

SPECIALIZED RESIDENTIAL PLACEMENTS FOR CHILD TRAFFICKING VICTIMS

2019

CHILDREN'S ADVOCACY CENTER
of suffolk county

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Executive Summary

As the response to youth who are victims of sex and labor trafficking has become more comprehensive, there is an increased need to provide specialized programming for these youth within residential placement settings. Across the country child welfare programs and agencies providing services for youth at risk for sex and labor trafficking are adopting new strategies to meet the needs of these youth in a variety of settings. This study outlines the policies, practices, and programming that have been implemented across the US to provide specialized responses to exploited and trafficked youth within residential placement settings.

Although there is not currently sufficient data in the field to support a comprehensive assessment of the effectiveness of different placement models, this study describes the features of a specialized response and offers suggestions to improve programming and practice. Our specific aims included:

- Contextualizing the legal landscape of each state through a review of mandatory provisions to protect child victims of human trafficking.
- Describing the national landscape of existing residential programs across the United States that offer specialized services for child victims of human trafficking.

Data for this study included a review of existing state law and policy related to the provision of specialized services for child trafficking victims, a survey of 128 providers offering specialized responses to child trafficking within a residential setting and in-depth interviews with 23 program directors or clinical staff to better understand the nature, strengths and challenges of various specialized responses to child trafficking within residential settings. Five key components of a specialized child trafficking response are outlined. These include:

1) Staffing
2) Participation in a Multi-Disciplinary Team response
3) Physical Space
4) Practices and Programming
5) Safety

Finally, recommendations are provided for residential placement coordinators, child welfare departments, and legislators, as well as for researchers.

Project Background

The exploitation and trafficking of children has become an increasingly important concern for agencies serving youth. Child trafficking includes a range of harmful acts. As defined in the Victims of Trafficking and Violence Protection Act of 2000 (TVPA), sex trafficking of minors is "**the recruitment, harboring, transportation, provision, or obtaining of a minor for the purpose of a commercial sex act**" (17). The TVPA recognizes minors who are engaging in commercial sex as victims of sex trafficking regardless of coercion, fraud, or force. The Justice for Victims of Trafficking Act (JVTA) expands this definition by including additional victimization types not covered by the TVPA, such as sexual exploitation and other sexual abuse types, pornography, live or online sex shows, or sex tourism (11). The TVPA also defines crimes of labor trafficking which include "**the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purposes of subjection to involuntary servitude, peonage, debt bondage, or slavery**" (17).

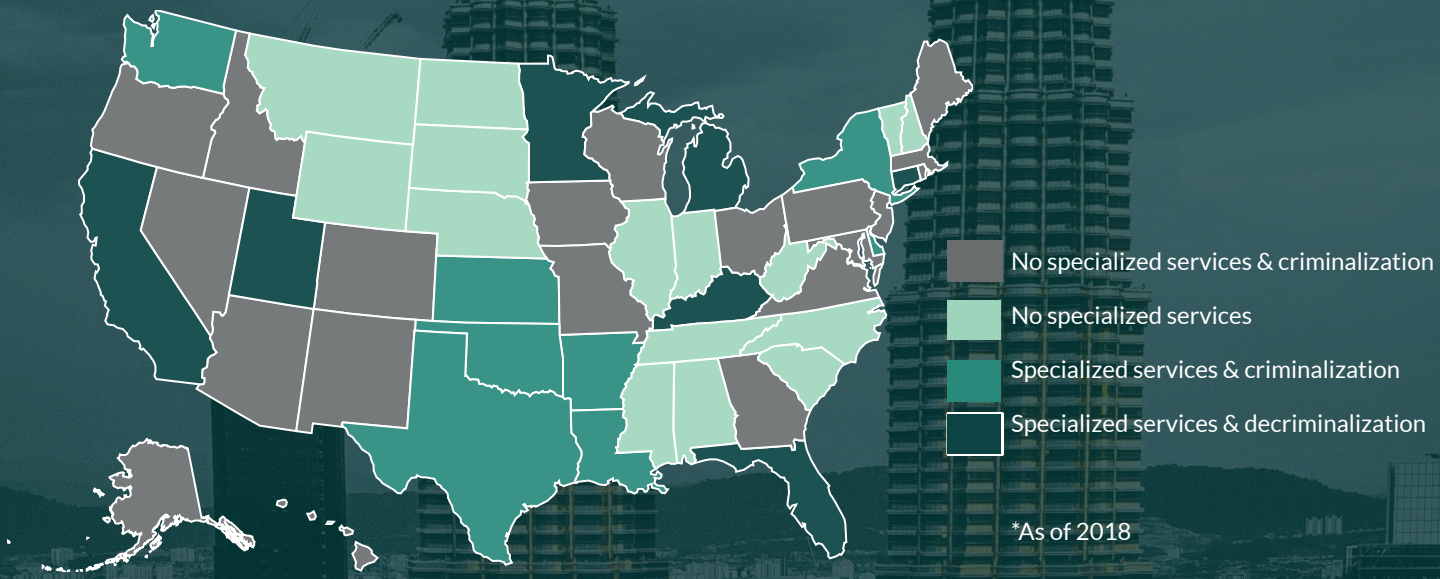
Child trafficking victims possess a set of complex trauma responses that distinguish them from other victimized groups. This issue is often exacerbated by the fact they are heavily involved with child welfare services and juvenile justice systems that are not always designed to address their specific needs (8; 12). In response to increasing concerns about child trafficking, federal and state lawmakers have created mandatory institutional responses to assist victims, including policies such as removing criminal penalties for children involved in the sale of commercial sex and and diverting trafficked youth away from criminal charges for illicit activity related to their trafficking victimization (13), as well as mandating financial allocation to service providers to develop specialized responses to child trafficking victims. The Preventing Trafficking and Strengthening Families Act (14) created a responsibility for child trafficking responses within state child welfare and protection systems. This legislation outlines the requirements for states to properly identify and provide services for minors and transition age youth (up to 26) who are victims of trafficking. As identification of child trafficking increases, there is growing need to provide specialized services to victims.

The provision of safe, secure and appropriate housing that meets the unique needs of child trafficking victims is one of the most important aspects of providing a comprehensive response. When youth who are identified as trafficking victims or commercially sexually exploited (CSE) are not able to remain or return home, they have traditionally been placed in existing child welfare settings such as foster care or congregate care that were not specifically designed to meet their complex trauma needs. Because of requirements set forth by the PTSFA, states have begun to investigate specialized treatment plans for CSE and trafficked youth.

Preliminary studies have suggested limited numbers of placements available for CSE and trafficked persons, particularly youth. This research builds on those earlier studies aiming to provide a detailed description of the types of programs and services that are available to trafficked youth in residential placement (15; 16). Although we describe a range of programs that exist in the current landscape, we focus particular attention on programs that are specifically designed to address the needs of child trafficking victim in state care.

