

Dane County Commission on Sensitive Crimes

The Dane County Commission on Sensitive Crimes

The Dane County Commission on Sensitive Crimes (COSC) is an advisory commission created by [Dane County Ordinance](#).

The Commission serves as a forum to discuss issues relating to sensitive crimes in Dane County, including, but not limited to, sexual assault, domestic/family violence, the abuse/exploitation of children, elder abuse, and sensitive crimes committed against people with disabilities. The COSC also serves as a forum for the county's five Coordinated Community Response (CCR) teams, which perform the majority of work related to discussing sensitive crimes issues in Dane County.

The website has extensive information regarding the work of each CCR, COSC meetings and priorities, and resources for victims of sensitive crimes in Dane County.

Commission Responsibilities

The COSC is charged with the following duties:

1. Serve as a forum for the coordination of services related to sensitive crimes
2. Assist Dane County in developing and coordinating policies relating to the prevention, treatment, investigation, and prosecution of sensitive crimes
3. Maintain resources for the collection and dissemination of information relating to sensitive crimes
4. Respond to issues identified by Dane County, including conducting studies and making recommendations
5. Propose and analyze legislation and administrative procedures relating to sensitive crimes
6. Recommend procedures to gather, analyze, and present statistical data concerning the incidence of sensitive crimes in Dane County.

Commission Structure and Membership

The COSC consists of **14 voting members**, each of whom must be appointed by the [County Executive](#) and approved by the [County Board of Supervisors](#). The COSC also has **five non-voting members**, each representing one of the five Community Coordinated Response [\[link\]](#) teams.

The 14 voting members of the COSC are mandated by county ordinance and include:

1. One member of the [Madison Public Safety Review Board](#)
2. One member of the [Public Protection & Judiciary Committee](#)
3. One member of the [Health & Human Needs Committee](#)
4. A representative from the [Dane County District Attorney's Office](#)

5. One representative from the Dane County Sheriff's Office
6. One representative from the Madison Police Department
7. One representative from the Dane County Department of Human Service
8. A representative of an organizations that provides services to victims of domestic violence
9. A representative of an organizations that provides services to victims of sexual assault
10. A representative of an organizations that provides services to victims of child abuse and neglect
11. A representative of an organizations that provides services to victims of elder abuse
12. A citizen who is informed about matters relating to the commission's areas of concern
13. Another citizen who is informed about matters relating to the commission's areas of concern
14. A designee of the University of Wisconsin Chancellor

Commission Meetings

Unless otherwise noted, COSC meetings are held on the **third Tuesday of every month from 8:30-10:00am** and are open to the public. The COSC does not meet in August or December. Meetings are currently being conducted via Zoom.

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Wisconsin Child Sex Trafficking and Exploitation Indicator and Response Guide



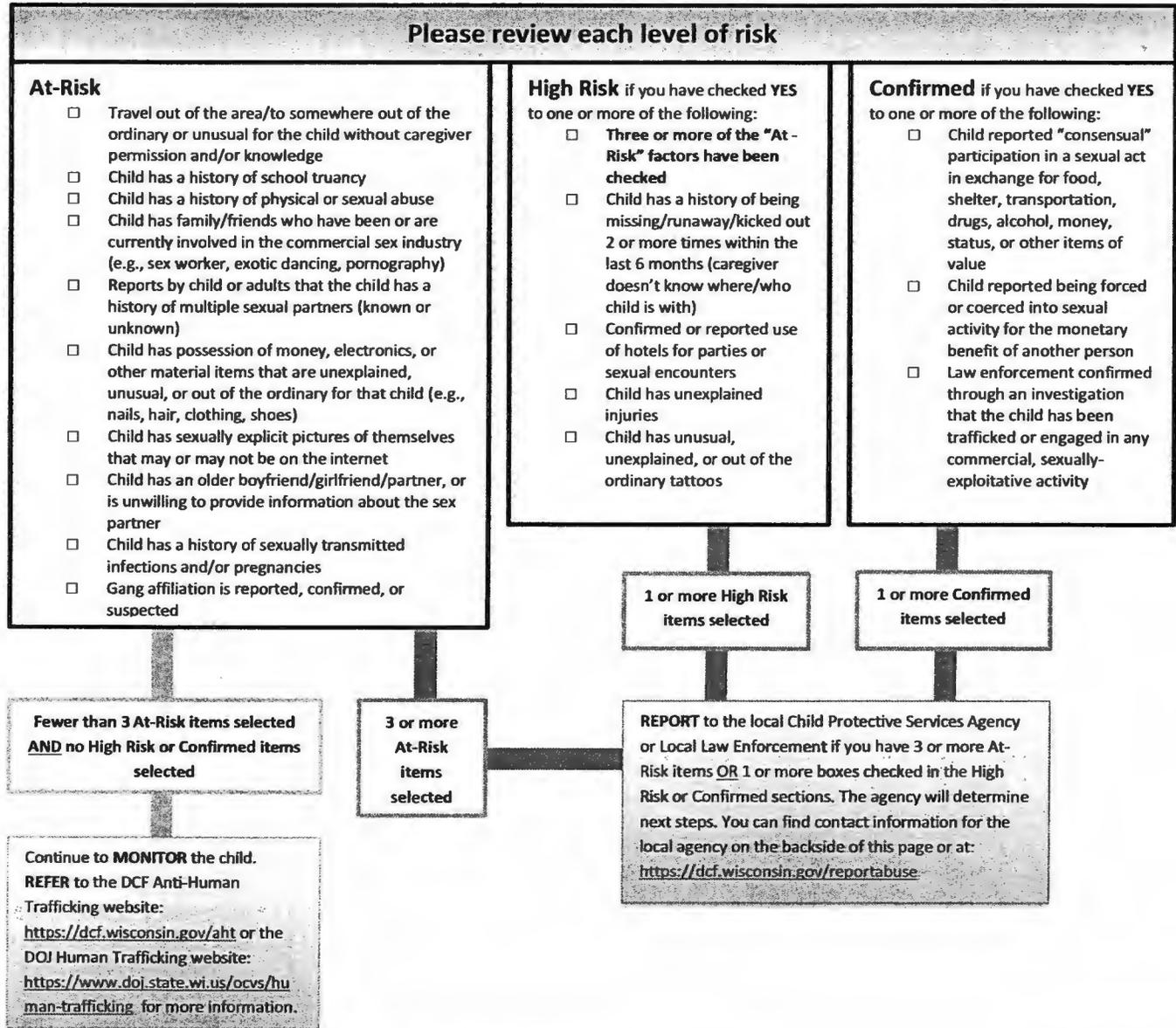
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The Wisconsin Sex Trafficking and Exploitation Indicator and Response Guide was adapted from the 2015 Minnesota Safe Harbor Sexual Exploitation/Trafficking Flowchart. Questions about this tool can be sent to DCFAHT@wisconsin.gov

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Lac Du Flambeau	715-588-4275	
Menominee Tribe	715-799-5161	
Oneida Nation	920-490-3701	
Red Cliff	715-779-3785	
Sokaogon	715-478-6437	
St. Croix Tribe	715-349-2671	
Stockbridge- Munsee	715-793-4580	

Anti-Human Trafficking Training

Find Your Strengths

Purpose

This session will explore two strengths-based tools, created in Wisconsin, aimed at enhancing youth service providers' response to high risk and trafficked youth.

These tools are intentionally inclusive of urban, suburban, and rural experiences, BIPOC experiences, LGBTQI experiences, male, female, and non-binary experiences.

This session is geared towards school staff, such as pupil service staff, and professionals working in trafficking prevention and response

Date and Location

November 16th, 2022
1pm-3pm

Warner Park Community Recreation Center

1625 Northport Drive
Madison, WI, 53704

Free Event

Please RSVP to:

francisca@respectmadison.com, and
daley@respectmadison.com by November 11th
because light refreshments will be served.

Presenters

Rebekah Dettmann

Anti-Human Trafficking Coordinator,
Milwaukee Child Advocacy Center
Email: rdettmann@chw.org

Claudine O'Leary

Independent Consultant
Rethink Resources
Email: claudine@rethinkresources.net

Sponsor

Dane County Coordinated Community Response to the
Commercial Sexual Exploitation

The mission of the Dane County Coordinated Community Response to the Commercial Sexual Exploitation of Children (CCR-CSEC) is to work to end child sex trafficking in Dane County and strengthen the existing service delivery system for victims by developing specialized services to meet their short- and long-term needs. It is dedicated to the prevention of exploitation, protection of youth victims and prosecution of traffickers.

Members include: Project Respect, Briarpatch Youth Services, Dane County Juvenile Court Administrator, Madison Police Department, Madison Metropolitan School District, Dane County District Attorney's Office, Dane County Corporation Counsel's Office, Dane County Human Services, Dane County Sheriff's Department, UNIDOS, Rape Crisis Center, Rainbow Project, Federal Bureau of Investigation-Victim Specialist, U.S. Attorney's Office, Western District.

Contact

CCR-CSEC c/o Project Respect, 1457 E. Washington
Avenue #2, Madison, WI 53713. 608 283-6435.

Jan

From: Brian Doty <brian@bigbighouse.org>

Sent: Wednesday, May 29, 2019 6:41 AM

To: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Cc: [REDACTED]

Subject: [REDACTED]

Multi-Faith Coalition Against Child Sex Trafficking (MFCACST)

Addressing the issue of child sex trafficking through a compassionate lens;
seeking increased public awareness; working for preventive and
restorative solutions; striving for a more just world through education,
community building and public action.

10 a.m. - 12 p.m. Wednesday 29 May
Common Ground Middleton
2644 Branch Street
Middleton, WI 53562

Dane County Coordinated Community Response to the Commercial Sexual Exploitation of Children

The mission of the Dane County Coordinated Community Response to the Commercial Sexual Exploitation of Children (CCR-CSEC) is to work to end child sex trafficking in Dane County.

Goals:

1. To create, educate and communicate a community standard of non-violence and anti-human trafficking
2. To promote the prosecution of traffickers
3. To promote the protection and assistance to victims
4. To prevent child trafficking

By:

Developing a community consensus of the crime, and improving and maintaining coordination and cooperative efforts among agencies which may come into contact with victims, including law enforcement, prosecutors, correctional officers, healthcare providers, educators, children and victim's service providers and the community at large.

Our mission is based on the following philosophy:

We believe that providing diverse and safe, non-judgmental, accessible services are fundamental to social change regardless of one's race, gender, age, sexual orientation, gender identity, disability, or religious beliefs.

We believe that it is a basic human right to live free of sexual violence.

We believe in the importance of collaborations and alliance building. Social change does not occur in isolation.

We believe in inclusion of survivor's voices into our work. All those affected by sexual violence deserve compassionate services, dignity, privacy and respect.

We believe that sexual violence stems from oppressive power relations embedded in gender and economic inequalities and in the importance of promoting social and economic justice.

We believe in the power of advocacy, education, prevention and driving public policy as agents of social change.

I am interested in learning more about the CCR-CSEC

I am interested in joining the Project Respect email list

Name _____

Agency _____

Email: _____

Please return to registration table

Building a Strong Team Response to High Risk and Trafficked Youth

Key framework for effective use of tool

The current literature and existing reports on commercially sexually exploited (CSE) youth unanimously identify key areas of engagement essential for providing effective care to impacted youth. This framework includes¹:

- Genuineness in our relationships and approaching each situation without judgment
- Addressing underlying/holistic needs outside the context of CSE
- Consistent use of validation and affirming language
- Reframing how we understand and react to youth actions/behaviors
- Seeking, including, and valuing youth voice and experience in the process
- Allowing youth to choose from reasonable options whenever possible

Users should also be mindful of the following while using this assessment²:

- Internal and external barriers to youth moving "forward"
- The ability to measure and count short incremental gains
- What options exist to adopt a philosophy of "safer" when "safest" is not a realistic option
- The ability to shift away from trying to change youths' minds about their actions/behaviors; and instead help them come to their own conclusions about decision making and the role of natural consequences
- Recognize the goal of meeting youth where they are at is to do just that and does not require or expect "forward" movement. Rather, acknowledges implementation of skills and strategies to enhance engagement as an intervention of its own

Sources: 1.) For complete list of references consulted, visit: <https://dcf.wisconsin.gov/aht/toolkit> 2.) California Department of Social Services Harm Reduction Series for Social Workers, Notice No. 1-28-19 3.) Nichols, A.J., Edmond, T. & Heil, E.C. (2018). Social work practice with survivors of sex trafficking and commercial sexual exploitation (pp. 51-69). New York, NY: Columbia University Press.

Do you have ...

1 Full picture of risk:

- WI Indicator & Response Guide
- Immediate needs and/or physical safety considerations
- Full scope of trauma history
- Needs outside of CSE/trauma history

2 Awareness of available resources to target identified areas of risk:

- Local teen resource card
- 2-1-1 or local task force
- County/state based agencies
- Local crisis response agencies

Engagement

- Stay curious and open to hearing any response vs. questioning for certain responses or "accuracy" (i.e. "tell me more about what you meant by that;" "I can tell you're having a hard time staying here. Can we talk about what's going on so we can maybe figure out some other options or how to make this better?")
- Offer personal connection through appropriate self-disclosure or shared experience; look for common ground in past or present that might resonate with a young person
- Prioritize basic needs before expecting further connection: when did the youth last sleep, eat, shower, or use the bathroom
- Take youth to new places, show them new things, spend time together, etc.
- Get to know youth outside of their involvement in high risk behavior/trafficking, trauma history, or other adverse situation due to which you became involved

Options

- Allow simple choices: Timing of visits/appts, where to go for meal together, who they prefer to take them to appt, opportunity to decline something but choose an alternative, etc
- Create non-consequential options that aren't ultimatums. For example, instead of: "if you choose not to go to school, I won't take you to group afterwards;" try something like: "don't forget I am picking you up after school for group today. Would you like me to get you right from school or at the group home?"
- Input on bigger decisions: "I know this group home isn't working out for you and we need some time to figure out what other options there are. While we figure that out together, do you have any thoughts on people or places I should be looking into?"

Affirming Language

- "I noticed you _____, & did not _____. I could tell you were _____."
- "When you *_(positive action)_*, it really made _____ feel included"
- "You showed commitment by coming here today"
- "I was really happy when I saw you at _____ the other day"
- "I noticed you haven't been spending as much time with/at *_(negative influence)_*. You're clearly prioritizing your safety."
- Acknowledge a difficult decision that was made even in a typically undesirable context: "I know how hard you've been working on cutting weed & that put you in a tough spot when your friends invited you to smoke. It took courage for you to be honest with me about it."
- Recognition for return (pos. action/behavior), rather than disappointment for leaving (neg. action/behavior).

The ability to respond to and support youth dynamically at their varying stages of readiness; recognizing this as fluid, not linear³, is an essential next step in the engagement process and may present:

- 1) outside the "cycle" of change
- 2) contemplation of the concern
- 3) preparation for change/leaving
- 4) action: the initial stages of exit
- 5) maintenance/cont'd support
- 6) relapse/return: normal part of a longer process that still requires support and validation of strengths and growth

see back for next steps

Actions to Support Engagement

The goal of meeting youth where they are at, or in their current *stage of readiness*, is to do just that. It does not require "forward" movement. Implementation of the following skills & strategies should be considered a form of intervention.

