

**U.S. Department of Health and Human Services  
Administration for Children, Youth and Families (ACYF)**

**Guidance to States and Services on  
Addressing Human Trafficking of Children and Youth  
in the United States**

**I. Introduction**

Human trafficking is a growing concern for our nation. Also known as modern slavery, human trafficking is a crime that involves the exploitation of a person for the purpose of compelled labor or a commercial sex act. Since the passage of the Trafficking Victims Protection Act (TVPA) in 2000, law enforcement investigators, social service providers, and community leaders have reported cases of forced labor, debt bondage, involuntary servitude, and sex trafficking, impacting a diverse range of populations including men, women, and children, who are U.S. citizens, permanent residents, or foreign nationals. Human trafficking cases occur across the country, in rural, urban, and suburban settings and in a wide range of industries, as described in the 2013 Trafficking in Persons Report<sup>1</sup>:

*Trafficking can occur in many licit and illicit industries or markets, including in brothels, massage parlors, street prostitution, hotel services, hospitality, agriculture, manufacturing, janitorial services, construction, health and elder care, and domestic service.*

Among the diverse populations affected by human trafficking, children are at particular risk<sup>2</sup> to sex trafficking<sup>3</sup> and labor trafficking.<sup>4</sup>

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<sup>1</sup> United States Department of State (June 2013). Trafficking in Persons Report. Available at: <http://www.state.gov/j/tip/rls/tiprpt/2013/>

<sup>2</sup> Clawson, H.J., Dutch, M., Solomon, A., & Goldblatt Grace, L. (2009). Human Trafficking Into and Within the United States: A Review of the Literature. Washington, DC.: Office of the Assistant Secretary for Planning and Evaluation (ASPE), U.S. Department of Health and Human Services.

<sup>3</sup> The crime of **sex trafficking of children** as defined in the TVPA is *to recruit, entice, harbor, transport, provide, obtain, or maintain by any means a person, or to benefit financially from such action, knowing or in reckless disregard of the fact that... the person has not attained the age of 18 years and will be caused to engage in a commercial sex act* (18 USC § 1591).

<sup>4</sup> The TVPA defines **forced labor** as *to provide or obtain the labor or services of a person by any one of or combination of the following means: (1) means of force, threats of force, physical restraint, or threats of physical restraint to that person or another person; (2) means of serious harm or threats of serious harm to that person or another person; (3) means of the abuse of threatened abuse of law or legal process; or (4) means of any scheme, plan, or pattern intended to cause the person to believe that if that person did not perform such labor or services, that person or another person would suffer serious harm or physical restraint* (18 USC § 1589). For purposes of this guidance, **labor trafficking of children** references the federal forced labor definition.

Although the federal definition of child sex trafficking defines *any* child in a commercial sex act as a victim of human trafficking, the federal definition of forced labor requires the use of force, fraud, or coercion in situations of forced labor and services for anyone including children. The federal definitions of human trafficking illustrate that victims of human trafficking are abused through a variety of physical, psychological, and emotional controls even when they are not physically restrained or held captive by their trafficker. For example, victims of child trafficking may attend school, participate in other social activities, or have contact with neighbors and community members who may be in positions to help identify situations of child trafficking. The following descriptions represent two cases from federal investigations:

*In 2006, a wife and husband in Lakewood, Washington, pleaded guilty to charges of forced labor after bringing their 12-year-old niece to the United States on promises that she will attend school in exchange for childcare and housework. The victim was forced to cook, clean, provide childcare, and work at the defendant's coffee shop twelve to fourteen hours a day. The child was physically abused, threatened with deportation, not paid for her work at the coffee shop, and attended school for only a short time. The child escaped with the help of friends and a community-based organization.<sup>5</sup>*

*In 2012, a man from Memphis, Tennessee, was sentenced for child sex trafficking. He advertised a 15-year-old girl for prostitution on Backpage.com with numerous photographs of the victim in lingerie. A suspicious neighbor contacted the Sheriff's Department that led to the intervention and investigation. Investigators located a document identifying the defendant's plans to open a brothel.<sup>6</sup>*

Some services and systems supported by the Administration on Children, Youth and Families (ACYF) have encountered victims of human trafficking. Although most cases of child trafficking are identified as sex trafficking, cases of child labor trafficking have been identified in agricultural work, restaurants, and peddling and begging rings. In particular, runaway and homeless youth programs have identified young adults and teenagers recruited into traveling sales crews with the promise of travel, friends, and money, only to have been subsequently coerced to sell goods such as magazines, candy, and cleaning supplies. Crew leaders use verbal, physical, and sexual abuse; quotas and debt schemes; and threats of abandonment as means of control.

Victims of child sex trafficking have been found in pimp-controlled prostitution (street, escort, strip club, pornography, truck stops); trafficking in intimate partner relationships and in families; recruitment from other runaway and homeless youth and teens; gang-related trafficking; and institutional recruitment within programs. Often, child sex trafficking and child labor trafficking cases intersect - child sex trafficking victims may also be forced to provide labor or services such as domestic work, and child labor trafficking victims may also experience sexual violence and abuse. While child welfare (CW) and runaway and homeless youth (RHY) services and systems were not expressly designed to respond to victims of child trafficking, emerging evidence

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<sup>5</sup> United States Department of Justice. (2006). Lakewood Couple Sentences for Forced Labor and Harboring Aliens. Available at: <http://www.justice.gov/usao/waw/press/2006/dec/ennassime.html>

<sup>6</sup> United States Department of Justice. (2012). Memphis Pimp Sentenced To 27 Years For Child Sex Trafficking. Available at: <http://www.justice.gov/usao/tnw/news/2012/JUL13Mabon.html>

indicates that child protection professionals are encountering children and youth who have been trafficked, often due to a complex mix of vulnerabilities of many abused and neglected children who are targeted by traffickers and pimps.