Landscape of Child Trafficking Legislation

To contextualize the efforts of programs providing specialized responses to child trafficking victims within residential settings we first reviewed state legislation to identify how state child trafficking laws guide these responses. We collected information on 19 different legislative provisions directly related to child trafficking and the responsibility for victim responses within state child welfare agencies. Additionally, we reviewed state laws along an additional 11 dimensions associated with the state criminal and civil legal structure for child trafficking. Some findings of note include:



- **33% (17) of states include legal provisions for specialized services for child trafficking victim.**
- **75% (38) of states identify child sex trafficking as a form of child abuse and neglect within state law.**
- **71% (36) of states define "caregiver" broadly enough in their state laws to encompass victims of non-familial child sex trafficking.**
- **39% (20) of states mandate human trafficking and domestic minor sex trafficking training for law enforcement.**
- **44% (22) of states prohibit charging a minor (under 18) with prostitution or prostitution related offenses.**
- **65% (33) of states provide an affirmative defense for minors facing prostitution charges.**

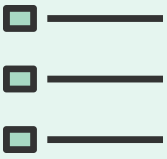
Preliminary Survey

In order to understand the range of services provided to child trafficking victims within residential settings we surveyed providers that were confirmed to provide housing to trafficked youth.

Methodology

The preliminary agency survey was developed to assess the basic structure and overview of the services provided to children who are victims of human trafficking. This survey was short, taking approximately five minutes to complete. The survey included a total of 26 questions and was designed to capture information regarding overall program characteristics such as population demographics, facility features, and a brief explanation of the types of specialized responses they provide to child trafficking victims. (See Appendix A). Surveys were distributed by email and completed by practitioners through a Qualtrics survey software link or in some cases surveys were completed over the phone with research staff.

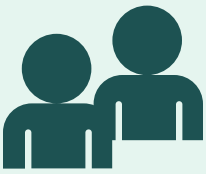
Agencies were asked to take the survey through a targeted sampling process. Multiple search and referral mechanisms were used to identify and locate programs across all states that were known to provide services to child trafficking victims (see descriptions below). A total of 130 programs were identified and provided links to the preliminary survey.



Reviewing any existing lists of placements across all states that house CSE or trafficked youth. These lists usually consisted of programs that serve a variety of age ranges, including minors only (under 18), minors and adults, or adults only (18 and over)



Utilizing online resources to search for programs in each state individually. Key words for these searches included the state followed by 'exploitation', 'trafficked', 'trafficking', 'human trafficking' and 'residential programs'. This was later expanded to review programs that were cited as serving 'at risk youth' which often included suspected trafficked youth.



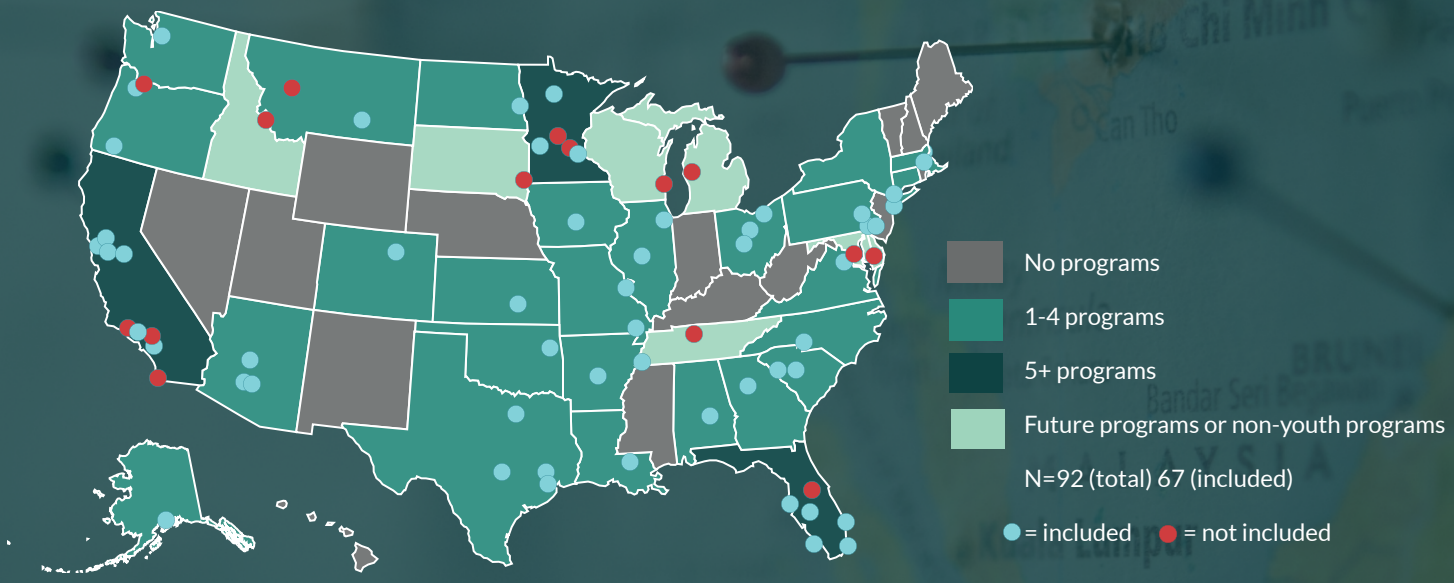
Advocacy websites were reviewed for partnerships with programs across each state.

As programs responded to the survey, participants would recommend other programs to be contacted.

A database of applicable programs was created based on responses from the preliminary survey. Programs were included if they answered “Yes” to both of the following questions:
1) Does your organization have programs specifically designed for CSE or trafficked youth?
2) Does your program include specialized residential placements for CSE or trafficked youth?

Preliminary Survey Response by State

The final preliminary survey responses across states are shown on the map below:



130 programs were identified and attempted contact was made by the research team.

- Of the programs identified:
  - 6 closed (5%)
  - 4 were not yet open (3%)
  - 5 did not serve youth (4%)
  - 2 were located outside of the US (1%)
  - 9 confirmed they did not have specialized CSEC/child trafficking programming (7%)
  - 9 no longer provided specialized programming within residential setting, but did at one time (7%)
  - 3 did not respond to emails/calls or were subprograms of programs already contacted (2%)

In total, 92 programs responded and completed preliminary surveys (71%). Programs that responded to the survey but did not meet inclusion criteria (n=25) were removed. For example, programs were removed if they only served adult populations, if they did not have specialized services, or if their services did not include residential placements for youth. A total of 67 programs fit the criteria for specialized service providers that house CSE or trafficked youth. Analysis of these programs and their characteristics can be found below.