1 Youth is not currently engaged in process or responsive to adults

- Separate youth actions from personal work; establish one's own support outlets through consultation and supervision
- Identify priorities as a team and best people to carry out engagement, including informal supports
- Re-affirm each person's unique role and responsibility on team and with youth
- Identify traits of positive adult relationship(s) youth does have; consider ways to replicate traits across team members
- Determine alternative means of communication that exist within different roles (i.e. messaging)
- Identify where flexibility exists to promote engagement: short term vs. long term placement options, non-placement adult/relative supports, utilize non-traditional supports
- Take a full shift towards harm reduction² approach: safer vs safest; recognize how youth may choose to meet needs without alternative options
- Offer youth options in each [attempted] interaction
- Listen to what youth is saying
- Incentivize meeting with team member(s)
- Always keep the door open for youth to return/call; consistently message this

2 Youth is responsive to team members/adults

- Consider what needs are likely met through exploitive situations; explore other options that exist to fill certain areas of need: physical safety, emotional safety, independence, love, companionship, money, substance use/self-medication, hormones, etc.
- Increase contact/outreach attempts
- Start safety planning with youth: ask about things they are doing to stay safe/reduce risk of harm
- Validate/affirm youth decisions and feelings
- Continue to incorporate use of options
- Begin increasing/exposing youth to opportunities
- Offer medical care routinely; assist youth in connecting to appropriate primary care provider they are comfortable with

3 Youth sometimes reaches out independently to team/adults

- Consistently offer resources and services, even ones youth has previously declined
- Help youth make connections to community based agencies and informal supports, such as an advocate, mentor, and other credible adults
- Work with youth to develop their own insights about their lives/situations
- Learn from youth about what prompts their leaving home/placement (i.e. leaving something, going to, or both)
- Negotiate (within reason) youth wishes and preferences
- Acknowledge and affirm shift of youth beginning to reach out to you/team members on their own
- Work to understand why youth may have chosen the person(s) they have to begin reaching out to. Can these types of connections be replicated in other areas in their lives?
- Continue exposures to opportunities (increased time together or engaged in pro-social activities results in less time to be on the run or engaging in high risk situations)

4 Youth expresses awareness of their situation; shares insights

- Make more intentional efforts around connections to an advocate and community based resources: youth drop-in spaces, shelters, street outreach, safe recreational spaces like Boys and Girls Clubs, etc.
- Begin to explore with youth needs currently met through exploitive situations; address what you can tangibly provide to offset needs
- Offer formal support/service options: evidence based therapy (TF-CBT, EMDR) or evidence informed group work (Ending the Game, My Life My Choice, other curriculums offered locally)
- Thoughtfully explore with youth barriers/ambivalence to follow through on a choice, commitment, or goal they made, but may be having a hard time with. What do they need to take the next step forward (internal & external motives)?

5 Youth is both aware of situation and ready for change to occur or already in process

- Pro-active outreach with advocate/community based agency to assure effective collaboration on youth needs
- Explore with youth where they are at with technology/cell phones and realistically what kinds of support or boundaries are needed to promote safety (i.e. utilizing location/tracking, adjusting privacy settings, deleting accounts/apps, turning in phone at night, limited use of phone, giving up phone entirely, etc.)
- Actively address needs youth has identified as being met through exploitive situations (tangibly and with support services)
- Assess with youth totality of treatment/intervention needs; together prioritize where to start: AODA, mental health stabilization, homelessness/severe family conflict, trauma symptoms, acute medical needs, legal issues, etc.
- Partner with youth to promote success in the options they have chosen; actively address anything that may be interfering (internal & external factors)
- Observe and affirm youth beginning to create distance between themselves and an exploitive person or situation
- Recognize this is as a highly vulnerable and fragile stage in youth readiness; awareness of the imminent chance of relapse

6 Youth has had period(s) of incremental change, but is currently experiencing a setback

- Recognize setbacks as normal part of transition out of the life; unconditionally support youth through these periods
- Normalize to youth this experience and affirm their continued commitment to change. Consider sharing normalizing facts and data about relapse
- Draw from other areas of readiness to respond to relapse, re-vamp engagement strategies, allow flexibility in case planning, understand exit/behavior change as a fluid, non-linear process
- Appreciate that this is a long term journey for high risk/trafficked youth with expected setbacks, lapse in engagement/readiness, integral need for current team members to maintain involvement throughout, and requirement of warm handoffs as team members change and other transitions occur



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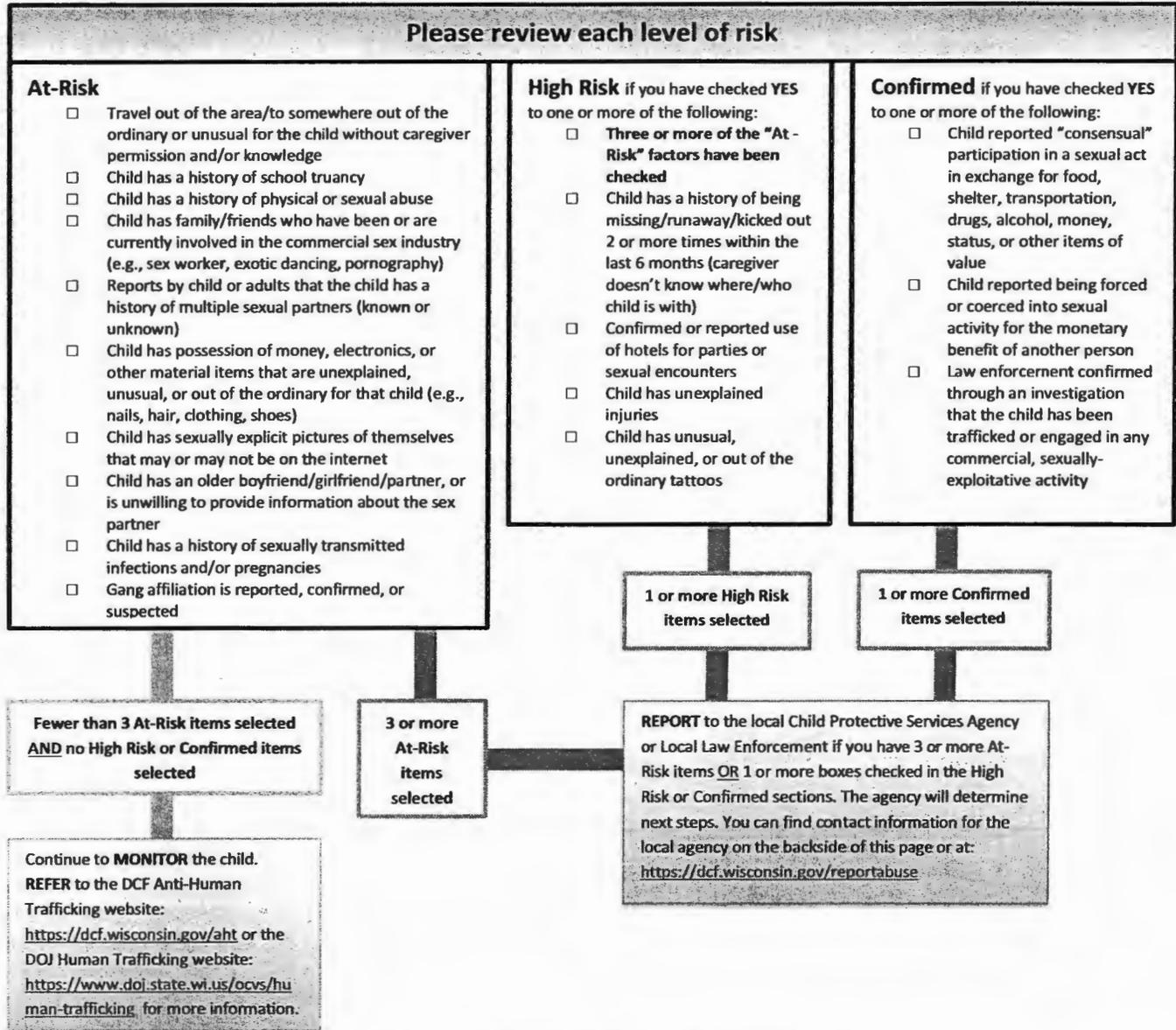
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Bad River	715-682-7127	
Forest County Potawatomi	715-478-4812	
Ho-Chunk	715-284-2622	
Lac Courte Oreilles	715-558-7435	
Lac Du Flambeau	715-588-4275	
Menominee Tribe	715-799-5161	
Oneida Nation	920-490-3701	
Red Cliff	715-779-3785	
Sokaogon	715-478-6437	
St. Croix Tribe	715-349-2671	
Stockbridge- Munsee	715-793-4580	



WISCONSIN ANTI-HUMAN TRAFFICKING TASK FORCE



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Background & Purpose

The Implementation Advisory Workgroup of the Wisconsin Anti-Human Trafficking Task Force (AHTTF) developed the attached document in order to assist communities in Wisconsin with developing their local response to sex trafficking of youth. The workgroup was comprised of members representing child welfare, law enforcement, the courts, education, corrections, service providers, advocates, counties, Tribes, survivors, and faith-based groups. The attached *Guidelines for an Effective and Coordinated Community Response to Sex Trafficking of Youth* are intended to assist communities in identifying:

1. What community services should ideally be available to youth identified to be at risk for or experiencing sex trafficking; and,
2. Provide guidance for the development of a community resource inventory and response plan.

While this guide is intended for communities who do not yet have a plan for responding to sex trafficking of youth, those communities that already have a plan in place may still find useful reminders and information about the critical elements necessary for a successful response. This guide is a supplement to documentation specific to child welfare that is currently being pilot tested by the Wisconsin Department of Children and Families (DCF); local child welfare agencies should contact DCF directly for more information.

Counties and local communities looking for additional guidance and training on creating an effective community response may find the following resources helpful:

- Office of Juvenile Justice and Delinquency Prevention (OJJDP) National Training and Technical Assistance Center (www.nttac.org)
- National Criminal Justice Training Center of Fox Valley Technical College (<https://ncjtc.fvtc.edu/amberalert>)

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Guidelines for an Effective Coordinated Community Response to Sex Trafficking of Youth

Introduction

Providing effective protection and assistance to youth who have experienced trafficking is a complex challenge. Youth can be difficult to engage due to the complexity of their relationship with their abusers, mistrust of authority created by prior experiences with abuse or interactions with systems, and the fact that the help that is offered is sometimes not what the youth wants, needs, or will use. For these reasons, separating from a trafficking situation is a process, not a one time “rescue”. Providing effective protection and assistance to youth who have experienced sex trafficking requires a collaborative and coordinated effort between justice system and child welfare agencies, as well as the availability of youth-focused, trauma-informed community services that utilize methods and individuals who understand the unique needs of this population. Building an effective response to sex trafficking in Wisconsin requires that individual communities perform an inventory of available local resources, identify gaps in current responses, and explore opportunities to develop a sustainable network of community services for youth.

Mandated reporters are required to report suspected cases of child sex trafficking to their local child welfare agency or law enforcement, as recent changes in state law now classify child sex trafficking as a form of child abuse, even if the trafficker is unrelated to the child. Whether or not a child or youth is currently under the jurisdiction of the child welfare system, community services that can meet their individual needs throughout the various phases of their recovery from trafficking are an essential aspect of the response. Mandated reporter training is available online free of charge.

Wisconsin is in the early stages of implementing statewide programs that will assist with the prevention and intervention of sex trafficking cases. An overview of these efforts is summarized in the State Level Response section. For the most up-to-date information, visit the human trafficking web pages for the Wisconsin Department of Children and Families (DCF) and Department of Justice (DOJ).

Words Matter

The Wisconsin Anti-Human Trafficking Task Force (Task Force) supports the use of person-first language, such as “youth being sex trafficked” or “individual at risk of sex trafficking”. Throughout this guide, the word “victim” is intentionally used sparingly. The word “prostitute” is *never* used to refer to children and youth who have experienced sex trafficking. The Task Force acknowledges that there are times when the word “victim” is appropriate, such as discussing the crime of sex trafficking and its victims. Children and youth may not want to be thought of or referred to as a victim. All professionals who work with young people are strongly encouraged to use judgement-free, person-first language when talking to children and youth about their experiences. These core values align with the Guiding Principles adopted by the Task Force, which are included as appendix to this document.

An Overview of Trafficking

Trafficking is not a new phenomenon, but it is growing. Trafficking cases often involve children and youth already being served in our systems. However, child welfare caseworkers and other professionals in child- and youth-serving systems may not recognize the signs to look for in their work. The following section offers an overview of human trafficking information to help navigate these cases. Additional online training will be available for many system professionals, including social workers, psychologists, advocates, educators, and medical providers, beginning in 2018. Interested parties should contact the DCF Anti-Human Trafficking Coordinator at DCF_AHT@wisconsin.gov for information.

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What is trafficking?

In order to serve children and youth in Wisconsin, it is important to understand what is meant by trafficking. Human trafficking is the umbrella term used for two different types of trafficking: sex trafficking and labor trafficking. While both types of trafficking occur in Wisconsin, this guide will focus exclusively on sex trafficking of children and youth. The definition of sex trafficking used in Wisconsin aligns with the federal definition:

Sex trafficking means recruiting, enticing, harboring, transporting, providing, or obtaining, or attempting to recruit, entice, harbor, transport, provide, or obtain any child for the purpose of commercial sex acts. Commercial sex act means any of the following for which anything of value is given to, promised, or received, directly or indirectly, by any person: sexual contact; sexual intercourse; sexually explicit performance; or, any other conduct done for the purpose of sexual humiliation, degradation, arousal, or gratification. (Wisconsin statute 940.302)

The term sex trafficking is sometimes used interchangeably with sexual exploitation, domestic minor sex trafficking (DMST), and commercial sexual exploitation of children (CSEC). Each of these terms has variations in their meaning but generally refer to the same topic. Throughout this document, we use the term sex trafficking as it relates to the definition listed above.

Who can be trafficked?

Trafficking of children and youth is a growing concern nationally and in Wisconsin. Trafficking can happen to anyone, including:

- U.S. citizens
- Foreign nationals
- Males
- Females
- LGBTQ individuals
- Individuals living in rural, suburban, urban, and Tribal areas
- Children and youth
- Adults

Children and youth who have been involved in the child welfare and/or youth justice systems are particularly at risk of being sex trafficked and are a known population targeted by traffickers. It is also important to remember that children and youth who are experiencing sex trafficking are victims of a crime, even if they do not see themselves as such; thus, the focus should be on judgement-free support and healing, not shame or blame. A child or youth can still be a victim of sex trafficking even if the trafficker is not charged and/or prosecuted.

Who are the traffickers?

Traffickers can also be anyone. While many traffickers are male, there are also cases where a female is the trafficker. The trafficker may be a family member or friend of the individual being trafficked or could be a stranger. People who pay for sex from minors are also considered traffickers under Wisconsin law. In some cases, in order to get their basic needs met, youth are trafficked by people who pay for sex without a pimp or trafficking network.

Many trafficking situations start with an intimate partner or perceived romantic relationship. Traffickers will then use that connection to manipulate or exploit the individual into participating in sex trafficking.

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While some traffickers will use sophisticated psychological methods to induce fear, allegiance, or strict loyalty in those who are being trafficked, it is important to note that, under federal law, the use of force, fraud, or coercion is **not** required when an individual is less than 18 years old.

What makes trafficking cases different?

A number of factors unique to sex trafficking complicate determinations that a child has been trafficked. Self-identification is rare for several reasons. Children and youth who are being trafficked may harbor distrust of and animosity toward authority figures and systems, especially if they have had negative interactions with these systems in the past. They may form trauma bonds with their traffickers, resulting in the desire of the person being trafficked to protect their trafficker. Individuals who are trafficked may be coached on how to conceal their situations. They may use false identification documents, obtained individually or given to them by a trafficker. Alternatively, they may not be in control of their own documents. The trafficker may use physical abuse or drugs to exert control and deter individuals from disclosing or seeking help. If they are foreign nationals, they may fear deportation or separation from their family. Others may fear harm or retribution and feel a genuine threat to their personal safety if they tell anyone. Individuals with developmental disorders or cognitive impairments may not understand the dynamics of sex trafficking or the dangers of the situation, falsely believing the trafficker is actually a romantic partner. While any combination of these factors can make identification more difficult, simply being aware of the psychological manipulation often present in sex trafficking can make the issue less mystifying.

Why now?

