

Family First Prevention Services Act: High Quality Service Standards for Specialized Settings

Key Considerations for Developing Residential
Programming for Survivors and Young People at Risk of
Sex Trafficking

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KEY TERMS AND DEFINITIONS

Child/children – For this report, the definition of a child has been obtained from the 1989 United Nations (U.N.) General Assembly Convention on the rights of the Child, which is a “human being below the age of eighteen years, unless under the law applicable to the child, majority is attained earlier.”ⁱ

Cisgender – An individual whose gender identity matches the sex they were given at birth, e.g. someone who was assigned female at birth and identifies as a girl or woman, or someone who was assigned male at birth and identifies as a boy or man.ⁱⁱ

Cognitive behavioral therapy (CBT) – According to the Mayo Clinic, CBT is defined as a common type of talk therapy (psychotherapy) wherein an individual works with a mental health counselor (therapist) in a structured way, attending a limited number of sessions. CBT aims to help individuals to “become aware of inaccurate or negative thinking so [they] can view challenging situations more clearly and respond to them in a more effective way.”ⁱⁱⁱ

Congregate care – This term is used to cover a variety of residential settings for children and young adults, which include group homes, residential schools, and other such settings in which children are cared for by staff. In the Social Security Act, some such settings are referred to as, “child care institutions.”^{iv}

Dating violence – According to the National Center for Victims of Crime, dating violence is “controlling, abusive, and aggressive behavior, in a romantic relationship...[which] can include verbal, emotional, physical, or sexual abuse, or a combination.”^v

Dialectical behavioral therapy (DBT) – According to behavioralnutrition.org, DBT is “a specific type of cognitive-behavioral psychotherapy developed in the late 1980s by psychologist Marsha M. Linehan to help better treat borderline personality disorder...The theory behind the approach is that some [individuals] are prone to react in a more intense and out-of-the-ordinary manner toward certain emotional situations, primarily those found in romantic, family, and friend relationships.” DBT implements both individual psychotherapy and group therapy sessions.^{vi}

Domestic violence – The National Domestic Violence Hotline defines domestic violence as “a pattern of behaviors used by one partner to maintain power and control over another partner in an intimate relationship...Domestic violence includes behaviors that physically harm, arouse fear, prevent a partner from doing what they wish, or force them to behave in ways they do not want. It includes the use of physical and sexual violence, threats and intimidation, emotional abuse, and economic deprivation.”^{vii}

Eye movement desensitization and reprocessing (EMDR) – A structured, individual therapy developed in 1987 that encourages the patient to briefly focus on a trauma memory while simultaneously experiencing bilateral stimulation (typically eye movements). EMDR is associated with a reduction in the vividness and emotions associated with trauma memories. It is thought to improve symptoms of traumatic anxiety.^{viii}

Family First – This term is used when referring to the Family First Preservation Services Act. The Family First Prevention Services Act was signed into law as part of the Bipartisan Budget Act of 2018, as Public Law 115-123. Family First amended Title IV-E and Title IV-B of the Social Security Act.^{ix}

Foster care – As defined in 45 CFR § 1355.20, foster care is “24-hour substitute care for children placed away from their parents or guardians and for whom the Title IV-E agency has placement and care responsibility. This includes, but is not limited to, placements in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, childcare institutions, and pre-adoptive homes. A child is in foster care in accordance with this definition regardless of whether or not the foster care facility is licensed and payments are made by the state, tribal, or local agency, for the care of the child,

whether adoption subsidy payments are being made prior to the finalization of an adoption, or whether there is federal matching of any payments that are made.”^x

Foster care maintenance payments – As defined in 42 CFR § 675, foster care maintenance payments are “payments to cover the cost of (and the cost of providing) food, clothing, shelter, daily supervision, school supplies, a child’s personal incidentals, liability insurance with respect to a child and reasonable travel to the child’s home for visitation and reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement. In the case of institutional care, such terms shall include the reasonable costs of administration and operation of such institutions as are necessarily required to provide the items described in the preceding sentence.”^{xi}

Run(s)/running – Refers to when a child or youth runs away from their caregiver.

Sex trafficking – As defined in 22 CFR § 7102, sex trafficking is “the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting, of a person for the purposes of a commercial sex act.”^{xii} This is often also referred to as commercial sexual exploitation. In this report, only the term, “sex trafficking,” is used.

Sexual assault – As defined by the Rape, Abuse & Incest National Network (RAINN), “sexual contact or behavior that occurs without explicit consent of the victim.” Sexual assault includes attempted rape, fondling or unwanted sexual touching, forcing a person to perform sexual acts, and rape.^{xiii}

Specialized residential settings – This term is used to refer to residential settings that specialize in providing congregate care to children and youth who are survivors or are at risk of sex trafficking.

Stockholm Syndrome – As defined by Dictionary.com, Stockholm Syndrome is “an emotional attachment to a captor formed by a hostage as a result of continuous stress, dependence, and a need to cooperate for survival.”^{xiv}

Survivor – This term is used to refer to an individual who was previously trafficked but is no longer being exploited.¹

“The life” – A term often used by girls to describe their experiences with prostitution.^{xv}

Transgender – An individual whose gender identity does not match the sex they were given at birth. For example, a trans boy was assigned female at birth but identifies as a boy while a trans girl was assigned male at birth but identifies as a girl.^{xvi}

¹ We recognize and respect the preference of persons who have experienced sex trafficking victimization to be referred to as a victim or as a survivor. In our research, we encountered both the terms “victim” and “survivor,” with definitions sometimes varying based on the context. As an example, the Rape, Abuse & Incest National Network (RAINN) adopts the term “victim” when referring to someone who has recently been affected by sexual violence, when discussing a particular crime, or when referring to aspects of the criminal justice system; they use “survivor” to refer to someone who has gone through the recovery process, or when discussing the short- or long-term effects of sexual violence.

The language with which we discuss subjugation and oppression is itself a form of power that can be of significant consequence for those it describes. We thus acknowledge that our words carry great weight. With no intended harm toward the individuals we are describing, we primarily use the term “survivor,” and in certain contexts—usually within the criminal justice system—the term “victim” is used to describe individuals who have experienced sex trafficking.

Victim – This term is used in limited circumstances when describing an individual who has experienced sex trafficking in the context of the criminal justice system. This term is also used when referencing to research publications that use this language.²

Young person/people – This term is used when describing both children and youth.

Youth – This report relies on guidance from the United Nations (U.N.) to define youth. Youth is typically considered the “period of transition from the dependence of childhood to adulthood’s independence;” for statistical purposes, the U.N. defines this age group as “persons between the ages of 15 and 24 years.”^{xvii}

² See Footnote 1.