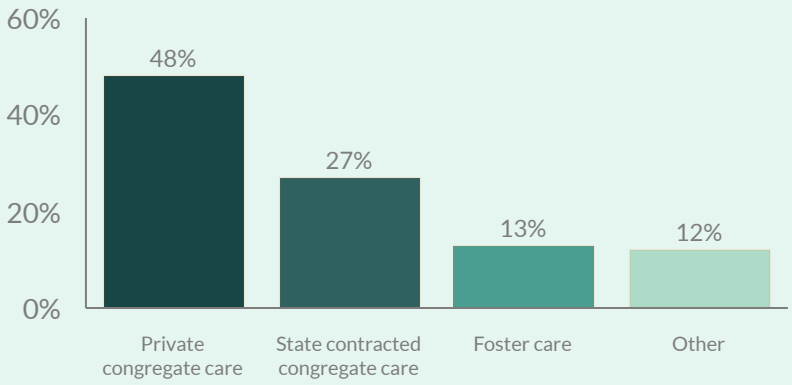
Characteristics of Programs

Programs that Provide Services for Trafficked Youth Within Residential Settings

While there are a variety of facility types that are available to house youth, there were a few main categories survey participants indicated youth are placed such as congregate care and foster home models.

The majority of placements categorized their residential housing as private congregate care (48%). The funding structures also ranged, yet the majority of programs identified their facilities as privately operated and financed (93%) compared to publicly operated and funded (7%).

Type of Residential Placement



The majority of residential placements indicated that their populations were restricted to CSE or trafficked youth only (62%), while remaining programs stated their trafficked youth were integrated with other youth populations (38%).



In current practice, there is a lack of available data that can reliably show if housing trafficked or exploited youth with more general populations increases or decreases positive long-term outcomes. Some programs surveyed in this sample discussed accepting only trafficked or exploited youth, as it allowed for the level of specialization the organization desired as well as created a shared experience among residents. For those that have integrated populations, some reasons given included minimizing the risk of stigmatization or labeling that could be associated with having only trafficking victims together, as well as giving youth the ability to make healthy connections with youth that extends beyond just their trafficking experience (4). Without reliable evaluation data, it is hard to determine the efficacy of any model. The CHANCE program [below] is a specialized foster care model being evaluated by the University of South Florida and has received a lot of recognition for their work. With more emphasis on evaluation research and outcomes, practitioners and child welfare agencies can be more informed on multiple types of residential models and their effectiveness for CSE youth.

Citrus Helping Adolescents Negatively Impacted by Commercial Exploitation (CHANCE) Program

Evaluation Research Spotlight: Specialized Foster Care Model

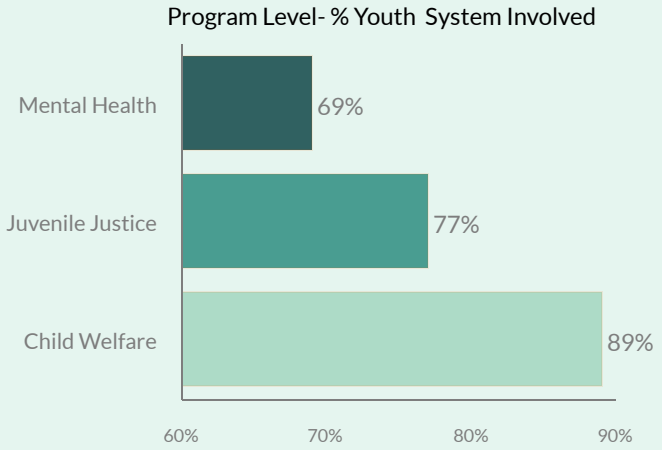
The CHANCE program is currently one of the only major residential placement evaluations being conducted in the country. At CHANCE:

- Youth receive individualized clinical treatment including trauma-focused care and cognitive behavioral treatment
- Provides prospective foster parents with trainings specific for specialized care for CSE youth (1)
- Risk behavior such as running away and intentional misbehavior have been shown to significantly reduce for youth in the CHANCE program (10)

Characteristics of Programs

Programs that Provide Services for Trafficked Youth Within Residential Settings

Once youth have entered a formal system such as child welfare or juvenile justice, they are much more likely to have continued and increased rates of institutional interventions (8). As such, the preliminary survey assessed on average how many systems youth within these programs interacted with, which is demonstrated in the chart on the right. Additionally, due to the interpretability that comes with the term "specialized", respondents were asked to elaborate what features of their program makes their response specialized. Within the preliminary survey, the majority of programs highlighted five main areas of specialization. Greater understanding of these specialized practices and policies are discussed in following sections.



Within each program, specific questions about gender, race, and age were discussed. More specifically, the overall willingness or ability to serve populations other than cisgender female youth, and how that impacts the specialization of programming. It is well documented that the needs of LGBTQIA+ youth are not being met, and these youth have historically not had the same access to resources as compared to cisgender or heterosexual youth (3). In the preliminary sample, 42% of programs endorsed either currently serving transgender youth (usually female identifying youth) or a willingness to accept transgender referrals. Likewise, both cisgender males and male-identifying youth have been systematically excluded from programs and housing opportunities despite research that indicates the prevalence of male victims (7).



31% of programs have or would serve male youth



44% of programs serve foreign national youth



46% of programs have LGBTQIA+ programming offered



60% have non-English speaking youth/ English as a second language



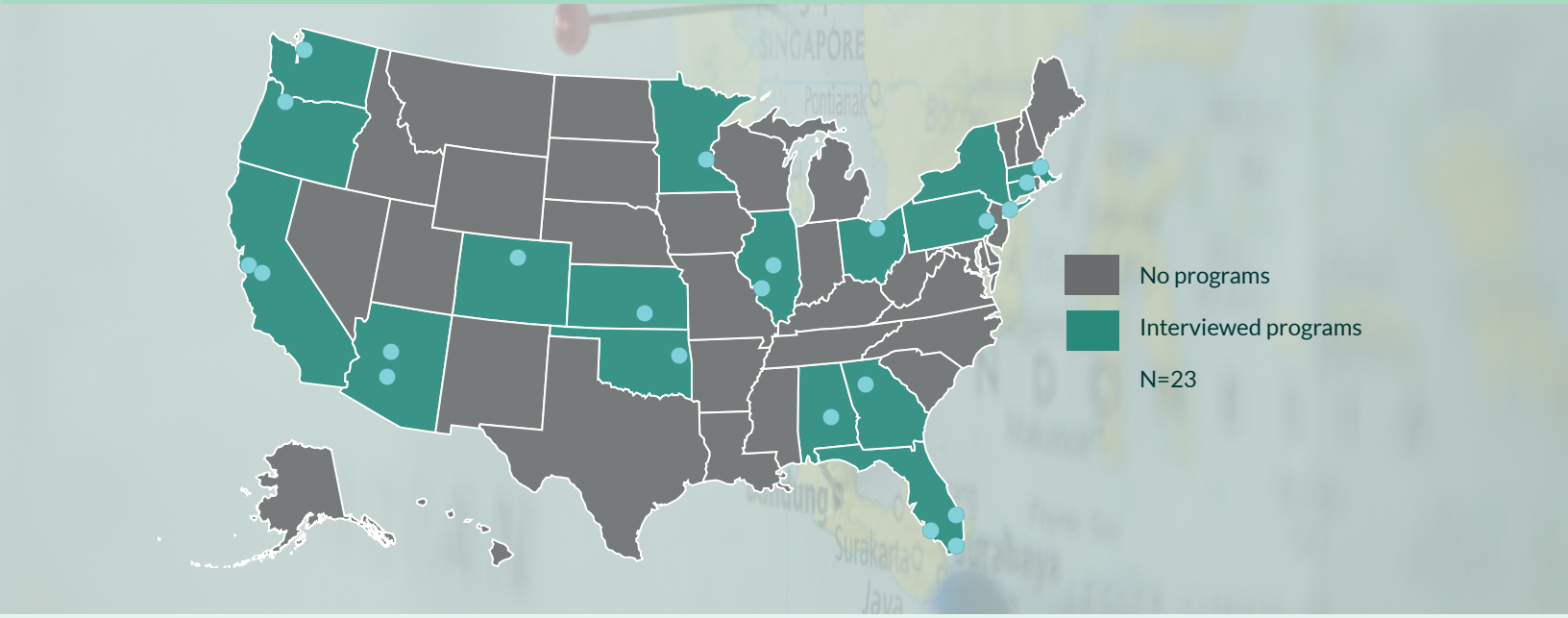
Security of facilities is a particular area of interest, as it is well known that child trafficking victims are

