incidence of Trafficking in the United States

When most people hear the term "human trafficking," they think of foreign nationals smuggled into the United States. However, multiple cases of domestic human trafficking have been reported in all 50 states and the District of Columbia. From 2008 to 2010, 83% of confirmed sex trafficking incidents were of U.S. citizens with 40% of those being CSEC cases (Banks & Kyckelhahn, 2011). Between 244,000 and 325,000 American youth are considered at risk for sexual exploitation. The most recent population estimate of minor youth engaged in the commercial sex industry nationwide is between 4,457 and 20,994 youth (Swaner, Labriola, Rempel, Walker, & Spadafore, 2016). In the years between 2008 and 2012, the National Human Trafficking Resource Center received 5,982 reports of cases involving child sex trafficking, which is probably only a fraction of the number of youth actually trafficked (National Human Trafficking Resource Center, 2016). An exact estimate of the number of youth potentially involved in trafficking is difficult to generate due to both underreporting and the existence of well-organized underground trafficking networks. There are also issues with ensuring that those victims identified are not over-counted due to their having encountered multiple systems, such as health care, child welfare, juvenile justice, or victim services. These systems are limited in the ways that data on their clients can be shared with others.

As CSEC falls under the umbrella of sexual abuse, data on sexual abuse provide some information on the extent of the problem. According to the USDHHS (2016), in federal fiscal year 2014, there were more than 58,000 (8.3%) child abuse victims who were sexually abused. The definition of sexual abuse includes molestation, statutory rape, prostitution, pornography, incest, or other sexually exploitative activities. Unfortunately, these USDHHS data lack differentiation between the types of sexual abuse, which would be helpful to identify the prevalence and incidence of CSEC. It is important to note that child sexual abuse puts youth at risk for CSEC due to a complex interplay of factors, including involvement with the child welfare system (Bounds et al., 2015).

CSEC Risk Factors

Children and youth involved with the child welfare system due to abuse or neglect and placed in foster care or group homes are at high risk of being victims of human trafficking. This risk significantly increases their vulnerability to teen pregnancy, HIV/AIDS and other sexually transmitted diseases,

1 depression and suicidal ideation. Often, the lack of stability in their living situation, physical distance
2 from friends and family, and emotional vulnerability put them at risk for exploitation by traffickers
3 who are actively seeking children and teens. While child welfare systems were not designed to
4 specifically respond to victims of child trafficking, emerging evidence indicates that child welfare
5 professionals are encountering children and youth who have been trafficked, due to this complex mix
6 of vulnerabilities which also makes them targets of traffickers and pimps (Andretta, Woodland,
7 Watkins, & Barnes, 2016; Bounds et al., 2015).

8 In a report by the California Child Welfare Council, it was found that anywhere from 50% to
9 80% of victims of commercial sexual exploitation, including child sex trafficking, are or were formally
10 involved with child welfare (California Child Welfare Council, 2013). Other researchers have found
11 that more than one-third of trafficked youth had previous child welfare involvement (Gibbs, Walters,
12 Lutnick, Miller, & Kluckman, 2015). In Maryland, our research has found that the majority of
13 youth identified as trafficked or suspected of being trafficked had previous involvement with the
14 child welfare system in their lifetime (Finigan-Carr & Rubenstein, 2016). Despite these statistics,
15 child welfare and juvenile services systems often do not recognize trafficking among their clients
16 or do not consider it their responsibility to address trafficking (Gibbs et al., 2015). These examples
17 indicate the contrary; child welfare professionals have a critical role in preventing, identifying, and
18 protecting these youth.

19 Looking at this intersection of child welfare and child sex trafficking from a theoretical perspective,
20 one should consider an ecological explanatory framework examining how behaviors, lifestyle, and
21 environmental factors that promote contact with potential perpetrators may lead to re-victimization,
22 in this case in the form of commercial sexual exploitation and/or sex trafficking (Grauerholz, 2000;
23 Surratt, Kurtz, Chen, & Mooss, 2012). This framework would not only include Bronfenbrenner's
24 Ecological Model (1992) as a conceptualization of the individual embedded in and influenced by
25 multiple settings, but also Belsky's (1980) delineation of how personal history plays a part at the
26 individual level in relation to the social-psychological phenomenon of child maltreatment.

27 In applying this ecological model to the problem of sex trafficking, the focus is on how factors
28 at each level—individual/intrapersonal, relationship/interpersonal, institutional/societal and
29 community—interact to contribute to an individual's vulnerability. This allows us to move beyond
30 individualistic explanations of why sex trafficking occurs and consider the complex relationships
31 between personal, interpersonal, and sociocultural factors which contribute to vulnerability for
32 trafficking.