For example, a survey conducted by the Los Angeles Probation Department revealed that 59 percent of the 174 juveniles arrested on prostitution-related charges in the county were in the foster care system and victims were often recruited by sex traffickers and pimps from group homes.<sup>7</sup> A report conducted by the California Child Welfare Council found that anywhere from 50 percent to 80 percent of victims of commercial sexual exploitation, including child sex trafficking, are or were formerly involved with child welfare.<sup>8</sup> The Department of Children and Families in Connecticut reported that 86 out of the 88 children identified as child sex trafficking victims had been involved with child welfare services in some manner. These examples reinforce how vulnerable abused, neglected, and maltreated youth are to the recruitment and control tactics of human traffickers. The examples also indicate the critical role child protection professionals have in preventing, identifying, and protecting youth who are targeted by human traffickers.

Young people receiving CW and RHY services who have experiences of interpersonal trauma and family instability can be vulnerable to human trafficking. Given the consequences of being trafficked, we can use what is currently known to respond in a strategic and coordinated manner to minimize the negative impacts of trafficking on multiple aspects of young people's lives. Coordinated efforts should emphasize victim-centered and trauma-informed approaches that avoid further stigmatizing trafficked young people.

ACYF provides this guidance to states and service programs to build greater awareness and better response to the problem of child trafficking. This document is intended to elevate this issue and offer guidance to CW systems and RHY service providers, based on current research and practice, to improve the collective response to this issue. Importantly, ACYF acknowledges that systems and services must consider enhancing their practices in the context of limited resources. This guidance focuses on emerging knowledge and practices that systems and services can consider integrating into existing activities.

## **II. The Scope and Nature of Child Trafficking**

ACYF recognizes that there is a limited amount of aggregate data to identify the prevalence and characteristics of victims of human trafficking within the child welfare and runaway and homeless youth systems. Similarly, while there are some emerging practices within child welfare systems, runaway and homeless youth programs, as well as other sources within the

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<sup>7</sup> Sewell, Abby. (November 27, 2012). Most of L.A. County youths held for prostitution come from foster care. *Los Angeles Times*. Available at: <http://articles.latimes.com/2012/nov/27/local/la-me-1128-sex-trafficking-20121128>

<sup>8</sup> Walker, Kate. (2013). California Child Welfare Council. . Ending the Commercial Sexual Exploitation of Children: A Call for Multi-System Collaboration in California. Available at: [http://www.youthlaw.org/fileadmin/ncyl/youthlaw/publications/Ending-CSEC-A-Call-for-Multi-System\\_Collaboration-in-CA.pdf](http://www.youthlaw.org/fileadmin/ncyl/youthlaw/publications/Ending-CSEC-A-Call-for-Multi-System_Collaboration-in-CA.pdf)

child protection community, there is still work to be done to create an evidence base on effective interventions and practices that promote better outcomes specifically for child trafficking victims. Building a more solid evidence base with better data will be necessary to all efforts to end trafficking.

However, we know that the problem of child trafficking exists, that it is an issue that services and systems frequently encounter, and most importantly, that it has devastating impacts on the lives of many children and youth in the U.S. We know that, in many cases, human trafficking victims have experienced similar kinds of trauma as children and youth found in CW and RHY systems. According to reports, 70 percent to 90 percent of commercially sexually exploited youth have a history of child sexual abuse.<sup>9</sup> Children who experience sexual abuse are 28 times more likely to be arrested for prostitution at some point in their lives than children who did not.<sup>10</sup> In addition, youth who have experienced dating violence and rape are also at higher-risk for trafficking.

Traffickers prey especially on children and youth with low self-esteem and minimal social support.<sup>11</sup> These traits are highly prevalent among young people experiencing homelessness or those in foster care, due to their histories of abuse, neglect, and trauma.<sup>12 13</sup> Some experts on child sexual exploitation highlight that recruitment of young people for trafficking commonly takes place in public places (e.g., around shopping malls, bus stops, or fast-food restaurants), around youth shelters where runaway and homeless youth are easily targeted, and in the vicinity of schools and group homes where children served by the child welfare system can be found.<sup>14</sup> The use of the internet as a recruitment strategy for minor victims is also a growing concern.

We recognize that we know more about sex trafficking of girls than about sex trafficking of boys, due both to current general public awareness and the types of situations identified by law enforcement and service providers. One survey identified contributing factors leading to the under-identification of boys victimized in sex trafficking, including the unwillingness of boys to

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<sup>9</sup> Bagley, C. & Young, L. (1987) Juvenile Prostitution and Child Sexual Abuse: A Controlled Study. *Canadian Journal of Community Mental Health*.