EXECUTIVE SUMMARY

This paper explores the types of facilities and programs described in the Family First Prevention Services Act as “setting[s] providing high-quality residential care and supportive services to children and youth who have been found to be, or are at risk of becoming, sex trafficking victims.”^{xviii} Public Consulting Group, Inc. (PCG) conducted an analysis of what it means to provide quality supportive services in congregate care settings to children and youth who are at risk of sex trafficking in a way that would reduce their risk or help them permanently escape trafficking by reviewing research publications and consulting with service providers and researchers in the field of sex trafficking. Our findings examine the elements that make these specialized residential settings unique and appropriate for treating survivors and/or young people who are at risk of sex trafficking.

This report is meant as a guide that state agencies can reference when defining program standards for specialized residential settings serving young people who are survivors or at risk of sex trafficking and that providers of congregate care for this population can review when designing programming to fulfill those requirements. PCG’s goal is to help states contract for services that have the greatest potential to prevent sex trafficking, stabilize survivors, and help survivors build a safe and successful future.

Our findings focus on the impacts of sex trafficking on survivors; challenges in defining a target population; considerations for defining program standards for congregate care settings serving young people who are survivors or are at risk of sex trafficking; and coordination by state actors.

INTRODUCTION

The Family First Prevention Services Act (Family First), passed into law in 2018, fundamentally changes the way the federal government invests in services for children and youth who have experienced abuse and neglect. Under the new law, states may now use federal funding authorized under Title IV-E of the Social Security Act for services that prevent a young person who has experienced abuse or neglect from being placed into foster care. Family First also signals a major shift in policy for congregate care. The act aims to emphasize placement into family-like settings and requires quality standards for congregate care settings.

Going forward, Title IV-E foster care maintenance payments for children and youth placed in congregate care will be restricted to the first two weeks of care unless certain conditions are met. Under Family First, states may continue to receive federal reimbursement for children in congregate care only if the setting is specified as one of the following:^{xix}

- ▶ A Qualified Residential Treatment Program (QRTP)—a placement setting newly defined in Family First;
- ▶ A program designed for pregnant or parenting youth;
- ▶ A supervised independent living setting; or
- ▶ “A placement providing high-quality residential care and supportive services to children and youth who are found to be, or are at the risk of becoming, sex trafficking victims.”

Though Family First rigorously defines a QRTP, the act takes a less prescriptive approach in determining what constitutes a high-quality residential program for young people who are at risk or are survivors of sex trafficking. Instead, states can define both this kind of programming and the population it should serve. States will provide their definitions, whether in law, regulation, or policy, in an update to their Title IV-E state plan, to be approved by the federal Administration for Children and Families Children’s Bureau.

With Family First comes a great opportunity for states to invest, or further invest, in programming that prevents the sex trafficking of children and youth and provides a path to recovery for survivors. The right care can not only help a young person recognize and escape trafficking, but it can also set them up for long-term success by giving them the supports and resources to cope with their trauma and work through challenges in their lives generally.

The following report is meant as a reference to help states create or amend service standards for congregate care settings providing services to survivors or young people at risk of sex trafficking, and to inform service providers as they design programming that complies with state standards. Recognizing that each state has unique needs when it comes to caring for young people under their watch, the aim in this report is not to prescribe a one-size-fits-all solution to address the harm to children and youth who are survivors or are at risk of sex trafficking. Rather, this work highlights important factors for states and service providers to consider in their responses to helping vulnerable young people reduce their trafficking risks and permanently escape trafficking.

The issue of sex trafficking is complex and calls for a deliberate, comprehensive response. Though the scope of this research focuses on services provided in the context of congregate care, our hope is that these findings will be part of a broader conversation on addressing and reducing harm to young people who are at risk or are survivors of sex trafficking. The following report outlines PCG's findings.

APPROACH

Responses to sex trafficking of young people from government agencies and private organizations have increased in recent years. However, a review of current literature on this subject will reveal that the growth of programming for persons trafficked for sexual exploitation has outpaced the evaluation of such services.^{xx} Due to the dearth of empirical research studies on programming for survivors of sex trafficking, this report therefore focuses on the different approaches that child welfare agencies may take in promoting the resilience and general well-being of survivors of sex trafficking.

As background, PCG worked closely with staff at My Life My Choice (MLMC) in Massachusetts. This report focuses on two programs from MLMC, which are unique in that they *have* been evaluated, with promising findings. The programs are nationally recognized, and MLMC's founder, Lisa Goldblatt Grace, is a renowned advocate in the field of human trafficking. For these reasons, this report highlights the work of this organization. Staff from the Vista Maria Wings Program in Michigan were also interviewed as part of this research.

PCG also reviewed research publications on sex trafficking of young people and programming responses for this population. Of particular relevance to this report is the work of Dr. Amy Farrell and her colleagues at Northeastern University. Dr. Farrell and her team conducted a nationwide study on the policies, practices, and programming that have been implemented to provide specialized responses to youth survivors of sex trafficking within residential placement settings; the findings were published in a 2019 report. Dr. Farrell's research paves the way for future work to evaluate the effectiveness of programming for survivors and young people at risk of sex trafficking.

BACKGROUND

THE IMPACTS OF SEX TRAFFICKING

Victims of sex trafficking endure abuses that have immediate and lasting impacts on their lives. Survivors of sex trafficking may suffer from both physical and emotional health problems as a result of their victimization. As outlined in a 2013 report released by the Office of the Assistant Secretary for Planning and Evaluation (ASPE), among these problems are:^{xxi}

- ▶ Physical injuries associated with beatings and rapes, including broken bones and untreated wounds
- ▶ Reproductive health problems, including exposure to sexually-transmitted infections (STIs) and human immunodeficiency virus (HIV), fertility issues, and other gynecological problems associated with sexual violence and rape
- ▶ Mental health issues resulting from trauma, including Post Traumatic Stress Disorder (PTSD) and somatic complaints such as headaches, chronic pain, etc.
- ▶ Malnutrition
- ▶ Substance use disorders, which may result from forced use by the trafficker or occur as a coping mechanism for abuse and trauma

In addition, repeated abuse is cited as causing:^{xxii}

- ▶ Extreme fear and anxiety;
- ▶ 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.

Treating survivors who have endured physical, emotional, and psychological abuse calls for extreme sensitivity and deliberateness. Otherwise, the opportunity to help these young people in a meaningful way might be missed, or worse—cause additional harm. Service providers can promote healing and stop future harm to children through structured, trauma-informed support.

CHALLENGES TO DEFINING A TARGET POPULATION

Before investing in programs, states must first define the population of children for which services will be provided. This can be a difficult task due to the nuances of working with young people who are survivors or are at risk of sex trafficking. PCG recommends that state agencies consider the following factors when determining who will be served by specialized residential settings.