Recent federal legislation required changes in Wisconsin state law regarding the response to allegations of suspected child sex trafficking. 2015 Wisconsin Act 367 went into effect on May 29, 2017. Alleged cases of sex trafficking of a minor must be reported to local child welfare agencies or local law enforcement. When such reports are made, child welfare agencies must report these cases to law enforcement, and law enforcement must also report any suspected or alleged cases to child welfare. **Unlike other types of child abuse and neglect, these suspected cases must be reported and responded to even if the perpetrator/trafficker is not the child's parent or primary caregiver.**

Elements of an Effective Community Response

Prevention and protection

Protecting vulnerable youth and preventing sex trafficking requires that community members and youth are aware of the reality and nature of sex trafficking and able to recognize situations in which youth are experiencing or are at risk for engaging in coercive relationships or interactions. Increased awareness within the community may also reduce the demand for commercial sexual encounters with youth by educating potential buyers about the coercion and violence youth experience. Raising awareness among community members and youth can be accomplished through media campaigns and by utilizing existing community networks and programs to distribute prevention and awareness materials. DCF is launching a statewide prevention campaign in early 2018. Materials will be available for use by other stakeholders.

Identification

All individuals who work with youth who are at risk or have been trafficked should be educated on the recognition, response, and service needs of youth. Trainings should also include information about how a youth's experiences with past and current trauma may affect interactions with the youth. Because

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different agencies have varying roles and responsibilities regarding the investigative and service needs of youth, training needs will vary between agencies.

When community members identify youth with risk factors for sex trafficking, determining when and how to report concerns to investigative agencies (law enforcement and child welfare) can be challenging. The [Wisconsin Child Sex Trafficking and Exploitation Indicator and Response Guide](#) was developed to provide guidance on reporting decisions and can be incorporated into trainings for youth-serving agencies. Additional screening tools are also available to professionals with advanced clinical interview training to assist with identifying risk factors and determining if a youth has experienced sex trafficking.

Engagement and recovery

Engaging and supporting a youth during recovery from a trafficking situation often requires repeated contacts and rapport-building over time. The goal of interactions with youth at risk or being trafficked is to build trust and to provide a mechanism for the youth to seek help and support as their understanding and insight into their experience develops. Efforts are more successful when interactions with the youth at the initial point of contact are non-judgmental, trauma-informed, and focused on the needs of the youth.

Child welfare and youth justice systems are often involved in the initial identification and response of suspected sex trafficking of youth under the age of 18. Documentation developed by the Wisconsin Department of Children and Families provides recommendations for an effective child welfare and justice system response. However, the success of the initial response also depends on the availability of community resources to meet the youth's basic needs, including food, clothing, hygiene, shelter, medical and mental health care, support, and safety.

Resilience and restoration

After initial recovery and stabilization, the response to youth who have been trafficked shifts to identifying and addressing their long-term needs. Following engagement and recovery, youth may be offered intensive case management services designed to promote safety, stabilization of their basic needs, and utilization of community resources to address long-term restoration needs. Trafficked youth may distrust systems and people in positions of authority, have had prior negative experiences with service providers, and/or be completely disengaged from social services; thus, they may not accept services without some form of advocacy or intense (but respectful) outreach.

Successful programs can engage youth in services with motivational interviewing and trauma-informed responses. Punitive approaches must be avoided, as these will push youth away and increase the likelihood of continuing cycles of sexual exploitation. Case managers should be trained to identify and understand manifestations of trauma and understand how to manage trauma responses while still keeping youth engaged in case management and services. Case managers should also take strengths-based, supportive approaches towards gender, culture, sexuality, faith, and other individual identities. Youth who are receiving mental health support should also work with their therapist or service provider to develop a self-regulation plan for how to cope with triggers, flashbacks, or other common traumatic symptoms.

Case management should ensure that youth have coordinated support across multiple systems to ensure the provision of "wraparound services". Wraparound services should meet the individual where they are and help to express their choices while working through the trauma of trafficking. Initial case management intake should include:

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- ❖ Assessment of the youth's needs
- ❖ Development of individualized service plans
- ❖ Assessment of eligibility for community-based programs
- ❖ Safety planning
- ❖ Educational information
- ❖ Referrals to other organizations and services

This type of case management is distinct from child welfare case management, although there may be shared or overlapping services a local child welfare agency can provide. Ideally, a community will have an organization that can support case management for youth who have been trafficked, particularly for those cases where a youth may not be involved in the child welfare or youth justice systems. Many existing providers may already have the skill set needed, particularly those who are accustomed to providing trauma-informed care and know how to tailor individual treatment plans.

Service Needs of Sex Trafficked Youth

An effective community response requires strategies that are trauma-informed, culturally and developmentally appropriate, and focused on the needs of individual youth. The goals of a community response should be to:

- ❖ Identify or develop initiatives and services focused on the prevention of sex trafficking and protection of vulnerable youth; and,
- ❖ Improve the ability of service providers and community members to recognize and respond effectively to youth who are at risk for or being trafficked.

Communities are encouraged to think broadly. Some of the initiatives and services discussed in this document may already be occurring within the community. Others may not be immediately available within each community, but may be available in nearby communities or could be developed by enhancing existing resources. All local task forces, organizations, and private and public agencies that work with youth who are at risk for sex trafficking should align their initiatives, policies, and practices with the Guiding Principles and work to ensure all staff and volunteers are trained in the Core Competencies adopted by the Task Force.

The Community Response Team should include both government and non-government organizations that serve youth so the team is able to perform a full assessment of existing resources and initiatives. Organizations that can distribute education, awareness, and prevention materials to key stakeholders should also be included. Consider including the following categories of individuals and organizations when putting together a team:

- Government agencies (e.g., child welfare, law enforcement)
- Physical and mental health providers
- Sex trafficking advocates
- Survivors of sex trafficking
- Youth groups or youth-serving organizations
- Parents/caregivers
- Schools
- Faith community
- Businesses, including the lodging and hospitality industries

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- Civic and volunteer organizations
- Media
- Researchers

Emergency housing

Best practice: Emergency housing for youth who have been trafficked is a critical response element. Housing should be:

- ✓ Supportive
- ✓ Comfortable
- ✓ Non-punitive
- ✓ Available to authorities on short notice
- ✓ Involve providers who understand sex trafficking

Some youth who have been trafficked or sexually exploited do not return home right away. Reasons for this may vary. A family conflict may prevent an immediate return home or the home may not be a safe place for the youth. Providing services to youth who have been victimized by traffickers is complicated by frequent runaway behaviors. Agencies that house youth often have difficulty finding enough staff who can effectively engage youth to prevent their runaway behavior. Citing the increased risk of running away, some communities still use secure detention in a juvenile detention facility as an option to keep youth safe. Youth who are being trafficked are a victim of the crime of child abuse. Placing individuals in secure detention for a crime that has been committed against them, particularly if the detention facility does not offer any supportive and therapeutic programming, is likely to make the delivery of services and overall recovery process less successful. In addition, Federal Regulations prohibit the use of secure detention for CHIPS and JIPS children, except in specific circumstances with additional judicial review, and can result in the loss of federal funds.

Recommendations

There are several options for emergency housing for youth who have been sex trafficked. These include:

- Shelter care
- Assessment center
- Foster home
- Group home
- Relative/Kinship Care
- Runaway and homeless youth (RHY) programs
- Host homes¹

The availability of options varies by county and whether a youth has a court order for an out-of-home care placement. Community efforts to increase group home or foster care placements and to support training and resources for these entities are an important part of the community response.

Questions about current availability of placement options should be directed to the local child welfare agency; contact information by county, city, or zip code is available at <https://dcf.wisconsin.gov/reportabuse>

¹ Host home arrangements are completely voluntary; public child welfare oversight and licensing are not provided. Given the challenges and vulnerabilities of youth affected by trafficking and the difficulties of meeting their complex needs, Host Homes require training in the Core Competencies needed to serve this population. Organized support from an entity licensed to serve this population, such as an RHY program, is **highly recommended** due to the potential for continued exploitation in Host Homes that have inadequate supervision and oversight.

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Mental health treatment

Best practice: Prior traumas make a youth more vulnerable to sex trafficking; thus, mental health services will be critical, whether there is confirmed sex trafficking or the risk is highly suspected. Youth who have been trafficked or are at risk of being trafficked have often endured exposure to multiple forms of abuse, and other adverse childhood events, and may suffer from chronically unmet developmental needs. Engagement of such youth, and their families, in mental health services is most likely to occur when clinical providers have a set of competencies, attitudes, and sensitivities that match the needs of these potential clients. Careful and holistic assessment of need, along with sensitive, youth-driven goal setting and pacing of the work has been found to be central to success. It is important to keep in mind that many currently trained licensed professionals have the tools and skills necessary to serve this population, once they understand the nuances that are specific to trafficking.

Mental health and substance abuse services for youth recovering from sex trafficking can occur in a variety of settings. Every county has a Crisis Intervention Program, which is available to respond to individuals experiencing a mental health crisis. Crisis intervention services may include short term, community-based residential stays for crisis stabilization. This would be appropriate if a youth who has been trafficked is experiencing a mental health crisis and needs a therapeutic place to stay for a brief period. Additional mental health resources are available through county human services programs or the private sector. Most counties offer team-based treatment models such as Comprehensive Community Services (available to Medicaid-eligible youth) which provide a spectrum of services, including counseling, psychoeducation, and medication management. Other community options may include outpatient mental health counseling and/or outpatient substance abuse counseling. Some areas have specialized mental health programs for youth who are between the ages of 16 – 25. Ideally, all of these services will be trauma-informed and able to effectively address the issues of youth who have been trafficked.

Additionally, activities that allow a youth to express their emotions are often excellent means for helping youth to feel comfortable and accepted. Once youth have moved past the initial crisis stage, other activities that engage their physical self in positive ways may also be helpful in the healing process. These can be paired with traditional talk therapy or offered on their own. Suggested activities should be sensitive and respectful of the needs and interests of the individual. Options to consider include:

- ❖ Art
- ❖ Music
- ❖ Dance
- ❖ Creative writing
- ❖ Animal therapy
- ❖ Self-defense training
- ❖ Cooking classes
- ❖ Individual or group exercise

Recommendations

Individuals working with youth who have been sex trafficked should:

- Identify potential sources of mental health and substance abuse services that offer appropriate clinical treatment, including trauma-informed care
- Ensure that identified sources are educated about the specific needs of youth who are sex trafficked

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- Continuity of mental health care should be prioritized, particularly if a youth is in an out-of-home care setting and/or expected to change placements over time
- Ensure the availability of alcohol and other drug (AODA) treatment for youth

Additional information about Wisconsin Department of Health Services (DHS) mental health programming is available at <https://www.dhs.wisconsin.gov/dcts/index.htm>. For referrals to treatment, please contact the local county human services department.

Support and advocacy

Best Practice: Youth should have prompt access to community-based advocates² who are appropriately trained in medical and legal advocacy, such that the child or youth would meet with a person who would act as their advocate. Communities should work with their local community based advocates to determine the best time frame for this response. The advocate would then be available to the youth throughout the medical or criminal justice processes and could connect the youth to long-term resources at either the advocate's agency or another agency in the community. Community-based advocates require:

- ❖ Resources to meet the needs of the youth, including connecting the youth to food, clothing, and health care resources in the community;
- ❖ Flexible availability, with at least one advocate available 24 hours a day, and especially at night;
- ❖ Education and experience rendering them capable of exploring the immediate and long-term needs of the child, including sharing information with investigators and other service agencies with the written consent of the youth; and,
- ❖ Clear understanding of the duties and responsibilities of community advocates by the multi-disciplinary team so that they can work effectively to meet the needs of the youth

As of August 2016, survivors of sexual assault and human trafficking have the right to be accompanied by a community based advocate at critical medical and criminal justice processes (see [2015 Wisconsin Act 351](#)). Advocates offer survivors a sense of security during a very vulnerable time and can help prevent additional psychological trauma as they navigate complex medical and legal systems. Furthermore, survivors who are supported by an advocate are more effective participants in the criminal justice system, which increases the ability of the criminal justice system to hold perpetrators accountable.

Recommendations

- Work with the local community-based advocacy agency to determine what resources are available.
- Develop an understanding of the requirements of 2015 Wisconsin Act 351 and begin implementing practices to ensure survivors can meaningfully exercise their right to be accompanied by a community-based advocate. This should include notifying individuals who have been sexually assaulted, trafficked, or had someone attempt to sexually assault or traffic

² System-based advocates, such as those who work in District Attorney's offices are also able to provide valuable assistance to youth, including helping them navigate the criminal justice system. While community-based and system-based advocates often work together, it is important that youth understand that their communications with system-based advocates are not subject to the same confidentiality protections as their communications with community-based advocates. For more information, please see "Confidential Communications between a Victim and an Advocate" available at http://www.wcasa.org/file_open.php?id=189.

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them of their right to have a community based advocate accompany them at medical exams and criminal justice proceedings (e.g., law enforcement interviews).

- Develop an understanding of confidentiality protections for youth who are working with community-based advocates, including that communications with an advocate are protected by the advocate-victim privilege statute.

Medical care

Best practice: Individuals who experience sex trafficking frequently report severe physical and sexual violence. They often experience an inadequate diet and hygiene, substance abuse, neglect, and reproductive health issues. Because of their poor access to healthcare, they often suffer from multiple untreated chronic medical conditions. Addiction and withdrawal from drugs or alcohol may also be an urgent concern during attempts to recover a youth from a trafficking situation.

Medical providers can diagnose and provide treatment for urgent medical conditions common in youth experiencing trafficking, provide testing and medications to prevent sexually transmitted infections and pregnancy, collect forensic evidence when appropriate, and help facilitate referrals for mental health or drug treatment programs. Regular primary and reproductive health care by providers who are knowledgeable about the unique needs of youth who have been sex trafficked is also an important aspect of the response. These providers can develop long-term relationships with youth, monitor ongoing medical needs, and help engage them in community services. Providers should be familiar with community resources to assist youth as well as their responsibilities for mandated reporting of concerns for sexual abuse and trafficking. Primary care providers who specialize in Pediatrics or Adolescent Medicine or who have specialized training or experience with the medical care of youth who have been trafficked may be a resource when developing a community response plan that incorporates long-term healthcare needs.

Recommendations

When developing a community response plan for the urgent medical needs of youth experiencing trafficking, communities should consider the following:

- *Access to medical services on evenings and weekends:* Sexual assault is considered a medical emergency if it occurred within 120 hours prior to recovery because the efficacy of medications to prevent pregnancy and sexually transmitted infections decreases over time. Timely HIV prophylaxis can be lifesaving. Youth experiencing trafficking also frequently present with injuries or symptoms of alcohol and drug withdrawal that may require emergent medical care.
- *Access to medical providers trained to perform medical evaluations for children and adolescents who are victims of sexual assault and sex trafficking:* Medical care for these populations is not a standard part of medical education in most areas and requires specialized training. Providers with such training can often be found in Child Advocacy Centers (CACs) and Sexual Assault Treatment Centers throughout the state. Emergency Departments may also employ providers with specialized training in the care of youth with concerns for sexual assault and sex trafficking.
- *Provider education for healthcare facilities included in the Community Response Plan:* Medical providers have varying levels of experience and training on sex trafficking and may need additional support and education to become proficient in the Core Competencies. Community Response Teams can improve healthcare for youth being trafficked by inquiring about the amount of training medical providers have received, supporting healthcare institutions in their attempts to educate providers, and creating medical protocols for the care of this population.

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Peer support

Best practice: Peer support is an essential component of recovery for a youth who has been trafficked. Having the ability to connect and relate to another person in their peer group can help validate their experiences and reinforce that they are not alone. One of the tactics that traffickers use is to isolate and shame the youth they are trafficking or exploiting. They make them believe that they do not belong with mainstream society, their family, and peer group. Peer support can help change this messaging, help remove feelings of isolation, inspire hope, provide real life examples on rebuilding, and demonstrate they are valued. Peer support provides a safe, non-judgmental place for youth to share their experiences with others who understand what they have endured. Peer support and Positive Youth Development opportunities allows victims to develop their resiliency by using their voice to help others.