- at an increased risk of running behavior (4; see pg. 19)
- at risk of being contacted by an exploiter (2)

The preliminary survey demonstrated that staff-secured facilities were most common (62%), followed by unlocked facilities (28%), and locked facilities (10%).

In- Depth Survey of Specialized Programs

In order to learn more about the specific design and specialized practices programs that provide services to trafficked youth within residential settings, we conducted in-depth interviews with a subset of the identified programs.



Methodology

The instrument utilized for the in-depth interviews was developed by the research team from the Violence and Justice Research Laboratory at Northeastern University, under the supervision of the Children's Advocacy Center of Suffolk County and with assistance from the National Center for Youth Law. The final instrument consisted of 95 questions in total, and encompassed a wide-range of program characteristics including funding, referral sources, staff training, security, and CSE-specialization.

Of the 67 programs that participated in the preliminary survey and were confirmed as providing specialized services for trafficked youth in residential settings, 23 programs were chosen for in-depth interviews based on experiences providing specialized services and availability for the in-depth interview.

To obtain the most accurate and detailed information about the program and the types of services they provide, interviews were conducted with program directors or clinical directors, as they tend to be most familiar with all aspects of programming. The average length of the in-depth interviews was one hour. All answers were entered directly into survey software [Qualtrics] by the interviewer.

Specialized Programs

Referral Sources

To better understand each program, it was first important to determine how youth are referred and admitted. Program staff were asked from which institutions or resources they would accept referrals. In total, there were eight common referral sources that brought youth to the attention of the specialized programs. These were accomplished through formal partnerships as well as on an as-needed basis. Programs cited the following sources where they have received or would receive referrals:



Dedicated Beds & Types of Trafficking

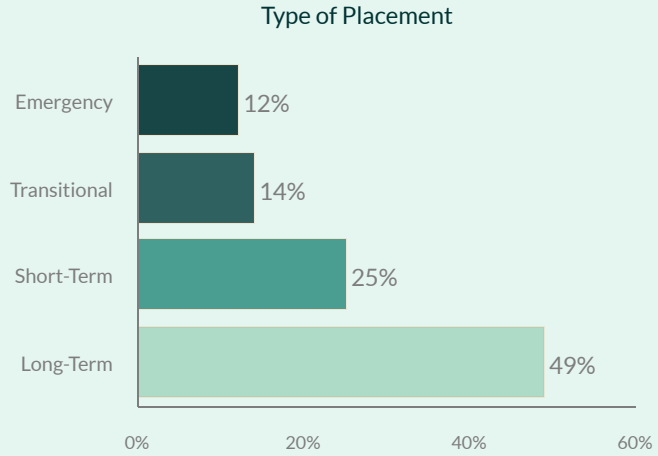
The average number of beds dedicated to CSE or trafficked youth= 11
Note: Three programs excluded as outliers for having over 200 beds in program.

Most programs focused exclusively on CSE and sex trafficking victims. Four programs explicitly accepted labor trafficked youth. Many respondents within this sample expressed that while they are aware of the needs of labor trafficked youth, they have not had the same level of identification or engagement with that population to have developed specialized responses for them.

Generally, programs expressed that limited resources partially determined how many youths could be accepted into their residential placements at any one time. Inclusion criteria such as type of trafficking (i.e. sex or labor) and gender of youth created restrictions on the types of cases that would be accepted or screened into a specific program.

Program Type

Of the programs interviewed, the types of placements included long-term care meaning 2 months or longer (49%), short-term care meaning less than 2 months (25%), transitional housing (14%) and emergency placement (12%). 21 (91%) of the programs were private. Just 2 (9%) were public.

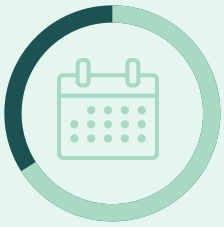


Specialized Programs

Intake

The intake process begins once a program becomes aware of a child in need and the youth is accepted or assigned to the placement. This process may consist of interviews with the child, assessments or screenings, and medical exams. We define the intake process as the period from when a program is notified of a CSE victim to when that child officially enters the program.

A program's intake timeline was often dependent on bed availability and the location of the child.



- 69% of programs had an intake process of one day or less.
- 12% of programs had an intake time of less than one week.
- 18% of programs had an intake time of one week or more

Intake Requirements

Programs varied in which procedures were required before or during intake.

- 85% of programs performed an assessment to determine the specific needs of each child.
- 55% of programs required a medical clearance upon intake.
- 68% of programs stated there was no medical condition discovered upon intake that would postpone entrance to the program
- 18% stated a substance addiction would require detox before admittance.
- 4% stated pregnancy would postpone program entry.
- 4% stated a mental diagnosis would postpone program entry.

Assessment Tools

One of the main findings throughout the in-depth interviews was the various methods programs would use to assess and intake youth, for general risk assessment and more specific needs based on their experience as a trafficking victim

- Many programs indicated they utilized an internally developed tool for assessing youth. The majority of these assessments did not utilize validated measures.
  - An example of a validated metric being used is CANS– yet only 20% of programs indicated that they have or do use it.
- Additionally, 44% indicated that assessments are done externally, different metrics are used, or unstructured assessments such as interviews with youth are in place of formal assessments.

Funding Structure

One of the focal aspects of the in-depth interviews was the financial implications for running a residential facility for youth that included specialized responses to child trafficking victims. Perhaps unsurprisingly, the majority of programs sampled are privately funded in some capacity. State and Federal funding were the next largest sources of funding, especially utilizing grants geared towards child trafficking.