33 If child welfare involvement via child sexual abuse is seen as the first CSEC risk domain at the
34 institutional/societal level of the ecological model, the second domain would include the constructs
35 of poverty, mental illness, and substance abuse (U.S. Department of State, 2016) and their effects on
36 both the individual/intrapersonal and interpersonal relationship levels. Only 16.9% of victims
37 identified by professionals in one study were trafficked by a stranger (Cole & Sprang, 2015). Most of
38 the others were trafficked by someone they knew (62.7%), with 45.8% of these traffickers being a
39 parent or guardian (Cole & Sprang, 2015). Whether groomed by an unknown trafficker, a family
40 member, or a "friend," many youth enter the commercial sex industry because they lack basic
41 necessities—food, shelter, clothing—and do not have viable economic alternatives (Adamczyk, 2012;
42 Dank, 2011). Relationships between trafficked youth and those who benefit from their labor are far
43 more diverse and complex than simple coercion. Few CSEC victims are able to establish relationships
44 with persons other than those responsible for victimizing them (Estes & Weiner, 2002).

45 Factors associated with prior victimization impair a survivor's ability to judge risky situations or
46 people (Grauerholz, 2000); and increase the likelihood of mental disorder or substance use and abuse
47 (Andretta et al., 2016). In many cases, this leads youth to enter into dangerous situations where they
48 may encounter potential perpetrators of further abuse, such as traffickers. In addition, stigmatization
49 and low self-esteem related to prior victimization (Finkelhor, 1987; Fong & Cardoso, 2010) can lead

to associations with other stigmatized youth and the creation of deviant peer networks (e.g., runaways, gangs) (Finkelhor & Browne, 1985).

Commercial sexual exploitation of children occurs because youth are attempting to survive on their own; are escaping from difficult family situations; have a drug habit; or because they exist within the lowest socioeconomic strata in a system that is failing them (Marcus et al., 2012). Many youth without substance use prior to being trafficked become prone to substance use and abuse as a coping mechanism (Adamczyk, 2012; Pauli, 2014) or are forced to use substances as a means of coercion by their trafficker (Estes & Weiner, 2002). Some of these youth end up in situations where they need to rely on a deviant peer network for survival and may not have an identified trafficker per se. The more a youth relies on their deviant peer network for support and survival, the more embedded they become in that network, and the less likely they are to develop positive relationships outside this niche that could provide them with the social support and services that they need to leave CSEC situations (Pauli, 2014).

The third domain for CSEC risk operates at the individual/intrapersonal level. It is the state of being female, including transgender female (Varma, Gillespie, McCracken, & Greenbaum, 2015). Although CSEC victims can be from all genders, the majority of those identified are girls. All teenage girls are at risk for trafficking due to the struggles with the normal developmental task of being in adolescence. However, most exploited girls have survived chronic physical, emotional, and sexual trauma, as well as other forms of family dysfunction and loss (Fong & Cardoso, 2010; Grace, Starck, Potenza, Kenney, & Sheetz, 2012). In developing this theoretical framework, female victims have been placed at the center; however, it is likely that there are correlations and conclusions to be drawn related to male victims (Reid & Piquero, 2014).

While female youth of all races and ethnicities appear to be at similar risk, research is beginning to note that African American male youth are at heightened risk for CSEC (Reid & Piquero, 2014). Overall, the race and ethnicity of CSEC victims have been difficult to quantify due to the same issues that make it difficult to establish prevalence rates (e.g., misidentification, underreporting). When race has been reported in published studies, it varies depending on the geographic location of the sample population. As a result, there are studies which report predominantly Caucasian victims (Marcus et al., 2012; Salisbury, Dabney, & Russell, 2015), predominantly African American victims (Andretta et al., 2016; Twill, Green, & Traylor, 2010; Varma et al., 2015), and ethnically diverse victims (Dank, 2011; Gibbs et al., 2015). It is important to keep in mind that when determining whether racial and ethnic minority group children are disproportionately represented as CSEC victims, most agencies use national rather than local demographic patterns to determine this statistic. For example, African Americans make up 13% of the national population, but in many cities, their percentage of the local population is much higher or lower than this national average. For example, African Americans make up 63% of the population of Baltimore, MD, but only 6% of the population of San Francisco, CA (U.S. Census Bureau, 2010). Therefore, any conclusions about particular racial or ethnic minorities' representation as CSEC victims should adjust for the prevalence of various racial and ethnic groups in the local, as opposed to the national, population. Despite the barriers to quantifying the race/ethnicity of CSEC victims, it is known that minority youth, especially those from socioeconomically disadvantaged neighborhoods, are particularly vulnerable to sex trafficking and more likely to be arrested for the crime of prostitution (Estes & Weiner, 2002).