<sup>10</sup> Sherman, Francine T. & Lisa Goldblatt Grace, The System Response to the Commercial Sexual Exploitation of Girls, *Juvenile Justice: Advancing Research, Policy, and Practice*, 337 (Francine T. Sherman & Francine H. Jacobs eds., 2011)

<sup>11</sup> Clawson, H.J., Dutch, M., Solomon, A., & Goldblatt Grace, L. (2009). *Human Trafficking Into and Within the United States: A Review of the Literature*. Washington, DC.: Office of the Assistant Secretary for Planning and Evaluation (ASPE), U.S. Department of Health and Human Services.

<sup>12</sup> Unger, J. B., Kipke, M. D., Simon, T. R., Montgomery, S. B., & Johnson, C. J. (1997). Homeless Youths and Young Adults in Los Angeles: Prevalence of Mental Health Problems and the Relationship Between Mental Health and Substance Abuse Disorders. *American Journal of Community Psychology*, 25(3), 371-394.

<sup>13</sup> Burns, B. J., Phillips, S. D., Wagner, H. R., Barth, R. P., Kolko, D. J., Campbell, Y., et al. (2004). Mental Health Need and Access to Mental Health Services by Youths Involved With Child Welfare: A National Survey. *Journal of the American Academy of Child & Adolescent Psychiatry*, 43(8), 960-970.

<sup>13</sup> Hay, M. (2006). Commercial sexual exploitation of children and youth. *BC Medical Journal*, 46(3), 119-122.

<sup>14</sup> Hay, M. (2006). Commercial sexual exploitation of children and youth. *BC Medical Journal*, 46(3), 119-122.

self-identify as sexually exploited due to shame and stigma, the lack of screening and intake by first responders, and limited outreach by organizations to areas and venues where boys are more likely to be commercially sexually exploited.<sup>15</sup>

While there is no one common profile for victims of child trafficking, particular populations merit special consideration, as they are characterized by additional vulnerabilities. Some evidence suggests that lesbian, gay, bisexual, transgender, or questioning (LGBTQ) youth can be up to five times more likely than heterosexual youth to be victims of trafficking, due to increased susceptibility that comes with the feelings of rejection and alienation that are often experienced by LGBTQ youth.<sup>16</sup> For the same reason, LGBTQ youth are overrepresented among runaway, homeless, and child welfare populations<sup>17</sup>.

Additionally, recent exploratory studies indicate that traffickers are targeting Native American children and youth who have trauma-related risk factors.<sup>18 19</sup> While more data are needed to better understand the extent of Native American youths' vulnerability to child sex trafficking, these early findings warrant concern and are in line with results from the National Survey of Adolescents, which suggest that Native American youth have disproportionately been victims of some type of sexual assault.<sup>20</sup>

### III. Understanding the Needs of Victims

A study commissioned by the U.S. Department of Health and Human Services<sup>21</sup> outlined that victims of child sex trafficking often suffer from health-related problems including:

- Physical health problems associated with beatings and rapes, including broken bones and untreated wounds and injuries;

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<sup>15</sup> ECPAT-USA. And Boys Too. Available at:

[http://ecpatusa.org/wp-content/uploads/2013/05/AndBoysToo\\_FINAL\\_single-pages.pdf](http://ecpatusa.org/wp-content/uploads/2013/05/AndBoysToo_FINAL_single-pages.pdf)

<sup>16</sup> Yates, G. L., MacKenzie, R. G., Pennbridge, J., & Swofford, A. (1991). A risk profile comparison of homeless youth involved in prostitution and homeless youth not involved. *Journal of Adolescent Health*, 12(7), 545-548.

<sup>17</sup> Clawson, H.J., Dutch, M., Solomon, A., & Goldblatt Grace, L. (2009). *Human Trafficking Into and Within the United States: A Review of the Literature*. Washington, DC.: Office of the Assistant Secretary for Planning and Evaluation (ASPE), U.S. Department of Health and Human Services.

<sup>18</sup> Minnesota Indian Women's Resource Center. (2009). *Shattered Hearts: The commercial sexual exploitation of American Indian Women and Girls in Minnesota*. Available at:  
[http://www.miwrc.org/shattered\\_hearts\\_full\\_report-web\\_version.pdf](http://www.miwrc.org/shattered_hearts_full_report-web_version.pdf)

<sup>19</sup> Farley, M., Matthews, N., Deer, S., Lopez, G., Stark, C., & Hudon, E. (2011). *Garden of truth: The prostitution and trafficking of native women in Minnesota*. Available at:  
<http://www.miwsac.org/images/stories/garden%20of%20truth%20final%20project%20web.pdf>

<sup>20</sup> Kilpatrick, D., Saunders, B., & Smith, D. (2003). *Youth Victimization: Prevalence and Implications*. *NIJ Research in Brief* (NCJ 194972)

<sup>21</sup> Clawson, H.J. & Grace, L.G. (2007). *Finding a Path to Recovery: Residential Facilities for Minor Victims of Domestic Sex Trafficking*. Washington, D.C.: Office of the Assistant Secretary for Planning and Evaluation (ASPE), U.S. Department of Health and Human Services.

- Reproductive health problems, including exposure to HIV and other sexually transmitted infections (STIs), fertility issues, and other gynecological diagnoses associated with sexual violence and rape;
- Mental health problems, including Post Traumatic Stress Disorder (PTSD) and somatic complaints (e.g., headaches, chronic pain), resulting from trauma;
- Malnutrition; and
- Alcohol and other drug use, which may be forced by the trafficker or used as a coping mechanism for abuse and trauma, and often leads to addiction.