There are several types of peer support that fall into this type of service category. They include:

- ❖ *Positive Peer Support:* Support offered from people who have lived experiences in the same area and are actively engaging in supporting various areas of recovery and their lives. This type of support can be vital to recovery because it provides a common deep understanding of the experiences they have endured.
- ❖ *Peer Mentoring:* When a person who has a shared experience can serve as a resource, consistent support, and a model for a healthy relationship. Many survivors of sex trafficking have not experienced healthy relationships or forms of support. Peer mentoring can provide youth with a model for a healthy relationship and an empowering outlook on how their lives can look after exploitation.
- ❖ *Survivor Mentoring/ Leadership:* Survivors play a critical role in the fight against sex trafficking. Due to the societal stigmas and shame they have experienced, survivors need a space where they can feel accepted and valued to be able to continue to develop and grow. Survivor mentoring relationships can provide that safe and non-judgmental space. The survivor peer relationship can help survivors recognize their skills and abilities, not just their traumatic experiences, so that they can become a survivor leader.

Recommendations

- Community organizations should develop peer groups that can be utilized during and after other components of intervention.
- Parents and caregivers who care for youth who have been exploited, should be aware of and have access to peer groups in their communities.
- Residential facilities working with exploited youth should have peer support incorporated into their treatment and continuing/after care plans.
- Peer support trainings should be developed using best practice models and offered to exploited youth to help empower and encourage them to become leaders in the fight against trafficking.
- Survivors of exploitation should be welcomed and incorporated in community anti-trafficking conversations and efforts.

Caregiver support

Best practice: Caregivers come in many forms, including parents, guardians, foster parents, other relatives, out-of-home care staff, and family friends. While primary caregivers are most often the youth's parent(s) or guardian(s), many supportive people in the youth's life can fulfill this role. Caregivers need their own set of services that support their efforts to respond to the needs of the youth. Services should focus on strengthening the caregivers' ability to provide the youth with a safe, supportive, caring, and consistent environment. In addition, caregivers should be provided with assistance and education that allows them to understand the effects of secondary trauma and burnout

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on their own well-being. In most cases, caregivers should be included in case planning and allowed to maintain connections with the youth, even if the youth is not placed with them.

Some youth who have been trafficked do not identify as victims, and may be resistant to care from their caregivers. It is important during the recovery process to help families understand these difficult dynamics. Even though a youth may appear unaffected by their experience, they will have needs that need to be met, ranging from basic necessities like clothing and shelter to complex mental health care. Due to their traumatic experiences, the youth may exhibit behaviors that make them appear to be angry, hostile or even violent. The youth may also have very complex reactions to seemingly benign situations and/or lack the ability to cope with these complex reactions. Some youth may have a history of inconsistent caregiver or family support, which may result in resistance to caregiver and family engagement. If no family is available, the youth will need long-term consistent caregivers, who will understand the importance of safety and access to needed interventions.

Recommendations

- Develop an intake process to assess the needs of the caregiver, so that they can be matched with the appropriate type of support. This process should be inclusive of caregivers who are foster parents and group home staff.
- Ensure availability of caregiver group supports and caregiver coaching that understand the dynamics of sex trafficking and trauma, support caregivers as they cope with their own secondary traumas, and teach them how to respond to their youth's needs in times of crisis and healing. Plans for respite care should be also be included.
- Offer caregiver educational programs that target prevention of sex trafficking, such as curricula that teach caregivers how to talk to youth about healthy relationships and internet security.
- Encourage caregiver participation in the youth's treatment plan development and advocacy of meeting the youth's needs, such as medical services, mental health care, educational plans, development of daily living skills, and developmentally appropriate extracurricular activities.

Legal support

Best practice: An effective community response for youth who have trafficked is to incorporate appropriate rights-based legal advocacy to enforce the rights of youth and to minimize occurrences of re-traumatization and re-victimization. Providing civil legal services to youth can help in efforts to stabilize and address some of the underlying vulnerabilities that led to the exploitation.

Providing civil legal services in the areas of, but not limited to, education, legal status, barriers to employment, and public benefits can help survivors move beyond the life of exploitation by gaining access to critical benefits. Over time, this stabilization can reinforce that the youth is capable of more in life than sex trafficking.

Attorneys who work with youth who have been trafficked should have a working knowledge of the rights afforded victims of sex trafficking under applicable state and federal law. Legal representation is essential for youth victim witnesses because of the risks they face when compelled to testify against their trafficker. Often children feel re-victimized by the criminal justice system. An attorney can advocate for safety and courtroom accommodations to help the child feel less traumatized. Additionally, another critical right and protection offered to youth and adult trafficking victim witnesses under applicable federal and, to a lesser extent, local law is restitution for the value of the services performed as a part of the exploitation or trafficking. Certain medical and mental health costs can be covered/reimbursed through crime victim compensation funds.

Guidelines for an Effective Coordinated Community Response to Sex Trafficking of Youth

Recommendations

- Provide or promote training for trauma-informed victims' rights attorneys who can represent youth involved in the criminal justice system as victim-witnesses.
- Implement a network of civil legal service providers that can offer youth services in the following areas:
 - Public benefits, including SSI denials
 - Educational advocacy (e.g., IEPs, school placement and stability especially with previously homeless youth)
 - Gathering of identification records
 - Barriers to employment (e.g., correcting inaccurate criminal records, providing relief from certain convictions, youth education on criminal record and potential impacts on employment applications)
 - Driver's license recovery
 - Immigration benefits for non-citizen youth: protected status
 - Advocate for "Eligibility Letter" from the federal Department of Health and Human Services Office on Trafficking in Persons. This letter enables a child victim to receive federally funded benefits and services.
 - U or T visa applications
 - Family law issues
- Provide training to defense attorneys, guardians ad litem, prosecutors, Court Appointed Special Advocate (CASA) in delinquency, status offense, and child protection cases to properly screen and identify youth victims of sex trafficking, provide referrals to appropriate services, and prepare an appropriate legal defense for crimes committed as a direct result of the trafficking.

Educational support

Best practice: Youth who frequently skip classes or are absent from school, for reasons other than illness, may be at increased risk for running away and/or being trafficked. Educators are often positioned to be one of the first system professionals to recognize these risk factors for trafficking or to notice that a youth is being trafficked. School districts also have the opportunity to implement early intervention and prevention programs. Youth may be more responsive and willing to discuss their experiences with a trusted adult they see regularly, such as a favorite teacher or school social worker.

Many youth who are being trafficked may have missing schoolwork, failing grades, or be deficient in credits needed to graduate due to the impact of trafficking. Local school district staff should meet with the youth, their family, and any community supports to co-create a school re-entry plan if returning to school is the best option. Other educational options and supports should be made available to the youth to increase the youth's potential to be college and career ready. Special care should be taken to ensure the youth has access to a Free and Appropriate Public Education (FAPE). Should a youth be enrolled in Special Education Services and have a 504 plan or an Individualized Education Plan (IEP), that plan should be reviewed to ensure the most current and necessary instruction and supports are in place to meet the student's individual needs. Child Find guidance should be sought in the case of any youth receiving special educational services. Youth may be hesitant to return to their regular school setting; therefore, all options should be explored to ensure the individual needs of the youth are met.

Individual schools and school districts also should promote prevention programming related to sex trafficking. Principals and school district administration can look for information on the Wisconsin Department of Public Instruction, Student Services, Prevention and Wellness Team website.

Recommendations

Guidelines for an Effective Coordinated Community Response to Sex Trafficking of Youth

- Educate staff on the unique needs and challenges of youth who have been trafficked and encourage the use of trauma-informed approaches and practices when working with them.
- Trafficking cases are often very sensitive in nature, particularly if they involve child welfare or law enforcement involvement. Only staff directly needing to know about the situation should have access to information about the youth's situation. Other support staff can be informed of the need for supportive and caring gestures with the youth without being told specifics.
- School districts should be trained in screening, identification, and referral services, as well as other skill-building interventions that are available for staff to use with students. School districts should consider creating written guidelines outlining the preferred response by school personnel when concerns for sex trafficking are identified in a student.
- Staff should recognize that the immediate needs of an identified youth may be different than ongoing, long-term needs. It is important for staff to collaborate with the youth and their family as needs shift from identification to recovery.

Employment and job training

Best practice: Employment for youth who have been trafficked is an important part of their path towards a healthy future. Job training may be required for some youth to develop their workplace skills, particularly for youth who may not have had an entry-level position before. Employment is a proactive way for the survivor to engage in the community and allow the community to benefit from their skills, knowledge, and talent.

Some youth who have been trafficked may experience challenges with employment or carrying out job functions. Reasons can vary from person to person. Some common challenges may include:

- ❖ Physical and mental health impacts of having experienced traumatic situations that lead to anxiety, panic attacks, and triggers
- ❖ Lack of trust or difficult relationships with supervisors or other employees
- ❖ Difficulty with passing written or oral tests due to missed educational opportunities
- ❖ Criminal charges that may hinder employment, including the ability to obtain a driver's license

When assisting youth with finding employment, it is vital that they are comfortable with the work they are performing while offering realistic expectations of what an entry-level position will entail. Employers that have trauma-informed employment policies are ideal. Many communities may already have non-profit organization or government agencies that will help through this process while others may need to reach out to clubs, faith communities, or other organizations to help mentor the survivor through the process. It is also important to encourage youth to work with their therapist or service provider to develop a self-regulation plan for how to cope with triggers, flashbacks, or other common traumatic symptoms that may happen in the workplace.

Recommendations

- Utilize existing community resources for job training and employment placement. Refer to the Wisconsin Department of Workforce Development (DWD) website for additional regional and statewide resources.
- Train community mentors or job coaches to work one-on-one with youth who need assistance with employment skills, such as resume writing and mock interviewing.
- Develop a list of welcoming and safe employers that have access to long-term opportunities and value their employees.

Guidelines for an Effective Coordinated Community Response to Sex Trafficking of Youth

- Provide ongoing job coaching support to youth through the first three to six months of employment. Some youth may need additional support and in adjusting to and normalizing the mundane and sometimes challenging nature of entry level positions.

State Level Response

The Wisconsin Department of Children and Families (DCF), promotes a specialized, person-centered approach that focuses on the healing rather than the criminalization of those who have experienced sex trafficking. This approach can strengthen the system response for meeting the immediate physical and psychological needs of these children and youth, and ensure that individuals in all systems are focused on connecting individuals with the services they need. Whenever possible, these needs should be met using a coordinated approach and community services should be offered to minimize the trauma to the child or youth who has been trafficked. Such services include a multistep, multifaceted process that acknowledges the challenges and sensitivity of removing children and youth from trafficking situations and the long path towards healing.

Current state statutes require local child welfare agencies to initiate a diligent investigation of allegations involving a child who is alleged to have been sex trafficked, regardless of the child's relationship to the alleged maltreater(s). In addition, 2015 Wisconsin Act 367 requires law enforcement to report all suspected cases of sex trafficking of a minor to the local child welfare agency.

Child welfare workers should refer to guidance and information issued by DCF for more information on the recommended response to these cases. Community organizations and other system providers should contact their local child welfare agency with questions about jurisdiction, services, and out-of-home care placement options.

DCF also implements and oversees several programs specific to anti-human trafficking efforts. These include, but are not limited to:

- statewide human trafficking awareness campaign
- human trafficking prevention video
- anti-human trafficking regional hubs to coordinate services and awareness
- online training webinars

Over the next several years, DCF will be rolling out an anti-human trafficking regional hub system across the state. These regional hubs will focus on supporting the child welfare response, but will also assist with some system coordination and awareness activities. Community organizations wanting to know more about DCF's current efforts or whether the region has a hub should visit <https://dcf.wisconsin.gov/aht> or send email to the DCF Anti-Human Trafficking Coordinator at DCFAHT@wisconsin.gov

Guidelines for an Effective Coordinated Community Response to Sex Trafficking of Youth

APPENDICES

- 1) Common Terms and Definitions
- 2) Wisconsin Anti-Human Trafficking Task Force Guiding Principles
- 3) Wisconsin Anti-Human Trafficking Task Force Core Competencies

Guidelines for an Effective Coordinated Community Response to Sex Trafficking of Youth

Common Terms and Definitions

The following are some common terms used in some youth experiences of sex trafficking. Many of these terms are provided for reference only, as the child, youth, or other professionals may use them during initial intake or as a case develops. There may also be local or regional variations in the terms that are used.

Bottom: An individual, often female, appointed by the trafficker/pimp to supervise the others and report rule violations. Operating as his/her “right hand”, the bottom may help instruct other individuals being trafficked, collect money, book hotel rooms, post ads, or inflict punishments on other individuals being trafficked. Bottoms may also help recruit other individuals to be trafficked. While the actions of a bottom may seem intentional, a trauma-informed lens should be utilized in these situations, especially for bottoms under 18 years of age.

Branding: A tattoo or carving on an individual that indicates ownership by a trafficker, pimp, or gang.

Caregiver: The parent, legal custodian, permanent guardian, adult household member, or other person responsible for a child’s welfare.

Choosing Up: The process by which a different trafficker/pimp takes “ownership” of the person being trafficked. Individuals may be instructed to keep their eyes on the ground at all times. According to traditional pimping rules, when an individual makes eye contact with another pimp (accidentally or on purpose), she is choosing him to be her new pimp. If the original pimp wants the individual back, he must pay a fee to a new pimp. When this occurs, the pimp will often force the individual to work harder to replace money lost in the “transaction”.

Coercion: The threats of serious harm to or physical restraint of any person; any scheme, plan or pattern intended to cause a person to believe that failure to perform an act would result in serious harm to or physical restraint against any person; or, the abuse or threatened abuse of the legal process.

Commercial Sex Act: Where anything of value, including but not limited to money, food, shelter, or clothing, is given to, promised, or received, directly or indirectly, by any person for acts of: sexual contact; sexual intercourse; sexually explicit performance; or, any other conduct done for the purpose of sexual humiliation, degradation, arousal, or gratification

Cuff: To hide money from a pimp by putting it in a place the pimp might not look. This is a serious violation that, if detected, may result in punishment by the pimp.

Daddy: A term a trafficker/pimp may require the individual being trafficked to call him. [NOTE: Use cultural sensitivity when applying this term. In some cultures, “daddy” is used as a term of endearment for a loved one who is like a father and may not signal trafficking.]

Debt Bondage/Peonage: Holding a person against his or her will to pay off a debt.

Escort Service: An organization, operating chiefly via cell phone and the internet, which sends an individual to a buyer’s location (an “outcall”) or arranges for the buyer to come to a house or apartment (an “in call”). This may be the workplace of a single individual being trafficked or a small brothel with multiple people being trafficked. Some escort services are networked with others and can assemble large numbers of people to be trafficked for parties and conventions.

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Exit Fee: The money a trafficker/pimp will demand from an individual being trafficked who is thinking about trying to leave. It will be an exorbitant sum, to discourage the individual from leaving. Most pimps will not let these individuals leave freely.

Family/Folks: A term used to describe the other individuals under the control of the same trafficker/pimp. He plays the role of father or “daddy” while the group fulfills the need for a “family”.

Finesse Pimp/Romeo Pimp: A trafficker/pimp who prides himself on controlling others primarily through psychological manipulation. Although the pimp may shower individuals being trafficked with affection and gifts, especially in the recruitment phase, the threat of violence is always present.

Force: The use of physical and psychological harm and confinement to control victims.

Foreign National: A foreign-born individual who is residing in the United States, regardless of immigration status.

Fraud: The use of deception, which may include false offers or false promises to induce people to work against their will.

Gorilla/Guerilla Pimp: A pimp who controls individuals being trafficked almost entirely through physical violence and force.

Immigrant Child: A person under the age of 18 who was born outside of the United States.

In Call: When an arrangement is made for a buyer of a sexual act to come to a pre-arranged hotel room/house/apartment under the control of the trafficker/pimp to meet with the person(s) being trafficked.

John: An individual who buys, pays for, or trades something of value for sexual acts.