Child Welfare's Current Response

Only in the past two decades has the United States begun to formally address CSEC and child sex trafficking. In 2000, the Trafficking Victims Protection Act (TVPA) (P.L. 106-386) was the first federal law to define the crime of human trafficking, including labor and sex trafficking. The TVPA provided funding specifically to combat the trafficking of foreign women and children forced into the sex trade in the United States, with provisions specifically for cases of kidnapping, aggravated sexual abuse, or

sex trafficking in children younger than 14. It also laid out the criteria of force, fraud, or coercion, except when the victims are under the age of 18. The Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183, 2014) and the Justice for Victims of Trafficking Act (JVTA) (P.L. 114-22, 2015) are recent legislation which specifically influence child welfare’s response to CSEC and child sex trafficking. P.L. 113-183 requires that states identify, document, and determine services for trafficked youth and those at risk. It changes the reporting requirements for state child welfare agencies. Confirmed trafficked youth now are to be reported in the Adoption and Foster Care Analysis and Reporting System (AFCARS) and referred to law enforcement within 24 hours. The law also requires that child welfare staff report any youth missing from care to both law enforcement and the National Center for Missing & Exploited Children. The JVTA filled the funding gap for services to domestic victims that was created by the TVPA. The JVTA also expanded the definition of child abuse to include human trafficking and child pornography; amended the Child Abuse Prevention and Treatment Act (CAPTA) to require state child welfare agencies to investigate reports of child trafficking, identify victims, provide comprehensive services, and train workers; and included a requirement that states report the number of child sex trafficking victims to the U.S. Department of Health & Human Services. States had until September 2017 to begin this reporting requirement.

Concurrent to the federal legislation, many states began to amend and change their legislation in order to address the issue of human trafficking. In 2012, the Maryland Family Law (Article 5-701) was amended to add prostitution, pornographic photography, and human trafficking to the state’s definition of sexual abuse. This meant that for the first time, child sex trafficking victims in Maryland could receive a child welfare response, rather than a juvenile delinquency response. Mandated reporters were now to report suspected cases of child sex trafficking to local CPS units, as they would for any other sexual abuse case. It also allowed the Department of Social Services to begin screening in, investigating, and responding to cases of reported child sex trafficking. Figure 19.1 shows the number of suspected child sex trafficking reports made by local child welfare agencies in the state child welfare administration’s data system since this amendment went into effect. It is posited that the increase over the past few years is due to an increase in human trafficking awareness in Maryland following the implementation of this law.

Due to all of these changes to legislation at both federal and state levels, youth identified as trafficked are being reported more often to child welfare agencies. In addition, youth in child welfare

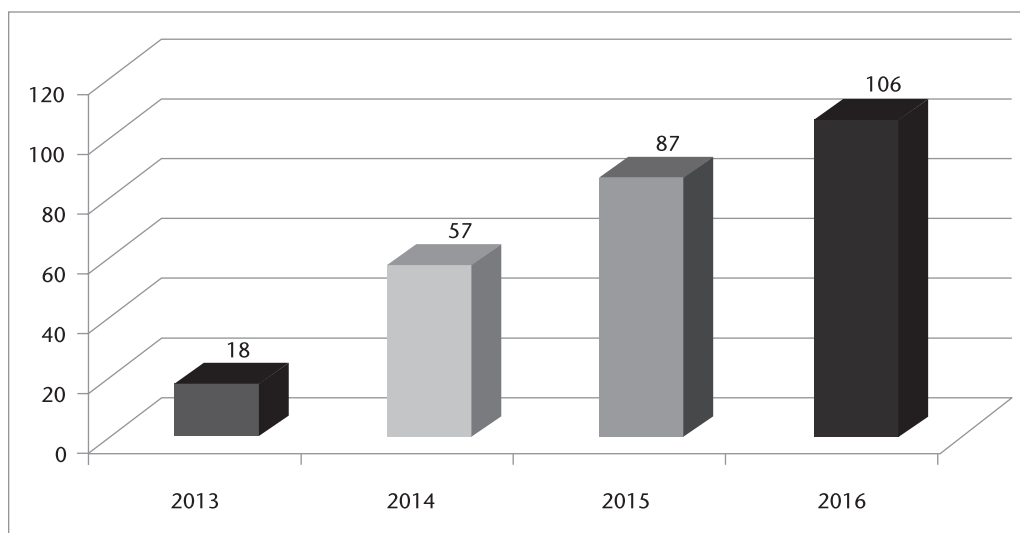


Figure 19.1 Number of Child Sex Trafficking Reports to Maryland CPS by Year (2013–2016)