Obstacles to Identifying Victims

Identifying children who are victims of sex trafficking is itself a challenge due to logistical and cultural factors. As cited by the Administration for Children, Youth and Families (ACYF) in a 2013 report, obstacles to identifying survivors include:^{xxiii}

- ▶ “The hidden nature of the crime and the use of the Internet by traffickers;”
- ▶ “The lack of standard protocols for identifying potential victims coming in contact with law enforcement, child protective case workers, street outreach workers, drop-in centers, school counselors, and emergency shelters;”

- ▶ The stigma associated with prostitution, which has led to: 1) adults not recognizing minors who experience sex trafficking as victims; and 2) young people not viewing themselves as victims and rejecting help.

The stigma associated with prostitution makes it particularly difficult to identify victims of sex trafficking. Denial of victimization by authority figures, service providers, and survivors themselves has been cited as one of the greatest challenges to identifying victims of sex trafficking.^{xxiv} The 2013 report by the ASPE indicates that many law enforcement officials, child protective services workers, and shelter providers believe that “girls had ‘chosen’ to become involved in prostitution and therefore should be held accountable for their ‘criminal’ actions.”^{xxv}

Survivors of trafficking not identifying as victims of exploitation can be the result of many factors. Sex trafficking victims may have complicated relationships with their trafficker and develop intense trauma bonds, which is one form of the Stockholm Syndrome.^{xxvi} These victims are often afraid of leaving or feel compelled to return to their abuser out of fear of retribution or because they believe they are in love with their trafficker.^{xxvii} Others may be drawn to “the life,” because they consider themselves to be good at prostitution and not much else, or because of the peripheral benefits of being trafficked, such as experiencing a sense of belonging with their peers and getting “‘perks’ such as trips to different states, nice clothing and jewelry, etc.”^{xxviii}

It is critical to acknowledge and address obstacles to identifying individuals who are victims of sex trafficking. Seeing an individual as a victim—even when they do not see themselves as a victim—is the first step to offering help.

Risk Factors

Human trafficking spans all demographics. Victims of sex trafficking come from different geographic regions, with varying socio-economic backgrounds, levels of education, and immigration statuses.^{xxix} While there is no single profile for victims of sex trafficking, certain vulnerabilities make an individual more susceptible to victimization. However, the young people who are at the crosshairs of racism, sexism, and classism, are often the most vulnerable to trafficking.^{xxx} The following vulnerabilities or circumstances are believed to increase risk factors for sex trafficking victimization:

- ▶ Children who have a history of child sexual abuse^{xxxi}
 - Between 70 to 90 percent of youth who are victims of sex trafficking have a history of child sexual abuse.^{xxxii}
 - Children who experienced sexual abuse are 28 times more likely to be arrested for prostitution at some point in their lives than children who did not.^{xxxiii}
- ▶ Youth who have experienced dating violence and rape^{xxxiv}
- ▶ Children with low self-esteem and minimal social support^{xxxv}
 - These traits are very common among young people in foster care or experiencing homelessness due to their histories of abuse, neglect, and trauma.^{xxxvi xxxvii}
- ▶ Lesbian, gay, bisexual, transgender, or questioning (LGBTQ) youth^{xxxviii}
 - By some measures, LGBTQ youth can be up to five times more likely than heterosexual youth to be victims of trafficking. In a 2013 report, the ACYF attributed this to the “increased susceptibility that comes with the feelings of rejection and alienation that are often experienced by LGBTQ youth.”
- ▶ Children who are in foster care

- In 2013, approximately 60 percent of child sex trafficking survivors recovered through Federal Bureau of Investigation (FBI) raids across the U.S. came from foster care or group homes.^{xxix}
 - ▶ Children and youth who run away from foster care^{xi xii}
 - ▶ Children and youth who experience homelessness^{xiii}

State officials must acknowledge the logistical and cultural barriers to identifying survivors and young people who are at risk of sex trafficking when defining this population for programming eligibility purposes. It is essential for state officials to familiarize themselves with risk factors for sex trafficking and carefully screen individuals exhibiting those risk factors. Being vigilant about the warning signs of sex trafficking—especially for those with greater or compounded risk factors—can help to identify victims, and recognizing abuse earlier can help reduce significant harm to children.

TWO INTERVENTION APPROACHES

In congregate care settings, there are two main approaches to offering programming to young people who have been or are currently at risk of sex trafficking. These approaches are not exclusive of one another:

1. Use prevention methods universally for any child in foster care who is placed in congregate care; or
2. Create specialty programming for young people with confirmed sex trafficking victimization

Both approaches are used in the field of human trafficking, and each one has its promises and limitations. As they define a target population and contract for services, state agencies should consider whether their policy objectives encompass one or both approaches.

The Universal Precautions Model

Established by My Life My Choice (MLMC), the Universal Precautions Model takes a public health approach to prevention. It is based on the understanding that every child who enters a residential program is vulnerable to sex trafficking and emphasizes, therefore, that every residential program should implement in-depth prevention curriculum for all of the children it serves.^{xiii} Due to the challenging nature of identifying children who have been exploited versus children who are at high risk of exploitation and given limited funding for social services nationwide, MLMC argues that a prevention approach used consistently across residential settings has the greatest potential to prevent harm on a large scale.^{xiv}

The Universal Precautions Model aims to better equip providers of congregate care by instructing them on how to work with cisgender girls, trans girls, or trans boys at risk of sex trafficking or those who have survived trafficking victimization. Within the model, individuals identified as survivors receive additional supports. For example, a young person identified as a survivor would be referred to a MLMC mentor. Additionally, using the Universal Precautions Model, MLMC works with providers in congregate care settings to create comprehensive run prevention and post-run integration plans. The Universal Precaution Model does not discredit the benefits that can come from designated residential programs for youth who have been exploited or are considered at high risk. Rather, it acknowledges that there are limits to only providing interventions through these specialized residential settings.

Congregate Care for Survivors

Studies have shown that while survivors of sex trafficking have similar needs to other survivors of trauma or abuse, other needs are unique to this population.^{xiv} Ideally, residential programs for survivors of sex trafficking create a safe space where young people can receive treatment specific to the abuses they

suffered. They are believed to create an environment free of stigma where young people with similar experiences can work toward recovery. These programs have policies, procedures, staffing requirements, and services that are all geared towards the stabilization and recovery of survivors of sex trafficking. (*These characteristics are covered in greater detail in the Foundations for Residential Settings section of this report*). Importantly, specialized facilities can offer safety and security that is more appropriate for this population of young people, including robust protocols for when a young person runs away from the facility.³

Specialized residential programs benefit from lower staff-to-youth ratios, multiple staff on site at all times, staff with specialty training and/or additional credentialing, and single occupancy rooms. If these characteristics exceed the requirements of non-specialized congregate care settings, they will require additional investment.