The study further identified the following common mental health symptoms reported as a result of repeated abuse:

- Extreme anxiety and fear;
- Changed relationships with others (including the inability to trust);
- Self-destructive behaviors (including suicide attempts);
- Changed feelings or beliefs about oneself (including profound shame and guilt);
- Changed perception of the perpetrator (including establishing a traumatic bond); and
- Despair and hopelessness.

Youth who have been trafficked have a particular array of needs; some of these needs are the same as those for other victims of abuse or trauma, while others are unique to this group. Existing research indicates that, for most trafficking victims, the experience of trafficking both follows from, and contributes to, a history of trauma. In other words, scientific research has shown that experiences of child trauma (including maltreatment and sexual abuse) make later sexual exploitation more likely.<sup>22</sup> In turn, victimization in sexual exploitation increases the likelihood that one will experience symptoms of trauma. Longer and more severe experiences with trafficking can lead to higher levels of mental health problems, including symptoms of posttraumatic stress disorder (PTSD), that youth exhibit post-trafficking.<sup>23</sup> Importantly, symptoms of PTSD remain high regardless of the amount of time since trafficking, indicating that the traumatic impacts of trafficking can endure over time for victims if untreated.

In addition to trauma, young people who are sexually trafficked typically experience physical violence, both at the hands of their traffickers and those who purchase sex, and often acquire sexually transmitted infections (STIs) through their exploitation.<sup>24</sup> To address the distinct and significant needs of victims of trafficking, it is important to provide appropriate care including the use of trauma-informed, culturally appropriate, and individualized care that addresses physical and mental health needs. These standards are consistent with the broader goal of ACYF to expand timely, effective, appropriate, and trauma-informed services for children and youth who come into contact with child welfare systems and runaway and homeless youth programs in

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<sup>22</sup> Lalor, K., & McElvaney, R. (2010). Child Sexual Abuse, Links to Later Sexual Exploitation/High-Risk Sexual Behavior, and Prevention/Treatment Programs. *Trauma, Violence, & Abuse, 11*(4), 159-177.

<sup>23</sup> Hossain, M., Zimmerman, C., Abas, M., Light, M., & Watts, C. (2010). The Relationship of Trauma to Mental Disorders Among Trafficked and Sexually Exploited Girls and Women. *American Journal of Public Health, 100*(12), 2442-2449.

<sup>24</sup> Hay, M. (2006). Commercial sexual exploitation of children and youth. *BC Medical Journal, 46*(3), 119-122.

order to promote social-emotional well-being.<sup>25</sup> With coordinated efforts in these areas, ACYF aims to prevent child abuse and neglect, prevent youth from running away, and ensure that children and youth receive effective services to heal and recover from maltreatment and other traumatic events. Thereby, ACYF hopes to decrease vulnerability to trafficking among children and youth in the first place and to equip systems and services to identify and intervene early to address the needs of victimized young people.

#### **IV. Coordination**

No single system can successfully combat trafficking. Preventing, identifying, and serving victims of trafficking require a multi-system, coordinated approach within and across local, tribal, state, and federal levels. At the local level, it is essential for runaway and homeless youth service providers and child welfare staff to work with law enforcement, juvenile corrections, courts, schools, medical and mental health professionals, Child Advocacy Centers, legal service providers, crime victim service providers, as well as community and faith-based organizations to understand the problem of trafficking as it relates to their community and formulate a coherent response.<sup>26 27</sup>

There have already been some significant, coordinated efforts to address child sex trafficking in recent years. Notably, the Federal Bureau of Investigation's Innocence Lost National Initiative has resulted in the development of 66 Child Exploitation Task Forces and working groups across the U.S. since the initiative began in 2003. Many of these task forces have involved collaborations with CW and RHY agencies, which have played critical roles in helping law enforcement target their investigations and in helping rescued sexually exploited children recover. The FBI has full-time dedicated Victim Specialists in every field division to work with minor victims. Over 85 percent of FBI Victim Specialists have a master's degree in social work or are licensed clinical social workers and are skilled in crisis intervention, assessment, and identifying or obtaining appropriate resources. To date, this initiative has resulted in the recovery of more than 2,700 children and 1,350 convictions of facilitators of child sexual exploitation nationwide.<sup>28</sup> Agencies can access a list of state resources dedicated to combating trafficking, including local task forces, which can also be found on the National Human Trafficking Resource Center (NHTRC) website at [www.traffickingresourcecenter.org](http://www.traffickingresourcecenter.org).

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<sup>25</sup> Children's Bureau, Administration for Children and Families, Administration on Children, Youth and Families, U.S. Department of Health and Human Services. (2012). ACYF-CB-IM-12-05 Promoting social and emotional well-being for children and youth receiving child welfare services. Washington, DC: Author. Available at: <http://www.acf.hhs.gov/sites/default/files/cb/im1204.pdf>

<sup>26</sup> Sherman, Francine T. & Lisa Goldblatt Grace, The System Response to the Commercial Sexual Exploitation of Girls, *Juvenile Justice: Advancing Research, Policy, and Practice*, 331-351 (Francine T. Sherman & Francine H. Jacobs eds., 2011)

<sup>27</sup> Edinburgh, L., Huemann, E., Richtman, K., Marboe, A. M., & Saewyc, E. M. (2012). The Safe Harbors Youth Intervention Project: Inter-sectoral collaboration to address sexual exploitation in Minnesota. *Nursing Reports*, 12(1).