are at risk for being trafficked. As such, child welfare providers are expected to provide specialized services for trafficked youth, yet they tend to have limited training and resources provided to them for this purpose. To prepare for the implementation of P.L. 113-183, many states have been conducting focus groups and administering surveys to identify the level of awareness of child welfare professionals about CSEC and their readiness to intervene with at-risk or confirmed cases. As sex trafficking occurs in all geographic region types (urban, rural, suburban), professionals from different region types have been interviewed or surveyed. Professionals in non-urban settings have lower awareness, fewer training opportunities, and less experience in handling CSEC cases (Cole & Sprang, 2015). Additionally, most state infrastructure and victim services agencies are found in urban communities.

The chapter's authors have been working with Maryland's child welfare agency to conduct focus groups in preparation for the implementation of P.L. 113-183. From 2015 to 2016, five focus groups, with 10 to 12 child welfare professionals in each, were held in different geographical regions of the state. Participant responses supported the findings stated in the previous paragraph. One respondent in a suburban environment stated, "My frustration is child welfare workers haven't been trained, don't really understand complex issues, and why they [trafficked youth] really shouldn't go home." Another respondent in a semi-rural jurisdiction was even more specific:

I've received no training in how to interview a child who's been a victim of human trafficking. We received sex abuse training for forensic interviewing, but a regular forensic interview would not work on a victim of human trafficking. So what I've done on my cases, like I've had to go and do my own research, because I've never been trained. And even when I'm paired up with a detective, the detective's like, I'm not trained either, and we're kind of like just winging it as we're going along.

It is evident that training for child welfare professionals specific to the needs of children who are victims of sex trafficking and CSEC is necessary.

Victim Identification

The Child Sex Trafficking Victims Initiative (CSTVI) in Maryland is one of nine projects funded by the Children's Bureau to build internal capacity for addressing the issue of human trafficking within the child welfare population. The authors are responsible for the implementation of this initiative, which has two main goals—training of child welfare professionals; and screening and identifying youth at risk for sex trafficking. A thorough examination of Maryland's child welfare system's administrative data, specifically the Child and Adolescent Needs and Strengths (CANS) assessment, is being utilized for victim identification. The CANS (Lyons, 1999) provides a comprehensive assessment of clinical and psychosocial factors which may impact treatment decisions and outcomes. This multipurpose tool is used by many states to support care planning and levels of care decision-making, and to allow for the monitoring of outcomes of services for system-involved children and youth.

The state of Maryland uses the CANS tool to collect data on youth involved in child welfare. The tool is divided into nine sections containing risk factors that youth may experience, as well as a Likert scale where zero (0) indicates a low level of risk and three (3) indicates a high level of risk (University of Maryland School of Social Work [henceforth, UMSSW], n.d.). The CSTVI reviewed existing research on human trafficking identification and screening tools (Administration of Children and Families, 2012; Covenant House New York, 2013; Vera Institute of Justice, 2014), as well as the use of CANS with trafficked youth. Based on this literature review, the CSTVI collaborated with UMSSW's Institute of Innovation and Implementation to establish CANS screening criteria from the indicators most valuable in identifying this population; among these were exploitation experiences, childhood trauma and abuse, family dynamics, runaway history, and substance abuse (UMSSW, n.d.).

To ensure that the screening criteria chosen were appropriate, the screening criteria were triangulated using CANS data for previously identified trafficked and exploited youth. These screening criteria were then piloted to establish thresholds for identification of youth at risk for sexual exploitation and trafficking.

At this point, the CSTVI has piloted two criteria in areas of the state where trafficked youth have previously been identified. These criteria can be used to screen both youth in out-of-home care and those receiving in-home services for trafficking risk, using data from the CANS assessments.

- *Criterion 1:* A youth is considered to be at risk for sex trafficking if they have a rating of “2” or greater on the CANS Runaway item, as well as a score of “2” or greater on any of the following items: Depression/Mood Disorder, Reckless Behavior, Sexual Abuse, Physical Abuse, Neglect, Substance Abuse, Delinquent Behavior, Judgement/Decision Making, and Sexual Development.
- *Criterion 2:* A youth is considered to be at risk of sex trafficking if they have a rating of “2” on any of the following CANS items regardless of their score on other items: (1) Sexually Reactive Behavior; (2) Exploitation; or (3) Acculturation: Gender Identity.

