



CDSS

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DEPARTMENT OF SOCIAL SERVICES

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EDMUND G. BROWN JR.
GOVERNOR

May 29, 2015

ALL COUNTY LETTER NO. 15-48

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

TO: ALL COUNTY CHILD WELFARE DIRECTORS
ALL COUNTY PROBATION OFFICERS
ALL COUNTY BOARDS OF SUPERVISORS
ALL CHIEF PROBATION OFFICERS
ALL TITLE IV-E AGREEMENT TRIBES

SUBJECT: **COMMERCIALLY SEXUALLY EXPLOITED CHILDREN PROGRAM
FISCAL YEAR 2015-16 ALLOCATION METHODOLOGY AND
COUNTY PLAN INSTRUCTIONS**

REFERENCES: WELFARE & INSTITUTIONS CODE SECTIONS 16524.6 – 16524.11;
SENATE BILL (SB) 855, CHAPTER 29, STATUTES OF 2014;
PREVENTING SEX TRAFFICKING AND STRENGTHENING
FAMILIES ACT (P.L. 113-183); CALIFORNIA STATE BUDGET
SUMMARY 2014-15; ACL 14-62; CFL 14/15-25; CFL 14/15-32;
CFL 14/15-23, ACIN I-23-15.

The purpose of this All County Letter (ACL) is to provide instructions for submitting County Plans that will enable counties to access funding for Fiscal Year (FY) 2015-16 under the Commercially Sexually Exploited Children (CSEC) Program. Specifically, this ACL provides:

- Background on the FY 2014-15 and FY 2015-16 CSEC Programs;
- Instructions for counties to submit their County Plans and interagency protocols to access funding for the FY 2015-16 CSEC Program;
- An allocation methodology for the FY 2015-16 funding;
- A description of data collection and reporting by counties that elect to participate in the state CSEC Program; and
- The CSEC Practice Guidance Toolkit.

The attachments provide:

- Step-by-step instructions for the County Plan submissions; and
- The CSEC Practice Guidance Toolkit containing resources for counties.

Background

Recent legislation (SB 855, Chapter 29, Statutes of 2014) amended the Welfare and Institutions Code (WIC) Section 300 to clarify that, under existing law, commercially sexually exploited children whose parents or guardians failed or were unable to protect them may fall within the description of 300(b) and be adjudged as dependents of the juvenile court. The Legislature also amended the WIC (commencing with Section 16524.6) to establish a state-funded county CSEC Program to be administered by the California Department of Social Services (CDSS). In order to access the funds under the CSEC Program, counties must meet certain requirements as specified below and submit a County Plan. Counties are not required to submit plans; however, counties that do not submit a plan are not eligible for CSEC funds under this program.

FY 2014-15 CSEC Program

The FY 2014-15 Budget Act appropriated \$5 million General Fund (GF) for FY 2014-15 for the CSEC Program. The following paragraphs outline the activities related to the appropriation.

Of the \$5 million, a total of:

- \$2.5 million GF was allocated to participating counties for protocol development and capacity building for services to commercially sexually exploited children. Allowable CSEC Program activities are detailed in WIC Section 16524.7(a)(2), WIC Section 16524.7(a)(3), and WIC Section 16524.7(a)(4). These activities include CSEC Program implementation expenditures and training or services related to victims of commercial sexual exploitation.
- \$1.75 million GF was provided for statewide training of county and tribal child welfare workers and out-of-home caregivers as outlined in WIC section 16524.7 (a)(3)(B). The delivery of the CSEC 101 training programs began in January 2015 and will continue through June 30, 2016. CSEC 101 covers "Identification and Awareness" of children who are commercially sexually exploited, or who are at risk of being commercially sexually exploited.
- \$750,000 GF was allocated for the training of foster youth to help them recognize and avoid commercial sexual exploitation. The WIC Section 16524.7(a)(4)(A) permits

counties to target training towards foster youth who are at risk of commercial sexual exploitation.

Counties will have through June 30, 2016 to expend these funds and additional information will be provided through a forthcoming County Fiscal Letter (CFL).

The CDSS released CFLs (CFL No. 14/15-25; CFL No. 14/15-32; CFL No. 14/15-23) that provided detailed CSEC Program allocation and claiming instructions for counties. Counties that claim CSEC costs in FY 2014-15 must complete the steps below in order to receive additional funding in FY 2015-16.

FY 2015-16 CSEC Program

The FY 2015-16 CSEC Program will be a two-tiered system. Contingent upon approval of the FY 2015-16 Budget Act, CDSS will allocate CSEC funding to support counties in the initial stages of developing an interagency CSEC response. These counties will be part of Tier I. CDSS will allocate enhanced CSEC funding to counties that have taken substantial steps in developing their interagency CSEC protocol. These counties will be part of Tier II.

In order to access funding in FY 2015-16, counties must submit:

1. Required for Tier I and Tier II: A County Plan to CDSS by June 30, 2015, describing the county's current approach to serving CSEC, and plans for the future approach, including how the county intends to spend funding provided by the state; and
2. Required for Tier II only: Either an interagency protocol pursuant to WIC Section 16524.8 or another agreement such as a Memorandum of Understanding (MOU) that fulfills the statutory requirements of the interagency protocol by October 1, 2015.

Further guidance on the requirements of the County Plan is attached in the document entitled CSEC Program Instructions FY 2015-16.

To assist counties with development of their protocols, CDSS released ACIN No. I-23-15 on April 7, 2015 which included a Model Interagency Protocol Framework. Further, the CSEC Practice Guidance Toolkit (attached) contains a MOU Template for the CSEC Program, which incorporates the statutory requirements for the interagency protocol. The interagency protocol required by WIC Section 16524.8 must be developed by a team led by representatives of the county human services department, and include representatives from county probation, county mental health, county public health, and juvenile court. Interagency protocols must include the use of multidisciplinary teams for the provision of services to children who currently are, or are at risk of becoming victims of commercial sexual exploitation. The multidisciplinary team must include, but is not

limited to, appropriate staff from the county child welfare, probation, mental health, substance abuse, and public health departments. The team may also include others such as providers serving this population, local education agencies, local law enforcement, survivors of commercial sexual exploitation, advocates such as children's attorneys, court-appointed special advocates, and direct service providers.

Allocation Methodology for FY 2015-16

The allocation amounts for counties will be determined as follows:

Based upon the information provided in the County Plan, CDSS will determine whether a county will receive either a: (1) Tier I allocation, or (2) Tier II enhanced allocation. Tier I, a lower level of funding, will be provided to counties in the nascent stages of developing plans for serving commercially sexually exploited children, as outlined in WIC Section 16524.7. Tier I counties will not be required to submit an interagency protocol by October 1, 2015 but are expected to continue working on developing their interagency protocol. Counties that have taken substantial steps towards the development of an interagency CSEC response may be eligible for Tier II funding. Tier II counties must submit a completed interagency protocol by October 1, 2015.

The CDSS will work in consultation with the County Welfare Directors Association (CWDA) to determine the specific amounts that will be provided to counties receiving the enhanced allocation. It is anticipated that the allocation will generally be based on the child welfare or general child population, as well as the prevalence of children who are at risk of being or are commercially sexually exploited. Once the state budget is signed, the FY 2015-16 allocations as well as claiming instructions will be released via a CFL.

Data Collection and Reporting for the State CSEC Program

The state CSEC Program pursuant to WIC Section 16524.6 et seq. requires CDSS to collect information concerning the CSEC Program. The following information is necessary to complete the statutorily required report that CDSS must submit to the Legislature by April 1, 2017:

1. The number of participating counties;
2. The number of victims served by each county;
3. The types of services provided;
4. Innovative strategies relating to collaboration with children, child service providers, and survivors of commercial sexual exploitation regarding prevention, training, and services; and
5. The identification of further barriers and challenges to preventing and serving commercially sexually exploited children.

In addition, P.L. 113-183 requires states to submit data to the federal government concerning CSEC. Therefore, all counties will be required to report the specific data elements required by federal law via Special Project Codes and the existing Exploitation abuse category. ACL No. 15-49 includes detailed instructions on how and when to capture this data.

In addition to the Special Project Codes, counties who participate in the CSEC Program should be prepared to submit information to CDSS on numbers three, four, and five above. The instructions on how and when to submit this information will be forthcoming in a future ACL.

CSEC Action Team's CSEC Practice Guidance Toolkit

The California Child Welfare Council's CSEC Action Team (CSEC AT) developed the CSEC Practice Guidance Toolkit (Toolkit) (attached). The goal of the CSEC AT is to develop a coordinated, interagency approach to ensure that children who are commercially sexually exploited and children at-risk of becoming exploited are identified, protected, and receive the services they need to overcome trauma and thrive.

The Toolkit contains three documents:

- 1) **MOU Template**, that counties may use as a framework to fulfill the statutory requirements of an interagency protocol pursuant to WIC Section 16524.8;
- 2) **Holistic Needs of CSEC**, which describes the common needs among CSEC victims and survivors; and
- 3) **Core Competencies for Serving CSEC**, which provides key competencies for working with CSEC and strategies for engaging CSEC.

The Toolkit is an expansion on the Model Interagency Protocol Framework attached to ACIN No. I-23-15 released on April 7, 2015, and provides more detailed and concrete guidance on each agency's roles and responsibilities as they relate to coordinated case management, service planning, data and information sharing, promising practices and services for CSEC, and multidisciplinary teaming on a case-by-case basis. CDSS encourages all counties to consider the CSEC AT's Toolkit when developing their County Plan and documentation that fulfills the statutory requirements of the CSEC Program.

ACL No. 15-48
Page Six

If you have any additional questions, please contact the CSEC Program at CSECProgram@dss.ca.gov.

Sincerely,

Original Document Signed By:

KEVIN GAINES, for

GREGORY E. ROSE
Deputy Director
Children and Family Services Division

Attachments

c: CWDA

Commercially Sexually Exploited Children (CSEC) Program Instructions Fiscal Year (FY) 2015-2016

In order to receive additional funding in FY 2015-16 for the CSEC Program, counties are required to comply with the provisions outlined in the Welfare & Institutions Code Sections (WIC) 16524.6 - 16524.11. All counties participating in the CSEC Program must submit a County Plan to CDSS by June 30, 2015. To be eligible for Tier II and the enhanced funding, a county must also submit an interagency protocol or another agreement such as a Memorandum of Understanding (MOU) that fulfills the requirements outlined in WIC Section 16524.8 to CDSS by October 1, 2015. Based on the information provided in the County Plan, CDSS will determine whether counties will receive a Tier I or Tier II allocation. The Allocation Methodology is described in the accompanying All County Letter (ACL). A County Fiscal Letter will be released after the budget is signed with each county's tier and allocation.

The following information must be contained in the County Plan:

The answer to each question should not exceed one single-spaced page.

1. **Basic county contact information**

- a. Name, title, email address, and phone number of the representative that CDSS may contact for further information.
- b. Number of general child population and child welfare population.

2. **Current approach to CSEC**

- a. Brief description of how CSEC, if at all, are currently served in the county, including but not limited to:
 - i. Whether there are steering committees/commissions/task forces that address CSEC. If so, please briefly describe.
 - ii. Whether the county utilizes a multidisciplinary approach to serving CSEC. If so, please briefly describe.
 - iii. Whether the county has a preexisting single agency or interagency protocol in place for CSEC. If so, please attach.
 1. Whether the county is currently using any screening tool(s) to identify CSEC. Screening tools are used to identify the possible presence of a particular characteristic/problem by discerning between those who are very unlikely to have the characteristic ("screen out") and those very likely to have the

characteristic (“screen in”). Screening tools also indicate whether there is a need for further assessment.

If so, please:

- a. Indicate which tool.
 - b. Indicate the number of CSEC that have been identified (provide a breakdown of the number of youth identified as at-risk and confirmed victims of CSEC).
- iv. What, if any, specialized services are available to CSEC in the county?
 - v. What CSEC training(s), if any, has been provided in the county, and to whom?
 - vi. Whether the county currently collects data on CSEC. If so, please provide the data and indicate limitations of data (e.g. county agencies are duplicating the counts because they are not sharing identifying information, the “undercount” due to lack of education and awareness, or no tool or standardized definition of CSEC).
 - vii. A brief description of the county’s participation in the FY 2014-15 CSEC Program including how the county utilized its FY 2014-15 allocation to implement its CSEC Program.

3. Future approach to CSEC

- a. A description of the county's future approach to identifying and serving CSEC, including:
 - i. A brief description of the process underway to develop an interagency response and when it will be completed. Outline the steps that have been taken thus far and anticipated next steps, including the parties participating and contributing to the process.
 - ii. A brief description of the interagency response that the county intends to provide to CSEC, including but not limited to:
 1. A brief description of the multidisciplinary approach the county will utilize pursuant to WIC Section 16524.7(d)(2). Note the progress made to develop the multidisciplinary team and the steps that still need to be completed.

- iii. A description of how the county intends to utilize the funds pursuant to WIC Section 16524.7(a)(4). The allowable activities and services under this code section are for intervention services, prevention services, and services to children who are victims, or at risk of becoming victims of commercial exploitation. These activities and services may include but are not limited to the following:
1. Training foster children, as specified;
 2. Engaging survivors, as specified;
 3. Consulting and engaging with homeless youth shelters and other service providers, as specified;
 4. Hiring county staff, as specified; and
 5. Providing supplemental foster care rates for placement of child victims, as specified.

The electronic copy of your County Plan submissions must be received by 5:00 p.m. on Tuesday, **June 30, 2015** at CSECProgram@dss.ca.gov; and the hard copy of the County Plan, *signed by the Director of the county child welfare services agency*, must be postmarked by Friday, **July 6, 2015** to the address below. Interagency protocols must be received into the CDSS office no later than **October 1, 2015**. Faxes will **not** be accepted.

California Department of Social Services
Child Welfare Policy & Program Development Bureau
CSEC Program
744 P Street, MS 8-11-87
Sacramento, CA 95814

Counties must notify the CDSS if your county falls out of compliance with the provisions of WIC Sections 16524.6 – 16524.11 (e.g., A partner leaves the interagency protocol or multidisciplinary team) or if a county chooses to discontinue the CSEC program for any reason. Notifications with a detailed explanation must be submitted via email to: CSECProgram@dss.ca.gov.



WORKING TOGETHER
TO PROTECT
EXPLOITED CHILDREN

Memorandum of Understanding Template for the Commercially Sexually Exploited Children (CSEC) Program

Developed by the Child Welfare Council CSEC Action Team

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The California Department of Social Services (CDSS) provided funding for the development of these documents as samples of promising practice. The opinions expressed herein are solely those of the authors and not of CDSS.



Introduction

The Commercially Sexually Exploited Children (CSEC) Action Team¹ of the California Child Welfare Council² created this Memorandum of Understanding Template (MOU Template) to assist counties that are electing to participate in the state-funded CSEC Program. The MOU Template fulfills the statutory requirements of the CSEC Program and integrates promising practices, but it does not incorporate new federal requirements.³

While this MOU Template is designed specifically to address service delivery to commercially sexually exploited children and youth, many of the steps outlined can be utilized to improve service delivery for other vulnerable youth that touch multiple systems.⁴

Please note what is outside the scope of this MOU Template:

- Targeted responses to populations with distinctive needs, including:
 - Undocumented youth
 - Homeless youth
 - Youth who identify as lesbian, gay, bisexual, transgender, or queer (LGBTQ)
 - Youth who have no current involvement in either the child welfare or juvenile justice systems
 - Transition age youth between the ages of 18 and 24
 - Children with significant developmental or cognitive delays
 - Children who are from out-of-county or out-of-state
 - Children identified as missing on the National Center for Missing and Exploited Children (NCMEC) and the National Crime Information Center (NCIC)
 - Child labor trafficking victims
- Internal response protocols delineating how individual agencies will identify and respond to victims of commercial sexual exploitation within their own agency. These internal response protocols must align with the overarching, interagency protocol memorialized in the MOU.
- A communications framework to facilitate effective communication and collaborative service delivery among the parties to the MOU. This will include assigning certain responsibilities to the parties including, but not limited to: organizing the logistics of the

¹ See KATE WALKER, CAL. CHILD WELF. COUNCIL, ENDING THE COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN: A CALL FOR MULTI-SYSTEM COLLABORATION IN CALIFORNIA (2013) (providing recommendations for combatting CSEC statewide, which resulted in the creation of the CSEC Action Team at the behest of the California Child Welfare Council in 2014), available at http://www.youthlaw.org/fileadmin/ncyl/youthlaw/publications/Ending-CSEC-A-Call-for-Multi-System_Collaboration-in-CA.pdf.