Components of a Specialized Program

One of the main goals of conducting in-depth interviews was to identify that practices that made each residential program "specialized" for child trafficking. Through these interviews, five 'components' of a specialized response were identified among the programs. These include: Staffing, Engagement in a Multi-Disciplinary Team (MDT) Response, Physical Space, Practices and Programming, and Safety. The following sections will discuss these areas in a more substantive way, but a general overview of these components is:



Component 1: Staffing

Staff receive comprehensive training specific to CSE/child trafficking and trauma informed care practices that include:

- Input from survivors (26%) or have survivors on staff (41%)
- Understanding of both physical and psychological responses to exploitation
- Understanding the dangers of youth continually "telling their story"
- De-escalation training, incident prevention, recognizing signals. Having bi-lingual staff available (65%)

Component 2: Engagement in MDT Response



- Support, advocacy, wrap around (62%) and mobile crisis responses (40%)
- Case management involving social worker, therapist, caretaker, lawyer, etc.



Component 3: Physical Space

Most programs are small (three outliers where CSE programming part of large 200+ bed facility)

- Specialized foster care models (23%)
- Home or home-like setting (e.g. home cooked meals, celebrate birthdays, etc.).
- Mechanism to connect youth to school or educational opportunities

Component 4: Practices and Programming



- Policies and practices created with the assistance and input of CSE survivors.
- Programing incorporates comprehensive case management, and clinical support.
- Programming that allows and promotes youth to embrace individuality without retribution.
- Focus on skill building, coping skills and empowerment, not everyone immediately ready for trauma therapy
- Counseling for the youth (74%) and their families or support systems (26%).
- Substance abuse counseling offered or contracted (91%)
- Internal support for staff members (74%)



Component 5: Safety

- Variation in security of facilities [locked (22%), staff secured (78%), not secure (13%)]
- Running behavior protocols and responses in place, including ability to hold beds (86%).
- Programs that engage running and running behavior more explicitly.

Component 1: Staffing

Program Staff

A central element of specialization is having staff that have received specialized training about child trafficking and the integration of specialized responses into facility practice and operations. While programs varied in the number of staff employed, each described the ways their team was equipped to ensure that the needs of trafficked youth were met.

Qualifications & Salary

While most programs defined minimum requirements for hiring new employees, many programs expressed that the most important standard was finding employees that were the "right fit" for the job, meaning they were willing to learn and grow on the job, be part of a team, and really learn about exploitation and trafficking from an individual perspective as well as an overall issue.

- Minimum requirements include high school diploma or less (28%), bachelor's degree (67%), and graduate degree (6%).
- 100% of programs sought employees with experience in child welfare or working with youth.



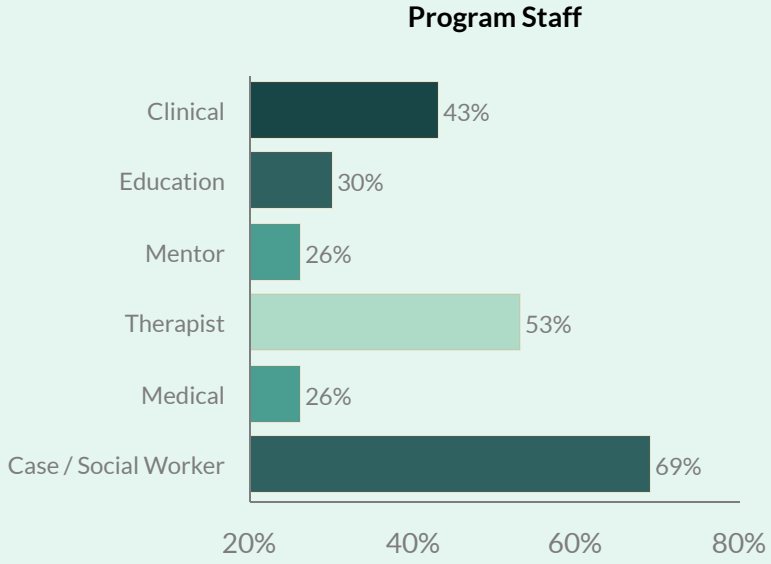
67%

Most programs require a minimum of a bachelors degree

Staff salary was tied to the various positions that exist within a residential placement. The range of positions needed (see chart below) - including therapists, administrators, and case managers - highlight the range of necessary qualifications and education levels among staff. One of the biggest concerns expressed by participants was the ability to make sure funding was available to hire the best people, into each position. This is crucial for the wellbeing of the youth, and to create a competitive work environment in which people will stay for a long period of time. The average salary for direct care staff ranges from $10-15 per hour (50%)

Positions and Staff within Programs

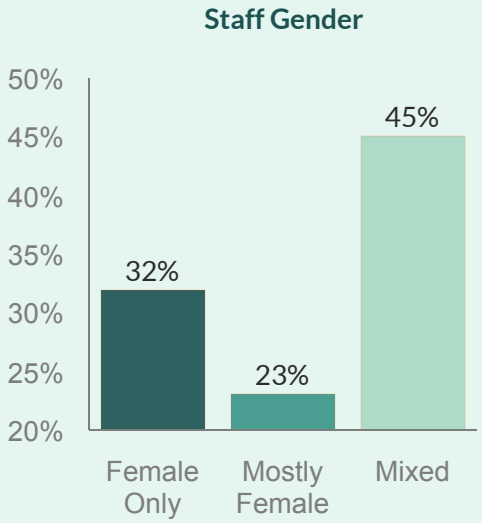
Staff needs vary by program, and full or part time positions are based on direct needs of youth. Positions that are not able to be funded by the program directly are usually matched with external partnerships or contracted on an as needed basis. The chart demonstrates the percentage of programs that have specific positions filled within their programs. While all placements endorsed having administrative or direct care staff, areas such as clinical staff, mentorship, or case managers varied.



Component 1: Staffing

Demographics: Gender & Language

Programs serving youth, particularly those who have experienced trafficking or CSE, must make thoughtful and deliberate staffing decisions to support victims in feeling safe, address trauma bonds and create positive adult relationships. The way and degree to which adult survivors are incorporated into both direct staff hiring or as consultants must also be considered.