It should be noted that not every survivor would be best served in this type of setting. Two of the challenges of tailoring responses to survivors in general is that: 1) survivors are a diverse population, coming from multi-cultural backgrounds and various socio-economic situations; and 2) understandably, survivors may be less trusting of adults and authority figures as a result of the neglect, abuse, and trauma they've suffered, and they may therefore not respond well to highly-restrictive settings—some youth report feeling like they are being punished for their exploitation because of the heightened security and strict rules in specialized settings.^{xlvi}

In addition, there is consensus that the use of congregate care for young people and especially young children should be limited—this was an explicit goal of Family First. Research in the field of child welfare and psychology suggests that most children are better served in a family setting, and congregate care should only be used when necessary therapeutic mental health services cannot be delivered in a less restrictive setting.^{xlvii xlviii}

In order to determine when a specialized residential setting is an appropriate placement for a young person, state officials should consider implementing assessments for placements in specialized residential settings similar to those required for QRTP placements. Under QRTP requirements, a Qualified Individual—"a trained professional or licensed clinician who is not an employee of the State agency and is not connected to, or affiliated with, any placement setting in which children are placed by the state"—would use an age-appropriate, evidence-based, validated, and functional assessment tool to determine which setting would provide the most effective and appropriate level of care for a young person in the least restrictive environment.^{xlix}

More research is needed on the types of screening that can best predict which kind of placement will lead to the most successful outcomes for a child.

³ Specialized safety and security policies and protocols are also captured under the Universal Precautions model.



At a Glance

The Universal Precautions Approach

BENEFITS

- ▶ All young people in foster care are considered at risk of sex trafficking. This model addresses this risk with appropriate policies and protocols for providers.
- ▶ Can reach the greatest number of young people; teaches all young people in congregate care to look for the warning signs of trafficking and how to avoid it
- ▶ Curricula and training can be purchased for existing residential programs, giving any residential program the opportunity to become a specialized residential setting.
- ▶ Training and policy and protocol changes to implement prevention programming is less expensive than settings specifically designed for survivors of sex trafficking.
- ▶ Allows young people to receive interventions in a general setting so they do not feel “other-ized” or punished for their perceived or confirmed risk or victimization. Some young people may benefit more from living with the general population within a congregate care setting.
- ▶ Young people identified as survivors receive additional supports.
- ▶ Programs are coached on how to create comprehensive prevention plans for running away and post-run integration plans.
- ▶ Staff receive additional training.
- ▶ Programs are coached on how to have strong safety and security policy and protocols in place, including running protocols.

LIMITATIONS

- ▶ Survivors may benefit from additional supports provided in specialized congregate care settings.
- ▶ Does not create a separate space where survivors are surrounded by others with shared experiences. Some young people may benefit more from living among survivor peers.
- ▶ Some young people may benefit from more intensive treatment, especially if they suffer from trauma bonds and do not want to leave “the life.”
- ▶ General congregate care settings may have fewer security policies and protocols overall.

Figure 1: Based on PCG’s Research: Limitations & Benefits of the Universal Precautions Model

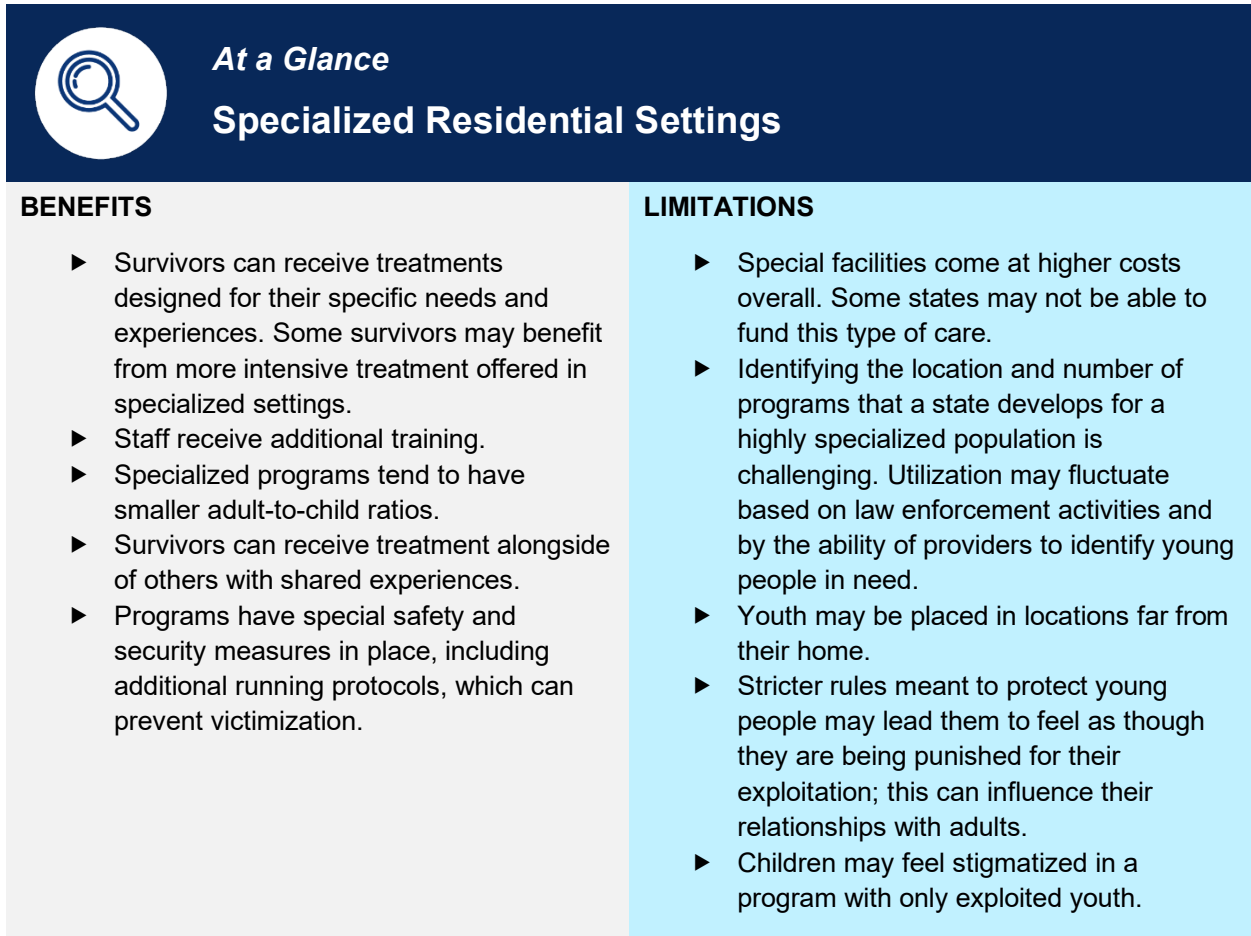
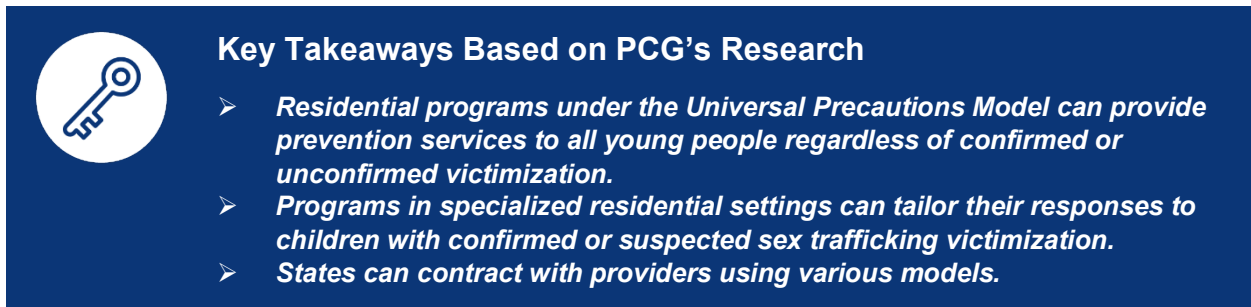