<sup>28</sup> Federal Bureau of Investigation. (2012). Innocence Lost. Available at: [http://www.fbi.gov/about-us/investigate/vc\\_majorthefts/cac/innocencelost/](http://www.fbi.gov/about-us/investigate/vc_majorthefts/cac/innocencelost/).

Coordinated efforts going forward need to involve better local data collection on the prevalence and needs of victims, as data can inform targeted intervention strategies.<sup>29</sup> Street outreach workers and law enforcement officers can work collaboratively to collect and compile data on victims identified in the streets, and programs and shelters should supplement that data by tracking identifications of victims entering services. Especially in areas where trafficking is a known problem, representatives of the multiple systems outlined above should meet regularly to develop and implement strategies to collect useful data on trafficking, enact prevention efforts, identify victims, and provide effective and coherent service delivery for victims.

On Native American reservations, the investigation of child sex trafficking involves complex and varied jurisdictional relationships between federal, tribal, and state governments.<sup>30 31</sup> To most effectively identify and protect victims and to ensure culturally relevant provision of services for Native American victims living on and off-reservation, tribes and urban Native American programs should be full partners in coordination of trafficking investigation and service delivery.

## V. Screening and Assessment

Screening and assessment can help to identify victims of trafficking, gain a full picture of their victimization experiences, understand their individual comprehensive service needs, and monitor progress toward recovery and improved well-being over time. At or near intake, such screening and assessment can inform appropriate case planning and service delivery. When screening and assessment are repeated at key periods, it helps caseworkers and systems monitor progress toward recovery and improved well-being outcomes and adjust intervention strategies as needed. Given the high levels of trauma and increased social-emotional needs among trafficking victims, screening and assessment instruments can be important tools for working with this vulnerable population.

ACYF Information Memorandum ACYF-CB-IM-12-04 on *Promoting Social and Emotional Well-Being for Children and Youth Receiving Child Welfare Services*<sup>32</sup> recommends the use of universal, valid, and reliable screening for trauma history and/or symptoms as well as assessment of social-emotional functioning for children and youth who come into contact with the child

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<sup>29</sup> Lebloch, E. K., & King, S. (2006). Child sexual exploitation: a partnership response and model intervention. *Child Abuse Review*, 15(5), 362-372.

<sup>30</sup> Goldberg, C. & Valdez Singleton, H. (2005). Public Law 280 and law enforcement in Indian Country: Research Priorities. Research in brief. National Institute of Justice. Available at: <https://www.ncjrs.gov/pdffiles1/nij/209839.pdf>

<sup>31</sup> Deer, S. (2010). Relocation revisited: Sex trafficking of Native women in the United States. *William Mitchell Law Review* 36(2): 622-683.

<sup>32</sup> Children's Bureau, Administration for Children and Families, Administration on Children, Youth and Families, U.S. Department of Health and Human Services. (2012). ACYF-CB-IM-12-05 Promoting social and emotional well-being for children and youth receiving child welfare services. Washington, DC: Author. Available at: <http://www.acf.hhs.gov/sites/default/files/cb/im1204.pdf>



welfare system.<sup>33</sup> While ACYF does not endorse any single “best” instrument, examples of valid and reliable trauma screening tools include the Child and Adolescent Needs and Strengths (CANS) Trauma Version, the Child PTSD Symptom Scale, the Trauma Symptom Checklist (TSC), and the UCLA PTSD Index. Examples of functional assessment tools include the Behavioral and Emotional Rating Scale (BERS-2), the Child Behavior Checklist (CBCL), the Emotional Quotient-Inventory, the Social Skills Rating System (SSRS), and the Strengths and Difficulties Questionnaire (SDQ). Such screening and assessment is appropriate for children and youth who are served by other systems as well, including the RHY system and juvenile justice.

In addition to trauma and social-emotional screening and assessment, physical health screening is also especially pertinent for victims of child sex trafficking, who have high susceptibility to STIs and other health-related concerns. In addition to medical screenings that may be provided onsite, mobile health clinics, community health centers, and local teen health clinics are other venues for serving victims of trafficking.<sup>34</sup> Referrals for local service providers and related resources are available through the National Human Trafficking Resource Center.

Anti-trafficking experts have identified specific indicators and tools, beyond those that are typically included in the most common screening and assessment instruments, which could be used by CW and RHY agencies to screen for victimization.

Such indicators include, but are not limited to:

- evidence of physical, mental, or emotional abuse;
- inability to speak on one’s own behalf;
- inability to speak to an official alone;
- excess amounts of cash on-hand;
- working for long hours, often with little or no pay;
- presence of older male or boyfriend who seems controlling;
- loyalty and positive feelings towards trafficker;
- exhibition of fear, tension, shame, humiliation, nervousness;
- lack of ability or unwillingness to identify him/herself as victim; and
- over-sexualized behavior.<sup>35</sup>

Increasingly, rapid assessment techniques and instruments that involve brief screening processes

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<sup>33</sup> Children’s Bureau, Administration for Children and Families, Administration on Children, Youth and Families, U.S. Department of Health and Human Services. (2012). ACYF-CB-IM-12-05 Promoting social and emotional well-being for children and youth receiving child welfare services. Washington, DC: Author. Available at: <http://www.acf.hhs.gov/sites/default/files/cb/im1204.pdf>

<sup>34</sup> Clawson, H.J. and Grace, L.G. (2007). Finding a Path to Recovery: Residential Facilities for Minor Victims of Domestic Sex Trafficking. Washington, D.C.: Office of the Assistant Secretary for Planning and Evaluation (ASPE), U.S. Department of Health and Human Services.