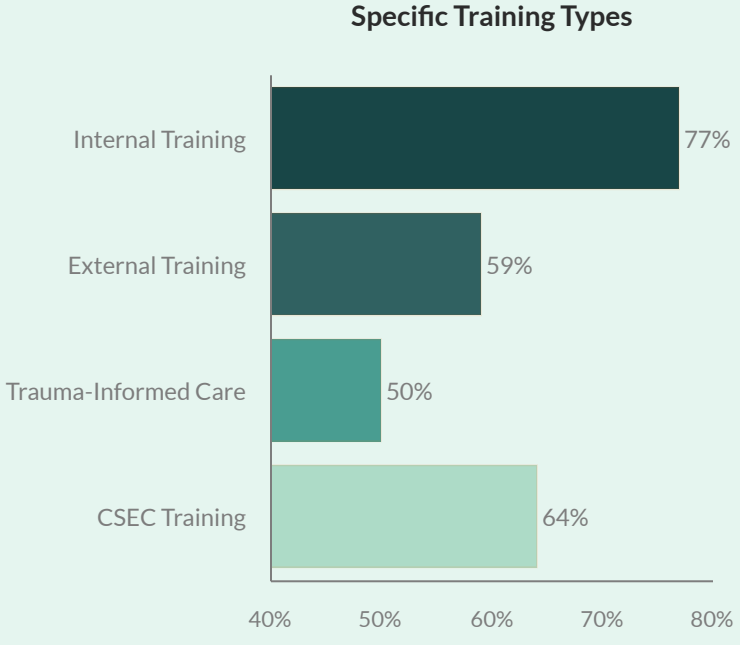
Programs that were interviewed in this sample had mixed perspectives regarding gender of staff and which roles could be filled by both male and female employees versus females only. As most of the trafficked and exploited population served by these programs is female or female-identifying youth, the norm has been to have the majority of staff members be female. Throughout the interviews, there was discussion of the specific staff-gender policies each program has in place. Programs that have both male and female staff stated it is important for their youth to be able to create safe, healthy, and appropriate relationships with adult men.

Conversely, many programs that served females-only felt that to properly treat trauma and to ensure the safety of youth, it was best to limit direct-care staff to females only. Further research should seek to understand if staff gender has an impact on positive outcomes for these youth.

For programs that had bilingual staff, this was cited as one of their top strengths for making sure their youth felt connected and able to accurately communicate their needs to staff. 65% of programs have bilingual staff. Spanish is the most common second language (43%),

Staff Training & Knowledge of CSEC/trafficking

While all programs that were interviewed indicated that specific training on CSE and trafficking are required, there are very few standardized trainings being utilized. Many programs discussed having developed trainings in-house. Respondents that used program specific trainings expressed that while they were aware that other trainings exist, they wanted to use ones built from their particular experiences. Furthermore, the review and implementation of empirically tested training curriculum is only now gaining momentum within the field.



Component 2: MDT Response

Multi-Disciplinary Team Partnerships

Multidisciplinary teams (MDTs) are interagency collaborations and community partners, recognizing that youth needs and strengths are multifaceted and thus require an interdisciplinary response, encompass the knowledge and resources of all of the systems in which the youth are involved. MDTs are a nationally recognized practice that is mandated in many states to address child abuse (5). The participation, perspective, and distribution of information across systems with which survivors interact — child welfare, schools, law enforcement, juvenile justice, and juvenile courts, among others — can help establish safe placement options and comprehensive treatment plans that are informed by the histories and experiences of each youth (6).

Within this study, 86% of programs indicated participation in a multi-disciplinary team, and 30% stated it was one of the key reasons they considered their program specialized. While the programs interviewed did not always have every partner represented below, teams would typically involve those engaged in a youth's life and involved in their case while in state care. Specifically, the majority of programs indicated direct MDT partnerships with child welfare (75%), law enforcement (75%), and case managers (83%).



'Wrap Around' Services

Wrap around services are a holistic, collaborative, family-centered approach that draws upon youth's strengths and natural supports to provide services across a range of areas of life.

62% of programs interviewed indicated they had some type of wrap around services that are provided for youth. The majority of programs discussed this process not being formal, but on a case by case basis to meet an individual youth's needs.

Component 3: Physical Space

Location

Of the programs interviewed, 35% of programs explicitly stated that they felt location was an important element of their specialized response. The physical location of placements varied across rural, suburban, and urban (city) spaces. This both informed the type of facility that was available for programs to operate within, as well as their access to resources within their communities. Some of the positives discussed within interviews for each location type are:



Rural (38%)

Allows youth to disconnect and focus on their treatment. Also could reduce running behavior.



Suburban (19%)

More conventional family-like setting that can be more comforting that a traditional group home



City (43%)

Convenient access to resources. connections with MDT partnerships. and keep youth in familiar setting

Facility Type

It was noted among many programs that having the ability to have home or home-like settings was especially important for the youth in their care to be receptive to treatment. These models included placements such as foster care homes, facilities located within suburban neighborhoods, and placements that house a small number of youth (under 10).

Some programs prefer to be 'safe house' locations, meaning their addresses are not published publicly. This is meant to be a preventative measure to keep exploiters or abusers from finding youth at their placement.

School on Campus

There is debate among residential placements for CSEC youth on integrating school as an internal function within the program. While the majority of placements indicated that they have (60%), programs also discussed partnerships with public schools (34%), private schools (22%), alternative school models (22%), and involving private tutoring within their facility (22%).



60%

14 programs indicated that educational functions are built into their curriculum

Component 4: Policies & Programming

Specialized Programming for CSEC and Trafficked Youth

Programs discussed the numerous ways they care for youth that have been exploited. From the amount of direct care through a smaller staff to youth ratio, skill development and employment curriculum, and extra-curricular activities, programs expressed the many policies and programs they implemented to serve youth. Mainly, programs discuss their primary programming goals regarding therapy and treatment.

1:3

On average, programs had a ratio of 1 staff for every 3 youth in their program

Trauma- Informed Therapy

Across the board, programs refer to their therapeutic efforts as 'trauma-informed', but its application, what constitutes trauma-based therapy, and how it is applied to this population has not been agreed upon. The discussion of trauma-informed therapy among providers interviewed 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. Additionally, programs employed individual, group, and clinical therapeutic models based on the needs of youth and availability of resources and staff.



Individual Therapy

One on one therapy with a clinician or therapist with specialized training on CSE



Group Therapy

Therapy sessions with multiple at risk or CSE-identified youth together



Clinical Assistance

Third party mental health services to address any unique or specific needs

Additional Treatment Models



Substance Abuse

As many CSE youth also struggle with substance abuse issues, many programs take steps to include therapy and treatment targeting drug (NA) or alcohol abuse (AA).



Family Treatment

When it is safe, some programs have created curriculum that is aimed at rebuilding stable and positive relationships between youth and their families.



Survivor Mentorship

The ability to connect with other peers or adults who have had similar experiences can help youth connect and work through trauma without feeling judged or 'othered'.

Component 4: Policies & Programming

Program Curriculum

Due to the variety in regions, resources, and individual needs, different programs around the country have prioritized a range of key elements regarding treatment, all with the goals of individualized care and long-term success in mind. When interviewed, programs offered a variety of ways they define successful outcomes, including family reunification, empowerment, increasing CSE awareness, and preventing future exploitation.



CSEC Awareness (70%)



Empowerment (60%)



Family Reunification (50%)



Exploitation Prevention (45%)

Specialized Policies and Procedures



Medical Policies

Medical services, especially as they relate to sexual exploitation, are paramount for youth who are recovering and receiving treatment. Reproductive care within programs included STI/HIV screening (95%), birth control (94%), emergency contraception (83%), OBGYN appointments (100%), and pregnancy termination (78%) and general education (94%).



