FROM THEORY TO PRACTICE:
Creating Victim-Centered Systems of Care to Address the Needs of Commercially Sexually Exploited Youth

by

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Human trafficking, which includes both labor and sex trafficking, is a growing criminal enterprise that amounts to a $32 billion industry worldwide.¹ Once thought to be a problem only affecting the international community, there is now a growing awareness that high rates of forced labor and commercial sexual exploitation of children are occurring within our borders. This paper focuses on the commercial sexual exploitation of children (CSEC), which is defined as the “sexual abuse of a minor entirely, or at least primarily, for financial or other economic reasons”. The economic exchanges involved may be either monetary or nonmonetary (i.e., for food, shelter, drugs).² This paper provides a background on the prevalence of the problem, risk factors, dynamics of trafficking, and challenges in serving this population. It then offers two sets of recommendations: one focusing on changing the framework of how these youth are viewed and creating a victim-centered approach; and one laying out key components for any effective reform on the ground.

Understanding the Prevalence and Risk Factors of Child Sex Trafficking

The Federal Bureau of Investigation estimates that 100,000 children are sold for sex each year within the United States;³ others believe that the number hovers closer to 300,000.⁴ Unfortunately, although many estimates exist regarding the scope of the problem, no solid figures are available. Child-serving systems do not use a consistent definition for exploitation, and they rarely screen youth for trafficking. Moreover, available estimates are often inflated because children are counted multiple times when data are aggregated across systems.

However, some major metropolitan areas have started tracking data on exploited youth. For example, approximately 200 children are arrested for prostitution and related crimes in Los Angeles County annually. This number, however, does not account for youth who may be arrested on other charges and who later disclose their exploitation. In the San Francisco Bay area, Westcoast Children’s Clinic provides specialized, therapeutic services to nearly 100 identified CSEC youth each year.⁵

The National Human Trafficking Resource Center (NHTRC), a 24-hour hotline run and monitored by Polaris Project, experienced a 259 percent increase in calls between 2008 and 2012.⁶ The NHTRC received 9,298 unique reports of human trafficking, 64 percent of which involved sex trafficking; ⁷ 85 percent of the sex trafficking calls involved women and girls.⁸ Of the cases that involved child trafficking, 74 percent were sex trafficking, a majority of which were pimp-controlled trafficking.⁹

These numbers underreport the extent of the problem and, most likely, the populations affected. Because few programs serve boys and youth who identify as lesbian, gay, bisexual, transgender, or queer (LGBTQ), the estimates of these populations are largely unknown. LGBTQ youth “are at an increased risk for becoming sexually exploited due to their overrepresentation in the homeless youth population (20–40 percent of homeless youth in California identify as LGBT).”¹⁰

A majority of exploited youth have faced significant traumas and challenges during childhood and adolescence, which can detrimentally impact decision making and behavior. An overwhelming majority of identified victims of sex trafficking have experienced sexual abuse¹¹—up to 90 percent of clients, according to some studies.¹² Many other children have experienced physical abuse and neglect. As a result, a large percentage of exploited children are or were previously involved with the child welfare system.¹³ Without a caregiver to protect and nurture them and having experienced multiple traumatic experiences in early childhood, these youth are at significantly high risk
of being manipulated and coerced into selling sex. In addition, once in “the life,” the phrase used by children who are selling or trading sex for money, these experiences make it more difficult to leave. Children who are sexually abused during childhood are 28 times more likely to be arrested for prostitution than youth who have not experienced abuse.

Exploiters also target foster youth because of their vulnerabilities. Youth placed in group homes are at greater risk and are more attractive to exploiters—they often lack a caring adult in their lives, they reside in an institutional-like setting, and they have the highest needs. Traffickers recruit outside of group homes and runaway and homeless youth shelters. Apart from a handful of promising placements, most child welfare agencies and providers have been unable to develop and implement strategies to prevent recruitment of these vulnerable youth.

Racial minorities are also disproportionately represented in the child welfare system. According to the Adoption and Foster Care Analysis and Reporting System, in fiscal year 2012, close to 400,000 children were in foster care; of those youth, just over 25 percent were African Americans, and 20 percent were Hispanic. In contrast, the 2012 census indicates that 13.1 percent of the general population was African American, and 16.9 percent was Hispanic. Disproportionality tends to increase for foster youth who then enter the juvenile justice system. This trend seems to apply for trafficked youth as well. For example, 90 percent of the girls participating in Los Angeles County’s STAR Court, a specialized court for probation-involved children identified as sex trafficking victims, are African American, and 80 percent of the participants have had child welfare involvement.