<sup>35</sup> Center For The Human Rights For Children, Loyola University Chicago & International Organization For Adolescents.(2011). Building Child Welfare Response to Child Trafficking. Available at: [http://www.luc.edu/chrc/pdfs/Building\\_Child\\_Welfare\\_Response\\_to\\_Child\\_Trafficking.pdf](http://www.luc.edu/chrc/pdfs/Building_Child_Welfare_Response_to_Child_Trafficking.pdf)

in the streets and in systems' intake procedures are used to identify victims.<sup>36</sup> Building on these approaches, ACYF recommends that screening and assessment for trauma-related symptoms and social-emotional functioning occur broadly throughout child welfare systems and runaway and homeless youth services. Trafficking-specific indicators can be integrated into broader, standardized screening and assessment tools and practices, including assessment of legal needs of children. Engaging anti-trafficking experts to provide consultation and expertise in how to build an integrated screening and assessment approach will be a critical step for systems to take. National, regional, and local experts can be reached through the National Human Trafficking Resource Center listed under the Resources Section.

The 2011 *Child and Family Services Improvement and Innovation Act* requires states to include in their health care oversight plans a description of how they will screen for and treat emotional trauma associated with maltreatment and removal for children in foster care (section 422(b)(14)(A)(ii) of the Social Security Act). Identifying the trauma-related symptoms displayed by children and youth when they enter care is critical for the development of a treatment plan. It is also important to have a complete trauma history for each child. This requirement creates an opportunity to determine how trauma screening can improve identification of human trafficking victims. ACYF encourages states to describe this work in their state plans.

## **VI. Intervening to Meet the Needs of Trafficking Victims**

As noted above, the research literature on effective interventions for trafficked minors is limited. There are only a few empirical studies of this group, and only a handful of evidence-informed practice models have been tested with this population. For instance, limited evaluation using comparison groups has shown promising results for an intensive home-visiting model that involves strengths-based home-visiting, case management, and group support for sexually exploited runaway girls.<sup>37</sup> Therefore, providers should generally look to evidence-based interventions used with other vulnerable youth populations when serving victims of trafficking, including youth victims of non-commercial sexual abuse and interpersonal violence. These existing interventions can be selected, and sometimes adapted, to meet the service needs of sexually trafficked youth.<sup>38</sup>

For example, Multisystemic Therapy (MST) addresses alcohol and drug use, behavioral problems, mental health, social functioning, and family/relationships. Designed to treat post-traumatic stress and related emotional and behavioral problems in children and adolescents, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) also impacts social functioning and family/relationships. The Adolescent Community Reinforcement Approach (A-CRA) is an

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<sup>36</sup> Shared Hope International. (2011). Rapid Assessment on Domestic Minor Sex Trafficking: Washington. Available at: <http://sharedhope.org/wp-content/uploads/2012/09/WA-Fact-Sheet.Fact-Page-combined.pdf>

<sup>37</sup> Saewyc, E. M., & Edinburg, L. D. (2010). Restoring Healthy Developmental Trajectories for Sexually Exploited Young Runaway Girls: Fostering Protective Factors and Reducing Risk Behaviors. *Journal of Adolescent Health, 46*(2), 180-188.

<sup>38</sup> Fong, R., & Berger Cardoso, J. (2010). Child human trafficking victims: Challenges for the child welfare system. *Evaluation and Program Planning, 33*(3), 311-316.

intervention that has been tested with runaway and homeless youth, in addition to a more general at-risk youth population. While it focuses primarily on substance abuse and co-occurring disorders (depression and anxiety), it also impacts social stability (education, employment) and linkages to and participation in continuing care services. Additional evidence-based treatments can be identified in the Resources Section of this document.

## **VII. Emerging Shelter and Service Considerations**

ACYF has facilitated collaboration between four of its RHY grantees that are focused on improving trafficking victim services and the Federal Bureau of Investigation's "Innocence Lost" initiative. These providers have drawn on their experience serving this population and jointly developed a set of recommended practices and standards. Drawing on that experience-based information, ACYF suggests that systems and providers consider the below factors in providing shelter and services to victims. Given the scarcity of new resources to address this issue, ACYF suggests that agencies consider how appropriate, local efforts can be incorporated into existing programs and activities.

Practices recommended by experienced youth service providers working with victims of trafficking include:

### **Training**

- Providers working directly with trafficked youth should participate in training to meet the needs of this population (see the Resources Section for list of training resources). Training could include: identification, social and cultural perceptions of individuals in the sex trade, risk factors, sub-culture of prostitution, effects of trauma and trauma bonding, best practices for work with trafficked children and youth, and coordinated community responses. When lacking new resources for this work, agencies could consider how to incorporate such training into existing capacity-building activities.