² CAL. WELF. & INST. CODE § § 16540-16545 (establishing the California Child Welfare Council as an “advisory body responsible for improving the collaboration and processes of the multiple agencies and courts that serve the children and youth in the child welfare and foster care systems.”).

³ State legislation to codify federal requirements is pending. Counties should consider incorporating federal requirements into their MOU. See Preventing Sex Trafficking and Strengthening Families Act, Pub. L. No. 113-183, 128 Stat. 1919 (2014) (detailing the federal requirements).

⁴ See generally JOHN A. TUELL ET AL., DUAL STATUS YOUTH – TECHNICAL ASSISTANCE WORKBOOK (2013) (providing guidance to state and local jurisdiction to improve the outcomes for dual status youth and families), available at <http://www.rfknrcjj.org/images/PDFs/Dual-Status-Youth-TA-Workbook-Cover.pdf>.



MDTs, such as scheduling, convening and inviting non-required parties to participate in the MDTs; and notifying a particular agency when a youth under its jurisdiction comes to the attention of another agency.

- Training guidance that defines the training that must occur prior to the implementation of the MOU to: 1) educate the parties about commercial sexual exploitation,⁵ 2) explain how to use the screening and assessment tools, and 3) understand the roles and responsibilities of each party under the MOU.

In order to access CSEC Program funding, as explained in ACL No. 15-48, a county must submit:

- 1) A County Plan to the California Department of Social Services (CDSS) by June 30, 2015 and
- 2) An interagency protocol to CDSS by October 1, 2015 pursuant to WI&C Section 16524.8 or another agreement such as a Memorandum of Understanding (MOU) that fulfills the statutory requirements of the interagency protocol in order to qualify for Tier II funding.

To develop the interagency MOU, a county's CSEC Steering Committee⁶ must complete all underlined text in all sections. The following steps will help guide counties' decisions regarding the underlined sections:

- 1) Review all of the underlined text to identify the decisions a county should consider. For example, the screening process to identify exploited children⁷ and the three-tiered multidisciplinary approach.⁸
- 2) Consider what processes are already in place within and across agencies that can be leveraged to meet the needs of CSEC.⁹
- 3) Review examples provided throughout the MOU Template, which provide specific examples on how a county may choose to approach certain sections.¹⁰
- 4) Identify which agencies have a role under each section and delineate their specific responsibilities.¹¹

For questions about this MOU Template, please email CSECActionTeam@youthlaw.org.

⁵ See CalSWEC et al., "CSEC 101 Learning Objectives," available at

http://calswec.berkeley.edu/sites/default/files/uploads/csec_101_learning_objectives_finalr0021015.pdf.

⁶ See CAL. DEP'T OF SOC. SER., CAL. HEALTH AND HUMAN SER. AGENCY, ALL COUNTY INFORMATION NOTICE NO. 1-23-15, COMMERCIAL SEXUALLY EXPLOITED CHILDREN (CSEC) MODEL INTERAGENCY PROTOCOL FRAMEWORK (2015) (recommending that counties form a steering committee to, among other responsibilities, develop and oversee the implementation of the MOU), available at http://www.dss.cahwnet.gov/lettersnotices/EntRes/getinfo/acin/2015/I-23_15.pdf. [hereinafter ACIN No. 1-23-15].

⁷ See *infra* Section II, Identification, pp. 7.

⁸ See *infra* Section IV, Multidisciplinary Response, pp. 11.

⁹ The CSEC Action Team recognizes both the incredible demands on agency workers, as well as the multiple teaming and other case plan efforts that are already in place in numerous jurisdictions. Therefore, the Action Team recommends that counties assess whether there are ways to build off of existing processes and incorporate CSEC specific responses, where appropriate, rather than creating entirely new processes that will be unduly burdensome and resource-intensive.

¹⁰ All examples, which follow underlined text, fall within quotation marks and can be adapted, replaced, or utilized as-is by the county, e.g. "The parties agree to..."

¹¹ Note that the examples provided do not address the responsibilities of *all* agencies, but rather provide a sample for select agencies. The Steering Committee should exhaustively consider and outline responsibilities for each relevant agency in each section.



MEMORANDUM OF UNDERSTANDING¹² AMONG

Juvenile Court of County, Child Welfare Agency of County, Probation Department of County, Department of Mental Health of County, Department of Public Health of County, Substance Abuse Department of County, [Provide a list of agencies participating as optional parties to the Memorandum of Understanding, for example: “Public Defender’s Office of County, District Attorney’s Office of County, Sheriff Department of County, Municipality Police Department(s), Department of Education of County, Children’s Dependency Attorneys, Community-Based Agencies”]

As to County’s Commercially Sexually Exploited Children (CSEC) Program

WHEREAS, an individual who is commercially sexually exploited child (CSEC) or sexually trafficked, as described in Section 236.1 of the California Penal Code, or who receives food or shelter in exchange for, or who is paid to perform, sexual acts described in Section 236.1 or 11165.1 of the California Penal Code, and whose parent or guardian failed to, or was unable to protect the child, is a commercially sexually exploited child and may be served through the County child welfare system pursuant to California Welfare and Institutions Code Section 300(b)(2); and

WHEREAS, County elected to participate in the CSEC Program as described in Section 16524.7 of California Welfare and Institutions Code in order to more effectively serve CSEC by utilizing a multidisciplinary approach for case management, service planning, and the provision of services; and

WHEREAS, the parties to this Memorandum of Understanding (MOU), Juvenile Court of County, Child Welfare Agency of County, Probation Department of County, Department of Mental Health of County, Department of Public Health of County, Substance Abuse Department of County, Public Defender’s Office of County, District Attorney’s Office of County, Sheriff Department of County, Municipality Police Department(s), Department of Education of County, Children’s Dependency Attorneys, Community-Based Agencies, Other Agencies Listed Here, have developed the following Memorandum of Understanding (MOU) to guide County’s approach to serving CSEC; and

WHEREAS, the MOU reflects the County and the parties’ commitment to the following guiding principles:

A. Commercial Sexual Exploitation of Children:

¹² This template, in the form of a memorandum of understanding, was adapted from a number of sources. See, e.g., LOURDES M. ROSADO & RIYA S. SHAH, JUV. LAW CTR., PROTECTING YOUTH FROM SELF-INCRIMINATION WHEN UNDERGOING SCREENING, ASSESSMENT, AND TREATMENT WITHIN THE JUVENILE JUSTICE SYSTEM, APPENDIX B (2007), available at http://www.jlc.org/sites/default/files/publication_pdfs/protectingyouth.pdf; LA CNTY., OPERATIONAL AGREEMENT LOS ANGELES COUNTY COMMERCIALLY SEXUALLY EXPLOITED CHILDREN (CSEC) LAW ENFORCEMENT FIRST RESPONDER PROTOCOL (2014), available at <http://www.cwda.org/downloads/tools/csec/LA-CSEC-Operational-Agreement.pdf>.



1. Must be understood as child abuse and reported as such,¹³ and
2. Should not be criminalized.

B. Responses to CSEC should be:

1. Victim-centered,¹⁴
2. Trauma-informed,¹⁵
3. Strengths-based,¹⁶
4. Developmentally appropriate,
5. Culturally, linguistically, and LGBTQ competent and affirming,
6. Committed to active efforts that engage CSEC early and often,
7. Multidisciplinary, individualized, flexible, and timely, and
8. Data and outcome driven.

C. Agency Policies & Procedures should:

1. Ensure and track cross-system collaboration at the system and individual case level,
2. Incorporate mechanisms to identify and assess CSEC at key decision points,
3. Address the unique physical and emotional safety considerations of CSEC, and
4. Address unique physical and emotional safety considerations, including vicarious trauma of staff, caregivers, and other relevant support persons.

WHEREAS, the parties agree to form a CSEC Steering Committee to provide ongoing oversight and support to ensure the county agencies and partners effectively collaborate to better identify and serve victims of commercial sexual exploitation and children at risk of becoming exploited through the MOU; and

WHEREAS, the parties agree to form a multidisciplinary team (MDT), pursuant to California Welfare and Institutions Code Section 16524.7(d)(2) for CSEC, to build on a youth's strengths and respond to his/her needs in a coordinated manner; and

WHEREAS, California Welfare and Institutions Code Sections 18960-18964 states a county may establish a child abuse multidisciplinary personnel team (MDT) within the county to allow provider agencies to share confidential information in order for provider agencies to investigate reports of suspected child abuse or neglect pursuant to California Penal Code Section 11160, 11166, or 11166.05, or for the purposes of child welfare agencies making a detention determination; and

WHEREAS, the parties agree that the information they receive from other parties concerning a child that is obtained during the identification and assessment process or during a multidisciplinary team meeting shall be used solely for prevention, identification, and treatment

¹³ See CAL. PENAL CODE §§ 11164-11174.3.

¹⁴ See CAL. CHILD WELF. COUNCIL, CSEC ACTION TEAM, MODEL INTERAGENCY PROTOCOL, APPENDIX (2015), available at http://www.youthlaw.org/fileadmin/ncyl/youthlaw/child_welfare/Appendix_040615_Final.pdf.

¹⁵ See *id.*

¹⁶ See *id.*



purposes and shall otherwise be confidential and retained in the files of the entity performing the screening or assessment. Such information shall not be subject to subpoena or other court process for use in any other proceeding or for any other purpose pursuant to California Welfare and Institutions Code Section 18961.7(c); and

WHEREAS, the parties, as defined by law, must comply with mandatory reporting guidelines as defined by California Penal Code Sections 11164 – 11174.3 and report known or suspected child abuse and neglect, which includes sexual exploitation; and

WHEREAS, this MOU defines the mutually agreed upon responsibilities of each of the parties under the CSEC Program pursuant to California Welfare and Institutions Code Section 16524.7. This MOU is not intended to establish legal duties or otherwise alter the respective responsibilities of the parties; and

NOW, THEREFORE, the parties of this MOU set forth the following as the terms and conditions of their understanding:

I. Steering Committee

A. Description of the Steering Committee to oversee the CSEC Program

1. In order to ensure County effectively implements the CSEC Program, the parties agree to form a Steering Committee. Provide a detailed description of the structure adopted by the County and the parties, including the following information:
 - A. Describe the purpose of the Steering Committee.
 - i. *Example:* “Provide ongoing oversight and leadership to ensure the county agencies and partners effectively collaborate to better identify and serve youth who are at risk of or have been commercially sexually exploited, specifically:
 - (i) Developing the Interagency CSEC MOU (hereinafter MOU),
 - (ii) Implementing the MOU,
 - (iii) Overseeing implementation of the MOU,
 - (iv) Collecting and analyzing aggregate data related to the MOU,¹⁷
 - (v) Revising the MOU as needed on an ongoing basis,
 - (vi) Assessing the sufficiency of CSEC-specific resources in the county,
 - (vii) Identifying necessary training and ensuring such training occurs, and
 - (viii) Providing an annual report to the State in compliance with State and Federal requirements.”¹⁸

¹⁷ See CAL. WELF. & INST. CODE § 16524.10 (requiring the state to report the number of children served and the types of services provided to the Legislature); ADMIN. ON CHILDREN, YOUTH AND FAMILIES, ACYF-CB-IM-14-03, NEW LEGISLATION – PUBLIC LAW 113-183, THE PREVENTING SEX TRAFFICKING AND STRENGTHENING FAMILIES ACT (2014), *available at* <http://www.acf.hhs.gov/sites/default/files/cb/im1403.pdf>. [hereinafter PUBLIC LAW 113-183].

¹⁸ See CAL. CHILD WELF. COUNCIL, CSEC ACTION TEAM, MODEL INTERAGENCY PROTOCOL FRAMEWORK 3 (2015), *available at* http://www.youthlaw.org/fileadmin/ncyl/youthlaw/child_welfare/Model_Interagency_Protocol_Framework_040615_Final.pdf [hereinafter PROTOCOL FRAMEWORK]; CAL. WELF. & INST. CODE § 16524.10; PUBLIC LAW 113-183, *supra* note 17.



B. Identify the members on the Steering Committee.

i. *Example:* “The following parties agree to participate in the Steering Committee and fulfill the responsibilities defined in this MOU:

1. Required:¹⁹
 - a. Child Welfare – Lead
 - b. Probation
 - c. Mental Health
 - d. Public Health
 - e. Juvenile Courts
2. Optional:²⁰
 - a. Children’s Dependency Attorney
 - b. District Attorney
 - c. Public Defender
 - d. Survivor mentors/advocates
 - e. County Counsel
 - f. Direct legal and service providers
 - g. Educational representatives
 - h. Law enforcement
 - i. Staff/administrative support.²¹”

C. Define general participant responsibilities on the Steering Committee.

i. *Example:* “Each party will fulfill the following responsibilities as part of its work on the Steering Committee under this MOU:

- (i) Appoint director or designee empowered to make decisions on behalf of the party to participate,
- (ii) Attend regularly scheduled meetings and participate collaboratively in committee,
- (iii) Report on successes, barriers to providing services, and areas for improvement, including recommendations for adapting the MOU and training needs/gaps, and
- (iv) Provide aggregate data on identified CSEC including the numbers identified and the services accessed by those youth.²²

D. Define each party’s roles and responsibilities for the Steering Committee.

i. *Example:* “The following describes the specific roles and responsibilities of each party in the Steering Committee:

- (i) Child Welfare Department will be responsible for:²³

¹⁹ See CAL. WELF. & INST. CODE § 16524.8(a) (mandating that Child Welfare, Probation, Mental Health, Public Health, and the Juvenile Courts be involved in drafting the interagency protocol); PROTOCOL FRAMEWORK, *supra* note 18, at 3-4 (noting that although a Steering Committee is not required, it was suggested as a way to coordinate the county efforts with respect to the CSEC Program).

²⁰ ACIN No. 1-23-15, *supra* note 6 (indicating that “other providers can also include, but are not limited to, advocates such as children’s attorneys, court-appointed special advocates, and direct service providers”).

²¹ Counties may choose to hire staff to provide administrative/staffing to support the Steering Committee and MDTs. Staff may provide assistance with items such as data collection, drafting reports, coordinating and scheduling meetings, and note-taking.

²² PROTOCOL FRAMEWORK, *supra* note 18, at 4.



1. Convening and serving as lead agency of steering committee,
2. Providing staff to coordinate the steering committee, and
3. Gathering aggregate data from the MDTs to present and analyze with Steering Committee.”

II. Identification

A. Description of screening process to identify commercially sexually exploited children and those at risk for such exploitation

1. The parties agree that youth will be screened as follows: provide a detailed description of the screening process including the following information:
 - A. Identify the parties responsible for conducting the screening and the parties’ designees who will administer the screening to children and youth.
 - i. *Example:* “The following parties are responsible for screening youth to identify whether they have been commercially sexually exploited, are being commercially sexually exploited, or are at risk of becoming commercially sexually exploited.
 - (i) Child Welfare Department
 1. Child abuse hotline staff
 2. Emergency response investigators
 3. Case carrying social workers
 - (ii) Probation Department
 1. Juvenile Hall intake staff
 2. Deputy probation officers – juvenile supervision
 3. School-based juvenile probation officers
 - (iii) Public Health Department-Physical Health
 1. Emergency Department/Room medical professionals including physicians and nurses
 2. Teen clinic medical professionals
 - (iv) Office of Education
 1. Foster Youth Services coordinator
 2. School-based counselors.”
 - B. Describe the circumstances in which each party must screen a child for commercial sexual exploitation.
 - i. *Example:* “The parties must screen for sexual exploitation under the following circumstances:
 - (i) Child Welfare Department:
 1. All children age 10 and above who are either/both:
 - a. Chronically on the run
 - b. Living in the same home in which another child is identified as having been exploited.

²³ Note, this example defines the responsibilities for *one* agency. All future examples follow a similar format. In their complete MOUs, counties should outline the responsibilities for *all* relevant agencies in each section.