Children who grow up in communities plagued by poverty, violence, and illicit street industries are particularly at risk of exploitation. The prevalence of drugs, gangs, violence, and the sale of sex normalizes these activities. Gangs have become increasingly active in the sex trafficking of women and girls. Selling youth for sex proves more lucrative than selling drugs, as children can be sold more than once. Gang members are now forming alliances, despite previously having had violent rivalries, in part because of the lucrative nature of trafficking and their ability to maximize profits through collaboration.

In addition to the risk factors discussed earlier, a child’s age, lack of support systems, familial/individual substance abuse, and status as a runaway, homeless, or throwaway youth all increase the risk of exploitation. Youth who suffer from poor self-esteem, chronic depression, sexual identity issues, or the belief that they have no control over their lives are also at higher risk of being exploited.

The Dynamics of Exploitation

Exploiters recognize these risk factors and prey upon traumatized and otherwise disconnected children. Many ingratitude themselves by fulfilling the unmet needs of their victims. These “romeo” or “sneaker” pimps present themselves as adoring boyfriends or girlfriends and sweep in, promising affection, presents, and romantic dates. Often, youth refer to these exploiters as their “daddy” or their “boyfriend.” A recent study found that nearly 40 percent of the participants were unaware of or actively denied or rationalized their exploitation. Exploiters routinely target an age group that is “too young to recognize they are being manipulated and too old to see themselves as helpless children. ... [T]hey come to endure, if not accept, their own exploitation because, rightly or wrongly, they do not see a better alternative.”

Other traffickers use violence to trap their victims. Exploiters are known to kidnap and gang rape their victims to instill fear and force their compliance. Some children do not have a trafficker, per se, but instead trade sex as a means of survival—exchanging sexual favors for food, shelter, and clothing.
These youth often feel constrained by the lack of resources outside the exploitative relationship with
their adult “purchasers.” Unfortunately, many of the youth in these situations are runaways or have
been kicked out of their homes, frequently because they identify as LGBTQ.

**Challenges in Serving Exploited Youth:**
**Trauma Bonding, Trust, and Health Problems**

Exploited youth can be extremely challenging to work with and are often mislabeled as troublemak-
ers and runaways by the systems that serve them. Many providers become frustrated when exploited
children refuse services and instead return to their exploiters. As noted above, many youth are unaware
that they are being exploited. Similar to the domestic violence context, victims of sex trafficking form
a bond with their exploiters in which the victim has “a certain dysfunctional attachment that occurs in
the presence of danger, shame, or exploitation.” Known as Stockholm syndrome or trauma bonding,
this attachment is a psychological response to a “powerful mix of loving care alternated with violence,
threats, and dehumanizing behavior” exerted by the exploiter. Because a majority of these youth have
experienced extreme trauma in early childhood, their judgment and ability to negotiate interpersonal
relationships is often affected. One study of exploited youth found that 84 percent of the partici-
pants had problems with judgment that put them at risk of physical harm and that 79 percent were in
unhealthy relationships.

Exploiters and traffickers go to extreme measures to conceal their victims from law enforcement and
other system officials. Because these youth have not experienced healthy relationships, their exploiters’
expert manipulation normalizes isolation and encourages the distrust of others, such as parents, law
enforcement, social workers, and community-based service providers. Because so many exploited
youth have cycled between the child welfare and juvenile justice systems and feel these systems have
failed them, exploiters do not have to work hard to foster this distrust. For example, one survivor ad-
vocate testified before the U.S. House of Representatives’ Ways and Means Committee: “While I was
in care, my social workers were aware that I was being exploited and did nothing about it.”

Traffickers also manage to stay one step ahead of law enforcement. When policing efforts increase in
one area, they move their victims elsewhere, both to avoid police detection and to maximize their
profits. These circuits often cross county and state lines and can also extend beyond international
borders. The increasing involvement of gangs and other criminal enterprises in the commercial
sex trade has helped facilitate the seamless movement of victims. Exploiters also use this constant
movement to keep victims “disoriented and less likely to know where to seek help.” Because
purchasers are often willing to pay more for sex with young children, traffickers expend additional
energy to conceal youth, such as by sending adults on the street as decoys for law enforcement so
that children remain undetected.

Victims often feel trapped because they do not know how to leave; they fear for their own and their
families’ safety, and they have feelings of shame associated with selling sex. Exploiters use extreme
violence to maintain control over their victims. For example, once a youth has seen her exploiter kill
and maim other child victims, she is far less likely to disclose information about her trafficker out of
fear, thus keeping her further hidden.