Out Call: When an arrangement is made for the person(s) being trafficked to meet the buyer or John at a place other than the hotel room/apartment/house that is controlled by the trafficker/pimp.

Pimp/Trafficker: A pimp is the person who is trafficking one or more individuals. Pimps engage in a variety of activities, including arranging for transactions with buyers, placing ads on the internet, transporting individuals for “out calls”, booking a hotel room/apartment/house for “in calls”, and negotiating fees. Pimps typically keep all or most of the money earned. While pimps are often thought of as being exclusively male, they can also be female.

Quota: A set amount of money that an individual being trafficked must make each night before the individual can come “home” or stop working for the day. Quotas are often set between \$300 and \$2000 per day. If the individual returns without meeting the quota, he or she is typically beaten and sent back out to earn the rest. Quotas can vary according to geographic region, local events, and other factors.

Reckless Eyeballing: A term that refers to the act of looking around instead of keeping your eyes on the ground. Eyeballing is against the rules and could lead an untrained individual being trafficked to “choose up” by mistake.

Recruitment: The process of enlisting or convincing another person to join a trafficker/pimp for the purpose of trafficking. Some traffickers use other individuals in their “family”/under their control to do

Guidelines for an Effective Coordinated Community Response to Sex Trafficking of Youth

the recruitment for them. Bottoms are also sometimes used for this purpose, to help gain the trust of other potential individuals to traffic and/or to promote “the life” as something fun and exciting.

Refugee: A person outside of his or her country of nationality who is unable or unwilling to return because of past persecution or a well-founded fear of future persecution because of race, religion, nationality, membership in a particular social group, or political opinion.

Renegade: A person involved in trafficking without a pimp.

Repatriation: The act of returning someone to his or her country of origin.

Survival Sex: The act of engaging in commercial sex acts in exchange for or the promise of receiving anything of value that meets the person’s basic needs, including but not limited to food, clothing, shelter, or educational expenses. Survival sex may or may not include a regular trafficker or pimp.

Stable: A group of individuals being trafficked who are under control of the same trafficker/pimp.

T Visa: A visa created by the federal Trafficking Victims Protection Act of 2000 to protect persons who are the victims of sex trafficking; the T visa allows victims of severe forms of trafficking in persons to remain in the United States on a deferred status and assist federal authorities in the investigation and prosecution of sex trafficking cases (T visas are issued by the U.S. Department of Citizenship and Immigration Services).

The Game/The Life: The subculture of trafficking, complete with rules, a hierarchy of authority, and its own language. Referring to the act of pimping as “the game” gives the illusion that it can be a fun and easy way to make money, when the reality is much harsher. Individuals who have been trafficked will say they have been “in the life” if they have been involved in sex trafficking activities for a while.

Trade Up/Trade Down: The act of swapping or moving an individual being trafficked like merchandise. Pimps may trade one individual for another, or trade an individual for money.

Trauma Bond: The result of ongoing cycles of power, abuse, and control that create powerful emotional bonds and attachment to the trafficker, similar to domestic violence relationships. Children and youth who are trafficked may protect the trafficker because they perceive that this is what love and/or relationships are supposed to be like.

Turn Out: To be forced into trafficking or a person newly involved in trafficking and sexual exploitation.

Wifeys/Wife-in-Law/Sister Wife: Women and young girls under the control of the same trafficker/pimp may use this term to refer to each other.



WISCONSIN ANTI-HUMAN TRAFFICKING TASK FORCE



Guiding Principles

Trauma-Informed

- Systems responses should prioritize meeting the health, safety and survival needs of individuals who have been trafficked.
- Systems responses should ensure services are accessible, culturally appropriate, and inclusive of urban, rural and tribal populations.
- Individuals who have been trafficked should be treated with dignity, sensitivity and respect for their privacy.
- Systems responses should include the provision of information about victims' statutory rights, service options and the full range of choices available to individuals who have been trafficked.
- Non-native English speakers should have the option of accessing translators and interpreters when receiving services. Family members, acquaintances and children should not be used to translate or interpret for individuals who have been trafficked.
- Shocking or depersonalizing imagery will not be used in task force materials to depict individuals who have been trafficked. Task force materials will be evaluated with sensitivity toward how language and terminology can engage or alienate individuals who have been trafficked.
- Service providers should collaborate with individuals who have been trafficked (and their family members when and if appropriate) to identify and pursue strategies and services to promote long-term stability, financial security and independence to make choices for a safe and healthy future.

Coordinated

- Task force materials will be developed to be easily modified to be functional across different disciplines, agencies and systems.
- Task force recommendations and educational materials will be shared widely and should respect, and connect to, existing local and regional efforts.
- Training and public awareness materials will be trauma-informed with a consistent core message that can be modified and enhanced for culturally appropriate delivery to different audiences.
- The task force will facilitate unprecedented collaboration among state agencies, private and public organizations and advocates to transform the response to individuals who have been trafficked.

Quality

- State and national models and best practices will inform recommendations.
- The impact of task force recommendations should be lasting and scalable and will incorporate tenets of primary prevention when applicable.
- Statistics will only be used when from a reputable source. The primary source of statistics will be cited in task force materials.
- Subject matter experts, including individuals who have been trafficked, will be consulted during the development of strategies and recommendations.



WISCONSIN ANTI-HUMAN TRAFFICKING TASK FORCE



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March 21, 2017

The Placement and Services Workgroup was charged with developing competencies needed for service providers to serve sex trafficked minors in a trauma-informed, victim-centered, and culturally competent manner.

The workgroup concluded that two separate categories of competencies are necessary. Core Competencies shall guide the service and work of all agencies, organizations, and providers that interact with and serve *any* child or youth. In addition, Advanced Core Competencies shall guide agencies, organizations, and providers that specialize in serving children and youth who have experienced commercial sexual exploitation or sex trafficking.

The following Core Competencies are adapted from “Core Competencies for Serving Commercially Sexually Exploited Children (CSEC)”, developed by the Child Welfare Council (CSEC) Action Team in partnership with the California Department of Social Services.

Core Competencies

Targeted Audience: Agencies, organizations, and service providers that serve and interact with children and youth.

I. Core Knowledge

Competency 1: Working knowledge of the issue of sex trafficking, including but not limited to risk factors, indicators, and dynamics at the individual, family, and community levels that make children and youth vulnerable to sexual exploitation and trafficking.

Competency 2: Working knowledge of child-serving systems, such as child welfare, mental health, education, youth justice, law enforcement, and how various agencies and multi-disciplinary teams intersect to identify, screen, and serve children, youth, and families.

II. Impact and Dynamics of Abuse, Neglect, and Trauma

Competency 3: Working knowledge of the causes, associated consequences, and mandatory reporting requirements of child abuse and neglect and how they apply to children and youth who have experienced sexual exploitation or trafficking.

Guidelines for an Effective Coordinated Community Response to Sex Trafficking of Youth

Competency 4: Working knowledge and understanding of complex trauma, polyvictimization, and toxic stress, and how these factors impact children and youth who have experienced sexual exploitation or trafficking.

Competency 5: Employment policies that reflect an understanding of how vicarious trauma affects employees working with youth who have experienced sexual exploitation or trafficking.

III. *Informed Application of Skills*

Competency 6: Applying evidence-based skills used with children and youth who have experienced trauma to children and youth who have experienced sexual exploitation or trafficking.

Specific Skills:

- i. Rapport-building: focus on establishing a foundation of trust through youth engagement
- ii. Trauma-awareness: employ a trauma-informed approach to avoid re-traumatizing the child or youth
- iii. Individual-focused: engage the child or youth in developing their individualized safety and case plans, to the extent possible, so they feel empowered throughout the process
- iv. Strengths-based: build on the individual's strengths while also addressing the individual's needs
- v. Social support: understand the importance of engaging the individual's social support networks, including family, peer, and cultural networks, and building capacity when it is lacking
- vi. Clear communication about healthy relationships and sexuality: discuss healthy relationships and sexuality openly with youth, acknowledging and affirming each child's sexual orientation, gender identity and expression (SOGIE) without bias or judgment
- vii. Flexibility/adaptability: be flexible when developing an individualized treatment plan, to allow the child or youth to progress at their own pace in a way that does not overwhelm or lead to disengagement from treatment
- viii. Cultural humility: exhibit openness and emphasize an understanding and support of the child or youth from within their own worldview, as informed by their personal identities and experiences with culture, race, ethnicity, class, gender, faith, and SOGIE
- ix. Recognition of implicit bias: identify and act against implicit biases to avoid drawing conclusions or defining case planning based on stereotypes of a child's culture, race, ethnicity, class, gender, faith, and/or SOGIE
- x. Commitment to self-care: seek supervisory and/or personal support to prevent or cope with compassion fatigue and vicarious trauma
- xi. Demand awareness: Have a working understanding of the demand that exists in local communities and society as a whole that leads to sexual exploitation and trafficking of individuals

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Advanced Core Competencies

Targeted Audience: Agencies, organizations, and service providers that specialize in serving and working with children and youth who have experienced or are at-risk of experiencing commercial sexual exploitation or sex trafficking.

I. Specialized Working Knowledge

Advanced Competency 1: Working knowledge of strategies to engage and effectively communicate with youth who have been sex trafficked.

Advanced Competency 2: Working knowledge of the terms and definitions common to different forms of commercial sexual exploitation and sex trafficking, including terms used by youth.

Advanced Competency 3: Working knowledge and understanding of the multiple entry points to commercial sexual exploitation and sex trafficking, which includes recruitment by pimps or bottoms, getting survival needs met, encouragement by peers, and solicitation by adults for sexual contact.

Advanced Competency 4: Working knowledge of youth experiences while sexually exploited and sex trafficked, including experiencing repeated traumatic events and day-to-day realities.

Advanced Competency 5: Working knowledge on the varied experiences and forms of commercial sexual exploitation and sex trafficking of youth.

Advanced Competency 6: Working knowledge of the exit process for youth who are or have been commercially sexually exploited and sex trafficked.

Advanced Competency 7: Working knowledge on reducing stigma and judgment of staff towards youth being served by programs, in addition to helping youth handle potential stigma from family, friends, and the community.

Advanced Competency 8: Working knowledge of common family reactions to commercial sexual exploitation and sex trafficking and how to provide support and education to family members.

Advanced Competency 9: Working knowledge of safety planning and harm reduction, including but not limited to assistance in terminating or managing relationships with people who have or could harm them.

Advanced Competency 10: Working knowledge of the importance to keep program details and location private and safe, in addition to active plans that abide by this working knowledge.

Advanced Competency 11: Working knowledge in the prevention of youth running away from home or placements.

Advanced Competency 12: Working knowledge of recruitment methods utilized and a specific plan to interrupt recruitment within programs, placements, or other services.

**Commercial Sexual Exploitation of Children:
Dane County Needs Assessment**

2011

**Shira Rosenthal Phelps
Jan Miyasaki
Project Respect**

With funding from the Wisconsin Office of Justice Assistance

**In collaboration with the Dane County Coordinated Community Response to
Commercial Sexual Exploitation of Children**

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INTRODUCTION

In 2011, due to increasing reports of Dane County girls exploited for sex by adult males, the Dane County Coordinated Community Response to the Commercial Sexual Exploitation of Children (CCR-CSEC) undertook a community needs assessment funded by the Wisconsin Office of Justice Assistance, Violence Against Women Program. This baseline study focused on interviewing agencies that may currently encounter domestic minor sex victims and collecting data on the identification, level of frequency, availability of services, and outcomes, as well as, collecting anonymous case studies that identify victim needs.

Without appropriate screening and services these young victims either never enter or disappear from mainstream services and become vulnerable to some of the most sadistic and brutal violence in our society. When these victims surface, they may be found to be too close to aging out of the child protection service system and too young and inappropriate for adult services.

The goal of this study is to promote early identification of domestic minor sex trafficking victims and effective intervention in order to divert victims away from more years of trauma. Domestic minor sex trafficking victims (DMST) suffer prolonged psychological and physical trauma, and often health issues are ignored until they are critical or life threatening. Long-term untreated issues such as respiratory problems, sexually transmitted infections and pelvic inflammatory disease may be present. Earlier onset of chemical dependency and dropping out of school is found among these victims. A specialized intervention model is required to ensure comprehensive care for each victim.

The numbers of domestic minor sex trafficking victims in Dane County are hard to quantify. This study is a first attempt to measure the extent of the problem in our community. The sample size is small and the therefore conclusions are limited. Since none of the agencies surveyed are required to identify and collect data within their system, there is no reliable number to report. However, when Dane County victims are identified, there is a need for housing and specialized support services for DMST victims. Also, there is a need for training and education to help social service providers and law enforcement serve victims and hold perpetrators accountable.

The CCR-CSEC was founded in 2010 by Project Respect, a City of Madison and Dane County funded initiative to respond to adult prostitution by promoting access to essential community services; Slave Free Madison, a community action group that promotes awareness about modern day-slavery; and the Wisconsin Coalition Against Sexual Assault, a membership agency comprised of organizations and individuals working to end sexual violence. CCR-CSEC members include representatives from youth social service agencies, county child protection services, victim advocates, teachers, law enforcement and concerned community leaders working to strengthen the existing service delivery system for minor victims of commercial sexual exploitation.

What is commercial sexual exploitation of children or domestic minor sex trafficking?

Domestic minor sex trafficking (DMST) refers to the commercial sexual exploitation of American children within U.S. borders. The Trafficking Victims Protection Act¹ (TVPA) defines domestic minor sex trafficking as the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act where the person is a U.S. citizen or lawful permanent resident under the

¹ Trafficking Victims Protection Act (TVPA) includes reference to: The Victims of Trafficking and Violence Protection Act of

age of 18 years.² If a victim is a minor, there is no legal requirement to prove force, fraud, or coercion. The law recognizes the effect of psychological manipulation by the trafficker, as well as, the effect of threat of harm which traffickers/pimps use to maintain control over their young victims.³

DMST includes but is not limited to the commercial sexual exploitation of children through prostitution, pornography, and/or stripping. DMST is child sex slavery, child sex trafficking, prostitution of children, and rape of a child.⁴

TVPA defines:

- Commercial sex act: any sex act on account of which anything of value is given to or received by any person⁵ (e.g. money, shelter, baseball tickets, a television, drugs, clothing).

Wisconsin Statute 940.302 defines:

- Commercial sex act: sexual contact for which anything of value is given to, promised, or received, directly or indirectly, by any person.⁶
- Trafficking: recruiting, enticing, harboring, transporting, providing or obtaining, or attempting to recruit, entice, harbor, transport, provide or obtain, an individual without consent of the individual.⁷

Wisconsin Statute 948.051 Trafficking of a Child states:

- Whoever knowingly recruits, entices, provides, obtains, or harbors, or knowingly attempts to recruit, entice, provide, obtain, or harbor and child for the purpose of commercial sex acts, as defined in 940.302(1)(a), or sexually explicit performance is guilty of a class C felony.⁸
- Whoever benefits in any manner from trafficking of a child is guilty of a class C felony if the person knows that the benefits come from an act described in 948.051(1).⁹

What fuels patterns of domestic minor sex trafficking?

Patterns of DMST appear to be fueled by: use of survival sex to meet subsistence needs; presence of pre-existing adult prostitution markets; history of child sexual abuse and assault; poverty; presence of large numbers of transient males in local communities including truckers and conventioners; for some girls, gang membership; promotion by parents, siblings, and boyfriends; and, recruitment of victims by organized crime units.¹⁰

Other research finds some adolescents are vulnerable to DMST due to situational motivations including physical abuse and neglect, poor relationships with parents, the influence of early traumatic sexual experience and early exposure to prostitution during childhood.¹¹ Sources cite running away as an

² Trafficking Victims Protection Act (TVPA) of 2000. Pub. L. No. 106-386, Division A, § 103(8), (9), 114 Stat. 1464 (signed into law on October 29, 2000); codified as amended at 22 USC 7102 § 103(8), (9). http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=106_cong_public_laws&docid=f:publ386.106.