- (ii) Public Health Department:
 - 1. With chronic sexually transmitted infections/sexually transmitted diseases (STIs/STDs), and/or
 - 2. Who are pregnant or have received multiple pregnancy tests.”
 - C. Identify the screening instrument to be used, including a statement that each of the parties has received and reviewed the screening instrument. Attach the screening instrument as an appendix to this MOU.
 - i. *Example:* “The Commercial Sexual Exploitation - Identification Tool (CSE-IT)²⁴ will be administered as a screening instrument as described in this MOU. All parties have received and reviewed a copy of the CSE-IT, including an overview of the tool, and understand the training required for use. A copy of the tool and overview are attached as an appendix to this MOU.”
 - D. Describe what the screening tool’s administrator will communicate to the youth regarding information sharing, confidentiality, and access to records immediately prior to being screened.²⁵
- B. Permissible and prohibited disclosure and uses of information/statements obtained during screening**
- 1. The above agencies agree that the information and statements obtained from the youth as part of the screening process will be maintained, disclosed and used only as follows and in accordance with all applicable state and federal laws and regulations. Provide a detailed description regarding permissible and prohibited disclosures and uses of information/statements gathered during the screening including the following information:
 - A. Identify the agency or agencies that shall maintain the records of the screening results, including any information collected and statements made incident to the screen. Identify any applicable laws and regulations.
 - B. Provide a detailed statement as to what information obtained from the screening is to be disclosed to which agencies/ individuals including:
 - i. *Example:* “Indicate exact information from the screening that will be disclosed. Indicate exact information that will not be disclosed. Indicate under what circumstances the disclosure will be made, including what personnel are designated to make the disclosure, to whom the disclosure will be made and when. Indicate disclosure protocols in emergency situations”
 - C. Provide a detailed statement as to the permitted uses of information obtained from the screening.
 - D. Provide a detailed statement as to the prohibited uses of information and statements obtained from the screening, including inadmissibility at different stages of the juvenile and/or criminal court processes.

²⁴ See WESTCOAST CHILDREN’S CLINIC, COMMERCIAL SEXUAL EXPLOITATION-IDENTIFICATION TOOL (CSE-IT) PILOT TEST FREQUENTLY ASKED QUESTIONS (2015).

²⁵ The CSEC Action Team recommends that each county draft a script, in consultation with county counsel, that is read to the youth before the screening tool is administered. The script should use developmentally appropriate language that a youth can understand. It should describe the possible and prohibited disclosures and uses of the information and statements gathered during the screen, including what access the youth will/will not have to the screening results.



III. Assessment

A. Description of the assessment process

1. The above parties agree that an assessment of an exploited youth's needs and strengths must take place upon identification and on an ongoing basis. Further, the parties agree that it is in the youth's best interest to limit unnecessary and or duplicative assessments. Accordingly, the parties will coordinate to ensure that assessments are streamlined and limited when appropriate. Provide a detailed description of the assessment process including the following information:
 - A. Identify the parties responsible for conducting the assessment and the designated individuals within the agencies who will administer the assessment to youth.
 - i. *Example:* "The following parties are responsible for assessing children and youth who have been identified as victims of or at risk of commercially sexual exploitation.
 - (i) The Department of Mental Health:
 1. Clinicians conducting mental health evaluations
 2. Clinicians in school-based health clinics
 3. Clinicians in juvenile hall."
 - B. Describe the circumstances in which each party must assess youth to determine his/her needs and tailor the youth's treatment and services to meet those needs.
 - i. *Example:* "The parties must assess an identified victim or a child at risk of commercial sexual exploitation under the following circumstances:
 - (i) Child Welfare Department:
 1. When an allegation of abuse or neglect is investigated,
 2. Upon a change in placement, and/or
 3. Every six months to monitor progress.
 - (ii) Probation Department:
 1. When a child enters the juvenile detention facility,
 2. Upon a change in placement, and/or
 3. Every six months to monitor progress.
 - (iii) Department of Mental Health:
 1. When a child is referred to mental health clinician for services."
 - C. Identify the assessment tool(s) to be used, including a statement that each of the parties have received and reviewed the assessment tool(s) to be used. Attach the assessment tool(s) as an appendix to this MOU.
 - i. *Example:* "The Child and Adolescent Needs and Strengths - Commercial Sexual Exploitation (CANS-CSE) assessment tool will be administered as described in this MOU. All parties have received and reviewed a copy of the CANS-CSE, including an overview of the tool and understand the training needed to administer the tool. A copy of the assessment tool and overview are attached as an appendix to this MOU."
 - D. Describe how the parties will share information regarding the assessments to limit the number of duplicative assessments and potential for re-traumatization.



- E. Describe what the assessment’s administrator will communicate to youth regarding information sharing, confidentiality, and access to records immediately prior to being assessed.²⁶
- B. Permissible and prohibited disclosure and uses of information/statements obtained during assessment**²⁷
1. The above agencies agree that the information and statements obtained from the youth as part of the assessment process will be maintained, disclosed, and used only as follows and in accordance with all applicable state and federal laws and regulations. Provide here a detailed description regarding permissible and prohibited disclosures and uses of information/statements gathered during the assessment, including the following information:
 - A. Identify the agency or agencies that shall maintain the records of the assessment results, including any information collected and statements made incident to the assessment. Identify any applicable laws and regulations.
 - B. Provide a detailed statement as to what information obtained from the assessment is to be disclosed to which agencies/individuals including:
 - i. *Example:* “Indicate exact information from the assessment that will be disclosed. Indicate exact information that will not be disclosed. Indicate under what circumstances the disclosure will be made, including what personnel are designated to make the disclosure, to whom the disclosure will be made and when. Indicate disclosure protocols in emergency situations.”
 - C. Provide a detailed statement as to the permitted uses of information obtained from the assessment.
 - D. Provide a detailed statement as to the prohibited uses of information and statements obtained from the assessment, including inadmissibility at different stages of the juvenile and/or criminal court processes.

IV. Multidisciplinary Response²⁸

- A. The parties agree to provide staff to participate in MDT meetings who have been “trained in the prevention, identification or treatment of child abuse and neglect cases and who are qualified to provide a broad range of services related to child abuse”²⁹ and commercially sexually exploited children and those at risk for such exploitation.³⁰ In order to sufficiently address a commercially sexually exploited child’s needs from identification

²⁶ The CSEC Action Team recommends that each county draft a script, in consultation with county counsel, that is read to the youth before the assessment is conducted. The script should use developmentally appropriate language that a youth can understand. It should describe the possible and prohibited disclosures and uses of the information and statements gathered during the assessment, including what access the youth will/will not have to the assessment results.

²⁷ Note that this may be similar to but different than the “permissible and prohibited disclosures and uses of information/statements obtained during the screening” addressed in Section II.B.1.

²⁸ See CAL. WELF. & INST. CODE § 16524.8(b) (requiring a multidisciplinary response as a component of the CSEC Program).

²⁹ CAL. WELF. & INST. CODE § 18961.7.

³⁰ *Id.*



through ongoing stabilization, a three-tiered multidisciplinary response, as described below, may be employed.³¹ This approach includes:

1. *Immediate Crisis MDT*, which involves both a rapid response within 2 hours³² as well as intensive, ongoing support through the first 72 hours³³ post-identification.³⁴
2. *Initial MDT*, which includes convening a team within 10 days³⁵ to address the youth's needs where immediate safety risks may not be present.
3. *Ongoing MDT*, which include ongoing case planning and coordination. They may occur either on an individualized basis for each identified commercially sexually exploited child, or in a broader case review setting, where multiple cases are reviewed on a regular basis by a set team of individuals.

B. Identify the members that will participate in the three-tiered multidisciplinary approach.³⁶

1. *Example*: "The following parties agree to participate in the MDTs pursuant to California Welfare and Institutions Code Section 16524.7 and fulfill their responsibilities as defined in this MOU:
 - A. Required
 - i. Child Welfare – Lead
 - ii. Probation
 - iii. Mental Health
 - iv. Substance abuse
 - v. Public Health
 - B. The Steering Committee is responsible for identifying non-required parties, as appropriate, to serve on the three tiers of MDTs. Together the agencies represented on the Steering Committee will determine whether to include additional parties and which to include in the MDTs in order to most effectively meet the unique needs of the child. As the lead agency, Child Welfare will be responsible for extending invitations to optional parties which may include, but are not limited to, the following:³⁷

³¹ Although the CSEC Program does not require this three-tiered multidisciplinary approach, it is the recommendation of the CSEC Action Team. That said, the Action Team recognizes that some counties may have very small numbers of CSEC and limited resources and a different approach may be more appropriate.

³² Although county child welfare agencies are only required to respond within 24 hours when there is an imminent safety risk to the child, many child welfare agencies respond to investigate the allegation of abuse within 2 hours. Because commercially sexually exploited children often run away and are difficult to engage, the CSEC Action Team recommends that this initial engagement occur within 2 hours; *see* CAL. WELF. & INST. CODE § 16501(f).

³³ This 72-hour period is a promising practice and not a statutory requirement for county opt-in for the CSEC Program; *see* LA CNTY., LAW ENFORCEMENT FIRST RESPONDER PROTOCOL FOR COMMERCIALY SEXUALLY EXPLOITED CHILDREN (CSEC) (on file with the CSEC Action Team).

³⁴ Note that the members of the team responding within the first 2 hours may vary from the members of the team responding throughout the first 72 hours. For example, the social worker and an advocate may respond to a staging area within the first 2 hours to engage and stabilize the youth, and a physician may become involved to conduct a medical evaluation within the 72 hour period.

³⁵ The CSEC Action Team recommends that the Initial MDT convene within 10 days, which is the time frame required to investigate allegations of child abuse and neglect that do not present imminent danger; *see* CAL. WELF. & INST. CODE § 16501(f).

³⁶ Note that not all required parties will need to participate in all three tiers of the response.

³⁷ Note that each jurisdiction will need to consider the benefits and drawbacks of including additional parties in the MDTs. Forthcoming guidance from the CSEC Action Team will explore these questions.



- i. Youth
- ii. Caregiver/placement provider
- iii. Children’s Dependency Attorney
- iv. District Attorney
- v. Public Defender
- vi. Law enforcement
- vii. Education
- viii. Local CSEC provider(s)
- ix. Survivor advocate or mentor
- x. Legal service providers.”³⁸

C. Immediate Crisis Multidisciplinary Team³⁹

1. *Example*: “The parties agree that children who are suspected or identified victims of sexual exploitation and where an imminent risk to safety is present, require an immediate crisis response including initial engagement within 2 hours, a child abuse investigation, and intensive services through the first 72 hours to stabilize them.”

A. Describe the purpose of the Immediate Crisis Response MDT.

- i. *Example*: “Provide a multidisciplinary team trained on CSEC to each child identified as exploited to immediately engage and stabilize the child and develop a treatment plan that meets his/her needs in a coordinated manner, including:
 - (i) Responding to the child’s location within 2 hours,
 - (ii) Providing individual case-by-case collaboration with multiple child-serving agencies,
 - (iii) Engaging with youth and family/caregiver(s), if appropriate,
 - (iv) Ensuring basic needs are met such as food, shelter, and clothing,
 - (v) Assessing and addressing immediate and long-term needs,⁴⁰
 - (vi) Coordinating, monitoring, and adjusting service plan to achieve desired outcomes for individual youth,
 - (vii) Advising on appropriate placement,
 - (viii) Conducting safety plan once at the placement with parent/guardian/caregiver, which includes:⁴¹
 - a. Ascertaining the potential safety risks for the youth, the family, the providers,
 - b. Identifying trauma triggers,
 - c. Teaching techniques the youth can use to de-escalate when triggered,

³⁸ PROTOCOL FRAMEWORK, *supra* note 18, at 5.

³⁹ See *infra* Section IV.A.1, pp. 12 (the Immediate Crisis response involves both a rapid response, beginning within 2 hours of identification, and continuing through the first 72 hours of identification.).

⁴⁰ See CAL. CHILD WELF. COUNCIL, CSEC ACTION TEAM, HOLISTIC NEEDS OF COMMERCIALY SEXUALLY EXPLOITED CHILDREN (2015) (on file with the CSEC Action Team). [hereinafter HOLISTIC NEEDS].

⁴¹ See CAL. WELF. & INST. CODE § 18964(b) (“The caregiver of the child and, in the case of an Indian child, the child's tribe shall be permitted to provide information about the child to the multidisciplinary personnel team that will be considered by the team and to attend meetings of the multidisciplinary personnel team, as deemed appropriate by the team, without becoming a member of the team.”).



- d. Deciding on steps team members will take to prevent a trigger from occurring, and
 - e. Delineating and documenting responsibilities of team members in the event a youth exhibits unsafe behavior (e.g., if a youth runs away, the parent/guardian will notify law enforcement and the social worker and the survivor mentor will text the youth to maintain communication).
- (ix) Meaningfully involving youth in planning and decision-making.”⁴²
- B. Identify the circumstances that require an Immediate Crisis MDT.⁴³
- i. *Example:* “The following circumstances require an immediate response by the parties below:
 - (i) Child Welfare’s Child Protection Hotline suspects or confirms that a child is the victim of sexual exploitation or sex trafficking and there is an immediate safety concern,
 - (ii) Law enforcement interact with a child they suspect or identify is a victim of commercial sexual exploitation and there is an immediate safety concern,
 - (iii) Emergency response social worker assigned to a child abuse and neglect case suspects or confirms that a child is the victim of sex trafficking and there is an immediate safety concern, and/or
 - (iv) Medical professional treats a child in the emergency room and suspects or confirms the child is a victim of sex trafficking.”
- C. Identify the parties required to participate in the Immediate Crisis MDT:
- i. *Example:* “The following agencies are required to provide an immediate crisis response:
 - (i) Law enforcement
 - (ii) Child Welfare, provided there is a basis for jurisdiction
 - (iii) Probation, provided jurisdiction exists
 - (iv) CSEC Advocate
 - (v) Department of Public Health
 - (vi) Department of Mental Health
 - (vii) Youth
 - (viii) Family (if appropriate).”
- D. Define specific responsibilities for each agency under the Immediate Crisis MDT.
- i. *Example:* “The responsibilities for each party participating in the Immediate Crisis MDT are as follows:
 - (i) Child Welfare Department:
 - 1. Child Protection Hotline:
 - a. Receive calls regarding suspected abuse and neglect,
 - i. Follow internal protocols

⁴² See PROTOCOL FRAMEWORK, *supra* note 18, at 5.

⁴³ As an alternative to delineating circumstances or scenarios, counties may want to identify specific criteria, similar to those used in a Structured Decision Making tool, to trigger the initiation of an Immediate Crisis MDT.



- b. Discern whether an allegation may involve commercial sexual exploitation, and
 - c. If suspected or confirmed commercially sexually exploited child:
 - i. Determine the speed of the response, either Immediate Crisis or Initial MDT,
 - ii. Determine jurisdiction (either child welfare/probation/unknown), and
 - iii. Based on determination of jurisdiction, contact child welfare Emergency Response worker or Probation 24 hour response.
2. Emergency Response/Investigative Unit
- a. Respond to the child's location/staging area within 2 hours when:
 - i. The youth is a dependent pursuant to Welfare and Institutions Code Section 300,
 - ii. The youth is dual-jurisdiction pursuant to Welfare and Institutions Code Section 241.1 and Child Welfare is the lead agency, and/or
 - iii. The youth is not currently under the jurisdiction of any agency, but is alleged to be the victim of abuse, neglect, or exploitation.
 - b. Conduct child abuse investigation, and
 - c. Participate in the Immediate Crisis MDT to:
 - i. Decide on a temporary placement,
 - ii. Transport the child to the placement,
 - iii. Conduct a safety plan,
 - iv. Schedule a comprehensive medical/mental health evaluation with the Department of Public Health, and
 - v. Provide intensive supervision and support for 72 hours.
- (ii) Probation Department
- 1. Response Unit
 - a. Respond to staging area within 2 hours when:
 - i. The youth comes within the jurisdiction of the juvenile justice system pursuant to Welfare and Institutions Code Section 602, et seq., or
 - ii. The youth is dual-jurisdiction pursuant to Welfare and Institutions Code Section 241.1 and Probation is the lead agency.
 - b. Participate in the Immediate Crisis MDT to:
 - i. Decide on a temporary placement,
 - ii. Transport the child to the placement,
 - iii. Conduct a safety plan,



- iv. Schedule a comprehensive medical/mental evaluation with Department of Public Health, and
 - v. Provide intensive supervision and support for 72 hours.
- (iii) CSEC Advocate
- 1. Respond to staging area within 2 hours,
 - 2. Provide a humanitarian bag, which includes a change of clothes, hygiene products, snacks, water, a pen, and a journal,
 - 3. Engage the child and build rapport, and
 - 4. Participate in the Immediate Crisis MDT to:
 - a. Decide on a temporary placement,
 - b. Go to the decided upon placement,
 - c. Conduct a safety plan,
 - d. Schedule a comprehensive medical/mental health evaluation with the Department of Public Health, and
 - e. Provide intensive supervision and support for 72 hours.
- (iv) Department of Public Health
- 1. Provide a comprehensive medical evaluation for every identified exploited child within 72 hours of identification, which should include, but is not limited to:
 - a. Coordinating appropriate responses and services to treat the victim, and
 - b. Providing information, services, and medication related to reproductive and sexual health, including access to contraceptives, HIV prophylaxis, and treatment for STIs/STDs to youth who have been sexually exploited.
- (v) Youth.”
- 2. Describe what Immediate Crisis MDT members will communicate to the youth regarding information sharing, confidentiality, and access to records at the start of the meeting and periodically during the course of the meeting. Identify which agency will be responsible for providing the youth with this information and when it will be provided.⁴⁴

D. Initial Multidisciplinary Team

- 1. Not all children who are suspected or identified victims of sexual exploitation or trafficking will be in imminent danger and require an Immediate Crisis response.⁴⁵ For these non-urgent situations, the parties agree to coordinate and participate in an Initial MDT.

