Housing Child Trafficking Victims: A Look at the National Landscape

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PRESENTERS

Amy Farrell, Ph.D.

Associate Professor and Associate Director of the School of Criminology and Criminal Justice at Northeastern University. Dr. Farrell co-directs the Violence and Justice Research Laboratory at Northeastern University and is a principal scientist at the Northeastern Public Evaluation Lab (NU-PEL). Dr. Farrell has twenty years of experience leading research and evaluation work to understand effective responses to crime and victimization.

Sarah Lockwood, MS

Doctoral student in Criminology and Justice Policy and Northeastern University. Her research interests include institutional responses to victimization, particularly regarding human trafficking, bias motivated crimes, and victimization of underrepresented populations. Ms. Lockwood has contributed as a graduate researcher in the Institute on Race and Justice while at Northeastern University on a variety of federally funded projects aimed at advancing knowledge on human trafficking and victimization experiences of vulnerable populations.

Susan Goldfarb, MSW, L.I.C.S.W.

Executive Director of the Children’s Advocacy Center of Suffolk County (CAC) in Boston, MA. Prior to leading the Suffolk CAC, Ms. Goldfarb coordinated multidisciplinary child abuse investigations, conducted forensic interviews with child victims and provided evaluations and ongoing treatment to children, family members and offenders. Ms. Goldfarb received a BS in psychology from Brown University, and MSW from the Boston University School of Social Work and is a licensed independent clinical social worker.
Specialized Residential Placements for Child Trafficking Victims 2019

Landscape Analysis

Supported by Gardiner Howland Shaw Foundation
Authored By & In Collaboration With

Amy Farrell, PhD
VJRL Co-Director, Associate Professor
Sarah Lockwood, MS
Kelly Goggin, MS
Shannon Hogan, MS

Susan Goldfarb, MSW
Executive Director

Kate Walker-Brown, JD
Director
Allison Newcombe, JD
Associate Director
Mae Ackerman-Brimberg, JD
Introduction & Background

Emphasis on child trafficking response within state child welfare/protection systems.

As identification of child trafficking increases there is growing need to provide specialized services to victims.

Lack of data on the types of models or strengths and challenges of different models.

Collaboration between researchers (NEU), advocacy organizations (NCYL) and practice based organizations (CAC)
Landscape of Child Trafficking Services

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

*As of 2018*
Preliminary Survey

Agencies were asked to take the survey through a targeted sampling process. A total of 130 programs were identified and provided links to the preliminary survey.

- Reviewing any existing lists of placements across all states that house CSE or trafficked youth.
- Utilizing online resources to search for programs in each state individually.
- Advocacy websites were reviewed for partnerships with programs across each state.
In total, 92 programs responded and completed preliminary surveys (71%).

Programs that responded to the survey but did not meet inclusion criteria (n=25) were removed.

A total of 67 programs fit the criteria for specialized service providers that house CSE or trafficked youth.
Characteristics of Programs

Type of Residential Placement

- **Private congregate care**: 48%
- **State contracted congregate care**: 27%
- **Foster care**: 13%
- **Other**: 12%

**Type of Facility**
- Placements categorized residential housing as private congregate care (48%)

**Funding**
- The majority of programs identified their facilities as:
  - privately operated and financed (93%)
  - publicly operated and funded (7%)

**Youth Population**
- Restricted to CSE or trafficked youth only (62%)
- Integrated with other youth populations (38%)
Security of facilities is a particular area of interest, as it is well known that child trafficking victims are

- at an increased risk of running behavior
- at risk of being contacted by an exploiter

The preliminary survey demonstrated that staff-secured facilities were most common (62%), followed by unlocked facilities (28%), and locked facilities (10%).
• 23 programs were chosen for in-depth interviews based on experiences providing specialized services and availability for the in-depth interview
# Components of a Specialized Program

1. **Staffing**
   - Staff receive comprehensive training specific to CSE/child trafficking and trauma informed care practices

2. **Engagement in MDT Response**
   - Case management involving social worker, therapist, caretaker, lawyer, etc.

3. **Physical Space**
   - Most programs are small (three outliers where CSE programming part of large 200+ bed facility)

4. **Practices and Programming**
   - Policies and practices created with the assistance and input of CSE survivors, incorporates comprehensive case management & clinical support, and promotes youth to embrace individuality without retribution.

5. **Safety**
   - Security of facilities (locked, staff secured, not secure) & running behavior protocols and responses in place, including ability to hold beds

Through these interviews, five ‘components’ of a specialized response were identified among the programs.
Component 1: Staffing

### Education & Salary

Most important standard was finding employees that were the “right fit” for the job, yet minimum requirements included:
- High school diploma or less (28%)
- Bachelor’s degree (67%)
- Graduate degree (6%)
- 100% of programs sought employees with experience in child welfare or working with youth.