### **Meaningful Engagement**

- Trained case managers can provide support and advocacy to help youth navigate the multiple systems and services that are necessary to meet their trafficking-related needs (e.g., legal services, medical and mental health services, housing, etc.).
- Shelters should provide adequate levels of safety for victims. In some cases, victims are pursued by their pimps, recruiters, and other victimizers after they have entered shelter facilities. Clear staff protocols for ensuring a safe environment and appropriate security features at the facility can reduce risks so that victims can recover in a safe environment.
- Age-appropriate housing for younger victims so that the space and services are developmentally appropriate.
- As with all CW and RHY services, it is critical that shelters and programs for victims of trafficking provide services that are trauma-informed; strengths-based; and culturally, gender-, and developmentally appropriate.

- Victims of trafficking should be supported and invited to participate meaningfully in decision-making for their own service planning, and in development of broader anti-trafficking policy and program strategies in communities and states.<sup>39</sup>

### Education and Outreach

- Outreach services can play a vital role in addressing trafficking. Street outreach programs can facilitate training for outreach staff and volunteers to spot victims of trafficking and follow appropriate local protocols when victims are identified. In their contacts with youth experiencing homelessness, outreach programs could include street education to improve young people’s prevention and refusal skills for encounters with recruiters.

### Cross-System Coordination

- Coordination with local law enforcement can support targeted outreach in locations with high concentrations of commercial sex recruitment.
- Coordination with service providers (e.g., hospitals, schools, and community-based organizations, mental health providers) can help meet the comprehensive needs of victims.

These recommendations can be integrated in whole or in part into existing policies, programs, and services in RHY shelters and other residential and non-residential services. One of the few evaluated residential programs showing promising results for youth victims of sex trafficking integrated individual mentoring, a warm residential environment, a staged process of starting victims in a more restrictive, on-campus program before moving them to a less restrictive group home, and a voluntary admissions process that required acknowledgement of exploitation and some desire to benefit from the services offered.<sup>40</sup> While a more rigorous evaluation with a broader number of youth victims is needed, these elements could be considered by other programs designing residential services for this population.

## VIII. Child Welfare Responses

The foundational premises of family-centered practice within the child welfare system also apply to developing and implementing a service plan with child victims of human trafficking who come to the attention of the child welfare system, and their families, including: strengths-based engagement; promoting and supporting long-term improved conditions; providing tailored and individualized services; and reunifying or fostering new family systems to provide permanency for the child. While every case for children in foster care requires a thorough, individualized

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<sup>39</sup> Brown, K. (2006). Participation and young people involved in prostitution. *Child Abuse Review*, 15(5), 294-312.

<sup>40</sup> Thomson, S., Hirshberg, D., Corbett, A., Valila, N., & Howley, D. (2011). Residential treatment for sexually exploited adolescent girls: Acknowledge, Commit, Transform (ACT). *Children and Youth Services Review*, 33(11), 2290-2296.

assessment of family strengths and needs to build a service plan in partnership with the family that promotes safety, permanency, and well-being, child victims of trafficking often present unique needs and complexities that require additional attention and support from servicing agencies, providers, and caregivers, and may include:

- disengagement from most or all family structure;
- significant danger and concerns regarding safety;
- immigration and legal obligations (before and as part of achieving permanency);
- language and communication barriers;
- severe medical and dental needs;
- compelling educational setbacks;
- traumatic bonding and Stockholm syndrome;
- severe social and emotional challenges to normalization; and
- prolonged effects of multiple and repeated traumatic experiences.

In order to better understand and serve child victims of human trafficking, child welfare agencies are strongly encouraged to build internal capacity in working specifically with victims of human trafficking (e.g., institutional education, staff training, supporting policies and procedures, appropriate screening and assessment tools such as those described above, resource development, data collection and analysis), and to engage in system-wide outreach supporting similar capacity-building efforts in other systems (e.g., runaway and homeless youth, juvenile justice).

For instance, some children in foster care develop a pattern of running away while still in care, putting them at increased risk for being trafficked. It is critical for states and tribes to have processes and protocols in place not only for tracking them while they are “on the run,” but also for responding to youth when they return from being on the run. States and tribes should consider ways to engage youth and the youth’s foster parent when they return to foster care in order to understand the experiences they had and activities they engaged in while away. Appropriate assessments of physical and mental health needs and, if appropriate, legal needs should be completed within a very short timeframe following return.

According to the Center for the Human Rights for Children at Loyola University Chicago, there are numerous other policy directives that child welfare agencies can adopt to substantially improve meeting the needs of these children, including:

- multidisciplinary case staffing and referrals when youth have been trafficked;
- placement options, including kinship care and both state and federal foster care, for both citizen and non-citizen child victims;
- training for state child welfare and protection units, as well as other state agency subcontractors and referral providers, including community-based care agencies, mandated reporters, residential shelters, guardians ad litem, law guardians, attorneys for children, mental health professionals, child protection teams, child welfare services, child victim advocates, child welfare attorneys, consulates, and refugee services providers;
- ensuring legal counsel and advocacy for both domestic and foreign national children involved in juvenile justice or criminal justice proceedings against the trafficker; and

- prevention and education.<sup>41</sup>

With respect to improving prevention and education within the child welfare system, many trafficked children have had contact with child protection services in some degree – as current or previous wards of the state or residents in foster care or group homes. In some cases they may even have been recruited and victimized by traffickers while they were receiving these services. Therefore child welfare caseworkers can help prepare vulnerable groups of youth to better protect themselves from potential traffickers and recognize potentially risky situations.

