

The Intersection of Human Trafficking and Child Welfare

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Child Welfare Intersections

- 50 - 90% of children who were victims of child sex trafficking have been involved with child welfare services.
-HHS Administration on Children, Youth, and Families
- Children and youth involved with the child welfare system due to abuse and neglect and then placed in foster care or group homes, are homeless, or have run away area all at high risk of being trafficked.
-Child Welfare Information Gateway
- Youth in the juvenile justice system may be misidentified and treated as criminals charged with prostitution, truancy, or petty theft when they are being controlled by a trafficker.

Risk Factors

- Sexual abuse
- Emotional abuse
- Physical abuse
- History of arrest and/or absent caregivers
- Child welfare involvement
- Mental health issues
- Witnessing violence in the home
- Family legal problems
- Suicidality

Risk Factor: Child Welfare Involvement

- The growing awareness of human trafficking in the United States and abroad requires government and human services agencies to reevaluate old policies and develop new ones for identifying and serving victims. **Due to their potentially unstable living situations, physical distance from friends and family, traumatic experiences, and emotional vulnerability, children involved with child welfare are at risk for being targeted by traffickers who are actively seeking children to exploit.** Therefore, it is imperative that child welfare agencies be at the forefront of the response to and prevention of human trafficking. Additionally, recent Federal legislation established new requirements for child welfare agencies related to identifying and serving minor victims of human trafficking.

- Human Trafficking and Child Welfare: A Guide for Child Welfare Agencies, Child Welfare Information Gateway (July 2017)

Risk Factor: Child Welfare Involvement

- A background of abuse and trauma—coupled with the impermanence of foster care or congregate care—can make children in out-of-home care especially vulnerable. **Traffickers target children in foster care because of their increased vulnerability.** Traffickers exploit the fact that children in foster care (including those who have run away) may not be having their familial, emotional, or basic needs met. The traffickers promise to meet those needs, then use violence, drugs, or physical control to retain and exploit them.

-Innocence Lost Working Group, 2010

Risk Factors: Child Sexual and Physical Abuse

- The National Institute of Justice found that **people who were sexually abused as children were 28 times more likely than their non-abused peers to be arrested for prostitution** (Widom, 1995). Some studies indicate that individuals engaged in **survival sex work, a significant risk factor for trafficking, have an almost universal likelihood of having been sexually abused as children** (Lalor & McElvaney, 2010). **Traffickers have a history of abuse**, as well. Interviews with a sample of ex-traffickers indicate extremely high rates of **childhood physical abuse (88%) and sexual abuse (76%)**. A full **24% had been placed in foster care, while 48% report having run away** due to physical and sexual abuse (Raphael, 2010).

Program Design

- Target population: 13–21-year-old foster youth; special focus on runaways and youth aging out of the system.
- Social worker dedicated to:
 - Community Outreach and follow-up with confirmed victims and at-risk population
 - Case management for these highest-risk youth
 - Foster parent training
 - Therapy and case management
 - Out-of-state placement and identifying suitable placements
 - Training for child welfare staff and related professionals to recognize red flags
 - Runaway youth and runaway policy
 - Runaway screenings
 - Establishing MDT and coordinated response

Goals & Objectives

- Build awareness of human trafficking risks for children and youth involved in child welfare.
 - Outreach and awareness sessions for community agencies and organizations to increase victim identification and expand the availability of services by sponsoring community forums and by speaking to clubs, agencies, and faith-based institutions.
- Improve outcomes for children who are trafficking victims and reduce the chances of victimization for high-risk children and youth who have contact with the child welfare system (runaways and aging out youth).
 - Coordinated approach to services for child/youth victims.
 - Intensive assessment and support services to runaways and youth aging out of care.
 - Deliver effective trauma-informed services that improve health, safety, and well-being.

Goals & Objectives

- Provide trainings specific to child sex trafficking for child welfare workers and related professionals that will assist them in more easily identifying signs of human trafficking to expedite referral of victims for services.

Implementation

Multi-disciplinary Team

- Local law enforcement
- DHHS – Child welfare, Adult Services, and Economic Services
- Child Advocacy Center
- State Bureau of Investigations
- Local school system
- Alliance for Children & Youth / Communities in Schools
- Guardian Ad Litem Office
- Faith leaders – multiple faiths, including Latinx leaders
- District Attorney's office
- Local hospital system
- Local Management Entity and local private counseling agencies