Rating thresholds were determined after examination of both the literature and CANS data for youth confirmed to have been trafficking victims.

In August 2015, the screening criteria were piloted in two Maryland jurisdictions that have identified significant numbers of child sex trafficking victims. Eighty-seven suspected child sex trafficking cases were reported to Maryland’s child protective services for these jurisdictions in 2015 (see Figure 19.1). Preliminary examination of CANS data indicates that more than double that number would have been captured under Criterion 1 in the urban jurisdiction alone (Table 19.1). These results indicate this to be a feasible process for identifying which youth in out-of-home and in-home care are at more pronounced risk of trafficking. Continued monitoring of the implementation of this screening protocol is warranted, including cross-checking against scores of known trafficked victims in order to minimize the potential of over-reporting the number of victims identified.

A complete screening process is being developed, including determination of how youth flagged by the CANS screening algorithm would be further assessed, who would conduct these secondary assessments, and how determination of confirmed, highly suspected, or at-risk cases are to be documented. Further investigation is also needed to determine appropriate services for those youth identified as trafficking victims and preventive care for those youth at high risk. These findings demonstrate how existing state administrative data can be used to identify those most at risk and develop interventions to prevent sex trafficking in this vulnerable population. By knowing how to identify and respond to those most at risk, professionals can reduce the number of victims and help to bring safety and healing to those traumatized by sex trafficking.

Case Management and Advocacy

Given what has been discussed about trafficking’s consequences, it is evident that we need to respond in a coordinated and strategic manner in order to reduce the traumatic impacts of trafficking on

Table 19.1 CANS Screening for Two Jurisdictions in Maryland (July 1, 2014–June 30, 2015)

<i>Geographic Location</i>	<i>Number of Assessments</i>	<i>Criterion 1</i>	<i>% of youth that met Criterion 1</i>	<i>Criterion 2</i>	<i>% of youth that met Criterion 2</i>
Urban Area	1,875	168	8.96	141	7.52
Suburban Area	337	24	7.12	32	9.5

children and youth. Coordinated efforts should be both trauma-informed and victim-centered to avoid further stigmatization (Bounds et al., 2015; USDHHS, 2013). However, many states fail to treat sex-trafficked children as victims of trafficking. Instead, these states arrest and incarcerate them for crimes committed as a direct result of trafficking, such as prostitution or stripping (U.S. Department of State, 2016). Even when they are not charged with a crime directly, authorities place children in restrictive environments including lockdown residential facilities to protect them from their traffickers or to secure their testimony, which in most cases results in reduced trust of law enforcement and re-traumatization (U.S. Department of State, 2016). Victim-service advocates report that even when done with good intentions, this response creates barriers to care for victims as well as barriers to housing, future employment, and other essential needs for victims' recovery (Bounds et al., 2015).

The complexity of child sex trafficking cases combined with the significant vulnerabilities of many victims pre-dating the exploitation make the need for a coordinating role clear. There are varied terms for this role—case manager, advocate, coordinator—all used to describe the person for whom victim needs are the first priority. This chapter uses the terms case manager and case management here, recognizing that there will be different terms depending on the agency and setting.

For all human trafficking survivors, intensive case management can be an essential stabilizing service on which victims establish a foundation where basic needs are met, new goals conceived, and successful outcomes are achieved. All survivors of human trafficking can benefit; but for trafficked youth involved with large state systems like child welfare and/or juvenile justice, intensive case management is especially important. The case manager plays a critical role throughout the lifespan of a child sex trafficking case, both for the victim/survivor and other service providers and agencies involved in the case. In conceptualizing intensive case management for sex trafficking victims, it can be helpful to think about the four Cs: *Coordination, Consistency, Centered (victim), and CSEC-focused*.

Coordination

Lack of coordination of services and limited data sharing across systems were mentioned earlier in this chapter as barriers to determining the true prevalence of child sex trafficking cases in the United States. This limited coordination can also have an impact on treatment and case management for these highly complex cases. The case manager is expected to collaborate with multiple law enforcement, therapeutic, and criminal justice agencies that may be involved in a child trafficking case, alongside or on behalf of the victim. This is the primary service provided by the case manager and helps to prevent victims from becoming overwhelmed, de-prioritized, or re-traumatized, while they navigate the many large bureaucratic agencies and government systems. The case manager can help to alleviate anxiety for trafficked youth by assisting them in mapping out the various professionals involved in their case, the agencies those professionals represent, and the purpose of their involvement. The CSTVI project has developed a client map, which can be used by case managers to collect information for the team of people relevant to a specific child sex trafficking case (Figure 19.2). It is designed to help in keeping track of these professionals, and should be shared with the victim to help them understand the roles of everyone involved.