The average salary for direct care staff ranges from $10-15 per hour (50%)

### Staff Gender

- As most of the trafficked and exploited population served by these programs is female or female-identifying youth, the thought has been to have the majority of staff members be female (23%) or have female only staff (32%)
- Programs that have both male and female staff stated it is important for their youth to be able to create safe, healthy, and appropriate relationships with adult men (45%)
Component 2: Participation in MDT Response

Multi-Disciplinary Team (86%)
- 86% of programs indicated participation in a multi-disciplinary team
- 30% stated it was one of the key reasons they considered their program specialized

The participation, perspective, and distribution of information across systems with which survivors interact can help establish safe placement options and comprehensive treatment plans that are informed by the histories and experiences of each youth.

‘Wrap Around’ Services (62%)
- 62% of programs interviewed indicated they had some type of wrap around services

Wrap around services are a holistic, collaborative, family-centered approach that draws upon youth’s strengths and natural supports to provide services across a range of areas of life.
Component 3: Physical Space

Ability to have home or home-like settings was especially important for the youth in their care to be receptive to treatment. 35% of programs explicitly stated that they felt location was an important element of their specialized response:
- Foster care homes
- Facilities located within suburban neighborhoods
- Placements that house a small number of youth (under 10)

Rural (38%)
Allows youth to disconnect and focus on their treatment. Also could reduce running behavior.

Suburban (19%)
More conventional family-like setting that can be more comforting that a traditional group home.

City (43%)
Convenient access to resources, connections with MDT partnerships, and keep youth in familiar setting.
Component 4: Policies & Programming

During these interviews, there were a number of specific therapy models people discussed. We have highlighted a few from the interviews that made them specialized or unique.

Across the board, programs refer to their therapeutic efforts as 'trauma-informed', but its application, what constitutes trauma-based therapy, and how it is applied to this population has not been agreed upon.

**Individual Therapy**
One on one therapy with a clinician or therapist with specialized training on CSE.

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

**Clinical Assistance**
Third party mental health services to address any unique or specific needs.
Component 4: Policies & Programming

Many programs use a merit or progress system that allows youth to receive passes to leave the facility:

- for the day (57%)
- overnight (34%)
- visit family (48%)
- don’t allow passes (13%) and have only program-sanctioned outings

### Medical Policies
Reproductive care within programs included:
- STI/HIV screening (95%)
- birth control (94%)
- emergency contraception (83%)
- OBGYN appointments (100%)
- pregnancy termination (78%)
- general education (94%)

### Cell Phone Policies
Discussion surrounding both access to cell phones and social media is ongoing, programs:
- Do not allow access to either (58%)
- Allow access (18%)
- Permission is decided on a case-by-case basis (14%)
Component 5: Safety

Running behavior
A safety consideration for CSE and trafficked youth is the propensity to go "on the run", or to leave the program without permission.

Safety Planning (47%)
Development and execution of safety plans for each youth can be time consuming, yet are an important element of specialized treatment and care.

Holding Beds (86%)
The ability to hold a bed for a youth on the run can be impacted by the number of youth on the wait list for admittance, funding, and length of time.

Recovery Planning (86%)
Once a youth returns to care after being on the run:
- debrief of events that took place on the run
- medical clearance to return to the program
Identification of Programs

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

Incomplete Response Rate from Providers

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

Data Available

While most program coordinators discussed some metric for documenting information about youth at intake and during their placement, very few programs are systematically tracking youth outcomes once they have left the placement. There are also few, if any, agreed upon outcome measures, making comparisons across programs difficult/impossible.

Terminology

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

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

MDT
Establish a Multidisciplinary Team to coordinate services and meet the needs of youth: case managers, caregivers or guardians, legal representatives, law enforcement, educational staff, etc.

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

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

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

Safety
Develop policies and procedures to address running behavior and associated safety planning.
Next Steps: Policy Makers & Child Welfare Agencies

Resources
Allocate resources and funding to develop programming and residential settings specifically for trafficked youth.

MDT
Develop a child trafficking MDT response in your community and collaborate with the MDT regarding placement.

Connection
Develop task forces or committees that connect agencies across disciplines to share information regarding services, resources, research and more.

Survivors on Staff
Connect with existing survivor-led services to develop programs and practices that are survivor-informed; Address obstacles to hiring (such as criminal record policies).

Promising Practices
Learn more about promising programs around the country; Consider partnering with a researcher to collect data and document impact.
Next Steps: Researchers

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

Longitudinal Follow up
Incorporate longitudinal follow up methodologies to evaluation research.

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

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