⁴⁴ The CSEC Action Team recommends that each county draft a script, in consultation with county counsel, that is read at the beginning of each MDT to inform the parties participating about the purpose of the meeting, possible and permitted disclosures of information, and the records that will be shared among the parties. The statement should be in developmentally appropriate language that a youth can understand.

⁴⁵ Note that the Steering Committee should determine how decisions will be made as to whether a child and his/her circumstances warrant an Immediate Crisis versus an Initial MDT Team response. Counties may choose to follow existing child welfare protocols to evaluate whether youth is at imminent risk of danger, which would require an Immediate Crisis response.



A. Describe the purpose of the Initial MDT

- i. *Example:* “The Initial MDT is designed to engage the child within 10 days,⁴⁶ introduce the child to team members, assess the child, coordinate treatment and services, and plan for safety in non-urgent situations, including:
- (i) Assembling within 10 days, a team of individuals connected to the child’s life to plan for the child’s placement, safety, and well-being,
 - (ii) Orienting the youth and family to the multidisciplinary teaming approach
 - (iii) Providing individual case-by-case collaboration with multiple child-serving agencies,
 - (iv) Engaging with youth and family/caregiver(s), if appropriate
 - (v) Ensuring basic needs are met such as food, shelter, and clothing,
 - (vi) Assessing and addressing immediate and long-term needs,⁴⁷
 - (vii) Coordinating the service plan to achieve desired outcomes for individual youth,
 - (viii) Advising on appropriate placement,
 - (ix) Conducting safety plan once at the placement with parent/guardian/caregiver⁴⁸
 - a. Ascertaining the potential safety risks for the youth, the family, the providers,
 - b. Identifying trauma triggers that may cause a youth to engage in unsafe behavior such as substance use or returning to exploiter/the streets,
 - c. Listing coping skills the youth can use to de-escalate,
 - d. Deciding on steps team members will take to prevent a trigger from occurring,
 - e. Delineating and documenting responsibilities of team members in the event a youth exhibits unsafe behavior (e.g., if a youth runs away, the parent/guardian will notify law enforcement and the social worker and the survivor mentor will text the youth to maintain communication), and
 - (x) Meaningfully involving youth in planning and decision-making.”⁴⁹

B. Identify the circumstances that require an Initial MDT.⁵⁰

- i. *Example:* “An Initial MDT is an appropriate response when there is not an immediate safety risk, but when an adult suspects or identifies that a youth is commercially sexually exploited.

⁴⁶ The CSEC Action Team recommends that the Initial MDT convene within 10 days, the timeframe required to investigate allegations of child abuse and neglect that do not present imminent danger; *see* CAL. WELF. & INST. CODE § 16501(f).

⁴⁷ *See* HOLISTIC NEEDS, *supra* note 40.

⁴⁸ *See* CAL. WELF. & INST. CODE § 18964(b).

⁴⁹ *See* PROTOCOL FRAMEWORK, *supra* note 18, at 5.

⁵⁰ As an alternative to delineating circumstances or scenarios, counties may want to identify specific criteria, similar to those used in a Structured Decision Making tool, to trigger when the initiation of an Initial MDT.



- (i) A child discloses to an adult (e.g., social worker, clinician, teacher) that he/she is trading sex for food/shelter/clothing,
- (ii) A child discloses to an adult (e.g., doctor, probation officer) that someone is forcing him/her to have sex and turn over the profit, or
- (iii) A child discloses to an adult (e.g., doctor, probation officer) that he/she is trading sex to support a drug habit.”

C. Identify the required members of the Initial MDT.

- i. *Example:* “The following parties are required to participate in the Initial MDT.
 - (i) Child Welfare Department
 - (ii) Probation Department
 - (iii) Specially-trained CSEC Advocate
 - (iv) Department of Public Health
 - (v) Mental Health Department
 - (vi) Substance Abuse
 - (vii) Department of Health Services
 - (viii) Youth
 - (ix) Parents/Guardians, if appropriate
 - (x) Children’s Dependency Attorney/District Attorney/Public Defender.”

D. Define specific responsibilities for each agency under the Initial MDT.

- i. *Example:* “The responsibilities of each party participating in the Initial MDT are as follows:
 - (i) Child Welfare Department:
 - 1. Child Protection Hotline:
 - a. Receive calls regarding suspected abuse and neglect,
 - i. Follow internal protocols
 - b. Discern whether an allegation may involve commercial sexual exploitation, and
 - c. If suspected or confirmed commercially sexually exploited child:
 - i. Determine the speed of the response, either Immediate Crisis or Initial MDT
 - ii. Determine jurisdiction (either child welfare/probation/unknown), and
 - iii. Based on determination of speed and jurisdiction, assign investigator to respond within 10 days.
 - d. Notify Initial MDT parties regarding the case
 - e. Schedule MDT with Initial MDT parties within 10 days
 - 2. Investigative Unit
 - a. Conduct child abuse investigation within 10 days when:
 - i. The youth is a dependent pursuant to Welfare and Institutions Code Section 300,
 - ii. The youth is dual-jurisdiction pursuant to Welfare and Institutions Code Section 241.1 and Child Welfare is the lead agency, and/or



- iii. The youth is not currently under the jurisdiction of any agency, but is alleged to be the victim of abuse, neglect, or exploitation.
 - b. Participate in the Initial MDT to:
 - i. Decide on a temporary placement,
 - ii. Transport the child to the placement,
 - iii. Conduct a safety plan,
 - iv. Schedule a comprehensive medical/mental health evaluation with the Department of Public Health.
 - (ii) Community-based provider:
 - 1. Participate in the Initial MDT to:
 - a. Weigh in on an appropriate temporary placement,
 - b. Engage in safety planning, and
 - c. Identify and connect youth with community-based supports.”
 - 2. Describe what will be communicated to the youth regarding information sharing, confidentiality, and access to records at the start of the Initial MDT and periodically during the course of the meeting. Identify which agency will be responsible for providing the youth with this information and when it will be provided.⁵¹
- B. Ongoing Multidisciplinary Team**
- 1. The parties agree that children who are identified victims of sexual exploitation or trafficking require ongoing multidisciplinary team support to monitor the youth and ensure his/her needs are adequately addressed.
 - A. Describe the purpose of the Ongoing MDT and whether the MDT is individualized or part of a case review model.⁵²
 - i. *Example:* “Hold individualized, Ongoing MDT meetings with each youth identified as commercially sexually exploited to monitor and support the youth and his/her family as the youth stabilizes, including:
 - (i) Identifying the reason for calling the meeting,
 - (ii) Further refining the case plan of the youth
 - (iii) Discussing strategies for addressing the issue (if any), and
 - (iv) If necessary, completing the following:
 - 1. Discuss potential changes in placement, and
 - 2. Review and amend safety plan.”
 - B. Identify the circumstances that trigger Ongoing MDT meetings.
 - i. *Example:* “In addition to the statutorily required contact that parties have with youth under their jurisdiction, an individualized, Ongoing MDT meeting for

⁵¹ The CSEC Action Team recommends that each county draft a script, in consultation with county counsel, that is read at the beginning of each MDT to inform the parties participating about the purpose of the meeting, possible and permitted disclosures of information, and the records that will be shared among the parties. The statement should be in developmentally appropriate language that a youth can understand.

⁵² Ongoing MDTs can occur either as an individualized MDT, like the Initial MDT, *or* as a “case review” where partners convene at set intervals of time (e.g. monthly or quarterly) to review all suspected or confirmed CSEC cases in a jurisdiction. Note the examples contained in this section only pertain to an individualized, Ongoing MDT and not a “case review” model.



an identified CSEC should occur under the following circumstances including, but not limited to:⁵³

- (i) Once a month,
- (ii) When a youth runs away from placement/home/shelter, and
- (iii) When a youth prepares to testify in court case against exploiter/purchaser.⁵⁴

C. Identify the parties required to participate in the Ongoing MDT.⁵⁵

i. *Example:* “The following parties are required to participate in the Ongoing MDT.

- (i) Child Welfare Department
- (ii) Probation Department
- (iii) Specially-trained CSEC Advocate
- (iv) Department of Public Health
- (v) Law enforcement
- (vi) Department of Public Health – Behavioral Health
- (vii) Youth
- (viii) Parents/Guardians
- (ix) Children’s Dependency Attorneys
- (x) Public Defender
- (xi) District Attorney
- (xii) Law enforcement.”

D. Define specific responsibilities for each agency under the Ongoing MDT.⁵⁶

i. *Example:* “The responsibilities for each party participating in the individualized, Ongoing MDT are as follows:

- (i) Child Welfare:
 1. Serve as the lead agency,
 2. Schedule and assemble the other team members when one of the circumstances above occurs,
 3. Appoint someone to facilitate the meeting,
 4. Consult the youth as to whether he/she wants to participate, and
 5. Discuss and refine the ongoing plan.
- (ii) Department of Mental Health
 1. Ensure participation of clinician working with the youth and family,
 2. Assess whether there are any new mental health needs,
 3. Develop a plan to meet those needs and continue to monitor existing needs, and
 4. Adapt safety plan based on any new trigger that the youth and team members identify.”

⁵³ Note that this set of examples only pertains to individualized Ongoing MDTs and not the case-review Ongoing MDT.

⁵⁴ Note that some of these situations may also warrant an immediate response.

⁵⁵ Note that participants will vary based on whether the ongoing MDT is individualized for each youth or if a case review model is employed.

⁵⁶ Again, note that the content will vary based on whether ongoing MDTs are structured as individualized, case specific MDTs, or generalized case review that address multiple CSEC cases at once.



JUVENILE COURT OF COUNTY

/s/ _____
Presiding Judge Date

PUBLIC DEFENDER’S OFFICE OF COUNTY

/s/ _____
Chief Public Defender Date

DISTRICT ATTORNEY’S OFFICE OF COUNTY

/s/ _____
District Attorney Date

PROBATION DEPARTMENT OF COUNTY

/s/ _____
Chief Juvenile Probation Officer Date

DEPARTMENT OF PUBLIC HEALTH OF COUNTY

/s/ _____
Director of Agency Date

DEPARTMENT OF MENTAL HEALTH⁵⁹ OF COUNTY

/s/ _____
Director of Agency Date

SUBSTANCE ABUSE AGENCY OF COUNTY

/s/ _____
Director of Agency Date

PRIVATE TREATMENT AGENCY NAME HERE

/s/ _____
Director of Agency Date

OTHER AGENCIES LISTED HERE

/s/ _____
Director of Agency Date

Appendices to be included with MOU:

- Include a glossary of terms, acronyms and/or abbreviations used in this document.
- Attach copies of any screening tools referenced in this document.
- Attach copies of any assessment/evaluations instruments referenced in this document.

⁵⁹ Department of Mental Health may be referred to as Department of Behavioral Health or may be a sub-department of the Department of Public Health.



- Attach copies of sample reports generated by any screening and/or assessment instruments or processes referenced in this document.
- Attach text of any applicable federal and state laws and regulations regarding the maintenance, disclosure and/or uses of information and statements obtained consequent to the processes described in this document.





WORKING TOGETHER
TO PROTECT
EXPLOITED CHILDREN

Holistic Needs of Commercially Sexually Exploited Children (CSEC)

Developed by the Child Welfare Council CSEC Action Team

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The California Department of Social Services (CDSS) provided funding for the development of these documents as samples of promising practice. The opinions expressed herein are solely those of the authors and not of CDSS.



TABLE OF CONTENTS

I. Introduction.....3

II. Immediate Crisis Response upon Identification.....5

III. Ongoing Multidisciplinary Response.....8

 1. Health.....8

 a. Physical health.....8

 b. Mental health.....9

 c. Sexual/reproductive health/abuse.....10

 d. Substance abuse.....11

 2. Housing and placement.....12

 3. Civil legal advocacy.....14

 4. Child welfare advocacy.....16

 5. Support and skill development.....17

 a. Support networks.....17

 b. Education.....18

 c. Vocational and life skills.....19

IV. Conclusion.....20



I. Introduction

The Holistic Needs of Commercially Sexually Exploited Children (CSEC) highlights the range of needs for this vulnerable population. Although many commercially sexually exploited children are currently under the jurisdiction of county agencies, this document is intended for use with youth that are both system and non-system involved. Many of the needs referenced herein are not unique to CSEC, but rather are common to system-involved youth. While this document is not designed to detail the many legal requirements and entitlements for youth or the many laws and regulations governing the child welfare system, it is intended to serve as a reference point for identifying what needs should be considered in case planning.

Hopefully, this reference document will help counties identify what information and resources are needed to effectively respond to the needs of child victims of commercial sexual exploitation. Counties may conduct a gap analysis,¹ or asset mapping² to identify the available services and any gaps in services.

It is important to recognize that most children will not follow a linear path from initial identification to leaving their exploitative relationship or situation. Commercially sexually exploited children will often cycle through the stages of exploitation many times before they are able to maintain a life outside of exploitation. In order to be effective, interventions and services must be trauma-informed, victim-centered, strengths-based, and culturally sensitive.³ Each child's needs will differ depending on a variety of factors, including, but not limited to:

- Prior abuse and/or neglect
- Mode of exploitation⁴
- Stage of exploitation⁵
- Stage of change (based on the Stages of Change Model)⁶

¹ In this case, a county's gap analysis would compare the aspirational level and quality of CSEC resources with the county's actual level and quality, for the purpose of identifying areas for improvement.

² In this case, a county would engage community stakeholders to identify both the resources that are most valuable for CSEC children and the strengths of existing resources, for the purpose of collecting and sharing this information and identifying areas for improvement.

³ See CAL. CHILD WELF. COUNCIL, CSEC ACTION TEAM, MODEL INTERAGENCY PROTOCOL FRAMEWORK (2015), available at http://www.youthlaw.org/fileadmin/ncyl/youthlaw/child_welfare/Model_Interagency_Protocol_Framework_040615_Final.pdf. [hereinafter PROTOCOL FRAMEWORK]; CAL. CHILD WELF. COUNCIL, CSEC ACTION TEAM, MODEL INTERAGENCY PROTOCOL, APPENDIX (2015), available at http://www.youthlaw.org/fileadmin/ncyl/youthlaw/child_welfare/Appendix_040615_Final.pdf.

⁴ Forms of commercial sexual exploitation of children include: child sex trafficking, child pornography, and/or child sex tourism.

⁵ Refers to the framework of exploitation as a series of stages with different risks and opportunities for intervention. See CATHY ZIMMERMAN, ET AL., HUMAN TRAFFICKING AND HEALTH: A CONCEPTUAL MODEL TO INFORM POLICY, INTERVENTION AND RESEARCH 328 (2011), available at <http://www.menschenhandelweb.nl/system/files/documents/15%20apr%202014/Zimmerman%202003.pdf>.

⁶ See KATE WALKER, CAL. CHILD WELF. COUNCIL, ENDING THE COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN: A CALL FOR MULTI-SYSTEM COLLABORATION IN CALIFORNIA, APPENDIX B (2013), available at http://www.youthlaw.org/fileadmin/ncyl/youthlaw/publications/Ending-CSEC-A-Call-for-Multi-System_Collaboration-in-CA.pdf;

Gretchen L. Zimmerman, A 'Stages of Change' Approach to Helping Patients Change Behavior, 61 Am. Family Physician 1409 (2000), available at <http://www.aafp.org/afp/2000/0301/p1409.html>.



- Developmental age
- Chronological age
- Learning differences or cognitive abilities
- Relationship with exploiter(s)
- Attachments and community support system
- Familial connections
- Pregnancy or parenting status
- Housing status
- Immigration status
- Alcohol/drug abuse or other types of addiction
- Sexual orientation, gender identity, and gender expression (SOGIE)⁷
- Socioeconomic status

Although numerous additional services and supports are needed before California is positioned to sufficiently meet the needs of victims of CSE, the state has made dramatic strides in the past several years and is poised to do the same going forward.