## **IX. Additional Assistance Available to Child Victims of Human Trafficking**

Victims of any form of human trafficking who meet state eligibility requirements may access medical screenings; Temporary Assistance for Needy Families (TANF); Medicaid; state Children’s Health Insurance Programs (CHIP); Substance Abuse and Mental Health Services Administration (SAMHSA) Programs; Supplemental Nutrition Assistance Program (SNAP); Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); and public housing programs. Some of these programs, such as TANF, Medicaid/CHIP, and SNAP may have eligibility criteria related to citizenship or immigration status.

Systems and services can also come into contact with foreign national victims of human trafficking. Non-citizen victims who obtain an Eligibility Letter or an Interim Assistance Letter from the HHS Office of Refugee Resettlement (ORR) can access benefits and services to the same extent as a refugee, including TANF, SNAP, and Medicaid/CHIP. Submission of a *Request for Assistance for Child Victims of Human Trafficking* form can facilitate a determination of the child’s eligibility (contact an ORR Child Protection Specialist at [ChildTrafficking@acf.hhs.gov](mailto:ChildTrafficking@acf.hhs.gov)).

A foreign national child victim of human trafficking with an Eligibility Letter who has no available parent or legal guardian in the United States is eligible for ORR’s Unaccompanied Refugee Minors (URM) program. These children are placed in licensed foster homes or other care settings according to individual needs. An appropriate court awards legal responsibility to the state, county, or private agency providing services, to act in place of the child’s unavailable parents. Children in the URM program receive the full range of services available to other foster children in the state, as well as special services to help them adapt to life in the United States and recover from their trafficking experience. Safe reunification with parents or other appropriate relatives is encouraged.

A foreign child victim of human trafficking who is not eligible for the URM program may be eligible for ORR’s National Human Trafficking Victim Assistance Program (NHTVAP). The NHTVAP provides funding for comprehensive case management services on a per capita basis to foreign victims of trafficking and potential victims seeking HHS Certification (adults) or an

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<sup>41</sup> Center For The Human Rights For Children, Loyola University Chicago & International Organization For Adolescents. (2011) Building Child Welfare Response to Child Trafficking. Available at: [http://www.luc.edu/chrc/pdfs/Building\\_Child\\_Welfare\\_Response\\_to\\_Child\\_Trafficking.pdf](http://www.luc.edu/chrc/pdfs/Building_Child_Welfare_Response_to_Child_Trafficking.pdf)

eligibility determination (minors) in any location in the United States. It provides provision of case management, referrals, and emergency assistance and helps victims help them gain access to housing, employability services, mental health screening and therapy, medical care, and some legal services, enabling them to live free of violence and exploitation.

## X. Resources

ACYF encourages states and grantees to consult with further resources that can support efforts to strengthen workforce capacity to prevent trafficking, identify young people who have been trafficked, and meet the needs of victims. In addition to the footnoted references throughout this document, below are additional federal resources to support this work:

- The Administration for Children and Families funds the **National Human Trafficking Resource Center** (NHTRC), a national, toll-free hotline, available to answer calls from anywhere in the country, 24 hours a day, 7 days a week, every day of the year. To report a tip, connect with anti-trafficking services in your area, or to request training and technical assistance, call 1-888-3733-888, or visit <http://www.traffickingresourcecenter.org>.
- The **Child Welfare Information Gateway** compiles information on an expansive range of topics related to child welfare. Particularly relevant is the page on “Responding to Human Trafficking of Children,” at [http://www.childwelfare.gov/responding/human\\_trafficking.cfm](http://www.childwelfare.gov/responding/human_trafficking.cfm).
- Similarly, the **Runaway and Homeless Youth Training and Technical Assistance Centers** (RHYTTAC) website houses a page listing “Trafficking and Sexual Exploitation Resources,” at <http://rhyttac.ou.edu/topic-specific-resources/trafficking-and-sexual-exploitation-resources>.
- The **Office of the Assistant Secretary for Planning and Evaluation** (ASPE), U.S. Department of Health and Human Services, published a series of reports and issue briefs in 2007 to inform several aspects of serving victims of human trafficking, including residential facilities for child sex trafficking victims and evidence-based mental health treatments for victims, among other topics (<http://aspe.hhs.gov/hsp/07/HumanTrafficking/>).<sup>42</sup>
- More broadly, states and services can look to **SAMHSA’s National Child Traumatic Stress Network** (NCTSN, <http://www.nctsn.org>) and **National Registry of Evidence-based Programs and Practices** (NREPP, <http://www.nrepp.samhsa.gov>) for useful training, technical assistance, and information on trauma-informed care and specific

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<sup>42</sup> Clawson, H.J. and Grace, L.G. (2007). Study of HHS Programs Serving Human Trafficking Victims. Washington, D.C.: Office of the Assistant Secretary for Planning and Evaluation (ASPE), U.S. Department of Health & Human Services.

screening and assessment tools and interventions to help address the behavioral health needs of victims.

By acting on the recommendations set out in this document, drawing on the given resources, and contributing to better data on the population and what works for getting to better outcomes, child and family service systems across the country can work to prevent and counter the traumatic effects of trafficking on our children and communities.