Imagine you are working with a child who was the victim of sex trafficking in your state. This youth is also a key witness in a criminal case against his trafficker. He is co-committed to the Department of Juvenile Services and the Department of Social Services. It is possible that there may be multiple attorneys representing your client in different roles (e.g., Child in Need of Assistance, delinquency case, immigration status), as well as a Victim's Rights attorney representing the interests of the youth in his role as the victim/witness in the criminal case against the trafficker (U.S. Department of Justice, 2015). Victims are not legally entitled to a Victim's Rights attorney, but some advocacy organizations or pro-bono networks will provide one if requested. Ensuring that the

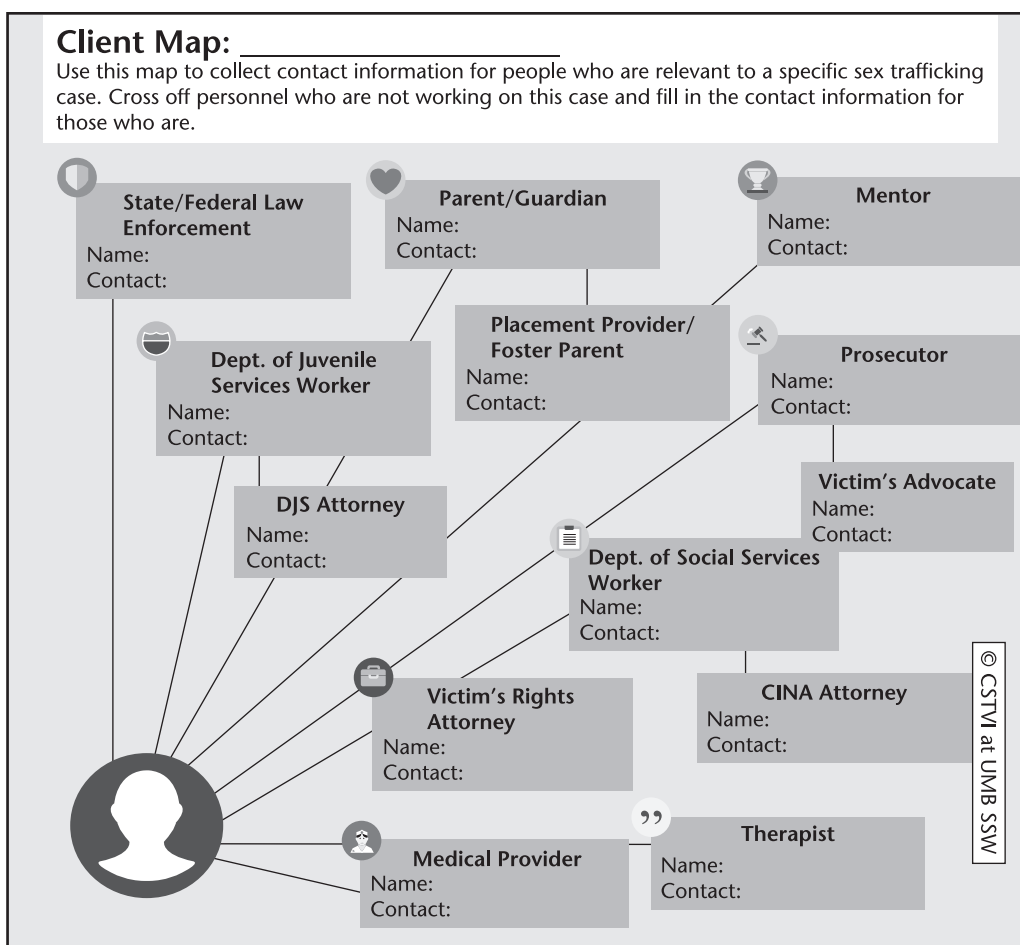


Figure 19.2 Case Management Client Map for Trafficking Victims Developed by CSTVI

survivor understands the role of each legal professional involved can help him to feel included and heard in the very important decisions being made about his life.

Some trafficking survivors may find it easier to have their case manager be responsible for managing communications across the systems involved and acting as a single point of contact. They may prefer to receive updates on the criminal case against their trafficker through their case manager, rather than hearing directly from prosecutors, witness coordinators, and law enforcement investigators. The case manager may need to work out ways for information sharing that prioritizes protecting the victim's privacy and confidentiality. Case managers can also help to ensure that timely answers are given to a victim's questions and prevent long periods of time when the victim hears nothing, thereby avoiding feelings of distrust.