Cell Phone Policies

Discussion surrounding both access to cell phones and social media is ongoing. There are risks in potential contact with exploiters or increases in running behavior, yet some groups believe it is useful to teach and encourage the safe and healthy uses of cell phones and social media. The majority of programs responded that they do not allow access to either (58%), while others allow access (18%), or permission is decided on a case-by-case basis (14%).

Ability to Integrate in the Community

The ability for programs to integrate youth into their community can occur in a number of ways. Primarily for older youth, developing and pursuing employment opportunities is seen as a way to ensure long term success once a youth has graduated from their placement with the state. Many programs use a merit or progress system that allows youth to receive passes to leave the facility for the day (57%), overnight (34%), or to visit family (48%), while some don't allow passes (13%) and have only program-sanctioned outings.

Component 5: Safety

Security of Facility

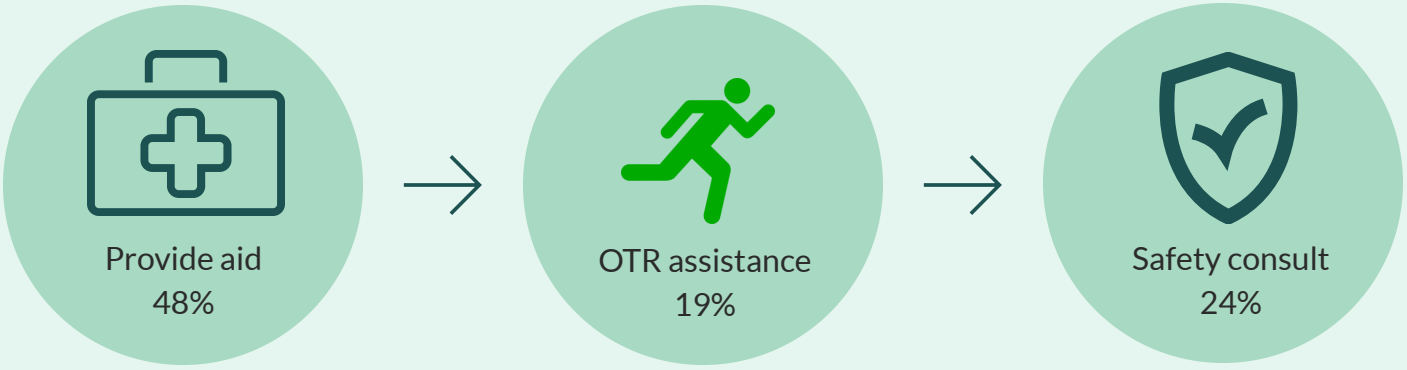


One of the strongest considerations for any specialized CSE placement is the safety of youth in the program. Within the physical facility, there is variation in security policies and procedures. As such, the programs indicated, for a number of reasons, their building(s) ranged from locked (22%), staff-secured (78%), or not secure (13%). Whether a facility is staff-secured or locked is only one factor in determining safety: more secure facilities may feel more safe to adults or providers because they prevent youth from leaving or exploiters from entering; however, previous research has shown that some youth may perceive quite the opposite, or feel that they are being punished for their exploitation (2). For many, state guidelines inform what security level and procedures are allowed to be in place, particularly for programs serving minor populations.

Staff-secured facilities indicated that those who were in direct-care positions were also responsible for being aware of where the youth were, conducting bed checks, and making sure any visitors were authorized. A few programs had the ability to employ security guards (19%), but even in those instances they are usually just overnight rather than 24/7.

Relationship with Law Enforcement

The relationship and involvement of local police and a program serves multiple functions. The first is police-response when there is a perceived security threat or disturbance at the facility. The majority of programs indicated that in such instances law enforcement would be contacted for assistance as needed (48%). Additionally, police also assist with youth go on the run or are missing from care (19%), and in consulting safety precautions and procedures (24%). In every instance, providers should have policies in place that comply with PSTSFA requirements on running away.



As youth within this population are at an increased likelihood to engage with police, both within and outside of residential contexts, it is noted by programs that an established partnership (such as on an MDT) is helpful to better serve and protect CSE youth.

Component 5: Safety

Running Behavior

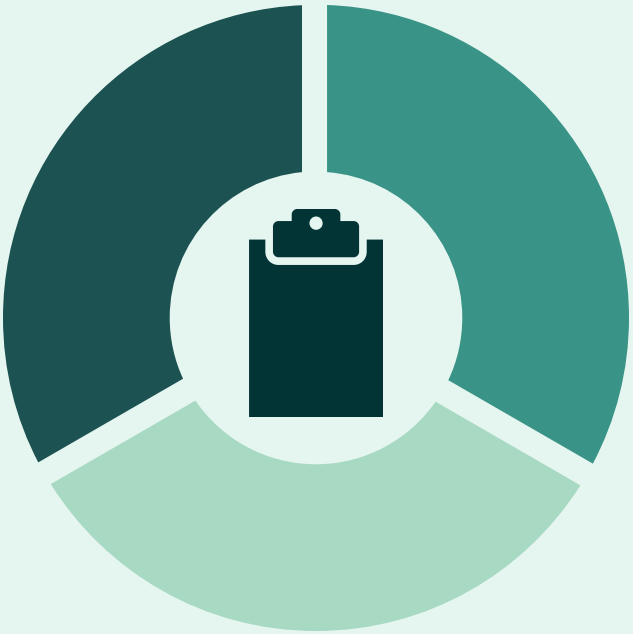
A safety consideration for CSE and trafficked youth is the propensity to go "on the run", or to leave the program without permission. It is well established within recent literature on CSE youth that this population often presents with a chronic history of running away from home, residential care, and treatment. Once youth have gone on the run, they are more likely to re-experience CSE or trafficking situations. The disproportionately high rates of going on the run make it challenging for providers to effectively treat CSE victims and to mitigate future risk of CSE (9).

As such, it is essential to have running behavior protocols and responses in place, including but not limited to establishing preventative safety protocols, policies on holding beds, and a recovery or re-admittance plan if youth return from on the run.

Elements of Safety Planning

Safety Planning

Development and execution of safety plans for each youth can be time consuming, yet are an important element of specialized treatment and care. Within the current sample of programs, 47% of programs stated they create a safety plan as part of their admittance protocol.



Holding beds

The ability to hold a bed for a youth on the run can be impacted by the number of youth on the wait list for admittance, funding, and length of time. The majority of programs stated they had some capacity to hold beds (86%). Some stated that it is against their policy to readmit youth after they have run.

Recovery Planning

Once a youth returns to care after being on the run, many providers have specific recovery policies in place (86%). These include a debrief of events that took place on the run (94%) and medical clearance to return to the program (86%).