Technology and the Internet have also increased traffickers’ ability to profit off of children and keep
them hidden. They commonly use mobile phones to “recruit, advertise, organize, and communicate,
… effectively streamlining their activities and expanding their criminal networks.” Exploiters use the
Internet to make introductions, initiate the grooming process (when they woo the youth and begin the process of exploitation), and eventually market children for sex.\textsuperscript{41}

Serving exploited children presents unique challenges because they often suffer from chronic physical and mental health problems as a result of their trafficking. Researchers have analogized the effects of the trauma suffered by trafficking victims to those of “hostages, prisoners of war, or concentration camp inmates.”\textsuperscript{42} One international study of sexually exploited adolescents and women in Europe found that more than 60 percent of the participants reported experiencing sexual health problems.\textsuperscript{43} Another study of trafficked youth found that 68 percent of the participants suffered from posttraumatic stress disorder and had increased risk for both suicide and depression.\textsuperscript{44} The most common health concerns for exploited youth are sexually transmitted diseases and infections,\textsuperscript{45} “posttraumatic stress disorder, anxiety disorder, panic disorder, obsessive-compulsive disorder, dissociative disorder, major depressive disorder, and substance abuse disorder.”\textsuperscript{46}

These serious health concerns also negatively affect trafficked children’s future educational and vocational opportunities.\textsuperscript{47} For example, exploiters often make their victims work all night, so that many trafficked youth skip school to catch up on needed sleep.\textsuperscript{48} Not only does this delay their progress in school, but it also leaves them at risk of being apprehended by law enforcement for truancy. Even with sleep, many exploited youth skip school because their classmates ridicule them once it becomes known that they are selling sex.\textsuperscript{49} Further isolated from other people and opportunities to succeed, these youth are pushed more deeply into the arms of their exploiters.

\textbf{Recommendations}

\textit{Reframing Our Approach: Building Systems That Are Victim-Centered}

Over the past 15 years, the federal government and several states have made enormous strides in re-framing the issue of child trafficking. The national dialogue has moved away from terms like \textit{child prostitution} in favor of more accurately labeling these youth as victims of child sex trafficking. Although the narrative is changing, child victims still feel stigmatized, isolated, and ashamed. Recognizing these youth as victims is not enough, as this theoretical, narrative shift does not easily translate into changes in practice on the ground. By and large, our child-serving systems, including child welfare, probation, and mental health, are deficits-based and do not take into account the families’ strengths or the child’s resilient characteristics. To ensure that efforts working with this population are more effective in moving forward, jurisdictions must shift the way systems engage youth and their families, provide services and supports that prioritize the victims’ needs and strengths, and account for the complex trauma to which victims have been exposed.

\textit{Creating a Trauma-Informed System of Care}

Sexually exploited youth experience unimaginable trauma and violence at the hands of their exploiters and purchasers. Beyond the sexual violence that punctuates the daily lives of these youth, they also endure severe beatings and psychological manipulation. As discussed earlier, their exploitation is layered on top of previous trauma. Youth who have experienced multiple traumatic experiences are frequently described as suffering from “complex trauma,” and they often adapt their behavior to cope with the ongoing abuse they have experienced throughout their lives.\textsuperscript{50} To address these issues, the systems and providers serving youth must create a trauma-informed system of care.\textsuperscript{51} In 2010, the U.S. Department of Health and Human Services released an informational brief addressing the mental
health needs of trafficked persons. It stressed the importance of providing trauma-informed care for these victims of complex trauma, citing that it “plays an important role in service delivery by providing a framework for accommodating the vulnerability of trauma victims.”52 Noting that “processing the psychological consequences of human trafficking requires long-term, comprehensive therapy,” the brief highlighted the length of time it can take for victims of exploitation to learn to manage their trauma.53

Trauma-informed systems of care acknowledge that exposure to trauma “can alter brain activity patterns in children that can lead to mental, emotional, and behavioral disorders.”54 A trauma-informed approach understands that youth may be triggered by everyday occurrences, such as someone moving in too close when talking to them, and that their reactions may be perceived as excessive or disproportionate. A trauma-informed approach is not prescriptive; rather, it adheres to six key principles: “safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; and cultural, historical, and gender issues.”55 A true trauma-informed approach:

» “Realizes the widespread impact of trauma and understands potential paths for recovery;
» Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
» Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
» Seeks to actively resist re-traumatization.”56

When working with CSEC and children at risk for such exploitation, it is of paramount importance that staff are trained to recognize and address trauma and to employ strategies to avoid retraumatization.