⁷ Sexual orientation, gender identity, and gender expression (SOGIE) represents the important intersections of these three important identities while also serving as a reminder that they are distinct and should not be conflated. Sexual orientation refers to a person's emotional, romantic, and sexual attraction to individuals of the same sex and/or a different sex. Gender identity refers to a person's internal, deeply felt sense of being male, female, both, or neither, regardless of the person's assigned sex at birth. Gender expression is the manner in which a person expresses gender through clothing, appearance, speech, and/or behavior. *See, e.g., Sexual Orientation and Gender Identity Definitions*, Human Rights Campaign, <http://www.hrc.org/resources/entry/sexual-orientation-and-gender-identity-terminology-and-definitions> (last visited May 18, 2015); SHAHERA HYATT ET AL., SEXUAL EXPLOITATION AND HOMELESS YOUTH IN CALIFORNIA: WHAT LAWMAKERS NEED TO KNOW 2 (2012), available at <http://cahomelessyouth.library.ca.gov/docs/pdf/SexualExploitedHomelessYouthIssueBrief.pdf>; MEREDITH DANK ET AL., URBAN INST., SURVIVING THE STREETS OF NEW YORK: EXPERIENCES OF LGBTQ YOUTH, YMSM, AND YWSW ENGAGED IN SURVIVAL SEX (2015), available at www.urban.org/research/publication/surviving-streets-new-york-experiences-lgbtq-youth-ymsm-and-ywsw-engaged-survival-sex/view/full_report.



II. Immediate Crisis Response upon Identification

This section outlines the recommended Immediate Crisis Response that engages a youth within 2 hours from the point of identification through the first 72 hours, with the goal of stabilization.⁸ An Immediate Crisis Response is distinguished from the Initial and Ongoing Responses in the speed and intensity of the response as well as the purpose.⁹

Children who have been commercially sexually exploited come to the attention of agencies and providers a number of different ways. In some cases, at the time of identification, the child is still in imminent danger and requires immediate stabilization and safety measures put in place. For example, a child identified by an emergency room nurse during hospital treatment for conditions related to his or her exploitation, such as chronic sexually transmitted infections or broken bones from physical abuse by an exploiter, would require an Immediate Crisis Response. A child encountered during a law enforcement prostitution raid is another example of a youth in need of an Immediate Crisis Response.

In developing an Immediate Crisis Response, a multidisciplinary team (MDT) should be assembled.¹⁰ This Immediate Crisis MDT may include a social/case worker, probation officer, sexual assault responder and/or an advocate with specialized CSEC training, medical professional, and a legal (dependency and/or delinquency) professional to address immediate legal questions during the response.

After a child is identified as a victim of commercial sexual exploitation, the team should address the child's time-sensitive needs.

1. Meet the child's basic needs including emergency housing/shelter/placement, food, clothing, and rest/sleep.
2. Conduct a child abuse investigation and evaluate whether the child falls within the jurisdiction of the child welfare system under Welfare and Institutions Code Section 300.¹¹
3. Develop a short-term safety plan. Due to a history of trauma, when a child is triggered, the situation can quickly escalate into a crisis. This could happen at any point during a child's recovery, and could potentially be ongoing until the child feels ready, safe, and

⁸ Although county child welfare agencies are only required to respond within 24 hours when there is an imminent safety risk to the child, many child welfare agencies respond to investigate the allegation of abuse within 2 hours. Because commercially sexually exploited children often run away and are difficult to engage, the CSEC Action Team recommends that this initial engagement occur within 2 hours. The 72-hour period is a promising practice and not a statutory requirement for county participation in the state-funded CSEC Program; see LA CNTY., LAW ENFORCEMENT FIRST RESPONDER PROTOCOL FOR COMMERCIALLY SEXUALLY EXPLOITED CHILDREN (CSEC) (on file with the CSEC Action Team).

⁹ See CAL. CHILD WELF. COUNCIL CSEC ACTION TEAM, INTERAGENCY PROTOCOL MEMORANDUM OF UNDERSTANDING TEMPLATE (2015) (on file with the CSEC Action Team). [hereinafter MOU TEMPLATE].

¹⁰ See PROTOCOL FRAMEWORK, *supra* note 4; CAL. WELF. & INST. CODE § 16524.7(d)(2) (indicating that a multidisciplinary approach is a requirement of the state-funded CSEC Program).

¹¹ See CAL. WELF. & INST. CODE § 16501(f); CAL. DEP'T. OF SOC. SERV., MANUAL LETTER NO. CWS-93-01: CHILD WELFARE SERVICES PROGRAM INTAKE 59 (2011), available at <http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/cws2.PDF>.



supported to sever his or her ties to the exploiter. The MDT should, with the input of the child, develop a safety plan that is tailored to fit the victim's needs, which includes ways to remain safe while in and after leaving an exploitative relationship. Safety plans must take transportation of the child into account, as it may not be safe for victims to utilize public transportation.

4. Ensure the victim's emergency health needs are met. Obtain emergency medical coverage, such as Medi-Cal, if appropriate. Emergency health needs may include:
 - *Acute medical needs*: immediate medical care to address physical health issues resulting from violence, trauma, abuse, and/or neglect. These include injuries, pain, sexually transmitted infections and HIV, post-exposure prophylaxis, pelvic inflammatory disease, malnourishment, drug and alcohol dependency, and pregnancy. In the case of recent sexual assault, also see "Forensic medical needs," below.
 - *Acute mental health needs*: immediate care for Post-Traumatic Stress Disorder (PTSD), psychosis, depression, anxiety, acute mania, delusions, agitation, violent outbursts, suicidal ideation, or other behaviors presenting risk of harm to self or others that may require hospitalization.
 - *Forensic medical needs*: evaluation and documentation of injuries related to sexual violence. A forensic medical exam, which includes a sexual assault evidence kit (sometimes referred to as a "rape kit"), may be necessary to gather and preserve evidence of sexual assault.¹² The child must consent to the examination.¹³ This forensic exam and interview may occur at a child advocacy center or a hospital with sexual assault response units/teams.
 - *Acute dental needs*: immediate care for dental issues such as pain, broken or extruded teeth, and broken braces or wires poking the cheek, tongue, or gums.
 - *Substance abuse treatment*: screening and initiation of intervention/treatment for alcohol or drug dependency.
5. Identify the legal custodian of the child.
6. Build rapport with the child and encourage his or her participation in developing a safety plan and deciding on placement.
7. Provide a CSEC-trained advocate or survivor-mentor for the child.
8. Seek a restraining order against the trafficker(s), if appropriate and necessary for the child's safety.
9. Provide interpretation/translation services as needed.
10. Ensure emotional/therapeutic support is provided by a clinical psychotherapist or other mental health professional who is trained to assist exploited children or other vulnerable populations, such as victims of sexual assault.

¹² After receiving a clear explanation of the process and providing informed consent, some commercially sexually exploited children may decide to obtain a forensic exam. Due to its invasiveness, the procedure will likely be traumatic to the child and every effort should be made to connect him or her to supportive individuals such as rape crisis advocates. Additionally, many children, once they are no longer being exploited, are more likely to be re-victimized in other ways, and can be highly vulnerable to violent or exploitive relationships. These children will need help recognizing the signs of unhealthy relationships and accessing supports to leave abusive situations.

¹³ CAL. FAM. CODE §§ 6927, 6928.



Once these needs are met and the child is out of immediate danger, an Ongoing Multidisciplinary Response (Section III) should continue to monitor the case and support the youth. However, the Immediate Crisis Response team members may also provide the ongoing services outlined in the next section.



III. Ongoing Multidisciplinary Response

Section III outlines a broader range of ongoing needs that CSEC children will have beyond upon initial identification. Active and flexible case management is an essential tool that can be used to engage the child and coordinate care. CSEC-specific case management may include identification, assessment of needs, coordination of care, evaluation, and advocacy for services to meet a child's needs holistically. Once children who are survivors of sexual exploitation are identified, they require intensive engagement and a victim-centered and strengths-based approach to develop trust and establish rapport with treatment providers. Without this trust, children may resist services.¹⁴ Children will also need ongoing support, either individualized or as part of a broader case review process.¹⁵

It is important to note that it is often in the child's best interest to receive services in the community, rather than in a setting where children are confined such as locked treatment facilities or juvenile hall. Institutional settings may trigger the child by confirming what the trafficker has told him or her: that he or she will be treated as a criminal or as mentally ill. This confinement may add additional barriers to engagement.

1. Health

This section provides an overview of ongoing health needs and is divided into physical health, mental health, sexual/reproductive health/abuse, and substance abuse. Commercially sexually exploited children often are exposed to environments and situations that pose significant health risks, including: sleep deprivation, malnourishment, prolonged drug use, and forced sexual activity. Due to the violent tactics often used by exploiters to control children and adolescents, a child may require medical services that address unhealed injuries (e.g., poorly healed broken bones, nerve damage). Further, given the sexual nature of their exploitation, survivors will most likely require medical attention that addresses their reproductive health, including screening for sexually transmitted infections/diseases (STIs/STDs), HIV, and pregnancy.

a. Physical health

After a comprehensive medical evaluation has been completed,¹⁶ children should have access to ongoing, long-term care with practitioners who, ideally, are trained in and employ trauma-informed approaches to treatment and service delivery and have expertise in child abuse, human

¹⁴ See WALKER, *supra* note 6.

¹⁵ See MOU TEMPLATE, *supra* note 9.

¹⁶ See generally JORDAN GREENBAUM ET AL., ASPAC PRACTICE GUIDELINES: THE COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN: THE MEDICAL PROVIDER'S ROLE IN IDENTIFICATION, ASSESSMENT AND TREATMENT (2013), available at http://www.kyaap.org/wp-content/uploads/APSAC_Guidelines.pdf; Kimberly S. Chang et al., *Using a Clinic-based Screening Tool for Primary Care Providers to Identify Commercially Sexually Exploited Children*, 6 J. OF APPLIED RESEARCH ON CHILDREN (2015), available at <http://digitalcommons.library.tmc.edu/cgi/viewcontent.cgi?article=1235&context=childrenatrisk>.



trafficking, and/or sexual assault and domestic/intimate partner violence (DV/IPV). When appropriate, the following services should also be provided:

- Dental
- Vision
- Tattoo removal
- Reconstructive medical treatment (e.g., burn and facial disfigurement treatment)
- Physical therapy
- Occupational therapy
- Transgender-related health care (e.g., hormone therapy)
- Screening/intervention for eating disorders
- Screening/intervention for self-harming behaviors

b. Mental health

All commercially sexually exploited children require access to mental health services to address issues related to exploitation and other traumatic experiences from their childhood. The approach to each child’s mental health should be trauma-informed and individualized to the child’s unique mental health needs and experiences.¹⁷ Efforts should be made so that children can access mental health services that are community-based, where the same clinician works with the child through all placement changes, and where services are always available to the child no matter if she or he is not in placement or is just returning.

Working with victims of commercial sexual exploitation requires a long-term commitment. Often, these children have experienced complex trauma, and some are currently experiencing trauma, which may require even more intensive services. Providing mental health services to the child’s caregivers and family are also essential for the child to heal. Mental health providers should work in collaboration and participate in the child’s MDT whenever possible.

When determining a commercially sexually exploited child’s mental health needs, consider the following:

- Crisis intervention
 - Develop a crisis safety and response plan
 - Ensure a response unit is in place that can mobilize immediately in coordination with hospitals, and/or community-based providers
 - Provide respite services that can offer temporary relief to parents/guardians/caretakers who are caring for sexually exploited children

¹⁷ *Trauma Informed Approach and Trauma-Specific Interventions*, SUBSTANCE ABUSE AND MENTAL HEALTH ADMIN., available at <http://www.samhsa.gov/nctic/trauma-interventions> (last visited May 14, 2015) (recognizing that trauma-informed services “realize the widespread impact of trauma and understands potential paths for recovery; recognize the signs and symptoms of trauma in clients, families, staff, and others involved with the system; respond by fully integrating knowledge about trauma into policies, procedures, and practices; and seek to actively resist re-traumatization”).



- Long-term community-based treatment
 - Provide consistency for the child through changes in placement, episodes when the youth is not in placement, and when the youth returns to or is held by his or her exploiter or exploitive situation
- Intensive mental health services
 - Mental health assessments
 - Psychotherapy (individual and family)
 - Clinical case management
 - Individual rehabilitation
 - Psychoeducation
- Medication assessment/management
- Caregiver support and psychoeducation
- Additional mental health assistance prior to, during, and after high-risk retriggering events (e.g., court proceedings)
- Entitlements to mental health services (e.g., Early Periodic Screening, Diagnosis, and Treatment (EPSDT); Mental Health Services Act; and Intensive Care Coordination with In-Home Behavioral Services through the Katie A. vs. Bontá settlement terms¹⁸)
- Educationally-Related Mental Health Services (ERMHS) through the local school districts
- Specialized residential service providers with mental health component

c. Sexual/reproductive health/abuse

During a child's exploitation, an exploiter may use physical beatings and rape as methods for controlling the child. Additionally, these children are in contact with many sexual partners with varying degrees of protection. As such, evaluating the sexual health of the victim is critical.

Children in California have a number of legal rights related to reproductive and sexual health. For example, under the laws governing minor consent to health care, a minor of any age can consent to diagnosis and treatment for sexual assault, contraception, abortion, and pre-natal care; and minors 12 or older can consent to mental health treatment and residential shelter services, treatment for infectious diseases (including HIV and other sexually transmitted diseases, tuberculosis, hepatitis, etc.), and treatment for alcohol and drug abuse.¹⁹

Additionally, children and non-minor dependents in foster care are entitled access to age-appropriate, medically accurate information about reproductive health care, the prevention of unplanned pregnancy, and the prevention and treatment of sexually transmitted infections at 12 years of age or older.²⁰

¹⁸ *Katie A. v Bontá*, 433 F.Supp. 2d 1065 (C.D. Cal. 2006) (settlement terms provide intensive home- and community-based mental health services under Medicaid for children in foster care or at risk of removal from their families).

¹⁹ CAL. FAM. CODE §§ 6920-6929; National Center for Youth Law, *California: A Minor's Right to Confidential Abortion* (2006), available at http://www.teenhealthlaw.org/fileadmin/teenhealth/teenhealthrights/ca/06_CA_AbortionLaw.pdf.

²⁰ CAL. WELF. & INST. CODE § 16001.9.



A victim's general sexual health examination should include the following:

- STI/STD screening and treatment
- HIV testing and treatment; linkage to care
- Post-exposure prophylaxis for HIV
- Emergency contraception
- Comprehensive contraception counseling and provision
- Pregnancy testing
- Unbiased and comprehensive pregnancy options counseling
- Abortion services
- Prenatal care and education
- Healthy relationships and reproductive health education
 - Offer culturally-competent, SOGIE-affirming, medically-accurate education on safe sex and healthy relationships

The child should also receive services specific to victims of sexual assault. A sexual assault-trained advocate or team should offer counseling and be on hand to guide the child through a forensic exam, if pursued. The following may be included as part of these services:

- Forensic exam and interview²¹
- Counseling
- Access to sexual assault support groups

*d. Substance abuse*²²

Given that exploiters often use drugs to control victims, and that drugs and alcohol can become coping mechanisms for dealing with abuse and trauma, commercially sexually exploited children may need support in overcoming substance dependency issues. When determining a sexually exploited child's substance dependency needs and plan for recovery, the following should be considered:

- Screening and appropriate intervention/treatment for alcohol and drug abuse/addiction
- Housing service providers flexible enough to support children recovering from substance abuse

²¹ For more information on forensic medical exams, refer to "forensic medical needs" in Section II on page 6.

²² See, e.g., Joan Reid & Alex Piquero, *On the Relationships Between Sexual Exploitation/Prostitution, Substance Dependency, and Delinquency in Youthful Offenders*, CHILD MALTREATMENT J. (2014); HEATHER J. CLAWSON & LISA GOLDBLATT GRACE, FINDING A PATH TO RECOVERY: RESIDENTIAL FACILITIES FOR MINOR VICTIMS OF DOMESTIC SEX TRAFFICKING (2007), available at <http://aspe.hhs.gov/hsp/07/humantrafficking/ResFac/ib.pdf>; Donna M. Hughes, *Fact Sheet: Domestic Sex Trafficking and Prostitution in the United States* (2005), available at http://www.uri.edu/artsci/wms/hughes/dom_sex_traff.doc; Nancie Palmer, *The Essential Role of Social Work in Addressing Victims and Survivors of Trafficking*, 17 ILSA J. INT'L & COMP. L. 43-56 (2010).