Case Example- E

E- 17-year-old female, report was made with allegations of trafficking by mother in exchange for housing. Allegations also included 48-year-old male, "Ike", in the home trafficking mother and E in exchange for housing. "Ike" would beat E and leave marks and bruises. At the time of the report, there was a current domestic violence protection order requested by E against "Ike". Substance use was in the report as well for both parent and child. According to the report, "Ike" was E's romantic partner. Family members were concerned about E's safety and as a result made multiple reports, sent letters to local judges, law enforcement agencies, District Attorney's office, to the director of DSS, and the administrator of child and family services until custody was taken. Teen was taken to the hospital for assessment and a forensic interview was completed on site with no disclosure of human trafficking. E was released and placed with paternal grandmother. E ran away from grandmothers before an upcoming court date regarding the domestic violence protection order where E was going to be testifying against "Ike". E made it clear she was going to do everything to avoid testifying against "Ike". E was on the run for almost a month and was located by local law enforcement and was arrested due to resisting an officer and assault on an officer. E was held in jail until safe placement was located. Safe placement was located and in a specific home for at-risk youth. E was working and was stable for a short time until the Department received calls regarding a suspicious male on the premises of the group home and evidence pointing to it being "Ike". Placement called and reported incident where E was being sexual with other girls in the home and sending pictures of the girls naked to "Ike" group home discharged E due to recruiting within the placement and making it unsafe for those in this placement. When E found out she was moving placements- she ran away from her job and stayed AWOL until reaching age of majority. E got pregnant by "Ike" shortly after turning 18 and "Ike" has been arrested two more times for assault on a female and assault by strangulation.

Lesson learned: Inability to make personal choices affects outcomes for juveniles.

Community involvement- DA's office, local law enforcement, judges, director of social services, and local commissioners. Inability to make choices regarding her life such as the community being made aware of allegations and DSS involvement.

Case Example- J

J- 17-year-old female with high-risk behavior and had been in custody for three years at the time the case was transferred to human trafficking social worker. J had had significant mental health diagnoses and past trauma which includes sexual abuse, physical abuse, and neglect. When J was not AWOL, she was typically placed in a Psychiatric Rehabilitation Treatment Center. J would consistently go AWOL to run and use substances. One of her AWOL episodes included ads being posted online and since she was reported missing, FBI was involved to help locate her. FBI made multiple attempts to locate- she was not found by their attempts and local law enforcement had come in contact with her multiple times but due to her aliases and not giving correct spelling of her name she was able to avoid being located. J had been interviewed multiple times at the local children's advocacy center and did not disclose trafficking in any interview. The Department tried multiple ways keep her safe that seemed unsuccessful. J would call her social worker from blocked numbers when she would get tired of running away but would never turn herself in. The Department asked J how we could help her stay safe and she said if she could live with her mother and not go into a treatment facility. In desperation, SW made proposal to the department.

Proposal included-

Since J was so close to being 18 and since SW was under the impression J would turn herself in if she could go home. SW proposed letting J return home with wrap around services for both mom and J. Ensure the environment was safe before J could return home, ensure mother was on-board, and get court approval. It was a matter of- which one is safer? Being with mother or being AWOL? Despite mother not completing case plan- the court agreed to let J return home but if she ran away or did not comply, she would be admitted to a treatment center.

Skipthegames.EU

I see	Couples, Men, Women
Race / Regionality	Black / Caribbean, Caucasian (N. American / W. European), Exotic / Mix
Hair color	Black, Redhead
Accepted payment methods	Cash, PayPal
Available for	Incall, Outcall
Hours	24/7
Location	I'm mobile out
Weight	110 lb
Height	5ft 1in - 5ft 3in
Breasts	Small/petite Natural
Grooming down under	Shaved
Piercing	None
Tattoos	Discreet

Exotic 🌴😏 Wettt Ready for you babe 😏
DEEPTHROAT GODDESS 🍆🍑🍷 Lets Have Sum
Fun 🍷(980) 230-7695 professional men Only

Activities this service provider may enjoy

- Breast relief / Russian
- Deep throat
- Domination - mild (BDSM)
- Domination - severe
- Fantasy outfits (on request)
- Girlfriend experience (GFE)
- Intercourse - Anal (Greek)
- Intercourse - Oral
- Intercourse - Vaginal (FS)
- Kissing - closed lips
- Kissing - deep (DFK)
- Lunch / dinner dates
- Massage - sensual
- Massage - therapeutic
- Multiple sessions within date time (MSOG)
- Oral - CIM
- Oral - receiving (DATY)
- Oral - without condom