Consistency

Establishing a hopeful and transformational relationship with the child survivor is crucial. In trafficking cases, the professional offering case management services helps the victim to rebuild trust, and positive feelings of self, and can offer a counter narrative to the one so often used by traffickers, that they are

worthless, unloved, and a sexual object. The benefits from this rapport building occur slowly over time, while simultaneously more concrete resources are obtained through traditional case management provision (Office for Victims of Crime, n.d.). Because of the complexity of this role, ideally one individual is present and serving as case manager for the entirety of the case, from initial contact to long-term recovery. All efforts should be taken to prevent turnover, especially during the initial 6 to 12 months when the victim needs to establish trust in others.

Centered (Victim)

The standard for care in assisting victims of any type of crime is the *victim-centered approach* which describes the systematic focus on the needs and concerns of a victim in order to provide compassionate and sensitive delivery of services without judgement (Office for Victims of Crime, n.d.). Professionals serving as case managers or in similar roles with child trafficking cases utilize victim-centered approaches, where the victim’s decision-making is supported, and their wishes, safety, and well-being take priority over all else. In trafficking cases, victims have often been marginalized long before the trafficking occurred, meaning that genuinely providing victim-centered care is paramount. Affirming a victim’s desires and well-being is no small task for a case manager, particularly in representing the voice of a child in a room full of adults. In cases in which the trafficker is criminally charged, it is not at all unusual for the victim’s desires and wishes to be very different from the outcomes desired by prosecutors or investigators. For youth in the child welfare system, whether because of their trafficking experience or experience prior to being trafficked, there are additional unique challenges inherent to the system itself. The needs of the agency at times may be counter to the needs of the trafficking victim. As mentioned above, this may mean that the victim is placed in a more restrictive environment or forced to testify against their wishes or when not psychologically ready.

Victim-centered care also requires that we use empowering language. This often starts with challenging the term “child prostitute,” and using “victim/survivor of child sex trafficking or sexual exploitation” instead. For example, a case manager reads over a psychological evaluation submitted for dependency court which states, “[NAME of victim] entered into the prostitution lifestyle.” While this may seem like a small point, she recognizes that if this youth had been sexually abused by a family member, the psychologist would never have described that maltreatment as “she entered into sexual abuse at age 12.” Survivors of sex trafficking and their advocates frequently encounter this type of victim-blaming language in which the exploitation was made to seem like a choice, rather than a horrendous form of victimization.

Victim-centered care is also, at a bare minimum, trauma-informed, and ideally, is trauma-specific (Office for Victims of Crime, n.d.). The integration of a trauma-informed approach across all the different players on a survivor’s case, and implementation in every interaction and context, are key to the victim’s stabilization and engagement. This approach is one in which the survivor has positive and supportive interactions with the many professionals involved in their case and care, from the receptionist at social services to the state’s attorney prosecuting the case against their trafficker. These trauma-informed interactions can reaffirm the message that the survivor is worthy, valued, strong, and respected. This trauma-informed approach includes the ability of first responders (advocates, law enforcement, and program staff) to utilize mental health first aid skills in evaluating and de-escalating crises (Aakre, Lucksted, & Browning-McNee, 2016).

CSEC-Focused

When treating child sexual abuse, public child welfare workers depend on licensed private therapists and providers who are knowledgeable in treating such abuse for mental health care (Farmer & Pollock, 2003). Sex trafficking victims often have therapeutic needs that differ from those of traditional

1 sexual abuse clients; and, treatment modalities specific to these needs are still being developed. Mental
2 health treatment for CSEC victims should be evidence-informed and based on best practices,
3 including trauma-informed practice, as they have experienced multiple forms of trauma (Berliner &
4 Kolko, 2016).

5 In addition to being trauma-informed, those working closely with the youth victim must have a
6 detailed understanding of the specific traumas, and mental and physical injuries resulting from CSEC
7 and sex trafficking. Among the most prominent mental health disorders seen among victims of human
8 trafficking are post-traumatic stress disorder (PTSD), mood disorders, anxiety disorders, dissociative
9 disorders, and substance-related disorders (Williamson, Dutch, & Clawson, 2010). One of the hall-
10 marks of child sex trafficking cases which involve a male trafficker and younger cis-gendered female
11 victims is the presence of trauma-bonding. Trauma- bonding describes the strong, emotional ties
12 between two persons which develop from an abusive relationship where one of the persons is
13 routinely the perpetrator of the abuse (Dutton & Painter, 1981). These relationships have power
14 differentials at their core, leading to dysfunctional attachments and bonding issues. Due to the
15 complexity of the trauma and the addition of attachment disorders via trauma-bonding, the treatment
16 strategies required must be comprehensive and multi-dimensional and include an understanding of
17 this power differential in order to achieve success (Adams, 1999).