2. Housing and placement

Providing shelter and a safe space to children who have been exploited is critical to their stabilization. There are many factors to consider when placing sexually exploited children, including:

- Who is the caregiver(s)?
- Is the caregiver(s) a relative or friend of the child's exploiter?
- Is the caregiver(s) implicitly or explicitly complicit in the child's exploitation?
- Is the caregiver(s) trained to parent sexually exploited children?
- Does the caregiver(s) appreciate/understand that the child is a victim and does the caregiver(s) appreciate the complexity and challenges of the child's situation and needs?
- Is the caregiver(s) and/or placement affirming of the child's SOGIE?
- Does the caregiver(s) speak the same language as the child?
- Does the caregiver(s) have adequate support?
- Does the caregiver(s) work outside the home and will the child be required to be out of the house all day?
- Is the caregiver(s) willing to accept services for the child and him/herself?
- What is the plan for respite care when the caregiver(s) or child needs support?
- What is the level of supervision the child needs?
- What is the intensity of services needed?
- Does the placement pose a safety risk for the child (i.e., is it located in an area known for exploitation/recruitment by exploiters)?
- Does the child's exploiter(s) have access to the placement?
- Where is the placement located in relation to where the child has been exploited?
- Where is the placement located in relation to existing community centers and support networks?
- Is there a recruitment risk?
- Does the child pose a risk for other children in the home/placement (e.g., the child is a known recruiter)?

Placement options will change as Continuum of Care Reform is implemented, which may include new treatment placements specific to exploited children.²³

Wherever a child is placed or housed, it is important that steps are taken to prepare that child to go to a new placement and to transition back from a placement. Too often, poor transition planning undermines the progress a child may have made while in a placement. In the absence of adequate support, the child may return to his or her exploiter.

²³ See CAL. HEALTH AND HUMAN SERV. AGENCY & CAL. DEP'T OF SOC. SERV., CALIFORNIA'S CHILD WELFARE CONTINUUM OF CARE REFORM (2015), available at http://www.cdss.ca.gov/cdssweb/entres/pdf/CCR_LegislativeReport.pdf.



When determining a child’s housing/placement needs, first identify where the child is in the stages of exploitation and consider the factors laid out above. Housing for commercially sexually exploited children may include:²⁴

- Foster homes: typically a private home of a certified or licensed caregiver referred to as a foster parent, who will care for the child
- Group homes:²⁵ group homes are facilities that provide 24-hour non-medical care, programming, and supervision to children in a structure environment; some group homes are geared toward particular populations (e.g., pregnant and parenting)
- Intensive therapeutic foster homes: foster parents in this program receive more supervision and are specially trained to implement unique treatment plans for foster children with certain mental and behavioral health needs
- Safe houses: safe houses offer a place for individuals to reside while receiving case management and a range of services before transitioning back out into the community. A safe house’s location is often confidential
- Voluntary protective/secure placement (community treatment facilities): a safe, temporary facility that provides supportive, therapeutic programs for individuals
- Residential treatment/specialized residential treatment centers: for children with extensive mental health needs
- Shelters: emergency housing, which can be specific to or incorporate the following:²⁶
 - *Family*: emergency housing designated for the exploited child and his or her adult guardian, when appropriate (e.g., domestic violence shelters)
 - *Domestic/Intimate Partner Violence (DV/IPV)*: emergency housing for victims of intimate partner violence in a confidential location, oftentimes allow children
 - *Child-specific*: emergency housing designated for children and often has age requirements
 - *Pregnant and parenting*: emergency housing and support services for pregnant young people or teen parents and their children
 - *Sexual orientation and gender identity affirming*: emergency housing that is SOGIE affirming and competent²⁷

²⁴ Note that the following list includes placements for youth that are system involved (either in the child welfare system, juvenile justice system or both) as well as youth who are not system involved. Eligibility for placements varies based on jurisdictional status. See CAL. WELF. & INST. CODE § 16001.9(a)(9) (specifying that children who are dependents of the child welfare system pursuant to Cal. Welf. & Inst. Code § 300 may not be placed in locked settings). Also note that this list includes options such as emergency shelters that are not licensed community care facilities, and therefore do not qualify as permissible placements options for system involved youth. See CAL. HEALTH & SAFETY CODE § 1502.35(k) (“A runaway and homeless youth shelter is not an eligible placement option pursuant to Sections 319, 361.2, 450, and 727 of the Welfare and Institutions Code”); See also CAL. WELF. & INST. CODE § 361.2(2) (delineating the permissible placement options for dependent youth) and CAL. WELF. & INST. CODE § 727(a)(3) (delineating permissible placement options for wards of the court).

²⁵ Through the Continuum of Care Reform (CCR) and pending legislation (AB 403), California is trying to change the structure and purpose of congregate care.

²⁶ Shelters are often utilized by youth who may not be system-involved are may want to avoid system involvement.

²⁷ See e.g., CHILD WELF. LEAGUE OF AM. ET AL., RECOMMENDED PRACTICES: TO PROMOTE THE SAFETY AND WELL-BEING OF LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUESTIONING (LGBTQ) YOUTH AND YOUTH AT RISK OF OR LIVING WITH HIV IN CHILD WELFARE SETTINGS (2012), available at <http://familybuilders.org/sites/default/files/pdf/recommended-practices->



- Transitional housing and services: housing and services for up to 24 months that focus on preparing the client for less intensive services once they complete the program. Programming can include healthy relationship building and boundary setting, independent living skills, money management and budgeting, and job training and preparation
- Witness protection services housing/placement: secure, temporary housing with confidential location for witnesses waiting to testify who are perceived to be in danger. It is important to note that witness protection housing is often in a hotel or motel room, which can be triggering for victims of commercial sexual exploitation
- Psychiatric hospitalization: includes involuntary admission for a child exhibiting a danger to him/herself or others and voluntary admission for a child seeking to stabilize in a highly structured, safe environment
- Drug/alcohol treatment programs: programs designed to treat individuals with alcohol and/or drug dependency; can be inpatient or outpatient-based
- Out-of-county placement: if appropriate placement is not available in the county of origin, or distance from exploiter is believed to be necessary to keep the child safe
- Out-of-state houses/placement: sometimes secure, temporary housing located out-of-state
- Respite care: short-term accommodations, so as to give caregivers temporary relief

3. Civil legal advocacy

Civil legal advocates can play a critical role in increasing the resources available to exploited children because they can provide a range of services, such as securing public benefits, sealing delinquency records, providing educational advocacy, and procuring official identity records (e.g., birth certificate). This advocacy can help stabilize a child and his or her family and ensure they have the resources and support they need. Civil attorneys will need to carefully coordinate with other attorneys representing youth in child welfare and juvenile justice proceedings to ensure that their advocacy does not conflict with the child's court case.

When determining a commercially sexually exploited child's civil legal advocacy needs, consider the following:

- Public benefits: apply for public benefits when appropriate, including: Medi-Cal; Supplemental Security Income (SSI); CA Women, Infants and Children Program (WIC); CalWORKs; General Relief; and CalFresh (California food stamps program)
- Crime victim advocacy: Pre-trial, especially to consult about plea deals and the risks and benefits associated with testifying against one's trafficker
 - Witness protection, including responding to subpoenas
 - Accompaniment when law enforcement is present

[youth.pdf](#); LAMBDA LEGAL ET AL., NATIONAL RECOMMENDED BEST PRACTICES FOR SERVING LGBT HOMELESS YOUTH (2009), available at <http://familybuilders.org/sites/default/files/pdf/LGBTHomelessYouthBestPractices.pdf>.



- Restitution
- Temporary restraining order, long-term restraining order, criminal protective order, temporary restraining order and an injunction prohibiting harassment, accompaniment to any ongoing investigation/criminal trial or proceedings
- Victims of crime (VOC) compensation enrollment to ensure ongoing access to medical and mental health care, relocation, etc.
- Reentry²⁸ legal services: sexually exploited children often have outstanding issues related to their juvenile or criminal cases
 - Outstanding tickets
 - Fines
 - Restitution
 - Sealing delinquency records/expungement
- Education
 - General education advocacy
 - Special Education assessment and advocacy
 - Truancy
 - School attendance
 - School discipline
- Housing: unlawful detainer actions, advocating to lawfully break a lease based on exploitation or domestic violence
- Immigration: there are several forms of immigration relief that may be available to an undocumented, commercially sexually exploited child. It is critical that an immigration attorney with trafficking expertise screen a child to determine whether the youth is eligible for immigration relief, including, but not limited to Special Immigration Juvenile Status (SIJS), U-Visa, T-Visa, and VAWA. Please note the following:
 - SIJS, the most common form of relief for undocumented children in the dependency system, is not always the best immigration option for trafficked children. There are strategic considerations regarding which option to pursue
 - U-visas are another form of relief for which trafficked children are eligible. There is currently a waiting list for U-visas
 - T-visas are a form of relief for trafficked children that allow parents and siblings to enter the United States lawfully and allow the parent and child to reunify, if that is what the child wants. T-visas have additional benefits such as access to federal benefits for the child and the ability to adjust legal status more quickly to receive a Green Card
- Family law: custody and visitation issues when the exploiter is the parent of the victim's child and/or when there are multiple parents and children
- Child welfare²⁹
 - Involve the survivor as parent, child, or both

²⁸ *What is Reentry?*, Office of Just. Programs, Bureau of Justice Assistance, Ctr. for Program Evaluation and Performance Measurement, (last visited May 14, 2015) (defining reentry as “the transition of offenders from prisons or jails back into the community), available at <https://www.bja.gov/evaluation/program-corrections/reentry1.htm>.

²⁹ See *infra* Section III, Child welfare advocacy, pp. 15.



- Identity theft
- Consumer fraud
- Outstanding medical bills
- Civil assessment for potential damages
- Changing identity and/or gender: procurement of identity records/support for transgender children interested in filing for a name and/or gender change and changing gender markers and names on their identity documents

4. Child welfare advocacy

Sexually exploited children involved with child welfare have dependency attorneys, and sometimes dependency investigators, involved in their cases. These advocates can help a child understand and play a critical role in his or her case and safety plan, as well as provide essential legal advocacy as decisions are made in the dependency courts regarding the allegations in an existing or new petition, placement, services, entitlements, permanence or the option for extended foster care. When determining a child’s advocacy needs with respect to their child welfare involvement, consider the following:

- Case plan
- Safety plan
- Permanence
- Monitoring well-being
- Education
- Support of sibling and extended family relationships
- Family finding
- Foster care benefits
- Extended Foster Care (AB 12)³⁰
- Access to appropriate services including substance abuse treatment, special education entitlements, and access to higher education and vocational training
- Specialized training on victim witness protection and other advocacy issues may be needed for dependency attorneys working with exploited children, especially if no auxiliary legal service provider is available

Additionally, it is common for commercially sexually exploited children with open dependency court cases to also have: criminal charges pending in delinquency court, to be on informal or formal probation, or to be participating in diversion program. Accordingly, the dependency attorney must maintain active communication with the relevant personnel, including the public defender, probation officer, district attorney or other staff regarding the youth’s case plan, a

³⁰ Extended Foster Care, or AB 12, extends foster care for children up until age 21.



California Welfare & Institutions Code Section 241.1 hearing, terms of probation, and other relevant orders issued by a court other than the dependency court.

It is incumbent on the dependency attorney to ensure that any conflicts in court orders are resolved, that the dependency court orders take into consideration community service or other expectations that the delinquency court has placed on the child and that the child, caregiver and social worker are aware of these requirements and expectations. The dependency attorney should ensure that the child has access to all services needed to be in full compliance with their dependency case plan and any orders issued from other courts.

5. Support and skill development

a. Support networks³¹

Developing and sustaining a robust support system is critical to successfully exiting exploitative relationships and/or situations. It is critical to engage the youth in identifying where to draw from in building a healthy support system. Consider the following individuals or networks:

- Survivor mentor
- Adult, community-based mentors
- Faith communities and faith-based organizations
- Family location services such as family finding
- Parent or partner support/parenting programs
- Teen pregnancy and parenting support groups
- Peer support
- Independent living program
- Racial/ethnic and linguistic communities and organizations (including Tribal communities)
- Immigrant communities and organizations
- SOGIE-affirming communities and organizations
- Dependency attorney and others affiliated with the attorney office
- Court Appointed Special Advocate (CASA)

³¹ LINDA M. WILLIAMS & MARY E. FREDERICK, PATHWAYS INTO AND OUT OF COMMERCIAL SEXUAL VICTIMIZATION OF CHILDREN: UNDERSTANDING AND RESPONDING TO SEXUALLY EXPLOITED TEENS (2009), *available at* <http://traffickingresourcecenter.org/resources/pathways-and-out-commercial-sexual-victimization-children-understanding-and-responding>.



*b. Education*³²

School and educational settings may trigger children who were first exploited at school or have missed so much school that acquiring enough credits to graduate seems unattainable. School can also be triggering because peers may label exploited children with pejorative names, engage in bullying behavior, or discriminate against the children based on other students' knowledge of their exploitation and/or level of educational attainment. Exploiters also discourage school attendance to isolate the children, reduce their self-worth, and further the exploitation. When determining an exploited child's educational needs, consider whether the youth:

- Is enrolled in school
- Is eligible for partial credit recovery or AB 216
- Has or needs an Individualized Education Plan (IEP) and 504 Plan (for a child with special needs and learning disabilities), and whether the IEP is being adhered to
- Has disciplinary issues related to truancy that require legal counsel
- Has safety and health issues related to bullying and violence
- Needs English as a Second Language (ESL) accommodation
- Needs tutoring services
- Should consider alternative high school graduation options/GED
- Is connected to post-secondary education supports such as on-campus support programs (e.g., Guardian Scholars)
- Should consider accessing school-based mental health services

*c. Vocational and life skills*³³

Maintaining a life outside of exploitation can be a struggle for many survivors. It is important to develop skills and support systems that will ensure children can be successful in mainstream society. Such skills can be developed through community-based programs, internship opportunities, and employment. When determining a child's vocational, life-skill, and self-care needs, consider the following:

- Independent living skills, which include meeting basic needs
- Professional development
- Alternative healing
- Spiritual support
- Parenting support (e.g., child care, parenting classes)
- Physical safety training

³²See *California Foster Care Education Law Fact Sheets*, Cal. Foster Youth Educ. Task Force (2014), available at www.cfyetf.org/publications_11_3259084835.pdf.

³³SUZANNE PIENING & THEODORE CROSS, CHILDREN'S ADVOC. CTR. OF SUFFOLK CNTY., FROM "THE LIFE" TO MY LIFE: SEXUALLY EXPLOITED CHILDREN RECLAIMING THEIR FUTURES (2012), available at http://www.suffolkcac.org/assets/pdf/From_the_Life_to_My_Life_Suffolk_Countys_Response_to_CSEC_June_2012.pdf.



- Financial literacy
- Social, creative, and recreational activities
- Medical, dental, and mental health care
- Transportation
- Communication (e.g., cell phone, computer access)
- Access to social and recreational activities that are affirming of the child’s culture and SOGIE
- Identifying documents
 - Transgender children may require support in having a legal name and/or gender marker on an identification changed; incongruence between gender markers/names on legal documents and an individual’s gender identity poses a barrier to securing employment



IV. Conclusion

California counties have varying levels of resources to meet the needs of commercially sexually exploited children as outlined in this document. Building awareness of these needs, the current services available to victims of commercial sexual exploitation, and the providers working with this population is an important step forward for supporting interagency coordination. Counties may choose to conduct a gap analysis or asset mapping, and share the results with relevant county parties and providers. The CSEC Action Team would be interested in the results of these efforts as they will inform its understanding of CSEC-response strengths and gaps across the state.³⁴

For counties that conduct an analysis of their CSEC resources, the following data points will be critical to capture for each service and/or placement provider with relevance to CSEC:

- Organization name
- Name, email, and phone number of intake/referral staff
- Location
- Counties/areas served
- Type of provider (placement or service provider)
- Programs offered by the provider (e.g., individual counseling, mentorship programs, vocational programs)
- Clients served (e.g., probation, child welfare, or non-system involved; age range, gender)
- Additional security measures (e.g., 24-hour staff)
- Training staff has received on CSEC
- Funding limitations for serving youth (e.g., must be under jurisdiction of dependency/delinquency)
- Organizational strengths for serving commercially sexually exploited children
- Organizational barriers for serving commercially sexually exploited children

The placements and service providers identified by the Steering Committee can be the start to a statewide resource list that can be utilized by public agencies and community-based partners.

³⁴ For guidance on approaches to assessing or mapping county resources, or to share the results of these efforts, please email CSECActionTeam@youthlaw.org. Sharing information is voluntary, and there is no implied commitment of funding to meet identified needs.





WORKING TOGETHER
TO PROTECT
EXPLOITED CHILDREN

Core Competencies for Serving Commercially Sexually Exploited Children (CSEC)

Developed by the Child Welfare Council CSEC Action Team

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Introduction

Competencies refer to the skills, abilities, knowledge, and behaviors identified as critical for fulfilling one's essential responsibilities.¹ The competencies outlined in this document will help providers recognize signs of commercial sexual exploitation as well as understand and address these children's needs as related to their exploitation and underlying trauma. Commercially sexually exploited children (CSEC) require intensive treatment, services, and engagement. A multidisciplinary team is a promising approach to meet their needs and is a required element for participation in the state-funded CSEC Program.² Each team member should have a defined role for fulfilling certain needs, and should possess related competencies. As a whole, the multidisciplinary team should possess the full range of competencies outlined below.