Figure 2: Based on PCG’s Research: Limitations & Benefits of Specialized Residential Settings

Further evaluations are necessary to determine what kinds of outcomes congregate care settings yield for survivors or young people at risk of sex trafficking, and this is true of facilities under the Universal Precautions Model or other survivor-designated models.



CREATING PROGRAM STANDARDS FOR SPECIALIZED RESIDENTIAL SETTINGS

Service providers have the challenging but critical task of addressing the many needs of children and youth who were trafficked. The best responses will promote the resilience and integration of survivors of sex trafficking into the community, while the worst have the potential to re-victimize survivors, exacerbate their underlying health problems, and lead to future exploitation. The ACYF recommends that providers offer “trauma-informed, culturally appropriate, and individualized care that addresses physical and mental health needs.”ⁱ

Responses to the sex trafficking of young people fall on a continuum of services. This report focuses on services offered in specialized residential settings, and this section launches into key factors for state agencies to consider when designing program standards for specialized residential settings.

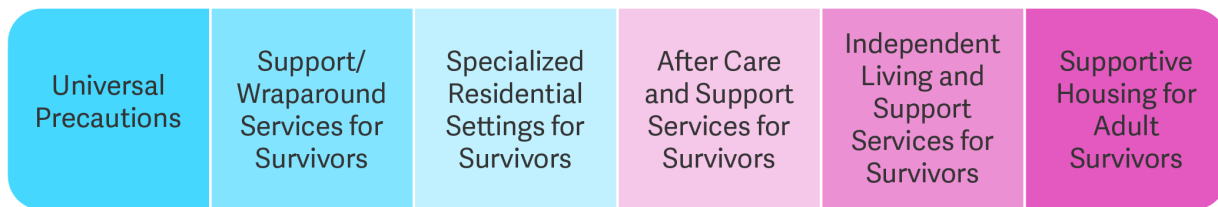


Figure 3. Continuum of Services for Survivors or Children at Risk of Sex Trafficking

At a Glance

- An issue brief by the U.S. Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation noted that there was universal consensus among the providers and law enforcement officials who were interviewed that specialized residential settings should be situated “along a continuum of care that begins with prevention education and outreach to at-risk populations, teachers and school counselors, health and human service professionals, juvenile justice and child welfare systems personnel, parents, and communities at large.”ⁱⁱ

In *Specialized Residential Placements for Child Trafficking Victims*, a 2019 report by Farrell et. al., researchers found that programs providing services to young people who are at risk and or are survivors of sex trafficking have five core components in common. PCG’s findings below include all five components and expands upon other key service and program elements.ⁱⁱⁱ



At a Glance

The following list highlights the five core components that make programs specialized for child trafficking, as cited in the 2019 report by Farrell et al.^{liii}

- ▶ **1. Staffing**
 - Staff are trained on sex trafficking/child trafficking and trauma informed care.
- ▶ **2. Engagement in Multi-Disciplinary Team Response**
- ▶ **3. Physical Space**
 - Most programs are small and have a specialized foster care model, home or home-like setting (providing home-cooked meals and opportunities to celebrate birthdays, for example), and/or mechanisms to connect young people to school or education opportunities.
- ▶ **4. Practices and Programming. Programs:**
 - Implement policies and practices created with input from survivors of sex trafficking
 - Incorporate comprehensive case management and clinical support
 - Allow and promote young people to “embrace individuality without retribution”
 - Focus on skill building, coping skills, and empowerment
 - Provide counseling for youth and their families or support systems
 - Offer or contract for counseling for substance use disorder
 - Provide internal support for staff members
- ▶ **5. Safety**
 - Programs have special considerations for security, such as whether facilities are locked or staff secured.
 - Programs define protocols for running behavior and responses to running away, including the ability to hold beds.

FOUNDATIONS FOR RESIDENTIAL SETTINGS

Training

Building a strong foundation for care begins well before admittance into a program. Working with children who have suffered significant trauma demands that providers receive high-quality minimum training prior to delivering services. Professionals providing care or services should have a general understanding of human trafficking and receive verifiable, comprehensive training on the trauma that exists for survivors of sex trafficking. In addition, taking a “whole team approach” with trainings that are ongoing and consistent for all employees can help create an environment where all adults are attuned to the emotional and physical needs of survivors or high-risk youth.^{liv}

General training content on human trafficking may include:^{liv}

- ▶ Awareness of trafficking
- ▶ Recruitment techniques used by traffickers

- ▶ Risk factors for children in the child welfare system
- ▶ Trauma bonds between victims and traffickers

Practice-specific trainings may include:^{lvi}

- ▶ How to identify sex trafficking situations
- ▶ The legal duties of child-serving agencies and law enforcement officials
- ▶ Best practices for serving survivors of sex trafficking

In the 2019 report by Farrell et al., providers of congregate care for survivors of child trafficking reported receiving comprehensive training specific to child sex trafficking and having trauma-informed practices that include:^{lvii}

- ▶ “Input from survivors...or survivors on staff”
- ▶ “Understanding of both physical and psychological responses to exploitation”
- ▶ “Understanding the dangers of youth continually “telling their story””
- ▶ “De-escalation training, incident prevention, and recognizing signals”