**Incorporating Stages of Change: A Victim-Centered Framework**

The Stages of Change Model (SCM) is one framework that can be particularly useful in addressing trauma and meeting the needs of exploited youth. Often used to treat addiction or other harmful coping behaviors, SCM is used to contextualize the point where someone currently is in the decision-making process to change a behavior. SCM consists of five stages: (1) pre-contemplation (not ready), (2) contemplation (getting ready), (3) preparation (ready), (4) action, and (5) maintenance.57 Notably, SCM does not focus on failure or noncompliance, and it recognizes that relapse is part of changing behavior.58 The model provides a framework to deliver services and interventions through a victim-centered, trauma-informed approach because it is grounded in the notion that meeting the client at his or her current stage of readiness will make the victim more receptive to the intervention.59

When looking at exploitation through the lens of SCM, the healthy behavior change would be “leaving the life.” Below are examples of how a CSEC may present in each of the five stages:

» **Precontemplation.** The child may disclose that she is involved in the life but may be in denial or unaware that she is being exploited. She does not want help at this point.

» **Contemplation.** The child may acknowledge that being in the life is harmful. While she may not be ready to leave at this point, she is open to talking about it and discussing consequences of remaining with her exploiter.
Preparation. The child has decided that she will leave the life and has started to show some independence by taking small, preparatory steps to leave, such as researching resources and gathering information on future opportunities.

Action. The child is in the process of leaving the life.

Maintenance. The child remains out of the life for a time and is developing new skills, such as identifying and resisting triggers and building social skills needed to find a job or go to school.

Although not a stage in SCM, it is important to understand that many children will relapse and return to their exploiter as they move through the stages; relapse episodes are “almost inevitable and become part of the process of working toward lifelong change.”

Although originally a medical model, SCM can be applied more broadly in system reform. Child-serving systems should prioritize training on SCM. Each adult working with an exploited child (not just clinicians and medical professionals) should gather information to understand the child’s current stage. This information will be key to defining the intervention strategies that move the child to the next stage. For example, group home staff employing SCM will acknowledge that a youth who runs away from placement back to her exploiter is in the precontemplation stage. By using this frame, staff would avoid labeling this child a runaway or kicking her out of her placement. Recognizing that the child may be unaware that she is engaging in harmful behavior and welcoming her back without judgment could help her move to the contemplation stage by building trust and fostering positive relationships. Applying SCM at every point of contact with exploited youth allows them to build trust and develop a network of support, which can be an impetus to them leaving “the life.”

Prioritizing Survivor Voice

Survivors must be meaningfully engaged and involved in any victim-centered approach. Doing so not only supports survivors in the maintenance stage, but also allows systems to actually understand the population and identify interventions that have an impact. Limiting survivor participation and expertise to “their story,” treating them differently from other professionals, and ignoring the uniqueness and different experiences of survivors tokenizes them and undermines their abilities. Survivors are vital to effective reform; system players can gain their input by employing survivors, involving them in focus groups, and ensuring that they are involved at all levels of the decision-making process.

Decision makers can use focus groups to better understand the needs and concerns of victims and survivors, seek input about their needs and services, and identify the strengths and gaps in policy and programming. Focus groups can be particularly effective, as they avoid tokenization and may ensure a safer environment where survivors can express concerns and feelings. As agencies develop new policies and protocols, they should involve survivors to provide input on what interventions will work with victims. However, decision makers should only solicit input if the survivor is willing to share, and they must compensate survivors equal to any other professional, including stipends, travel costs, and per diems for their time and expertise, so as not to further exploit them.

As mentors, survivors can help youth move from contemplating leaving to actually leaving the life. Any effort to engage survivors in work related to individual clients or system reform must be carefully planned and structured so that the survivor is supported, comfortable, and not retraumatized. It is important to train and employ survivors in a “wide range of positions that go beyond simply speaking about their experience” and are based on their strengths and interests. Employers must provide
survivors with adequate and appropriate supervision to ensure the survivors can address any triggering events and vicarious trauma.

Jurisdictions need to do more than just recognize these children as victims. They must actually change policies and practices to provide them with necessary, individualized supports.

**Making Change on the Ground: Integral Components to Systemic Reform**

As discussed earlier, sexually exploited youth are incredibly challenging to serve, in part because of the hidden nature of trafficking, the coercive tactics the exploiters employ, and the fact that they are difficult to engage in services. Within the overarching framework of creating victim-centered and trauma-informed policies, system reform also needs to incorporate five components: (1) identification and assessment, (2) individualized and specialized services, (3) multisystem collaboration, (4) training, and (5) tracking and using data to inform policies and practices.

**Identification and Assessment**

No reliable data exist on how many youth are commercially sexually exploited in the United States, in large part because most jurisdictions lack systematic identification protocols. Because many exploited youth are unaware or are trained not to disclose that they are being trafficked, identifying these victims is a vital first step in any strategy to combat the sex trafficking of children. To effectively identify these children, jurisdictions must first identify a screening tool that can be used across systems, develop a protocol for identifying youth, and establish a strategy to identify less-visible populations, such as boys and youth who identify as LGBTQ. Once youth are identified, they need to be assessed for their strengths and needs so that child-serving agencies can provide them with individualized and appropriate services.