³ 22 USC 7102 §1591(b)(2).

⁴ Smith, Linda, Samantha Healy Vardaman, Melissa A. Snow, *National Report on Domestic Minor Sex Trafficking: America's Prostituted Children*, Shared Hope International, 2009

⁵ 22 USC 7102 § 103(3).

⁶ Wis. Stat. § 940.302(1)(a)

⁷ Wis. Stat. § 940.302(1)(d)

⁸ Wis. Stat. § 948.051(1)

⁹ Wis. Stat. § 948.051(2)

¹⁰ Estes, Richard J., Neil Allan Weiner, *Commercial Sexual Exploitation of Children in the United States, Canada and Mexico*, September 19, 2001.

¹¹ "Female Juvenile Prostitution: Problems and Response", National Center for Missing and Exploited Children, 2002.

important factor in increasing juvenile vulnerability to DMST. Female juvenile offenders are often associated with adult male offenders (81%) suggesting the presence of pimps.¹² Runaway or unsupervised youth needing money, place to stay, drugs, or attention are vulnerable to the seduction and befriending of pimps. Pimps trap youth by isolating them, controlling their access to drugs, blackmailing, threatening with force or violence, and the use of mind control.¹³

Study Methodology

The Dane County CSEC needs assessment is based upon a rapid assessment and field assessment tool developed by Shared Hope International (SHI). SHI first actively addressed the sex trafficking of American children through research on the markets that create demand for commercial sex. The DEMAND Project (2005) investigated the buyers and traffickers of children in four countries including the United States and found that sex trafficking is demand driven and the product for sale is commonly local (domestic) children. In 2009, SHI released its National Report on Domestic Minor Sex Trafficking: America's Prostituted Children. This study aligned with the U.S. Department of Justice-funded human trafficking task forces to assess domestic minor sex trafficking and the access to victim services in ten U.S. locations. The assessment process investigated the three areas of Prevention, Prosecution and Protection as the key components necessary to effectively combat trafficking in persons. The assessment involved qualitative interview of professionals likely to come into contact with victims, as well as quantitative data collection when available.¹⁴

The Dane County CSEC needs assessment completed one of those areas: prevention. The prevention phase focuses on identification of and response to domestic minor sex trafficking victims. Six professional groups were identified as likely to come into contact with DMST victims and targeted for interviews: local law enforcement/prosecutor, juvenile court, juvenile corrections, school teachers or social workers, county juvenile delinquency and child protection services, and social services. These service providers made up the first category of interviews, which will be referred to as "interviewees" for the remainder of the report. Most interviewees had previously reported to Project Respect some contact with DMST victims between 2006-2010. A total of 25 interviews were conducted.

Representatives from the following 16 agencies were interviewed for this needs assessment:

- Children in Need of Protection and Services
- Dane County Circuit Court
- Dane County District Attorney's Deferred Prosecution Unit
- Dane County Human Services
- Dane County Juvenile Court Administration
- Dane County Juvenile Detention Center
- Dane County Sheriff's Department
- Juvenile Delinquency
- LaFollette High School
- Madison Police Department
- Metro Middle and High School – Dane County Jail
- Rainbow Project
- Rape Crisis Center

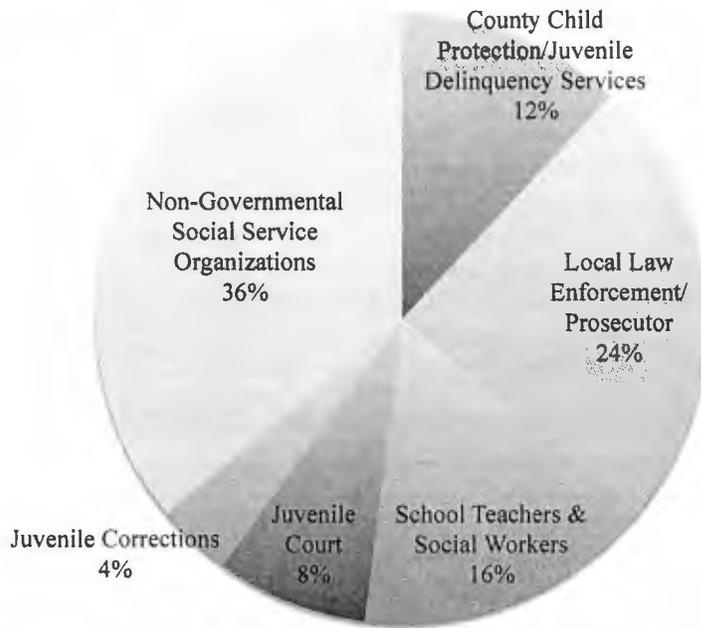
¹² "Female Juvenile Prostitution: Problems and Response", National Center for Missing and Exploited Children, 2002.

¹³ "Female Juvenile Prostitution: Problems and Response", National Center for Missing and Exploited Children, 2002.

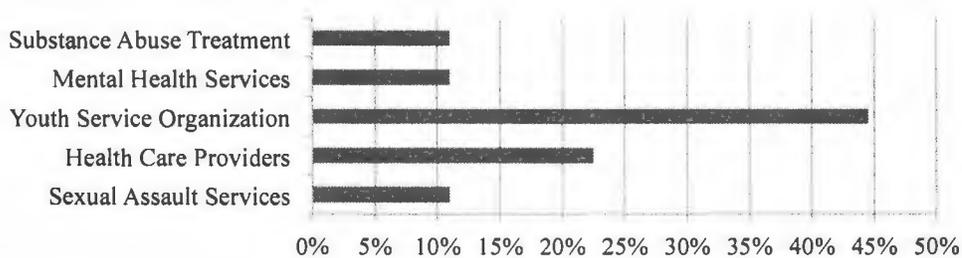
¹⁴ Smith, Vardaman, Snow, 2009

- Transitional Learning Center
- UW Health Pediatrics
- UW Health Services Adolescent Alcohol/Drug Assessment Intervention Program
- Wisconsin Department of Corrections High Risk Juvenile Sex Offender Reentry Program
- Youth Services of Southern Wisconsin/Briarpatch

Agencies Interviewed



Non-Governmental Service Organizations



Interviews were also conducted with five adult survivors of DMST who have histories of adult prostitution activities and who have received services from Project Respect. Of the five, two entered DMST at age 13, two at age 14, and one at age 15. Today they are ages 19, 20, 21, 28 and 30 years. The interviewer collected retrospective self-reports from these adults making interpretation difficult, however, the DMST survivor narratives will be included in the report to illustrate domestic minor sex trafficking in Dane County. The study posed five questions: 1) age of introduction of DMST; 2) method of recruitment; 3) did assessment and intervention occur for DMST and services received; 4) response to services received, and 5) how to improve services. These self-reports are woven throughout this report.

Challenges

Interviewees unanimously identified the lack of training and education around domestic minor sex trafficking as the major barrier to identifying the victims in our community. Many asked for a screening tool to help them identify victims. Many were concerned that failure to identify victims resulted in mislabeling them as perpetrators of crimes.

As part of the interview methodology, participants were asked if minors were being identified as child prostitutes versus DMST victims. One respondent, a provider of adolescent substance abuse treatment services explained “that in the larger picture or system, there is an inability to see older teens as minors and therefore victims.” Law enforcement reported that there are many challenges to identifying DMST victims when so much of it goes on “behind closed doors” and many of the victims are not identified as victims by the system.

A lack of resources was another major challenge identified by interviewees. Service providers brought up lack of funding, lack of services for minors, and lack of skilled people to work with this population as the sources for the lack of community resources. “I wish we had more to work with...I see that so many students will not get the services they need, more services would give them a sense of hope.” – teacher, Transition Learning Center.

Perhaps the most troubling challenge identified by service providers is that for so many DMST victims in our community, exploitation is an expected, common part of life. Factors that were identified as contributing to DMST vulnerability were poverty, history of abuse, family dynamics, underinsured, underserved, and not getting basic needs met.

Key Findings

- Of all those interviewed, 96% were aware of the issue of DMST and had encountered victims. All expressed a sense of urgency and helplessness about the problem
- 0% of agencies interviewed specifically tracked DMST data.
- 0% of agencies included DMST identification as part of a formal intake, interview or screening process.
- 100% of those interviewed who had worked with victims reported that they would gather more information about possible sexual exploitation if victimization were suspected.
- 88% of service providers interviewed had received some DMST training.

The most common patterns of victimization reported were:

1. parents prostituting children for drugs.
2. adolescent girls being prostituted by men in the home (e.g. step-father, mother’s boyfriend).
3. situations that start with child sexual abuse and evolve into prostituting the child in exchange for drugs or money.
4. minors trading sex for a place to stay or to meet basic needs.
5. exposure to prostitution as a minor by parent seasons youth for same.

Most often, law enforcement comes into contact with DMST victims/prostituted children 1) if they are involved in some sort of illegal activity which draws attention, and then through that investigation the trafficking issue comes up; 2) if law enforcement is investigating a person who is believed to be involved in perpetrating; or, 3) within family situation, often a neglect or abuse case, when the investigation uncovers that a family member or boyfriend is prostituting a child.

If a minor is arrested for illegal activity, and subsequently they are discovered to be a DMST victim, how law enforcement responds will likely depend on what the minor was initially picked up for and the discretion of the responding officer. If the officer does not know the signs of domestic minor sex trafficking or how to identify it, they might not know to treat the minor as a victim. If the criminal activity was connected to the fact the minor had been victimized, the goal of law enforcement would be to pull them out of that situation and get them the services they need.

Law enforcement might also come into contact with DMST victims through concerned citizens, CPS referrals, at major “hot spots” such as truck stops, or by identifying young people moving across the country.

There are no specific preparedness procedures in place to identify and/or serve DMST victims. According to MPD and the Dane County Sheriff’s Department, if a DMST victim was identified, a detective would be assigned and CPS would be contacted – especially if perpetrators are family or household members. Depending on the situation, law enforcement would encourage the victim to get a SANE¹⁵ exam. The number one goal would be to make sure the victim is safe. One Sheriff’s Department detective explains that the responding officer or detective would also refer victims to Rainbow Project, Safe Harbor, the Rape Crisis Center (RCC), or Domestic Abuse Intervention Service (DAIS).

There are many variables that play into whether additional questions are asked. The responding officer has discretion whether they pursue any line of questioning, and what information is gathered depends on the training the officer has received. The age of the minor might also affect how the situation is handled. A Madison Police Department (MPD) officer explains that “a 12 year old is very different than someone who is 17. How much information the victim is willing to give also plays a part. If we are left at face value and we are left with the prostitution charge...There isn’t a cut and dry answer, depends on the officer, depends on the age of the victim, and on the victim’s cooperation.”

In some cases of DMST, the interview would be conducted by a trained forensic interviewer, or what is called cognitive graphic interviewing (CGI). According to MPD, this might depend on the age of the victim – if the victim is 15-17, the interview would be conducted by an officer, if the minor is younger than 15, a trained forensic interviewer would be called in to conduct the interview.¹⁶ Most deputies in the Sheriff’s Department have been trained in CGI. The deputy would likely conduct the interview if the minor is 15 or older. However, if anything was disclosed that is criminal in nature, a detective is assigned. If the minor is younger than 15 and there is evidence that they were the victim of a sex crime, a trained forensic interviewer would conduct the interview.

Because systematic DMST data collection is not conducted, it is impossible to reliably measure DMST victimization in our community. However, agencies were asked to estimate the number of DMST victims they have worked with. This provides a narrow “snap shot” of the frequency of occurrence and demands wider study.

¹⁵ The Sexual Assault Nurse Examiner (SANE) Program at Meriter Hospital in Madison, WI provides medical-forensic examinations to victims of sexual assault.

¹⁶ Safe Harbor provides the majority of forensic interviews in Dane County.

- The Transition Learning Center serves a maximum of 45 students a semester. They estimate they see 5 DMST victims per semester. Victims have been boys and girls.
- In the last 8 months a rape crisis center advocate and counselor reported working with 2 DMST victims.
- Youth Services of Southern Wisconsin/Briarpatch estimates that at their Basic Center they see 2 DMST victims a year – but believe there are others. Additionally, in their street outreach program with 65 active clients over the age of 18, at least 23% are DMST victims. Of the 150 served in the street outreach program over the last 5 years they estimate 50 out of 150 clients, or 33% were DMST victims. Most of these victims are female, but all interviewed have served male DMST victims as well.
- Rainbow Project estimates they have worked with 7 DMST victims in the last 10 years.
- The UW Adolescent Alcohol/Drug Assessment and Intervention Program estimates they serve 3 DMST victims each year.
- A social worker at LaFollette High School estimates she encountered 3 suspected DMST victims in 2010 and estimates now seeing 4-5 possible DMST victims per semester.
- The most compelling data collected was obtained from the pediatrician at the Dane County Juvenile Detention Center. All county youth in detention are served at that site. She reports weekly interaction with patients who are trading sex for a place to stay or to meet their basic need. The doctor estimates that 90% of girls in the Juvenile Detention Center have some history of DMST.

INTERVIEW RESULTS / KEY FINDINGS

School Teacher or Social Worker

"The kids we serve, the vast majority of them come from lives of chaos and suffering that most people in Madison cannot even imagine."

-Teacher, Transition Learning Center

Respondents are teachers or social workers from: 1) Transition Learning Center (TLC), a temporary alternative to regular school placement. TLC is designed to provide students with academic assessment, vocational assessment and the ability to earn credit while exploring more appropriate long-term educational and/or vocational setting. Students are referred to TLC by their home school and must be approved by both the home school principal and TLC staff. Admission is ongoing throughout the year. Typically, a student will not be at the TLC for longer than a semester. 2) Metro Middle and High School – Dane County Jail. Students enrolled range from ages 14-21. These students are being held in the Dane County Jail as part of the Adult Justice System. The program begins with an individual intake/assessment and records review of each student when they enter the DCJ. Educational programming is based upon assessment findings. 3) LaFollette High School, Madison, Wisconsin public high school.

Key Findings

- DMST victims are being identified even though no official screening tool was utilized by anyone surveyed, victims were identified by indirect intake questions such as “what are you having to do to stay there?” Others were identified by evaluating their criminal history, age at booking into jail and history as runaway.
- DMST victims are girls and boys.
- It is difficult to get effective child protection services response for youthful offenders in the adult criminal system, or for youth 17 years old and close to aging out of CPS.
- There is a need for safe housing for 16-17 year olds. Without it, trading sex for a place to stay becomes a way of life.
- Youth are at risk of being channeled into the prison system from a lack of services.

DMST Survivor Narrative

Current age: 30 Age of entry: 13

I think it was when after my Mom passed away. My Mom died of cancer. I was close to her. My Mom and Dad were together. My Dad didn't know what was going on and how I was feeling. I needed some money. I started to prostitute with older men. Off the streets – south side, east side for sure, north side, west side – really you could find tricks in any part of town. It happens all over. I did it on my own. I just learned from my experience how to do it.

No one knew how I was feeling. I was feeling depressed. I didn't tell anybody because nobody wanted to listen. They were too busy. I wasn't using drugs yet.

I didn't get to any services. I knew about them – but I didn't go cuz I didn't feel like going at the time being. I didn't want to quit cuz the money was quick. I was using the money for buying cigarettes and stuff. I never really thought about the men. I felt kinda good because I was angry because I had been raped at 13 by someone I didn't know – and I was getting back at men. But sorta scared – of being killed or kidnapped.

I was going to LaFollette High School. I graduated from there. Nobody knew what was going on. No one asked if anything was wrong. I didn't look like I was out there doing it.

I don't want other girls to go down this way. I think being 13 and being with men in their 40s and 50s for sex is like having sex with a child – if they have sex with 13 year olds they might be having sex with their daughters – because if they start doing that with younger kids at 13 – then they think its ok to molest 13 year olds. I was somebody's child and they were having sex with me.

I didn't ask for help because I didn't want anyone to know.