Lesson learned: ability to make choices helps ensure safety

Case Example- B

B was one of 4 siblings and put on the Departments radar for truancy, at the time of the report, B had missed 28 days in school, and was caught with meth in school. Allegations included B selling drugs for her father, being sold by her mother for drugs, and home not being suitable for B and the three other siblings. B disclosed selling drugs for father but did not disclose being sold by mother. B was open about having older boyfriends and using drugs with her parents. B cooperated and was placed in a therapeutic foster home and did well. B had DJJ involvement for truancy and selling drugs. B was not allowed to have a telephone per DJJ order but would sneak and use any phone found. B's little sister informed the SW that B was still messaging older men and was not supposed to tell SW. SW was able to address safety with B and the siblings. However, B in recent months has finished all requirements with DJJ and received a telephone by her family for doing well. As a result, B is now AWOL and has an older "boyfriend" that is 38 years of age, allegedly giving all her money to him before she ran away, and has his name tattooed on her neck. Current SW and the children's advocacy center is working together for a plan for when she is recovered to safety plan and make sure she is healthy and able to make healthy choices. B's siblings are stable but all waning to return home.

Lesson learned:
Early identification and prevention is key

Case Examples- What Do They Have in Common?

- Multiple CPS reports and CPS involvement
- Substance use in child and parents
- Mental Health Diagnoses
- Physical Abuse
- Witness to Violence
- AWOL Behavior
- Not identifying as a victim

Needs

- Identified need for risk assessment due to lack of disclosure/not identifying as a victim
- Coordinated response
- Specialized treatment plans to address child endangerments
 - Substance use, previous trauma, mental health concerns
- Safety planning around AWOL behavior
- Prevention efforts

Thinking outside of the box is essential

Implementation of CSE-IT

- Children currently in or entering foster care aged 10+.
- Children who turn age 10 while in foster care.
- Sexual abuse concerns with youth aged 10+

When should CSE-IT be completed or updated:

- Upon entering foster care, or when turning age 10 if already in foster care
- Annually
- Any time a new and relevant life event or runaway event occurs
- CPS report where high risk behavior is mentioned

How can we meet these goals?

1. Complete initial CSE-IT for youth aged 10+ at time of custody
2. Update CSE-IT with annual case planning updates
3. Schedule runaway screening interview at The Lighthouse
4. Staff case and discuss CSE-IT with supervisor

WestCoast Children's Clinic
Commercial Sexual Exploitation Identification Tool (CSE-IT) – version 2.0

1. HOUSING AND CAREGIVING. The youth experiences housing or caregiving instability for any reason.	No Information	No Concern	Possible Concern	Clear Concern
a. Youth runs away or frequently leaves their residence for extended periods of time (overnight, days, weeks).	0	0	1	2
b. Youth experiences unstable housing, including multiple foster/group home placements.	0	0	1	2
c. Youth experiences periods of homelessness, e.g. living on the street or couch surfing.	0	0	1	2
d. Youth relies on emergency or temporary resources to meet basic needs, e.g. hygiene, shelter, food, medical care.	0	0	1	2
e. Parent/caregiver is unable to provide adequate supervision.	0	0	1	2
f. Youth has highly irregular school attendance, including frequent or prolonged tardiness or absences.	0	0	1	2
g. Youth has current or past involvement with the child welfare system. ∞	0	0	1	2
Indicator 1 Score: A subtotal of 0 to 3 = No Concern. A subtotal of 4 or 5 = Possible Concern. A subtotal from 6 to 14 = Clear Concern. Circle score here →	0	No Concern 0	Possible Concern 1	Clear Concern 2
2. PRIOR ABUSE OR TRAUMA. The youth has experienced trauma (not including exploitation).	No Information	No Concern	Possible Concern	Clear Concern
a. Youth has been sexually abused. ∞	0	0	1	2
b. Youth has been physically abused. ∞	0	0	1	2
c. Youth has been emotionally abused. ∞	0	0	1	2
d. Youth has witnessed domestic violence. ∞	0	0	1	2
Indicator 2 Score: A subtotal of 0 or 1 = No Concern. A subtotal of 2 = Possible Concern. A subtotal from 3 to 8 = Clear Concern. Circle score here →	0	No Concern 0	Possible Concern 1	Clear Concern 2
3. PHYSICAL HEALTH AND APPEARANCE. The youth experiences notable changes in health and appearance.	No Information	No Concern	Possible Concern	Clear Concern
a. Youth presents a significant change in appearance, e.g. dress, hygiene, weight.	0	0	1	2
b. Youth shows signs of physical trauma, such as bruises, black eyes, cigarette burns, or broken bones.	0	0	1	2
c. Youth has tattoos, scarring or branding, indicating being treated as someone's property.	0	0	1	2
d. Youth has repeated or concerning testing or treatment for pregnancy or STIs.	0	0	1	2
e. Youth is sleep deprived or sleep is inconsistent.	0	0	1	2
f. Youth has health problems or complaints related to poor nutrition or irregular access to meals.	0	0	1	2
g. Youth's substance use impacts their health or interferes with their ability to function.	0	0	1	2
h. Youth experiences significant change or escalation in their substance use.	0	0	1	2
Indicator 3 Score: A subtotal of 0 or 1 = No Concern. A subtotal of 2 or 3 = Possible Concern. A subtotal from 4 to 16 = Clear Concern. Circle score here →	0	No Concern 0	Possible Concern 1	Clear Concern 2
4. ENVIRONMENT AND EXPOSURE. The youth's environment or activities place them at risk of exploitation.	No Information	No Concern	Possible Concern	Clear Concern
a. Youth engages in sexual activities that cause harm or place them at risk of victimization.	0	0	1	2
b. Youth spends time where exploitation is known to occur.	0	0	1	2
c. Youth uses language that suggests involvement in exploitation.	0	0	1	2
d. Youth is connected to people who are exploited, or who buy or sell sex.	0	0	1	2
e. Youth is bullied or targeted about exploitation.	0	0	1	2
f. Youth has current or past involvement with law enforcement or juvenile justice. ∞	0	0	1	2
g. Youth has gang affiliation/contact that involves unsafe sexual encounters.	0	0	1	2
Indicator 4 Score: A subtotal of 0 = No Concern. A subtotal of 1 = Possible Concern. A subtotal from 2 to 14 = Clear Concern. Circle score here →	0	No Concern 0	Possible Concern 1	Clear Concern 2
5. RELATIONSHIPS AND PERSONAL BELONGINGS. The youth's relationships and belongings are not consistent with their age or circumstances, suggesting possible recruitment* by an exploiter.	No Information	No Concern	Possible Concern	Clear Concern
a. Youth has unhealthy, inappropriate or romantic relationships, including (but not limited to) with someone older/an adult.	0	0	1	2
b. Youth meets with contacts they developed over the internet, including sex partners or boyfriends/girlfriends.	0	0	1	2
c. Explicit photos of the youth are posted on the internet or on their phone.	0	0	1	2
d. Youth receives or has access to unexplained money, credit cards, hotel keys, gifts, drugs, alcohol, transportation.	0	0	1	2