To establish the prevalence of CSEC, jurisdictions must decide on a definition of CSEC and incorporate it into a screening tool. The screening tool should include questions that focus specifically on sex trafficking and are framed in clear, specific and understandable language for youth. For example, many youth have no idea what trafficking is, but if they are asked whether they have traded sex for something in return, they are more likely to answer. In addition, the screening tool should be flexible enough that it can be adapted by multiple systems and short enough that it does not fatigue or retraumatize youth. The questions should take into account the stages of change so the person administering the tool can identify children who are resistant or unaware and do not otherwise disclose their exploitation. As discussed earlier, exploiters often target foster youth, because those children frequently run from group homes and other placements. Agencies should create policies that require children be screened upon returning from a runaway episode to identify whether they were exploited during their absence. Staff should be trained on how to assess a child’s level of trauma and current mental state so that they can use discretion about when to administer the tool.

In addition to identifying youth as exploited or at risk for such exploitation, child-serving agencies must also assess the children’s strengths and needs to provide them with individually tailored services. The assessment should address their needs, including but not limited to physical and mental health, substance abuse, education, legal, vocational, housing/placement, system involvement, family composition, interests, and future goals. It should also identify strengths—for example, resilience or supports in the community. This extensive assessment will allow the team serving the child to develop
a balanced and comprehensive case plan. Assessment should also include questions that provide insight into the child’s current stage—that is, precontemplation versus maintenance. This information will inform the intensity of services and level of support the child will need. Once a child has been assessed, the team should arrange and connect the child to services. One available specialized assessment tool is the Child and Adolescent Needs and Strengths Assessment—Commercial Sexual Exploitation (CANS-CSE), which was developed by Westcoast Children’s Center and the CANS creator, John Lyons, to identify the strengths and needs of this population in order to provide them with appropriate services.

**Individualized and Specialized Services**

Children who have been exposed to traumatic events at multiple points in their lives will require comprehensive services that can address their trauma, the resulting behaviors, and their short- and long-term needs. The goal of providing such services is to move the child through the stages of change toward maintenance. The services should be tailored to the youth’s needs and build on the child and family’s or caregivers’ strengths. As such, the services must address the voids in the child’s life that the exploiter is currently filling—often basic needs such as food, shelter, and clothing. Providers should use information gathered from the assessment to tailor services to the child’s needs. Services should include case management, ongoing physical and mental health services, civil legal advocacy, and a continuum of placement options.

Because exploited youth are often involved with multiple systems and providers, case managers can serve a key role in coordinating among the agencies and ensuring that youth and their families or caregivers gain access to the services and supports they need. When one person serves as the coordinator for all services and helps track multiple appointments and obligations, youth are less likely to be retraumatized, and services are far more likely to be delivered efficiently. Providers should have youth and their families play an integral role in defining needs and structuring the service plans; a case manager can help prioritize youth and family voice and ensure that their needs are met. Integrating youth voice may help those youth feel more in control and provide opportunities for empowerment. The case manager should connect these youth to survivors and other mentors in the community who can demonstrate the possibility of moving beyond exploitation and living a life full of opportunity and success. It is imperative that case managers receive training on the dynamics of exploitation, stages of change, trauma, and vicarious trauma and that they are aware of the services available for exploited youth in the community.

Child sex trafficking victims require ongoing medical and mental healthcare because of the severe violence and trauma they have endured. Providers should administer routine medical exams and offer trafficked youth reproductive health services, including contraception, pregnancy testing, and pregnancy-related services. If a youth exhibits signs of being sexually assaulted, they should be offered a sexual assault exam or rape kit. In addition, if they have had unprotected sex, they should be offered HIV postexposure prophylaxis treatment if within 72 hours and emergency contraception within 120 hours of exposure. Youth will also need comprehensive mental health services that address both exploitation and any prior abuse and neglect.

All services provided to youth should incorporate the SCM. If a clinician recognizes that a child is in the precontemplation stage and is not aware that he or she is in an unhealthy relationship, the clinician will understand that suggesting supports directed at educational opportunities may be premature and could make the child less likely to engage in the services. Services should also be flexible and provided in the community. For example, Westcoast Children’s clinicians meet youth in the community for therapy sessions and will travel within a 90-mile radius to meet with children. Recognizing that
clients may return home at some point, Westcoast engages family members and encourages them to participate in family therapy.