If someone had said – talk to somebody about your problems before it's too late and don't ball it up. You could think better if you talked about what is going on – and avoid sexual exploitation cuz it's too risky and it's dangerous. Live your live as a kid.

Looking back at it – I would encourage young girls to stay in school and ask for help.

There was lots of years when I was in a violent relationship. I thought were all men were alike. I thought all men were abusive. Every relationship I was in was abusive. They like to play with your mind. That damage is more worse than being raped. What they do your mind – the loss of your mind and you don't know how to find yourself. But – they are not all like that.

County Child Protection and Juvenile Delinquency Services

“CPS cases morph into delinquency cases”

“It is almost frightening to think about bringing this issue more out into the open. It will explode. It is important to make sure our community is ready for it.”

Social Workers, Dane County Human Services

Respondents are Dane County Human Services social workers in: child protection services, which provides an array of services to families and children who experience child abuse and/or neglect; juvenile delinquency services for youth to assist in building desirable competencies, and assuring community protection.

Key Findings

- There are no specific procedures in place for identification of DMST victims or for getting him/her access to services and aid.
- Child protection services will not investigate non-caregiver cases. When a report is screened out, no services are given.
- Training in advanced and specialized interview techniques is needed to elicit disclosure of victimization from DMST victims.
- DMST victims are hard to place. There is a need for specialized trauma-based services for DMST victims.
- When asked what term is more readily used in their department: child prostitute, commercially sexually exploited child, or sex trafficking victim, respondents identified none. Most often these youth are termed uncontrollable teen, promiscuous, sexually active victim of abuse, sexually exploited victim of incest.
- Teaming with schools to identify victims and prevent victimization should be a priority.

DMST Survivor Narrative

Current age: 28 Age of entry: 15

I was in school at East High School – I was living on the south side with my Aunt – but was going to East because I went there before I moved.

My Aunt was trading me for sex for drugs.

Nobody knew in school. I was already an abused child taken out of my mother's home. I didn't want to tell them – I didn't want to get my Aunt in trouble. I was a CHIPS kid. I had a social worker.

My Aunt was buying crack from a guy and I didn't want to be there anymore. He was 33 years old. She told this guy if he gave her more crack he could have me. I didn't know until he took me with him – he told me that he took me away – to protect me. My aunt was in her 30's and she was so out there – she had legal custody of me. He was slow – but didn't want me to live like that.

When I was a runaway at 16 - I slept on the park bench in a park on East Wash – I just stayed up all night until I feel asleep and then woke up when it was daylight.

I ended up at the foster home. The foster home was ok – but I couldn't go see my mom. They wouldn't let me see my mom because she was still contacting her boyfriend who had sexually abused me. I'd runaway back to see my mom and my little brothers and sisters. I was mad at my mom but I wasn't going to take it out my brothers and sisters – because I was their caretaker and I wasn't going to leave them. My mom was a victim of DV and as I got older I understood she was a victim too.

Putting kids in foster care doesn't work – my foster mom was wonderful – but I wasn't getting what I needed. I got good grades – I was an excellent student and kid at home – but I wanted to go home and be with my family – some of the other foster kids would pick on me, kids in school bullied me. The other kids in the foster home were using drugs – and I wasn't – I smoked cigarettes but that was it – I was taken from my mom because of her problems but placed with kids who were not listening to their parents – acting out. Sometimes the house was an uproar – I had just come from that and I didn't want to be in same predicament.

I hated the system. I had talked to someone who I had trusted. But everybody goes behind your back and tells on you and completely screwed me over.

If there was a program to help me I wouldn't have had to run away. The dream place should be a home, residential setting with staff, psychiatrists, and people that helped you get a job, helped you go through school, so you could get on your own, so you don't need to go out and sleep with men and show you a different way. I didn't have anyone to show me a different way – I had to do it myself.

Non-Governmental Social Service Organizations

“A lot of the general public sees trafficking as something that happens in other countries, but not here.”

*“Can't ask children to protect themselves”
Therapist, Rainbow Project*

“To them it's just a question of how long it's going to be until they get into that situation. Their options suck.”

Pediatrician, Juvenile Detention Center

Respondents are: pediatricians at the Juvenile Detention Center and UW Health; provider of adolescent substance abuse treatment; case manager for a youth street outreach program; youth street outreach workers; case worker for teens in crisis; trauma therapist; youth counselor and advocate at a rape crisis center.

Key Findings

- 88% of providers surveyed had some training to identify victims of DMST. One provider had extensive training. However, they unanimously agreed that a lack of training and education generally around DMST was a major barrier to identifying victims in our community.
- Lack of resources and services for minors was perceived as a major challenge in responding to DMST.
- DMST victims as young as grade school age have been identified and provided social services in Dane County.
- Need for county child protection services to be as responsive to calls regarding children 14 years and older as they are to younger children.
- Youth outreach workers report that youth tend to not access services because they know there is no help – the kids know there are no options. This leaves them even more vulnerable to exploitation.
- A counselor who facilitates a therapy group with youth sex offenders reports seeing an increasing number of 10-12 year old sex offenders seeking child porn.
- Teens often wait until past age 18 to disclose DMST victimization because of self-blame.
- Teens do not describe their experience as victimization – they think this is just how it is.
- Pediatrician sees someone every week that is trading sex for a place to stay or for basic needs.
- Estimate 90% of all girls seen at Juvenile Detention Center are DMST victims.
- Some girls at Juvenile Detention Center report 100 to 150 people they have had sex with.

- Pediatrician reports DMST victims may be seen when there are symptoms of trauma or sexually transmitted infections but are not getting routine health care.
- Pediatrician reports that in addition to basic needs and mental health support, there is a need for quality sexuality education.
- Pediatricians report limited time available to spend with patients – often doctors only have about 10 minutes with a patient.

DMST Survivor Narrative

Current age: 21 Age of entry: 14

By the time I was 13, I had been in a group home where I had gotten into a fight with another girl because I wasn't used to living in a group home. I also had been in a foster home. I didn't like the home. I wasn't used to living like that either. I was accepting whatever they were telling me. It was just me – I didn't have nobody around so I just did what they planned for me. I was sent back home to my mother, but then I was legally taken away from my mother due to her drug problems and I ran away before they could put me back into foster care. Now that I think about it maybe if I had stayed it would have prevented some of the problems that developed.

Nobody ever asked me why are you doing this? They need to look a little bit deeper into what's going on with kids rather than sending them from place to place without asking why. Honestly, it's a messed up system – they don't care where we go and how we live our lives. There are so many rebellious teenagers. I would get picked up and taken to the shelter and would just run away from there again. Personally, if someone had asked me what was wrong I would have told them that I was angry at the police, my mom, my city, social services, everybody. I was rebelling. Communication is a big thing. Talking to somebody who had been through what I'd been through who had a street education and made a better life. The staff may have been runaways but they don't tell us.

There needs to be places for young girls to go that actually work on specific things like therapy and trauma with people who have experienced the same thing so you know that you are not alone, and where you are not just a troubled teen who is naughty or bad. They can teach how to transition into being an adult – how to handle money, pay bills – the things their parents should have been teaching them. They could teach about love and relationships and education about and awareness that it is very dangerous out there – I wasn't aware. I had gotten some information about sex in school – but I didn't use it because it didn't help my situation.

It first happened with a boyfriend of mine who was 21 years old. I met him in the Lake Point area hanging out with friends outside. He acted like he wanted to be my boyfriend. "I care about you. I want to be your man." He acted like that to get me to do what he wanted me to do. He was related to some friends of mine in school but he was older. I didn't know about him at first and then heard that he had a reputation of using girls to solicit for sex with other people. These people were all different ages and races – it didn't matter it was human to human. I had to walk outside on Lake Point. I had to give him all the money. I did it because I thought he cared about me.

I would get stopped by police – but would sneak out and run away from them. They took me to shelter and I'd leave right again.

I was on the run from foster homes. Nobody was looking for me – I don't think anyone really cared where I was. I was smoking weed not other drugs. When my boyfriend was arrested I ran to another

state where I met a 50 year old man and experienced big city exploitation and human trafficking. I escaped back to Madison. I was technically in the other state's system – so in order to get services I had to be returned there – but I wasn't going back.

At 16, I was prostituting in the Darbo and Badger Road areas and by then using crack. The tricks were adults. Some of them knew I was underage but I would lie about my age.

I don't know what would have helped me. I was so messed up. I was almost dead. I think a safe location - not like jail – but where I would have to stay - with intensive treatment about what's really going on. One-to-one talk with someone about anything I needed to talk about it doesn't matter – with confidentiality, you're not trying to get someone in trouble. Kids don't talk because they don't like how the system works, and they don't want to be thrown into the shelter like a piece of trash.

I trusted Briarpatch because I could come off the streets high and they'd let me go and lie down, feed me, give me clothes and let me go. They'd ask me if I'd like to go to a respite home. They worked with me – not against me. They didn't push me. They accepted what was going on – they were sincere about the situation, and they knew it wasn't my fault, and knew it was rough. They let me know that it was ok that I wasn't normal and that they were willing to help me even though I wasn't normal. There was a couple of times when I was in a really bad sticky situation which could have cost me my life – they came through for me – called the cab for me. They never tried to lock me down, make me feel I was bad or wrong and they were really sincere and wanted to help me – they didn't try to push the situation – it was whatever you need. The perfect place would be a live-in Briarpatch.

Also, drug treatment for teenagers needs to be provided. Kids are smoking pot at 11. So by the time they hit Briarpatch and shelter they're using other stuff and having sex – and so there needs to be treatment for teenagers.

Local Law Enforcement/Prosecution

*"I haven't seen a case where the kid is the mastermind behind the whole thing without an adult pulling the strings."
Detective, Madison Police Department*

*"I don't know at this point where we would refer a child we thought was involved. We are in a lot of neighborhoods and homes, and we see and hear things that most other people don't....if we as a department knew what we could do with these suspicions or concerns, that would be valuable."
Detective, Madison Police Department*

*"I still think that the majority of law enforcement see prostitution as a choice, even when thinking about children or juveniles, but I think that over the past 10 years, with the influx of information on child trafficking, there is a better understanding among law enforcement, but I think there is still a gap that needs to be filled."
Dane County Sheriff*

Key Findings

- No law enforcement unit solely designated for investigation of DMST.
- Need for training in advanced and specialized interview techniques to elicit disclosure of victimization from DMST victims.
- DMST data is not currently systematically tracked.
- No sheriff's department or police department-wide training on DMST – but departments are supportive of members seeking out specialized training.
- Patrol officers need access to specialized DMST training as well – they are often the first responders who must be able to identify signs of DMST.
- Invisibility of the victimization poses a special challenge. More adolescent girls being prostituted by men off the streets and in homes.
- Law enforcement is frustrated over the lack of services available and how the system is not equipped to respond to DMST.
- DMST victims may be arrested in order to keep them safe because all the other systems failed.
- Identifying all the victims of a single offender poses special challenges. How do we find them?
- Often DMST victims are engaged in a range of criminal activity including drug use, theft, and robbery – it becomes difficult to identify as victims because of these.
- Many assistant district attorneys have specialties – because these cases are often complicated, it would be difficult to isolate DMST victimization in one specific specialty.

DMST Survivor Narrative
Current age: 20 Age of entry: 13

I ran away from home at thirteen. For two nights I slept in a boiler room of an apartment building on the west side. The third night I ran into an 18 year old on the bus. He had sex with me when I was 12 and he was 17. He let me stay with him for 4 days in at an apartment on the west side in exchange for sex. I left after 4 days because I was hungry and hadn't eaten the whole week.

I went to West Towne Mall and was at the bus stop. Two men asked me how old I was. I told them I was 13 and they still wanted to have sex with me and I thought that was messed up. I knew they were older and they followed me on to the bus. We went to a parking ramp down town and they had sex with me and then gave me a bus transfer.

I got gonorrhoea and the police were called. I only knew their nicknames. I don't know what happened to them. I was referred to the Rape Crisis Center for therapy. I did it – but I just wanted to stop talking about it. The services didn't help – because I was in denial.

From there I would just say I was a whore.

Juvenile Court

*“Why can't we figure out a way to stop this early on?”
Administrator, Dane County Juvenile Court*

Respondents included juvenile court administrator and judge.

Key Findings

- No specialized training on identification of DMST victims.
- Training in advanced and specialized interview techniques is needed to elicit disclosure of victimization from DMST victims.
- No formal DMST assessment.
- Will intervene in a case where DMST is suspected, even if minor is charged with an unrelated crime.
- Primary challenge in responding once victim is identified is lack of appropriate services for DMST victims.
- If DMST is not identified in police reports – then will not be discovered and will be buried throughout the process.

DMST Survivor Narrative

Current age: 19 Age of entry: 14

When I was 14 years old and a freshman at East High School - a 16-year-old East High boy took me to a hotel on the south side and said that I had to have sex with these other guys. I remember four guys - two were I think 16 and the other two were in their 30s or 40s. I did not want to do it. I didn't get any of the money. I wasn't thinking straight. After a while I started to freak out and they let me go. I had to have an abortion after the motel. I didn't tell my Mom what happened. She was really mad at me.

I became really sexually active, really confused, I just wanted to feel loved, be in a relationship. People asked me what was wrong but I never told them. They kept sending me to places. I felt embarrassed, felt really nasty about it.

So I started running away at 14. I would leave my parents home and stay gone – until they put me away. I was staying at friend's homes.

To survive I'd have sex with people I knew and with adults I didn't know. I'd steal from my parents, I'd sell my clothes.

I was in foster homes, group homes, juvenile shelter, and then Southern Oaks. I kept running away. To survive I'd have sex with people I knew and with adults I didn't know. I'd steal from my parents, I'd sell my clothes.

Nothing would have worked for me – I just kept wanting to leave, not wanting to look back. I always wanted to hang out with friends. I was feeling trapped. I just felt down all the time. I just wanted to drink all the time or party to forget about it. My self-esteem was down and had been for a while.

I'd seen a lot of therapists. I never really told them everything. If I had been honest and told them everything things would have ended up differently. I didn't really care. I was kinda like, I guess just trying to get out of the place, didn't want to explain. I felt like if I told them – they'd keep me. I'd like someone to feel comfortable with, really trust and sit down with.

Juvenile Corrections

*“So many of our girls come with huge victim issues.”
Agent, Juvenile Corrections*

Respondent is agent in Wisconsin Department of Corrections High Risk Juvenile Sex Offender Reentry Program.

Key Findings

- DMST victims are girls and boys.
- Male and female sex offenders are perpetrators as well as victims of DMST.
- No department-wide specialized DMST training.
- Caseworkers will alert supervisor if minor discloses they have a pimp and would take as sexual abuse because she/he is a minor.

CONCLUSION

Like other communities responding to domestic minor sex trafficking, Dane County's failure to identify DMST victims can cause a chain reaction of negative outcomes – the criminalization of the victim due to misidentification or the criminalization of victim as a response to no options for placement. When properly identified, there is a need for specialized appropriate services that they will use.

Programs designed to overcome barriers to reaching traumatized youth are needed. The American Bar Association Juvenile Justice Center provides recommendations to address common barriers:

1. Barrier: Child maltreatment often leads to survival strategies that are often anti-social and/or self-destructive. Response: Professionals must recognize the value of a young person's personal narrative in helping to make sense of their experience. No matter how dark that experience may have been, the young person must come to understand the experience so that the trauma will not overwhelm their emotions and cognition when faced with future stressful events.
2. Barrier: Hypersensitivity to arousal in the face of threat can take the form of dissociation and/or aggressive reactivity. Response: Focus on reducing the perception of provocation and undermine the legitimacy of aggression as a response to perceived provocation and threats. Understand that dissociative responses can make youth appear emotionless when they are actually filled with intense emotions. Traumatized youth require a calming and soothing environment to increase the level at which they are functioning.
3. Barrier: Some victims demonstrate a juvenile vigilantism in which they do not trust adult's capacity and motivation to ensure their safety and therefore believe they must take matters into their own hands. Response: Promote trust in adult authority by creating an environment in which youth can conclude rationally that they are safe and thus can afford to relinquish their defensive posture. Create the basis for new life narratives by exposing youth to relationships with staff that provide working models for meaningfulness in life in the face of loss. Respond to issues of shame by communicating respect in every facet of program life.¹⁷

Finally, Dane County must prioritize combating domestic minor sex trafficking by allocating resources for education and advocacy, prosecution, services for victims, and prevention. Greater interagency cooperation is crucial to provide sufficient interdisciplinary response required to meet the complex needs of domestic minor sex trafficking victims in our community.