19 **Recommendations for Future Research and Practice**

20
21 An ecological model has been posited to fully examine the factors which lead to CSEC at both micro
22 and macro levels. Future research should delineate this model further and advance this theory in
23 order to provide a framework for understanding this phenomenon, including both qualitative and
24 quantitative methodology. It will be important not only to quantify the prevalence of victims
25 and the scope of their needs, but also to provide qualitative data from victims themselves. These
26 qualitative data should include the voices of foster youth victims and those who have worked with
27 them. By embracing both quantitative and qualitative methodology, future research will be able to
28 identify best practices for reaching victims and reintegrating them into society.

29 Children and youth who have been victims of child sex trafficking have serious immediate and
30 long-term physical and mental health consequences. The provision of services to this vulnerable
31 population requires a coordinated, multi-system approach with the collaboration of child protective
32 services/child welfare, law enforcement (federal, state, and local), attorney general's offices, social
33 workers, educators, physical and mental health providers, and victim services' agencies. Although the
34 individual goals of each of these partners may vary, the ultimate goal should be to provide a safe
35 environment for CSEC victims to recover and improve their overall well-being and long-term
36 success.

37 Identification of CSEC victims along with the use of victim-centered language and a trauma-
38 informed approach would improve the role of child welfare workers and agencies in addressing this
39 issue. Services need to be established which include specialized housing and treatment programs.
40 There is a need for tailored training courses for professionals who interact with CSEC victims across
41 disciplines (health care, law enforcement, legal services, child welfare, education, etc.) along with the
42 establishment of detailed multidisciplinary reporting data systems to identify CSEC victims, support
43 their service needs, build awareness, and address legislative and regulatory gaps. The CSTVI in
44 Maryland and similar nationwide initiatives currently in development in response to P.L. 113-183
45 are a start in how to create this coordinated, multidisciplinary approach.

46 Victims of CSEC have experienced a severe form of abuse, and assessment tools need to be able
47 to reflect this trauma. Interventions and programs should include trauma-informed mental health
48 services, with child welfare professionals collaborating with private agencies equipped to work with
49 human trafficking victims. Treatment practices should allow victims to be empowered and to receive

supportive and culturally appropriate treatments. The policies and practices of child welfare agencies need to determine if they can appropriately identify those at risk for CSEC, in order to provide preventive interventions, as well as to adequately assess the needs of those who have already been trafficked so as to identify the treatment best suited for the individual victim. Standard treatment referrals like those used for child sexual abuse may not always be appropriate. They need to work together with first responders and legal professionals to identify successful program components and adapt the practices that best fit their cultural context for the overall well-being of children and adolescents so that they can move from victim to survivor status.

As we continue to examine this issue, it is important to address the role of race and racism in creating this phenomenon. The intersection of race with other forms of subordination such as gender, class, and age has had a disproportionate impact on youth of color and their vulnerability to trafficking. This intersectionality leads to the persistence of the myth of the child prostitute as opposed to the child sex trafficking victim (Butler, 2015). In order to fully address the issues of CSEC in the United States, it is important to understand and address how racism helps to perpetuate the racial myths undermining the proper identification of minority youth as victims, leading to them being more likely to be arrested for the crime of prostitution (Butler, 2015; Estes & Weiner, 2002). Children of color, specifically African American children, are not only disproportionately represented in the child welfare system, but also more likely to be placed in out-of-home care (Child Welfare Information Gateway, 2016). This leads them to be at increased risk for trafficking, yet the extant literature is limited on how it quantifies race and ethnicity in discussing trafficking cases. Future research and practice should ensure that cultural competence is employed when intervening with CSEC victims.

Conclusion

This chapter sought to build awareness of the unique issues pertinent to sex trafficking and commercial sexual exploitation of children and youth. In doing so, it outlined the relationship between CSEC and child welfare, and provided a framework for examining the issue as well as a model for responding to victims in a trauma-informed and victim-centered manner. In order for child welfare to fulfill its mission to be the designated agency for protecting children as it pertains to human trafficking, support for these efforts will be needed at both the local and national levels. Local laws and policies as well as funding should all be aligned with the need to protect, identify, and respond to the needs of all CSEC victims. As social workers, there is a moral imperative for us to spearhead the work on this issue.

Acknowledgements

This work was partially supported by a grant from the Department of Health & Human Services, Administration for Children and Families, Children's Bureau, for the establishment of Maryland's Child Sex Trafficking Victims' Initiative (CSTVI).

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