At a Glance

As a national leader on training on the subject of sex trafficking, My Life My Choice calls for every adult in congregate care facilities to be trained experts who, at minimum, are adept at:^{lviii lix}

- ▶ Talking about exploitation
- ▶ Executing run prevention plans
- ▶ Supporting youth after they have been missing from care
- ▶ Identifying and responding to recruitment on site
- ▶ Using a stages-of-change approach to supporting recovery

Staffing

Staffing requirements for specialized residential settings typically meet or exceed those of a QRTP under Family First. In order to provide the most attentive and responsive care to survivors, specialized residential settings should have small child-to-adult ratios. Farrell et al. found that providers surveyed have, on average, a ratio of one staff member for every three young people enrolled in their program.^{lx} Furthermore, therapists are encouraged to keep a small caseload, and programs are encouraged to keep a medical professional on site.^{lxi}



At a Glance

The Vista Maria Wings Program typically operates with a 1:4 staffing ratio for their stabilization program.^{lxii}

- Therapists maintain a caseload of 10.
- A nurse is present and active in the care of children in this unit on weekdays and is on call during nights and weekends.
- Vista Maria recommends maintaining staff to meet the needs of this ratio.

Screening and Assessment

Screening and assessment can help identify survivors of trafficking and their service needs.^{lxiii} Critically, screening and assessment can inform appropriate case planning and help monitor progress toward recovery over time. However, in the 2019 report by Farrell et al., only 85 percent of programs chosen for special review performed an assessment to determine the specific needs of a child.^{lxiv} This study also revealed that a majority of programs did not use a validated measure for assessing young people, with many using a tool that was developed internally.^{lxv}

The ACYF recommends “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 welfare system”.^{lxvi} Though the ACYF does not endorse any one screening or assessment tool, they cite the following examples:^{lxvii}

- ▶ “Valid and reliable trauma screening tools:”
 - Child and Adolescent Needs and Strengths (CANS) Trauma Version
 - Child PTSD Symptom Scale
 - Trauma Symptom Checklist (TSC)
 - UCLA PTSD Index
- ▶ “Functional assessment tools:”
 - Behavioral and Emotional Rating Scale (BERS-2)
 - Child Behavior Checklist (CBCL)
 - Emotional Quotient-Inventory
 - Social Skills Rating System (SSRS)
 - Strengths and Difficulties Questionnaire (SDQ)

Additionally, anti-trafficking experts recommend the use of indicators outside of what is included in the most prevalent screening and assessment tools to identify possible evidence of sex trafficking. These include:^{lxviii}

- ▶ “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 toward the trafficker;
- ▶ exhibition of fear, tension, shame, humiliation, nervousness;
- ▶ lack of ability or unwillingness to identify themselves as victim; and
- ▶ over-sexualized behavior.”

Screening tools can also help assess whether children have been trafficked. The following four screening instruments have been validated for their effectiveness in identifying whether or not children have been trafficked:^{lxix}

- ▶ The Trafficking Victim Identification Tool (TVIT) by the Vera Institute
 - An adaptation of this instrument for runaway and homeless youth created by Covenant House of New York City
- ▶ The Human Trafficking Screening Tool by the Urban Institute
- ▶ The Commercial Sexual Exploitation – Identification Tool (CSE-IT) by the WestCoast Children’s Clinic

However, further research is needed to understand how the tools perform in a child welfare context.^{lxx} In addition, more research is needed on the types of screening that can determine the most appropriate placement for a child.



At a Glance

In *The Child Welfare System Response to Sex Trafficking of Children*, an ACF report to Congress released in 2019, the most commonly used screening tools reported by six states and the District of Columbia were tools developed by the Vera Institute and Covenant House.^{lxxi} Other tools adopted by states were those developed by the WestCoast Children’s Clinic, Shared Hope International, and Loyola University of Chicago.

Safety and Security

One of the greatest considerations for providers is the safety of young people in their care. Programs must decide on how to protect children and youth from threats outside their facility while also ensuring safety and security from within. Preventing contact with traffickers and preventing runs are two key concerns.

Planning for Physical Spaces

Programs must implement policies and procedures for the following:^{lxxii}

- ▶ Access into the building by outsiders—programs must prevent harmful contacts with children in their care and closely monitor contacts with residents.
- ▶ Access out of the building by residents; this is critical for preventing runs.
- ▶ Access around the building by residents and staff
 - Many facilities are staff-secured, requiring badges to open doors.
 - Farrell et al. found that 78 percent of programs interviewed for their study were staff-secured.^{lxxiii}
- ▶ Safety plan and running protocols
- ▶ Cell phones
 - There is no consensus on a cell phone policy—policies vary from state to state, and from program to program. In the 2019 report by Farrell et al., 58 percent of programs interviewed did not allow access to cell phones.^{lxxiv}
 - Programs must first abide by state laws when it comes to cell phone removal or limitations, and then determine which policies will create an environment that promotes recovery for a survivor.
 - Cell phone access may lead to contact with exploiters or increase running behavior. Others argue that it can be beneficial to teach safe and healthy use of phones.
 - Program designs should allow for experimentation with cell phone policies.

Living spaces for residents and the atmosphere they create must also be planned consciously. Individual, group, and therapeutic spaces for youth must provide space that is tranquil and a milieu that is stress- and anxiety-reducing. It has been reported that survivors of sex trafficking have difficulty navigating relationships and therefore need—and are more likely to benefit from—a smaller, more intimate setting.^{lxxv} Often coming from shared living conditions with hierarchical social structures, survivors of trafficking may become territorial about the spaces they navigate.^{lxxvi} Offering a child a certain level of control over their living space

can help them feel safer and more at ease, and limit altercations with other residents.^{lxxvii} Programs must determine:

- ▶ The number of children occupying a single bedroom
 - It is recommended that no more than two children sleep in one room.^{lxxviii} Some providers feel strongly that single occupancy rooms are best practice.
- ▶ How many children share a bathroom
- ▶ Procedures for door-locking at night



At a Glance

At the Vista Maria Wings Program in Michigan, each girl has a private bedroom but can share a bathroom.^{lxxix} Youth may have their door secured at night, or may ask for the doors to be slightly closed. Preferences are outlined in their safety plan.

Planning for Runs

Because survivors of trafficking often have a chronic history of running away from home, protocols for running behavior and running responses are integral to providing appropriate care in specialized residential settings.^{lxxx} Once children run, they are more likely to be trafficked for sex, making it critical for providers to mitigate these risks. Running away has also been associated with worse outcomes related to health, safety, education, employment, and criminal justice system involvement.^{lxxxi}

When preparing for a response to running risks or runs, providers should create policies for:

- ▶ Safety planning
- ▶ Holding beds
- ▶ Recovery planning if a child returns to care following a run

Creating policies that enable specialized residential settings to hold beds for children who run away prevents the abrupt disruption of services for young people. Best practice is thus for states to incorporate holding beds into their service rates to give programs the flexibility they need to support youth who are likely to exhibit these behaviors.