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Coordinated Response

CPS

- HT Social worker to go out with assigned CPS worker when call came in with HT allegations
- Safety plan with youth
- Attend CAC Forensic Interview
- CSE-IT Screening anytime high- risk behavior was identified
- Staff at CAC MDT and HT MDT

Permanency planning

- HT Social worker to carry case that has been confirmed trafficking and/or those with high risk levels
- Follow state mandated policies
- Forensic interview/CME as needed
- Follow internal missing from care policy
 - Report to LE
 - NCMEC
 - Runaway screening and health exam
- Staff at CAC MDT and HT MDT
- Safety planning
 - Untraditional

Specialized Treatment Plans

- Locked facilities were not working
- Allow youth to have say so in treatment plan
- Identify agencies that can specialize treatment plans
- Evidence based therapeutic modalities that have led to positive outcomes
 - Eye Movement Desensitization and Reprocessing
 - Dialectical Behavioral Therapy
- Coordinate with DJJ if applicable

Safety Planning and Run Prevention Strategies

- Allow youth to define safety in their own terms
- Having honest conversations with youth about expectations and policies
- Allow youth to have say so in treatment plan
- Identify strengths and motivation within youth
- Meet youth where they are at

Before I leave, I will...

If I decide to leave, I will...

Here are my safe adults...

Community resources:

Prevention and Identification

- Blind Spot
 - Monthly class for youth to learn about trafficking, healthy relationships, and internet safety hosted at our CAC
- Community identification and trainings
 - LE
 - Hospital
 - EMS
- Missing from care (runaway) prevention
- CSE-IT score to be discussed at every CAC MDT

BLIND SPOT

Blind Spot is a free human trafficking education and prevention training for children ages 10 and up. Human trafficking happens everywhere, and kids are particularly vulnerable. Many traffickers find and target children online. Blind Spot gives kids the resources to empower them to prevent trafficking.

Both programs are offered on the 2nd Wednesday of the month at 5:30 pm at The Lighthouse.

What Have We Learned?

- Community based treatment
 - Child ACTT teams
- Minor's definition of 'safety' looks different than the Department's
- Important for minor to have a voice within their treatment plan
- Chances of returning to the life are high
- Building rapport is necessary
- Defining success differently is helpful
- Harm reduction is essential
- Run prevention is human trafficking prevention
- Specialized positions are beneficial
- MDT collaboration is a requirement
- Evidence based therapeutic modalities that have led to positive outcomes
 - Eye Movement Desensitization and Reprocessing
 - Dialectical Behavioral Therapy

Human trafficking may not be the most traumatic thing that has occurred to these youth

Questions



Contact Information

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