Often, trafficking victims may be eligible for a number of benefits and services that can help make their living situation more stable, but they may not be receiving those services. Linking them to civil legal advocates can help bring resources into victims’ lives and may increase stability and permanency in the community. Legal advocates can assess the child’s and family’s needs to see whether they may be eligible for public benefits or victim-of-crime compensation. They make also check whether there are any outstanding legal issues, such as housing instability, consumer law problems, or record sealing or expungement. Bringing money into the home through public benefits and sealing juvenile records can allow trafficking victims to apply for jobs without the fear of stigmatization and shame.

Child-serving systems often face considerable challenges in finding safe, supportive placements within their continuum of care for exploited youth. Many jurisdictions hesitate to place these children in unlocked facilities for fear they will run back to their exploiters. From a SCM lens, exploited youth run because they have unmet needs or may be in one of the earlier stages. In addition, they know that relapse is part of the transition toward maintenance and a full exit from “the life.” Youth may not realize that their exploiter does not have their best interest in mind. Foster homes and group homes should have a “no eject, no reject” policy so that youth are not removed from placements for behavior that is a manifestation of their exploitation and trauma, whether that behavior is aggression, running away, or general disengagement from services. Anecdotally, several providers have noticed that once youth understand they will be accepted back and begin to feel that group home staff or the foster parents care about them, they run away less frequently. When they do run away, they stay on the street for much shorter periods.

Jurisdictions should provide a continuum of placements for exploited youth. Many children want an unlocked setting where they can be like “normal” kids; however, others are so fearful of their exploiter, they request to be in a locked facility. No single placement will be the solution for all youth, because they all have unique needs and are at different stages of exploitation. Staff in each placement used for exploited youth must have adequate training on exploitation, must understand and apply the SCM, and must provide a trauma-informed system of care.

For those youth who are placed outside of their community, whether in detention or in a specialized program, transition planning is absolutely vital. It should occur from the moment the child enters the placement. The programming while the child is in placement should address the potential triggers and challenges in the community to which he or she will return. Ideally, any transition plan should include identified supports from the community, as well as the child’s social worker or probation officer and any therapeutic providers. Although a child may do well in placement when isolated from exploiters and other community triggers, if that child is sent back to the same environment without any supports and services in place, he or she is far more likely to return to the streets within a matter of weeks—sometimes days.

**Multisystem Collaboration**

Sexually exploited youth often move between multiple child-serving systems, including but not limited to child welfare, probation, mental health, public health, health, and law enforcement. Each agency has different goals and perspectives on how to best meet the needs of this population; unfortunately, they often do not communicate with other systems. As a result of this lack of coordination, youth and families suffer, either because the systems work in conflict with each other or because clients are
retraumatized or fall through cracks in each system. To better deliver service to CSEC, the child-serving agencies and providers must collaborate and coordinate at two levels: (1) the systems level to ensure that policies and protocols are adequately integrated and agencies can share pertinent information and (2) the individual child level to address the unique needs and strengths of each child and his or her family or caregiver.

Collaboration among child-serving agencies at the systems level “has the potential to help diverse entities gain a mutual understanding of commercial sexual exploitation and sex trafficking of minors, which may enable them to address the crimes themselves, as well as the needs of the victims/survivors more effectively.” Systems-level collaboration requires the engagement of decision makers and mid-level and line staff from all child-serving agencies. This multilevel participation ensures that everyone is invested in the reforms, decision makers have supported them, and policy changes will actually be carried out at the line level. Ideally, the same representatives from each agency should meet regularly to foster effective communication, establish clear guidelines to share information, and promote awareness of the issue and each agency’s internal response. The team should develop formal protocols, so that reforms become institutionalized and less based on relationships between individuals carrying out the work. The team should also set clear parameters on the roles and responsibilities of each agency and establish a structure for accountability. Survivors should also be included as equal members of the team to ensure that the reforms are actually victim-centered.

As an example, the team should develop a joint protocol that guides child-serving professionals on when and how to screen children for exploitation. The protocol must ensure that children are screened at key decision points and in a systematic manner. For example, the first point of contact for these youth is often law enforcement during an arrest or medical staff during a medical appointment or visit to the emergency room. These first responders need protocols that help them identify and engage victims of exploitation and require them to call the Child Protection Hotline to report the suspected abuse.

This collaborative approach ensures that everyone understands how youth will move through each system, what services are available, and each person’s role in serving exploited youth. The team must develop separate protocols and policies for sharing information at the individual case level that comply with laws on consent and confidentiality. It is critical to engage the attorneys representing each agency to navigate the complex web of federal and state laws governing information sharing.