The 2019 study by Farrell et al. cited that:^{lxxxii}

- ▶ 47 percent of programs created a safety plan at admittance
- ▶ 86 percent have some capacity to hold beds for runaway youth
- ▶ 86 percent have recovery policies in place
- ▶ 86 percent require medical clearance for return to the program after recovery

PROGRAMMING

Service provision is at the core of what makes a residential program “specialized.” In the 2019 report by Farrell et al., researchers examined what makes specialized residential settings uniquely suited to serve victims of sex trafficking and cited the following:^{lxxxiii}

- ▶ Policies and practices informed by survivors
- ▶ Programming that incorporates comprehensive case management and clinical support

- ▶ Programming that allows and promotes young people to embrace individuality without retribution
- ▶ Flexible programming, i.e. allowing a young person to engage or not
- ▶ Focus on skill building, coping skills, and empowerment; acknowledging that a young person may not be ready for trauma therapy immediately
- ▶ Counseling for young people
- ▶ Counseling for substance use disorder, onsite or contracted
- ▶ Internal support for staff
- ▶ Having bilingual staff available

Prevention

Prevention programming may be used to prevent primary victimization or re-victimization. By helping children examine their own vulnerabilities to sex trafficking, raising awareness of recruitment tactics used by traffickers, shifting attitudes based on myths about the commercial sex industry, and building resilience through self-esteem and critical thinking skills, prevention programs can prepare youth to protect themselves against predators who are trying to exploit them or their peers.^{lxxxiv} This is not to suggest that a young person bears the responsibility of preventing their own sexual exploitation, but that empowering young people with knowledge instead gives them tools with which to defend themselves and others in a world where protection from exploitation is not guaranteed. Prevention can help shift both attitudes and risky behaviors of young people which in turn can reduce their vulnerability to sex trafficking.



At a Glance

My Life My Choice’s prevention curriculum helps prevention programs prepare youth to protect themselves against predators who are trying to exploit them or their peers by:^{lxxxv lxxxvi}

- ▶ **Helping children examine their own vulnerabilities to sex trafficking**
- ▶ **Raising awareness of recruitment tactics used by traffickers**
- ▶ **Shifting attitudes based on myths about the commercial sex industry**
- ▶ **Building resilience through self-esteem and critical thinking skills**

My Life My Choice Exploitation Prevention Curriculum

One of the most widely used prevention programs in North America, My Life My Choice (MLMC), has trained facilitators in 33 states and Canada.^{lxxxvii} Recognized nationally, MLMC is survivor-led, and its prevention, training, intervention, and advocacy work is survivor-informed. The MLMC Prevention Solution Model aims to achieve sustained, program-wide change by offering a comprehensive blueprint for preventing victimization. One of the better-known components of the Prevention Solution Model is the Exploitation Prevention curriculum.

Created in 2002, the MLMC Exploitation Prevention curriculum was the first of its kind in the nation.^{lxxxviii} The curriculum was developed by survivors of exploitation, and survivors are encouraged to co-facilitate the curriculum whenever possible. Recommended for young people in congregate care settings, the curriculum trains providers to facilitate a “comprehensive psychoeducation program that pushes girls to examine their own vulnerabilities while shifting attitudes, knowledge and skills.”^{lxxxix} Both a strength and a limitation of the program, the Exploitation Prevention curriculum is only tailored to cisgender girls, trans girls, or trans boys who are at risk of exploitation.

Recently, the MLMC Exploitation Prevention curriculum was part of a three-year, longitudinal, multi-site evaluation funded by the National Institute of Justice (NIJ); data were collected between 2015-2017 and findings were published in 2019.^{xc} The Exploitation Prevention curriculum is the only comprehensive curriculum that has been evaluated and for which there is evidence that participation is associated with decreased risk of commercial sexual exploitation of children. Among the findings from the evaluation are the following:^{xci}

- ▶ The MLMC Exploitation Prevention curriculum decreases incidences of exploitation as well as dating violence. These results were shown to be true with girls who had never been exploited as well as those who had.
- ▶ Knowledge about sex trafficking and risks for exploitation improved for all participants, particularly 11 to 15-year-old girls who lived in a residential facility.
- ▶ After participating in programming with the Exploitation Prevention curriculum, experiences of sex trafficking decreased by 55 percent at the three-month follow-up and by 40 percent at the six-month follow-up.
- ▶ Participants were two times less likely to report dating abuse victimization at the six-month follow-up.

The study also suggests that young people who receive this programming “pay it forward”—100 percent of participants provided help related to sex trafficking to a friend or other people after participating in the prevention group.

The MLMC Exploitation Prevention curriculum was found to be a practice supported by empirical evidence in the NIJ study, making it a promising approach for states and providers to consider implementing.

Medical Services

Medical services—reproductive care in particular—are paramount for young people who are recovering and receiving treatment. Survivors of trafficking may be suffering from physical injuries, reproductive problems, and poor health in general due to abuse and neglect.^{xcii} Specialized residential facilities may have in-house medical staff or may coordinate staff for medical services.

Programs surveyed in the 2019 study by Farrell et al. reported offering the following:^{xciii}

- ▶ STI/HIV screenings (95 percent of programs)
- ▶ Birth control (94 percent of programs)
- ▶ Emergency contraception (83 percent of programs)
- ▶ OB/GYN appointments (100 percent of programs)
- ▶ Pregnancy termination (78 percent of programs)
- ▶ General education on reproductive health (94 percent of programs)

Mental Health Counseling and Treatment

Mental health counseling and treatment is integral to the recovery process for survivors of trafficking. Counseling can help young people develop skills for communicating and responding to emotional distress. Therapy also allows a counselor to monitor children closely and intervene when risks arise. Individualized therapy, in particular, has been shown to decrease the risk of running from care, which in turn reduces the risk of sex trafficking victimization.^{xciv}

According to Farrell et al., programs in specialized residential settings are providing trauma-informed counseling services, but these practices vary from provider to provider. Providers are offering trauma-informed counseling services that include “cognitive behavioral therapy, understanding trauma bonds, examining linguistics, emotional and behavioral triggers, and learning how to recognize escalation signals

and redirect those thoughts or behaviors into more stable outlets.^{xcv} Treatment performed by a clinician or therapist with special training on sex trafficking include:^{xcvi}

- ▶ Individual therapy
- ▶ Group therapy
- ▶ Family therapy, if family engagement is not a safety concern for the child
- ▶ Substance use counseling