It is worth noting that many of the competencies below represent knowledge and skills already held by those who work with abused and neglected children, and children with special needs. Enhancing these fundamental skills with training specific to the commercial sexual exploitation of children will increase the likelihood that victims of commercial sexual exploitation are provided the services and support they need.

Numerous factors not addressed in this document, such as race, socioeconomic status, and immigration status have significant implications on CSEC in terms of skills and understanding that should be applied while serving CSEC. The CSEC Action Team will explore providing further guidance to the state on these issues in the future.

This document briefly defines and outlines each competency and discusses how it relates to serving victims of commercial sexual exploitation. Resources for additional information on each competency are referenced in footnotes.

¹ See *Assessment & Selection: Competencies*, U.S. OFFICE OF PERS. MGMT., <http://www.opm.gov/policy-data-oversight/assessment-and-selection/competencies/> (last visited May 18, 2015).

² See CAL. WELF. & INST. CODE § 16524.8(b).



I. Core knowledge

Competency 1: Basic understanding of the risk factors, indicators, and dynamics of commercial sexual exploitation.

Competency 2: Basic understanding of child-serving systems and how various agencies intersect.

II. Impact and dynamics of abuse, neglect, and trauma

Competency 3: Basic understanding of child abuse and neglect and its application to victims of commercial sexual exploitation.

Competency 4: Basic understanding of complex trauma, polyvictimization, and toxic stress, how they impact children, and their application to victims of commercial sexual exploitation.

Competency 5: Basic understanding of how trauma impacts providers serving victims of commercial sexual exploitation.

III. Informed application of skills

Competency 6: Application of the skills for working with children who have experienced trauma to child victims of commercial sexual exploitation.



I. Core knowledge

Competency 1: *Basic understanding of the risk factors, indicators, and dynamics of commercial sexual exploitation.*

1. Definitions:

A. Risk factors:³

A body of research regarding CSEC is beginning to emerge, however currently it is in a nascent stage. Therefore, agencies and providers should exercise caution in labeling youth at-risk based on the following factors, as these factors are not based on empirical research. Measures should be taken when screening for CSEC to avoid profiling or unnecessarily pulling youth deeper into public systems. Further, many of the factors listed below are strongly associated with CSEC because they are overrepresented among homeless youth, a population highly vulnerable to exploitation. Generally, a combination of multiple risk factors, and not just one, may signal that the child is at-risk for commercial sexual exploitation.

Below is a list of risk factors that *may* increase a youth's vulnerability to exploitation.

i. History of:

1. Child welfare agency involvement
2. Juvenile justice system involvement
3. Emotional, physical, and particularly child sexual abuse
4. Neglect and/or abandonment
5. Sexual exploitation in the family and/or community
6. Untreated mental health illness
7. Exposure to domestic/intimate partner violence

ii. Poverty

iii. Young age (younger adolescents are more susceptible to manipulative tactics)

iv. School-related problems (e.g., truancy, learning difficulties)

v. Homelessness and running away

vi. Multiple placements

B. Social and behavioral indicators:⁴

Generally a combination of warning signs, and not just one, may indicate that a child has been commercially sexually exploited. A validated screening tool (e.g.,

³ See KATE WALKER, CAL. CHILD WELF. COUNCIL, ENDING THE COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN: A CALL FOR MULTI-SYSTEM COLLABORATION IN CALIFORNIA 18-19 (2013), available at http://www.youthlaw.org/fileadmin/ncyl/youthlaw/publications/Ending-CSEC-A-Call-for-Multi-System_Collaboration-in-CA.pdf; SHAHERA HYATT ET AL., SEXUAL EXPLOITATION AND HOMELESS YOUTH IN CALIFORNIA: WHAT LAWMAKERS NEED TO KNOW 2 (2012), available at <http://cahomelessyouth.library.ca.gov/docs/pdf/SexualExploitedHomelessYouthIssueBrief.pdf>; RACHEL LLOYD & AMALLIA ORMAN, TRAINING MANUAL ON THE COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN (CSEC): MODULE 2 (2010).

⁴ See WALKER, *supra* note 3; HYATT ET AL., *supra* note 3; LLOYD & ORMAN, *supra* note 3.



Commercial Sexual Exploitation Identification Tool (CSE-IT), is in the process of validation) is needed to more accurately identify children who are confirmed and suspected victims of exploitation.

- i. *Personal*: older friend(s) or partner(s); relationship with a controlling or dominating individual; lack of personal hygiene; signs of coercion and grooming⁵ of any kind; unexplained possession of large amounts of money and/or expensive jewelry; use of technology (internet, cell phone, social media) that involves social or sexual behavior that is atypical for the youth's age (e.g., having multiple phones that may be paid for by others); contradictory personal information (e.g., name, address); chronic running away; homelessness; bruises or other forms of physical trauma; depression, anxiety, fear, withdrawal, or other manifestations of psychological trauma; history of frequent tests for pregnancy and/or sexually transmitted diseases/infections; sexually-provocative attire;⁶ tattoos;⁷ domestic/intimate partner violence; intra-familial sexual exploitation
- ii. *Educational*: behind in grade level; chronically truant or tardy; tired and lethargic; behavioral problems; sudden change in performance
- iii. *Legal*: frequent contact with the juvenile justice system; frequent status offenses (e.g., running away, truancy, curfew violations, possession of alcohol or drugs); arrests in areas known for prostitution; arrests for other offenses (e.g., burglary, assault, loitering, trespassing); use of false identification; possession of an exotic dance permit

C. Dynamics:

- i. Commercially sexually exploited children may not initially self-identify as victims and will not necessarily seek or accept help. Many victims have had previous contact with public systems, such as child protective services, and may resist further involvement due to prior negative experiences with the systems. Many of these children may feel disconnected due to childhood trauma and a history of failed system engagement, which increases their vulnerability to exploitation.
- ii. Other dynamics to consider:
 1. Domestic violence/intimate partner violence (DV/IPV)
 - a. Refers to the emotional, psychological, physical, and/or sexual abuse inflicted on an individual by his or her former or current spouse or intimate partner. The abuser leverages the relationship bond to manipulate, isolate, and control the

⁵ See, e.g., MICHELLE TURNBULL ET AL., CHILDLINE, CAUGHT IN A TRAP: THE IMPACT OF GROOMING IN 2012 (2012), available at <http://www.nspcc.org.uk/globalassets/documents/research-reports/caught-trap-study.pdf>.

⁶ "Sexually provocative" with regard to attire is difficult to define and should be understood in the context of mainstream society's over-sexualization of young people, especially young women and girls.

⁷ Many pimps brand exploited children with tattoos in prominent places, indicating ownership. See WESTCOAST CHILDREN'S CLINIC, RESEARCH TO ACTION: SEXUALLY EXPLOITED MINORS (SEM) NEEDS AND STRENGTHS (2012), available at http://www.westcoastcc.org/WCC_SEM_Needs-and-Strengths_FINAL.pdf.



victim.⁸ This bond makes it difficult for the victim to leave the abuser.

2. Trauma-bonding

- a. Refers to the emotional attachment to an abuser that forms over the course of cycles of abuse consisting of stages of violence and love. Stockholm Syndrome, an example of a trauma-bond, refers to the emotional bond a victim feels towards an abuser in the context of the victim's coping mechanism meant to increase safety and minimize pain. The abuser showers the victim with affection thereby instilling an emotional bond; in turn the victim sees the abuser as a protector. The attachment is a psychological response to the "powerful mix of loving care alternated with violence, threats and dehumanizing behavior."⁹

2. **Importance of this competency for CSEC:**

- A. Lack of information and understanding of commercially sexually exploited children among child-serving agencies and organizations is one of the major barriers to helping this population. Providers with the tools to identify risks and warning signs associated with traumatized, exploited children will be more likely to intervene early and develop effective, individualized treatment plans.
- B. Children who identify as, or are perceived to be LGBTQ may be at increased risk for CSE due to a number of factors. Some of these factors include: their over-representation in the homeless youth population; history of adult/caregiver rejection based on the child's sexual orientation, gender identity, and/or expression (SOGIE);¹⁰ and the limited number of LGBTQ competent and affirming youth shelters.¹¹ This population, like other homeless youth

⁸ LINDA A. SMITH ET AL., SHARED HOPE INT'L, THE NATIONAL REPORT ON DOMESTIC MINOR SEX TRAFFICKING: AMERICA'S PROSTITUTED CHILDREN 31 (2009), available at http://sharedhope.org/wp-content/uploads/2012/09/SHI_National_Report_on_DMST_2009.pdf.

⁹ WESTCOAST CHILDREN'S CLINIC, *supra* note 7, at 11-12.

¹⁰ Sexual orientation, gender identity and expression (SOGIE) represents the intersections of these three important identities while also serving as a reminder that they are distinct and should not be conflated. Sexual orientation refers to a person's emotional, romantic, and sexual attraction to individuals of the same sex and/or a different sex (straight, lesbian, gay, bisexual, asexual, etc.); gender identity refers to a person's internal, deeply felt sense of being male, female, both, or neither, regardless of the person's assigned sex at birth; and gender expression is the manner in which a person expresses gender through clothing, appearance, speech, and/or behavior. See *Sexual Orientation and Gender Identity Definitions*, Human Rights Campaign, <http://www.hrc.org/resources/entry/sexual-orientation-and-gender-identity-terminology-and-definitions> (last visited May 18, 2015); HYATT ET AL., *supra* note 3; MEREDITH DANK ET AL., URBAN INST., SURVIVING THE STREETS OF NEW YORK: EXPERIENCES OF LGBTQ YOUTH, YMSM, AND YWSW ENGAGED IN SURVIVAL SEX (2015), available at www.urban.org/research/publication/surviving-streets-new-york-experiences-lgbtq-youth-ymsm-and-ywsw-engaged-survival-sex/view/full_report.

¹¹ See, e.g., CHILD WELF. LEAGUE OF AM. ET AL., RECOMMENDED PRACTICES: TO PROMOTE THE SAFETY AND WELL-BEING OF LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUESTIONING (LGBTQ) YOUTH AND YOUTH AT RISK OF OR LIVING WITH HIV IN CHILD WELFARE SETTINGS (2012), available at <http://familybuilders.org/sites/default/files/pdf/recommended-practices-youth.pdf>; LAMBDA LEGAL ET AL., NATIONAL RECOMMENDED BEST PRACTICES FOR SERVING LGBT HOMELESS YOUTH (2009), available at <http://familybuilders.org/sites/default/files/pdf/LGBTHomelessYouthBestPractices.pdf>.



populations, frequently engages in “survival sex,” meaning they exchange sex for basic necessities needed for survival, such as food or shelter.¹²

- C. Understanding the bond a commercially sexually exploited child forms with his/her exploiter through an intimate partner violence or trauma bond/Stockholm Syndrome lens helps illustrate why identifying exploited children, engaging them in services, and helping them remain stable away from their exploiter or from trading sex to survive can be so challenging.¹³ Additionally, understanding these bonds will offer providers the context they need to incorporate safety and mental health resources into every stage of the plan. Commercially sexually exploited children are also more likely to respond to interventions and services by providers who embody a non-judgmental approach.

Competency 2: Basic understanding of child-serving systems and how various agencies intersect.

1. Definition:

- A. Child-serving agencies and community-based partners each have distinct requirements and mandates to fulfill. For example, the child welfare agency is mandated to investigate allegations of abuse and neglect; determine whether there is safety risk to the child; and in certain circumstances, remove the child from the home. Juvenile probation is charged both with rehabilitating youth and protecting the community. Child-serving agencies have historically operated independently, which has led to a lack of coordination and a failure to holistically address system-involved children’s needs.¹⁴ Numerous jurisdictions now employ a teaming approach to serving an individual child or a case review approach to coordinate the services of multiple children. These approaches are more effective if the roles of each agency are clearly defined, each agency understands the others’ legal mandates, and the responsibility of serving and supporting the child and his/her family is shared among the providers within the existing mandates.¹⁵
- B. In 2014, California law (SB 855, Chapter 29, Statutes of 2014) clarified that a child who is sexually trafficked and whose parent or guardian is unable to protect him or her may be served through the child welfare (dependency) rather than the juvenile justice (delinquency) system.¹⁶

¹² See DANK ET AL., *supra* note 10.

¹³ *Id.*

¹⁴ See CAL. CHILD WELF. COUNCIL, CSEC ACTION TEAM, HOLISTIC NEEDS OF COMMERCIALLY SEXUALLY EXPLOITED CHILDREN (2015) (on file with the CSEC Action Team). [hereinafter HOLISTIC NEEDS].

¹⁵ See CAL. CHILD WELF. COUNCIL, CSEC ACTION TEAM, MODEL INTERAGENCY PROTOCOL FRAMEWORK (2015), available at http://www.youthlaw.org/fileadmin/ncyl/youthlaw/child_welfare/Model_Interagency_Protocol_Framework_040615_Final.pdf [hereinafter PROTOCOL FRAMEWORK].

¹⁶ CAL. WELF. & INST. CODE § 300(b)(2) (“The Legislature finds and declares that a child who is sexually trafficked, as described in Section 236.1 of the Penal Code, or who receives food or shelter in exchange for, or who is paid to perform, sexual acts described in Section 236.1 or 11165.1 of the Penal Code, and whose parent or guardian failed to, or was unable to, protect the child, is within the description of this subdivision, and that this finding is declaratory of existing law. These children shall be known as commercially sexually exploited children”); *California Governor Signs Legislation to Protect Commercially Sexually*



- C. The state-funded CSEC Program¹⁷ requires the development of an interagency protocol that utilizes a multidisciplinary approach to “provide coordinated case management, service planning, and services to children.”¹⁸

2. Importance of this competency for CSEC:

- A. Commercially sexually exploited children typically have had experience with and/or are currently involved in one or more of the many child-serving systems. In particular, this population has been or is involved with the child welfare (for child abuse and neglect) and the juvenile justice (for status offenses or “delinquent” acts) systems.¹⁹ Youth also regularly encounter teachers and school counselors, doctors and other medical professionals (e.g., for regular check-ups, urgent care), and other agents who have the opportunity to identify the child as confirmed or at-risk of commercial sexual exploitation. These different agencies and departments have varying levels of awareness of, and ability to meet this population’s needs and are currently adapting their practices to more effectively serve these children. It is critical that providers working with the population have a basic understanding of: CSEC system-involvement, each other’s systems, how the child moves through them, the supports and services children receive in these systems, and how providers serving the same child might work together to comprehensively address his or her needs while fulfilling their own agency/departmental requirements. By combining the shared knowledge of all of the systems and ensuring that a multidisciplinary approach is utilized, these children will be more effectively identified and served.²⁰

II. Impact and dynamics of abuse, neglect, and trauma

Competency 3: *Basic understanding of child abuse and neglect and its application to victims of commercial sexual exploitation.*

1. Definition:

- A. Child abuse refers to the physical, sexual, emotional, and/or psychological maltreatment of a child. Child abuse can increase a child’s vulnerability to exploitation.²¹

Exploited Children, Nat’l Ctr. for Youth Law (June 24, 2014), available at www.youthlaw.org/press_room/press_releases/2014/california_governor_signs_legislation_to_protect_commercially_sexually_exploited_children.

¹⁷ CAL. WELF. & INST. CODE § 16524 et seq.

¹⁸ CAL. WELF. & INST. CODE § 16524.8(b).

¹⁹ KATE WALKER, CAL. CHILD WELF. COUNCIL, CSEC WORKGROUP, PREVALENCE OF COMMERCIALLY SEXUALLY EXPLOITED CHILDREN-FACT SHEET (2013), available at www.courts.ca.gov/documents/BTB_XXII_IIIH_7.pdf; U.S. DEP’T OF JUSTICE, THE NATIONAL STRATEGY FOR CHILD EXPLOITATION PREVENTION AND INTERDICTION, A REPORT TO CONGRESS 35 (2010), available at <http://www.justice.gov/psc/docs/natstrategyreport.pdf>.

²⁰ See PROTOCOL FRAMEWORK, *supra* note 15.

²¹ See *Learn*, SF CHILD ABUSE PREVENTION CTR. (providing resources for identifying and understanding child abuse), <http://sfcapc.org/learn>.