The systems-level team should also oversee the implementation of reforms aimed at serving exploited youth. It should establish guidelines for jointly reviewing the effectiveness of the policies and protocols, identifying challenges or barriers to implementation, and developing solutions to address the systems-level concerns. This team should use data to evaluate the outcomes and refine protocols as needed. Once agencies begin collaborating at the systems level, coordination at the individual child level will be more effective.

Teaming should also happen at the individual case level. Upon identification, the primary agency responsible for the child should form a multidisciplinary team (MDT) to identify the child’s and family’s needs, develop a case plan and a safety plan, and provide the child or family with services and any necessary referrals. The MDT should include the community supports identified by the child and the agencies and community-based providers serving the youth and family. Ideally, a case manager will facilitate the MDT. To be victim-centered and effective, the MDT must prioritize youth participation and ensure that their opinions are incorporated into decisions on case and safety planning, treatment, and placement. Involving youth in decision making will empower them, encourage them to feel in control of their lives, and help cultivate trust with the agencies and providers that previously may have
Case Study

Camila’s mother was crippled by addiction and often turned violent and abusive while under the influence. As a result of this abuse, Camila’s two older siblings were placed in foster care before Camila was even born. After receiving eight calls over the course of eight years alleging abuse and neglect, child protective services removed Camila, age 11, from her mother’s care.

Entering the foster care system caused even more tumult in Camila’s life. Within a year, she had been placed in four different foster homes and one relative placement. Child welfare returned Camila to her mother after approximately 18 months, only to remove her again within three months because of continued physical and substance abuse. The child welfare system continued to allow Camila to return home, but nothing had changed. In response, Camila began running away for days at a time to escape the violence and abuse. It was unclear how she met her basic needs while on the run. No one in the system ever took the time to address the dynamic in the home or to explore what triggered Camila to run. Instead, Camila was dumped in a toxic environment with absolutely no supports or services for either her or her mother. No one ever asked Camila or her mother what they needed for Camila to remain safely in the home.

After a few months of the cycle of running away and returning home, an incident occurred that catapulted Camila into the juvenile justice system. In response to one of her mother’s violent attacks, Camila threatened her mother with a knife. At this point, Camila, now 12, asked the police to put her in detention because she was “addicted to the streets.”

Things continued to worsen for her once she was in the juvenile justice system. A psychologist who evaluated her while she was in detention recommended that Camila be placed in a therapeutic group home to treat her extensive mental health needs resulting from her childhood trauma. Following Camila’s six-month stint in detention, probation instead placed her in a general group home with no mental health supports.

Training

Currently many exploited children go unrecognized by social workers, teachers, and probation officers. They are often mislabeled as defiant troublemakers who are engaged in self-imposed, risky behavior. To dispel these myths and coordinate a trauma-informed response, staff from child-serving agencies and community-based providers must receive training on working with exploited youth. Training should be divided into three levels: (1) awareness training for a broad audience to develop a baseline understanding of risk factors, warning signs, the dynamics of exploitation, trauma, and stages of change; (2) profession-specific training to prepare selected professions that routinely encounter CSEC on how they will interact with these children, tools to identify them, mandatory reporting requirements, and strategies for engagement; and (3) protocol and response training to guide all agencies and staff on their responsibilities under any protocols or memoranda of understanding that are developed. Each
Isolated and alone, Camila was miserable, and ran away after three weeks. After two more months on the street, she was picked up on a probation violation and detained for six months in a locked camp, again with no mental health services. Upon her release, the court returned Camila to her mother’s house, with no transition plan or services in place. Again nothing had changed, so she ran away after two weeks. A month later, police arrested her for prostitution.

During questioning, police learned Camila had been kidnapped, locked up, and chained in an apartment basement, where her trafficker forced her to sell herself to strangers and turn over any money she earned. The court decided against detention and instead placed her in a foster home, which was only temporary before she was returned to her mother. Realizing her mother could not meet her basic needs, Camila returned to her exploiter. Recently, police in another state arrested her on solicitation charges.

Sadly, Camila’s story is not unusual. Like many of her peers who have been involved with the child welfare system, she suffered constant turmoil at home, punctuated by parental substance abuse, placement instability, failed family reunification, and violence. Some of these circumstances led to her involvement in the child welfare system, while others were the result of her interaction with the system. Given her lack of a loving supportive home, extremely young age, and high exposure to violence and trauma, she was an easy target for exploiters. Rather than being treated as a victim of serial abuse, she was neglected by the system that was supposed to protect her. After years of the system failing her, she turned to the streets. Once entangled in the juvenile justice system, she was viewed as a criminal, and despite recommendations for therapeutic services, she was continually locked up and returned home with no transitional services to help her and her mother stabilize. If either the foster care or juvenile justice systems had approached her from a victim-centered, strengths-based framework, however, perhaps Camila could have actually enjoyed a normal childhood.