The ASPE, in a 2007 report, emphasized certain treatments in use by providers and law enforcement working with survivors in particular:^{xcvii}

- ▶ Cognitive behavioral therapy (CBT)
- ▶ Dialectical behavioral therapy (DBT)
- ▶ Eye movement desensitization and reprocessing (EMDR)

CBT has been demonstrated to be effective for a range of issues including depression, anxiety disorders, substance use disorder, and severe mental illness.^{xcviii}

As noted previously, there are few empirical studies on survivors of sex trafficking, and evidence-informed practice models for this population are limited. However, providers may look to evidence-based interventions used with other vulnerable youth populations when serving victims of sex trafficking—including young people who are survivors of non-commercial sexual abuse and interpersonal violence—and adapt these interventions to meet the needs of survivors of sex trafficking.^{xcix} Treatments to consider applying to this population include:^c

- ▶ Multisystemic Therapy (MST), which addresses substance use disorder, behavioral issues, mental health, social functioning, and family/relationships
- ▶ Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), which is designed to treat post-traumatic stress and related emotional and behavioral issues with children and adolescents, and also impacts social functioning and family/relationships
- ▶ The Adolescent Community Reinforcement Approach (A-CRA), an intervention that has been tested with runaway and homeless youth; though it focuses primarily on substance use and co-occurring disorders (depression and anxiety), it also impacts social stability (education, employment) and linkages to- and participation in- continuing care services

Survivor Mentoring

Survivor mentoring pairs a survivor of exploitation with an adult survivor who is in a more stable phase of life. Through these relationships, young people can connect with someone who shares similar experiences. Survivor mentors can help young people work through their trauma without feeling judged.^{ci} Mentors can offer a young person a stable, positive, and caring adult relationship at a time in their lives when trusting and building connections with others can be very difficult.

Many programs have a survivor mentoring component. Following a three-year evaluation by the National Institute of Justice, the My Life My Choice Survivor Mentoring Program was found to be a practice supported by empirical evidence, suggesting that the program led to positive changes in the lives of youth.^{cii} The program has been shown to decrease exploitation, interactions with police, substance use disorder, and depression.^{ciii}



At a Glance

In a 2018 report by the ACF, child welfare agencies reported working with or referring individuals to the following external organizations:^{civ}

- ▶ Courtney’s House in Washington, D.C., an organization that is survivor-founded and survivor-led
- ▶ Girls Education and Mentoring Services (GEMS) in New York City, New York, a survivor-led organization
- ▶ Motivating Inspiring Supporting and Serving Sexually Exploited Youth (MISSEY) in Alameda County, California
- ▶ My Life My Choice in Massachusetts
- ▶ The STOP-IT program in Chicago, Illinois

Community Integration

Integrating children into the community can help to sustain their recovery and normalize their lives following exploitation and treatment in a congregate care setting. Some programs use a progress system that allows youth to leave the facility for the day, overnight, or a family visit. Other programs do not permit these passes or only have program-sanctioned outings.^{cv}

Programming to facilitate re-entry into the community should promote the independence of young people at a time when their safety will not be compromised. Establishing independence in the community is especially important for older youth—in particular, connecting youth with employment following graduation from the program is thought to promote long-term success. Many providers incorporate life skills, job training, and career development programming into a young person’s treatment plan.^{cvi} Financial literacy is also essential for survivors of sex trafficking—learning that money can be earned without doing harm to one’s body and spent responsibly can prevent re-victimization.^{cvi}

COORDINATION BY STATE ACTORS

Developing a support network outside of residential programming for survivors and young people at risk of sex trafficking is critical to ensure that there is coordination between the various systems these individuals are involved in, and that their needs are adequately addressed. Two areas state agencies can focus on are bolstering case management and establishing coordination and collaboration through multi-disciplinary teams.

Case Management

While case management is a central service offered by child welfare agencies, some states have adopted specialized case management for trafficking victims.^{cvi} This is achieved by defining specific protocols for supervision, placement, and service coordination for sex trafficking survivors. Survivors of sex trafficking may need more intensive case management depending on their interactions with multiple service systems and the need to balance their well-being with the interest of prosecutors.^{cix} Case managers help young people navigate the multiple systems and services that are necessary to meet their individual needs (e.g., legal services, medical and mental health services, housing, etc.).^{cx} Additionally, specialized case management can ensure that young people are connected to a consistent source of personal support, and that needed services are appropriate to their situation and are acceptable to them.^{cx}

- ▶ In the state of Illinois, the child welfare agency protocol defines the duties of caseworkers managing cases for trafficking victims.^{cxii}
- ▶ In Georgia, child welfare case managers coordinate specialized case management with Georgia Cares, a non-profit organization that provides support for young people who are victims or are at risk of sex trafficking.^{cxiii}

Multisystem Coordination and Collaboration

Multi-disciplinary teams (MDT) have been identified as being particularly suited for child sex trafficking cases.^{cxiv} Sexual exploitation cannot be fought by one agency alone—MDTs maximize the resources of all the systems in which a child is involved. At the system level, work groups and task forces facilitate information sharing, align policy and practice, assess service needs, and recommend protocols.^{cxv} Additionally, MDTs can create a helpful forum for creating state standards for specialized residential settings and community responses to fight and prevent sex trafficking. At the individual case level, MDTs help to share information and coordinate responses for each young person. Programs can provide a comprehensive response tailored to an individual’s needs by working with the child welfare agency, schools, law enforcement, the juvenile justice system, and other organizations. Support from a child’s extended care network is also critical for successful re-entry into the community. Transition planning can help young people identify support from caring adults and service systems, as they exit from congregate care or foster care.

The benefits of utilizing MDTs include:^{cxvi}

- ▶ The opportunity to bring together diverse perspectives to address what are often complex cases
- ▶ Avoiding the need for repeated and potentially re-traumatizing interviews with victims
- ▶ Coordinated service delivery
- ▶ Linking perspectives across disciplines to acquire a complete picture of the child’s needs and to better assess their progress

MDT response was one of five components identified by Farrell et al. in 2019 as being core to programs specializing in child trafficking.^{cxvii} Sixty-two percent of programs surveyed in the study provided support, advocacy, and wrap around services, and 40 percent offered mobile crisis responses.^{cxviii}

CONCLUSION

As states invest in responses to prevent the sex trafficking of young people, it will be critical to collect data and conduct evaluations of programming. The solution to a lack of evidence is building evidence. Tracking outcomes and closely examining data will allow states to better understand which interventions in congregate care settings are, in fact, rehabilitating survivors and preventing harm to at-risk youth.

ACKNOWLEDGEMENTS

This paper was written with special input from My Life My Choice in Massachusetts and the Vista Maria program in Michigan. For your expert advice and commitment to helping survivors thrive, we offer our gratitude.

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