Programs that have worked with this population recognize the need to address this particular risk creatively. One program treated running as an "urge" and emphasized the need for fostering coping skills and support rather than a deviant behavior requiring punishment. Due to the risks associated with going on the run, programs that have these policies in place feel they are more equipped to help youth both in preventing OTR and how to assist them once they return to care.

Limitations of the Study

It is important to note that this report reflects self-report data from participating residential programs and organizations. The findings and implications of this study are based on primarily descriptive analysis and anecdotal evidence from providers that consented to participate.

Challenges



Identification of Programs

Accessibility and contact to complete lists of residential providers across the country. Providers in unlisted safe houses, those that do not have an online presence, or programs that do not advertise specialized programming would not have been identified for this survey



Incomplete Response Rate from Providers

Of the programs that were identified, not all provider information was collected. This included programs that did not want to participate, did not have contact information that the research team could utilize, unable to schedule to take the survey within the data collection period, or unable to reach via phone or email outreach.



Data Available

While most program coordinators discussed some metric for documenting information about youth at intake and during their placement, very few programs are systematically, tracking youth outcomes once they have left the placement. There are also few, if any, agreed upon outcome measures, making comparisons across programs difficult/impossible. As such, there is no way to move beyond anecdotal evidence that program practices and methods are effective or ineffective.



Terminology

Residential programs that serve CSE or trafficked youth but use different terminology or classification to identify these youth may not have been included in our search parameters

Next Steps: How to Move Forward

Steps for Providers

This analysis cannot report conclusions regarding best practices for specialized programming for child trafficking victims within residential settings, but we are able to provide a list of general areas indicative of specialized treatment as it exists in the U.S. today. The suggestions listed below may inform the practice of providers wanting to meet the needs for this population.

1. Provide comprehensive and extensive CSE and trafficking training for all staff, including refresher courses delivered on a regular basis.

2. Establish a Multidisciplinary Team to coordinate services and meet the needs of youth. The team should consist of all providers involved in the youth's care, such as case managers, caregivers or guardians, legal representatives, law enforcement, educational staff, etc.

3. Create comprehensive case management to respond to the individual needs of each youth.

4. House youth in smaller settings with appropriate resources for staff engagement

5. Provide the supports necessary to address the trauma of exploitation and histories that make youth vulnerable to exploitation or trafficking

6. Develop policies and procedures to address running behavior and associated safety planning

Steps for Researchers

As seen with this review, research involvement with residential facilities has been sporadic at best, but mostly absent. Particularly, with the push for evidence-based policy and programming, it is more important than ever to empirically substantiate best practices regarding the welfare of CSE and trafficked youth. Steps that researchers can take to facilitate this process are:

1. Use the strongest research design possible including comparison populations and random assignment where possible.

2. Incorporate longitudinal follow up methodologies to evaluation research.

3. Support the development of a common set of outcome measures, which include system-level factors and direct feedback from youth.

4. Ensure that ongoing and regular feedback is sought from youth to ensure that evaluations are grounded in the youth's personal experiences.

Next Steps: How to Move Forward

Steps for Policy Makers and Child Welfare Agencies

The research team was able to speak with representatives from six State Departments of Children and Families or Child Welfare agencies to discuss recommendations to improve statewide policy and initiatives moving forward, which are:

1. Allocate resources and funding towards sustained programming and residential facilities.

2. Allocate more funding to training, resources, and accessibility for youth, especially oriented towards increasing availability for male and transgender youth.

3. Document residential programs that have specialized services for this population

4. Implement an MDT response for at-risk and confirmed cases of CSE.

5. Connect providers, relevant stakeholders, and current empirical research to increase information sharing, communication, and best practices across the field.

6. Address discrepancies across states in ability to hire survivors on staff due to criminal record issues.

7. Partner with community-based organizations to ensure youth can access services outside of traditional system involvement and make meaningful connections in their communities.

Appendix 1: Preliminary Survey

Preliminary Survey Questionnaire

Q1 The year your program was established:

Q2 Contact information and/or website for program:

Q3 Does your organization have programs specifically designed for CSEC or trafficked youth?
o Yes o No

Q4 If yes, please indicate the features of the program that make the response specialized to CSEC or trafficked youth

Q5 Does your program include specialized residential placement for CSEC or trafficked youth?
o Yes o No

Q6 What type of populations do you serve?
o CSEC only o CSEC specific programming offered, but youth are integrated with other populations

Q7 What age range does your program serve?

Q8 Which of the following describes the type of residential services that you offer? (Please select all that
apply)
▢ Foster care ▢ Intensive foster care ▢ Short-term assessment center ▢ State run congregate care ▢ State contracted, privately run congregate care ▢ Private congregate care ▢ Juvenile Justice facility ▢ Hospital-based ▢ Other
_____

Q9 Is your program public or privately run?
o Public o Private

Q10 What is the typical length of your program? Please specify length in boxes below (Please select all that apply)
▢ Emergency (Housing until assessment and placement decision) ▢ Transitional_____
▢ Short-term _____ ▢ Long-term _____

Q11 What is the average length of stay for CSEC or trafficked youth?

Q12 Is admittance to your program voluntary or non-voluntary (i.e. court ordered, etc.)?
o Voluntary o Non-voluntary o Both

Q13 Which genders do you serve? (Please select all that apply) ▢ Male ▢ Female ▢ Transgender ▢ Non-binary

Appendix 1: Preliminary Survey

Preliminary Survey Questionnaire Continued

Q14 What races/ethnicities do you typically serve? (Please select all that apply)
▢ White ▢ Black ▢ American Indian or Alaska Native ▢ Asian ▢ Native Hawaiian or Pacific Islander ▢ Hispanic ▢ Bi-racial ▢ Other _____

Q15 Which populations of CSEC and trafficked youth do you serve? (Please select all that apply)
▢ U.S born CSEC youth ▢ Foreign born CSEC youth ▢ Other _____

Q16 Does your program serve non-English speaking youth?
o Yes o No

Q17 Does your program offer LGBTQIA+ specific programming?
o Yes o No

Q18 What level of security does your program have?
▢ Locked (i.e. secured doors, fences) ▢ Staff secured ▢ Unlocked ▢ Other _____

Q19 How would you describe where your program is located?
o Rural o Urban o Suburban

Q20 What is the total number of beds offered by your program?

Q21 What is the total number of beds dedicated to CSEC victims?

Q22 What is the total number of beds dedicated to labor trafficked youth?

Q23 What is the average number of CSEC and trafficked youth your program houses in one year?

Q24 What systems are the youth in your program involved with? (Please select all that apply)
▢ Juvenile Justice System ▢ Child Welfare System ▢ Mental Health System ▢ Non-system involved youth ▢ Other _____

Q25 Would someone from your organization be available to answer some additional questions to clarify information about the services provided to CSEC or trafficked in your program?
o Yes o No

Q26 Please provide the name, email, and phone number for the best person to contact for a phone interview below

Q27 If there are other providers in your state that you know offer specialized placement or services within a residential placement for victims of CSEC, or human trafficking, please list them below.

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