¹⁷ *Pathways to Youth Violence*, American Bar Association Juvenile Justice Center, Rosado Ed., 2000.

APPENDIX A

FIELD INTERVIEW QUESTIONNAIRES Shared Hope International

Child Protective Services

Prevention Issue 1: Identification

1. Does your agency identify domestic minor sex trafficking victims or at-risk youth who are targets for predators?
2. If yes, how do you reach this population group or how do they reach you (e.g., hotline, police officer, parent, court system, referral by local service partner)?
3. Has your agency received training to identify victims of domestic minor sex trafficking (child prostitution)? If yes, by whom?
4. What are the specific procedures in place in your agency for identifying a domestic minor sex trafficking victim? (Example: Do you have to call the police?)
5. During the initial intake interview/evaluation, are certain questions asked to help identify this specific population of victims? If so, what are they?
6. During initial contact with the minor, what type of information is collected to assist in future identification of the minor if they choose to run away (e.g., picture taken, tattoos listed, specific facial features, scars)?
7. Describe the current programs that you know of that are being utilized to identify and provide treatment to domestic minor sex trafficking victims. Are there specific foster families/group homes that have been trained to deal with this population?
8. Do you find that these minors have different characteristics than non-commercially sexually exploited minors? Are these minors particularly hard to place?
9. What is your relationship/contact with the local police and shelters regarding domestic minor sex trafficking victims? Describe the challenges that you encounter?
10. How is information shared between groups regarding the minor?
11. What is the protocol through local law enforcement regarding a minor involved in prostitution? How does this process differ from other child protection investigations?
12. Are more minors being identified as child prostitutes versus domestic minor sex trafficking victims? If yes, why do you think this is?
13. What term is more readily used in your department: child prostitute, commercially sexually exploited child, or sex trafficking victim?
14. How would the identification of a minor as a victim of commercial sexual abuse by a family member or non-family affect the placement and treatment of the minor?
15. In your reporting system are substantiated allegations of children who have been prostituted by a caregiver recorded using a specific "code" or "identifier" for prostitution, or are all sexual abuse allegations recorded under a general "code" or "identifier"?
16. What is the staff allocation, funding, and time allocated to prevention programs in your organization?

Prevention Issue 2: Response

1. What prevention activities or programs have you done, are you doing, and/or do you plan to do to deter minors from becoming victims of domestic sex trafficking?

2. What local efforts have been made by you or others to educate the public on the issue of domestic minor sex trafficking (e.g., local legislation, public service announcements, school programs, news stories or articles)?
3. Once a domestic minor sex trafficking victim has been identified by your agency, what are the procedures in place for getting him/her access to services and aid?
4. How does a minor's involvement in prostitution under the control of a pimp affect placement/treatment response?
5. Are there ever any custodial issues (e.g., between agencies or locations)?
6. Where are most of the victims placed after being identified (e.g., shelters, diversion programs)?
7. Hypothetical Situation: A report comes through the CPS hotline of a situation of abuse/neglect at a residential home. The mother of the house is a drug user and it is suspected that she may be pimping out her daughter (14 years old) to support her habit. As the investigation unfolds it turns out that the mother was indeed prostituting her daughter to the drug dealer, who is also pimping her out to friends. Either drugs or money were exchanged in each situation for sex. There are two other minors in the house, ages 9 and 17. There are no relatives in the area that are willing to take custody of the children. What are your next steps?
8. Is there a specific division or department assigned to respond to identified domestic minor sex trafficking victims? If yes, is specific and specialized training required and/or provided to staff in this department? Describe.
9. Are staff persons, assigned to these cases male, female, or both? Are they general staff or in this specific section? Are domestic minor sex trafficking victims assigned to same-sex staff for services? Why?
10. What is your relationship/contact with the local police and shelters? Describe the challenges that you encounter.
11. What programs are in place currently that address the preventative needs of minors who are at risk of becoming domestic minor sex trafficking victims?
12. How are runaways, homeless minors, and juvenile delinquents assessed as to their vulnerability to becoming domestic minor sex trafficking victims?
13. Is there collaboration between entities in prevention programs? If yes, what and which entities?
14. Why? Successful? Ongoing?
15. Which agencies/groups do you not currently collaborate with but feel you should?

Prevention Issue 3: Challenges/Successes

1. What are the primary challenges in identifying domestic minor sex trafficking victims?
2. What are the primary challenges in responding to domestic minor sex trafficking victims?
3. What are some of the success stories that you have had in identifying and responding to domestic minor sex trafficking victims?

Juvenile Court Judges

Prevention Issue 1: Victim Identification

1. Has your agency (all or part) received specialized training in the identification of domestic minor sex trafficking victims? If yes, who provided the training? Who received the training?
2. How are chronic runaways, homeless minors, and juvenile delinquents identified by the court as at risk to become domestic minor sex trafficking victims?
3. Have you heard cases in your courtroom charging a minor with prostitution? If yes, please collect statistics available from 2000 to present.

4. Have you heard cases in your courtroom charging a minor with a curfew violation and/or trespassing? Do you suspect some of these cases to be situations of juvenile prostitution?
5. Have you heard cases in your courtroom adjudicating a minor to a detention/treatment center for the crime of prostitution?
6. Do you ask the minors that you see charged with prostitution about their pimps? What are their responses? Whom do you share this information with once it is received?
7. Do you work with law enforcement and allow them access to juvenile victims to interview?
8. Do you view these charged minors as delinquent prostitutes or victims of a crime?
9. What risk assessment/behavioral assessment tools are you aware of that are applied to the minor during detainment that provide further information on their state of being? How does the findings of these "tools" factor into the adjudication decision?

Prevention Issue 2: Response

1. Are you able to intervene in a case where you suspect commercial sexual exploitation, even if the minor is charged with an unrelated crime? If so, how?
2. What is the role of CPS in a case of child prostitution?

Prevention Issue 3: Challenges/Successes

1. What are the primary challenges in identifying domestic minor sex trafficking victims?
2. What are the primary challenges in responding to domestic minor sex trafficking victims?
3. What is an example of a success story regarding the identification and response to domestic minor sex trafficking victims?

Juvenile Detention Facilities

Prevention Issue 1: Identification

1. Has your facility staff received training on domestic minor sex trafficking? If yes, by whom?
2. Is there a specific unit or caseworker who oversees minors with charges of prostitution?
3. What risk assessment/behavioral assessment tools are you aware of that are applied to the minor during detainment (pre-adjudication) that provide further information on their state of being? How does the findings of these "tools" factor into the adjudication decision?
4. How long are minors held before adjudication? Is there a law that mandates a timeframe that a minor must be seen by a judge?
5. Are medical STD/HIV tests given/required when minors enter the facility?
6. If yes: Hypothetical Situation: A 13-year-old girl is adjudicated to your facility for assault with a deadly weapon. Upon routine medical testing, her results reveal gonorrhea, chlamydia, HPV, and severe vaginal trauma. What are your next steps? How does this alter her placement and treatment? What are your options in building a case against her abuser(s) while she is in the detention facility?
7. Are caseworkers expected to alert supervisors when minors disclose information about their pimp?
8. Hypothetical Situation: A 14-year-old is committed to your facility for stabbing a 30-year-old man 3 times. After 3 months in the facility during a counseling session, she discloses that the man that she stabbed was her mother's boyfriend and he had raped her in the past. She indicates that he expected that she would be okay with it because she was also prostituting. How does this change her treatment in the facility? How does it change her sentencing? How does it change her placement after her time in the facility?

9. What programs are in place at the facility to lower the potential of a repeat offence?

Law Enforcement

Prevention Issue 1: Victim Identification

1. In your agency, has a specific unit or individual been tasked with the identification of domestic minor sex trafficking victims, a.k.a. child prostitutes or runaway or homeless youth who are targets for sexual predators?
2. Has your agency (all or part) received specialized training in the identification of domestic minor sex trafficking victims? If yes, who provides the training? Who received the training?
3. How does law enforcement come into contact with prostituted children, or how do they reach you (e.g. surveillance of hotspots, via a hotline, referral from CPS)?
4. What preparedness procedures are in place within your agency to identify and/or serve the victims (e.g., intake sheets, specialized training, referral lists)?
5. During the initial interview with a minor who was picked up for prostitution, or suspected of involvement in prostitution, are additional questions asked to further identify her as a victim, or are charges given at face value?
6. Is the initial interview/intake executed by a trained child forensic interviewer?
7. Are victim-sensitive questioning and interrogation techniques in place and used?
8. What types of technology or procedures are in place to learn or verify the identity of the minor?
9. What technology/procedure is in place to further identify a juvenile's actual age if she is presenting false documents representing her as an adult?
10. If a minor is arrested/detained on other charges (e.g., curfew violation, chronic runaway), are questions asked to possibly identify her as a domestic minor sex trafficking victim?
11. If the minor is not charged, what methods are used to gain custody of the minor to further the investigation process? Are there ever custodial issues between agencies?
12. How many domestic minor sex trafficking victims did your organization identify in 2009? Or how many juveniles were arrested for prostitution in 2009? How many since 2000?
13. Are more minors being identified as child prostitutes versus domestic minor sex trafficking victims? If so, why do you think that is?

Prevention Issue 2: Response

1. What prevention activities or programs have you/unit/agency done, are you doing, and/or do you plan to do to train professionals who may come into contact with this population?
2. What is the staff, funding, and time allocated to training or crime prevention programs in your agency? What portion of that is specific to domestic minor sex trafficking victims?
3. Once a victim of domestic minor sex trafficking has been identified, what are the procedures in place to access services for the victim?
4. Hypothetical Situation: You identify a minor on the street after midnight and take her into custody on a curfew violation. She has no ID on her but does have \$100 cash and a condom. She is acting stubborn, refuses to give you any contact information for parental pick-up, and says her boyfriend is the only one that can come get her. You suspect that she may be "working." What is your process for identification of this minor as a victim of domestic minor sex trafficking and the response of your agency and partner agencies?
5. How many different units within your agency may come into contact with a suspected domestic minor sex trafficking victim? How is information shared between units to assist with streamlining of juveniles suspected of being involved in prostitution?

6. What procedure is in place that follows the determination of arrest/no arrest? Is this a written procedure?
7. If a suspected child prostitute is arrested, what are they usually charged with? If the minor cannot be arrested/charged, to whose custody is the minor released?
8. While detained (pre-adjudication), what programs are in place to lower the potential of repeat offenders among minors charged with prostitution?
9. What is your agency's interaction with CPR? What is the response time from CPS? What is the procedure for call and referral? Please be very specific in outlining any successes and challenges. Remember, this information will be confidential in the report. Provide specific case examples.
10. Is there collaboration between internal units and/or external agencies (e.g. CPS, local service providers, shelters) to respond to the identification of a domestic minor sex trafficking victim? Describe current collaborative protocols.
11. What agencies or organizations do you not currently work with but think you should work with?
12. What local efforts have been made by you or others to educate the public on the issue of domestic minor sex trafficking victims (e.g., public awareness campaigns, public service announcements, school programs, news stories or articles)?
13. Are any prevention activities directed towards victims of child pornography? Are there specific methods of prevention that can be utilized for child pornography cases that are not as effective for other domestic minor sex trafficking cases?
14. Should victims of child pornography be handled differently than other domestic minor sex trafficking cases? If yes, how? Why?

Prevention Issue 3: Challenges/Successes

1. What are the primary challenges in identifying a domestic minor sex trafficking victim?
2. What are the primary challenges in responding to a domestic minor sex trafficking victim?
3. What is a success regarding domestic minor sex trafficking victims' identification and response within your law enforcement agency?

Social Service Providers

Prevention Issue 1: Identification

1. Do you or your organization identify domestic minor sex trafficking victims or runaway and at-risk youth who are targets for predators?
2. What is the age range of the minors that you treat?
3. How do you access this population group of juveniles involved or suspected of involvement in prostitution, or how do they reach you (e.g., outreach, hotlines, advertising, referrals, police, child protective services)?
4. Describe the current programs that are being utilized to identify domestic minor sex trafficking victims (e.g., outreach programs, information sharing with local police, and identification of "hot spots").
5. Has your organization received training to identify victims of domestic minor sex trafficking (e.g., child prostitution, exotic dancing)?
6. During the initial intake interview/evaluation, are certain questions asked of the minor to help identify them as victims of domestic minor sex trafficking? If so, what are they?
7. How many domestic minor sex trafficking victims has your organization identified since 2000, or minors involved (suspected) in prostitution?
8. Are more minors being identified as child prostitutes versus domestic minor sex trafficking victims? If so, why do you think this is?

9. In cases of a minor being arrested for prostitution and sent to your facility/shelter, how much effort is put into identifying and arresting the clients who purchased their services?

Prevention Issue 2: Response

1. What prevention activities or programs have you done, are you doing and/or do you plan to do?
2. What local efforts have been made by you or others to educate the public on the issue of domestic minor sex trafficking victims (e.g., local legislation, public service announcements, school programs, news stories, or articles)?
3. Once a domestic minor sex trafficking victim has been identified by your agency, what are the procedures in place for getting him/her access to services and aid?
4. What methods are used for gaining custody of the minor? Are there ever any custodial issues (e.g., between agencies or locations)?
5. What are the state laws that allow the shelter to provide services to minors without notifying the parent/ guardian?
6. If a runaway minor receiving care in your facility discloses being in prostitution on the streets, where would the victim go after this information is disclosed to the police and CPS (e.g., shelters, diversion programs, juvenile detention)?
7. What is your organization/agency's interaction with CPS? What is the response time? What is the procedure?
8. Does your organization have a response protocol to report suspected offenses of sex trafficking to police or CPS?
9. When you call CPS to report the alleged forced prostitution of a minor in your care, from your experience, what is their response?
10. After reporting, what is your organization's responsibility to protect the minor in the event that police or CPS is not able to respond before the minor attempts to flee the shelter/facility?
11. What are your options in providing services to the domestic minor sex trafficking victim in addition to or beyond those offered by CPS?
12. Hypothetical Situation: A police officer brings in a runaway youth to your facility. This is the fourth time that she has been found out on the streets after midnight. You suspect that she is involved in prostitution, but CPS has not identified that there is a situation of neglect or abuse. What are you able to do to assist in the identification of this minor as a victim of sex trafficking and what would the response be of your facility, as well as the police and CPS?
13. What is the staff allocation, funding, and time allocated to prevention programs in your organization?
14. What programs are in place currently that address the preventative needs of minors who are at risk of becoming domestic minor sex trafficking victims?
15. How are runaways, homeless minors, and juvenile delinquents assessed as to their vulnerability to becoming a domestic minor sex trafficking victim?
16. Is there collaboration/partnerships between entities in prevention programs? If yes, what partnerships and which entities? Why? Successful? Ongoing?
17. Is there collaboration between other social service providers/law enforcement to respond to the identification of a domestic minor sex trafficking victim? Describe current collaborative protocols.
18. Are prevention activities directed toward victims of child pornography? Are there specific methods of prevention that can be utilized for child pornography cases that are not as effective for other domestic minor sex trafficking cases?
19. What agencies or organizations do you think you should work with?

Prevention Issue 3: Challenges/Successes

1. What are the primary challenges in identifying domestic minor sex trafficking victims?
2. What are the primary challenges in responding to domestic minor sex trafficking victims?
3. What are the primary challenges in responding to a minor who you believe is at risk of being lured into the commercial sex industry?
4. Provide a success story in rescuing and responding to domestic minor sex trafficking victims.