Training is essential to ensure a coordinated and consistent response and will minimize the number of children who fall through the cracks.

**Tracking and Using Data to Inform Policies and Practices**

Reform related to exploited youth should focus on improving their access to services and supports so they can safely and smoothly exit from “the life.” Collecting data and using it to drive policies can ensure that jurisdictions are assessing the efficacy of intervention and prevention strategies, monitoring emerging trends, and demonstrating that children are positively affected by the efforts. Each child-serving agency should collect baseline data to establish the prevalence of the problem in their jurisdiction, as this will help them identify and justify any additional resources needed to serve the population. Increased identification will give them a better sense of the scope of the problem. Baseline data can also be used to track the effectiveness of new policies. For example, using data, a placement can assess whether using the SCM and instituting “no eject, no reject” policies is effective at addressing runaway episodes. The program can analyze whether runaway episodes have decreased,
both in number and length of time, and whether youth are staying in contact with at least one adult while on the run. Similarly, data on arrest location and type of arrests may highlight emerging trends in trafficking.

Collecting data on exploited youth is critical because many of the practices currently used to work with CSEC are “promising” and have anecdotal evidence that demonstrates their efficacy, but have not yet been thoroughly tested and established as evidence-based.\textsuperscript{68} This can create barriers to applying for grants or accessing funding to provide specialized services because of the emphasis placed on evidence-based practices. Survivor organizations can use data to establish the efficacy of their interventions in order to help fund and sustain their programs.

Jurisdictions can also use qualitative information to better understand the barriers to success for exploited youth. Case studies can be incredibly useful in analyzing systemic breakdowns and trends in barriers to meeting children’s needs. Jurisdictions should also analyze the policies and procedures in place at each decision-making point in their child welfare and juvenile justice systems to identify gaps in assessing and linking youth to services, as well as in sharing information between agencies.

Ultimately, jurisdictions should prioritize the collection and use of data to inform policies and practices surrounding CSEC. A coordinated system must be established to collect and analyze data, identify emerging trends, monitor the effectiveness of programs and services, and eventually disseminate the practices that are proven effective. As more jurisdictions begin collecting data, we can begin to craft a better sense of the problem nationally and improve practices for serving CSEC.

\section*{Conclusion}

The commercial sexual exploitation of children is a problem that has existed for a long time. But society has only recently begun to view these children as victims, rather than as criminals and prostitutes. As the dialogue around this population continues to shift and legislation continues to be passed recognizing exploited youth as victims, jurisdictions can no longer ignore this problem. Indeed, the “[c]ommercial sexual exploitation and sex trafficking of minors not only are illegal activities, but also result in immediate and long-term physical, mental, and emotional harm to victims and survivors. A nation that is unaware of these problems or disengaged from solving them unwittingly contributes to the ongoing abuse of minors and all but ensures that these crimes will remain marginalized and misunderstood.”\textsuperscript{69} To avoid turning a blind eye to this problem, child-serving systems need to shift their policies and practices to become more victim-centered and trauma-focused, begin identifying exploited youth as early as possible, and begin connecting them to services that are appropriate for their level of need and their stage of change.

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Notes


7. Ibid.
8. Ibid. at 5.
9. Ibid. (explaining that “though 60 percent of the pimp-controlled victims were U.S. citizens, this data includes international trafficking victims. This underscores the need to separately track domestically trafficked youth, as their needs are very different from those of international victims.”).


20. Interview with Catherine Pratt, Commissioner, Los Angeles County Superior Court (April 29, 2014).

21. Ibid.


25. State Department of Justice, supra note 23, at 22


29. Ibid. at 44.

30. Westcoast Children’s Clinic, supra note 14, at 8.

31. Ibid.

32. Smith, Vardaman, and Snow, supra note 16, at 37 (highlighting isolation on the power and control wheel associated with domestic minor sex trafficking).


35. Ibid.

36. State Department of Justice, supra note 22, at 4.

37. Meeting with Michelle Guymon, Director, Domestic Minor Sex Trafficking Project, Los Angeles County Probation Department, July 22, 2014.


40. Ibid. at 36.


47. Alexander et al., supra note 44, at 398.


49. Ibid. at 8.

50. Ibid. at 5.


52. Williamson, Dutch, and Clawson, supra note 46.

53. Ibid.

54. SAMHSA, supra note 51.

56. Ibid.


58. Ibid.

59. Ibid.

60. Ibid.


62. Ibid.

63. Walker, supra note 2, at 18.


65. Institute of Medicine, supra note 46, at 337.

66. Ibid. at 338.


68. See Institute of Medicine, supra note 46, at 20, 106–107, 259.