- B. Neglect refers to the negligent treatment or the maltreatment of a child by a person responsible for the child’s welfare under circumstances indicating harm or threatened harm to the child’s health or welfare. The term includes both acts and omissions on the part of the responsible person.²²

2. Importance of this competency for CSEC:

- A. Most commercially sexually exploited children have a history of childhood abuse or neglect that began prior to their commercial exploitation.²³ As a result of this abuse, some children have formal involvement with the child welfare system and may be removed from their homes and placed in the foster care system or may even leave their home on their own to avoid further abuse.
- B. Commercially sexually exploited children endure ongoing abuse during their exploitation as exploiters frequently use physical beatings, substance dependency, sexual violence, and psychological manipulation to control their victim. These children also frequently experience abuse and violence at the hands of the individuals purchasing sex.
- C. Providers working with this population should understand the impact that childhood abuse and neglect have, and why it increases vulnerability to exploitation and may make children resistant to services and support. Providers should also understand the likelihood of additional abuse during exploitation, and should have the ability to address each, both individually, and as they relate to one another. It is also important for providers to recognize that many of the youth they serve will be currently experiencing trauma, abuse, and violence, and that contemporaneous exploitation should be accounted for in safety planning for the youth and the provider. It is also important to incorporate services and supports, such as family therapy, to ensure the youth and family can rebuild bonds and connections, if appropriate.
- D. Children who have experienced sexual abuse are at an increased risk of developing sexually reactive behavior, distinct from healthy sexual exploration, which could potentially lead to physical or emotional harm to themselves or others.²⁴

Competency 4: *Basic understanding of complex trauma, polyvictimization, and toxic stress, how they impact children, and their application to victims of commercial sexual exploitation.*

1. Definition:

- A. Complex trauma “describes both children’s exposure to multiple traumatic events, often of an invasive, interpersonal nature, and the wide-ranging, long-term impact of this exposure. These events are severe and pervasive, such as abuse or

²² See also CAL. PENAL CODE § 11165.2; CAL. WELF. & INST. CODE § 300(b)(1); 42 U.S.C. 5106 et seq.

²³ See Smith, *supra* note 5, at 31-32.

²⁴ NATIONAL Childhood Traumatic Stress Network, Treatment Strategies to Address Problematic Sexual Behavior, available at http://www.nctsn.org/nctsn_assets/pdfs/Tx_Strategies_to_Address_PSB_10.pdf (last visited May 19, 2015).



profound neglect. They usually begin early in life and can disrupt many aspects of the child’s development and the very formation of a self. Since they often occur in the context of the child’s relationship with a caregiver, they interfere with the child’s ability to form a secure attachment bond. Many aspects of a child’s healthy physical and mental development rely on this primary source of safety and stability.”²⁵ Trauma often has a long-term impact on a child’s mental, behavioral, and physical health, interfering with daily functions, decision-making, and social and emotional development.²⁶ Traumatic stress can bring about intense emotional and behavioral responses, including, but not limited to, maladaptive behaviors and somatic disorders. This can lead to challenges in school, at home, and in personal relationships; substance use and abuse; and detrimental physical health outcomes.²⁷

- B. Polyvictimization refers to exposure to multiple forms of victimization, such as family violence, sexual violence, and bullying. Polyvictimized youth may have particularly severe, persistent, and ongoing symptoms.²⁸ These youth suffer from worse physical and mental health outcomes and greater revictimization than youth who experience repeated exposure to a single type of trauma.²⁹ Adverse childhood experiences (ACEs) have been linked to numerous negative outcomes such as alcohol and drug abuse, depression, and suicide attempts.³⁰
- C. Toxic Stress is “the excessive or prolonged activation of the physiological stress response systems in the absence of the buffering protection afforded by stable, responsible relationships.”³¹ Toxic stress can undermine healthy development of the brain circuitry and regulatory responses.³² The physiological stress response in children that experience toxic stress is chronically activated. Such chronic activation may manifest in a number of ways including challenges with learning, inability to identify dangerous situations, mood disorders, or serious health

²⁵ *Complex Trauma*, NAT’L CHILDHOOD TRAUMATIC STRESS NETWORK, <http://www.nctsn.org/trauma-types/complex-trauma> (last visited May 19, 2015).

²⁶ See generally Julian D. Ford et al., *Complex Trauma and Aggression in Secure Juvenile Justice Settings*, 39 CRIM. JUST. & BEHAV. 694 (2012); Alexandra Cook et al., *Complex Trauma in Children & Adolescents*, 21 Focal Point 4, 34 (2007), available at <http://pathwaysrtc.pdx.edu/pdf/fpW0702.pdf>.

²⁷ See NAT’L CHILD TRAUMATIC STRESS NETWORK, UNDERSTANDING CHILD TRAUMATIC STRESS 3 (2005), available at http://www.nctsn.org/sites/default/files/assets/pdfs/understanding_child_traumatic_stress_brochure_9-29-05.pdf; LISA PILNIK & JESSICA R. KENDALL, SAFE START CTR. ET AL., IDENTIFYING POLYVICTIMIZATION AND TRAUMA AMONG COURT INVOLVED CHILDREN AND YOUTH: A CHECKLIST AND RESOURCE GUIDE FOR ATTORNEYS AND OTHER COURT-APPOINTED ADVOCATES (2012).

²⁸ See *Polyvictimization (multiple victimizations of one child)*, CRIMES AGAINST CHILDREN RESEARCH CTR., <http://www.unh.edu/ccrc/polyvictimization>; David Finkelhor et al., *Polyvictimization: Children’s Exposure to Multiple Types of Violence, Crime, and Abuse*, OJJDP Juv. Jus. Bulletin - NCJ235504 (2011), available at <http://scholars.unh.edu/cgi/viewcontent.cgi?article=1024&context=ccrc>.

²⁹ David Finkelhor et al., *Revictimization Patterns in a National Longitudinal Sample of Children and Youth*, 31 CHILD ABUSE & NEGLECT 479 (2007).

³⁰ See Vincent J. Felitti, et al., *Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study*, 14 AM. J. OF PREVENTIVE MEDICINE, 245–258.

³¹ Andrew S. Garner et al., *Early Childhood Adversity, Toxic Stress, and the Role of the Pediatrician: Translating Developmental Science into Lifelong Health*, 129 PEDIATRICS e224, e225 (2012).

³² *Id.*



challenges.³³ Both polyvictimization and complex trauma can increase the risk for toxic stress.³⁴

2. Importance of this competency for CSEC:

- A. Understanding that a CSEC child’s behavior is impacted by trauma enables providers to accurately assess and serve the needs of traumatized children in order to minimize further harm. Providers should not take these behaviors personally and should be able to meet the child where they are in that moment. They should be willing and able to engage the child on a long-term basis in order to address the complex trauma the child has endured. They should be asking “What happened to you?” as opposed to “What is wrong with you?”
- B. Providers should employ a trauma-informed approach to serving children, which:
 - i. “Realizes the widespread impact of trauma and understands potential paths for recovery;
 - ii. Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
 - iii. Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
 - iv. Seeks to actively resist re-traumatization.”³⁵
- C. Commercially sexually exploited children may not initially engage with and commit to treatment. By addressing the child’s complex trauma, a child may become ready to make a stronger commitment to treatment and may be able to envision a life outside of exploitation. Providers must understand that victim readiness for leaving the relationship is critical, and that the provider’s role is to help the child understand and overcome his or her complex trauma. Working with victims of commercial sexual exploitation is a long-term commitment and assuming the youth and provider have a good connection, every effort should be made to ensure consistency of the providers working with youth.

Competency 5: *Basic understanding of how trauma impacts providers serving victims of commercial sexual exploitation.*

1. Definitions:

- A. Secondary traumatic stress is a significant issue for providers serving traumatized children. Symptoms exhibited are very similar to Post Traumatic Stress Disorder.³⁶

³³ *Id.*

³⁴ JESSICA FEIERMAN & LAUREN FINE, JUV. L. CTR., *TRAUMA AND RESILIENCE: A NEW LOOK AT LEGAL ADVOCACY FOR YOUTH IN THE JUVENILE JUSTICE AND CHILD WELFARE SYSTEMS* (2014), *available at* http://www.jlc.org/sites/default/files/publication_pdfs/Juvenile%20Law%20Center%20-%20Trauma%20and%20Resilience%20-%20Legal%20Advocacy%20for%20Youth%20in%20Juvenile%20Justice%20and%20Child%20Welfare%20Systems.pdf.

³⁵ *Trauma Informed Approach and Trauma-Specific Interventions*, SUBSTANCE ABUSE AND MENTAL HEALTH SERV. ADMIN., <http://www.samhsa.gov/nctic/trauma-interventions> (last visited May 18, 2015).



- i. Vicarious trauma, a variant of secondary traumatic stress, occurs when an individual who was not an immediate witness to the trauma absorbs and integrates disturbing aspects of the traumatic experience into his or her own functioning.³⁷
- ii. Compassion fatigue, also a manifestation of secondary traumatic stress, is a form of physical, emotional, and psychological burnout in which the individual suffers a decreased capacity for empathy.³⁸ It is often considered a precursor to vicarious trauma and may lead to high turnover among providers.

2. Importance of this competency for CSEC:

- A. Professionals working with victims of commercial sexual exploitation and other abused and neglected children should have access to mental health and ancillary resources in order to address compassion fatigue and vicarious trauma. A formal supervision structure should be in place that incorporates guidance on vicarious trauma and compassion fatigue. Providers should be trained both on how to identify the symptoms and how to access services.³⁹ Individuals reaching out for help to address their complex trauma should not be stigmatized.

III. Informed application of skills

Competency 6: Application of the skills for working with children who have experienced trauma to child victims of commercial sexual exploitation.

1. Definition:

- A. Skills to be applied while working with commercially sexually exploited children:⁴⁰
 - i. *Rapport-building*: focus on establishing a foundation of trust
 - ii. *Immediate engagement*: commit to engaging the child early and often after he or she has been identified as a victim of commercial sexual exploitation or at-risk of becoming victimized
 - iii. *Trauma-awareness*: employ a trauma-informed approach to avoid re-traumatizing the child
 - iv. *Child-focused*: engage the child in developing his or her individualized safety and case plans so he or she feels empowered throughout the process

³⁶ See *Secondary Traumatic Stress: Definitions of STS*, NATIONAL CHILD TRAUMATIC STRESS NETWORK, <http://www.nctsn.org/resources/topics/secondary-traumatic-stress> (last visited May 18, 2015).

³⁷ *Id.*

³⁸ *Id.*

³⁹ See *Secondary Traumatic Stress: Strategies for Prevention and Intervention*, NAT'L CHILD TRAUMATIC STRESS NETWORK, <http://www.nctsn.org/resources/topics/secondary-traumatic-stress> (last visited May 18, 2015).

⁴⁰ See also KARISSA HUGHES, S. AREA CONSORTIUM OF HUMAN SERV., LITERATURE REVIEW: THE SEXUAL EXPLOITATION OF CHILDREN 86 (2014), available at http://theacademy.sdsu.edu/programs/SACHS/literature/SACHS_CSEC_Lit_%20Review_Feb_2014.pdf.



- v. *Strengths-based*: build on the youth’s strengths while also addressing the youth’s needs⁴¹
- vi. *Clear communication about healthy relationships and sexuality*: discuss healthy relationships and sexuality openly with youth, acknowledging and affirming each child’s SOGIE
- vii. *Flexibility/adaptability*: be flexible when developing an individualized approach as a child goes through the Stages of Change⁴² at his or her own pace
- viii. *Cultural humility*: exhibit openness and emphasize an understanding of the child from within his or her own worldview as informed by his or her personal identities/experiences with culture, race, ethnicity, class, gender, SOGIE, etc.⁴³
- ix. *Recognition of implicit bias*: identify and act against implicit biases; avoid drawing conclusions or defining case planning based on stereotypes of a child’s culture, race, ethnicity, class, gender, and/or SOGIE⁴⁴
- x. *Commitment to self-care*: seek counseling support to prevent or overcome compassion fatigue/secondary trauma⁴⁵

B. Important considerations include:⁴⁶

- i. Address youth’s basic needs including food, shelter/placement, and clothing before moving forward with case planning
- ii. Prioritize safety for the child and the staff caring for the child
- iii. Involve the child in key decision-making including the development of his or her safety and treatment plans
- iv. Attempt to make a personal connection with the child as, often times, that personal relationship is the driving force behind a child engaging with treatment
- v. Follow through with what you say you will do and do not make promises that you cannot keep
- vi. Individualize treatment to meet the child’s unique needs and build on his or her strengths

⁴¹ See CAL. CHILD WELF. COUNCIL, CSEC ACTION TEAM, APPENDIX (2015) available at http://www.youthlaw.org/fileadmin/ncyl/youthlaw/child_welfare/Appendix_040615_Final.pdf.

⁴² See WALKER, *supra* note 3.

⁴³ See *Are You Practicing Cultural Humility – The Keys to Success in Cultural Competence*, CAL. HEALTH ADVOC., <http://www.cahealthadvocates.org/news/disparities/2007/are-you.html> (last visited May 5, 2015); CHILD WELF. LEAGUE OF AM. ET AL., *supra* note 11; LAMBDA LEGAL ET AL., *supra* note 11; Robert M. Ortega & Kathleen Coulborn Faller, *Training Child Welfare Workers from an Intersectional Cultural Humility Perspective: A Paradigm Shift*, 90 CHILD WELF. 27-49 (2011).

⁴⁴ See ZENOBIA BELL & ANA RASQUIZA, *IMPLICIT BIAS IN JUVENILE JUSTICE: A REVIEW OF THE LITERATURE* (2014), available at <http://youthlaw.org/wp-content/uploads/2015/06/Implicit-Bias-Juvenile-Justice-Lit-Review-for-ncyl-web3.pdf>; PAMELA M. CASEY ET AL., NAT’L CTR. FOR STATE COURTS, *HELPING COURTS ADDRESS IMPLICIT BIAS: RESOURCES FOR EDUCATION* (2012), available at http://www.ncsc.org/~media/Files/PDF/Topics/Gender%20and%20Racial%20Fairness/IB_report_033012.ashx;

⁴⁵ See NAT’L CHILD TRAUMATIC STRESS NETWORK, *SECONDARY TRAUMATIC STRESS: A FACT SHEET FOR CHILD-SERVING PROFESSIONALS* (2011), available at http://nctsn.org/sites/default/files/assets/pdfs/secondary_traumatic_tress.pdf.

⁴⁶ See HUGHES, *supra* note 40, at 86 (providing more tips on appropriate engagement with CSEC).



- vii. Be genuine, as these children have difficulty trusting people and are more likely to engage in services if they come to trust the sincerity of the provider
- viii. Refer to a child using preferred names and pronouns
- ix. Use age and developmentally-appropriate interview skills
 - x. Have realistic expectations and understand that progress looks different for every child, and different from other types of child abuse and neglect
- xi. Understand where the child is in the stage of exploitation to inform treatment
- xii. Work with an multidisciplinary team of providers to identify the child's needs and strengths and tailor services to those needs and strengths
- xiii. Provide access to a survivor advocate who can act as a liaison to bridge any relationship gaps between the provider and child
- xiv. Create appropriate boundaries between the service providers and the youth
- xv. Cultivate community-based supports
- xvi. Encourage the youth to develop independent living and self-advocacy skills

C. Understanding the dynamics of exploitation and meeting the child where he or she is:

- i. Accept where the child is in his or her stage of exploitation,⁴⁷ recognizing that some children may not understand that they are being exploited. Others may know they are being exploited, but may not see another way to survive, while others may want to leave the exploitative situation. Some CSEC providers utilize the Stages of Change model⁴⁸ (pre-contemplation, contemplation, preparation, action, and maintenance) to frame the child's status, needs, and approach to intervention. Providers should use the knowledge of the stage the child is in to build a trusting relationship and provide the right resources and services at the appropriate time.
- ii. Allow the child to tell his or her story. Children may justify and rationalize the exploitative relationship. Frequent interjections by the service provider can derail the child's thought process. Often, the stories that begin as good memories, eventually lead to the underlying traumas, which is where the clinical work begins.
- iii. Create a child-centered, strengths-based, non-judgmental approach that empowers the child to progress towards permanent exit from the exploitative relationship(s) or situation.

⁴⁷ Refers to the framework of exploitation as a series of stages with different risks and opportunities for intervention. See CATHY ZIMMERMAN. ET AL., HUMAN TRAFFICKING AND HEALTH: A CONCEPTUAL MODEL TO INFORM POLICY, INTERVENTION AND RESEARCH 328 (2011) available at <http://www.mensenhandelweb.nl/system/files/documents/15%20apr%202014/Zimmerman%202003.pdf>.

⁴⁸ See WALKER, *supra* note 3, at 78.

